Living at the Intersection:
Exploring the Relationship between Youth Health and Wellbeing, Place, and After-School Programs in Small Urban Towns

by

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This thesis explored the connection between rural youth health/wellbeing and after-school programs as perceived by adult after-school program staff and affiliated community members. For this qualitative case study, purposive sampling was used to recruit eighteen key informants who participated in individual semi-structured interviews and one validation focus group. Informants described health and wellbeing in relation to youth as including three integrated dimensions – mental health, physical health, and having resources and supports. Three intervening factors connected attendance at the program with health and wellbeing – the eclectic mix of activities, relationships and connections, and having a designated “place for youth”. Positive health/wellbeing outcomes included reduced stress, staying positive, feeling accepted, engaging in physical activity, learning to have goals, building skills, making healthy choices, and reducing the need for risk-taking behaviours. These results can inform future impact evaluations addressing youth health/wellbeing and guide program planning decisions.
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Chapter 1: Introduction

Small Urban and Rural Town Youth

Part of the experience of being a youth living in a small urban or rural town involves encountering situations that may differ from youth in larger urban centres. These experiences affect the nature of the exposures to factors affecting health and wellbeing. Key concerns related to health and wellbeing in rural youth include situations that place youth at risk for injury, access to post-secondary education and employment, and the importance of feeling a sense of community belonging. In Canada, children aged five to nineteen living in the most rural and remote areas have higher all cause mortality rates, and are 1.60 to 2.64 times more likely to die than their urban counterparts (Canadian Institute for Health Information, 2006). In a longitudinal survey of factors associated with the rural and urban migration patterns of Canadian youth, Looker and Naylor (2009) found that people residing in rural areas at the eleven year follow up were less likely to have full-time employment, and were less satisfied with their attainments. Most contemporary youth development theories share the assumption that healthy development and wellbeing are linked to having a sense of belonging and meaning within larger social and community groups (Whitlock, 2007). Canadian rural youth are more likely to report strong ties to their communities than urban youth (Grey Bruce Children’s Alliance, 2010; Looker & Naylor, 2009; Statistics Canada, 2004). However, while the sense of belonging is strong, there remains a large proportion of rural youth who do not feel a sense of belonging, a factor that must be considered in relation to the health of rural communities. The experience of being a rural youth encompasses both positive and negative aspects that affect
health and wellbeing; initiatives that support the transitions of youth are essential for strengthening rural communities.

**Health and Wellbeing**

While Canada is considered a good place to live, Canada ranked twenty-second out of thirty comparator countries in relation to child wellbeing for health and safety in the 2009 Organization for Economic Co-operation and Development report (2009). Health is influenced by a variety of factors, seventy-five percent of which are not related to the health care delivery system (Keon & Pépin, 2009). A contemporary view of health recognizes that the primary factors affecting the health of Canadians are not medical treatments or lifestyle choices, but rather the conditions in which people live, known as the social determinants of health (Mikkonen & Raphael, 2010). The social determinants of health are the economic and social conditions that determine the extent to which people have access to the physical, personal and social resources required to satisfy needs, cope with the environment, and achieve personal aspirations (Raphael, 2009). The social determinants are not equitably distributed in the population and are beyond the control of most individuals, as many conditions are imposed and affected by policy, including distribution of income and wealth, employment, working conditions, social exclusion, and ability to obtain quality education and housing.

Like health, wellbeing is a social construct. Most researchers agree wellbeing is a multifaceted concept, and it is not intuitively obvious which domains should be integrated into an assessment of wellbeing or how different aspects should weigh as most important; consequently, there are diverse definitions and measures (Foregeard, Jayawickreme, Kern & Seligman, 2011). Within the context of health, wellbeing is associated with longevity, healthy
behaviours, mental and physical health, social connectedness, positive social relationships, productivity, and factors in the physical and social environment such as access to basic resources (Centers for Disease Control and Prevention, 2011). In this view, emphasis is placed on identifying and modifying causal factors, protective factors and health determinants affecting wellbeing (Bourke & Geldens, 2007). In the economic view, emphasis is placed on assets and opportunities including work, housing, education, and financial security (Human Resources and Skills Development Canada, 2012). Psychology approaches wellbeing from a subjective perspective of quality of life, quality of relationships, and values (Bourke & Geldens, 2007; Wiseman & Brasher, 2008; McDowell, 2010). From this perspective, wellbeing requires engagement or interest in activities that are meaningful and purposeful (Diener et al., 2010).

Health and Wellbeing in Small Urban and Rural Town Youth

The impacts of various determinants of health vary at different stages of people’s lives, thus health and wellbeing need to be viewed from a lifecourse perspective (Keon & Pépin, 2009). Recent definitions of youth view “youth” from the perspective of “emerging adulthood”, in which youth experience an extended period of life-course transition that carries through well into their twenties (Bynner, 2005; Gaudet, 2007; Franke, 2010). Although youth is generally a time of good health, experiences inherent in youth transitions can pose threats to wellbeing.

When viewed from the perspective of youth, key elements of wellbeing include having supportive relationships, achieving goals, having hobbies, having a positive attitude and believing in one’s self (Bourke & Geldens, 2007).

Supporting healthy development in youth from small urban and rural towns is paramount for two reasons. First, youth is a period of multiple transitions, and people are most
vulnerable to risks to health and wellbeing during transitions or major life changes (Rogers, 1997). Second, approaches to the health of populations are grounded in the notion that the earlier in the causal stream action is taken, the greater the potential for population health gains (Health Canada, 2001). The social determinants of health approach recognizes that social conditions operate over the life-course and have a cumulative effect on the risk of developing disease both immediately and at later stages of life (Raphael, 2009). Thus, it is important to address the determinants of health in youth even though some effects of the social determinants may not emerge until adulthood.

**Links Between Health and Wellbeing, Community, and After-School Programs**

The Canadian conceptualization of health and wellbeing is based on the assumption that location produces environmental circumstances that are socially, psychologically, geographically and economically unique, resulting in unique attitudes, values and behaviours which come to bear on the differential health risks of the people who live, work and socialize in those environments (Health Canada, 2007; Racher, Robinson Vollman & Annis, 2004). Thus, “place” plays a vital role in the health of Canadians. When viewing “place” through the lens of youth health and wellbeing, it is important to recognize that transitioning to adulthood requires resources and opportunities that may differ from adults and young children.

After-school programs have been identified as one strategy for fostering the development and wellbeing of young people (Durlak, Mahoney, Bohnert & Parente, 2010). These programs provide opportunities for youth to build personal resources through academic assistance, various forms of enrichment activities such as the arts, music, nutrition, and opportunities to develop leadership, personal or social skills and resources in a safe, adult-

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supervised environment (Durlak, Mahoney, Bohnert & Parente, 2010; Crooks & Burns, 2009; Durlak & Weissberg, 2007). After-school programs are most effective when they reflect local needs and interests and thus offer the opportunity to embrace cultural and rural diversity.

There is some evidence that purposeful, carefully structured after-school programs can improve youth’s feelings of self-confidence and self esteem, positive social behaviours and school achievement (Durlak & Weissberg, 2007); however the relationship between structured after-school programs and health and wellbeing in youth from small urban and rural towns is not well understood. This understanding is necessary for guiding decisions on how best to provide after-school programs and guide program design and evaluation.

In summary, there is room for improvement in the health and wellbeing of Canadian youth. The experiences of youth from small urban and rural towns differs from larger urban centres, as health and wellbeing are complex and multidimensional phenomenon that are largely determined by the social, spatial and temporal contexts in which communities exist. While rural youth are generally healthy, they may be vulnerable to risks to health and wellbeing due to the transitions and major life changes occurring during this period. After-school programs play a role in shaping positive youth development and wellbeing. However, there is a gap in our understanding of the association between after-school programs and health and wellbeing in youth from small urban and rural towns.

In 2009, the Standing Subcommittee on Population Health recommended greater support for community level services and local analysis and evaluation of programs aimed at improving the health of populations and reducing health disparities, as community initiatives that integrate education, health and social services can reduce the disparities that lead to poor
health (Keon & Pépin, 2009). Further, Durlak, Mahoney, Bohnert and Parente (2010) identify that there is a need for qualitative studies addressing after-school programs that increase our understanding of areas difficult to capture in quantitative approaches to gain an understanding of who benefits and how from after-school programs. Given recent population based health policy direction and the gap in our understanding of after-school programs, this study will use a qualitative approach to explore the intersection of health and wellbeing, small urban or rural town youth, place, and after-school programs as an example of a community level service to investigate the connections between places where youth spend their leisure time and their health and wellbeing.
The major concepts that frame this study are small urban and rural town youth, health and wellbeing, place, and the role of after-school programs. The health and wellbeing of small urban and rural town youth is influenced by the social determinants of health and the related resources and opportunities that are available to support healthy development. After-school programs create places for youth to engage with their communities and access resources and opportunities through structured programming designed to build life skills and positive social relationships.

Establishing effective after-school programs requires monitoring progress toward program goals and adjusting program delivery based on feedback from youth, staff and stakeholders (Durlak, Berger & Celio, 2009). However, there are some challenges associated
with evaluating the impact of after-school programs on youth health/wellbeing. First, assessing youth perceptions of health and wellbeing can be challenging as youth may have difficulty recognizing how programs impact the local social, political, economic and cultural structures affecting their health or how these factors may affect their health across their lifespan. Bourke and Geldens (2007) studied Australian youth and youth workers’ perceptions of wellbeing. They noted youth had difficulty defining wellbeing and gave short answers that resembled a list of factors. When comparing the perceptions of youth to those of youth workers, both groups identified similar aspects of wellbeing, but young people focused on the present, while youth workers focused on social processes affecting youth lives over time. Second, given that the health and wellbeing experiences of youth may not become apparent until later in life, it is difficult to measure the impact of community health and wellbeing initiatives in the immediate period as it is the economic and social conditions that largely determine the extent to which people have access to the physical, personal and social resources required to satisfy needs, cope with the environment, and achieve personal aspirations necessary for achieving health (Raphael, 2009). Instead, the pathways or trajectories that youth are on that are known to influence health, wellbeing, and competence over the life-course may be more apparent in the immediate time period and more readily observed. Adult after-school program staff and affiliated community members may be in the best position to provide informed perspectives on links between programs and pathways or trajectories thought to influence health and wellbeing. Thus, while the perceptions of youth are clearly important, this study will focus on the perceptions of youth workers and affiliated community members.
**Problem Statement:** The relationship between health/wellbeing and after-school programs from the perception of adult after-school program staff and affiliated community members is not well understood. It is important to gain a better understanding of their perspectives so that this information can be used to guide decision-making related to youth services.

**Guiding Research Question:** Is there a relationship between rural youth health and wellbeing and after-school programs as perceived by adult after-school program staff and affiliated community members?

**Goals and Objectives**

**Research Goal:** The goal of this qualitative research study is to illuminate whether any connection exists between rural youth health/wellbeing and after-school programs as perceived by adult after-school program staff and affiliated community members.

**Objectives:** The objectives of this study are to

1. Identify how adult after-school program staff and community members define health and wellbeing in youth from small urban and rural towns.

2. Illuminate any perceived impacts that after-school programs have on rural youth health and wellbeing as perceived by adult after-school program staff and community members.

3. Identify sources of tension or concerns that exist in relation to after-school programs and youth health/wellbeing as perceived by adult after-school program staff and community members.
Research Methodology:

This study aims to illuminate the nature of the connections existing between rural youth, health/wellbeing and after-school programs as perceived by adult after-school program staff and affiliated community members. To capture the understanding of these connections, the epistemological viewpoint for this study is a qualitative, inductive framework in the form of a case study, using semi-structured key informant interviews and a follow up validation focus group. The qualitative approach focuses on developing a rich, detailed understanding of the phenomenon of interest. Qualitative research recognizes that humans are incapable of complete objectivity because they are situated within a reality that is constructed by their subjective experiences (Streubert & Rinaldi Carpenter, 2011). Each person’s interpretation is based upon what they perceive to be reality. Qualitative research methods recognize that multiple realities exist and create meaning for the individuals within the study and embrace the subjective reality inherent within the research process (Streubert & Rinaldi Carpenter, 2011).

Key informant interviews will be used for data collection. The sample for this study will be six to eight senior after-school program staff, two program administrative staff, and two to three adult affiliated community members who have knowledge of the program but who are not part of the staff. Key informants will be recruited from one after-school program using purposive sampling. Inclusion criteria for program staff will be 1) having at least two years of experience in the program and 2) being identified by the program administrator as being considered more senior staff. Inclusion criteria for administrative staff will be managers who are responsible for broader program decisions and lead the planning for the program. Inclusion criteria for affiliated community members will be adults identified by administrative staff as
having knowledge of the program. In qualitative research, rigor is most often determined by the study participants (Streubert & Rinaldi Carpenter, 2011), thus the key informants will be invited to participate in a follow up validation focus group to review and collectively discuss preliminary results. Data will be analyzed using an inductive process in which reasoning begins with the details of the individual experiences emerging from the interviews moving towards creating a more general picture of the phenomenon (Streubert & Rinaldi Carpenter, 2011).

**Significance of this Study**

At the local level, this study can contribute to informed decision-making by helping the community to understand whether the selected after-school program plays a role in shaping the health and wellbeing of youth within the community. At the broader level, this study will contribute to our understanding of whether/how community after-school programs shape the health and wellbeing of youth and emerging adults in small urban and rural towns. The study results can also guide capacity building practitioners by identifying key concepts to consider when designing and evaluating after-school programs in small urban and rural towns.

**Limitations and Assumptions**

There are a number of limitations to keep in mind when interpreting the results of this study. First, the key informants are adults, not the youth themselves. An assumption made in this study is that youth disclose information about themselves to program staff and that program staff members are in a position to observe youth in their interactions with others and how youth actively negotiate their social lives and the choices they make. The perceptions of adults may not reflective the reality of the youth. Similarly, the key informants’ understanding is filtered through the lens of their own world view and life experiences. Further research is
required to see if the views of youth are similar or different in relation to health. Second, staff members may have had an investment in having the centre portrayed in a positive light which may have influenced their responses. Third, a limitation of using a validation focus group for follow-up is that confidentiality of participants is difficult to protect which may affect the responses (Patton, 2002). In addition, there is the potential for “group think”, in which a stronger member of the group dominates the ideas produced, and those with the minority view may be hesitant to speak up (Patton, 2002; Steubert & Rinaldi Carpenter, 2011). Fourth, the results reflect the situation in one youth centre in one small urban / rural town. The lives of youth are nested in transition points as well as dynamic and complex cultural experiences that are organized within local social, political, economic and cultural structures (Tilleczek, 2011). These factors may affect health and wellbeing, thus the results may not be generalizable beyond this particular place and time. Fifth, this case study relied on key informants as the main source of data, and was minimally triangulated with other types of sources. Data from more sophisticated and reflexive approaches would complement the results of this current study by tapping into the stories and voices of young people. The use of more collaborative techniques such as audio and video film and diaries or photo-essays could be used to involve youth in capturing and interpreting information about the interactions and meaning of events in the youth centre in relation to health and wellbeing (Best, 2007). Given these limitations, the study results should be integrated with other recent evaluation studies completed at the centre to capture a holistic picture of what is occurring in this after-school program, readers should be cautious applying these results in other contexts, and future research should include capturing the viewpoints of youth.
Chapter 2: Literature Review

The intersection of emerging adulthood, small urban and rural towns, and resources for youth form the multiple contexts that shape health and wellbeing in small urban and rural town youth. The goal of this qualitative research study is to illuminate whether any connection exists between rural youth health/wellbeing and after-school programs as perceived by adult after-school program staff and affiliated community members. While some people who experience adverse conditions become ill, many others do not. Why does disparity exist?

Health is a complex phenomenon that is largely determined by place, which forms the social and spatial contexts in which communities exist. After-school programs can be one approach to creating places for youth to engage with their communities and access resources and opportunities through structured programming designed to build life skills and positive social relationships. Thus, the major concepts that frame this study are small urban and rural town youth, health and wellbeing, place, and the role of after-school programs. This literature review will review the published literature and documents about these four concepts, and is structured in four main sections: defining youth, health and wellbeing in relation to youth, how place plays a role in youth health and wellbeing, and the role of after-school programs in creating a place for supporting healthy development. The discussion will include defining the concepts and establishing theoretical connections between these concepts in relation to this study. Gaps in our understanding of these connections will be identified.

Defining Youth

When defining the period of youth, it is important to recognize that there have been shifts in the way that youth has been defined over the last century, with the variation affected
by both policy initiatives and stages of growth and development. In the early 1900s, adolescence was viewed as ending at age twenty-five (Bynner, 2005). Adolescence later became defined as under age eighteen, possibly for the convenience of research – school children were easily accessed through the education system, thus research began to define “youth” based on those who were included in studies or policy initiatives (Bynner, 2005). This definition was not satisfactory, as the period of youth does not end with a chronological age that concludes with high school completion. More recent definitions have dropped age criteria and instead have returned to viewing youth from the perspective of “emerging adulthood”, in which youth experience an extended period of life-course transition that carries through well into their twenties (Public Health Agency of Canada, 2011; Franke, 2010; Gaudet, 2007; Bynner, 2005). In the knowledge economy, youth are now entering adulthood under a set of changing conditions, in which they face increased personal choices (Franke, 2010). However, not all youth experience increased choices; paths are often guided by societal circumstances and experiences (Côte & Bynner, 2008). For those not pursuing post-secondary education, the transition to adulthood is currently delayed by economic barriers that prevent youth from securing employment or earning income adequate for financial independence (Côte & Bynner, 2008). Thus, during the period of emerging adulthood, youth combine several life-course activities at once, including student, employee, community member, and parenthood. This simultaneous deferral and overlapping of adult roles delays their transition to stable employment and departure from the parental home (Public Health Agency of Canada, 2011; Franke, 2010; Côte & Bynner, 2008; Gaudet, 2007).
For this study, “youth” is defined from the life-course approach proposed by Gaudet (2007) and Franke (2010), as the life stage of emerging adulthood that occurs during the period that straddles adolescence and adulthood, a time characterized by quest for autonomy, exploration of identity, transitioning social roles, and financial independence. This definition recognizes the dynamic and temporal aspect of this developmental period and the social realities, such as the shifting culture and socio-economic conditions in which emerging adulthood is occurring.

Health and Wellbeing In Relation to Youth

Canada faces challenges related to health and wellbeing. While Canada is considered a good place to live, Canada ranked twenty-second out of thirty comparator countries in relation to child wellbeing for health and safety in the 2009 Organization for Economic Cooperation and Development report (2009). In this section, the concepts of health and wellbeing will be explored and defined, and the link between health and wellbeing will be discussed. Key health issues facing rural youth health will be identified. The relationship between youth health, risky behaviours, and social connectedness will be discussed.

Defining Health

Like the concept of youth, the conceptualization of health has evolved over the past century as well, from a “biomedical” view, through a “lifestyle” view, to the current “social determinants of health” view. The biomedical model of health views the body as a machine that is either working or in need of repair; health from this point of view is being free of illness. “Risk” in relation to health refers to the probability that an individual could become ill in a given time (Bragg Leight, 2003). In the lifestyle view, disease is recognized to be caused by lifestyle
choices, with health promotion efforts focused on changing health behaviours to modify risk (Raphael, 2009). This view is individually-oriented and assumes individuals have control over the factors that affect their health. However, any person who has tried to make a healthy lifestyle change recognizes the barriers to making and sustaining change that are inherent in our environments.

