



## THE GROVE HUBS

FORMERLY THE INTEGRATED YOUTH SERVICES NETWORK  
WELLINGTON/ GUELPH

# Developmental Evaluation Final Report

June 30, 2021

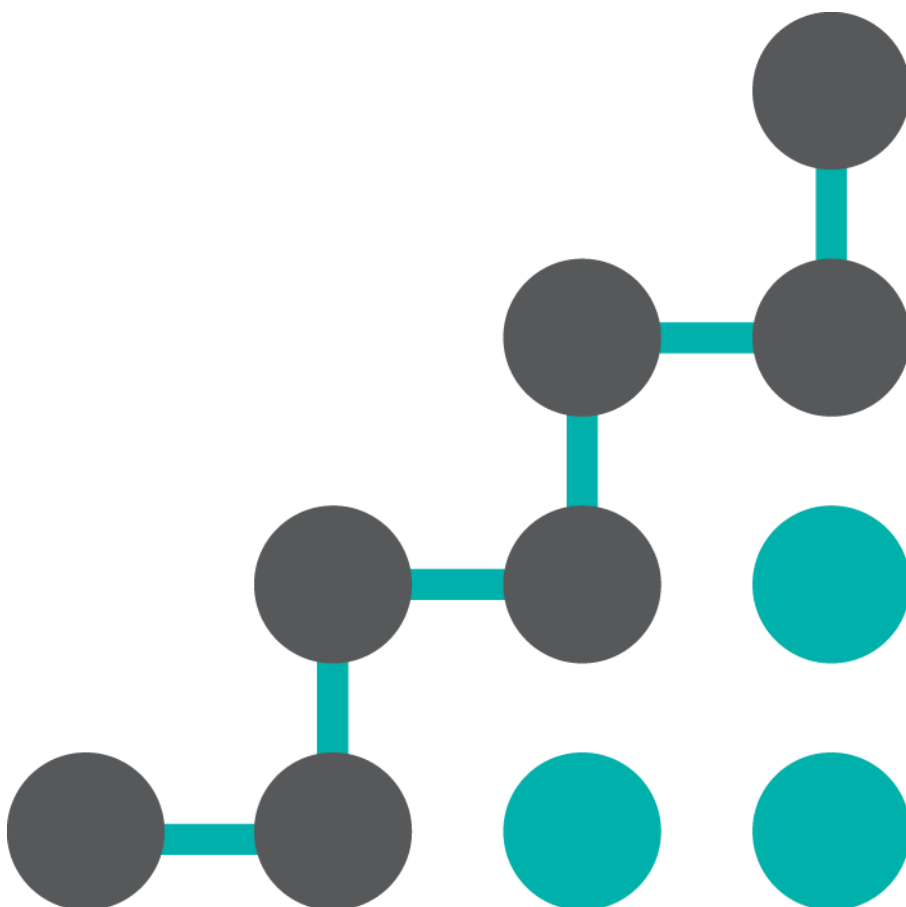
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## **Funding**

Homewood Research Institute was contracted by the IYSN (The Grove Hubs) to complete this evaluation.

## **Acknowledgements**

Homewood Research Institute would like to thank the following members of the IYSN Evaluation Subcommittee for providing their time and valuable insights to this project:

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## FOREWORD

I am very pleased to introduce the Guelph-Wellington Integrated Youth Services Network Developmental Evaluation Report, provided by Homewood Research Institute. This report provides a comprehensive overview of the development and initial implementation of integrated youth services in the Guelph-Wellington region.

Integrated youth services are an essential ingredient in mental health and addictions service system transformation efforts happening worldwide and here in Ontario. With the integrated youth services model being implemented in Ontario through Youth Wellness Hubs Ontario (YWHO), youth aged 12 through 26 years have timely access to a wide range of health, mental health, substance use and other community and social services, intentionally designed to meet their needs. This one-stop-shop model of service delivery was co-designed with youth, family members, service providers, researchers, and others to tackle lengthy wait times, barriers to service access, stigma, and gaps in services for transition-aged youth.

This report provides an impressive example of using an implementation science framework at the community level. It brings together the YWHO core components associated with the positive mental health and substance use related outcomes and local adaptation to ensure fit with local context. The network's commitment to equity and focus on youth, family and other stakeholder engagement serves as a clear exemplar of the YWHO vision. Moreover, the team should be commended for taking on an evaluation that compelled them to reflect on their efforts and plan for the future at such an early stage in their journey. It speaks to the partners' and leaders' desire to understand the evidence, and to find the energy, courage and enthusiasm to support the things that are working and find ways to improve or change those things that are not working.

Notably, this report highlights the extensiveness of the Guelph-Wellington integrated youth services network, an aspect of the integrated youth services model that is critical to ensuring youth are able to connect with all necessary services seamlessly, and to reducing the burden on youth to share their concerns, needs and strengths repeatedly. All youth deserve access to integrated, developmentally-appropriate, holistic care.

Importantly, this report also articulates a thoughtful and thorough local evaluation plan that uses multiple methods and integrates multiple perspectives into an evaluation roadmap for Guelph-Wellington. It makes an important contribution to the resources available to communities as they

consider the development of their own local integrated youth services networks.<sup>1</sup> Moreover, I am confident this report will support the development of effective integrated youth services in Guelph-Wellington. In the following pages, I expect you will find evidence to justify this confidence.

Dr. Joanna Henderson, CPsych

Executive Director, Youth Wellness Hubs Ontario

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<sup>1</sup> As the Guelph-Wellington network becomes integrated into the broader YWHO provincial funding program they expect to make some revisions to future plans in order to align with YWHO.

## EXECUTIVE SUMMARY

In 2018, a group of committed service providers and organizations based in Wellington County and Guelph came together as the Integrated Youth Services Network (IYSN now known as **The Grove Hubs**) to address the need for a more effective health and social service system for youth. Early on, the IYSN's priority areas included addressing the needs of rural youth and transitional-aged youth, increasing accessibility by supporting transportation options, and delivering a mix of in-person and online programs and services. The IYSN also sought to align themselves with the Youth Wellness Hubs Ontario (YWHO) initiative with the goal of becoming a YWHO Youth Hub.

The IYSN contracted the Homewood Research Institute (HRI) in 2020 to conduct a developmental evaluation to address three objectives:

1. To support the development, implementation, and continuous improvement of the IYSN.
2. To provide initial evidence to inform the replicability of the model (or key components) within other jurisdictions/contexts.
3. To provide initial evidence of the early experiences of youth and families accessing established IYSN services, as well as that of other key stakeholders.

To do so, HRI convened an Evaluation Subcommittee made up of representatives of IYSN leadership, service providers, youth, and family to guide the evaluation. The HRI adopted a developmental approach to evaluation, which is appropriate in contexts where social innovators (i.e., community leaders in the case of the IYSN) have taken an innovative approach to addressing a major problem or need within a complex and dynamic environment.

HRI and the Evaluation Subcommittee co-designed a series of evaluation planning tools, including an evaluation framework and logic model. The group also used the Health Equity Impact Assessment Tool to identify potential health impacts, positive and negative, that the IYSN might have on vulnerable or marginalized groups who may be part of their client population.

To characterize the IYSN's client population, a brief demographic survey was created and sent to youth and families. The IYSN's program leads, service site supervisors, service users, and members of the Youth Engagement and Family Engagement Working Groups were also all invited to participate in individual interviews to share their early experiences.

The data collected through these interviews were used to write detailed descriptions about the IYSN's characteristics as an intervention (i.e., how the IYSN is understood to work), the role and contributions of their core partners, implementation climate and processes (e.g., facilitators and

barriers to implementation), and the experiences of youth and families who have contributed to the IYSN's development and/or accessed its programming and services.

Based on the data collected, it is evident that the IYSN has faced a number of setbacks over the past year and a half, particularly with the delayed opening of several hub sites and the onset of the COVID-19 pandemic with its many public health safety restrictions. Interview participants all shared valuable lessons learned during this challenging time, which also underscored the urgent need for the opening of the IYSN's seven hub sites. Despite these challenges, the IYSN consortium has made good progress towards its goals.

Service providers, youth, and families were highly positive and confident that the IYSN was "for youth, by youth" and that the model had the potential to transform access to "wrap-around care." Identified facilitators to the IYSN's progress included: wide community enthusiasm and support, a governance structure that follows a consensus model, a shared vision and high level of trust and commitment between partners, the ability to leverage capacity and resources from partners to deliver quality programming, early and consistent involvement of youth and families, open and honest communication at all levels, and outstanding leadership.

With respect to foreseeable challenges for the IYSN's future, service site supervisors identified the importance of recognizing and addressing the needs of urban youth (which are different from those of rural youth), overcoming stigma associated with mental illness, the lack of public transportation options in Wellington County and Guelph, and securing sustainable, long-term funding, among others.

Interviewed youth and family members also provided valuable input on how the IYSN can continue to engage them and enhance their experience. While youth saw room for improvement in having greater representation from a variety of youth of different backgrounds, experiences, and age groups, they were, overall, very satisfied with the opportunities they have been given to provide ongoing input to the IYSN's development. The youth were unanimous in their responses that the IYSN valued and listened to their opinions and perspectives.

Looking ahead, HRI would like to make four recommendations to the IYSN for both furthering its reach and deepening its potential impacts on youth and families from communities that are traditionally underserved, as well as capturing evidence of that impact. These recommendations include:



1. Seek to further understand and address the diverse needs of youth and families in Wellington County and Guelph, particularly those who are not already accessing IYSN programs and services.
2. Identify opportunities for partners in the outermost ring of the IYSN Service Partners diagram (Appendix A), and those identified as potential partners, to increase their involvement with the IYSN.
3. Determine next steps for evaluating the IYSN's continual development, implementation, and service delivery.
4. Develop a strategy for evaluating the IYSN's progress towards its desired long-term outcomes, including value for cost and impact on service users.

Finally, HRI would like to congratulate the IYSN for becoming a recognized YWHO Youth Hub in June 2021. The community-wide effort that has led to the IYSN's successes so far point to a bright future for the youth and families in Wellington County and Guelph.

## 1. BACKGROUND

The Integrated Youth Services Network (IYSN) was formed in 2018 to address issues related to service access for youth and their families across Wellington County and Guelph. Their goal is to build a more effective health and social service system for youth, while leveraging the strengths of committed service providers and community organizations. In addition, the IYSN aims to adopt a health equity lens to its work, which includes offering a wide range of comprehensive services and supports that not only address the social determinants of health, but are also culturally safe and culturally specific to reflect the diversity of youth in Wellington County and Guelph.

From the beginning, the IYSN sought to align themselves with the Youth Wellness Hubs Ontario (YWHO) initiative and its 13 core components with the goal of becoming a recognized YWHO Youth Hub. With guidance from Dr. Joanna Henderson, the Executive Director of YWHO, the IYSN began to adopt the model's core components and, additionally, identified priority areas unique to the Wellington County and Guelph contexts. These priority areas included addressing the needs of rural youth and transitional-aged youth, increasing accessibility by supporting transportation options, and delivering a mix of in-person and online programs and services.

### **Youth Wellness Hubs Ontario's Core Components<sup>2</sup>**

- |  |   |
|--|---|
| 1. Integrated governance                                 | 8. Use of standardized measures and outcome evaluations                                   |
| 2. Partner collaboration                                 | 9. Brand adoption   |
| 3. Integrated location                                   | 10. Organizational capacity, approach, and culture operating with equity-based principles |
| 4. Evidence-based or evidence-generating services        | 11. Equitable and inclusive access and physical space                                     |
| 5. Youth engagement                                      | 12. Equity data use   |
| 6. Youth-centered & developmentally appropriate services | 13. Clinical and cultural specific services that reflect the population groups            |
| 7. Family engagement                                     |   |

In addition, the IYSN has also aligned with the Government of Canada's priorities to expand access to mental health and addiction services, and to provide community-based support and services for children and youth.<sup>3</sup>

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<sup>2</sup> Youth Wellness Hubs Ontario. *Core Components*. Retrieved from: <https://youthhubs.ca/en/ywho-core-components/>

<sup>3</sup> Integrated Youth Services Network (IYSN) Wellington County and Guelph. (2020). *Business Case and Implementation Plan*. Retrieved from: [https://transformingyouth.ca/wp-content/uploads/2020/07/IYSN-Business-Case\\_February-2020-Final.pdf](https://transformingyouth.ca/wp-content/uploads/2020/07/IYSN-Business-Case_February-2020-Final.pdf)

As a testament to their early success, the IYSN became a recognized YWHO Youth Hub in June 2021, with supporting funding from the County of Wellington and the Ontario Ministry of Health.

## 2. PURPOSE OF THIS EVALUATION

In the fall of 2020, the IYSN contracted Homewood Research Institute (HRI) to conduct a developmental evaluation to address three objectives:

1. To support the development, implementation, and continuous improvement of the IYSN.
2. To provide initial evidence to inform the replicability of the model (or key components) within other jurisdictions/contexts.
3. To provide initial evidence of the early experiences of youth and families accessing established IYSN services, as well as that of other key stakeholders.

To do so, HRI convened an Evaluation Subcommittee made up of representatives of IYSN leadership, service providers, youth, and family to guide the evaluation efforts. This report summarizes the evaluation tools and methods used to address the above objectives, as well as presents initial evidence of the steps the IYSN have taken to address issues related to service access for youth and their families across Wellington County and Guelph.

In addition, the initial evidence provided in this report also serves to inform the IYSN's ongoing growth and development. Consequently, HRI has included recommendations to the IYSN for both furthering its reach and deepening its potential impacts on youth and families from communities that are traditionally underserved.

Finally, thanks to the IYSN's commitment to collaboration that extends beyond the Wellington County and Guelph, this report can be used as a roadmap for other organizations to improve service access by developing a Youth Hub in their own community.

### 3. EVALUATION DESIGN

We adopted a developmental approach to guide this evaluation. Developmental evaluation is appropriate in contexts where social innovators (i.e., community leaders in the case of the IYSN) have taken an innovative approach to addressing a major problem or need within a complex and dynamic environment.<sup>4</sup> The IYSN may follow the YWHO vision and its model, but the actions that have driven its initiation, implementation, and delivery are unique to the Wellington County and Guelph communities. Documenting these actions and their consequences or short-term results supports ongoing development.<sup>3</sup> The IYSN has been keen on collaborating with community partners, engaging with youth, and using real-time data and feedback to guide their next steps, all of which are key conditions for a successful developmental evaluation.<sup>3</sup>

To further guide our evaluation efforts and generate evidence toward our evaluation objectives, we used the following tools: an evaluation framework, a logic model, and, the Health Equity Impact Assessment (HEIA) tool.<sup>5</sup>

#### 3.1 Evaluation Framework

The Evaluation Framework (**Appendix D**) was developed to help identify, organize, and link our overarching evaluation questions with appropriate indicators, data sources, and methods that could be used to address them. For this initial evaluation stage, we identified ten questions organized into four categories: 1) intervention characteristics, 2) stakeholders, 3) implementation climate and processes, and 4) service user perspectives.

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<sup>4</sup> Patton, M.Q. (2011). *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use*. New York: The Guilford Press.

<sup>5</sup> Canadian Public Health Association. (2020). *Canadian Public Health Association Policy Statement: Health Equity Impact Assessment*. Canadian Public Health Association.

## 3.2 Logic Model

The IYSN logic model (**Appendix E**) was developed to describe the consortium's primary activities, while connecting them to its intended impacts within the larger system of programs and services serving youth in Wellington County and Guelph.

A logic model is a visual diagram that illustrates linkages between an intervention's resources, activities, and expected outcomes.<sup>6</sup> Logic models are useful for planning, management, communication, and evaluation purposes.

Some notable elements of the IYSN logic model include:

- Decision to focus on IYSN-specific activities, rather than those of the core services, as a way to emphasize the shared vision across stakeholders and integrated governance
- Inclusion of some performance indicators (shown in italicized font) to suggest how outcomes might get measured in a specific and timely manner

In addition, we identified some key assumptions and possible risks (**Appendix F**) that may influence the degree to which the IYSN activities (and subsequent outcomes) are achieved.

**Youth and families:** Many of the identified assumptions and risks underscore the importance of their engagement in the process (Core Components 5, 6, 7) and having equitable and inclusive access to services and a physical space that reflect the population groups (Core Components 11 and 13).

**Service providers:** Many of the identified assumptions and risks are potential challenges to achieving partner collaboration, integrated collection, and the use of standardized measures for equitable data use (Core Components 2, 3, 8, 12).

### ***Future Application of the Logic Model***

The logic model's main limitation is that it provides only a snapshot of the IYSN at one point in time. Given that the IYSN is still in the early phases of delivering programs and services, the logic model should be updated to reflect the IYSN's evolution over time. In particular, appropriate performance indicators to measure outcomes will require further discussion.

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<sup>6</sup> W.K. Kellogg Foundation. (2004). *Logic Model Development Guide*. Retrieved from: <https://www.wkkf.org/resource-directory/resources/2004/01/logic-model-development-guide>

Developing a logic model is an ongoing task, and not a one-time activity.<sup>7</sup> To facilitate future iterations of the IYSN logic model, the HRI Evaluation Team recommends using the following questions to prompt future discussions:

#### Verify the logic model<sup>8</sup>

1. Is the logic model detailed enough to create understandings of the different elements and their interrelationships?
2. Is the logic model complete (i.e., key elements are accounted for)?
3. Do the relationships proposed in the logic model occur as planned?

#### Develop an action plan<sup>9</sup>

1. Is reasonable progress being made along the different paths to outcomes? And what information is (or can be made) available to measure this progress?
2. Which activities are critical to achieving outcomes?
3. Do any existing activities require modification? Who will be responsible for these changes? How long will they take?

These prompts will help the IYSN team apply the logic model so that all the elements in it can be turned from “wishes” to “must-haves.”

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<sup>7</sup> Gugiu, P. C., & Rodriguez-Campos, L. (2007). Semi-structured interview protocol for constructing logic models. *Evaluation and Program Planning, 30*(4), 339–350.

<sup>8</sup> Questions adapted from: McLaughlin, J. A., & Jordan, G. B. (1999). Logic models: a tool for telling your programs performance story. *Evaluation and Program Planning, 22*(1), 65–72.

<sup>9</sup> Questions adapted from: Millar, A., Simeone, R. S., & Carnevale, J. T. (2001). Logic models: A systems tool for performance management. *Evaluation and Program Planning, 24*(1), 73–81.

### 3.3 Health Equity Impact Assessment (HEIA) Tool

To apply a health equity lens to the evaluation, a HEIA was conducted to further identify other potential impacts of the IYSN (either positive or negative) on specific subpopulations of youth. The HEIA is an evidence-based tool designed to identify and address unintended health impacts (positive or negative) that the IYSN might have on vulnerable or marginalized groups who may be part of their client population. Implementing a HEIA not only helps in considering whether the intervention may have differential effects on different subpopulations, but also aids in identifying strategies to mitigate potential negative effects (e.g., discrimination or barriers to access), while maximizing positive impacts (e.g., unplanned social bonding among youth). In this case, the HEIA Tool<sup>10</sup> provides a systematic method for embedding equity in the IYSN's planning and decision-making processes.

There are 5 steps to using the HEIA Tool: 1) Scoping of impacted populations, 2) Identifying potential impacts of the initiative, 3) Identifying mitigation strategies for negative impacts, 4) Monitoring the initiative, and 5) Disseminating results and recommendations. A detailed explanation and guiding questions for each step can be found in **Appendix G**.