A contemporary view of health recognizes that the primary factors affecting the health of Canadians are not medical treatments or lifestyle choices, but rather the conditions in which people live, known as the social determinants of health (Public Health Agency of Canada, 2011; Mikkonen & Raphael, 2010). The social determinants of health are the economic and social conditions that determine the extent to which people have access to the physical, personal and social resources required to satisfy needs, cope with the environment, and achieve personal aspirations (Raphael, 2009). These determinants are beyond the control of most individuals, as many conditions are imposed and affected by policy, including distribution of income and wealth, employment, working conditions, social exclusion, and ability to obtain quality education and housing. In this view, health is affected by how society organizes and distributes economic and social resources, and improving health requires attention to initiatives that improve conditions (Raphael, 2009). While some social determinants of health cannot be modified at the individual level, people can acquire protective personal resources and learned abilities such as coping skills, resourcefulness and capacity for action. In addition, environmental resources such as social support can promote health (Public Health Agency of Canada, 2011; Rogers, 1997). Population health approaches are grounded in the notion that
the earlier in the causal stream action is taken, the greater the potential for population health gains (Health Canada, 2001).

In relation to youth, people are most vulnerable to risk during transitions or major life changes such as adolescence, pregnancy, or unemployment (Public Health Agency of Canada, 2011; Rogers, 1997). The social determinants of health approach recognizes that social conditions operate over the life-course and have a cumulative effect on the risk of developing disease both immediately and at later stages of life (Public Health Agency of Canada, 2011; Raphael, 2009). During the transition to adulthood, youth begin to choose their own environments and make choices that place them on trajectories that determine adult health and health behaviours (Hoyt, Chase-Lansdale, McDade & Adam, 2012; Public Health Agency of Canada, 2011). Efforts to promote or improve healthy life transitions are an ongoing process and opportunities to enhance health must exist throughout the lifecourse (Public Health Agency of Canada, 2011). However, the longer term effects of the social determinants may not emerge until adulthood and thus outcomes are not easily measured in the short term. The pathways or trajectories that youth are on that influence health, well-being, and competence over the life-course may be more apparent and measurable in the immediate time period, particularly in relation to the ability of individuals to make healthy transitions from one life stage to the next.

For this study, health is defined from the social determinants of health approach, in which health is a capacity or resource rather than a state, in which people are able to pursue goals, acquire skills and education, grow, and respond to and control life’s challenges and changes. This broader notion of health recognizes the range of social, economic and physical environmental factors that contribute to health (Public Health Agency of Canada, 2001).
Defining Wellbeing

Given the understanding that the greatest determinant of health is the environmental conditions in which people live, health care has shifted towards partnering with social sectors to integrate environmental conditions to create a more socially-oriented approach to achieving health goals. The concept of “wellbeing” has come to the forefront as wellbeing is a more comprehensive concept that has the potential to unite the objectives of these different medical and nonmedical sectors (Cronin de Chaves, Backett-Milburn, Parry & Platt, 2005). Although youth is generally a time of good health, experiences inherent in youth transitions can pose threats to wellbeing. Most researchers agree wellbeing is a multifaceted concept, and it is not intuitively obvious which domains should be integrated into an assessment of wellbeing or how different aspects should weigh as most important; consequently, there are diverse definitions and measures (Foregeard, Jayawickreme, Kern & Seligman, 2011). Similar to health, the focus of wellbeing is shifting. Historically, the conceptualization of wellbeing in relation to youth has been largely based on a youth-at-risk disorder or disease model in which wellbeing is defined only by the absence of disorder such as antisocial behaviour or negative mood. This approach has been criticized for failing to consider the underlying causes of problems and aiming interventions at people perceived as being part of a “disadvantaged” vulnerable social group rather than considering the heterogeneity of the youth population and strengthening the resources and abilities of all youth to enable them to reduce their vulnerability and risk (Franke, 2010). More recent “social investment” views balance the emphasis of youth-at-risk with positive aspects of youth development to provide a full picture of a person’s wellbeing. In addition to addressing the needs of the whole population, this view recognizes that positive and negative emotions may co-exist, and one should not assume that individuals are doing well
simply because they do not report negative behaviours, moods or emotions (Hoyt, Chase-Linsdale, McDade & Adam, 2012; Cronin de Chaves, Backett-Milburn, Parry and Platt, 2005; Park, 2004). Shifting views of wellbeing reinforces that wellbeing is a social construct and is primarily a cultural judgment. This concept has been discussed from the perspective of objective health and economic measures, subjective experience, flourishing communities, and youth. The primacy of social relationships is a prominent theme in all perspectives.

Wellbeing as Objective Measures: Health and Economic

Within the context of health, wellbeing is considered a positive outcome and is associated with objective measures of longevity, healthy behaviours, mental and physical health, social connectedness, positive social relationships, productivity, and factors in the physical and social environment such as access to basic resources (Centers for Disease Control and Prevention, 2011). In this view, emphasis is placed on identifying and modifying causal factors, protective factors and health determinants affecting wellbeing (Bourke & Geldens, 2007). The strongest predictor of wellbeing is the presence of supportive relationships (Centers for Disease Control and Prevention, 2011). While good social relationships were once viewed as having support of others, recent work has emphasized that people also need to support others (Diener et al., 2010).

In the economic view, social participation and family life remain important, but emphasis is placed on assets and opportunities including work, housing, education, and financial security (Human Resources and Skills Development Canada, 2012). Individuals with high levels of wellbeing are more likely to engage in productive work and contribute to their communities (Centers for Disease Control and Prevention, 2011). In this view, choices and
significant events, such as decisions to attend university or job loss can alter the course of a person’s life and wellbeing (Human Resources and Skills Development Canada, 2012). These health and economic approaches, while potentially holistic, measure wellbeing through objective methods but are limited in their ability to provide a sense of what wellbeing means to individuals.

**Wellbeing as a Subjective Experience**

In contrast to objective measures, psychology approaches wellbeing from a subjective perspective of quality of life, quality of relationships and interpersonal connectedness, and values (Wiseman & Brasher, 2008; McDowell, 2010; Bourke & Geldens, 2007; Cronin de Chaves, Backett-Milburn, Parry & Platt, 2005). From this perspective, wellbeing requires engagement or interest in activities that are meaningful and purposeful (Diener et al., 2010), thus subjective wellbeing includes the meaning in peoples’ lives and their sense of achievement. The recently developed “Flourishing Scale” (Diener et al., 2010) includes items addressing supportive and rewarding relationships, contributions to the happiness of others, and being respected by others. In this subjective view, wellbeing focuses on individual perceptions, goals and happiness and how satisfied people are with their lives in relation to their own aspirations (McDowell, 2010; Wiseman & Brasher, 2008; Bourke & Geldens, 2007; Park, 2004). Subjective wellbeing is perceived through the filters of personality, cognitive and emotional judgment, thus wellbeing has a time bound dynamic nature, as people’s aspirations and perceptions can change (Foregeard, Jayawickreme, Kern & Seligman, 2011; McDowell, 2010). Subjective wellbeing is considered to be a component of, but not synonymous with mental and psychological health (Cronin de Chaves, Backett-Milburn, Parry and Platt, 2005). Subjective
views of wellbeing are helpful for capturing people’s sense of meaning within their lives. Both relationships and aspirations figure prominently. Subjective measures capture individual experiences; they pay less attention to community level social and environmental factors.

Wellbeing from the Perspective of Flourishing Communities

Wellbeing can also be viewed from the perspective of communities. Wiseman & Brasher (2008) define community wellbeing as “the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfill their potential” (p. 358). The Canadian Index of Wellbeing (2011) defines wellbeing as the “presence of the highest possible quality of life in its full expression” (p.5) and includes living standards, health, a sustainable environment, vital communities, education, balanced time use, democratic participation, and leisure and culture. At this broader societal level, wellbeing includes the quality of interactions occurring between individuals and social institutions (Human Resources and Skills Development Canada, 2012). Vital communities have strong, cultivated, inclusive social relationships and networks among residents, societal organization, public and private sector that help communities adapt and thrive (Canadian Index of Wellbeing, 2011). From the healthy community point of view, the capacity to realize potential is affected by collective relationships, and the collective wellbeing of communities is an essential precondition for individual wellbeing (Wiseman & Brasher, 2008).

Wellbeing from the Perspective of Positive Youth Development

Bourke and Geldens (2007) identified the need to view wellbeing through the lens of the social processes inherent in young peoples’ lives. They explored ways in which Australian youth
define wellbeing. Supportive relationships with family, friends, teachers and counselors were important as youth valued having someone in which to confide, talk, laugh and have fun. Psychological dimensions of wellbeing included achieving personal goals, having hobbies, having a positive attitude and believing in one’s self. Youth perceived that wellbeing is impacted by stress and pressure, environments at home, school, work, and access to opportunities for education and employment. Australian youth workers’ identified similar aspects of wellbeing, but placed more emphasis on structurally determined aspects such as the social environment, opportunities, and sense of belonging. Young people focused on the present, while youth workers focused on social processes affecting youth lives over time. Bourke and Geldens concluded each group works towards different but complementary goals, and addressing community structural assets is an effective way of enhancing wellbeing of youth.

The primacy of social relationships carries through all current views of wellbeing. However, defining wellbeing through objective indicators is not sufficient for informing our understanding of what wellbeing actually means, so approaches to wellbeing should strive to connect both objective and subjective domains. Measures of community wellbeing highlight the importance of social relationships that allow people and communities to flourish. While these perspectives are important for framing wellbeing, the perspective of youth places emphasis on supportive relationships, achieving goals, having hobbies, having a positive attitude and believing in one’s self.

While the above review has identified links between wellbeing and the diversity of aspects known to represent wellbeing, there remain two critiques of research on wellbeing.
First, most of the work on wellbeing has taken place within single disciplines so do not draw together the physical, socio-economic and psychological aspects (Cronin de Chaves, Backett-Milburn, Parry and Platt, 2005). Second, values may be influential in determining what it means to be well. Measures and scales for assessing wellbeing may be context-situated, and existing universal measures are based on the assumptions of professionals and do not allow individuals to choose which domains are most important to their lives and current situation (Cronin de Chaves, Backett-Milburn, Parry and Platt, 2005). Thus, the process of investigating health and wellbeing within any specific context should allow room for participants to define health and wellbeing based on domains that they consider important to the situation through their own voices. For this study, wellbeing is defined as including longevity, healthy behaviours, mental and physical health, social connectedness, positive social relationships, productivity in relation to achieving personal goals, and factors in the physical and social environment such as access to basic resources (Centers for Disease Control and Prevention, 2011). However, both health and wellbeing will be further defined by study participants in recognition that the context of the situation being discussed may play a defining role in what it means to be healthy and well.

Link Between Health and Wellbeing

While health and wellbeing share similar traits, wellbeing has also been linked to illness prevention. Positive wellbeing has been associated with improved immune function, cardiovascular and neuroendocrine functioning, cognitive functioning, and longevity by affecting stress mediated activation of the hypothalamic-pituitary-adrenal axis and increasing cellular immune competence (Hoyt, Chase-Linsdale, McDade & Adam 2012; Hannon, Pooler & Porth, 2009). Additionally, positive emotions are associated with broad, flexible, creative and
efficient patterns of thought and may indirectly affect health through social mechanisms as happy people have more friends, social support and interpersonal relationships (Hoyt, Chase-Linsdale, McDade & Adam, 2012).

Research on long-term health effects of positive wellbeing in adolescents is sparse, however two recent longitudinal studies have addressed this issue. Hoyt, Chase-Linsdale, McDade and Adam (2012) conducted a recent analysis of data from the United States National Longitudinal Study of Adolescent Health to investigate the longitudinal health consequences of positive wellbeing in 10,147 youth who were in grades seven to eleven at the time of enrollment. Positive wellbeing included measures of happiness, enjoyment of life, hopefulness about the future, having a lot to be proud of, liking themselves, and feeling socially accepted, wanted and loved. Follow up took place when youth were 18 to 27 years of age. Positive wellbeing during adolescence was significantly associated with reporting excellent health and fewer risky behaviours (low physical activity, fast food consumption, cigarette smoking, binge drinking, use of illegal drugs) during young adulthood. The authors concluded that nurturing positive characteristics in families, schools and after-school programs may be a promising way to improve lifelong health. A recent Australian longitudinal study, using data from the Australian Temperament Project, demonstrated that positive youth development during emerging adulthood was associated with improved emotional health and physical wellbeing in later early adulthood (Hawkins, Villagonzalo, Sanson, Toumbourou, Letcher & Olsson, 2012). This study followed 890 rural and urban youth from diverse backgrounds from ages 19 to 20 year through their transition to adulthood at ages 23 to 24. After controlling for gender and socioeconomic status, the authors demonstrated that positive development at 19 to 20 years of
age was predictive of higher levels of self-reported emotional health, physical wellbeing and peer relationships as well as reduced levels of antisocial behavior at the four year follow-up (Hawkins, Villagonzalo, Sanson, Toumbourou, Letcher & Olsson, 2012). The authors concluded that intervention programs supporting positive adolescent development should be explored for subsequent impact on successful transition to adulthood, including the interrelated roles of specific dimensions of positive development.

Health and Wellbeing Issues Facing Rural Youth

The search for literature addressing health experiences of non-urban Canadian youth revealed a gap. Existing health research has been collapsing people into two categories, urban and rural, based on Statistics Canada definitions. Urban refers to communities of more than one thousand people, or those living in commuting proximity to towns of ten thousand or more. The category of rural captures the “leftovers after our urban centres are identified” (Reimer & Bollman, 2010, p. 13). Definitions have recently changed, but this previous dichotomy was troublesome given the differing lifestyles between people living in small towns and major metropolitan centres. Thus, little is understood about the health experiences of people living in small urban and rural towns in Canada. This section will explore the concept of “rural” within Canada, as this context may contribute to the understanding of small urban and rural town youth in a different way than the urban view. The experience of being a rural youth includes exposure to issues in access to post-secondary education and employment, threats to safety and engaging in risky behaviours, and sense of community belonging.
Access to Post-secondary Education and Employment

Income and its distribution and security of employment are prime social determinants of health as adequate income is required to access housing, food, social and political activities (Mikkonen & Raphael, 2010). Income potential is the accumulation of abilities, skills and educational experiences in childhood that affect adult employability and income capacity (Raphael, 2009). Adverse socio-economic conditions in early life lead to increased health risks as adults (Galabuzi, 2009). In general, rural Canadians are more likely to experience low income and lower levels of formal education (Canadian Institute for Health Information, 2006). High school dropout rates are higher in rural settings than urban settings, with challenges being difficulty retaining qualified teachers, reduced access to information and communication technologies, and fewer jobs requiring post-secondary education in the community to serve as incentives for continuing education (Canadian Council on Learning, 2006). “Rural” has come to be viewed as a potential deficit in the transition to adulthood related to education and employment. In a longitudinal survey of factors associated with the rural and urban migration patterns of Canadian youth, Looker and Naylor (2009) found that people residing in rural areas at the eleven year follow up were less likely to have full-time employment, and were less satisfied with their attainments. They saw themselves as having lower opportunities for both education and career, and framed their choice to remain in their rural communities as a failure in relation to their education and career, and a failure to move away and achieve success. Thus, success is viewed as life-course pathways that lead rural youth out of their communities to seek education and career opportunities. Looker and Naylor concluded that there is a need to better understand the systematic and structural factors affecting rural youth who are
transitioning into adulthood, focusing on behaviours that support rural youth to remain in their communities in adulthood, while still viewing selves as successful.

**Threats to Safety and Risky Behaviours**

Stressful living conditions make it difficult to practice healthy lifestyles because one’s energy is directed towards coping with everyday life. People who experience challenging social and material living conditions also experience high levels of stress, and may relieve these pressures by adopting unhealthy coping behaviours such as excessive use of alcohol, tobacco or overeating (Mikkonen & Raphael, 2010). In Canada, children aged five to nineteen living in the most rural and remote areas have higher all cause mortality rates, and are 1.60 to 2.64 times more likely to die than their urban counterparts (Canadian Institute for Health Information, 2006). The majority of injuries that youth experience are preventable (Public Health Agency of Canada, 2011). Seventy-nine percent of deaths for youth aged fifteen to nineteen in the Grey Bruce region of Ontario were related to motor vehicle collisions, significantly above Ontario and Canadian rates (Grey Bruce Children’s Alliance, 2010). Compared to other age groups, young Canadians are the group most likely to engage in substance use and abuse (Public Health Agency of Canada, 2011). Rural youth are not more likely than urban counterparts to drink alcohol heavily - youth aged twelve to nineteen report rates similar to the rest of Canada, at twenty-five percent (Statistics Canada, 2004). However, heavy drinking, defined as five or more drinks within a few hours, is a serious issue facing rural youth. In a Rural Saskatchewan survey, alcohol emerged as the primary issue, with seventy-five percent of youth identifying alcohol as a problem in their schools (Saskatchewan Population Health and Evaluation Research Unit, ND). Drinking and driving was seen as part of the rural youth experience, and was seen as a social
activity. Adults were seen as engaging youth with alcohol through modeling drinking behavior and allowing youth drinking to occur. In Ontario, thirty-four percent of Grey Bruce residents reported consuming five or more alcohol drinks at least once per month in 2007, rates significantly higher than rates in Canada (Grey Bruce Children’s Alliance, 2010). There is a high incidence of fetal alcohol exposure in Grey Bruce with an estimated 28 to 32 babies born each year at risk of Fetal Alcohol Spectrum Disorder.

*Sense of Belonging*

People who lack supportive relationships and experience social isolation are more likely to sustain stress that affects health (Mikkonen & Raphael, 2010). Rural youth have a special relationship with their communities. Seventy-five percent of small town youth in Canada report a strong sense of belonging (Statistics Canada, 2004). In Looker and Naylor’s study, rural youth were more likely to report strong ties to their communities than urban youth (2009). In southwestern Ontario, seventy-seven percent of youth in Grey Bruce aged twelve to nineteen reported a strong sense of belonging in the community (Grey Bruce Children’s Alliance, 2010). Similarly, rural Canadians of all ages report a stronger sense of community belonging compared to their urban counterparts (Canadian Institute for Health Information, 2006). However, while the sense of belonging is strong, there remains a large proportion of rural youth who do not feel a sense of belonging, a factor that must be considered in relation to social inclusion.

*Relationship between Youth Health, Risky Behaviours and Social Connectedness*

To a large extent, the trajectories youth take are the result of individual choices and decisions, but youth develop within specific family, social and economic contexts and rules that govern life and present certain opportunities and risks (Franke, 2010). Their vulnerability to
risks depends on their ability to mobilize the necessary assets to prevent, mitigate or cope with these risks, including their own capacities and the support of other social actors such as families and communities (Franke, 2010). A cross-sectional study on Canadian youth, the National Longitudinal Survey of Children and Youth, examined the relationship between the presence of social developmental assets, health enhancing practices and participation in risky behaviours (Yugo & Davidson, 2007). Connectedness with peers was associated with better health and higher self-worth; those reporting high levels of peer connectedness were 1.64 times more likely to also report excellent or very good self-rated health than youth with medium to low levels of this asset. However, those reporting high levels of peer connectedness were more likely to report more use of alcohol, tobacco and marijuana than youth with medium to low levels of peer connectedness. Youth who reported a high level of connectedness with family and school were more likely to report better health and less use of alcohol, tobacco, and marijuana. Interestingly, high levels of parental monitoring was not associated with reduced participation in these risky behaviours, and was actually associated with lower reported levels of youth self-worth. The authors concluded that programs and policies that may be most beneficial to youth and facilitate their transition into healthy adulthood are those that increase the number and quality of peer connections, focus on positive youth development rather than avoiding risky behaviours, and engage youth in meaningful activities (Yugo & Davidson, 2007). In relation to reducing risky behaviours, Scales (1999) points out that reducing risk taking to zero for youth is not necessarily developmentally a good thing. Making decisions about risk is part of the developmental process of emerging adulthood.
In summary, health and wellbeing are multifaceted concepts that include more than physical and mental health - having the capacity to pursue goals, respond to life challenges, be productive, and engage in positive social relationships across the lifecourse are also of prime importance. Health and wellbeing are socially determined, with the choices that individuals make being influenced by the resources and opportunities available. While rural youth face challenges with education, employment, safety and risky behaviours, there is an enhanced sense of belonging to their communities upon which to build. Initiatives for enhancing health and wellbeing should focus on supporting future prospects, safety, and participation in community life. All initiatives need to consider the exploratory paths inherent in emerging adulthood. Geographical or place based disparities need to be considered when providing support for youth. The concept of “place” will be explored next.