For the purposes of our developmental evaluation, we used existing data and resources to complete the HEIA Tool (**Appendix H**). For Step 1a, populations were identified from the IYSN Business Case. For Steps 1b-5, we used existing evidence (e.g., peer-reviewed articles, grey literature, online resources) to provide examples of the type of information that would be incorporated in each step.

From the aforementioned documents, 9 priority populations were identified. Across all groups, the most common determinants of health were education, housing, social status, social support, stigma, and health services. Some positive unintended impacts identified included willingness to engage in services due to increased trust with the IYSN team, more open engagement, youth and families are more open to engaging in services, and youth feel a sense of connection and community at the IYSN. Negative unintended impacts identified included not feeling represented in campaigns, lack of culturally-specific services, and youth not having the resources to access services online. Based on the initial draft of the HEIA tool, it is evident that each of the identified populations require different actions to address the inequities they face.

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<sup>10</sup> Canadian Public Health Association. (2020). *Canadian Public Health Association Policy Statement: Health Equity Impact Assessment*. Canadian Public Health Association.



In May 2021, HRI recommended the IYSN complete a more robust and comprehensive HEIA analysis by:

- Revisiting steps 1 and 2 to include any population groups that the IYSN will have an impact on;
- Completing steps 3-5 for each identified population group;
- Incorporating feedback from key stakeholders (e.g., program leads, service providers, youth and family engagement members) and community members (i.e., individuals with lived experiences) through collaborative meetings, key informant interviews, focus groups, or surveys;
- Continuously updating the HEIA Tool as the IYSN develops and implements new changes;
- Monitoring and evaluating whether mitigation strategies identified from the HEIA have been implemented and have achieved the desired effects (i.e., the assessment is not the end product).

Furthermore, the initial work completed with the HEIA Tool will help guide other IYSN initiatives focused on diversity, equity, and inclusion. For example, as further demonstration of commitment to enhancing health equity, the IYSN hired a Diversity and Inclusion Coordinator who is currently working to develop and implement an equity, diversity, and inclusion plan for the IYSN's seven hub sites. The goal of their plan is to ensure that youth from diverse backgrounds feel welcome, safe, and represented, when engaging with the IYSN hub sites. The IYSN is collaborating with youth and community members in order to develop this plan, including members from organizations such as Black Lives Matter Guelph, the Muslim Society of Guelph, and Guelph newcomer programs. Over the course of 12 weeks this group will apply their knowledge and shared experiences to address the barriers that prevent youth from accessing services.

## 4. METHODS

The data collection methods and tools described in this section were designed to address the ten evaluation questions outlined in the Evaluation Framework (**Appendix D**). Document reviews and regular meetings with the IYSN Evaluation Subcommittee and program leads occurred between January and June 2021. Primary data collection methods (i.e., stakeholder interviews and youth/family demographic questionnaires) were reviewed and approved by the Community Research Ethics Board in April 2021 and conducted between April and June 2021.

### 4.1 Document Review

The first step in this evaluation involved gathering and reviewing background information on the IYSN to develop an initial description of the program. This description included a profile on each of the seven hub sites and how the YWHO Core Components were being applied. Documents reviewed included reports and publications from the IYSN and YWHO, news articles, social media posts, and meeting minutes from the IYSN's quarterly community updates.

### 4.2 IYSN Evaluation Subcommittee Meetings

An Evaluation Subcommittee was formed to ensure that evaluation objectives and activities remained aligned with the needs of the IYSN. Biweekly meetings with the IYSN Evaluation Subcommittee were used to facilitate learning (e.g., building a key stakeholders map, introduction to logic models, interactive application of the HEIA Tool to case studies), gather feedback on the tools, and to capture key decisions regarding the IYSN's implementation as they unfolded.

### 4.3 Stakeholder Interviews

Questions about the IYSN as an intervention (1.1-1.3) were addressed through an ongoing document review and interviews with program leads (**Appendix I**). The two Program Leads were asked to provide context on how partnerships were initiated between IYSN's core partners, the considerations that were made in adapting the YWHO model to address local needs, facilitators and barriers to the IYSN planning process, their current stage of implementation, and their short-term and long-term goals for IYSN.

To address questions about the IYSN's stakeholders (2.1) and processes (3.1-3.3), interviews were conducted with the IYSN's Site Supervisors (or Leads) (N=10) in May 2021 (**Appendix J**). Site Supervisors were invited to participate in a 1-hour interview to discuss their involvement in the delivery of IYSN services, how they either plan to or are currently engaging with youth and families,

the benefits and challenges in delivering services via IYSN, and the lessons learned through this process.

Interviews with youth and family members focused on capturing feedback on early engagement with the IYSN and experiences accessing IYSN services (**Appendix K**). More specifically, youth and family members were asked to provide feedback on their level of involvement in their respective working groups, their level of satisfaction with the input sought, the diversity of perspectives that have been engaged in the process, and their suggestions for improving meaningful engagement of youth and families in IYSN's planning process.

Participants from the working groups that had accessed or were currently using IYSN services were also be asked to comment on their overall experience with IYSN. This includes whether or not they encountered any barriers to access and their anticipated use of services in the future (**Appendix L**).

#### **4.4 Youth/Family Demographic Questionnaire**

To characterize the IYSN's current reach, a brief demographic online questionnaire (**Appendix M**) was created and shared with members of the IYSN Youth Engagement Working Group (N=47) and IYSN Family Engagement Working Group (N=5). A link to the survey was also shared through the IYSN's social media. The survey was designed to capture key characteristics including age, gender, and ethnicity.

#### **4.5 Data Analyses**

All interviews mentioned above were recorded, transcribed verbatim, and analyzed using a thematic approach. The qualitative data analysis software *NVivo 9* was used to code and categorize data into themes. Descriptive statistics were used to summarize information collected through the demographic questionnaire.

## 5. FINDINGS

### 5.1 Intervention Characteristics

Intervention characteristics, including key activities, outputs and outcomes, as well as the proposed model of service delivery, are documented in this report in the form of a logic model (**Appendix E**), key risks and assumptions (**Appendix F**) and a service flow diagram (**Appendix B**). In addition, interviews with service providers revealed further insights used to address the first three evaluation questions:

1. How is the IYSN understood to work?
2. How are the Youth Wellness Hubs Ontario (YWHO) core components being applied?
3. How does the information collected in the Minimum Data Set align with IYSN's desired outcomes?

#### *How is the IYSN understood to work?*

The logic model (**Appendix E**) highlights the inputs (or resources) required for the IYSN to carry out its activities, which have been organized under five broad headings. These activities include the co-design and delivery of programs and services for youth, and the coordination of resources and service providers to establish comprehensive and well-communicated service pathways. The outputs for each of these activities, which translate to effort, can be used to monitor progress, while the short- (1-2 years), intermediate- (3-4 years), and long-term (5+ years) outcomes on the right hand side of the logic model provide possible metrics for measuring the IYSN's impact. Identified outcomes (or goals) for the short-term include increases in the understanding of needs, brand recognition and knowledge of services, cross-agency communication, and access and availability of services. In contrast, long-term outcomes, which will take more time to achieve and measure, include increases in service and cost-efficiencies, youths' sense of belonging and empowerment, and improvements in their overall mental health and wellbeing.

To reflect a more in-depth understanding of how the IYSN has adapted the YWHO model to meet local needs, co-developed diagrams were created depicting the IYSN's current service partners and intended service flow. The service partners diagram (**Appendix A**) illustrates four levels of partner engagement in the IYSN consortium (youth and families, core services, core service providers, and community and social services), with five areas of focus, including mental health, substance use, employment, housing, and service navigation.

The service flow diagram (**Appendix B**) illustrates the core features and functions of each physical site that will serve as an IYSN hub/“one-stop shop”. Seven hub sites have been planned in total, with three in Wellington County (i.e., Minto Mental Health, Big Brothers Big Sisters of Centre Wellington, and East Wellington Community Services) and four in the City of Guelph (i.e., Shelldale Family Gateway, Canadian Mental Health Association Waterloo Wellington, YMCA of Guelph/Three Rivers, and University of Guelph) (**Appendix C**). As shown in these diagrams, the IYSN represents a complex intervention. It is comprised of multiple services, targeting different youth and family groups, and is embedded in a broader system of care in a variety of socioeconomic contexts.

Further, in the first portion of their interview, participants discussed how they were initially involved in developing the IYSN or connected to it early in the process.

### Identified Themes

Increased access to programs and services • Integrated governance • Partner collaboration • Youth and family engagement

#### Improved access to programs and services

All of these individuals were passionate about seeing the IYSN’s vision being brought to life. Many of them believed that their current mental health system was failing the youth in their community. They had witnessed how difficult it was for youth to access services and programs without having to travel great distances or having to repeat their story numerous times in trying to navigate a system already overwhelmed with long waitlists.

*“If we can’t help you with something specific, [the goal is] that we’ll know who to direct you to and how to get you there ... What’s happening now is you drive an hour somewhere and talk to someone, and at the end they realize where you live and tell you they can’t help you because they don’t serve that area.” – Program Lead*

Core service providers recognized that they have the capacity to connect youth with programs and services of interest to them. They saw the preventative role that hub sites could play as a way to alleviate the burden of care on mental health practitioners and to promote positive mental health and wellness, in general. The initial challenge was determining how “wrap-around care” could be provided given each organization’s area of expertise, and whether or not they could provide dedicated spaces for youth to access that care.

## Integrated governance

With respect to governance, the IYSN Director reports to the Partnership Table, which functions like a Board of Directors that meets on a monthly basis. The Partnership Table follows a consensus model as opposed to having a voting structure. They decided early on to form a consortium, with the CMHA Waterloo Wellington as their primary backbone organization, rather than form a new charity that would compete with its partners for funding.

## Partner collaboration

In addition to the Partnership Table there are multiple working groups that are formed with a specific goal in mind. Once a working group has reached their goal the group is disbanded. Some previous and current working groups' areas of focus include: communications and events, youth engagement, family engagement, service providers, service pathways (subgroup of service providers), data analysis, peer support, and diversity, equity, and inclusion.

One of the largest groups is the Service Providers Working Group, whose members provide leadership and expertise in the IYSN's areas of focus: mental health, substance use, employment, housing, and service navigation. The Service Providers Working Group meets on a monthly basis to receive updates from the IYSN Director and to discuss next steps.

*"The [group] is very comprehensive. It covers all the agencies in Guelph, from the university, settlement workers, both the county and school boards, Second Chance, Stonehenge, etc. They are all there. It's a great group of individuals -- comprehensive overview of the needs that are in this community and the amazing people who are already delivering it." – Service Provider*

A smaller subset of service providers also meet as the Service Pathways Subgroup. The subgroup was created to identify the needs and wants of each service provider, and to develop a plan that will ensure consistent service delivery across the hub sites. At the time of interview, the subgroup was discussing the details of documentation, which must be consistent across sites, and the adoption of shared data systems. They were also determining pathways for services that will and will not be offered, so that appropriate referrals can be made when necessary.

*"We've started this visual process and are working through what this will look like from a young person's perspective, how they will move through the system ... It needs to be consistent ... so that youth aren't seeing different things each time they come in." – Program Lead*

While the IYSN will not be able to cover the entire mental health continuum, their goal is to be able to direct and guide people to the right resources.

## Youth and family engagement

The IYSN developed a strategy around youth and family engagement early in its development with funding support from the Children’s Hospital of Eastern Ontario. The IYSN has carried out its strategy by encouraging each hub site to have its own Youth Action Council. It was during these Youth Action Council meetings that service partners would invite a designer to work with youth to discuss their desired look and feel of the hub sites. During these discussions youth also had the opportunity to share what they believed was attainable for the space, potential barriers and how they might be mitigated, opportunities to receive mental health counselling, activities and games that the hub site could provide to promote overall wellness, and suggestions on making the hub site a welcoming space

In addition, the IYSN has its Youth Engagement Working Group (YEWG) that meets on a monthly basis based on the youths’ availability to provide feedback. The YEWG is co-chaired by two Site Supervisors. The co-chairs encourage engagement by providing multiple ways that youth can voice their wants and needs during online meetings by using tools such as Mentimeter. The co-chairs also actively work to make the group welcoming and to require a low level of commitment so that it is easy to participate in discussions.

*“We also offer that warm support as well for members of the YEWG. We want them to know that they can come to us and that we can help guide them. That has really built the trust. A lot of our youth have now been engaged in different areas, which is neat to see. So a lot of it has been that low expectation and that warm, welcoming feel, opposed to ‘you have to make this 5 pm meeting every week.’” – Service Provider*

Similarly, the IYSN Family Engagement Working Group meets regularly to discuss and plan for the types of supports they wish to see. While this working group is newer, and still seeking to understand community needs, service partners have consistently advocated for family engagement at the hub sites.

In Section 5.4 of this report we elaborate on the perspectives and experiences of youth and families that have been engaged in developing the IYSN.

### ***How are the Youth Wellness Hubs Ontario (YWHO) Core Components being applied?***

Core service providers were drawn to the YWHO model because it was evidence-based; they saw merit in working towards integrated governance and a shared vision. **Table 1** shows preliminary evidence of how the IYSN has applied each of the YWHO Core Components to its work.

***How does the information collected in the Minimum Data Set align with the IYSN's desired outcomes?***

The Minimum Data Set (MDS) consists of questions for youth to answer when they visit a hub site. Questions asked cover use of the hub site, youth demographics, clinical outcome data, clinical change outcome data (i.e., data points for more than one visit), and service satisfaction. Standardized measures are used in each of these areas to support ongoing quality improvement efforts and to allow for data comparisons with other youth hubs across Canada.

The IYSN also collects data using My Wellness Passport—YWHO's youth-facing technology platform that facilitates communication between different service providers and youth.

Finally, because My Wellness Passport does not have an Electronic Medical Record component to it, some of the IYSN's partnering organizations are working to synchronize their CaseWORKS software with My Wellness Passport. The IYSN will enter data into both systems as a temporary measure until then. IYSN staff have been trained on how to use My Wellness Passport and are currently being trained in CaseWORKS.

Using these data systems across all hub sites is intended to contribute to the following desired outcomes (see **Appendix E**):

- Decrease in burden of data collection between providers
- Decrease in burden of data collection on youth and families
- Increase in continuity of care



**Table 1.** Application of YWHO's Core Components to the IYSN

YWHO Core Component	Application to the IYSN with supporting evidence
1. Integrated governance	Integrated governance of the IYSN is based on the principles of collaboration, integration, inclusivity, and partnership and is primarily supported through two mechanisms: the IYSN Partnership Table and the Youth Engagement Working Group.* The Partnership Table is “responsible for the overall governance of the IYSN.” It is comprised of members from the Rotary Club of Guelph (lead organization), core service providers, and youth and family representatives.*
2. Partner collaboration	The IYSN relies on partner collaboration to transform the way that services for youth and their families are planned, delivered, and evaluated in the region.* According to a service provider, finding the right partners to collaborate with involves “finding those people who share the same vision, the same goal. You don’t have time to be talking people into it. They need to see the benefits upfront for the most part. There may be people with questions and that sort of thing, but I think you have to put your effort into those people who see the vision quickly.” ±
3. Integrated location	Each of the hub sites are being planned to have the capacity to “provide a range of youth friendly and evidence-based services in one stop shop approach through sharing services.”* The Service Pathways Working Group is currently establishing pathways for the 3 rural sites that are ready to open in 2021.± Program leads are prioritizing the core services that will be needed at every site and that service delivery across the sites will be consistent.±
4. Evidence-based or evidence-generating services	The IYSN will use evidence (i.e., the results of empirical research, the clinical experience of service providers, and the lived experience of youth and families) to help identify services that will strike the most effective balance between effectiveness, quality, safety, and responsivity to the needs of youth and their families.* For one service provider, success is “learning how to deliver mental health services in a way that is effective, and having evidence for that, while not making the mental health system more overwhelmed than it already is.”±
5. Youth engagement	Engaging youth “will be an active and ongoing process that embeds youth representation and voice at all levels of planning, implementation, and evaluation activities”.* One service provider states, “a lot of our youth have now been engaged in different areas, which is neat to see. So a lot of it has been that low expectation and that warm, welcoming feel, opposed to ‘you have to make this 5 pm meeting every week.’”± To maintain youth engagement, the IYSN plans to designate 2 members to the Youth Engagement Working Group to each hub site: one administrative representative and one youth representative.†
6. Youth-centered & developmentally appropriate services	The IYSN will provide services that are easily accessible and integrated, non-stigmatizing, welcoming, safe, and developmentally appropriate.* The Youth Engagement Working Group has been providing input on hub site locations, design, and programs they want incorporated.±
7. Family engagement	The Family Engagement Working Group is currently working to understand the needs of families (e.g., resources they want, how they want it). According to a service partner, “Partners voiced the importance of having families involved at the hubs and spoke about wanting information nights for parents in the future; guest speakers could be from partner organizations.”±

YWHO Core Component	Application to the IYSN with supporting evidence
8. Use of standardized measures and outcome evaluations	Standardized measures will adhere to the following principles: measures are relevant, burden of data collection on service users and providers is minimized, youth and families will be intricately involved in the design, and implementation of evaluation and performance measurement activities for the IYSN will be conducted.* The data collected at the IYSN hub sites via Caseworks and My Wellness Passport will follow the indicators used by YWHO Youth Hubs and others across Canada.
9. Organizational capacity, approach, and culture operating with equity-based principles	Health equity will be an important performance objective of these services whereby youth and their families receive high-quality care that is fair and appropriate to them, no matter where they live, what they have, or who they are.* To meet the needs of diverse youth and strengthen equitable service delivery, the IYSN is currently working on a diversity, equity, and inclusion plan.‡
10. Brand adoption	A working group has been created to develop a brand for the IYSN that is more youth-friendly, and more reflective of the IYSN's principles, services, and the interests, needs, and goals of local youth. One youth stated, "we worked with somebody from like a branding company. And so she led us through the different steps of brainstorming and coming up with a logo and ideas."‡
11. Equitable and inclusive access and physical space	Depending on the specific needs of youth at each of the IYSN hub sites, it is anticipated that all sites will require: access to interpretation services; program literature available in different languages; space that is accessible for individuals with physical disabilities; capacity to modify clinical approaches to meet the needs of individuals with developmental, cognitive, and/or behavioral issues; hours of operation that line up with the preferences and needs of youth; signage and promotional materials that use clear, youth-friendly, non-stigmatizing, and engaging language; mechanisms to facilitate transportation to services.*
12. Equity data use	The Demographic Minimum Data Set will be used to collect youth demographic data. The data will be regularly compared to the profile of the needs in each IYSN hub site's catchment area to identify any groups who may require more targeted outreach efforts to engage them in services.*
13. Clinical and cultural specific services that reflect the population groups	Guelph Wellington Dufferin Public Health Unit is synthesizing a variety of data sources to provide a scan of each IYSN site to identify needs within the geography from a data perspective.*

\* Source: IYSN Business Case and Development Plan

‡ Source: Integrated Youth Services Network of Wellington County & Guelph 2020 Youth and Family Engagement Plan

‡ Source: Data from developmental evaluation interviews

## 5.2 Stakeholders

### *Who are the core partners and what does their role within the IYSN look like?*

The many partners that make up the IYSN consortium are displayed in **Appendix A**. For this evaluation we focused our attention on the Rotary Club of Guelph, plus organizations supporting a hub site. We have summarized information about each organization's geographic or catchment area, local youth population, and primary funding source in **Appendix N**. More context on how these organizations are tied to the IYSN and how they have played a critical role in shaping it are described below.

#### **Core Services**

Rotary Club of Guelph • Guelph Community Foundation • Minto Mental Health • Big Brothers Big Sisters Centre Wellington • East Wellington Community Services • YMCA of Three Rivers Guelph • Shelldale Family Gateway • CMHA Waterloo Wellington • University of Guelph

#### **Rotary Club of Guelph and Guelph Community Foundation**

The Rotary Club of Guelph first brought community partners together to discuss the YWHO model in November 2018. The Rotary Club's neutrality in the youth and mental health space was important to their leadership role, as it negated any potential concerns partners might have had in competing for resources. The IYSN's early development was made possible with funding and support from the Rotary Club and the Guelph Community Foundation. Funding was put towards an environmental scan which was conducted in 2019 to examine all the services in Wellington County and Guelph with the purpose of identifying service gaps.

#### **Minto Mental Health**

Minto Mental Health was formed in 2019 with the support and leadership of the Minto Township and Mapleton Township. The organization focuses on raising awareness and providing training and support services. As a hub site, Minto Mental Health has renovated a space across from the Norwell High School in Palmerston. While renovations and the grand opening were delayed by the COVID-19 pandemic, the space is near completion. Youth were involved in designing the space, which includes two counselling rooms, a staff room, kitchenette, pool table, and foosball table.

Once the hub site is open, it will be open to youth throughout the week. Walk-in services are currently being planned with clinicians from the CMHA Waterloo Wellington. The hub site also

plans to have a book of resources available, organized by keywords, so that it is easy for youth to navigate on their own.

The Minto Mental Health team is currently operating with 1 full-time staff, who also Co-Chairs the Youth Engagement Working Group, and volunteer Youth Ambassadors. Throughout the pandemic, Minto Mental Health has worked closely with the IYSN Youth Ambassador Lead and Site Supervisors from other IYSN hub sites to deliver online programming. They have worked to build trusting relationships with youth and to be easily accessible to them for navigational support.

### Big Brothers Big Sisters Centre Wellington

When the IYSN first approached Big Brothers Big Sisters (BBBS), they were already developing the B-Hive, a youth-centered space designed by youth and funded by their local community. Each room in B-Hive has a distinct theme and purpose: the “Greenhouse” has a forest-like feel, with a TV and hanging chairs for relaxing; “519” has cement floors and an industrial look, suitable for arts and crafts; conference room; “Cottage” is a small room with comfortable Muskoka chairs; and “Bee room” has spaces that can be used for interviews, one-on-one counselling, tutoring, etc. The B-Hive officially opened in March 2020, shortly before it was forced to close due to the COVID-19 pandemic.

With the BBBS joining the IYSN consortium, an IYSN space is being added across the hall from the B-Hive that will include drop-in space with counselling rooms, a multipurpose room, and an activities space with pool tables, basketball net, etc.

Once the hub site re-opens, it is anticipated that youth will be actively involved in a wide variety of programming. Throughout the pandemic, the IYSN Youth Ambassador Lead, who will be based at the BBBS hub site in the future, has worked to develop and deliver online programs based on the interests of youth. For example, over the past year, BBBS and the IYSN have offered “Youth Friday Nights” for online group games (e.g., trivia), the “B-Together Talk Series, and “Adulthood 101.” The B-Together Talk Series is a weekly online webinar where youth can learn about a topic of interest to them. Adulthood 101 was created in response to youth feedback; the program offers 10 sessions covering life skills such as cooking and finances.

### East Wellington Community Services

Similar to BBBS, the East Wellington Community Services had their Main Place Youth Centre prior to joining the IYSN. The Main Place Youth Centre is located near the Erin District High School and in a building owned by Community Living Guelph Wellington. The Youth Place Main Centre was ready

to open in March 2020, but was forced to postpone their grand opening due to the COVID-19 pandemic.

During this time their Youth Outreach Worker has been meeting one-on-one with transitional aged youth and has supported the IYSN's online programming, as described above. Past online activities have included online yoga taught by a local volunteer and a workshop with a police officer through OPP who spoke on cyberbullying and making safe connections with people online.

Once open, youth will be able to access the Main Place Youth Centre all accessible facilities which consist of: one large room with a sitting area, ping pong table, and air hockey table; computer room/internet cafe; staff office; large kitchen with eating area; backyard with raised garden beds, basketball nets, volleyball nets, BBQ, gazebo; gaming room for video games (PlayStation, Nintendo Switch) and board games; and a quiet room with TV and couches that can be used for one-on-one counselling. The space is intended for drop-ins, giving youth lots of flexibility that will encourage the use of services.

Future plans for programming and activities include a hybrid of online and in-person activities, such as gardening, basketball tournaments between hub sites in Wellington County, and workshops on applying for university/college, and career development.

The IYSN was able to help secure funding to provide high speed internet access for their location, an important resource for a rural site. Just like the Minto Mental Health and BBBS hub sites, access to walk-in services are currently being planned with clinicians from the CMHA Waterloo Wellington. Staff from each of these hub sites have also participated in additional training provided by other IYSN partners.

### YMCA of Three Rivers Guelph

The YMCA of Three Rivers Guelph was one of the earliest partners to help shape conversations around a youth hub for Wellington County and Guelph. Currently, their Community Lead is a Co-Chair of the Youth Engagement Working Group. Youth connected to the YMCA of Three Rivers Guelph have been participating in online programming led by the IYSN, as described above. In the future they plan to implement youth programming focused on leadership development in the community.

The YMCA of Three Rivers Guelph has received funding from the provincial government to build a three-story addition to the front of their building. The main floor of the expansion will be a dedicated space for youth. The youth-centered space will provide them with a safe space to do homework, socialize, and participate in programming. With ground breaking planned for summer 2021, the addition is expected to be open for youth by early 2023.

### Shelldale Family Gateway

Shelldale Family Gateway is located in downtown Guelph in a building shared with Family and Children's Services and Family Counselling of Waterloo Wellington Guelph. Their two main programs include EarlyOn, which is for parents and children from 0-6 years of age, and their Youth and Community program which is for children from JK to grade 7. Shelldale also has programming for teens, which is focused on leadership development.

Shelldale Family Gateway has a supervisor and two youth workers on their community team that work with children and youth. They currently offer their own online programming (e.g., book club, games), but intend to work with their youth to determine how they can integrate their programming with the IYSN's as a way to provide further opportunities for engagement.

Because the Shelldale hub site recently underwent renovations, the IYSN plans to explore opportunities for possible expansion in 2022. They currently have a youth room with a PS4 and other activities. Through the IYSN, youth from Shelldale have been connected with the University of Guelph for their online counselling and peer-to-peer program, which have been well received.

### CMHA Waterloo Wellington

In January 2019, the CMHA WW volunteered to be the IYSN's primary backbone organization. As a backbone organization, the CMHA WW has contributed key resources and staff support in the areas of fundraising, managing finances, and human resources, among others. This decision allowed the IYSN to work as a consortium, rather than having to establish itself as a new charity.

In the IYSN's early development, the CMHA WW also provided useful data about the mental health needs of youth ages 12-24.

The CMHA WW is currently working on a model for walk-in services that will be piloted at the IYSN's three hub sites in Wellington County once open. Priorities for this pilot will be to determine: what day and time is best for clinicians to be at each of the hub sites (and for how long); how youth will get connected with further mental health support, if needed; and what are the youths' needs that can be addressed through walk-in services, and what are their needs that cannot.

Ultimately, the CMHA WW and the IYSN seeks to understand whether or not having walk-in services at the hub sites is an effective approach, and how this model can be supported in a sustainable way without increasing wait times for mental health supports.

The CMHA WW currently has plans for a new building that is expected to open by early 2023. Youth were involved in providing input for the new building's dedicated space for youth and families.

### University of Guelph

The University of Guelph was another partner engaged early on in the IYSN's development. Their involvement is important to addressing the needs of transitional aged youth, which is one of the IYSN's priorities. The University of Guelph is unique in its vision to extend mental health services to youth who are not students at the University of Guelph. While further planning and resources will be required to support this vision, the University of Guelph has already made headway in developing a peer-to-peer model available to youth who are not University of Guelph students, with a focus on career and academic advising.

The University of Guelph is scheduled to open their new Substance Use and Dependence Support Centre on campus in late 2021. The goal is to increase access to supports and service to University of Guelph students, and to eventually offer them to the community as well.

## 5.3 Implementation Climate and Processes

### *To what extent are processes flowing smoothly and according to plan?*

#### Changes made resulting from COVID-19 pandemic

The biggest change that the IYSN made as a result of the COVID-19 pandemic was the switch to online programming. With the support of Big Brothers Big Sisters Centre Wellington, the IYSN has been inviting youth to join their BTogether Talk Series, Adulting 101 sessions, and Friday Nights. Site Supervisors remarked that it has been challenging to keep youth interested and engaged in

online programming (i.e., “Zoom fatigue”). In a virtual environment they also found it harder for youth to feel connected; side conversations between smaller groups of youth that might naturally occur in person were less likely to take place online. For some programming, like cooking and arts and crafts, Site Supervisors have been providing supplies for youth so that they can participate from home. Still, Site Supervisors are eager to offer in person activities, which they believe will boost participation and engagement overall.

Other mentioned COVID-19-related impacts are summarized in **Table 2**.



**Table 2.** Impact of COVID-19 pandemic on the IYSN

Theme	Supporting evidence
Focus on online programming	“We had tons [of youth] signed up for those initial in-person activities during the April break ... spots were full, they wanted to come, but of course participation dwindled a bit when we went back to virtual. They are craving that in person stuff.”
Delay in construction and opening of Wellington County hub sites, and increase in costs	“COVID-19 has slowed the renovations quite a bit. Closures have stopped work. Renovations started in October and they are in the final stages now. Costs for materials like lumber have increased, which affected our fundraising needs.”
Delay in promotion of the IYSN in schools and through other avenues	“The idea was to have all these different programs, have people talking about it. Having the school come for field trips. We had a great plan to make that happen, but then COVID ... people are sick of being online, but our hands are tied. We know what we want to do, but it has just been dragging on for so long.”
Delay in finalizing service pathways	“I think that some of our pathways aren’t quite clear because we’re not in [the hub sites] yet – that’s going to take a bit of time.”
Partner organizations having to rethink their own operations	“The pandemic has certainly taken a lot of our energy. It has forced us to take a step back to think about how to survive this. But I appreciate the IYSN Director being so focused and driving it.”
Concerns and unknowns about post-pandemic life	<p>“I wonder if there will be some hesitancy because of COVID ... if parents are hesitant to have their youth attending shared spaces with 20 people.”</p> <p>“This operational model is very driven by hubs, brick and mortar, where we expect people to come to and the leadership that they have. Are they going to shift back? I don’t know.”</p>
COVID-19 has taught everyone how programming can be done online and how to be adaptable	“Our hope is to do the majority of it in person, building those relationships. But we also recognize the good that comes from this virtual world and have learned how to offer different things here. So we hope to continue to have virtual options, as well as in person – this allows youth to participate in a way that’s comfortable for them.”
Toll on mental health and wellness in general	“I wonder if this pandemic has created so much anxiety for these kids that that might be an issue for them. Some of them may have been struggling with social anxiety prior to, and now with this 1.5 years they have stayed in their bubble and haven’t had to go out?”

## Current stage of implementation

Key milestones in the IYSN's development have been captured in a timeline (**Appendix O**).

At the time of interview, service providers' immediate priorities included:

- Establishing service pathways, procedures, and protocols for hub sites
- Delivering quality programming “for youth, by youth”
- Completing renovations for the Minto Mental Health hub site
- Getting the “shovel in the ground” for CMHA WW and YMCA of Three Rivers Guelph hub sites
- Preparing for grand openings of the three hub sites in Wellington County
- Developing a plan to make the IYSN welcoming and accessible to all
- Facilitating training for Youth Ambassadors

As captured in the timeline, details were being finalized around a pilot for mental health walk-in services from CMHA WW at the 3 hub sites in Wellington County for a 3-6 month period. In addition, protocols and procedures regarding data collection at sign-in and sign-out at each of the hub sites also needed to be finalized. While the IYSN successfully acquired iPads to facilitate data collection, further work was needed to get all service providers working on a shared system. A member of the Service Pathways Subgroup recognized that the transition to a shared system would require a shift in day-to-day operations for everyone involved.

*“Now the concepts are there, but as I was talking about walk-ins, the devil is in the details. So working those out will mean some shifts for people. It's unlikely that we're going to use any one places' documentation, so those shifts that will be required – that's where issues may come up to some degree.” – Program Lead*

Despite the challenges that have come with the COVID-19 pandemic, the IYSN has made good progress towards its goals. In some situations, the pandemic even had a positive impact on the IYSN when it came to learning how to adapt quickly and how to communicate efficiently. Service providers were confident that progress and the level of activity would only increase with the opening of the hub sites.

### ***What have been the facilitators to implementing the IYSN model so far?***

When Program Leads and Site Supervisors were asked to identify facilitators to the IYSN's early success, the most frequently mentioned themes included: having a shared vision and high level of trust and commitment between partner organizations, as well as outstanding leadership.

*"It's so easy for ego to get in the way. You know, everybody does something. So I really appreciate how they have governed and walked through those potholes, giving everyone a say without one voice being louder than the other." – Service Provider*

*"I appreciate the positivity of the service providers. They show up and it's like 30-40 people on those calls once a month. That means people are committed ... it's addressing a lot of things for a lot of different groups." – Service Provider*

The leadership and contributions of the IYSN Director were also frequently mentioned as facilitators. Service providers were unanimous in their support for and appreciation of how the IYSN Director created a strong network that is unified in its goals. The IYSN Director had set the tone for open, honest communication since the IYSN began, which contributed to productive and meaningful partnerships. The CEO of CMHA WW was also mentioned as a facilitator, as the CMHA WW's role as a backbone organization to the IYSN has been critical.

*"[The IYSN Director] has single handedly moved this entire initiative forward with her own passion and tremendous productivity. Everybody who sits around the IYSN [Partnership] Table is in awe of her passion, commitment, and impact. So really, without that one individual driver, this would not be happening. I don't say that lightly. I can't imagine anybody having the vision, the drive, the persistence, to move this ahead, given all the various barriers to making it happen that are real." – Service Provider*

*"[The CEO of CMHA WW] has been a real game changer on this. She brought money to the table and the financial infrastructure to allow operations to happen with the staffing model ... The actual, legal entity, with its own bank account, ability to have employees... without [the CEO of CMHA WW's] support we also wouldn't be where we are at today." – Service Provider*

Other mentioned facilitators to the IYSN's success are summarized in **Table 3**.

***What have been the challenges or barriers to implementing the IYSN so far?***

Program Leads and Site Supervisors were also asked to identify any challenges or barriers they had experienced, as well as those foreseen once the hub sites opened. While the majority of interview participants did not believe that they had encountered any significant barriers to developing the IYSN, excluding those related to the COVID-19 pandemic, they identified some foreseeable challenges for the IYSN to address in the future.

The most frequently mentioned theme was the need to secure sustainable funding. Notably, the provincial announcement to support the IYSN as a funded YWHO Youth Hub came after interviews were conducted. Another notable theme was the need to recognize the diverse needs and interests of youth, particularly differences between youth living in urban vs. rural communities. Supporting quotations for these themes and others are summarized in **Table 4**.

**Table 3.** Facilitators to implementing the IYSN model

Theme	Supporting evidence
Community enthusiasm and support	“The community momentum for this project is UNBELIEVABLE. It’s really overwhelming at times and I think that speaks to the need. It is, especially with COVID, we know that the need is so great.”
Governance structure	<p>“A lot of the [early] conversations from the Partnership Table were about not wanting to be a charity, taking away from other charities that we’re partnering with ... having MOUs is a huge piece.”</p> <p>“We have guiding principles and we follow them. We try to go with the consensus model as opposed to a voting structure. We all are in it together to move the ship.”</p>
Shared vision and high level of trust and commitment between partner organizations	<p>“Service providers are coming together and keeping their eye on the ball, instead of the silo mentality that we had in the past.”</p> <p>“We’re all there for the right reasons ... there’s that shared understanding of the barriers for service in our area, and that shared goal of breaking down those barriers.”</p>
Ability to leverage capacity and resources from partners to provide quality programming	“It has been helpful being connected as a network ... we’ve been able to share what works ... we can help each other stretch and challenge each other to change. It has been such a great network of people who want to help.”
Early and consistent involvement of youth and families	“If any region is starting this they must engage with youth. What better people to go to than the people accessing services. The youth know the youth best.”
Collaborative approach to fundraising and sharing those funds	<p>“I think they are doing an awesome job in setting up their fundraising ... from the outset they did a really good job of trying to assess who needed what and in what areas.”</p> <p>“As people saw [the IYSN Director] getting grants and more money being raised, there was more excitement for people to continue to be engaged.”</p>
Open and honest communication	“I’ve always felt that you could be honest about how you’re feeling. Everyone is very transparent ... You do feel safe if you disagree about something ... it’s okay to say that.”
Outstanding leadership	“[The IYSN’s Director] has been huge. Her ability to make things happen, to reach out, to raise money, her foresight about what she knows and what she doesn’t and when she needs to bring in somebody, her commitment to the ideals.”

**Table 4.** Foreseeable challenges to implementing the IYSN model

Theme	Supporting evidence
Needs of urban youth being different from those of rural youth	<p>While the majority of youth living in rural areas face challenges related to isolation and having fewer opportunities for development and socialization, some urban youth in need of programs and supports in Guelph face challenges related to homelessness, hunger, discrimination, etc.</p> <p>“We have high rates of mental health and addictions issues in our community. There’s a lot of homeless people that hang around the centre sometimes ... We have nutrition programs that we run. A lot of kids will come to that and sometimes it’s the main meal for that day.”</p>
Change management	<p>“Others were skeptical and I don’t think it’s because they did not believe that the model would work. I think it is change. I think change is hard for people. But people are getting their heads wrapped around it. We’re getting there.”</p>
Securing funding	<p>“We know that this model and transforming the way we’re delivering services is going to cost us an enormous amount of money ...although our fundraiser campaign is doing really well, the ongoing sustainable dollars will be a concern for us.”</p> <p>“I’m generally a believer that if you build a good thing the funding will come. However, in this era of scarcity, it’s really, really important that our advocacy with our provincial funders is strong. That in fact, this is – my view is that this is continuation of the pandemic and funding – but at some point the government will have to start shifting gears from a pandemic response to a pandemic recovery, and that is both from the economic and social perspective.”</p>
Large workload	<p>“It’s a lot of work ... that can be a barrier when we’re trying to run our own organizations, and especially when we’re in multi-area organizations, you know. I am already sitting on a lot of committees and meetings. But, I don’t know, it can be challenging to find the time. But again, because we believe in it so much, we figure it out, we get it done.”</p>
Getting youth to the hub sites	<p>Transportation may present a challenge to some hub sites. For example, the YMCA of Three Rivers Guelph Y is 12 minutes from downtown Guelph by car, but 1 hour by bus. Attempts have been made to work with Guelph Transit, but it will take more than the Guelph hub site alone to make a compelling case for an added bus route. Another example is East Wellington Community Services in rural Erin. While the hub site has access to vehicles, they will be largely dependent on parents to drive youth as there are no local transportation options.</p>
Creating safe spaces in rural hub sites	<p>In the rural hub sites there are concerns that stigma and gossip will be a barrier to youth participation.</p>

## 5.4 Service User Perspectives

### *Who are the service users?*

In total, 36 individuals responded to the demographic survey. The full results can be found in **Appendix P**.