Place

The concept of “place” can be viewed through multiple lenses. This section will review the literature on place from the philosophical perspective of the meaning of place, from the perspective of youth inhabiting public places, and in relation to the influence of small urban and rural locations on health and wellbeing.

Philosophical Perspectives on the Meaning of Place

Relationships with places can be as important as relationships with people (Relph, 1976). Place has been described as a multifaceted phenomenon of experience (Smaldone, Hariss & Sanyal, 2005; Relph, 1976). Relph (1976) states that a place can be described in relation to its location, physical form or landscape, but these three aspects are not sufficient for understanding the meaning of a place. He identifies three basic elements of place – the
physical setting, the activities that occur in those places, and the associated meanings; the significance of place emerges from the way in which these elements are uniquely interrelated.

The essence of place

“lies in the largely unselfconscious intentionality that defines places as profound centres of human existence. There is for virtually everyone a deep association with and consciousness of the places where we were born and grew up, where we now live, or where we have had particularly moving experiences. The association seems to constitute a vital source of both individual and cultural identity and security, a point of departure from which we orient ourselves in the world” (Relph, 1976, p... Section 3.9).

In Relph’s perspective, places are deeply tied with people, with the interactions flowing between people and the physical setting giving rise to the meaning inherent in the concept of place. The “feel” of a place is acquired through routine and everyday activities as well as significant life experiences (Jack, 2010). Thus, places are lived and dynamic, and the meaning of a place is socially structured, emerging from the human intentions and experiences (Relph, 1976).

There is also a temporal, time-bound aspect to place. “Place” has also been described as a process rather than a static entity (Smaldone, Harris & Sanyal, 2005). The internal psychological and social processes of each individual, which are tied to social and cultural influences, affect a person’s connection to place and the meaning associated with that place (Smaldone, Harris & Sanyal, 2005). A place can become so intertwined with a person’s life that the place is associated with important transitions or life experiences and may represent an attachment to a particular time (Smaldone, Harris & Sanyal, 2005). The places of childhood are a vital reference point for many people, and can serve as a source of roots. (Relph, 1976).

Roots to place can provide a secure place from which to understand our position within in the
order of things, and serve as a foundation for our identity security and identity as individuals and community members (Relph, 1976).

Given that places are instilled with personal, social and cultural meanings, places provide a frame within which personal identity is constructed (Jack, 2010). Place, wellbeing and identity are often closely connected for children and young people (Jack, 2010). Up to the age five, home is the main place of attachment. As children leave primary school, they begin exploring their neighbourhood. During adolescence, people continue to develop their attachment to place and places of exploration become more city wide, with boys tending to be allowed more freedom to roam (Jack, 2010). Recently, attention has been given to the shrinking world of childhood as roaming has become restricted. This shift may be impacting children’s attachment to community and place as feelings of belonging are strongest among young people who perceive they have been fully included within their community (Jack, 2010)

Youth and Public Spaces

Teenagers are among the most frequent users of public spaces because teenagers have very limited space of their own and there is no viable alternative (Childress, 2004; Hall, Coffey & Williamson, 1999). They cannot own, rent or modify property or private space, so their only choice is to borrow ownership and occupy the property of others. Increasing amounts of places are becoming more developed and finished, thus free space for youth and street play is diminishing. Conflict arises when youth use public spaces in ways that adults do not see as being the adult-designated function of that space. For example, sidewalks are designated for walking and streets for cars, so use of these public spaces for games or social gathering generates uneasiness or conflict and becomes labeled as a “local problem” or a threat to social
order (Hall, Coffey & Williamson, 1999, p. 506) rather than recognition of public areas as being kid’s lived space (Childress, 2004). Youth have identified that age related discrimination in relation to their presence in public spaces is a concern as they feel hurt and rejected as citizens of the community (Whitlock, 2007). They face false negative perceptions held by adults toward youth and experience youth-targeted policies such as limiting the number of youth in stores or the amount of time they can spend in public spaces such as malls (Whitlock, 2007). While youth gravitate toward public spaces due to lack of alternatives, public spaces may also be sought out by youth as they are seen as places of action and incident, where there is likelihood that something interesting will happen (Hall, Coffey & Williamson, 1999). Important developmental activities occur in these spaces including nurturing and exploring their emergent sense of self through participation in the routines and dramas of peer group interactions (Hall, Coffey & Williamson, 1999). Given that youth need public spaces as a place in which to engage with others and their desire to feel welcomed by the community, recognition needs to be given to teen’s rights to space and roaming territory. Youth need a variety of choices about places to go in their leisure time and a variety of places in which they feel welcomed and valued as members of the community.

The Influence of “Place”: Small Urban and Rural Locations within the Context of Health and Wellbeing

The relationships between health, wellbeing and place require consideration when addressing population health challenges (Health Canada, 2007). When examining relationships between people, place and health, place should be viewed as more than a geographical entity, and instead viewed as a social representation, based on the residents, their values, and lifestyles (Health Canada, 2007; Racher, Robinson Vollman & Annis, 2004; Ryan-Nicholls &
Racher, 2004). The concept of health is culture bound; it is influenced by multiple factors such as shared family values, modeled behaviours, and experiences or circumstances (Thomlinson, McDonagh, Baird Crooks & Lees, 2004; Bragg Leight, 2003). Thus, the Canadian conceptualization of health is based on the assumption that the location produces environmental circumstances that are socially, psychologically, geographically and economically unique, resulting in unique attitudes, values and behaviours which come to bear on the differential health risks of the people who live, work and socialize in those environments (Health Canada, 2007; Racher, Robinson Vollman & Annis, 2004).

When viewing “place” through the lens of youth health and wellbeing, it is important to recognize that transitioning to adulthood requires resources and opportunities that may differ from adults and young children. Locations differ in the types of resources upon which people rely. In less populated settings, youth may experience geographical and transportation isolation affecting access to youth-centred services. Places also expose youth to local norms that contribute to their development, which may have positive or negative results (Shoveller, Johnson, Prkachin & Patrick, 2007). Thus, consideration of place in health and wellbeing research should focus on the social circumstances of people’s lives and their perceptions of health and wellbeing as these factors result in unique attitudes, values and behaviours affecting differential risks.

In summary, places are not just physical locations; they are instilled with personal, social and cultural meanings, and provide a frame within which personal identity is constructed. Since youth is a time of concentrated development, for positive development to occur, youth need to feel welcomed and valued in their lived, public spaces rather than being met with mistrust and
rejection. Transitioning to adulthood requires resources and opportunities that may differ from adults and young children that need to be considered when looking at health and wellbeing. When undertaking health research on the lifecourse of individuals, it is important to understand the social trajectories of the places which people inhabit, as individuals can become embedded in multiple health damaging and health promoting environments across time and space (Cummins, Curtis, Diez-Roux, & Macintyre, 2007). Thus, for this study, place is defined as the community that frames the social, psychological, geographical and economic circumstances of the people who live, work and socialize within the community, including resources and opportunities. In the next section, after-school programs will be discussed as a “place” that frame the lives of youth.

After-School Programs

Overview of After-School Programs

After-school programs have been identified as one strategy for fostering the development and wellbeing of young people (Durlak, Mahoney, Bohnert & Parente, 2010; Wright, John, Duku, Burgos, Krygsman & Esposto, 2009; Beets, Beighle, Erwin & Huberty, 2009; Little, Wimer & Weiss, 2007; Lowe Vandell, Reisner & Pierce, 2007; Scott-Little, Hamann & Jurs, 2002). After-school programs refer to

“formal programs for school-age youth (ages 5-18) that operate outside of normal school hours for at least part of the year, are supervised or in some way monitored by adults, and that intentionally seek to promote young people’s growth and development by focusing on one or more of the following areas: academic/cognitive, personal/social, cultural, artistic, or civic development” (Durlak, Berger & Celio, 2009, p. 44).

After-school programs can support working families by keeping children and youth engaged while parents are at work (Little, Wimer & Weiss, 2007).
Intention is an important criteria for differentiating between after-school programs and childcare – programs that have structured programming designed to lead to specific goals have demonstrated positive impacts on development and wellbeing, while programs that focus on adult supervision without skill building have not been associated with these outcomes and may in fact be associated with negative outcomes (Durlak, Berger & Celio, 2009; Little, Wimer & Weiss, 2007). Structured programs provide opportunities for youth to build personal resources through academic assistance, various forms of enrichment activities such as the arts, music, nutrition, and opportunities to develop leadership, personal or social skills and resources in a safe, adult-supervised environment (Durlak, Mahoney, Bohnert & Parente, 2010; Crooks & Burns, 2009; Durlak & Weissberg, 2007; Little, Wimer & Weiss, 2007; Scott-Little, Hamann & Jurs, 2002). Examples of activities include tutoring, social skills training in areas such as leadership, assertiveness, or control of emotions, prevention curricula related to drugs and violence, stress reduction, culturally oriented activities, field trips, and recreational activities (Durlak, Berger & Celio, 2009). Programs may operate from schools or community-based facilities (Durlak, Berger & Celio, 2009). After-school programs are most effective when they reflect local needs and interests and thus offer the opportunity to embrace cultural and rural diversity. Factors associated with program participation include personal interest and motivation, parental encouragement, peer group influences, proximity of programs, types of programming, and program staff (Durlack, Berger & Celio, 2009; Little, Wimer & Weiss, 2007). Youth from higher income families are more likely to participate in after-school programs than youth from lower income families (Durlack, Berger & Celio, 2009).
Impact of After-School Programs

Evaluations of after-school programs have demonstrated positive impacts on academic outcomes, personal and social skills, and to a lesser extent, health and wellbeing.

Academic

Several meta-analyses and reviews have been conducted addressing academic outcomes related to structured academic programs. Academic programs have been associated with improvements in reading skills, math skills, homework completion and earning more high school credits (Durlak, Berger & Celio, 2009; Lauer, Akiba, Wilkerson, Apthorp, Snow & Martin-Glenn, 2006; Scott-Little, Hamann & Jurs, 2002). Durlak and Weissberg (2007) conducted an extensive review and meta-analysis of after-school programs and concluded that programs had a positive effect on school performance, including test scores, grades and school attendance. In a review of thirty-five quasi-experimental studies of after-school and summer programs, Lauer, Akiba, Wilkerson, Apthorp, Snow and Martin-Glenn (2006) demonstrated that programs designed to supplement the education of academically at-risk students had a small but positive effect on reading and math skills. Little, Wimer and Weiss (2007) note that structured, fun extracurricular and co-curricular enrichment activities that promote youth development appear to improve academic performance as well.

Personal and Social Skills

The impact of after-school programs on non-academic outcomes such as personal and social skills has also been evaluated. Durlak and Weissberg’s review and meta-analysis demonstrated that programs had a positive effect on self-confidence and self-esteem as well as a reduction in problem behaviours such as aggression and conduct problems (2007). Scott-Little, Hamann and Jurs (2002) conducted a meta-evaluation of after-school programs and
found program participation was associated with improved social skills such as the ability to express opinions and communicate with others, and the ability to maintain self-control and avoid fights. There were also positive findings in relation to participant attitudes, self-concept and self-esteem. Programs involving youth in longer term and arts and leadership experiential learning projects have been linked to building skill related to strategic thinking, a necessary skill for adapting to changing life circumstances and maintaining mental health. In a study of youth participating in eleven urban and rural arts and leadership programs, youth participants reported they had learned to think strategically and organize their efforts to accomplish goals and solve problems (Larson & Angus, 2011). Youth felt they had learned tactical skills such as how to predict and influence their environments and shape their actions based on how they predicted others would respond. Importantly, youth felt that they transferred this learning to address general life problems and navigate their transition to adulthood (Larson & Angus, 2011).

Health

After-school programs have been evaluated for impact on a narrow range of health outcomes as well. Program goals related to health and wellbeing tend to fall into two categories – those focusing on physical activity and nutrition, and those focusing on risk reduction and safety.

Most programs focusing on health outcomes have targeted physical activity and nutrition. Beets, Beighle, Erwin and Huberty (2009) conducted a meta-analysis of thirteen after-school programs that focused on providing opportunity for increasing youth physical activity. They found that programs targeting fitness can improve physical fitness, body
composition and serum lipid levels in children and adolescents. Participants needed to attended regularly (at least forty percent of the sessions) to benefit. Other physical activity and nutrition outcomes associated with after-school programs include enhanced nutritional knowledge and health knowledge, making better food choices, improved blood pressure, and improved body image (Little, Wimer & Weiss, 2007).

Risk reduction and safety outcomes that have been associated with after-school programs include avoidance of drug and alcohol use, increased knowledge of safe sex, avoidance of sexual activity, and a reduction in youth violence and crime (Little, Wimer & Weiss, 2007; Lowe Vandell, Reisner & Pierce, 2007). A recent quasi-experimental Canadian study involving 183 youth from low income communities in Montreal, Toronto, Winnipeg and one rural Ontario town compared youth participating in after-school arts programs with a matched sample control group. The study demonstrated that after-school arts programs featuring peer social support had a positive effect on prosocial behaviours including reducing emotional problems and increasing global self-esteem ratings (Wright, John, Duka, Burgos, Krygsman & Esposto, 2009). Emotional problems included items measuring unhappiness, depression and anxiety, and the global self-esteem scale contained items measuring general self image, both of which are relevant to health and wellbeing; however, this study did not specifically investigate health and wellbeing.

In summary, there are a variety of positive benefits associated with structured after-school programs including academic, social and health outcomes, all of which are factors associated with the social determinants of health and wellbeing across the lifecourse.
Features of Effective After-school Programs

Recent work has been done to gain an understanding of why some programs lead to more positive outcomes than others. Various features of successful program have been identified based on meta-evaluations of outcomes. Crooks and Burns (2009) present a framework that identifies seven key elements for supporting successful after-school programs:

1. Community-school partnerships are critical
2. After-school programming needs to be seen as one piece of a comprehensive approach and should not stand alone within a community’s approach to youth. Separate specialized services and programs are also required.
3. Successful programs have a balance between structure and flexibility.
4. Successful programs offer a range of ways for youth to be involved that vary in terms of commitment.
5. Successful programs tailor engagement strategies and programming to meet the needs of specific groups.
6. Successful programs offer youth opportunities to engage as leaders, not merely as participants.
7. Successful programs often offer a range of programming including mentoring, skill based and leadership to benefit a range of youth.

Durlak, Berger and Celio (2009) offer ten guidelines for building effective after-school programs based on their synthesis of existing research. Similar to Crooks and Burns, they identify the need for offering a variety of enrichment activities and creating a balance between structure and choice in order to avoid boredom and allow youth to profit in multiple ways. In addition, they recommend involving parents in program planning and activities as parents are a
strong influence of whether children attend programs, assessing the needs of program participants so that activities are challenging without being overwhelming, identifying resource needs to ensure adequate resources are available, establishing strong program leadership, hiring staff with strong communication and listening skills, providing adequate staff training in helping youth establish new behaviours, and monitoring and adjusting programs based on feedback from youth, staff and stakeholders. Research about youth programs often emphasizes the importance of youth engagement, relationships and a supportive climate as these social processes appear to be linked to positive youth development (Yohalem & Wilson-Ahlstrom, 2010). Relationships between program staff and youth are important; youth learn best and thrive when they receive consistent encouragement, support and respect from concerned adults (Durlak, Berger & Celio, 2009).

Successful after-school programs feature intentional programming for supporting skill building. Durlak, Berger and Celio (2009) identify that while no two programs are alike, there are four key features for achieving positive outcomes in feelings and attitudes, behaviours and school performance. First, skill building should be intentional and sequential as it takes time to develop new behaviours and complicated changes need to be broken into sequential steps. Second, participants should be engaged in hands-on, active forms of learning that allow youth to practice the material and receive support and feedback. Third, skill building activities need to be focused on specific objectives. Fourth, programs need to be explicit about the skills being built so that youth know what they are expected to learn (Durlak, Berger and Celio, 2009; Durlak & Weissberg, 2007).
In summary, after-school programs have been identified as a method of supporting positive youth development by supporting academic, social and health and wellbeing outcomes. Key features of successful programs have been identified to guide program development. For the purpose of this study, the definition provided earlier by Durlack, Berger, & Celio (2009) will be used.

**Gaps in the Literature Related to After-School Programs**

Four major gaps related to the current study emerge from the review of the literature related to after-school programs. First, most existing studies focus on urban youth and focus on programs targeting at risk youth such as youth with specific racial backgrounds or recent immigrants, residents of public housing, children with disabilities, convicted juvenile delinquents, youth with behavioural problems, and those exhibiting low grades; little is known about program impacts on non-disadvantaged youth (Lowe Vandell, Reisner & Pierce, 2007; Scott-Little, Hamann & Jurs, 2002). Studies looking at the experiences of youth in less challenging life circumstances are lacking, and it is not clear whether the outcomes would be as positive in programs directed at youth who are not labeled as “at risk”. Second, many program evaluations are formative in nature and focus on whether the programs are being implemented consistently with program design and objectives (Scott-Little, Hamann & Jurs, 2002). Evidence regarding long-term outcomes is lacking, as few evaluation studies extend beyond the end of time-limited programs (Roth, Malone & Brooks-Gunn, 2010). Third, programs aimed at targeting health and wellbeing generally address a narrow range of health outcomes including physical activity and nutrition aimed at providing education for health lifestyle choices rather than addressing the social determinants of health that are known to create the inequities that
affect lifestyle choices. Studies aimed at explaining or connecting after-school program experiences to these determinants of health are lacking. A richer conception of the interactions between youth and their environments in relation to the choices that they make is needed so that ways of supporting youth can be identified (Lauzon, 2012). Fourth, tools for evaluating youth programs in relation to health and wellbeing are also lacking, perhaps related to the lack of understanding of the links to programs and determinants of health and wellbeing. Yohalem and Wilson-Ahlstrom (2010) conducted a recent review of available tools for evaluating youth programs. All of the nine available tools contain features designed for collecting observational data about staff practices in social processes such as youth-staff connections, program climate and setting, engagement of youth in meaningful activities, social/behavioural norms, opportunities for skill building, and program organization (Yohalem & Wilson-Ahlstrom, 2010). Some tools are also designed to gather information about youth leadership and participation, staffing, linkages to community, and management. None of the reviewed tools specifically address health or wellbeing. Thus, the relationship between structured after-school programs and health and wellbeing in the average youth living in small urban and rural towns is not well understood. This understanding is necessary for guiding decisions to provide after-school programs and guide program design and evaluation.