In summary, 29 of these individuals were youth (mean age = 19.7 years) and 7 were family members (mean age = 48.7). When asked about how they were connected to the IYSN, 21 participants identified as a member of the Youth Engagement Working Group, 4 as members of the Family Engagement Working Group, and 11 had previously accessed IYSN services (3 as a youth, 3 as a family member, 5 as both a youth and family member).

The majority of respondents identified as being female (86.1%), white (80.6%), heterosexual (69.7%), and currently residing in the Guelph-Wellington area (75%). All respondents indicated that their preferred language for services was English.

### *What has the experience for youth and families been like so far?*

In total, 13 individuals (11 youth, 2 family members) participated in in-depth interviews between May 4 and May 17, 2021. Youth were connected to the IYSN as a member of the Youth Engagement Working Group (n=6), as a service user (n=1), or were involved with the IYSN in another capacity (n=4) (e.g., student placement). Interviewed family members were connected to the IYSN through the Family Engagement Working Group.

#### **Identified Themes**

Initial engagement and participation • Personal goals and motivation for involvement • Participating as members of working groups • Youth satisfaction with opportunities for input • Youth confidence in representation • Suggestions to improve youth and family engagement

#### **Initial engagement and participation**

Participants indicated that they first heard about the IYSN through one of the consortium's partners (e.g., University of Guelph, Rotaract Club of Guelph, CMHA Youth Talk), a family member, by the Chair of a working group, or through online postings for interns or volunteers. While family members became more recently involved with the IYSN, as members of the Family Engagement

Working Group in February 2021, the majority of youth interviewed had been involved with the IYSN in some capacity for over one year.

Participants in the Youth and Family Engagement Working Groups indicated that their main responsibility was to participate in meetings on a monthly basis, engage in brainstorming activities (e.g., survey design), and provide feedback on various topics of interest (e.g., youth space, desired services, etc.). The youth that were engaged in other aspects of the IYSN had various roles. Some of their responsibilities included creating an inventory of existing programs offered by Youth Hubs across Canada, developing a training program for Youth Ambassadors, or acting as a youth representative on other committees connected to the IYSN.

### Personal goals and motivation for involvement

When participants were asked to share why they wanted to get involved with the IYSN, the most frequently mentioned reasons included: wanting to see the community address youth mental health, understanding the struggles of accessing supports based on personal experiences, witnessing the struggle that friends and/or family members have had in trying to access mental health supports (i.e., difficult to navigate, long wait times), and/or having the opportunity to connect with more people, especially during the COVID-19 pandemic.

*"I've been searching for and had been searching for areas ... to receive help ... to learn how to grow together, to communicate, to be able to listen ... Every avenue I went to when [my kids] were younger was so difficult. So, it's definitely something our community needs." - Family member*

Youth also mentioned that working with the IYSN allowed them to gain relevant and meaningful experience that would help their career development, particularly for those with an interest in psychology, social work, and teaching. For youth, being able to provide the youth perspective for a youth-centered initiative was another motivating factor.

*"I feel like the more youth voices we can get in the planning of these things, the better equipped they will be to service us." - Youth*

On a similar note, youth shared that they wanted to help the IYSN reach its goals by providing a youth perspective, promoting positive change, and ensuring that the IYSN is accessible and inclusive to all.

*"Guelph is a pretty white community ... having things specific to like different cultures and everything ... there are definitely challenges in that regard. So becoming more aware is something that I want to see from the community and those services. Being inclusive." - Youth*



Family members indicated that their personal goal was to ensure that the IYSN provides appropriate supports for family well-being. This includes providing easier access to supports for families that are struggling to grow together, communicate well, and listen to one another. For one family member, being present and helping in any way possible was the primary goal.

### Participating as members of working groups

Participants described Youth Engagement Working Group meetings as a safe space, where the discussions are conversational and flexible. Due to the COVID-19 pandemic, all meetings have been online via Zoom. Working group Chairs have been using interactive tools such as Mentimeter and Kahoot to keep youth engaged and to collect anonymous feedback. Despite these efforts to make meetings as interactive as possible, participants noted that engaging online can be a challenge.

*“Everything's made a lot more difficult online ... Since it's only been about a year that we've been doing it in this format, we haven't really gotten the opportunity to do it like in an in-person way. So, it's a lot of like Mentimeter and Kahoots and things like that, trying to like make it more fun, but there's only so much you can do.” - Youth*

As for topics discussed during working group meetings, youth mentioned: the location and accessibility of hub sites, activities they wanted to see (e.g., yoga, nature hikes, cooking sessions, workshops on finance and budgeting), the interior design of the hub space (e.g., furniture, lighting, designated areas for playing games, studying, tutoring etc.), and necessary facilities and equipment (e.g., stable Wi-Fi, kitchen, board games, video games, cooking supplies).

*“There were instances where we've heard about the locations of the hubs and like instantly me and a few other youth were like, ‘that might not be super accessible.’” - Youth*

*“We were doing like a vision board which is really fun ... one of the kind of visions that I had for it was like ... the teen club on a cruise ship. How there are a lot of funky different places to sit and like it's just a fun place to go, and lots of fun activities to interact with others.” - Youth*

Members of the Youth Engagement Working Group also helped create resources for the IYSN such as the Peer Training Manual and Allyship Guide and provided input on the IYSN's branding.

With respect to the Family Engagement Working Group, topics discussed during meetings included: potential services for family members, how to address equity and access, and potential barriers associated with service access in small communities (e.g., stigma associated with mental health). Members of the Family Engagement Working Group developed a survey together to understand what kinds of resources families wanted and how they wanted these services delivered.

### Youth satisfaction with opportunities for input

Participants were asked to rate their level of satisfaction with the level of input sought from youth, on a scale of 1-5 with 1 being “not satisfied at all” and 5 being “extremely satisfied.” The average response among youth and family members was 4.45/5 (i.e., “very satisfied” to “extremely satisfied”). The youth believed that the Youth Engagement Working Group Chairs did an excellent job of soliciting their input whenever possible and actively listening to their opinions and perspectives.

*“The facilitators [i.e., Youth Engagement Working Group Chairs] are very engaged ... anyone can be like ‘Yeah, that’s a great idea,’ you know, and then not do nothing with it. I’ve seen it happen and it’s very frustrating. But I’ve seen my feedback [to the IYSN] implemented and that’s like THE KEY thing in feeling valued.” - Youth*

*“This [Youth Engagement] Working Group does a great job of hearing us, like listening, doing different strategies of how to ask the different questions and keeping it anonymous.” - Youth*

*“It has really been an amazing experience. I feel like I have made a difference, as corny as that sounds. They have been so great. They have really taken what we’ve said into consideration” - Youth*

While youth were unanimous in their appreciation for feeling valued, some thought that it was too early to tell if their input had led to concrete changes.

### Youth confidence in representation

Participants were also asked to rate their level of confidence that the youth reps involved with the IYSN were representative of the perspectives and experiences of potential service users. On a scale of 1-5 with 1 being “not at all confident” and 5 being “extremely confident,” the average response was 3.6/5 (i.e., “confident” to “very confident”). Youth refrained from saying “extremely confident” because they felt that the working group was not diverse enough. Youth indicated that there needed to be greater representation from a variety of different backgrounds, experiences, and age groups.

*“Right now it’s like a relatively small group ... I just don’t know if it’s as representative of the Guelph-Wellington kind of community ... maybe like newcomers in the working group, different cultures, BIPOC community members. Making that more prominent of like a discussion and community and highlighting that more. And probably more like younger youth ... I think a lot of people are more mature ... different abled-bodied individuals too. I think that’s a big one that gets missed.” – Youth*

That said, for the few younger youth involved, they found it more challenging to participate in the group discussions.

*“I feel like when I go to the meetings, it’s like, I see a lot more older youth. So, I feel like it’s targeted more towards them ... I am satisfied, but like, it’s not like I have much to say.” - Youth*

Youth also acknowledged that the individuals participating in meetings were also the ones who had the mental capacity to do so. Youth who may benefit the most from additional services and supports would be missed.

*“We do tend to have an older crowd, people 18+ ... We are asking people who have anxiety, who struggle with mental health, who struggle with being social ... they’re a hard demographic to engage, especially in Zoom calls ... We all represent people who are invested in this project, but I do think there are other people we are not representing.” – Youth*

*“I’m imagining the youth that like really need the support of IYSN are probably like don’t have the mental space to attend all these meetings, or have a schedule as organized as the frequent attendees.” - Youth*

Family members, on the other hand, were “extremely confident” that the IYSN was capturing the experiences and perspectives of potential service users.

*“[We’ve] got a good variety of people with children of different ages.” - Family Member*

### Suggestions to improve youth and family engagement

Youth and family members were asked to provide suggestions to the IYSN on how they could improve youth and family engagement, as well as any advice they would give to other networks

seeking to engage youth and families. This included reference to further youth and family members who represented more diverse backgrounds (i.e., age groups, cultural, geographic, abilities, etc.) in the various working groups and, ultimately, in the services being offered. Their suggestions are summarized in **Table 5**.

**Table 5. Suggestions to improve youth and family engagement**

Theme	Supporting evidence
<p>Create bigger presence on social media and actively reach out to youth using popular platforms (i.e., Instagram, Tik Tok)</p>	<p>“I think that we're slowly gaining traction on social media, but that is something that I've seen with other social media platforms, where they think that it's totally fine if you just have really good content, but they don't focus on the outreach perspective. And so I think it's really important that like you find youth where they are and not assume that they will find you.”</p> <p>“My thing would definitely be the social media ... you can make the social media platform, but you still need to get people to follow it ... I know that that's difficult ... in today's generation like, Instagram would be your like top, you know, place to go for things like that. Or even creating a Tik Tok page to show the hubs and stuff like that. You know, that's kind of like where social media is going now.”</p> <p>“Using social media would be helpful because I know that I get like a lot of emails. If there was an account that I could follow just to get updates. That might be helpful.”</p>
<p>Utilize Youth Ambassadors to get the word out, do outreach activities at local schools and involve school boards</p>	<p>“I noticed our youth representation is a lot older, or at least the people that I was working with. It was like 17 and up ... to be able to connect with those high school, middle school range... I think it's really important to connect with the school boards.”</p> <p>“The only one I could like really think of would be to try and recruit from schools, which I understand has its own like humongous set of logistical nightmares, to try and do. But that would I think be the most obvious option to at least get in touch with the youth who might provide feedback or access the IYSN resources, maybe even just like making sure there's like flyers for the IYSN up in guidance counselor offices.”</p> <p>“To be able to connect with those high school, middle school range ... I think it's really important to connect with the school boards.”</p>
<p>Identify and work with community champions</p>	<p>Youth and families believe that there are champions within the community (e.g., teachers) who are already advocates for mental health and wellness. Findings ways to connect with them and get them involved would help spread the word.</p>
<p>Provide incentives like food, prizes, gift cards, volunteer hours</p>	<p>Youth emphasized that having incentives can be useful for recruiting new members and keeping existing members engaged. When incentives are provided, youth feel like their time and input is valued, and they are more likely to volunteer.</p>
<p>Engage youth throughout the process, from start to finish</p>	<p>Youth observed that they were often invited to participate in the early brainstorming and design phases of projects, but not in later phases.</p> <p>“Having youth even sit in on meetings with contractors or developers, actual people who are putting the centre together. That hasn't really happened so far. I think the approach was just to get initial ideas from us and take it to a higher level. But I think if youth could be involved in those meetings that would be taking it one step further.”</p>

Theme	Supporting evidence
Provide supports for parents with children under 12	“I recognize that with the IYSN the age is 12-25, but I think parents really and sincerely need help far sooner and not later ... By the time a parent has had 15 years under their belt of a child causing them strife... chances are a lot slimmer that they’re going to jump on board.”
Seek to understand how families being “missed” by the IYSN and its partner organizations can be reached, and engage them	“We need to get to the un-gettables... you always get the same 10 engaged kids [involved in programs]. You’re not getting the other families! They’re not coming!”
Partner with local community groups and organizations to encourage diversity	“They’re so many different like organizations that are involved. And so what’s great about that is that you can cater to their audiences and bring them in ... when you’re looking into the developing of a new network, ensuring that the organizations that are connected are all diverse in their own way as well.”
Continue facilitating engaging and effective meetings with youth	<p>Recommended strategies for meeting facilitators:</p> <ul style="list-style-type: none"> <li>• Set the right tone during open dialogue so that youth feel comfortable sharing what they want to see in services</li> <li>• Be a good listener</li> <li>• Keep groups small, so that everyone has a chance to speak</li> <li>• Create opportunities for people to make personal connections during meetings</li> <li>• Provide multiple ways for youth to provide feedback during meetings, and if possible, anonymously</li> </ul>

### ***To what extent are services accessible to youth and families?***

In response to the demographic survey, only one youth who had been accessing IYSN services agreed to an interview. Because this youth lives outside Guelph-Wellington region, their participation was limited to online programming. While the youth saw their location as a barrier to future participation, they described their experience accessing the services as positive and that they would recommend the IYSN's programs to a friend. They also indicated that they would continue participating in any online programming.

*"My experience so far has been pretty good. I like the environment and atmosphere. People are friendly ... The Trivia Nights were super fun ... And I like the Adulthood 101 sessions because we got to learn more about, well from one of the sessions we learned cooking skills. I got to try one of the recipes. I really liked that." - Youth*

### **Service provider perspective**

Because the IYSN has been limited to online programming in its first year, service providers have found it challenging to raise awareness about what the IYSN has to offer, as well as to keep youth engaged. From their perspective, youth are eager to participate in in-person programming and to spend time in the hub sites. Service providers have generally seen a smaller turnout for online programming than what they would have liked. However, this has been unsurprising to them given that youth have already had to adapt to spending the majority of their time online during the COVID-19 pandemic.

*"We tried last summer, actually, to get a lot of our kids interested in [the IYSN's events], and it was a bit of a tough sell because it was mostly online." - Service Provider*

*"I think the community is super receptive ... there's definitely going to be people using it. I just think that people are Zoom overloaded. We're overloaded. But I think once we can open the doors it'll be utilized far more." - Service Provider*

Once the IYSN's hub sites are open it will be important to gauge accessibility from the perspective of more service users.

### ***Have there been any unintended results?***

While it may be too soon in the IYSN's implementation to answer this question directly, an unexpected result was the IYSN's reach beyond Wellington County and Guelph with its online programming. This result should be considered when planning future online programs and services, as many youth are "transient" as they move back and forth from home to post-secondary schools out of region. We have also seen the possibility that youth actively searching for

opportunities for engagement will come across the IYSN through social media. The IYSN may want to consider how these youth can continue to be engaged in various ways.

Potential unintended results (or impacts), both positive and negative, have also been identified via the HEIA Tool (**Section 3.3** and **Appendix H**). The IYSN should consider how these results are monitored, as well as mitigating strategies to advert potential future negative impacts on specific subgroups of youth.

## **5.5 Lessons Learned**

In addition to questions regarding facilitators and barriers to the IYSN's development, Program Leads and Site Supervisors were asked: "If another region was looking to start an initiative similar to IYSN, what advice would you give them based on your experience so far?" The themes that emerged from their responses are summarized in **Table 6** and may be considered as critical success factors that social innovators/ leaders in other communities may wish to consider when implementing similar youth hubs.



**Table 6.** Advice to another region looking to start a youth hub

Theme	Supporting evidence
Use a neutral party to bring people together and follow the YWHO model	“I would get a neutral party to bring the service providers together to see if there is an appetite to work together. I would get in touch with Joanna Henderson on what the model is. I wouldn’t change the model ... We know it works.”
Don’t become a competitor to already established service providers	The IYSN was strategic in determining everyone’s needs, finding funding opportunities, and applying for funding in a way that as many partners would benefit as possible.  “We didn’t become a charity and we did that specifically because we didn’t want to compete ... it didn’t make sense for us to become a charity and start collecting the dollars.”
Identify potential partners who can help provide “wrap-around care” and who share the same vision	“Start talking to partners early ... If you just have a framework, start selling that framework early and engage people. I would use community members who have seen [relevant] data ... then there are many who aren’t your services, so it’s important to engage family health teams, pediatricians, public health, etc.”
Engage youth and families early in the process	“Our main slogan is ‘For youth by youth.’ It’s important to have youth involved in anything that’s going on and not just assume what they want.”  “I understand why we tend to focus on the youth part, and not always families, so how do you make sure you get families onboard? What supports do they need and how do we make sure they are being met?”
Identify everyone’s strengths and build on what you already have in place	“We’re doing multiple sites, smaller in scale, that are integrated, so that you don’t have the expense of keeping it running. [When you have one huge space] the budget can overshadow ... the big takeaway: finding a way to integrate it into something versus creating standalone.”
Identify who is not engaging in programs and services, and seek to understand why	“Once you’re up and running – who is not coming and why? Absolutely have youth and families involved from the get go to keep you honest, because service providers forever think that they set up the best systems.”
Find a “powerhouse champion” to lead the effort	“It is a lot of work. You need that point person like [the IYSN Director], to be that driving force, to keep everything organized and people on track.”
Know the context within which you’re working	“Make sure you understand the context within which you’re working ... It might be population-based or things around the makeup of your community. Who are the marginalized communities in your area?”
Develop a strong business case	“I would probably encourage other communities to have a well-defined business case ... if you don’t get government funding, think about how might this continue to work, how might it get funded over a period of 10 years, and not just 2 or 3.”

## 5.6 Looking Ahead

Interview participants were also asked to reflect on what they would like to see the IYSN accomplish in the next year. For youth, the priority is to see the IYSN's vision come to fruition, to see "all those things that they've talked about just become reality." They want to see the hub sites open as welcoming, comfortable, and safe spaces for youth of any age, and not as crisis centres.

*"Just a bare bones place for you to just like chill and feel supported, whether or not they access all the supports all at once. Doesn't matter so much as, like, the spaces are there for us to be able to go to when they're hopefully not right in crisis but when they feel they need the support." - Youth*

For family members, the priority is to see everyone in the IYSN consortium communicating well with one another. They also want to see youth having the opportunity to learn important life skills, so that they can confidently pursue their own goals.

For service providers, their priorities and goals for the coming year include:

- Seeing the hub sites full (when in-person is possible), with growing interest and participation by youth and families
- Delivering wrap-around care with strong interconnectedness and communication between partner organizations in each core service area
- Having consistent data systems set up across all hub sites
- Gaining a more nuanced understanding of the differences between urban and rural youth, and building capacity to meet their differing needs
- Fostering partnerships with local school boards, rather than individual teachers and schools

As for the next 5 years in the IYSN's development, service providers' goals include:

- Adding more hub sites, potentially with some of the partners that are already part of the IYSN consortium and/or replicating and scaling the model in other regions, like across Waterloo, Stratford, Perth
- Reaching the IYSN's desired outcomes and having evidence of impact
- Seeing a restructured mental health system that is accessible to all
- Building strong relationships within each community that has a hub site
- Developing service pathways for psychiatrists, environmental health clinicians, and/or other professionals at the hub sites
- Providing mentorship to Site Supervisors and other IYSN staff so that they have the capacity to address mental health concerns in youth

## 6. RECOMMENDATIONS AND CONCLUSION

The IYSN has faced a number of setbacks over the past year and a half, particularly with the delayed opening of several hub sites and the onset of the COVID-19 pandemic with its many public health safety restrictions. Despite these challenges, the IYSN consortium has made good progress towards its goals.

Stakeholders at all levels have learned to adapt to working in an online environment and have prioritized other activities in the meantime that will help facilitate smooth program and service delivery. The strong effort to engage youth and families in planning for the opening of the hub sites is evident in the qualitative data that has been collected.

Becoming a recognized YWHO Youth Hub also serves as a testament to the IYSN's leadership and the commitment of all partner organizations to work collaboratively towards a shared vision.

As the hub sites prepare to open their doors, HRI would like to make the following recommendations to the IYSN for both furthering its reach and deepening its potential impacts on youth and families from communities that are traditionally underserved, as well as capturing evidence of that impact.

### **1. Seek to further understand and address the diverse needs of youth and families in Wellington County and Guelph, particularly those who are not already accessing IYSN programs and services.**

As outlined in **Section 3.3** of this report, we recommend that the IYSN completes a more robust and comprehensive Health Equity Impact Assessment analysis by involving service providers, youth, and families linked to each hub site in the process. The assessment will be useful for identifying youth and families who are not already accessing IYSN programs and services and for facilitating discussions around possible solutions.

Similarly, as the IYSN develops its equity, diversity, and inclusion plan, it will be important to involve service providers, youth, and families linked to each hub site in the process. Strong engagement in this process from service users will be important for developing a message that resonates with each hub site's geographic location, culture, and community ties.

### **2. Identify opportunities for partners in the outermost ring of the IYSN Service Partners diagram (Appendix A), and those identified as potential partners, to increase their involvement with the IYSN.**

The need to engage local school boards and school leaders was identified in interviews with service providers and youth. Strengthening partnerships with schools with a strong focus on diversity, equity, and inclusion and with a diverse student population will influence the level of diversity among youth in hub sites.

The IYSN may also find it valuable to measure and monitor partner engagement as a way to develop new partnerships and to continue strengthening existing relationships within the network.

### **3. Determine next steps for evaluating the IYSN’s continual development, implementation, and service delivery.**

As recommended in **Section 3.2** of this report, it will be important for the IYSN to revisit the developed logic model. We suggest that the IYSN uses the logic model and accompanying reflection questions with its Partnership Table and its working groups to facilitate discussions about how to best measure progress toward the anticipated outcomes (see Recommendation #4).

Potential evaluation activities that can be planned and carried out within the next 6-12 months include: a second round of demographic data collection and analysis to build upon the profile of service users presented in this report; a second round of interviews with service users to capture their experiences once the hub sites are open and active; a second round of interviews with service providers to determine progress towards established service pathways; monitoring and evaluation of partner engagement (noted in Recommendation #2); and the evaluation of progress towards achieving health equity outcomes by examining the impact of any mitigating strategies that the IYSN and its Diversity and Inclusion Coordinator have implemented.

The tools presented in this report can be adapted for these immediate evaluation activities. Keeping the questions consistent for another round of data collection will allow for comparison.

### **4. Develop a strategy for evaluating the IYSN’s progress towards its desired long-term outcomes, including impact on service users and return on investment at the system level.**

To address the long-term outcomes identified in the IYSN logic model, such as “increase in service and cost-efficiencies” and “increase in mental health and wellbeing among youth in

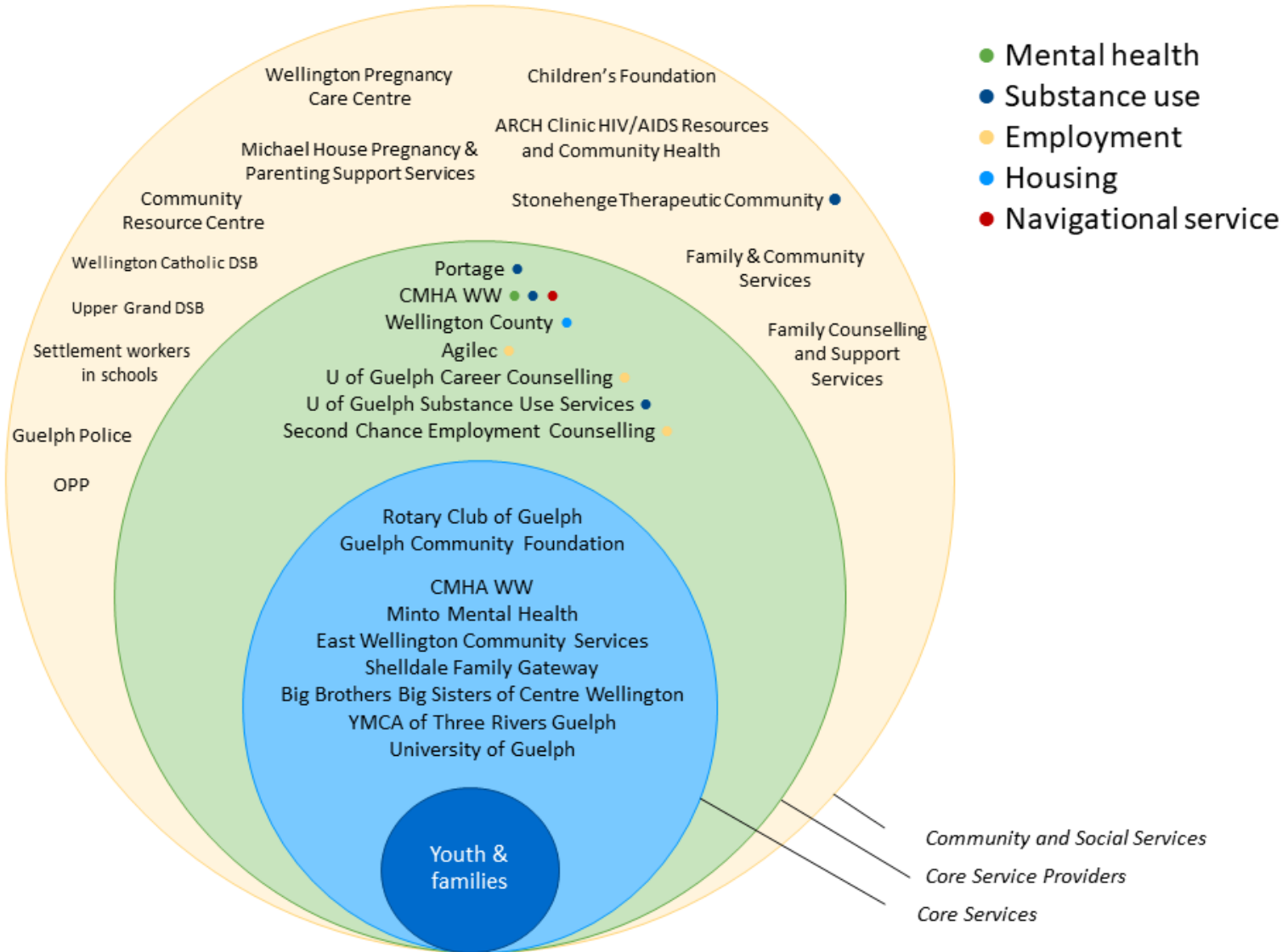
the community,” the ISYN will need to develop and commit to a long-term evaluation strategy in collaboration with its partners.

Most notably, the IYSN should collaborate with YWHO to increase capacity to measure and interpret the IYSN’s impact on the Wellington County and Guelph community, as well as the YWHO’s collective impact at the provincial level. The IYSN should look to align its future evaluation efforts (including the use of common measures) with any plans that the YWHO has to evaluate its model across the province.

As a recognized YWHO Youth Hub, the IYSN has the opportunity to engage with and learn from other YWHO Youth Hubs who may have been operating longer and/or serve youth and families in a similar context (e.g., with intended focus on rural communities).

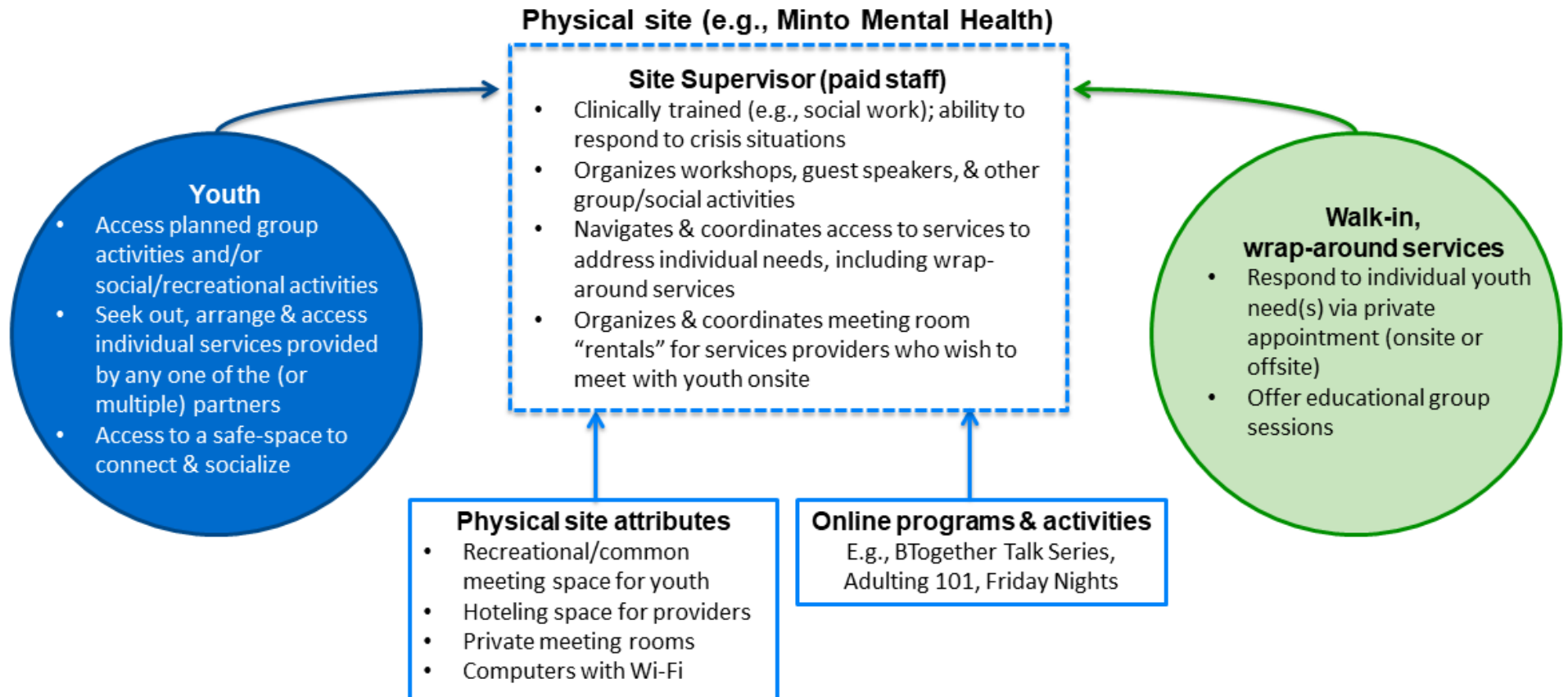
With their continued effort to listen and learn from others, the IYSN is well positioned to support youth and families in Wellington County and Guelph towards a brighter future.

## APPENDIX A. IYSN SERVICE PARTNERS<sup>11</sup>

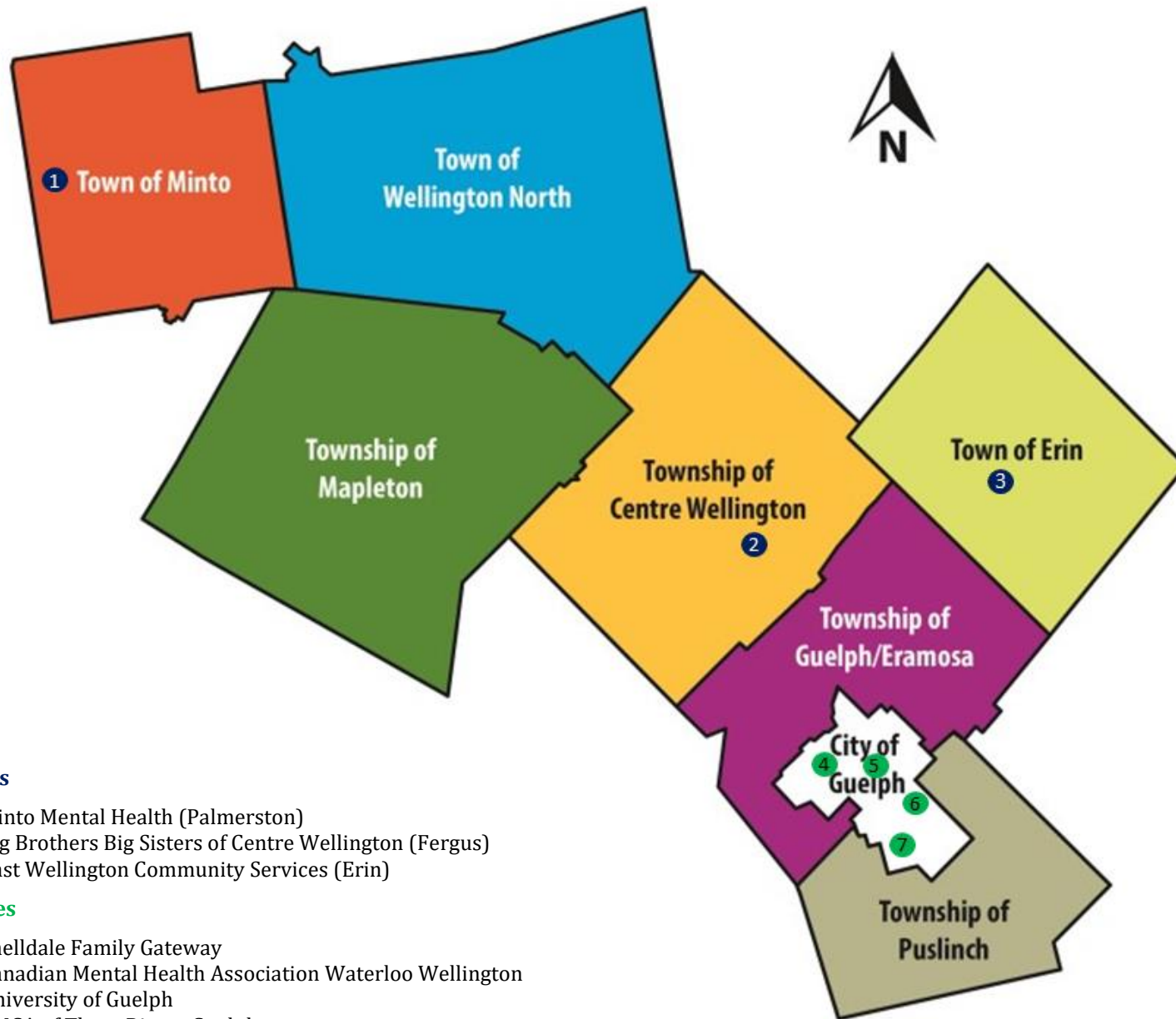


<sup>11</sup> Stakeholders that have been identified, but are not officially part of the IYSN consortium include: Rural Wellington Ontario Health Team, Ontario Health West, and Norwell High School. Minto Mapleton FHT, East Wellington FHT, and the United Way have been identified as potential future partners.

## APPENDIX B. IYSN SERVICE FLOW



## APPENDIX C. IYSN SITE MAP



### Rural Sites

1. Minto Mental Health (Palmerston)
2. Big Brothers Big Sisters of Centre Wellington (Fergus)
3. East Wellington Community Services (Erin)

### Urban Sites

4. Shelldale Family Gateway
5. Canadian Mental Health Association Waterloo Wellington
6. University of Guelph
7. YMCA of Three Rivers Guelph



## APPENDIX D. EVALUATION FRAMEWORK

Evaluation questions	Indicators of success	Data source	Data collection method	
<b>1. Intervention Characteristics</b>				
1.1 How is the IYSN understood to work?	Completed program description, service site profiles, stakeholders map, service workflow, theory of change, logic model	Documentation from IYSN and YWHO	Document review	
1.2 How are the Youth Wellness Hubs Ontario (YWHO) core components being applied?		Meeting minutes	Meetings with program leads and Evaluation Subcommittee (with youth and family reps)	
1.3 How does the information collected in the Minimum Data Set align with IYSN's desired outcomes?		IYSN program leads	Interviews with program leads (N=2)	
<b>2. Stakeholders</b>				
2.1 Who are the key stakeholders?	Completed stakeholder map	Documentation from IYSN and YWHO	Document review	
2.2 Who are the core partners and what does their role within IYSN look like?		IYSN program leads and core service providers	Interviews with program leads (N=2) and core service providers (N=9+)	
<b>3. Implementation Climate and Processes</b>				
3.1 To what extent are processes flowing smoothly and according to plan?	Completed theory of change, logic model	IYSN program leads, core service providers, and members of the IYSN Youth Engagement Working Group and Family Engagement Working Group	Interviews with program leads (N=2), core service providers (N=9+), and members of IYSN working groups (N=50+)	
3.2 What have been the facilitators and barriers to implementing the IYSN model so far?	Thematic analysis of interview data			
3.3 Have there been any unintended results (positive and negative)?				
<b>4. Service User Perspectives</b>				
4.1 To what extent are services accessible to youth and families?	Preliminary Health Equity Impact Assessment (HEIA) with recommendations for future use  Thematic analysis of interview data  Descriptive summary of service users	Documentation from IYSN	HEIA Tool	
4.2 What has the experience for youth and families using these services been like so far? What have they found valuable?		Meeting minutes	Members of the IYSN Youth Engagement Working Group and Family Engagement Working Group	Interviews with core service providers (N=9+), members of IYSN working groups (N=50+), and service users
		Service users		