Conclusion

The intersection of emerging adulthood, small urban and rural towns, and resources for youth form the multiple contexts that shape health and wellbeing in small urban and rural town youth. Health is a complex phenomenon that is largely determined by place, which forms the social and spatial contexts in which communities exist. While some people who experience
adverse conditions become ill, many others do not, as the interplay between person and conditions in the environment can decrease a person’s risk of health problems, harm and neglect. There is room for improvement in the health and wellbeing of Canadian youth. Youth is a time characterized by quest for autonomy, exploration of identity, and transitioning social roles, thus this transition period offers opportunity to positively affect the trajectories of people in relation to health and wellbeing early in their lifecourse.

To optimize health, youth need supportive environments that meet their needs as they transition to adulthood. To create supportive conditions for youth and young adults, Canada must continue to invest in initiatives that foster healthy transitions, including creating positive and nurturing supportive environments in families, workplaces and communities as these factors are connected to good physical and mental health and wellbeing. After-school programs offer an opportunity to support positive, healthy youth development. However, the relationship between after-school programs and youth health and wellbeing in small urban and rural towns is not well understood. Local analysis and evaluation of programs is important for keeping up to date on how shifts in social environments and social support can be used to promote health behaviours among young Canadians (Public Health Agency of Canada, 2011; Keon & Pépin, 2009). Thus, research is needed to examine the relationship between community interventions that provide resources and opportunities and the perceptions of the associated health outcomes in small urban and rural town youth, from the perspectives of both youth and other members of the community. Thoughtful consideration of this situated knowledge about the intersection of these multiple contexts can guide the design of community interventions that respond to the health needs of these residents.
Chapter 3: The Case Study

Fusion Youth Activity and Technology Centre, Ingersoll, Ontario

In this chapter, the case selected for study will be described, and the context of the youth centre will be discussed in relation to the town and county in which it is located. The rationale for selecting the case for study and a brief overview of the Fusion Youth Centre will be provided. The social and economic features of the town and county will be discussed, and an overview of the health and wellbeing status of the residents will then be summarized.

Selecting the Case

Purposive sampling was used to select the case for this study. In case study research, the prime criterion for selecting a case is the opportunity that the selected case offers to learn (Stake, 2008). For this study, the selected after-school program was the Fusion Youth Activity and Technology Centre in Ingersoll, Ontario. Fusion offered an opportunity to learn about the link between successful after-school programs and youth health/wellbeing based on its alignment with the major concepts of interest in this study, including

1. Programming focusing on 12 to 18 year olds, fitting within lifecourse transitions occurring in the definition of youth as emerging adulthood, but limited to a time when youth would be attending after-school programs
2. Location in a small urban population centre
3. Location in a county with a strong economy and limited number of new immigrants in the community, allowing focus on the more typical youth experience rather than the “youth at risk” experience
4. Characteristics of the centre as an after-school program
• Being distinct from schools, allowing clarity in activities that are specific to the program

• Its alignment with the factors associated with successful after-school programs as identified by Crooks and Burns (2009), Durlak, Berger and Celio (2009) and Durlak and Weissberg (2007).

• Large program, allowing staff to have the opportunity to have made multiple observations on different youth.

5. The program had not been formally evaluated in relation to health and wellbeing outcomes.

The Fusion youth centre addresses a wide variety of youth needs, however, the boundary for this study was limited to health and wellbeing from the perspective of staff and affiliated community members.

Fusion Youth Centre

Fusion, located in Ingersoll, Ontario, opened in 2006 and has since expanded space, resources, services and activities (Town of Ingersoll, 2010). The centre is owned and operated by the Town of Ingersoll under the umbrella of the Parks and Recreation Department. Fusion is located downtown and is open six days / evenings per week. The centre offers a wide variety of programs to twelve to eighteen year olds including art and music, leadership and social development, entrepreneurial and skill development, indoor and outdoor recreational fitness and sports, and a wide variety of technology activities including computer labs, computer recycling, photography, broadcasting media, and a recording studio (Town of Ingersoll, 2010). The staff members who interact directly with youth are generally young adults who bring both
knowledge in working with youth and expertise in the above activities. The centre has a number of staff members who have worked at Fusion for greater than two years.

Social and Economic Context of the Town of Ingersoll and Oxford County

The Fusion Youth Centre, like all case studies, is embedded in a number of contexts, including historical, physical, cultural and economic that must be considered to make observed relationships understandable (Stake, 2008). The town of Ingersoll is located in southwestern Ontario adjacent to a major highway. With a population of 11760 residents, Ingersoll fits within the category of a small population centre as defined by Statistics Canada (2011). The age distribution of Ingersoll is similar to the Ontario profile, with 32.6% of residents being under the age of 25 years.

Table 1: Population Distribution in Ingersoll

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Ingersoll</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14 years</td>
<td>19.9%</td>
<td>18.2%</td>
</tr>
<tr>
<td>15-24 years</td>
<td>12.7%</td>
<td>13.4%</td>
</tr>
<tr>
<td>25-64 years</td>
<td>53.7%</td>
<td>54.9%</td>
</tr>
<tr>
<td>&gt;65 years</td>
<td>13.7%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Child Dependency Ratio (0-14 years)</td>
<td>0.30</td>
<td>0.27</td>
</tr>
</tbody>
</table>

Oxford County Public Health and Emergency Services, 2011

Ingersoll is located in Oxford County, a county with abundant agricultural land of which 91% is class 1-3, and of which 89% is farmed (Oxford County Public Health and Emergency Services, 2011). Other economic sectors include manufacturing, health care and social services, retail, finance and insurance, and professional trades (The Corporation of the Town of Ingersoll, 2012).

Table 2: Population Density in Ingersoll

<table>
<thead>
<tr>
<th>Population Density</th>
<th>911.9 people per km²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land Area</td>
<td>13 km²</td>
</tr>
</tbody>
</table>

Oxford County Public Health and Emergency Services, 2011
Household size and composition in Oxford County are comparable to the 2006 Ontario Profile. The average household size is 2.9 persons, with 85.5% of families being two parent families. The median income after tax is $51,425, just slightly below the Ontario average. English is the first language spoken by 88.6% of Oxford County residents, well above the Ontario average, with the most frequently reported other languages being Dutch, German, Polish and Hungarian (Ontario Trillium Foundation, 2008). Residents are less likely to have completed post-secondary education than other Ontarians (Ontario Trillium Foundation, 2008).

Table 3: Household Composition in Ingersoll

<table>
<thead>
<tr>
<th></th>
<th>Ingersoll</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Household Size*</td>
<td>2.9 persons</td>
<td>3 persons</td>
</tr>
<tr>
<td>Two Parent Families*</td>
<td>85.5%</td>
<td>84.2%</td>
</tr>
<tr>
<td>Median Income After Tax*</td>
<td>$51,425</td>
<td>$52,117</td>
</tr>
<tr>
<td>English as First Language**</td>
<td>88.6%</td>
<td>68.4%</td>
</tr>
</tbody>
</table>

*Statistics Canada, 2011
**Ontario Trillium Foundation, 2008

Health and Wellbeing of Oxford County Residents

The context of health and wellbeing in Oxford County will be discussed in relation to the general health and wellbeing of residents, health concerns of youth, and drug use.

General Health and Wellbeing

Statistics Canada data indicates that residents of all ages in Oxford County rate their perceived health and wellbeing similar to other Ontarians, with 60.9 percent of surveyed residents identifying their health as very good or excellent, 74.4 percent identifying their mental health as very good or excellent, and 26.5 percent rating their perceived life stress as very good or excellent (Statistics Canada, 2012). Rates of heavy drinking and levels of physical activity are similar to other Ontarians. However, Oxford County respondents are more likely to smoke, be overweight or obese, have chronic obstructive pulmonary disease, and have cancer.
than their Ontario counterparts. They also have higher incidence of self-injury, deaths from suicides and self-inflicted injuries, and deaths from unintentional injuries. In terms of personal resources, while Oxford County residents report similar rates of life satisfaction, they also report higher rates of having a sense of community belonging (Statistics Canada, 2012).

Health Concerns of Youth in Oxford County

In Oxford County, the top five health concerns identified by high school students and teachers in a 2010 survey were bullying/conflict, stress, alcohol/drugs, relationships, and tobacco/smoking (Oxford County Public Health and Emergency Services, 2011). Stress was the number one issue identified by Oxford County youth in a 2008 survey (United Way, 2008a).

Drug Use in Oxford County Youth

Encouraging, in Ontario, drug use among students in grades seven through twelve has been declining in the past few years, and fewer students are using alcohol, tobacco and cannabis at an early age than their counterparts in previous decades (Centre for Addiction and Mental Health, 2011). For the first time, youth perceptions of disapproval of marijuana use have recently increased in Ontario. While Oxford County has taken steps to assess and address substance misuse, drug use has remained problematic (Oxford County Drug Task Force, 2008; Oxford County Drug Task Force, 2010). The Children’s Aid Society of Oxford County estimated that of the 1000 to 1200 families on their caseload, about sixty percent are struggling with misuse of substances, not including legal use of alcohol and tobacco. Approximately forty percent of referrals result from addiction issues that are impairing ability to parent (Oxford County Drug Task Force, 2010). A survey of 3432 Oxford County youth revealed:
• 53.6% of respondents witnessed people using drugs while growing up (Oxford County Drug Task Force, 2010).

• The average age when respondents reported trying drugs was 13.4 years of age (Oxford County Drug Task Force, 2010), slightly younger than the reported provincial average age of fourteen years (Centre for Addiction and Mental Health, 2011).

• Alcohol, tobacco and marijuana were the most commonly used substances by youth aged sixteen and under (Oxford County Drug Task Force, 2010), which is similar to other Ontario youth (Centre for Addiction and Mental Health, 2011).

• Among youth who had ever tried drugs, the most frequent cited reasons related to having a good time, but stress and pressure also figured prominently:

<table>
<thead>
<tr>
<th>Reason for Trying Drugs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>“just to have a good time”</td>
<td>64.5%</td>
</tr>
<tr>
<td>“because I want to”</td>
<td>38.6%</td>
</tr>
<tr>
<td>“family stress”</td>
<td>25.8%</td>
</tr>
<tr>
<td>“peer pressure”</td>
<td>25.3%</td>
</tr>
<tr>
<td>“helps me escape my problems”</td>
<td>21.7%</td>
</tr>
<tr>
<td>school stress</td>
<td>20.9%</td>
</tr>
<tr>
<td>depression</td>
<td>20.1%</td>
</tr>
</tbody>
</table>

Oxford County Drug Task Force, 2010

• Ingersoll youth reported that the easiest substances to obtain were alcohol, marijuana, prescription drugs and tobacco. Other available substances included acid, cocaine, crystal meth, ecstasy, hash and mushrooms (Oxford County Drug Task Force, 2010).
These findings are similar to Ontario statistics (Centre for Addiction and Mental Health, 2011).

In summary, the Fusion Youth Centre was selected for this study as this after-school program provided rich opportunity for learning about the link between after-school programs and youth health/wellbeing based on the program’s small population centre location, emphasis on youth in general rather than at-risk youth, and alignment with characteristics associated with effective programs. The context of the youth centre, the town of Ingersoll, and Oxford County has been identified to assist readers with interpreting the results of the study. Health and wellbeing concerns in Oxford County include youth stress, youth and adults substance use, and higher than average rates in Ontario for smoking, obesity, chronic lung disease, self-injury/death from suicide, and unintentional injuries.
Chapter 4: Methods

This chapter will address the epistemological viewpoint for this study in relation to the goals and objectives; the research design; details on the ethical review, participants, recruitment and consent; processes for data collection and analysis, and additional strategies used to enhance rigor.

Epistemological Viewpoint in Relation to Research Goals and Objectives

To capture the understanding of the study goals and objectives, the epistemological viewpoint for this study was a qualitative, inductive framework. The qualitative approach focuses on developing a rich, detailed understanding the phenomenon of interest. The tradition of using qualitative methods to study human phenomenon and basic social processes is grounded in social science, arising from interest in describing the fundamental patterns of human thought and behavior (Streubert & Rinaldi Carpenter, 2011). The tradition arose in response to difficulty encountered when describing human values, culture, and the nature of relationships using quantitative methods (Streubert & Rinaldi Carpenter, 2011). Descartes’ view of science that emphasized objectivity as the only approach to generating new knowledge was long held as the only approach. In this view, significant value is placed on rationality, objectivity, prediction and control; if a phenomenon is not observable, it is not real. Kant is attributed with questioning the fundamental nature of what constitutes reality and launching debate about the nature of science and reality, proposing that perception is more than an act of objective observation; all of reality could not be explained by cause and effect relationships, as nature is not independent of thought and reason (Streubert & Rinaldi Carpenter, 2011). Kant’s ideas were later advanced to explore reality as a perceived phenomenon rather than as
an objective, observed phenomenon, establishing the foundations of qualitative research approaches (Streubert & Rinaldi Carpenter, 2011). Qualitative research calls for recognition of patterns within phenomena to create insight rather than the generation of facts that will be controllable and generalizable (Streubert & Rinaldi Carpenter, 2011).

In relation to health care, quantitative approaches have been unable to adequately answer some challenging clinical questions, particularly questions involving human subjectivity and interpretation and questions that seek to understand how social experiences are created and give meaning to life (Streubert & Rinaldi Carpenter, 2011). Perception is not objective – perception is a way of observing and processing information within the context of our lived experiences. Thus, reality is developed and constructed over a lifetime of receiving, processing and interpreting information within the context of human interactions (Streubert & Rinaldi Carpenter, 2011). Each person’s interpretation is based upon what they perceive to be reality. Thus, in qualitative approaches, researchers acknowledge and value the subjectivity that is part of the scientific inquiry (Streubert & Rinaldi Carpenter, 2011). This study sought to capture the subjective perceptions of participants in relation to their perceptions of what constitutes health and wellbeing for youth (objective one) prior to exploring any perceived impacts that after-school programs have on youth health and wellbeing in small urban towns as perceived by adult after-school program staff and community members (objective two). It is essential to understand the perceived nature of health and wellbeing in order to understand the relationship between health/wellbeing and the social processes inherent in the after-school program in order to interpret the patterns within the description of the phenomenon. Objective three sought to identify any sources of tension or concerns that exist in relation to
after-school programs and youth health/wellbeing as perceived by adult after-school program staff and community members, as this question opens the door to exploring negative impacts perceived by the community in relation to the social process inherent in the after-school program, providing a broader understanding of current and potential issues that need to be considered in planning. Given that health, wellbeing, and the meaning of place are socially constructed concepts and thus highly affected by perception and experience, for this study, empiric measures were not suited to capturing the dynamic and subjective nature of these concepts, or the basic social processes that transect these human health and wellbeing events. Qualitative methods were more appropriate.

Research Design

The research design for this study was a single case study, with the unit of analysis being one after-school program – the Fusion Youth Centre in Ingersoll, Ontario Canada. Simons (2009) defines a case study as an “in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution, programme or system in a ‘real life’ context” (p.21). Case studies are appropriate when there is a unique story to be told, as they tell the detailed story of an organization – what happened to when, to whom, and the consequences, including project successes and challenges (Neale, Thapa & Boyce, 2006). This approach was fitting to the research question, as the emphasis was on understanding the connections between the youth centre and youth health and wellbeing. The purpose of a single case study is to focus on the specificities of the case, generating rich, detailed data, with the purpose of (1) improving theory by discovering gaps and contradictions to the existing theory (Babbie & Benaquisto, 2010), (2) generating new theory or hypotheses by identifying potential
causal mechanisms or processes that may explain the relationship between variables (Gerring, 2007), and (3) informing policy development, professional practice and civil or community action (Simons, 2009).

Strengths of qualitative case studies include enabling complexities to be interpreted within the socio-political contexts in which the programs exist, their ability to document multiple perspectives and contested viewpoints, and their ability to engage participants in the research process by offering opportunity to co-construct knowledge and joint understandings (Simons, 2009). The main limitation of a single case study is its specificity to the situation (Creswell, 2013; Simons, 2009). However, for this study, priority was placed on understanding the ‘how’ of specific context and events over broad, non-explanatory generalizations. The process begins with a literature review, during which the researcher develops an analytic framework, but retains a sense of skepticism concerning its accuracy to aid in identifying emerging gaps and contradictions (Babbie & Benaquisto, 2010).

Ethical Review

Ethical review for this study was conducted by the Researcher Ethics Board at the University of Guelph. Approval was obtained prior to contacting the Fusion Youth Centre.

Study Participants

Purposive sampling was used to select key informants for this study as this type of sampling facilitated locating people most likely to have knowledge of both the centre and youth. Each key informant interview constituted one within-case observation. Eighteen individual key informant interviews took place in a case study of one program, the Fusion Youth Centre, Ingersoll, Ontario. One validation focus group took place for those key informants who
were interested in attending. In order to obtain a diverse range of perspectives, representation was sought from three groups:

- **After-school program staff**
- **Program administrative staff**
- **Adult affiliated community members who had knowledge of the program but were not part of the staff.**

The inclusion criteria for program staff was 1) having at least two years of experience in the program and 2) being identified by the manager as being considered more senior staff. The two year minimum experience time frame was selected due to the time-bound nature of health and wellbeing – the impact of health behaviours, decisions and experiences may not be apparent in the immediate time, thus ongoing interaction with youth was deemed to be important to capture impact of the centre on health and wellbeing. This timeframe also allows informants to have had opportunity to interact regularly with many different youth. The inclusion criteria for administrative staff was being a manager or administrator responsible for broader program decisions and leading the planning for the program. Inclusion criteria for affiliated community members was being an adult who did not work for Fusion but who was identified by the manager as having knowledge of the program.

**Recruitment**

For the individual interviews, key informants were recruited from the Fusion Youth Centre. The manager identified all program staff who met inclusion criteria and seven affiliated community members who could best respond to the research questions. Potential key informants were contacted by the manager at their place of work and were invited to
participate. The administrative assistant scheduled interviews to ensure all people meeting inclusion criteria had opportunity to participate during regular scheduled hours of work. Since it was clear to staff when interviews were being conducted, informants were offered the opportunity to decline to be interviewed and either remain in the room or exit through a door where they would not be seen. For the validation focus group, everyone initially invited to participate in the study was notified of the scheduled time by the administrative assistant. The validation focus group was scheduled the hour prior to the centre being open, again ensuring there was opportunity for everyone to review and comment on the preliminary findings.

**Consent Process**

Potential key informants were provided with an information letter outlining the process, types of questions, information about voluntary participation, and information on how to contact the researcher and faculty advisor for any concerns or for a copy of the final study result. Written consent was obtained by the researcher prior to the interviews and validation focus group using a separate consent form for each activity.

**Data Collection**

Data collection involved both semi-structured key informant interviews and one follow-up validation focus group.

*Key Informant Interviews*

Two advantages of using in-depth interviews for case study research are their ability to capture how informants arrive at their opinions through opportunity for clarifying details (Gerring, 2007), and their ability to allow progressive focusing to refine interview questions as significant issues emerge (Simons, 2009). For individual key informant interviews, each
informant was involved in one face to face, in-depth, individual semi-structured interview lasting 20 to 60 minutes. All interviews were conducted by the researcher. Participants were reminded that confidentiality would be protected but that it may not be possible to remove information that identifies specific programs within the youth centre, which may make youth centre staff identifiable. The following set of guiding questions was used:

1. Could you tell me how you would define health and wellbeing in relation to youth?
2. Do you think the Fusion Youth Centre, programs and activities have an impact youth health and wellbeing? How? In what ways?
3. In your experience, do you think there are any sources of tension or concerns that exist in the centre or the community about the Fusion Youth Centre in relation to youth health and wellbeing?
4. Is there anything additional that you want to tell me that might clarify my understanding of the situation?