## APPENDIX E. LOGIC MODEL

**Integrated Youth Services Network (IYSN):** To improve mental health and wellbeing in Wellington County and Guelph by providing integrated, centralized services and supports.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
			1-2 Years	3-4 Years	5+ Years
Youth Wellness Hubs Ontario's (YWHO) 13 Core Components	Continually plan, implement, promote, and evaluate processes for quality improvement	# of evaluation activities implemented	↑ in understanding of needs and co-development of new youth and family-initiative activities	↑ in understanding of needs and uptake of ideas	
Minimum Data Set (MDS; includes data on hub usage data, youth demographics, clinical outcome data & service satisfaction)	Engage youth & families to identify needs, co-design services	# of youth engagement sessions # of family engagement sessions # of youth-initiated activities implemented # of family-initiated activities implemented # of youth included in the decision-making committees # of family members included in the decision-making committees	↑ in brand recognition and knowledge of services (e.g., % of youth & families who heard of IYSN via social media, school, friends, etc.)	↑ in youths' sense of belonging and empowerment (% of youth who felt like they belonged at the hub; % of youth who felt heard, understood, respected at sessions)	
Infrastructure for 7 sites	Engage service providers to coordinate resources, provide a "one-stop shop"	Shared data system (Caseworks) # of signed service agreements with partners	↑ in cross-agency communication, collaboration, and integration (% of service providers who report satisfaction with model)	↑ in service and cost-efficiencies (% of services with reduced wait times, % of youth accessing multiple services)	Sustainable IYSN model
Technological equipment (e.g., computers, Wi-Fi)	Facilitate integrated service delivery by identifying needs, creating workflows, service pathways, communication channels, etc.	Manual/guidelines/documentation of processes for service providers (e.g., manual on service pathways) Training core service providers and Site Supervisors on Caseworks	↑ in # of service providers	↓ in burden of data collection between providers ↑ in service the types of services are offered	↑ in mental health and wellbeing among youth in the community (hospitalization data)
Materials (e.g., service provider pamphlets, recreational programming activities)	Provide youth and families with equitable access to 5 core services	# of youth accessing clinical and non-clinical services # of families accessing clinical and non-clinical services # of youth accessing drop-in services # of youth & families from targeted communities (e.g., new immigrants, 2SLGBTQ+, etc.) accessing services # of hours of service provided # of room bookings # of events/workshops held # of facilitated youth-service provider interactions/appointments	↑ in access to a safe and supportive space ↑ in availability and access to services (% of youth and families who agree with the mix of services provided)	↓ in burden of data collection on youth and families ↓ in stigma associated with mental health and substance use ↑ in access and delivery of services designed for youth and families (% of youth who would recommend IYSN to a friend, would seek help from IYSN again, who agreed that the services they received met their needs, etc.) ↑ in mental health and wellbeing among youth accessing IYSN services (% of youth with improved self-rated mental health scores)	↑ in continuity of care
Partnerships with service providers, community organizations, and youth and family members					
Trained Site Coordinators					
Homewood Research Institute Evaluation Team (in collaboration with the Provincial System Support Program and YWHO)					

## APPENDIX F. ASSUMPTIONS AND RISKS

	Youth and Families	Service Providers
Assumptions	<ul style="list-style-type: none"> <li>• Feel welcome, included, and safe, regardless of their background</li> <li>• Will be engaged meaningfully at all levels of the designing process</li> <li>• Find the services offered beneficial/ interesting</li> <li>• Willing to seek help</li> <li>• Consider the sites to be located in a convenient and safe location</li> <li>• Will be able to access sites/services (e.g., transportation)</li> <li>• Have the appropriate technological resources (e.g., computer, Wi-Fi)</li> <li>• Youth will not have to tell their stories multiple times</li> <li>• Family members are provided with the appropriate support to engage youth</li> </ul>	<ul style="list-style-type: none"> <li>• Willing to work with IYSN as a core/peripheral partner and use the available space provided</li> <li>• Will be engaged at all levels of the designing process</li> <li>• Willing to work with other service providers</li> <li>• Able to provide continuous, high-quality care in a timely manner</li> <li>• Able to provide culturally sensitive and safe, trauma-informed care</li> <li>• Able to reach all demographics outlined in IYSN's mission</li> <li>• Willing to share data/information with other services</li> <li>• Deliver services/workshops at a time that is convenient for youth and family members to attend (e.g., hours of operation)</li> <li>• Offer a wide range of services that address the needs of youth and families</li> <li>• Will be able to access site (e.g., transportation)</li> <li>• Long-term sustainable funding</li> </ul>
Risks	<ul style="list-style-type: none"> <li>• Feel like they are token members</li> <li>• Not enough youth and family members are being engaged</li> <li>• Lack of trust with service providers and/or the system</li> <li>• Do not feel sites are accessible</li> <li>• Do not find the services offered addresses their needs</li> <li>• Youth do not want to access the supports and services offered</li> <li>• Youth feel out of place or not welcomed (e.g., feel like a social outcast)</li> <li>• Youth are embarrassed to come to the service (e.g., afraid that their friends from school might know)</li> <li>• Family members are not supportive or hinder youth engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Naysayers (e.g., service providers that prefer to work as a separate entity)</li> <li>• Confidentiality and privacy may be breached</li> <li>• Not enough services are offered</li> <li>• Lack of or limited funding</li> <li>• Services are selectively accessible to certain demographics</li> <li>• Lack of succession plan (e.g., if something happens to the Director)</li> </ul>

## APPENDIX G. FIVE KEY STEPS AND GUIDING QUESTIONS TO COMPLETING THE HEIA TOOL

Step	Focus	Guiding Questions <sup>12,13</sup>
<b>1. Scoping</b> a) Populations b) Determinants of health	a) Identify marginalized and vulnerable populations b) Identify social determinants of health for each identified population in part a.	Does the IYSN acknowledge that different population groups occupy different positions of social advantage in society? a) What marginalized or vulnerable population groups does the IYSN impact? b) What inequities or determinants of health does each of the identified populations face?
<b>2. Potential Impacts</b> a) Positive b) Negative c) More information	Prospectively assess or use evidence-based information to identify the unintended impacts of the IYSN on vulnerable or marginalized groups in relation to the broader population.	Does the IYSN acknowledge that inequities exist in the opportunities or outcomes that are presented to the groups identified in Step 1? a) What are the positive unintended impacts that enhance health equity? b) What are the negative unintended impacts that contribute to, maintain, or increase health disparities? c) What more information do you need and how will you obtain it?
<b>3. Mitigation</b>	Develop evidence-based recommendations to reduce or eliminate negative impacts and maximize positive impacts on vulnerable or marginalized groups.	Are the causes of the inequities recognized and are attempts made to address them? How can the IYSN reduce or remove barriers and other inequitable effects? How can the IYSN maximize the positive effects or benefits that enhance health equity? What specific changes does the IYSN need to make in order to meet the needs of each vulnerable groups identified?
<b>4. Monitoring</b>	Identify ways to measure success for each mitigation strategy identified	Is it reasonable and feasible for the IYSN to monitor the proposed actions? How will you know that the IYSN has enhanced equity? How will you know that the mitigation strategies suggested in Step 3 are effective? What equity indicators and objectives will you measure? How will you measure them?
<b>5. Dissemination</b>	Identify and record how results, lessons learned, and recommendations for addressing health equity will be shared	Which stakeholders (within or outside of IYSN) would be interested in learning about or benefit from the results and recommendations? When should the information be shared? What would be a good or logical place to disseminate the results of your HEIA? Are the documents at an appropriate reading and comprehension level? Are the communications culturally appropriate?

<sup>12</sup> Canadian Public Health Association. Canadian Public Health Association Policy Statement: Health Equity Impact Assessment. Ottawa, ON: Canadian Public Health Association; 2020.

<sup>13</sup> Windsor-Essex County Health Unit. No Barriers Health Equity For All: Toolkit & Practical Guide for Health and Community Service Providers. Windsor, ON: Windso-Essex County Health Unit; 2015.

## APPENDIX H. HEALTH EQUITY IMPACT ASSESSMENT (HEIA) FOR IYSN

Step 1: Social Determinants of Health		Step 2: Unintended Impacts		
a) Populations	b) Determinants of Health	a) Positive	b) Negative	C) More Information
<b>Indigenous Youth</b>	<p><b>Colonialism:</b> Impact of intergenerational trauma and extensive loss of culture and language is linked to low socioeconomic status, decreased life expectancy, identity crisis, poor self-esteem, high rates of substance use/abuse and mental health issues.<sup>1, 2</sup></p> <p><b>Education:</b> Lack of access to quality education is associated with decreased health literacy, health awareness, and self-care.<sup>3</sup></p> <p><b>Health Services:</b> Indigenous youth living in rural areas have limited access to a variety of services (e.g., mental health and addiction services) compared to Indigenous youth living in urban areas.</p> <p><b>Housing:</b> Lack of proper housing or homelessness is associated with overcrowding, low access to educational opportunities, and preventative healthcare, and increased mental health and substance use issues.<sup>4, 5</sup></p> <p><b>Personal/Coping:</b> Increased distrust and apprehension in accessing health services as a result of historic trauma and negative interactions with service providers.<sup>6, 7</sup></p> <p><b>Racism:</b> Experiencing racial discrimination (e.g., racialized stereotypes, violent racism, and institutionalized racism) is associated with increased psychological distress, low levels of education, inadequate housing, and reduced access to health care resources and services.<sup>1</sup></p> <p><b>Resilience:</b> Promoting resiliency via cultural continuity (e.g., language, traditional teachings, and expression of spirituality) among Indigenous youth is associated with increased participation in school, increased social outcomes, and reduced negative health outcomes, particularly youth suicide.<sup>2, 8</sup></p> <p><b>Social Supports:</b> Positive family, peer, and community relationships promote resilience among Indigenous youth, which in turn improves mental health outcomes.<sup>8</sup></p> <p><b>Social Status:</b> Compared to non-Indigenous children living in urban areas, Indigenous children were more likely to live in poverty, which is associated with increased social exclusion, substance use, and crime rates.<sup>4, 5</sup></p>	<p>Willing to engage in services due to increased trust with IYSN team</p> <p>Youth and their families are more knowledgeable with regards to who contact</p>	<p>Lack of ability to incorporate culturally-appropriate and culturally-safe services for Indigenous youth and families</p> <p>Breach of confidentiality between service providers</p> <p>Youth not having the resources (e.g., internet, computer) to access online services</p> <p>Youth disengage with services due to lack of access</p> <p>Feeling overwhelmed with available programs and supports</p> <p>Not feeling represented in campaigns or materials</p>	<p>How to actively engage Indigenous youth and their families?</p> <p>Are there any accessibility and transportation issues?</p> <p>What kinds of culturally-tailored services are needed?</p>
<b>Black Youth</b>	<p><b>Education:</b> Black youth are more likely to be suspended and enrolled into special education and applied programs compared to White and other racialized students.<sup>9</sup></p> <p><b>Health Services:</b> Black children and youth are unable to access mental health services that are culturally competent.<sup>10</sup></p>	<p>Willing to engage in services due to increased trust with IYSN team</p>	<p>Lack of ability to incorporate culturally-appropriate and culturally-safe services for Black youth and families</p>	<p>What kinds of culturally-tailored services are needed?</p> <p>Can youth afford the services they require?</p>

Step 1: Social Determinants of Health		Step 2: Unintended Impacts		
a) Populations	b) Determinants of Health	a) Positive	b) Negative	C) More Information
	<p><b>Housing:</b> Black families experience landlord discrimination (e.g., refusal to rent, impose financial barriers, exclusionary screening methods) when trying to find adequate housing.<sup>9</sup></p> <p><b>Food Insecurity:</b> Moderate or severe household food insecurity was reported three times more often in Black youth than White youth.<sup>9</sup></p> <p><b>Racism:</b> Black youth experience racism at the institutional and societal levels. This include racial profiling, over-representation of Black youth and children in welfare systems and over-policing.<sup>1,9</sup></p> <p><b>Social Status:</b> A larger percentage of Black children and youth live in low-income households compared to white children and youth.<sup>9</sup></p>	Youth and their families are more knowledgeable with regards to who contact	Youth not having the resources (e.g., internet, computer) to access online services	
<b>Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Two-Spirit (LGBTQ2S+) Youth</b>	<p><b>Education:</b> Lack of relevant education on sexuality and sexual health comprises the ability of youth to make informed decisions about their sexual behaviours and practices.<sup>11</sup></p> <p><b>Health Services:</b> Social stigma, prejudice, and discrimination from service providers can contribute to minority stress and the under use of health services.<sup>11</sup></p> <p><b>Housing:</b> Disclosure of sexual orientation to family members is cited as one of the main causes of homelessness among LGBTQ2S+ youth. Homelessness can lead to disengagement with services and dropping out of school.<sup>12</sup></p> <p><b>Race:</b> Racialized LGBTQ2S+ youth (including immigrants, refugees, and Indigenous youth) often face systematic racism in addition to homophobia and transphobia and as a result are more reluctant to access care for their physical and mental health.<sup>7,11</sup></p> <p><b>Social Support:</b> Lack of support and acceptance from families and community members (e.g., faith-based communities) is associated with depression, recreational substance use, and suicidal behaviours.<sup>11</sup></p> <p><b>Stigma:</b> Stigma, discrimination, and hate can create a hostile environment for youth where they are subjected into hiding and concealing their identity and internalizing homophobia, leading to decreased mental well-being.<sup>11</sup></p>	<p>Willing to engage in services due to increased trust with IYSN team</p> <p>LGBTQ2S+ youth and their families seek out and find support related to gender and sexual identities</p>	<p>Limited knowledge and understanding of how to address the unique issues and need of LGBTQ2S+ youth</p> <p>Not feeling represented in campaigns or materials</p> <p>Lack of transition-related services</p>	What types of resources and referrals do LGBTQ2S+ youth need?
<b>Mennonite (e.g., Low-German speaking)</b>	<p><b>Culture:</b> Accessing health services that are culturally safe and religiously respectful may increase compliance with health service providers.<sup>13</sup></p> <p><b>Education:</b> The fear of losing their cultural identity, faith, and traditional values can keep children out of school.<sup>13</sup></p> <p><b>Language:</b> Lack of interpretation services leads to improper use of medication and unknown medical conditions.<sup>14</sup></p> <p><b>Health services:</b> Difficulty accessing services due to lack of transportation, language barriers, and living in remote and rural areas.<sup>13</sup></p>	Youth and their families are more open to engaging in services	<p>Access barrier due to services being offered only in English</p> <p>Not feeling represented in campaigns or materials</p>	<p>How to engage Mennonite youth?</p> <p>Are there any accessibility and transportation issues?</p>

Step 1: Social Determinants of Health		Step 2: Unintended Impacts		
a) Populations	b) Determinants of Health	a) Positive	b) Negative	C) More Information
	<p><b>Personal/Coping:</b> Increased levels of acculturative stress as a result of interacting with mainstream society; increased misconceptions around mental health and addiction concerns due to stigmatization.<sup>13</sup></p>			
<b>New Immigrant Youth</b>	<p><b>Health Services:</b> Newcomer youth are reluctant to access services due to a lack of culturally-tailored or culturally-appropriate services (e.g., tailored to language, cultural beliefs, and values), translated written documents or interpreters, and familiarity with the healthcare system.<sup>15-17</sup></p> <p><b>Housing:</b> Food insecurity, serious developmental and growth delays, and exposure to hazardous environmental factors can result when immigrant youth are dealing with serious housing insecurity due to financial burden and homelessness.<sup>15, 16</sup></p> <p><b>Language:</b> Language barriers have an adverse effect on youth and their families with regards to initial access to services and management of medical conditions.<sup>18, 19</sup></p> <p><b>Personal/Coping:</b> Adjusting to a new atmosphere and culture is associated with increased acculturation stress, including culture shock and homesickness.<sup>15, 16</sup></p> <p><b>Social Status:</b> Lack of employment and the pressure to send money back home to support family can negatively impact mental health.<sup>15, 16</sup></p> <p><b>Social Supports:</b> Many international students and newcomer youth experience social isolation, find it difficult to build social connections, and struggle to feel a sense of belonging and as a result deal with low self-esteem, anxiety, stress, and depression as a result of feeling.<sup>15, 16</sup></p> <p><b>Stigma:</b> Stigma and negative stereotypes about mental health in their home country may prevent youth from accessing services.<sup>15, 16</sup></p>	Immigrant youth and their families are willing to engage in services	<p>Lack of culturally-specific services</p> <p>Access barrier due to services being offered only in English</p>	<p>How to engage newcomer youth?</p> <p>What languages are predominantly spoken by immigrant populations?</p> <p>How many different languages should IYSN material be translated into?</p>
<b>Transitioned - aged Youth (ages 16-24)</b>	<p><b>Health Services:</b> Youth do not qualify for many services as they are either “too old” or “too young”; youth who cannot access the appropriate services during the transition process from youth to adulthood are at a heightened risk for dropping out of care and not finding alternative treatments.<sup>20</sup></p> <p><b>Personal/Coping:</b> Learning to live independently and having to make decisions (e.g., finding a safe place to live, employment, and education) can be emotionally taxing for some youth.</p> <p><b>Social Supports:</b> Young people may not have the family and community support they need to successfully transition into adulthood.<sup>20</sup></p>	Youth are seamlessly transitioned into the adult system without interruptions to services	Disengage with the service system as the available services do not address developmental needs	What are the specific needs that the IYSN can address?
<b>Youth living in rural communities</b>	<p><b>Education:</b> Youth may have to leave their hometown or community to pursue higher levels of education or gain employment opportunities.<sup>21</sup></p> <p><b>Health Services:</b> Limited access to a variety of services (e.g., mental health and addiction services) in rural areas compared to urban areas<sup>22</sup></p>	Youth feel a sense of connection and community	Cannot access IYSN sites (e.g., lack of transportation)	From what rural communities are youth coming from?