Validation Focus Group

The goal of rigor in qualitative research is to accurately represent the study participants’ experiences. In qualitative research, rigor is most often determined by the study participants (Streubert & Rinaldi Carpenter, 2011). Respondent validation refers to checking the accuracy, adequacy and fairness of the interpretations with those whom they concern (Simons, 2009). At the close of the individual interview, key informants were invited to attend a validation focus group to review and collectively review and comment on the preliminary results. The 60 minute validation focus group was conducted by the researcher. Preliminary results were shared, and the researcher guided the discussion according themes that had emerged from
data analysis. To protect confidentiality, only general themes were identified and no information from individual key informants or specific examples was shared. Participants were reminded of the expectation that comments made by participants during the process were to be kept confidential. After each theme was shared, participants were asked:

1. Do you think these preliminary results reflect your perception of how you would define health and wellbeing in relation to youth?
2. Do you think these preliminary results reflect how the Fusion Youth Centre, programs and activities impact youth health and wellbeing?
3. Do you think these preliminary results reflect your perception of any sources of tension or concerns that exist in the centre or the community about the Fusion Youth Centre in relation to youth health and wellbeing?
4. Is there anything that you think is missing from these results that might clarify my understanding of the situation?

Recording of Data

With permission from key informants, the interviews and validation focus group were digitally audio-recorded to reduce risk of interviewer bias and for returning to the original text during analysis to validate findings (Cresswell, 2013). Field notes were recorded after interviews and during and after the validation focus groups to record the process, context, and observations (Krueger & Casey, 2000; Streubert & Rinaldi Carpenter, 2011). Audio-recordings, transcriptions in the form of concept maps, consents, and field notes were stored in a locked filing cabinet; computerized information was password protected. Only the researcher reviewed the original data.
Data Analysis

The purpose of data analysis in qualitative research is to permit an understanding of the phenomenon while preserving the uniqueness of each participant’s lived experience (Streubert & Rinaldi Carpenter, 2011). Data collection and analysis occur simultaneously in case study research (Zucker, 2009). For this study, data was analyzed using an emergent, inductive process in which reasoning began with the details of the individual experiences emerging from the interviews and moved towards creating a more general picture of the phenomenon (Streubert & Rinaldi Carpenter, 2011). Concept mapping was used to complete data analysis, using guidelines proposed by Northcott (1996).

Concept Mapping

Concept maps are a visual method of representing knowledge and mapping links between related concepts to make sense of the data through clarification of connections and identification of emerging holes or contradictions (Ravitch & Riggan, 2012; Simons, 2009; Northcott, 1996). They are helpful for emergent research designs in which the collection and analysis of data occur concurrently as there is no delay in waiting for transcription to occur (Northcott, 1996). Concepts maps can be used to organize and analyze individual perspectives and emerging theoretical ideas; they can be used to (1) code and categorize data, followed by (2) identification of themes and (3) mapping of relationships and patterns (Simons, 2009).

Strategies used to support reliability in this phase of the study included (1) working directly from the recordings in their original form to retain the sequence, expression and emotion. Working directly from audio-recordings allows the researcher to preserve the richness of the context, emphasis, meaning, emotions and tone of statements (Cresswell, 2013;
Simons, 2009; Northcott, 1996). Through re-listening to recordings, researchers can reconnect with the ‘live’ experience of the interview, recalling social, emotional and behavioural cues (Simons, 2009). Additional strategies included (2) returning to the original data to ensure the same codes would be assigned by the researcher on different occasions (3) comparing findings from audio-recordings with the researcher’s written journal notes (4) making notations on the concept maps as documentation of the procedure for arriving at categories, codes and themes and (5) providing examples from the original data that support the identified themes (Creswell 2013). Thus, key informant interviews were mapped directly from the original digital audio-recordings. Each audio-recording was reviewed, and notes were made of key ideas expressed. The notes were transcribed into one concept map for each research question for each key informant using online software available from www.bubbl.us (Appendix 1). Interview notes were also consulted as concept maps were created. Notations were made on the digital audio files using software from audacity (http://audacity.sourceforge.net/) that tagged specific exemplars illustrating key ideas expressed in the interview. Those exemplars were then transcribed into written words by the researcher. Once all interviews were transcribed into concept maps and written exemplars, individual maps were compared and merged into one macro map for each research question that captured the prominent codes, categories, themes and relationships. As themes emerged, concept maps were re-organized. Bubbles were color coded to sort codes into the categories of 1) overall emerging theme 2) explanations of how staff members enact the theme 3) how youth respond, and 4) the perceived impact on health and wellbeing.
Reflexivity within Concept Mapping

In qualitative research, reflexivity is important – researchers need to examine and self-reflect on their influence on all aspects of the qualitative inquiry to understand how their values and views may or are affecting the inquiry (Streubert & Rinaldi Carpenter, 2011). I was pleasantly surprised with the benefits of using concept mapping on retaining transparency and reflexivity during data collection and analysis; I found seven particular concrete strengths of this method:

1. Listening to the original audio-recordings allowed me to hear the ideas within the context of what was being discussed, with the emotion and emphasis of the key informants’ own voices. This helped me avoid splicing ideas from the context of which they were intended.

2. Digital audio files could be tagged and labeled, making it easy to return to the original recordings to check that I had captured ideas correctly.

3. I could clearly hear when I had inadvertently directed the responses in a particular direction or to a particular conclusion; reflecting on these errors helped improve interviewing skills for subsequent interviews.

4. During the creation of the concept maps, I drew lines between ideas when key informants identified a connection. I was surprised at how effective this method was; I was able to re-listen to the audio-recordings as I drew lines and reflect on whether the informant had connected the ideas or whether I was connecting ideas based on my own bias, assumptions or conclusions from previous interviews. I placed many connecting lines that upon review, I removed.
5. I was able to theme ideas as the interviews progressed, and follow up on ideas that were unclear with subsequent interviews. For example, early informants commented on “place” and “space”, ideas which I was able to explore in subsequent interviews.

6. I was able to keep referring back to the concept maps when coding the macro maps and when writing up the results and discussion to ensure I was staying true to the individual informant’s ideas and not shifting the context.

7. The data was easy to code and organize. The concept maps made apparent actions that staff members were taking to achieve health and wellbeing outcomes and youth responses as intervening mechanisms in youth health and wellbeing (how staff enact the themes and how youth respond). Color coding and re-arranging the concept maps allowed a theoretical model to emerge.

Additional Decisions Made to Enhance Rigor

Cresswell (2013), Streubert and Rinaldi Carpenter (2011), and Stake (2008) identify characteristics common across different types of qualitative research that were used as assumptions to guide research decisions for this case study to enhance rigor. Cresswell (2013) describes validation in qualitative research as an attempt to assess the accuracy of the research findings, and notes that the accuracy is best described by the researcher and participants. Three strategies for validation not yet discussed include clarifying research bias, triangulation, and limiting disruption of the natural context. Clarifying research bias involves the researcher commenting on “past experiences, biases, prejudices, and orientations that have likely shaped the interpretation and approach to the study” (Creswell, 2013, p. 251). In this study, this process was completed prior to the beginning of data collection through journal entries and
reviewed during data analysis. *Triangulation* involves making use of “multiple and different sources, methods, investigators and theories to provide corroborating evidence” to shed light on the themes and perspectives (Cresswell, 2013, p. 251). In this study, to be inclusive of alternate interpretations, various points of view were sought, including the perceptions of administrative staff, staff with knowledge of various programs, and external views from affiliated community members. Documents and reports related to the Fusion Youth Centre and youth health and wellbeing in Oxford County were also reviewed and compared to study results. *Limiting disruption of the natural context* of the phenomenon of interest is important for ensuring context is not stripped away in the process, rather that context is an acknowledged and valued part of the data collection process and emphasis is placed on conducting research in a way that least disturbs the natural setting (Streubert & Rinaldi, 2011). Interviews were conducted at the Fusion Youth Centre, or for affiliated community members, either at the centre or in their place of work.

In summary, the epistemological viewpoint for this study was a qualitative, inductive framework. The research design for this study was a single case study, with the unit of analysis being one after-school program – the Fusion Youth Centre in Ingersoll, Ontario Canada. Purposive sampling was used to select the key informants, and recruitment occurred through the youth centre. Data was collected through semi-structured key informant interviews and one follow-up validation focus group. Concept mapping was used to code the data and identify themes. Rigor was enhanced through application of key principles of qualitative research to research methods.
Chapter 5: Results

This study focused on the perceptions of adult after-school program staff and affiliated community members regarding the relationship between health/wellbeing and one after-school program, the Fusion youth centre. The goal of this study was to illuminate or clarify the connections existing between rural youth health/wellbeing and after-school programs. The objectives of this study were to

1. Identify how adult after-school program staff and community members define health and wellbeing in youth from small urban and rural towns.

2. Illuminate any perceived impacts that after-school programs have on rural youth health and wellbeing as perceived by adult after-school program staff and community members.

3. Identify sources of tension or concerns that exist in relation to after-school programs and youth health/wellbeing as perceived by adult after-school program staff and community members.

Understanding the impact of successful after-school programs on youth health and wellbeing is important, however, what would be helpful to guiding the development of future programs would be getting a better understanding of how this effect occurs – what precisely are the staff doing through their activities and interactions to accomplish these goals in an intentional way? How do staff members translate intentions into action? To answer these questions, the results section has been split into three sections. Prior to understanding the intentional actions of staff, it is important to understand how participants define health and wellbeing in youth to clarify the goals they are trying to accomplish. Thus, section one will focus on the first research
objective addressing how the staff members and affiliated community members define health and wellbeing in relation to youth. Section two will focus on the second research objective – illuminating the connections between the Fusion youth centre and health/wellbeing, highlighting what the staff are doing, and how they accomplish their goal of supporting youth. Section three will focus on the third objective – identifying the tensions that occur regarding Fusion, with emphasis on how the centre has been navigating and resolving these tensions. A brief summary of study results will be provided at the end.

Eighteen individual key informant interviews were conducted with nine staff members who interact directly with the youth, three people in management/administrative positions, and six affiliated community members. The sample included eight females and ten males. Eleven informants attended the validation focus group, including five staff members, two people in management positions, and four affiliated community members. The focus group sample included five females and six males.

Section One - Defining Health and Wellbeing in Youth from the Perspective of Fusion Staff and Affiliated Community Members

Participants viewed health and wellbeing in relation to youth as being multidimensional, and included the dimensions of mental health and wellbeing, physical health and wellbeing, and having the needed resources and supports (Appendix 2). Participants were clear that these dimensions of health were not separate but were inter-related:

“I see it as a total package. I see their emotional needs, their physical needs, educational needs as far as you know right and wrong, setting goals, and their social skill development, just the whole pieces there that make them a complete human being, that is what I see as health and wellbeing”
Mental Health and Wellbeing

Almost all participants identified that for youth, mental health and wellbeing was the most important of these inter-related dimensions. Having good mental health and wellbeing included feeling good and having fun, feeling confident about self, feeling safe and secure, and being more bold. Participants described healthy and well youth as having a good attitude about life and the future, which is enacted through having a passion, vision and purpose in life, having goals for the future, and going to school every day:

“The healthier one is usually more active, more socially accepted, feels better and confident about yourself, you get the feel good, look good, look good feel good attitude going on, and you can see them not too insecure about themselves. The healthier ones are a bit more bold, they’ll stand out a little bit more than the ones that are insecure…”

“Healthy is someone who wants to get up in the morning, has a purpose in life, health and wellbeing is physical, mental, everything. They go to school every day, they are happy, they want to go home at night because they have a good home life, they connect and they interact with the community and the kids, other youth.”

Another aspects important for mental health/wellbeing in youth included having low stress. A few participants noted that having a sense of gender identity was important as well. Positive relationships were paramount to good mental health and wellbeing – healthy and well youth were described as feeling socially accepted, feeling that they fit in, belonging, participating, and feeling connected to others and the community:

“Health and wellbeing in relation to youth, I think primarily it’s healthy self esteem. I think the mental health with the teen population is probably just as important or the most important for teens because they are just developing their personality, so I think mental health is a priority... I think attachment to community is good mental health, feeling like they are being listened to, lack of negative health impacts like drugs, addictions, violence...places where they feel they belong, lack of isolation.”
Participants commented that one reason good mental health impacts health and wellbeing is that happy, secure youth do not need to go down the path of drugs and smoking to manage their issues.

In contrast, being mentally unhealthy and unwell was described not being happy, feeling depressed, feeling insecure and lost, feeling picked on, bullied or victimized, feeling stressed, and withdrawing. Withdrawing was described as being quiet, not talking about feelings, and not going to school. Relationships figured prominently as well – unhealthy / unwell youth feel alone, excluded, have few friends, and feel that others have given up on them:

“I think a healthy well youth is someone who has a passion for life, enjoys being around people and is happy... someone who is engaging when they are here, they are talking to the staff, they are talking to the other youth, they are involved in the programming, and they enjoy being in this atmosphere. But then you get the kids who are withdrawn, who just come here to create problems, display aggression towards staff and other peers.”

“I think an unhealthy or unwell youth is someone who is withdrawn, void, quiet, don’t talk about their feelings. They don’t have a lot of support around them...I would say that drugs and alcohol for youth has a lot to do with their wellbeing and it’s a big factor for teens around here.”

Violence, aggression, and getting into trouble were other behaviours associated with being mentally unhealthy/unwell. Youth with few friends will do anything to fit in, resulting in unhealthy behaviours such as substance use, hanging out in places that are not positive, and wandering the streets at night:

“We have some kids here who are very very obese and get made fun of all the time, they’ll do anything, they’ll smoke cigarettes, they’ll do drugs, they’ll do anything to fit in. The other ones that feel confident about themselves, they don’t really need to go down that route.”

“When you see them following another kid around and thinking their actions are cool and then you see them mimic other kids...if someone has a poor reputation, they’re not that cool, they don’t have many friends, I would say that is the biggest risk for high risk...they are the ones that are going to take up smoking, because that’s the group that will accept anybody, really, it is the kids that does drugs and smoking that are willing to accept anybody to hang out with, there is not going to be an issue there.”
Several participants were asked if they thought the experience of being a youth had changed over time. Several responded that there has been a shift in the role that social media plays in youth mental health. Social media has made saying negative things about people easier. They described social media as impacting privacy by putting youth out in public space much more than in the past, which impacts youth’s sense of acceptance and belonging:

“I think it’s easier for them to badmouth somebody on Facebook than say it to their face, so I think there is harassment happening that way, and I have seen it ...I think that makes it too easy for them and the whole world sees it...it is such a different way of communicating now...it’s also a way for them to torment, bully.”

Participants were worried about the effect on youth mental health, particularly in relation to stress and sense of self.

*Physical Health and Wellbeing*

The second dimension of health and wellbeing in youth encompassed physical aspects. Being physically healthy was described as having healthy bodies, which included good nutrition and healthy eating, being active and exercising, and not getting into physically dangerous activities such as drugs and smoking. In contrast, being physically unhealthy/unwell was described as poor eating, no exercise, obesity, teen pregnancy, and the use of drugs, alcohol or smoking.

“Obviously physical health is important, and that would involve eating properly and getting exercise.

“Health and wellbeing is staying active and not getting into dangerous things like drugs or alcohol...it is just living life, having fun…”

“When I think of healthy living I think of eating right, being active, and stress free...[stress comes from] peer pressure, their friends, families, home life, schooling is a stress factor, fitting in, you know, weight can be that, drugs and alcohol would be the main things.”
Having Resources and Supports

The third dimension of health and wellbeing in youth related to the importance of accessing resources and supports. Having resources and supports included having positive relationships, having positive environments and surroundings, having structure and direction, and having opportunities to gain skills. Positive relationships included having friends and family, having positive role models and mentoring from adults, and feeling like they are listened to. Positive environments and surroundings included having places to go to access a variety of positive activities and recreation, having a good home life, having supervision, and accessing education. Having structure and direction as a resource or support included learning what is wrong and right. Opportunities to gain skills included having the chance to gain a variety of skills, including leadership skills.

Being unhealthy or unwell in relation to resources and supports included lacking nurturing relationships, lacking structure and direction, and lacking opportunities. Lacking nurturing relationships was described as having parents that do not care, and lacking other people in their life who care:

“I think for youth they are very vulnerable, and they only know what you teach them – or they learn it from someone else, so you want them to learn it from the right people first...in order to grow healthy, you need to be influenced by many different factors, whether it is nutrition or physical activity, creating relationships.”

“...just having different influences in your life...youth rely on their peers a lot, but obviously your parents are a big influence...if your parents don’t have a strong part in your life... something will happen here and we will have to call their parents and they will say ‘oh, we don’t care’ or ‘oh, he’s 16, he’s going to get in trouble’ and there’s no discipline at home so I think it is a good thing for them to be here at Fusion and kind of have a little more structure or get a little more direction in terms of what’s right and what’s wrong...”
“Positive relationships, I think youth and wellbeing is just having positive environments and surroundings, so I guess just having a healthy lifestyle and being aware of what you need to do to have a healthy lifestyle.”

Lacking structure and direction included direction on how to be physically active. Lacking opportunities included experiencing poverty that limits access to good diet, opportunities, assistance and support.

In summary, participants described health and wellbeing in relation to youth under three dimensions – mental, physical, and having resources and supports. Mental health and wellbeing was highlighted as being the most important aspect for youth, with emphasis on feeling good about self, having a vision and purpose in life, and engaging in positive relationships that leave youth feeling accepted, a sense of belonging, and connected to others. Physical health included having healthy bodies, nutrition, physical activity, and avoiding substance use. Supports and resources included having positive relationships that provided role modeling and mentorship and the sense that youth are being listened to; having positive environments and surroundings; having structure and direction; and having opportunities to gain skills. With these dimensions of health and wellbeing now defined, the next section will focus on how staff members at the centre use the activities, interactions and the physical centre itself to support youth health and wellbeing.

Section Two - The Connections between the Youth Centre and Youth Health and Wellbeing

Participants were asked whether they felt there was a connection between attendance at the youth centre and what they had described as encompassing youth health and wellbeing. All participants agreed that a connection existed, and that the connection was positive for most youth. Participants were asked questions that explored why youth come to the centre, what
was occurring at the centre, how these factors were enacted by the staff and centre, and how youth respond. Participants were also asked about their perceptions of youth and place or space. Thematic analysis revealed three key themes (Appendix 3)

1. Something for every kid: Engaging youth through an eclectic mix of programs and activities
2. Building relationships and connections
3. A place for youth

**Something for Every Kid: Engaging Youth through an Eclectic Mix of Programs and Activities**

The first theme that emerged related to how the centre impacts youth health/wellbeing was the eclectic mix of programs and activities available at the centre. From the perspective of staff and affiliated community members, youth benefit from the centre by having fun things to do, being able to try new things on their own terms to explore what they are good at, and engaging in opportunities they would not otherwise have, in a social environment. First, participants described that the number one reason youth come to the centre is to have fun. One reason the activities are fun for youth is because the activities at the centre are designed to let kids be kids without the pressure to stay in a specific activity. The centre also offers a break from school, and gets youth out of the house:

“it is mostly just a space to hang out with their friends...it is not necessary to always have to be structured, you can just hang, watch a move, or just play on the computers, it’s kind of just nice area for them to have.”

Participants described that this lack of pressure leads to unanticipated learning that is often not recognized as learning by youth in the moment.
Second, the mix of programs and activities allows youth to try new things on their own terms and explore what they are good at:

“They can kind of try a little bit of everything and explore on their own what interests them and what they’re good at...it is important for them to get to explore what they are capable of on their own terms and get to kind of experiment with art or technology...and not to be put into a box.”

The creation of programs and activities that encourage youth to explore their interests and talents is accomplished through strong dedication of staff to their programs and the sense that staff feel they have some ownership and responsibility for delivering the programs.

“I think it’s one of the things that makes Fusion so successful is that we’re always staying on the cutting edge of what youth are interested in, we’re always making sure we’re aware of those things and offering opportunities for the youth that reflect those changes.”

In addition to encouraging participation in their own programs, several participants remarked that they encourage youth to try other programs as well, particularly participating in physical activity.

Third, the eclectic mix of programs and activities offers youth opportunities and experiences they would not otherwise have, in a social environment. These opportunities include learning about business, photography, art, technology, health education, physical activity, music, and development of future job skills. This aspect is accomplished by offering innovative programs, focusing on hands-on doing, and maintaining free access to skill development and fun activities. This access provides opportunities for youth to work on unique goals by building skills.

“some of our programs are so unique, so spectacular, kids are going to come here because there is no other way to accomplish the goals that they have ...everything that Fusion has, it helps work towards unique goals... it helps kids who might be a professional some day, build those skills.”
Thus, participants described that youth benefit from the centre by having fun things to do, being able to try new things on their own terms to explore what they are good at, and engaging in opportunities they would not otherwise have, in a social environment. How do these factors relate to health and wellbeing?

Participants described that youth respond to these opportunities in positive ways. Participants commented on how youth surprise themselves – their abilities grow and change as they gain new skills, and they feel rewarded for their accomplishments by being given more leadership responsibility. These positive experiences gained through engaging in programs and activities help youth feel valued, gain confidence, and gain skills in self-management and life. Participants identified that these youth responses have a positive impact on mental health and wellbeing as youth have less stress and stay positive. In relation to physical health, youth learn to make healthy lifestyle choices, and participate in more physical activity, including casual sports, gym, fitness activities, and outdoor physical activity including the skate park. In relation to resources and supports, youth are distracted in a positive direction, learn to have goals, and gain skills that open the doors for the future.

Building Relationships and Connections

A key dimension highlighted by all participants in supporting youth health and wellbeing was the importance of building relationships and connections. The three areas identified were relationships with staff, relationships with other youth, and relationships with community.

Participants all spoke to the importance of relationships between youth and staff in supporting youth health and wellbeing. Relationships with staff addressed the way in which staff members engage with the youth at the centre. Youth benefit by engaging in relationships
with responsible adults. Mentorship, assistance, support and direction were identified by all participants as being the most important strategy used to support health and wellbeing.

*Valuing youth* was a phrase that frequently emerged during interviews. The key to enacting supportive staff-youth relationships involved believing in the value that every person, every youth, has. Specifically, strategies staff members use to enact this supportive role include:

- Supporting youth to be who they are
- Noticing when youth are feeling down or do not have a lot of support
- Not judging so that youth feel comfortable coming to staff if they need help
- Helping youth get external help to turn situations around
- Being available to help youth deal with their immediate crisis
- Being caring people for youth to talk to
- Recruiting youth young so staff can influence them
- Providing feedback to youth on their behaviours from people who are not their parents
- Sharing interests and sharing stories as a way of helping youth feel attached to certain staff
- Staff finding a way for all youth to fit in
- Finding innovative ways to engage and be with youth
- Consistent, well trained staff help youth always feel welcome; if youth are not sure for one moment, they will leave and not come back

Having consistent, skilled staff is important, particularly from the perspective of community members. They described that it is the staff at the centre that create this
supportive role. For example, the way youth are greeted upon entering the centre is so important, as youth who feel welcomed will stay and return to the centre:

“...one turn off or one moment of where they’re unsure at all, they won’t come back. So always be consistent.”

All of the above strategies lead to valuing youth for who they are:

“I think it’s the belief in the value that every kid has, every person has, I mean that’s absolutely central to what they do here because it doesn’t matter whether you come in, you’re drawing, you know you decide you want to draw...it’s like starting where those kids are, and believing in those kids, just believing. OK, “you know you’re different than me, and we may have different whatever, but I believe that you’re valuable. It is valuing kids, and again, it plays out in so many different ways, whether it’s through their Youth Advisory Committee that really are listened to by the organization, whether it is through some of the awards that they provide... and the kids really just buy into it because it values them, I really think that is what is at the centre of It ... it’s a bunch of adults saying ‘we care, we want to support you to be the best you can be, so how can we help you?’”

Staff focus on guiding youth and connecting the dots. Youth respond by making good choices, staying positive, feeling that they are valued and matter, and returning to the centre.

“I really feel like the kids come here more for the staff interaction than the program interaction and it’s just kind of hanging out, like you see certain staff have certain kids around them all the time, it’s because those kids have connected with that staff a little more than others...whether they be shared interest or they have shared stories or opened up to that staff... the staff is what I see is the biggest strength to youth interaction.”

“...it’s about building relationships and having them feel comfortable to come to us and all the staff when they need help or direction, it could be something small or ‘you know I got in a fight with my parents and I just want to vent to you for the next hour’ or it could be something more serious...’what do I want to do in life in terms of my job’ so I think it is just nice to have that different influence...”

“It’s amazing what a kid will tell you playing a game of 21 in the gym playing basketball. They don’t know they’re talking to you but they are so open and those one-on-one interactions that you have playing cards, solitaire or whatever, those are the most valuable times to help a kid out.”

“The biggest thing here is engaging youth, you know, getting them to open up...good conversation, people talk about the world and what they are going through... you can kind of
give them direction, give them your opinion, you know, or just listen to them, they feel better when they talk.”

“I think they get the physical health and wellbeing at school like nutrition and you need to exercise, I think they get all that but for me I think it’s the mental health that Fusion is supporting like even if we’re not openly saying ‘we’re helping you with your mental health and here is how’, it’s not that direct I would guess, but I think that the way we support youth is more directed towards their mental health”

Thus, participants felt that supportive staff-youth relationships that emphasize valuing youth play an essential component in supporting youth health and wellbeing. How? The resulting impact on health and wellbeing is positive social development, youth feeling a positive sense of self and accepted, and youth making choices that support health and wellbeing.

Another important dimension of Fusion related to how attendance at the centre relates to health and wellbeing is the relationships that youth build with other youth and the community. Participants talked about youth being exposed to different groups at the centre, and that youth have different groups of friends at Fusion than outside of the centre. How does this occur? Participants spoke of a culture existing at Fusion in which youth encounter a lot less judgment than other places. A variety of youth come to Fusion, so there are not as many specific cliques as exist at school or other places. Thus, youth socialize with people with whom they would not normally socialize outside of Fusion:

“One thing that I think has been something that I have noticed about the youth centre is it’s for everyone. I notice that a variety of people come, right? So we do have the skateboarders and the bikers coming and we do have the kids that like the gaming computers and the musicals and artists and then we just have the kids that are the drop in that you need to build the relationship to pull them into a program and they ‘just want to come and hang out, and one comment that I have got from youth before is that when you are at school there is different cliques, you know they have themselves labeled as preps and sports and they said that doesn’t exist here, you’re just a person here. So it’s kind of nice that even if you are a gamer you can talk to the skateboarders outside or the kids that are doing the art program, it is not like specific groups.”
“You get kids at high school who don’t have many friends...you’ll have skaters who are in the skate park who will hang out with kids who are into computers, but as soon as they leave the Fusion walls, they will disperse and won’t talk to each other. But when they are here, they all hang out together. You don’t get that at high school because you have all the cliques...there are cliques here but they don’t mash heads as much as they do in the school atmosphere which is kind of neat to see. You’ll have all sorts of different social groups in the gym playing sports or in the lounge or in the tech centre all just hanging out together.”

“It just happened from the start..., because kids don’t judge each other here generally, ‘cause they are all just here for the same reason, just to have fun.”

“And again, I feel like it is part of our like values and vision and mission, is no judgment here, it doesn’t matter, you may build new friendships...everyone is from different schools so you are going to meet different people that you would never have met before...”

Activities at the centre also help support peer to peer interactions, as youth help each other learn new skills, particularly in the skate park and with technology activities. How do relationships with other youth impact youth health and wellbeing? Participants described that youth respond to these opportunities for building relationships and connections by engaging in healthy social development, and the subsequent effect on health and wellbeing is youth feeling accepted and learning from each other.

The importance of relationships with the community was mentioned by some participants during interviews, but was a major point of discussion during the focus group. Participants described that Fusion draws people in from the community, where they interact with youth. Examples include volunteers, coop students, and people youth encounter during events such as awards night, the Halloween Haunted House, and community tours. In addition, youth who are new to the community can come to the centre and quickly find friends with shared interests:

“With having a bunch of people coming in new into the community, they are afraid of this, right, cause they think it is going to be that clique, because it’s all Ingersoll people, and they say, ‘I don’t want to go’, but then you can identify what their interests are, and you’ve got such unique
programs, and I can say, ‘you know you can go over there and build a computer’, ‘no way!’ and that’s the way to get them in and then they get excited about it.”

“And then I see positive changes, kids that are suicidal, and moving into town, they have been bullied elsewhere, and you know they have been coming here and feeling confident enough to come out, you know that’s huge, with that self confidence and self-esteem, self worth, that’s it, they are getting another community.”

Fusion also helps youth access resources external to Fusion such as mental health and addictions resources. This way of accessing resources is viewed as safe by youth as staff members facilitate these contacts, and sometimes youth can connect with these services at Fusion rather than entering unfamiliar buildings.

“…what I think is there that is maybe not any place else is the relationships that the staff build with the youth and that’s why youth freely talk about their health and wellness issues because there is nobody else listening at any other level for them and they can open up and trust the staff to tell them things because they’re seeking…their support to be able to have just somebody to talk to or how can you help me get to the next level of where I can get help.”

Participants spoke of the importance of connecting youth with health resources, indicating they have been told by other service providers and families that these connections have saved youths’ lives.

Fusion also facilitates youth-community interaction by taking youth out to community events, such as the toy drive and constructing the parade float. Focus group participants also raised the issue of youth who wish to stay in the community as adults but feel they have to leave to access career opportunities. Young adults need to gain exposure to career options available in the community for youth with all kinds of interests beyond the manufacturing jobs. The centre gives youth the opportunity to experiment with different careers.

Youth respond to these youth-community interactions by gaining a sense of being part of the community, and connecting with community resources that support health and
wellbeing. Youth learn to give back to the community; the community as a whole benefits as these events provide the town with an opportunity to come together. The interactions change people’s views about youth to being more positive. These youth and community responses result in enhanced health and wellbeing for all. Youth become connected with health resources, youth feel accepted in the community, there is an enhanced sense of belonging for community as a whole, and enhanced opportunity to keep young adult youth in the community by meeting their career development needs.

A Place for Youth: Youth Being Youth in a Safe Place

The third dimension that links the youth centre with health and wellbeing is place for youth. Participants noted that Fusion creates a place for youth by being a safe place, by being a youth-friendly place that allows youth culture to grow, and being a place to get away from life’s stresses and pressures while finding supports.

In relation to safety, all participants described the centre as being a safe place. Safe includes feeling and being both emotionally and physically safe, and is being achieved at this centre through the following strategies:

- Creating space for youth to be with friends & staff
- Providing good staffing/adequate supervision
- Not allowing non-positive behaviours
- Enforcing rules & boundaries
- Having a secure building
- Ensuring parents know their kids are safe
- Keeping Fusion a public & visible place
• Not crushing who youth are trying to be

• Allowing youth to feel in control

Participants described the need for this emotional and physical safety, as well as how the centre creates a safe place that allows youth to feel in control:

“We have lots of kids who are here as soon as school is over, and they do not leave until we close, and they wouldn’t do that if they had another space to be at so those youth who are coming here...probably don’t have somewhere else you would rather be... whether that’s home or a friend’s house or whatever, so for a certain amount of youth anyway this is their home and if not a home, a safe space that home should feel like, I think we try to provide that here. Everyone knows they are safe here.”

“...we do have rules and boundaries around what they can do here, even though we say it is a space for them...we always say this is your property, this is your space so treat it how you would want to treat your own belonging...so we try to give them a little bit of ownership and say like, ‘this is your area, do what you want with it’ but at the same time, you do have to give them boundaries...the rules we have here, they are all youth-made rules...we just said, ‘what do you think is reasonable for us to ask of you’ and ‘what kind of rules do you want to follow, what would make this place good for you to hang out and where you want to be.”

“When you get the ability to promote your own ideas, it is more like your space, and that’s probably why they go there too, because they are not going to be bossed all the time by the parents, ‘put your boots away, hang your coat up, you can’t sit on the couch like that, get your drink out of the living room ... they have some freedom, but there’s control, and there’s a limit on their freedom too.”

Health and wellbeing is impacted by these strategies for creating a safe place. Through these strategies, youth feel emotionally safe, and respond by having less need to take risks to fit in, thus helping youth avoid the pitfalls. In addition, youth are more comfortable in youth places. Participants identified that the subsequent impact on youth health and wellbeing is reduced risk-taking behaviours, reduced stress, and feeling happier.

Participants also described the centre as being a youth-friendly place that allows youth culture to grow. Participants described that being youth-friendly requires a shift from viewing youth as a problem to viewing youth as potential. Maintaining a youth-friendly place also
requires actions that allow youth culture to grow, including these specific strategies identified by participants:

- Being youth focused, with youth activities and people their age
- Creating a place that is comfortable for youth – it is their space, they can do what they want as long as it is safe
- Investing in a good building & good equipment that is new (not second-hand). The building and equipment is theirs, so they do not have to beg or borrow.
- Giving youth a voice so decisions are made based on youth perspectives
- Letting youth be themselves – kids behave different at Fusion than they do at other places
- Providing space to hang out with friends and be where other youth are. Youth come because all their friends are here.
- Avoiding financial exclusion
- Having young staff
- Having young but highly skilled staff; without training, well-meaning people can do more harm than good

Most participants commented on the importance of providing youth with a sense of ownership for the space and the importance of youth ownership in allowing youth culture to grow:

“At Fusion it’s their space, it’s their turf, and they can be themselves there and not be something different for the rest of society I guess and there are rules and there are boundaries and there are expectations when they walk in how they will behave but I think it’s still quite different.”

“It’s good to have those places that are comfortable for that particular age group.”
“A good inviting space for youth is the outside at Fusion, with the skate park, they own that, they have ownership in that, that’s for them. That’s not their coming in and using what the adults use, that’s theirs. They designed it, they decorated it, and it’s theirs.”

“There is a real key piece that is just youth specific, that is breaking down barriers within their own youth culture...the only thing that youth have in common is the age, it is sort of like saying everyone who is middle aged is the same, ... there is different groups that have different interests, different backgrounds, whatever ... the interesting thing is when you watch what is going on at the Fusion is some of those barriers which in the school system are often very strong, the barriers, and the cliques ... it doesn’t appear that that happens at Fusion centre so there seems to be even amongst just the youth, forget the adult intervention piece, a real willingness and openness to sort of be fluid and to move around ... it is putting kids who might not necessarily outside that centre have had any relationship into some kind of a relationship that might be their own mentoring opportunity, might be their own, you know, following opportunity, might be their own different kind of exposure piece so, again, I think that’s an important piece.”

Participants also explained that youth are held accountable for their actions in ways that are meaningful to them, with logical consequences that help them:

“There’s openness but accountability on the terms of the youth who come here, I think we communicate with them and we set rules and boundaries and expectations in ways that are meaningful to them...I think we have been really conscious of kind of putting youth culture and just kind of letting youth culture grow and be what it is but also providing some guidance...rather than just saying ‘you’re out’”.

In relation to the impact on youth health and wellbeing, participants described that youth respond to youth-friendly places by feeling valued and worthwhile. The feeling of being valued translates into health and wellbeing by creating youth who feel more positive about themselves.

In addition to being safe and youth-focused, the centre was also described as being a place to get away from life’s stresses and pressures and a place to find supports. Participants described that the youth centre provides:

- A place to be with friends
- A place to be when there is no one at home
- A place to be for youth who do not want to go home, even to eat, or cannot go home, or cannot have friends at home
- A place to escape situations
- A place with outlets or supports, as some youth do not have these at home or school
- A place to go to get out of the elements
- A place to participate in physical activity and healthy eating which help reduce stress
- A place to escape pressure to make choices about future, careers, lessons.

However, having a place to go is not enough – participants highlighted the importance of having a place to go with *fun things to do and without financial barriers*:

> “Some kids come because it is just a place to be...if you didn’t have any friends to hang out with, if you didn’t have anyone to call, you can come here, and you will find your friends here, then you will have numbers to call, have friends to hang out with...It’s kind of a social place.”

> “I think for a lot of youth just having a place that they can go and socialize with other youth can be something that can help them in their mental and emotional wellbeing. Sometimes they feel like at school or at home there’s certain limitations or restrictions or different things within that environment that they feel like they need a break from at times and just being able to come here and participate in events and activities that they enjoy with their friends, that can be something in of itself that helps them to stay positive.”

In addition to having a need to get away from life’s stresses and pressures, some youth have a need for a safe place to escape situations and find support:

> “Some of them honestly will come from an unstable environment at home and coming to the youth centre and being with the staff here and with their friends can help them to feel safe, and lets them know there is a place that they can always go to if they need help, or if they just need to get away from a certain environment for a while, that they can always come here.”

> “They feel safe here, they may not admit it but they do feel safe here that’s why a kid will be here from 2:30 til 9:30 til we’re closed cause things aren’t safe at home.”

> “a lot of the youth that come here I don’t think maybe have that great of support at home like mentally going through maybe moving a lot or issues at school or issues with bullying...I don’t
think that youth have an outlet to go at school, I mean other than social workers of course, but here I think it is just a more laid back, honest connection to provide that support.”

How does having a place to get away from life’s stresses and pressures, escape situations and find supports affect youth health and wellbeing? Participants described that youth respond by feeling safe, connected and engaging in physical activity and good nutrition. The impact on health and wellbeing is enhanced emotional and social wellbeing, enhanced physical safety, and reduced stress.

In summary, in this study, participants identified three dimensions that connected attendance at the centre with youth health and wellbeing – the eclectic mix of programs and activities, relationships and connections, and having a place for youth. First, youth engage in an eclectic mix of programs and activities, resulting in gaining new skills and abilities that help youth feel valued, gain confidence, and gain life skills. These activities and processes result in positive health and wellbeing outcomes including reduced stress, staying positive, learning to make healthy lifestyle choices, engaging in increased physical activity, being distracted in a positive direction, learning to have goals, and building skills that will open doors in the future.

Second, the centre offers opportunities to build relationships and connections. Youth build relationships with young adult staff, other youth and the community. These connections result in opportunities for guidance with making good choices, staying healthy and positive, feeling they matter and are valued, returning to the centre, engaging in healthy social development, and feeling a sense of community belonging. The resulting health and wellbeing outcomes are feeling a positive sense of self, feeling accepted, making choices that support wellbeing, learning from other youth, being connected to resources that save lives, having a sense of community belonging, an enhanced sense of community for the town as a whole, and enhanced
opportunities to keep young adults who wish to stay in the community. Third, the centre provides a place for youth that is safe, allows youth culture to grow, and offers a place to escape life’s pressures while finding supports and having fun things to do. Having a comfortable place for youth plays a role in helping youth feel emotionally safe, valued, worthwhile, and connected. Youth who feel safe, valued and connected have less need to take risks to fit in. The positive impact on youth health and wellbeing is reduced risk-taking behavior, reduced stress, being happier, feeling more positive about self, and enhanced overall emotional and social wellbeing. Participants identified specific strategies for creating activities, building supportive relationships, and creating a place with a youth-friendly culture.