Step 1: Social Determinants of Health		Step 2: Unintended Impacts		
a) Populations	b) Determinants of Health	a) Positive	b) Negative	C) More Information
	<p><b>Housing:</b> Lack of access to affordable housing <sup>23</sup></p> <p><b>Physical Environment:</b> Transportation, especially during the wintertime, is a major barrier to accessing services (e.g., lack of public transportation and high costs associated with taxi services).<sup>22</sup></p> <p><b>Social Support:</b> Youth living in rural areas can feel socially isolated as a result of the geographic distance between communities (e.g., youth who cannot engage in afterschool activities as they need to catch the school bus to go home, as it may be their only source of transportation).<sup>21, 24</sup></p>		Lack of resources (e.g., internet, computer) to access online services	
<b>Youth who experience Mental Health Problems</b>	<p><b>Childhood Experiences:</b> Adverse childhood experiences (e.g., traumatic events, abuse, neglect, living with someone who has mental health problems) are linked to increased risk of mental health issues.<sup>25</sup></p> <p><b>Employment:</b> Youth unemployment or loss of income is associated with a sense of lack of control and increased anxiety and depression.<sup>26</sup></p> <p><b>Food Insecurity:</b> Lack of access to a sufficient quantity of food or a variety of food as a result of financial constraints is associated increased rates of poor perceived mental health, depression, stress, anxiety, hyperactivity, and inattention.<sup>27</sup></p> <p><b>Indigenous:</b> Compared to the general population, rates of suicide and depression is significantly higher among many Aboriginal communities.<sup>28</sup></p> <p><b>Housing:</b> Living in poor quality housing can lead to increased levels of stress, lack of sleep, and behavioural issues among children.<sup>29</sup></p> <p><b>Social Media:</b> Frequent use of social media is associated with depression, body image concerns, disordered eating, and externalizing problems.<sup>30</sup></p> <p><b>Social Support:</b> Poor parental health (including parental substance or alcohol abuse, especially during pregnancy) can lead to increased risk for anxiety, depression, and mood disorders within children. Being bullied or engaging in bullying can negatively impact a child’s mental health.<sup>29</sup></p> <p><b>Social Status:</b> Anxiety and depressive disorders are twice as likely to occur in low-income than individuals from high income groups.<sup>29, 31</sup></p>	<p>Decreased sense of stigma for engaging with mental health services</p> <p>Increased sense of trust among youth with the service system and service providers</p> <p>Youth and their families are more knowledgeable with regards to who contact</p> <p>Youth feel like services are coordinated and well-integrated</p> <p>Youth receive services based on a “stepped-care” model</p>	<p>Youth and their families need to find appropriate services outside of the Guelph-Wellington region</p> <p>Cannot access services as soon as they are needed (e.g., long wait times)</p> <p>Family members still feel like they are case managers</p>	<p>What kind of services will be available in-person and online?</p> <p>Are there enough services involved to be able to adopt a stepped-care service model approach?</p> <p>What kind of services and treatment programs are needed?</p> <p>Are there enough services involved to be able to adopt a stepped-care service model approach?</p>
<b>Youth who experience Substance Use Problems</b>	<p><b>Childhood Experiences:</b> Adverse childhood experiences (e.g., traumatic events, abuse, neglect, living with someone who has substance use problems) are linked to increased risk of substance use issues.<sup>25</sup></p> <p><b>Education:</b> Poor academic achievement may be a reason as to why youth decide to use and abuse substances<sup>32</sup></p>			



Step 1: Social Determinants of Health		Step 2: Unintended Impacts		
a) Populations	b) Determinants of Health	a) Positive	b) Negative	C) More Information
	<p><b>Indigenous:</b> Compared to the general population, substance abuse is significantly higher among many Aboriginal communities<sup>28, 33</sup></p> <p><b>Personal/Coping:</b> Youth who deal with discrimination, prejudice or marginalization may use substances to cope with feeling of social isolation or trauma.<sup>34, 35</sup></p> <p><b>Social environment:</b> Youth who felt more connected to their schools were less likely to engage in alcohol or substance use.<sup>35</sup></p> <p><b>Social support:</b> Parental attitudes favourable to drug use, poor family management, peer drug use and personal attitudes favourable to drug use are all risk factors for adolescent substance use.<sup>32</sup></p>			

Step 3. Mitigation		Step 4. Monitoring	Step 5. Dissemination
Factor considered	Proposed steps to reduce or eliminate barrier	What steps could be taken to monitor progress?	What steps will be taken to disseminate the information?
Availability of services and programs	Host workshops and programs for youth during times that align with their availability	Minimum Data Set (e.g., youth satisfaction)	Share results with relevant groups and stakeholders that are interested in replicating the IYSN model  Present findings in conferences and webinars for knowledge exchange  Incorporate information into IYSN's annual reports
Representation	Hire youth ambassadors to provide programming and navigational services  Signage and promotional materials that use clear, youth-friendly, non-stigmatizing, and engaging language	Conducting interviews/focus groups with service providers and service users (family and youth)	
Language	Sites provide translated materials  Sites have access to interpretation services	Process evaluation to ensure that mitigation strategies are being implemented	
Access to programs/services	Provide mechanisms to facilitate transportation to services  Working with E-Health Centre of Excellence to develop a technological platform for online service delivery  Create a space that is accessible for individuals with physical disabilities		
Cultural	Indigenous Cultural Safety Training		
	Indigenous-specific mental health and substance use programs and services		

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## APPENDIX I. INTERVIEW GUIDE FOR PROGRAM LEADS

Theme	Question	Probe
Introduction	What is your role and how have you been involved in the implementation and delivery of IYSN?	
	Can you provide a bit of context for us about when and how you first got involved with IYSN?	
IYSN - Collaborations	We have a good sense of the members on IYSN's Partnership Table. Who were the specific individuals and organizations spearheading the early decision-making progress?	Can you expand on the specific role each of these people played in bringing IYSN together?
	Can you describe the steps you've taken so far to form the collaboration with: <ul style="list-style-type: none"> <li>• Service Providers WG</li> <li>• Youth Engagement WG</li> <li>• Family Engagement WG</li> </ul>	E.g., youth and family member involvement in designing the IYSN space
	What kinds of considerations have you had to make along the way to collaborate given your knowledge and experience of: <ul style="list-style-type: none"> <li>• Existing programs and services available to youth in Guelph and Wellington?</li> <li>• Adaptability of YWHO model to local area?</li> <li>• IYSN's capacity to facilitate collaboration, shared methods of communication, data sharing, etc.?</li> </ul>	
Facilitators and Barriers to Planning	Have you encountered any other barriers to planning IYSN so far? If so, please provide examples.	E.g., Naysayers
	Have you encountered anything unexpected with planning and implementing IYSN so far? If so, please provide examples.	
	What kinds of changes have you made to your original plan in response to barriers or unexpected outcomes you've faced?	
	From your perspective, what has gone well with planning and implementing IYSN?	What has helped facilitate your process? (E.g., involvement of sub-committee)
Early implementation	How would you describe your current stage of implementation?	What are your main objectives or priorities in the coming months?
	Due to COVID-19 we understand that a number of changes had to be made to your	E.g., Bringing on more service providers or increasing involvement from those committed, but less involved.

Theme	Question	Probe
	implementation plan. Can you please describe these changes?	
Lessons learned	If another region was looking to start an initiative similar to IYSN, what advice would you give them based on your experience so far?	Do you have recommendations with respect to: <ul style="list-style-type: none"> <li>• Leadership?</li> <li>• Working with service providers?</li> <li>• Securing adequate resources?</li> <li>• Planning process?</li> <li>• Training?</li> <li>• Building</li> </ul>
Vision for the future	Although it may be too soon to comment on IYSN's overall impact, what will success look like to you in the next year?  What will success look like to you in 5 years from now?	For IYSN? For service providers? For youth and families? Broader Guelph Wellington community?  Has this vision changed since you've started working on IYSN?
Reflection and conclusion	As we come to the end of our interview, I'd like to summarize what we've discussed so far. [Insert summary.]  Does that summary accurately reflect what we've discussed today?	
	Do you have any final or additional comments you would like to make?	

## APPENDIX J. INTERVIEW GUIDE FOR SERVICE PROVIDERS

Theme	Question	Probe
Introduction	What is your role and how have you been involved in the implementation and delivery of IYSN?	Have you been able to attend IYSN meetings on a regular basis?
	Can you provide a bit of context for us about when and how you first got involved with IYSN?	
Service characteristics	<p>We have some information about your service’s role in IYSN that we’d like to verify with you. [Insert summary based on the following known details:</p> <ul style="list-style-type: none"> <li>• Services provided (including online; youth-specific, family-specific, evidence-based services)</li> <li>• Aim/objectives for the site (specific to IYSN goals, YWHO Core Components)</li> <li>• Co-location with another service]</li> </ul> <p>Is there anything from that summary we’re missing or should be changed?</p>	
	<p>We would like to know a few other details about your service’s role in IYSN. [Choose from table based on outstanding information needs.] Can you please comment on:</p> <ul style="list-style-type: none"> <li>• If site is open, when did they start providing services?</li> <li>• If site is up and running, what has the youth or family attendance been like?</li> <li>• Age range of youth typically seen</li> <li>• Staffing/volunteers</li> <li>• Accessibility of site (e.g., hours of operation)</li> </ul>	<b>NOTE:</b> If service has not yet been delivered, ask about intended audience, operational plan, etc.
	Due to COVID-19 we understand that you may have had to make changes in how your service is being delivered. If so, can you please describe these changes?	<p>Are these changes temporary or permanent?</p> <p>Do these changes impact the way services are being offered at IYSN? If so, please explain.</p>
	Is there anything else that’s important for us to know about how your service is intended to contribute to IYSN’s “one-stop shop” approach?	
Youth and family engagement	Is your service currently engaging with youth under the IYSN umbrella?	If not, when do you foresee this happening?

Theme	Question	Probe
<b>Branch 1:</b> If currently engaging	How are the youth being made aware of the services available?	<i>Do you also engage with families? If so, do you have any specific strategies for making them aware of services?</i>
	Have youth been involved in designing the space for IYSN and/or providing input on the service delivery model? If so, please explain their role.	<i>If you also engage with families, were they involved in designing the space for IYSN and/or providing input on the service delivery model? If so, please explain their role.</i>
	For youth who have been using your services, can you comment on their experience?	<i>If you also engage with families, can you comment on what their experience has been like?</i>
	What might be some barriers for youths trying to access your service?	<i>If you also engage with families, what might be some barriers to access for them?</i>
<b>Branch 2:</b> If planning to engage	How do you plan on engaging youth?	<i>Do you plan on engaging families?</i>
	How will youth be involved in designing the space for IYSN and/or providing input on the service delivery model?	<i>If you plan on engaging families, how will they be involved in designing the space for IYSN and/or providing input on the service delivery model?</i>
	Can you foresee any barriers for youths planning to access your service?	<i>Can you foresee any barriers for families planning to access your service?</i>
Facilitators and barriers to delivery	Apart from the impact of COVID-19, have you encountered any other challenges or barriers to delivering your service as intended? If so, please provide examples.	
	Have you encountered anything unexpected with delivering your service so far? If so, please provide examples.	
	From your perspective, what has gone well in this process so far? Are there specific people or processes that have been important facilitators?	
Lessons learned	If another region was looking to start an initiative similar to IYSN, what advice would you give them based on your experience so far?	Do you have recommendations with respect to: <ul style="list-style-type: none"> <li>• Leadership?</li> <li>• Securing adequate resources?</li> <li>• Planning process?</li> <li>• Training?</li> </ul>
Vision for the future	Although it may be too soon to comment on IYSN's overall impact, what will success look like to you in the next year?	For IYSN? For service providers? For youth and families? Broader Guelph Wellington community?
	What will success look like to you in 5 years from now?	Has this vision changed since you've started working on IYSN?



Theme	Question	Probe
Reflection and conclusion	<p>As we come to the end of our interview, I'd like to summarize what we've discussed so far. [Insert summary.]</p> <p>Does that summary accurately reflect what we've discussed today?</p>	
	<p>Do you have any final or additional comments you would like to make?</p>	
Participant Recruitment	<p><b>Turn recording off.</b></p> <p>We are also interested in interviewing youth and family members who are currently using services organized by IYSN. Is there anyone you know that might be interested in participating?</p>	<p>If yes, can you please either ask them to contact me via email <b>or</b> if they'll give you permission to share their contact information (i.e., name and email) with us?</p>

## APPENDIX K. INTERVIEW GUIDE FOR YOUTH AND FAMILY WORKING GROUP MEMBERS

Theme	Question	Probe
Introduction	Can you provide a bit of context for us about when and how you first got involved with IYSN?	What have been some of your responsibilities as a youth/family rep?  How involved have you been in the process? Do you frequently attend and participate in IYSN meetings?
	Goals	Can you describe why you wanted to be involved in the planning and delivery of IYSN?  What are you hoping to see IYSN accomplish as a whole?
Feedback on their experience as a rep	Can you describe some of the topics that have been discussed during the IYSN meetings?	Were any of these topics of particular interest to you? Why?  Did you provide input on any of these topics? If so, what are some of the suggestions you made?
	During these discussions have you felt like your voice is being heard?	Did you feel like your input was valued by others? Please explain.  Did any of your input help lead to concrete actions/next steps? Please explain.
Engagement	On a scale of 1 to 5, how satisfied are you with the level of input sought from youth and family reps in shaping IYSN?  1 = "not at all satisfied" and 5 = "extremely satisfied"  Please explain your choice.	1 - Not at all satisfied 2 - Slightly satisfied 3 - Satisfied 4 - Very satisfied 5 - Extremely satisfied Not sure
	On a scale of 1 to 5, how confident are you that the youth and family reps involved with IYSN represent the perspectives and experiences of potential service users?  1 = "not at all confident" and 5 = "extremely confident"  Please explain your choice.	1 - Not confident at all 2 - Slightly confident 3 - Confident 4 - Very confident 5 - Extremely confident Not sure
	Do you have any suggestions for improving youth and family engagement?	
Lessons learned	If another region was looking to start an initiative similar to IYSN, what advice would you give them for engaging youth and family reps in the process?	

Theme	Question	Probe
Rep as services users	Have you used any of the services offered by IYSN?	<p>Some examples of online services and activities being offered:</p> <ul style="list-style-type: none"> <li>• Trivia nights</li> <li>• BTogether Talk Series</li> <li>• Adulting 101</li> <li>• Counselling at East Wellington Community Services</li> </ul> <p>If yes, proceed to the <b>Interview Guide for Service Users</b>. If no, proceed to Reflection and conclusion.</p>
Reflection and conclusion	<p>As we come to the end of our interview, I'd like to summarize what we've discussed so far. [Insert summary.]</p> <p>Does that summary accurately reflect what we've discussed today?</p>	
	Do you have any final or additional comments you would like to make?	
Participant Recruitment	<p><b>Turn recording off.</b></p> <p>We are also interested in interviewing youth and family members who are currently using services organized by IYSN. Is there anyone you know that might be interested in participating?</p>	If yes, can you please either ask them to contact me via email <b>or</b> if they'll give you permission to share their contact information (i.e., name and email) with us?

## APPENDIX L. INTERVIEW GUIDE FOR SERVICE USERS

Theme	Question	Probe
Introduction	Which IYSN services have you used in the past or are currently using?	Some examples of online services and activities being offered: <ul style="list-style-type: none"> <li>• Trivia nights</li> <li>• BTogether Talk Series</li> <li>• Adulting 101</li> <li>• Counselling at East Wellington Community Services</li> </ul>
Service experience (repeat these questions for each service accessed)	Can you describe your overall experience using XX?	If relevant, please comment on: <p><b>Access to services</b></p> <ul style="list-style-type: none"> <li>• Were the location and available times convenient for you?</li> <li>• How soon were you able to access the service? Was the wait time reasonable?</li> <li>• Was it a welcoming environment?</li> <li>• Did you receive enough information about the programs and services available to you?</li> </ul> <p><b>Participation</b></p> <ul style="list-style-type: none"> <li>• How comfortable were you with participating in activities? Asking questions?</li> <li>• If you or any of your friends had a serious concern, would you feel comfortable asking a staff person for help?</li> </ul>
	Has the service helped or benefited you in any way? Please cite specific examples.	
	Have you experienced any barriers to using XX? Please cite specific examples.	
	Do you have any suggestions for improving XX?	
Anticipated use of services post-COVID-19	Due to COVID-19, the variety of services offered has been limited. Once it's safe to offer in-person services and activities do you think you or any of your friends would be interested in accessing them?	Some examples of in-person services and activities that have been planned: <ul style="list-style-type: none"> <li>• Hub with recreational activities</li> <li>• Others?</li> </ul>
	Do you think you or any of your friends would be interested in accessing online services and activities?	

Theme	Question	Probe
Input on programming	Are there any other services or activities you'd like to see offered by IYSN for either you or any of your friends?	
Reflection and conclusion	As we come to the end of our interview, I'd like to summarize what we've discussed so far. [Insert summary.]  Does that summary accurately reflect what we've discussed today?	
	Do you have any final or additional comments you would like to make?	
Participant Recruitment	<p><b>Turn recording off.</b></p> <p>We are also interested in interviewing youth and family members who are currently using services organized by IYSN. Is there anyone you know that might be interested in participating?</p>	If yes, would you be able to provide their contact information (e.g., name and email)? If you would like to ask for their permission to do this first, please do so.

## APPENDIX M. DEMOGRAPHIC SURVEY

Thank you for considering our request to complete this survey!

Please take your time to read the following information before continuing on to the survey. If you have any questions on what this survey is about, or about potential risks and benefits, please feel free to reach out to Dr. Jean Costello (JCostello@hriresearch.com).

### **What is the purpose of this survey?**

This survey is part of an evaluative effort to support the development, implementation, and continuous improvement of the Integrated Youth Service Network (IYSN). The IYSN has contracted a team, led by Dr. Jean Costello, from Homewood Research Institute to conduct an evaluation of the IYSN program. As a first step to gaining a better understanding of IYSN's reach and how its services can be improved, we are seeking to characterize the individuals that the IYSN aims to serve. Questions in this survey will focus on describing yourself (e.g., age, gender, and ethnicity).

### **How will this data be used?**

Information collected from this survey will be used to provide a summary of the IYSN's target population and reach.

### **How long will it take?**

This demographic survey will take approximately 5 minutes to complete.

### **Will my responses be confidential?**

Your responses to this survey will be completely anonymous, unless you respond "yes" to the last question in the survey, which asks whether or not you would like to participate in an interview. The Homewood Research Institute Team will be the only individuals with access to this information.

### **Are there any risks or benefits to participating?**

You will not benefit directly from participating in this evaluation; however, your feedback will be valuable in helping the Homewood Research Institute Team understand the IYSN's target population and reach. You can skip any question you feel uncomfortable answering.

### **Who can I contact if I have questions?**

If you have questions at any time about this evaluation you may contact Dr. Jean Costello (JCostello@hriresearch.com).

This project has been reviewed and approved by the Community Research Ethics Board. If you feel you have not been treated according to the descriptions in our information, or your rights as a participant in research have been violated during the course of this project, you may contact the Chair, Community Research Ethics Board, at: Community Research Ethics Office (Canada) Corp. c/o Centre for Community Based Research, 190 Westmount Road North, Waterloo ON N2L 3G5; Email: creo@communitybasedresearch.ca Telephone: 1-888-411-2736.

### **How will findings from this evaluation be shared?**

Evaluation findings will be shared with external audiences as deemed appropriate by IYSN leads, including but not limited to sharing presentations and/or reports with the IYSN leadership team/partnership table, regional/provincial/federal government representatives, IYSN donors, and public (via HRI and IYSN websites and social media accounts).

**By entering this survey, I indicate that I have read the information above and agree to participate.**

- Yes
- No (Please close your browser to exit the survey.)

Please answer the following questions to help us gain a better understanding of IYSN's reach and how its services can be improved.

**NOTE:** Examples of IYSN services include Trivia nights, BTogether Talk Series, Adulting 101, and counselling at East Wellington Community Services.

1. How are you connected to IYSN? (Check all that apply.)
  - I am a member of the IYSN Youth Engagement Working Group
  - I am a member of the IYSN Family Engagement Working Group
  - I have previously or are currently accessing an IYSN service as a youth.
  - I have previously or are currently accessing an IYSN service as a family member.
  
2. What is your gender?
  - Male
  - Female
  - Trans-Male
  - Trans-Female
  - Non-Binary
  - Two-Spirit
  - Other. Please describe:
  
3. What term do you prefer to use to describe your sexual orientation?
  - Asexual or non-sexual
  - Bisexual
  - Gay
  - Heterosexual
  - Lesbian
  - Not sure or Questioning
  - Queer
  - Other. Please describe:
  
4. What is your age?
  - Age: \_\_
  
5. Where do you currently reside?
  - Town of Minto/Palmerston
  - Town of Wellington North (including hamlets of Conn, Damascus, Farewell, Gordonville, Kenilworth, Monck, Petherton, Riverstown, and Tollgate)
  - Township of Mapleton (including villages of Draton, Moorefield, Alma, Glen, Allan, and Rothsay)
  - Township of Centre Wellington
  - Town of Erin (including hamlets Ballinafad, Brisbane, Cedar Valley, Crewson's Corners, Orton and Ospringe)
  - Township of Guelph/Eramosa
  - City of Guelph
  - Township of Puslinch (including villages Aberfoyle, Aikensville, Arkell, Badenoch, Crieff, Glen Christie, Killean, Paddock's Corners, Morriston, Corwhin, and Downey)
  - Outside of Guelph and Wellington County
  - Other. Please describe:
  
6. In what language do you prefer to receive services?
  - English
  - French
  - Other. Please describe:

7. Which population group best describes you?

- White → *directed to question a*
- First Nations, Métis, Inuit → *directed to question b*
- Asian → *directed to question c*
- Black → *directed to question d*
- Middle Eastern → *directed to question e*
- Latin American → *directed to question f*
- Multiple or mixed. Please describe:

a. If your population group is White, which of the following best describes your background?