Section Three - Tensions and Resolutions

The third research question explored whether any tensions existed in relation to Fusion, and strategies the centre used to manage these tensions. Participants were very positive about the centre. All respondents spoke very positively of the support they receive from the community, emphasizing that most people in the community see the impact the centre is having on youths’ lives. Participants did identify some tensions that originally existed but identified that these tensions were much less problematic now, and instead spoke of how these tensions were being managed.

Five tensions were identified. The first tension surrounded misconceptions held about the type of youth who go to fusion, with attendees perceived as being low class or troubled youth. The second tension relates to external people worrying about what is happening at the centre in relation to drug, alcohol and smoking. People worry that youth will be offered substances a Fusion. These perceptions result in parents not letting their kids come to the
centre. Third, tensions arise from the way that adults outside of the centre view youth in general. Participants noted that it is hard to change how people think about youth, and the perception that parents should be responsible for meeting all of the needs of their own children. Several participants commented that people perceive youth who smoke as being bad kids, and that this perception is not true.

“...when people hear about youth, it’s usually the bad stuff, so you do judge them based on the stuff that you’ve heard ... for graffiti, for example, is one thing they think every youth does graffiti, all over the town...it’s hard to change what people think about youth, and what people think about youth ten years ago, some of those judgments I think are still around even though it has completely changed...”

The fourth tension identified by a few participants related to concern that issues of importance to youth, such as sexual health, may be shut down and considered issues beyond the mandate of the centre, thus there may be some disconnect between resources offered at the centre and the reality of youth’s lives. The fifth tension was financial. Fusion is perceived by the municipality as being costly to operate, and politicians prefer to see immediate results for the investment. However, benefits to youth and the community are not always visible in the short term:

“This is long term, right, these effects aren’t immediate. Like with the sidewalk, you can go fix and see the immediate outcomes, where here, you can’t, it takes the time and I think that really needs to be stressed...it is easier to fund something that quickly fixes something in the community that people can see, but it’s harder to fix something that takes years of time to do.”

Some participants felt that since youth do not vote, their perspectives are not always at the forefront of municipal politicians. Given that people tend to have a less than positive view of youth to start, one negative misperception about the centre could be damaging when funding decisions are made.
Participants focused minimally on the tensions, and instead spoke to the strategies in place for addressing these tensions. The three strategies identified were 1) creating positive connections with community, 2) strategically managing youth safety, and 3) research to demonstrate impact. Strategies for creating positive connections with the community included:

- Outreach to schools to promote Fusion and recruit youth, with a focus on recruiting a variety of types of youth, including younger ones
- Inviting the community in to the centre, and going out to community events. When people see the activities, supervision, and security cameras, their perceptions change.
- Establishing partnerships to solve gaps in resources.

Strategies for managing youth safety included

- Acting fast to make needed changes to structures and rules
- Having adequate supervision and good equipment.

In summary, tensions have existed about the youth centre, including concerns about the type of youth who attend Fusion, youth being offered substances, negative perceptions of youth in general, the role of Fusion in relation to health education, and financial tensions. However, these tensions are being actively addressed with solutions that keep the centre connected with the community, maintain youth safety, and evaluate program impact.

Summary of Study Results

This study sought to illuminate or clarify the connections existing between rural youth health/wellbeing and after-school programs. The eighteen participants in this study defined health and wellbeing in relation to youth as including three connected dimensions – mental, physical, and having resources and supports. While physical health was important,
mental health/ wellbeing and the importance of supports and resources were discussed in much more detail by participants. Participants all saw a positive connection between attendance at this after-school program and youth health and wellbeing, and identified that this positive connection occurred through three mechanisms – the eclectic mix of programs and activities that build skills and confidence, relationships and connections formed with others that help youth feel valued, and having a place for youth that is safe, allows youth culture to grow, and provides a place for youth to escape life’s pressures and unhealthy situations. These mechanisms result in youth responding by feeling valued, gaining skills and confidence, engaging in healthy social development, feeling physically and emotionally safe, and feeling connected. These youth responses positively impact their health and wellbeing as youth are able to reduce their stress, engage in physical activity, learn to make healthy lifestyle choices, be distracted in a positive direction, learn to have goals, build skills that will open doors in the future, stay positive, feel accepted, access health resources, reduce their need for risk-taking behavior, and feel a sense of belonging within the community. Several specific strategies are used by staff to intentionally shape positive youth responses and health/wellbeing, with most strategies focusing on helping youth have fun and feel heard, valued, safe, and included. Guiding and mentoring were also important strategies. Tensions have arisen related to youth encountering negative influences or substances at the centre and financial concerns, but these tensions may be related to negative perceptions of youth in general. These tensions are addressed through ongoing efforts to keep the centre connected with the community, continuously adjusting policies.
and approaches to ensure youth safety is maintained, and engaging in research that demonstrates program impact.
Chapter 6: Discussion, Recommendations and Implications

This study sought to illuminate or clarify the connections existing between rural youth health/wellbeing and after-school programs. In this chapter, the study results will be placed within the context of others studies, literature, and reports specific to Oxford County related to (1) defining youth health and wellbeing, (2) the connection between afterschool programs and youth health/wellbeing, (3) the role that “place” plays in the lives of youth, and (4) how place interfaces with youth health/wellbeing and this after-school program. Recommendations will be made, and implications of this study will be identified.

Defining Health and Wellbeing from the Perspective of Adult After-school Program Staff and Community Members Affiliated with the Program

Participants in the current study described health and wellbeing similar to the literature. In the current study, while physical health was important, mental health/wellbeing and the importance of supports and resources were discussed in much more detail by participants (Appendix 2). Mental health included feeling good about self, having a vision and purpose in life, and engaging in positive relationships that leave youth feeling accepted, a sense of belonging, and connected to others. Physical health included having healthy bodies, nutrition, physical activity, and avoiding substance use. Supports and resources included having positive relationships that provided role modeling and mentorship and the sense that youth are being listened to; having positive environments and surroundings; having structure and direction; and having opportunities to gain skills. The dimensions of health and wellbeing in the current study were similar to dimensions proposed by others. The definition proposed by the Centers for Disease Control and Prevention (2011) includes longevity, healthy behaviours, mental and physical health, social connectedness, positive social relationships, productivity, and factors in
the physical and social environment such as access to basic resources. Diener et al. (2010) identified that wellbeing requires engagement or interest in activities that are meaningful and purposeful. These definitions are not specific to youth. However, an Australian study investigating youth health/wellbeing identified the importance of supportive relationships as youth valued having someone in which to confide, talk, laugh and have fun (Bourke & Geldens, 2007). Achieving goals, having hobbies, having a positive attitude and believing in one’s self were also important factors. Youth perceived that wellbeing is impacted by stress and pressure, environments at home, school, work, and access to opportunities for education and employment. Australian youth workers’ identified similar aspects of wellbeing, but placed more emphasis on structurally determined aspects such as the social environment, opportunities, and sense of belonging (Bourke & Geldens, 2007). Thus, the dimensions of health and wellbeing in the current study were consistent with dimensions identified in other studies.

**Connection between After-school Programs and Youth Health and Wellbeing**

After-school programs have been identified as one strategy for fostering the development and wellbeing of young people (Durlak, Mahoney, Bohnert & Parente, 2010; Wright, John, Duku, Burgos, Krygsman & Esposto, 2009; Beets, Beighle, Erwin & Huberty, 2009; Little, Wimer & Weiss, 2007; Lowe Vandell, Reisner & Pierce, 2007; Scott-Little, Hamann & Jurs, 2002). In the current study, participants all saw a positive connection between attendance at this after-school program and youth health and wellbeing. Three themes that emerged were the importance of having a mix of programs, support and mentorship from young adult staff and other youth, and a safe place in Ingersoll that belongs to youth.
**Eclectic Mix of Programs and Activities**

One aspect of the centre that supported youth health/wellbeing was the eclectic mix of programs and activities that build skills and confidence. Having fun things to do, being able to try new things on their own terms to explore what they are good at, and engaging in opportunities they would not otherwise have, within a social environment, were identified as factors related to health/wellbeing. Participants described that youth respond to these opportunities in positive ways including feeling valued, gaining confidence, and gaining skills in self-management and life, resulting in youth who have less stress and stay positive, learn to make healthy lifestyle choices, and participate in more physical activity. In relation to resources and supports, youth are distracted in a positive direction, learn to have goals, and gain skills that open the doors for the future. Similarly, Christie (2012) found in her study of perceptions of youth at Fusion that youth found the activities and staff offered opportunities to gain new skills and competencies which contributed to future plans, helped youth gain confidence, and feel respected. No others studies were located that looked specifically at health and wellbeing as the primary outcomes for after-school programs, but structured programs have been demonstrated to provide opportunities for youth to build personal resources through academic assistance, various forms of enrichment activities such as the arts, music, nutrition, and opportunities to develop leadership, personal or social skills and resources (Durlak, Mahoney, Bohnert & Parente, 2010; Crooks & Burns, 2009; Durlak & Weissberg, 2007; Little, Wimer & Weiss, 2007; Scott-Little, Hamann & Jurs, 2002). A meta-analysis conducted by Durlack and Weissberg (2007) found that after-school programs were positively associated with youths’ feelings of self confidence and self-esteem. In the review conducted by Little, Wimer and Weiss
(2007), after-school program attendance was associated with making better food choices, increased physical activity, increased knowledge of health and nutrition, and lowered levels of depression and anxiety, and development of initiative. Thus, the current study findings are consistent with other larger studies that identify a link between program activities, youth responses, and specific positive outcomes on youth health and wellbeing.

**Building Relationships and Connections**

In the current study, a second aspect of Fusion that supported youth health/wellbeing was the relationships and connections formed with others that help youth have opportunities for guidance with making good choices, stay positive, engage in healthy social development, feel a sense of belonging within the community, and feel they matter and are valued. The resulting health and wellbeing outcomes are feeling a positive sense of self, feeling accepted, and getting connected with health resources outside of Fusion. Other studies on after-school programs have identified similar outcomes. Three meta-analyses have connected well designed after-school programs to increased youths’ self-perceptions, self-confidence, self-esteem, self-efficacy, and social behaviours; improved attitudes towards schooling; improved social and communication skills and relationships with others; and lowered levels of depression and anxiety (Durlack, Weissberg and Pachan, 2010; Durlack & Weissberg, 2007; Little, Wimer & Weiss, 2007). A recent Canadian study involving 183 youth from low income communities in Montreal, Toronto, Winnipeg and one rural Ontario town demonstrated that after-school arts programs featuring peer social support were related to pro-social behaviours including reduced emotional problems and increased global self-esteem ratings (Wright, John, Duka, Burgos, Krygsman & Esposto, 2009). Within the context of Oxford County, with almost twenty percent
of Oxford County residents considered heavy drinkers (consuming five or more drinks in one sitting) twenty-three percent over age twelve being tobacco smokers and only half of residents over age twelve moderately active or active during leisure time (Oxford County Public Health and Emergency Services, 2011), the need for healthy adult role models for youth in substance free settings is important. Thus, the primacy of social relationships remains at the heart of what is occurring at Fusion, as youth feel valued, accepted, and positive sense of self.

Participants in the current study also identified a positive impact on the community as a whole through youth centre-community interactions. No other studies were located that measured this outcome.

Participants in this current study were able to identify the mechanism by which these positive outcomes occur and how staff members intentionally act to achieve these outcomes through actions that support youth, connect them with help, and help all youth feel like they belong (Appendix 3). I was not able to locate other studies that had identified these intentional actions, but the literature on after-school programs does identify the importance of staff engaging with youth and supporting inclusion. The specific strategies identified in this study may be helpful for supporting new youth centre staff to become more effective and intentional with their interactions.

**A Place for Youth**

When viewing “place” through the lens of youth health and wellbeing, it is important to recognize that transitioning to adulthood requires resources and opportunities that may differ from adults and young children. The important places in people’s lives provide security, stimulation, connections with others, and comfort which can help people cope with threats to
sense of self (Hirsch, 2005). In the current study, participants in early interviews frequently discussed Fusion as “place”, which led me to explore this idea in more detail in subsequent interviews. I shared with participants an idea about youth and place described by Childress (2004) in which youth do not own space; they always need to borrow space, and when we as adults do not think youth are using that particular space in the intended way, we get annoyed eg. sidewalks are for walking, not standing in groups. Participants responded with describing what Fusion meant as place for youth (not space, place). Participants identified three aspects related to “place” in relation to the youth centre - having a place for youth that is safe, having a place that allows youth culture to grow, and providing a place for youth to escape life’s pressures and unhealthy situations.

Safe Place

In relation to safety, all participants described the centre as being emotionally and physically safe. Factors associated with creating safe space included having good staffing and supervision that ensures youth are visible, having rules and boundaries that reduce non-positive behaviours, having a secure building, and allowing youth to feel in control. When youth feel physically and emotionally safe, they have less stress, feel happier, and have less need to engage in risk-taking behavior and thus have improved health and wellbeing. Hirsch (2005) points out that adolescence is a time when youth separate from family and begin to explore their identity outside of the family home, and thus need supportive spaces that provide similar support while allowing youth to develop identity separate from family. Youth begin to occupy different social roles such as being childlike, athletic, responsible, and helping others.
Social roles provide a crucial foundation for identity integration (Hirsch, 2005). After-school centres can provide both place and adult support that youth need to explore new social roles.

In relation to risk-taking behaviours, participants in the current study linked safe place with having less need to take risks, and a subsequent reduction in risk-taking behaviour. Similarly, ten out of eleven youth in Christie’s (2012) study with youth at Fusion identified that by participating in programs, they felt less pressure to be outside engaging in riskier activities. Little, Wimer & Weiss (2007) found attendance at after-school programs was associated with avoidance of drug and alcohol use as well as decreases in delinquency, crime and violent behavior. In the Oxford County Drug Task Force survey, youth were asked what they believed should be done to prevent youth from using drugs. “Education” was the most common suggestion, but the next ranked suggestion was “nothing” as drug use was viewed as being inevitable and part of the youth experience. This perspective is worrisome. However, other ideas that youth identified included providing more programs, activities, clubs and sports for Oxford County youth, addressing peer pressure, creating positive home and social environments for youth, and providing places for youth to go when they have a problem (Oxford County Drug Task Force, 2010). Similarly, community stakeholders identified a need for low-cost or free after-school activities that meet a broad range of youth, and prevention efforts that help youth prepare for the moment when they have to make a decision about substance misuse (Oxford County Drug Task Force, 2010). Thus, it appears that staff members at Fusion, youth and the community stakeholders have a shared understanding of the importance of providing a safe place for youth to reduce risk-taking behaviours such as drug use. Study
participants were able to identify specific strategies in use at Fusion to maintain emotionally and physically safe space (Appendix 3).

Youth Friendly Place that Allows Youth Culture to Grow

Participants in the current study also described the centre as being a youth friendly place that allows youth culture to grow. Factors associated with youth-friendly place included shifting from a view of youth as a problem to youth as potential. This view is achieved through creation of space that allows youth to gather and “be kids” in space that belongs to youth with resources that are their own and not borrowed from adults. The rules need to be their own, with logical consequences for actions. Christie (2012) found in her study of youth who attend Fusion that youth report feeling judged or stereotyped based on age when they are out in the community and not feeling particularly welcomed. The felt they were held responsible for the actions of a few youth, although some respondents admitted they are not always on their best behaviour in these places. Adult participants in the current study were able to identify specific strategies for helping all youth feel welcome and allowing youth culture to grow. These strategies may be helpful for guiding the development of other youth centres or spaces.

A Place to Escape Life’s Pressures and Unhealthy Situations

Participants in the current study identified the importance of having a place to escape life’s stresses and find supports. From the perspectives of study participants, place for many youth meant the opportunity to escape life’s stresses and pressures, be with people when no one is at home, find shelter from the weather, and reduce stress through physical activity and good nutrition. For some youth, more was required – they needed a place to escape unhealthy situations and find supports. What differentiates this place of escape from other places is that
it is indoors out of the elements, safe, and distracts youth with fun things to do without financial barriers. Stressful living conditions make it difficult to practice healthy lifestyles because one’s energy is directed towards coping with everyday life. People who experience challenging social and material living conditions also experience high levels of stress, and may relieve these pressures by adopting unhealthy coping behaviours such as excessive use of alcohol, tobacco or overeating (Mikkonen & Raphael, 2010). In Oxford County, bullying/conflict and stress ranked within the top five health concerns identified by high school students and teachers in a 2010 survey (Oxford County Public Health and Emergency Services, 2011). Stress was the number one issue identified by Oxford County youth in a 2008 survey (United Way, 2008a; United Way, 2008b). Issues leading to stress included academic pressure, responding to parents’ stressful circumstances related to illness, employment, addictions and relationships, rumors generated from social networking media, lack of opportunities to be with healthy role models, relationships, not knowing where to go to for help or how to deal with stress in a positive way, lack of places where they can go and fit in and feel safe without exposure to drugs or alcohol, and lack of trust between adults and youth (United Way, 2008a). Students also identified a number of related safety concerns, including the availability of drugs, bullying in school and being harassed by older adolescents in community places. In Christie’s study with youth at Fusion Youth Centre, she found that youth also identified the centre as comfortable, a place to hang with friends, a place to connect with friends, and a place to escape life’s pressures (2012). It is clear that youth in Oxford County, and probably all communities, have a need for places to escape life’s pressures where they fit in and feel safe. Participants in the current study identified that Fusion provides a place to escape pressures and find supports.
Living at the Intersection: The Role “Place” Plays in relation to Youth Health/Wellbeing

Supporting healthy development in youth from small urban towns is vital for two reasons. First, youth is a period of multiple transitions, and people are most vulnerable to risks to health and wellbeing during transitions or major life changes (Rogers, 1997). Second, approaches to the health of populations are grounded in the notion that the earlier in the causal stream action is taken, the greater the potential for population health gains (Health Canada, 2001). This study has added to the growing body of evidence that well designed after-school programs can positively impact the health and wellbeing of youth. This study was able to propose some possible connections between Fusion program activities, relationships and connections with staff and other youth, and the importance of having a place for youth in supporting the health and wellbeing of youth in Ingersoll. Place plays a role in supporting youth through their emerging adulthood and the multiple transitions inherent in this journey. Supports provided during emerging adult may help equip youth with positive experiences that set them up for healthy lifestyles in adulthood. At the start of this study, I defined place as the community that frames the social, psychological, geographical and economic circumstances of the people who live, work and socialize within the community, including resources and opportunities. I was viewing “place” as being the community and town, and the resources available to youth in the geographical area. However, participants in this study identified that “place” to youth meant Fusion. “A Place for Youth” involved three dimensions – safe place, youth friendly place that allows youth culture to grow, and a place for youth to get away from life’s stresses and pressures, and find supports. These dimensions lie closer to Relph’s (1976) conceptualization of place, in which he identified three basic elements of place – the physical setting, the activities that occur in those places, and the associated meanings that people give
to places which are formed by human intentions and experiences. The significance of place emerges from the way in which these elements are uniquely interrelated (Relph, 1976). Relationships are paramount to conceptualization of place; places are deeply tied with the interactions flowing between people and the physical setting giving rise to the meaning inherent in the concept of place. The “feel” of a place is acquired through routine and everyday activities as well as significant life experiences (Jack, 2010). Given that places are instilled with all of these personal, social and cultural meanings, places provide a frame within which personal identity is constructed (Jack, 2010). Thus, places for youth are not just physical locations; they are instilled with personal, social and cultural meanings, and provide a frame within which a youth’s personal identity is constructed.