- North European (e.g., Danish, Norwegian, Swedish)
- Central/Western European (e.g., English, Welsh, Scottish, Irish, German, Dutch, Czech, Slovak)
- South European (e.g., Italian, Spanish, Portuguese, Greek, French, Turkish)
- East European (e.g., Bulgarian, Ukrainian, Polish, Romanian, Russian, Slovenian, Serbian, Croat)
- North American (e.g., Canadian, French Canadian, American)
- Other. Please describe:

b. If your population group is First Nations, Métis, Inuit, which of the following best describes your background?

- First Nations. Community name:
- Métis. Community name:
- Inuit. Community name:
- Other. Please describe:

c. If your population group is Asian, which of the following best describes your background?

- East Asian (e.g., Chinese, Japanese, Korean)
- South Asian (e.g., Indian, Pakistani, Afghani, Sri Lankan)
- South-East Asian (e.g., Filipino, Malaysian)
- Other. Please describe:

d. If your population group is Black, which of the following best describes your background?

- Black African (e.g., Ghanaian, Somali, Kenyan, Ethiopian)
- Black Caribbean (e.g., Trinidadian, Jamaican)
- Black Canadian/American
- Other. Please describe:

e. If your population group is Middle Eastern, which of the following best describes your background?

- Arab (e.g., Saudi Arabia, Jordan)
- Northern African (e.g., Egyptian, Libyan)
- West Asian (e.g., Syrian, Lebanese, Iraqi, Iranian, Israeli)
- Other. Please describe:

f. If your population group is Latin American, which of the following best describes your background?

- South American (e.g., Argentinean, Chilean, Peruvian, Colombian)
- Central American (e.g., Mexican, Costa Rican)
- Caribbean
- Other. Please describe:

8. Would you be interested in participating in a 1-hour interview via Zoom about your experience with IYSN?



**NOTE:** An informed consent form with more details about the purpose of these interviews, procedures, compensation, etc. will be sent to you if you choose “Yes, I would like to be contacted for an interview.”

- No, I do not wish to participate in an interview.
- Yes, I would like to be contacted for an interview.
- Name:
- Email address:

You’ve reached the end of the survey. Thank you for participating!

## APPENDIX N. IYSN HUB SITES

Hub Site	Wellington County			City of Guelph			
	Minto Mental Health	Big Brothers Big Sisters of Centre Wellington	East Wellington Community Services	Shelldale Family Gateway	CMHA Waterloo Wellington	YMCA of Three Rivers Guelph	University of Guelph
<b>Geographic/Catchment Area<sup>14</sup></b>  <b>Note:</b> Population Density (people/sq. km <sup>2</sup> ) Land Area (km <sup>2</sup> )	<b>Minto (Town):</b> Pop. = 8,671 Avg. Age = 42.1 Pop. Density = 28.8 Land Area = 300.7  <b>Palmerston:</b> Pop. = 2,624 Avg. Age = 42.4 Pop. Density = 1,035.2 Land Area = 2.5  <b>Mapleton (Township):</b> Pop. = 10,527 Avg. Age = 33.6 Pop. Density = 19.7 Land Area = 534.9	Pop. = 20,767 Avg. Age = 42.3 Pop. Density = 1,175.6 Land Area = 17.7	Pop. = 2,647 Avg. Age = 40.8 Pop. Density = 656.1 Land Area = 4.0	Pop. = 131,794 Avg. Age = 39.3 Pop. Density = 1,511.1 Land Area = 87.2  As of Fall 2019, 29,923 students enrolled at University of Guelph <sup>15</sup> <ul style="list-style-type: none"> <li>• 26,888 were undergraduate students</li> <li>• 3,008 were graduate students</li> <li>• 1,886 were international students</li> </ul>			
<b>Local Youth Population</b>	<b>Minto (Town):</b> 2,005 (23.1%)  <b>Palmerston:</b> 595 (22.7%)  <b>Mapleton (Township):</b> 3160 (30.0%)	4,624 (22.3%)	665 (25.1%)	35,430 (26.9%)			
<b>Primary Funding Source</b>	Municipality /publicly funded	Non-profit, charitable organization	Municipally/ publicly funded	Non-profit, charitable organization	Publicly funded service delivery	Non-profit, charitable organization	Publicly funded

<sup>14</sup> Statistics Canada. (2017). Guelph, CY [Census subdivision], Ontario and Wellington, CTY [Census division], Ontario (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa.

<sup>15</sup> University of Guelph. (2019). Fact Book 2019-2020. Retrieved from: <https://www.uoguelph.ca/about/doc/UofG-Fact-Book-2019-2020.pdf>

## APPENDIX O. KEY MILESTONES IN THE IYSN'S DEVELOPMENT

	Event	Description
Aug 2018	Speaker Dr. Joanna Henderson	The Rotary Club of Guelph invites Dr. Joanna Henderson, Executive Director of YWHO, to make a presentation about youth mental health and the YWHO model to community leaders.
Sept 2018	Discussion on how to bring YWHO model to Guelph	A number of Rotarians invite CEOs of CMHA WW, Guelph Y and the Guelph Community Foundation to discuss how to adopt the YWHO model in Guelph. Meeting members decide to host a one day workshop to determine demand for the youth hub within the community.
Nov 2018	One-day workshop	The Rotary Club of Guelph hosts a one-day workshop with over 30 organizations (62 people in attendance) to determine willingness to create a youth hub. <ul style="list-style-type: none"> <li>Wellington-Dufferin-Guelph Public Health presents on current status of youth health in the community</li> <li>Dr. Joanna Henderson explains the YWHO model</li> <li>Enid Grant, Senior Director Children's Mental Health at Skylark, walks through the history of the YWHO hub located in downtown Toronto</li> <li>City of Guelph presents data from city-wide survey</li> </ul>
Dec 2018	Steering Committee	Steering Committee is created.
Dec 2018	Environmental scan of services	The Rotary Club of Guelph provides funding to conduct an environmental scan of services in Wellington County and Guelph to identify gaps.
Jan 2019	Youth recruitment	Youth are recruited to join the IYSN Youth Engagement Working Group.
Jan 2019	Partners	The Steering Committee identifies CMHA WW as the primary backbone partner for the IYSN and the Guelph Community Foundation as their primary funding partner.
Jan 2019	IYSN Model	The IYSN model is solidified with three priority areas: <ol style="list-style-type: none"> <li>Rural Youth</li> <li>Transitional aged youth (facilitated by partnership with University of Guelph)</li> <li>Technology (with one system for all service providers)</li> </ol>
Feb 2019	Collaboration and funding	Big Brothers Big Sisters Centre Wellington joins the IYSN. Members of the Steering Committee provide seed funding.
Feb-Jun 2019	Data Analysis Working Group*	Wellington-Dufferin-Guelph Public Health, the United Way of Guelph, and the CMHA WW provide data to inform a Business Plan.
Apr 2019	Visit to Chatham-Kent YWHO Hub	Rotarians and community members visit the Chatham-Kent YWHO Hub to meet their Executive Director, have a tour, and learn about how their hub, which was started by Rotarians, came to fruition.
Apr-Nov 2019	Hired a consultant to develop a Business Case*	The IYSN Core Partners contributed funding for a consultant to develop a business case. The IYSN Business Case and Implementation Plan was published in November 2019.
Aug 2019	Visit to Haliburton YWHO Hub	The Project Manager and a Rotary volunteer visit the Haliburton YWHO Hub to learn about their start (i.e., What is going well? What would they change?)
Sept 2019	Organization	CMHA WW provides a full-time Project Manager (seconded) to develop the model. Steering Committee becomes Community Advisory Committee. Core group (consisting of 5 organizations) provides direction to the Project Manager: Rotary Club of Guelph, CMHA WW, Community Foundation of Guelph, Guelph YMCA YWCA, and the University of Guelph.
Sept 2019	Youth and Family Engagement Strategy	IYSN receives funding from the Children's Hospital of Eastern Ontario to develop a Youth and Family Engagement Strategy.
Sept 2019	Youth Engagement Working Group <sup>†</sup>	A Youth Engagement Working Group was formed to work with the Project Manager on the Youth and Family Engagement Strategy. Youth provide their feedback on different aspects of the hub (e.g., design hub space, types of programs that should be provided). The Working Group continues to meet via Zoom.

	Event	Description
Nov 2019	1-Year Anniversary	The Core Partners host a 1-year anniversary event to celebrate their accomplishments to date. A video is created to explain how youth are involved and what their vision is.
Jan 2020	Partnership Table <sup>†</sup>	Transition is made to the Partnership Table model. Partners sign Memorandum of Understanding. The Partnership Table acts as a Board and is responsible for making decisions. Additional partners are brought so that all sites are represented: Rotary Club of Guelph, CMHA WW, Community Foundation of Guelph, YMCA of Three Rivers Guelph, University of Guelph, East Wellington Community Foundation, Minto Township, and BBBS of Centre Wellington.
Jan 2020	IYSN brand created	Flow Communications is hired to create the IYSN brand and marketing collateral. The name Integrated Youth Service Network (IYSN) is formed and a brand is created.
Mar 2020	Campaign Cabinet <sup>†</sup>	Campaign Cabinet hosts its first meeting on March 6 <sup>th</sup> , 2020. The Cabinet aims to build awareness and create a widespread understanding of the IYSN model among those who may be potentially interested in making a campaign gift. Participants help plan and implement campaign activities and events, and meet with prospective donors to inform, engage, and provide introductions.
Mar 2020	B-Hive	The BBBS Centre Wellington's B-Hive opens in Fergus, but then immediately shuts down due to COVID-19 pandemic.
Mar 2020	Main Place Youth Centre	Grand opening for the East Wellington Community Services' Main Place Youth Centre gets postponed due to COVID-19 pandemic
May 2020	Online programming for youth	BBBS Centre Wellington launches online programming for youth, which is supported by the IYSN.
Aug 2020	Service Providers Working Group <sup>†</sup>	Service agencies are invited to join this group to discuss how to bring centralized services to the IYSN hub sites. The group meets monthly via Zoom.
Sept 2020	Oak Tree Project	The IYSN works with a team of students from the University of Guelph's ICON program to submit a pitch through video to the Oak Tree Project for funding. The IYSN team won the award in December 2020.
Nov 2021	Common Standards of Care	The IYSN is selected as one of six Youth Wellness Hubs across Canada, along with The Health Standards Organization and FRAYME, to participate in developing Common Standards of Care. This is a two-year project.
Nov 2020	UNIV3000 Course	The University of Guelph's Experiential Learning Department approaches the IYSN to participate in a course where students will create Allyship Guides for the sites.
Dec 2020	Peer Support Training Guide	A co-op student is hired with funding received from the RBC Foundation to create a Peer Support Training Guide.
Dec 2020-Mar 2021	Rebranding Working Group*	Youth are brought together to help rename the IYSN to something that is more youth-friendly.
Dec 2021	Health Standards Organization (HSO) Working Group <sup>†</sup>	IYSN invites youth, families, and community members to the HSO Working Group. This group meets monthly to provide feedback on the work being done to create Common Standards.
Jan-Apr 2021	Peer Support Training Working Group*	The Peer Support Training Working Group was formed to guide the development of the Youth Ambassador Training Program (formerly known as the Peer Support Program). A co-op student leads the Working Group, seeking advice and feedback from youth, families, community agencies, and funders.
Jan 2021	Evaluation of the IYSN	The IYSN hires Homewood Research Institute to conduct a developmental evaluation of the IYSN.
Feb 2021	Family Engagement Working Group <sup>†</sup>	A Wellington County-focused Family Engagement Working Group is formed. Family members provide feedback on what kind of programs should be available at the IYSN for families. The group currently meets once a month and plans to engage more members.
Feb 2021	Service Pathway Subcommittee <sup>†</sup>	A small subcommittee is formed from the Service Providers Working group to map out service pathways for core services in the Wellington hub sites (i.e., how will the youth hub space work if a young person walks into the site to check out drop-in activities or use other services). Subcommittee members include: East Wellington Community Services, Minto Mental Health, Wyndham House, University of Guelph, Portage, Second Chance, Wellington County Social Services, and Family Counselling Support Services.
Feb 2021	Public fundraising campaign	Agents of Good is hired to develop and prepare a Public Fundraising Campaign to launch in September 2021.

	Event	Description
Mar 2021	Youth Ambassador Lead hired	A Youth Ambassador Lead is hired to run the online B-Together Talk Series and Adulting 101, and to provide support to Youth Wellness Coordinators in Erin and Palmerston.
Mar 2021	WayPoint mindfulness programming research	The IYSN participates in a study conducted by WayPoint Centre to help develop a Mindfulness Programming for Youth, which focuses on identifying if mindfulness has a positive mental wellness impact on youth. IYSN facilitators will receive training on how to deliver the program and may continue working after the study is complete. The program will be deployed from August 2021 to April 2022.
Mar 2020	PreVenture	The Margaret and Wallace McCain Centre for Child, Youth and Family Mental Health (McCain Centre) and YWHO invites the IYSN to participate in delivering PreVenture, a program developed to prevent problematic substance use in Ontario youth.
Apr 2021	Data collection	To ensure that the same social indicators are measured across the province and country, the IYSN and YWHO agree to use the same system for data collection.
Apr 2021	Youth Ambassadors hired	The IYSN hires 6 Youth Ambassadors (2 full-time, 4 part-time).
Apr 2021	Evaluation kiosks	The IYSN purchases four smiley face kiosks as a quick way for youth to provide feedback with regards to how satisfied they are with the IYSN. These kiosks are also being used in other YWHO sites.
Apr 2021	Events and Communication Plan Working Group <sup>F</sup>	The Events and Communication Plan Working Group plans and executes future IYSN events in a strategic and comprehensive way in collaboration with each hub site. Durrell Communications is hired to manage the events planned over the next year and to oversee key messaging.
Apr 2021	Youth Action Council	Each site in Wellington County creates a Youth Action Council to ensure that local youth are engaged. The Youth Engagement Working Group continues to be active and provides oversight to the IYSN as a whole.
Apr-May 2021	Community survey for families distributed	A survey is sent out to families living in Wellington County to determine their needs (e.g., What do parents need? What kind of learning tools do they want?)
May-Aug 2021	Youth Ambassadors trained	Youth receive 15 hours of training to become Ambassadors in the Wellington County hub sites. The first session takes place in May.
May 2021	Allyship Guide	An Allyship Guide is created and published. The guide will be used in workshops so the Ambassadors can present to community youth: 1) Indigenous Allyship; 2) 2SLGBTQ Allyship; 3) Black and Racialized Communities Allyship; 4) Disability Allyship ; and 5) Newcomers Allyship
May-Aug 2021	Youth programming inventory	As part of a research course, a student intern is hired to create an inventory of existing youth programs offered by the Youth Wellness Hubs located across Canada.
May-Aug 2021	Diversity, equity, and inclusion plan	A student intern is hired to develop a diversity, equity, and inclusion plan for the IYSN. The goal of the initiative is to ensure that all youth and families feel welcomed in the space, especially individuals who self-identify as being Black, Indigenous, people of colour, new immigrants, and LGBTQ2S+.
May 2021	Funding from Wellington County	Wellington County provides emergency funding to the IYSN for additional staff in the three Wellington County hub sites to address the acute needs of youth.
May 2021	Ride Well Transportation expanded	The IYSN enters into an agreement with Wellington County to provide transportation within Wellington County to youth who wish to visit the Wellington County hub sites. Transportation services will be free to youth throughout the summer. Usage will be evaluated at the end of August.
May 2021	Fundraising Manager hired	Partnership Table approves hiring of a Fundraising Manager to help the Director with administration and to support fundraising efforts.
May 2021	IYSN navigational app	The University of Guelph approaches the IYSN for another experiential learning opportunity for students to create an IYSN navigational app. This course is to begin in Fall 2021.
Jun 1 2021	Provincial Government Announcement	The Provincial Government announces the expansion of the YWHO and adds 4 more sites to the already existing 10 sites. The IYSN Wellington Guelph becomes an official YWHO site with sustainable operating funding.
Jun 2021	Diversity and Inclusions Working Group <sup>F</sup>	A Diversity and Inclusions Working Group is formed to provide feedback on the diversity, equity, and inclusion plan being developed by a student intern.

	Event	Description
Jun 2021	Systems Coordinator - Fergus hired	An IYSN Systems Coordinator is hired to provide coordination services at the Main Place Youth Centre, as well as to support operations at other hub sites.
Jun 2021	Strategic Planning	The Partnership Table embarks on a strategic planning exercise.
Summer 2021	Grand openings and ground breaking	Upcoming events being planned: <u>Jul 2021</u> : Ground Breaking for the CMHA WW building and re-naming will be announced. <u>Aug 2021</u> : Grand opening of the IYSN addition to BBBS' B-Hive which provides an expansion for its staff and walk-in services. <u>Sept 2021</u> : Grand opening of the Minto Mental Health hub site. <u>Nov 2021(tentative)</u> : Grand opening of the University of Guelph's new Substance Use and Dependence Centre.
Spring 2022	Celebration Event	Community celebration planned for spring of 2022
Late 2022/Early 2023	Grand openings	Grand openings for the CMHA WW and YMCA of Three Rivers Guelph are being planned. Further expansion of the Shelldale hub site will be explored, as their space was recently renovated.

\* Working groups that have disbanded after reaching their goals

† Working groups that are currently active

## APPENDIX P. PROFILE OF ENGAGED YOUTH, FAMILY MEMBERS, AND SERVICE USERS

Characteristic	Number (%)
<b>Connection to the IYSN (n=36)</b>	
Youth	<b>29 (80.5)</b>
Member of the Youth Engagement Working Group; Co-op student	21 (58.3)
Previously or are currently accessing an IYSN service	3 (8.3)
Family	<b>7 (19.4)</b>
Member of the Family Engagement Working Group	4 (11.1)
Previously or are currently accessing an IYSN service	3 (8.3)
Previously or are currently accessing an IYSN service	<b>5 (13.9)<sup>16</sup></b>
<b>Gender (n=36)</b>	
Female	31 (86.1)
Male	5 (13.9)
<b>Sexual Orientation (n=33)</b>	
Heterosexual/Straight	25 (75.8)
Bisexual	4 (12.1)
Asexual or non-sexual	1 (3.0)
Not sure or questioning	1 (3.0)
Prefer not to say	1 (3.0)
Other: "Straight, don't use labels"	1 (3.0)
<b>Age (n=35)</b>	
12-18	10 (3.6)
19-30	18 (0.5)
31-40	2 (0.06)
41-50	2 (0.08)
51-60	3 (0.06)
<b>Place of Residence (n=36)</b>	
Township of Centre Wellington	13 (36.1)
City of Guelph	11 (30.6)
Outside Wellington County and Guelph	9 (25.0)
Town of Minto/Palmerston	2 (5.6)
Town of Erin	1 (2.8)
<b>Preferred Language to Receive Services (n=36)</b>	
English	36 (100)
<b>Ethnicity (n=36)</b>	
White	<b>29 (80.6)</b>
North American	17 (47.2)
Central/Western European	7 (19.4)
East European	3 (8.3)
South European	1 (2.8)
North and Central/Western European	1 (2.8)
Indigenous (First Nations)	<b>1 (2.8)</b>
Asian	<b>5 (13.9)</b>
South Asian	4 (11.1)
East Asian	1 (2.8)
Biracial	<b>1 (2.8)</b>

<sup>16</sup> Participant self-identified as having previously accessed or currently accessing IYSN services as both a youth and family member.