Creating and maintaining places of significance requires thought and attention. Relph (1976) wrote:

If places are indeed a fundamental aspect of man’s existence in the world, if they are sources of security and identity for individuals and groups of people, then it is important that the means of experiencing, creating, and maintaining significant places are not lost (p. 6).

Relph also wrote about “placelessness” (p. 6), which he described as the weakening of distinct and diverse experiences and identities of places, and he linked placelessness to not having roots; every person needs to have multiple roots as having roots in a place provides a secure point from which people look out on the world and grasp their own position in the order of things. He points out that if we are able to recognize and clarify the meaning of places, we can consciously act to create and preserve the places that are significant contexts of our lives so that they are not lost. In relation to after-school programs, it has been well understood that relationships and connections are essential elements of successful after-school programs;
however, what this study adds to our understanding of after-school programs is the importance that “place for youth” may play in the relationship between after-school programs and youth health and wellbeing in one small urban town.

The following preliminary model (Figure 1) has been developed based on the study results; this model summarizes and connects the three intervening factors, the proposed youth and community responses through which the impact occurs, and the positive health and wellbeing outcomes as described by study participants. This model can be used as a framework to guide further exploration of the impact of after-school programs on youth health/wellbeing.
Figure 2 - Model Connecting Intervening Factors with Youth Health and Wellbeing

Connection between Fusion Youth Centre and Youth Health and Wellbeing

**Intervening Factor**

- **Engaging Youth through Programs & Activities by:**
  - Providing fun things to do
  - Encouraging youth to try things on their own terms and explore their talents

- **Building Relationships & Connections by:**
  - Staff engaging youth
  - Building relationships with other youth
  - Building relationships with community

- **A Place for Youth by providing:**
  - Safe place
  - Youth friendly place that allows youth culture to grow
  - Place to get away from life's stresses and pressures, find supports

**Youth & Community Responses**

- Youth surprise themselves:
  - Abilities grow & change, gain new skills
  - Get rewarded by being given more leadership responsibility
  - Feel valued
  - Gain confidence
  - Gain self-management & life skills

- Feel they are valued
- Youth stay, return to centre
- Engage in healthy social development
- Youth feel part of community
- Youth connected to health resources
- Community benefits through community events, how people view youth

**Positive Health Outcomes**

- Reduced stress
- Staying positive
- Making healthy choices
- Increased physical activity
- Being distracted in a positive direction
- Having goals
- Opening doors for the future

- Feeling a positive sense of self
- Feeling accepted
- Making choices that support health and wellbeing
- Youth learning from each other
- Accessing health resources
- Enhanced sense of belonging for community as a whole
- Young adults stay in community

- Reduced risk-taking behavior
- Reduced stress
- Happier, more positive about themselves
- Emotional and social wellbeing
- Increased physical activity
Recommendations

1. When designing after-school programs, attention should be paid to designing and maintaining “place for youth” that supports the formation of security and identity for both individuals and groups of people, as these components support youth to be healthy and well.

2. Participants offered several concrete strategies for designing programs and activities, supporting the development of relationships and connections, and designing a youth-friendly place that could be considered in designing and evaluating youth programs (Appendix 3). Most strategies focused on helping youth have fun and feel heard, valued, safe, and included. Guiding and mentoring were also important strategies.

3. Activities at Fusion align with the Oxford County health promotion goals; Fusion should continue with using their current strategies to contribute to meeting these goals.

Recommendations made in the recent *Healthy Communities Oxford Community Picture Report* included addressing healthy eating, tobacco use, substance use and misuse, physical activity, injury prevention and mental health promotion (Oxford County Public Health and Emergency Services, 2011). The report highlighted the need to promote resiliency and protective factors for youth to prevent alcohol and substance misuse and support environmental changes that encourage people to be more active, regardless of location and income. The findings of this current study demonstrate that these aspects are being addressed through activities and interactions occurring at Fusion, and Fusion is likely contributing to supporting health priorities within Ingersoll.
4. While quantitative studies have been able to identify program characteristics associated with positive impacts, researchers may wish to consider the elements of place when assessing the impact of programs on health/wellbeing. Impacts may include levels of stress, the degree to which they feel positive about themselves, how emotionally and physically safe they feel, and risk-taking behaviours (Figure 2).

5. Other appropriate measures for assessing impacts on youth health/wellbeing may be making healthy choices, levels of physical activity, having goals, feeling a positive sense of self, feeling accepted, sense of feeling valued, and the quality of their relationships with others (Figure 2).

6. While this case study identified three important dimensions of place that may impact health/wellbeing, further research is required to investigate how these dimensions compare to those identified in other successful after-school programs.

7. This case study investigated the perceptions of program staff and affiliated community members with the hope that adults may see connections that youth may not and to identify strategies the centre uses to achieve their goals. Future research should investigate how the perceptions of adults compare with perceptions of youth.

**Implications of this Study**

At the local level, this study can inform decision-making by helping the Community of Ingersoll with understanding how their well designed after-school program plays a role in shaping the health and wellbeing of youth within this small urban community. At the broader level, this study may contribute to our understanding of how well designed after-school programs can be used to foster the health and wellbeing of youth and emerging adults in small
urban centres, and suggests additional dimensions that can be added to evaluation of health impacts. The study results can also guide capacity building practitioners and people developing youth programs by identifying key strategies that can be intentionally used by staff to support health and wellbeing of youth, and how these intentional acts can be shaped through the thoughtful design of activities and programs, thoughtful planning decisions that increase opportunities for meaningful person to person connections with consistent and skilled young adult mentors, and thoughtful design of safe place/space that allows youth culture to flourish.
Final Thoughts

As a nurse, I am very concerned about living in a world that holds so much judgment towards others. The recent stories in the media and community events discussing youth committing suicide, changing schools, families moving, and youth withdrawing as a response to bullying are disturbing. I, like everyone else, am perplexed at how to deal with the lack of adult supervision in social media environments and the best ways to address the reasons youth engage in bullying. My time at Fusion engaged in discussions with those well-informed people has highlighted for me the importance of creating places for youth that are separate from school that are accessible, physically and emotionally safe, supervised, comfortable for youth, and intentionally engage youth in healthy social relationships and activities that help them feel good about themselves.

I think it is important that we as a society all recognize our individual and collective responsibility for the health and wellbeing of our youth and invest in resources that support youth to be who they are during their transition from childhood to adulthood. The Town of Ingersoll has demonstrated for us how to build capacity in youth that supports their health and wellbeing in a very intentional way, providing us with a model that can be adapted to meet the needs of other Canadian communities. I thank them for sharing their knowledge and understanding with me.
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Appendix 1 - Concept Maps

Sample Individual Concept Map
Macro Concept Map
Dimensions of Health and Wellbeing
in Relation to Youth
Macro Concept Map
Connection between Fusion and Health & Wellbeing in Youth
Appendix 2 - Dimensions of Health and Wellbeing in Relation to Youth

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Healthy &amp; Well</th>
<th>Unhealthy &amp; Unwell</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health</strong></td>
<td>Feeling good &amp; having fun</td>
<td>Not happy, depressed</td>
</tr>
<tr>
<td></td>
<td>Feeling confident about self</td>
<td>Feeling insecure, lost</td>
</tr>
<tr>
<td></td>
<td>Feeling safe &amp; secure</td>
<td>Stressed</td>
</tr>
<tr>
<td></td>
<td>Low stress</td>
<td>Feeling like others have given up on them</td>
</tr>
<tr>
<td></td>
<td>Having passion, vision &amp; purpose in life, setting goals</td>
<td>Withdraw: quiet, don’t talk about feelings, don’t go to school</td>
</tr>
<tr>
<td></td>
<td>Do not go down path of drugs &amp; smoking</td>
<td>Feeling picked on, bullied, victimized</td>
</tr>
<tr>
<td></td>
<td>Being more bold</td>
<td>Feeling alone, excluded, having few friends</td>
</tr>
<tr>
<td></td>
<td>Sense of gender identity</td>
<td>Doing anything to fit in: Risk taking behavior – substance use,</td>
</tr>
<tr>
<td></td>
<td>Good attitude about life</td>
<td>hanging out in places that are not positive, wandering the streets at night</td>
</tr>
<tr>
<td></td>
<td>Positive relationships: feeling socially accepted, fitting in,</td>
<td>Violence, aggression, getting in trouble</td>
</tr>
<tr>
<td></td>
<td>belonging, participating, feeling connected to others &amp; community</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Go to school every day</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Health</strong></td>
<td>Healthy Bodies</td>
<td>Poor eating</td>
</tr>
<tr>
<td></td>
<td>- Nutrition / healthy eating</td>
<td>No exercise</td>
</tr>
<tr>
<td></td>
<td>- Being active, exercising</td>
<td>Obesity</td>
</tr>
<tr>
<td></td>
<td>- Not getting into dangerous things like drugs &amp; smoking</td>
<td>Teen pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drugs, alcohol, smoking</td>
</tr>
<tr>
<td><strong>Having Resources &amp; Supports</strong></td>
<td>Positive Relationships</td>
<td>Lacking nurturing relationships</td>
</tr>
<tr>
<td></td>
<td>- Having friends, family</td>
<td>- Having parents that don’t care</td>
</tr>
<tr>
<td></td>
<td>- Positive role models/mentoring from adults</td>
<td>- Lacking other people who care</td>
</tr>
<tr>
<td></td>
<td>- Feeling like they are listened to</td>
<td>Lacking structure &amp; direction</td>
</tr>
<tr>
<td></td>
<td>Positive environments &amp; surroundings</td>
<td>- Lacking direction on how to be physically active</td>
</tr>
<tr>
<td></td>
<td>- Places for a variety of positive activities &amp; recreation</td>
<td>Lacking opportunities</td>
</tr>
<tr>
<td></td>
<td>- Good home life</td>
<td>- Poverty that limits access to good diet, services, opportunities</td>
</tr>
<tr>
<td></td>
<td>- Supervised</td>
<td>- Can’t get assistance, support</td>
</tr>
<tr>
<td></td>
<td>- Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Structure &amp; direction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Learning what is wrong &amp; right</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Opportunities to gain skills, develop leadership skills</td>
<td></td>
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</tbody>
</table>
### Appendix 3 - Connection between Fusion and Health and Wellbeing in Youth

<table>
<thead>
<tr>
<th>Intervening Factors</th>
<th>How Are These Factors Enacted?</th>
<th>How Youth Respond</th>
<th>Impact on Youth Health &amp; Wellbeing</th>
</tr>
</thead>
</table>
| **Something for Every Kid:** Engaging Youth through an Eclectic Mix of Programs & Activities | 1. Fun things to do is the main reason youth come to the centre*  
   a) Letting kids be kids without the pressure to stay in a specific activity, leading to unanticipated learning through participation  
   b) Break from school  
   c) Out of the house  

2. Try new things on their own terms & explore what they are good at  
   a) Staff dedication to programs and staff feeling they have ownership of programs  
   b) Staff encourage youth to participate in physical activity  
   c) Offer opportunities & experiences youth would not otherwise have through  
      - Innovative programs  
      - Hands on doing  
      - Free access to skill development & fun  
      - Opportunity to work towards UNIQUE goals by building skills | Youth surprise themselves:  
   - Abilities grow & change  
   - Get new skills  
   - Get rewarded by being given more leadership responsibility  
   Feel valued  
   Gaining confidence  
   Gaining self-management and life skills | Reduced stress  
Staying positive  
Learning to make healthy choices  
Increased physical activity  
Being distracted in a positive directions  
Learning to have goals  
Opening doors for the future |
<table>
<thead>
<tr>
<th>Intervening Factors</th>
<th>How Are These Factors Enacted?</th>
<th>How Youth Respond</th>
<th>Impact on Youth Health &amp; Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Building</strong>&lt;br&gt; <strong>Relationships &amp; Connections</strong></td>
<td>1. <strong>Relationships with Staff: Staff Engaging with Youth</strong>&lt;br&gt; a) Interactions with responsible adults who are consistently there, youthful, &amp; positive&lt;br&gt; b) Mentorship, assistance, support &amp; direction is the most important thing at Fusion*&lt;br&gt;   ▪ Supporting youth to be who they are&lt;br&gt;   ▪ Noticing when youth are feeling down or do not have a lot of support&lt;br&gt;   ▪ Youth feeling cool because they are hanging out with older guys&lt;br&gt;   ▪ Not judging so that youth feel comfortable coming to staff if they need help&lt;br&gt;   ▪ Believing in the value that every person, every youth, has&lt;br&gt;   ▪ Helping youth get external help to turn situations around&lt;br&gt;   ▪ Dealing with immediate crisis&lt;br&gt;   ▪ Being caring people for youth to talk to&lt;br&gt;   ▪ Recruiting youth young so staff can influence them&lt;br&gt;   ▪ Providing feedback to youth on their behaviours from people who are not their parents&lt;br&gt;   ▪ Youth feeling attached to certain staff, happens through shared interests, shared stories&lt;br&gt;   ▪ Staff finding a way for all youth to fit in&lt;br&gt;   ▪ Finding innovative ways to engage and be with youth&lt;br&gt;   ▪ Consistent, well trained staff help youth always feel welcome; if youth are not sure for one moment, they will leave and not come back&lt;br&gt;</td>
<td>Guiding them &amp; connecting the dots to help youth make choices that support health &amp; wellbeing&lt;br&gt; Helping kids stay healthy &amp; positive&lt;br&gt; Youth feel they matter, they are valued&lt;br&gt; Youth stay, return</td>
<td>Positive social development&lt;br&gt; Feeling a positive sense of self&lt;br&gt; Feel accepted&lt;br&gt; Youth make choices that support health and wellbeing</td>
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<tr>
<td></td>
<td>2. <strong>Building relationships with other youth</strong>&lt;br&gt; a) Youth have a different group of friends at Fusion; they are exposed to new people from different groups and different schools&lt;br&gt;   ▪ A lot less judgment at Fusion than other places&lt;br&gt;   ▪ A variety of different youth come to Fusion, there are not as many specific cliques like school or other places&lt;br&gt;   ▪ Youth socialize with people who they would not normally socialize with outside of Fusion&lt;br&gt;   ▪ Peer to peer interactions occur with youth helping each other, the facility encourages that relationship</td>
<td>Healthy social development</td>
<td>Feel accepted&lt;br&gt; Learn from each other</td>
</tr>
</tbody>
</table>
### 3. Connecting youth with community

<table>
<thead>
<tr>
<th>a) Fusion draws people in from the community</th>
<th>b) Fusion takes youth out to the community</th>
<th>c) Youth who want to stay in community as adults have more options</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Youth interact with volunteers, coop students</td>
<td>- Youth participate in community events eg. haunted house, toy drive, parade float</td>
<td>- Changing economy includes new career options, centre gives youth opportunity to experiment with different careers</td>
</tr>
<tr>
<td>- Interact with community at events at centre eg. awards night, tours</td>
<td>- Youth have become employed in the community using skills acquired at centre</td>
<td></td>
</tr>
<tr>
<td>- Youth new to Ingersoll find friends with shared area of interest, helps them break into community, has helped youth feeling suicidal, dealing with addiction eg. youth who have been bullied who have moved to town</td>
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<tr>
<td>- Youth are connected to the right corners of the community, facilitates safe access and connections to people without them having to go elsewhere eg. accessing mental health centre</td>
<td></td>
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<tr>
<td>- Events at Fusion bring people in, gives youth a sense of the centre</td>
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</table>

**Gives youth a sense of being part of community**
- Connects youth to community resources
- Learn to give back to community

**Community benefits as these events give the town opportunity to come together as a community, raise money**
- Interactions change people’s views about youth to being more positive

**Connecting youth to community resources has saved youth lives**
- Youth feel accepted in the community

**Enhanced sense of belonging for community as a whole**
- Enhanced opportunities to keep young adult youth in the community
<table>
<thead>
<tr>
<th>Intervening Factors</th>
<th>How Are These Factors Enacted?</th>
<th>How Youth Respond</th>
<th>Impact on Youth Health &amp; Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A Place for Youth</strong></td>
<td><strong>1. Safe Place</strong>&lt;br&gt;a) Creating a place that is both emotionally &amp; physically safe is achieve through:&lt;br&gt;  - Creating space for youth to be with friends &amp; staff&lt;br&gt;  - Good staffing/adequate supervision&lt;br&gt;  - Not allowing non-positive behaviours&lt;br&gt;  - Enforcing rules &amp; boundaries&lt;br&gt;  - Having a secure building&lt;br&gt;  - Parents knowing their kids are safe&lt;br&gt;  - Keeping Fusion a public &amp; visible place&lt;br&gt;  - Not crushing who youth are trying to be&lt;br&gt;  - Allowing youth to feel in control</td>
<td>Feel emotionally safe&lt;br&gt;Less need to take risks to fit in&lt;br&gt;Helps youth avoid the pitfalls&lt;br&gt;Youth are more comfortable in youth places</td>
<td>Reduced risk-taking behavior&lt;br&gt;Reduced stress&lt;br&gt;Happier</td>
</tr>
<tr>
<td><strong>2. Youth-friendly place that allows youth culture to grow</strong>&lt;br&gt;a) Shift from viewing youth as a problem to viewing youth as potential&lt;br&gt;b) Allowing youth culture to grow through:&lt;br&gt;  - Being youth focused, with youth activities and people their age&lt;br&gt;  - Creating a place that is comfortable for youth – it is their space, they can do what they want as long as it is safe&lt;br&gt;  - Supporting a sense of youth ownership – youth are held accountable for their actions in ways that are meaningful to them, with logical consequences that help them&lt;br&gt;  - Investing in a good building &amp; good equipment that is new (not second-hand). It is their own space, they do not have to beg or borrow space&lt;br&gt;  - Giving youth a voice so decisions are made based on youth perspectives&lt;br&gt;  - Letting youth be themselves – kids behave different at Fusion than they do at other places&lt;br&gt;  - Providing space to hang out with friends and be where other youth are. Youth come because all their friends are there.&lt;br&gt;  - Avoiding financial exclusion&lt;br&gt;  - Having young staff&lt;br&gt;  - Staff is what make this a youth friendly place; young but highly skilled staff important for this, without training, can do more harm than good</td>
<td>Youth feel valued, worthwhile</td>
<td>Feeling more positive about themselves</td>
<td></td>
</tr>
<tr>
<td>Intervening Factors</td>
<td>How Are These Factors Enacted?</td>
<td>How Youth Respond</td>
<td>Impact on Youth Health &amp; Wellbeing</td>
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</tbody>
</table>
| 3. Place to get away from life’s stresses & pressures, find supports | a) Fusion provides  
- A place to be with friends  
- A place to be when there is no one at home  
- A place to be for youth who do not want to go home, even to eat, or cannot go home, or cannot have friends at home  
- A place to escape situations  
- A place with outlets or supports, as some youth do not have these at home or school  
- A place to go to get out of the elements  
- A place to participate in physical activity and healthy eating which help reduce stress  
- A place to escape pressure to make choices about future, careers, lessons. | Safe  
Connected  
Participate in physical activity and health eating | Emotional & social wellbeing  
Physical safety  
Reduced stress |
|                     | b) With things to do |                       |                                  |
|                     | c) Without financial barriers |                       |                                  |