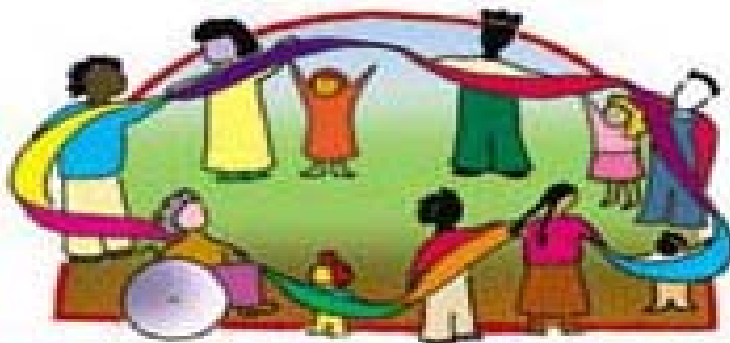




**Health & Wellness  
Fort Erie**

FORT ERIE YOUTH STUDY  
by  
Dr. Heather Lee Kilty,  
Brock University  
&  
Community Health and Wellness,  
Health of Youth Team  
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## Table of Contents

Abstract.....	3
Acknowledgements.....	3
INTRODUCTION	
Rationale for this study.....	4
Purpose of this study.....	5
Research questions.....	5
Theoretical frameworks.....	5
LITERATURE REVIEW	
Literature review related to youth, health and social capital.....	6
Literature review related to assets and health determinants.....	6
Literature review related to methodology used in youth research....	7
Literature review related to youth in Fort Erie.....	7
Literature review related to youth health challenges.....	8
METHODOLOGY	
Survey instrumentation.....	8
Focus group interview questions: Appendix “A”	
Rating of Community Survey: Appendix “B”	
Youth Assets List: Appendix “C”	
DATA ANALYSIS	
Qualitative analysis.....	9
Quantitative analysis.....	9
RESULTS AND FINDINGS	
Overall information and descriptions of focus groups.....	10
Results and findings of the focus group qualitative discussions and written materials.....	11
Findings related to how youth rate their own health and services for youth and health in the community.....	15
Results and findings of top most important youth assets as rated by youth and service providers.....	23
CONCLUSIONS AND RECOMMENDATIONS.....	25
REFERENCES.....	27

## **ABSTRACT:**

This was a qualitative and quantitative study of youth and service providers in Fort Erie Ontario. Youth (n=38) attended 4 scheduled small focus groups throughout the Town, at the Library, a Teen Centre, the YMCA and in a private home. They discussed their community with the aid of semi-structured questions to guide the dialogue and examined: what it was like living there; main strengths for youth; participation and volunteering; barriers and challenges for youth; how to include youth more; and suggestions and ideas to improve health for youth and the community; The youth and the providers of services to youth (n=15) also rated their community on safety, sense of inclusion and belonging and access to services, activities and health care. The youth and providers of youth services also rated their choices of the top most important youth developmental assets from handout list of choices.

The results indicate that youth believe more of a variety of youth activities are needed in their Town that are sports and non- sports in nature (music, arts, theatre). They indicate the need for gathering places for youth socializing and activities. They are concerned about the barriers of transportation, costs, available information and inclusion to be able to participate and volunteer more in their community. They indicate the need for more counseling, drug and alcohol services and more physicians. They also want to be included more in the planning by community discussion groups and suggest focus groups in schools, community and churches and surveys as good methods.

## **ACKNOWLEDGEMENTS:**

- *To the Health of Youth Team for their dedication and commitment to youth in the Town of Fort Erie and for arranging the youth groups and identifying service providers for the study.*
- *To the youth for their eagerness, honesty and involvement*
- *To the service providers who offer services and programs for youth.*
- *To town council for their ongoing commitment to youth of the town and to health promotion.*
- *To Community Health and Wellness Trust Interim Board for their vision and keeping the whole picture of health in mind and for seeking information to establish decisions and priorities on sound evidence.*

## INTRODUCTION:

The Town of Fort Erie identified the needs of youth in their 2001 official Strategic Plan as one of two major priorities: youth needs and the recruitment of doctors. They established a committee to work on these priorities and subsequently approved the broader Community Health and Wellness Project, and later an Interim Board to continue this work and to organize around the broader determinants of health. Eight community teams were established to assess a variety of population health needs and to prepare reports for presentation and review by the community in the Spring of 2003. A Health of Youth Team made up of leaders from health, youth services and, originally two youth representatives from the local high schools have met regularly since its inception in the of 2001 to give guidance to Community Health and Wellness and the Town Council on matters related to youth and health.

### Rationale for this study:

Two major adult research projects approved by Council and Community Health and Wellness were conducted by Brock University. The Social Capital Survey (Kilty, 2003) and the Health Status Survey (Kilty & Tries, 2003) included participants in Fort Erie who were over 18 years of age. They were conducted by telephone and mail-out surveys in January and February of 2003. Their findings were reported at a community focus group in April, 2003 along with the reports and recommendations of the Youth Committee (Health of Youth Interim Report, 2003). Priorities were developed at this meeting, including priorities for youth and a follow up community focus group shaped the structure of Health and Wellness governance and still indicated having a youth team. In the fall of 2004, the Youth Team of Community Health and Wellness decided to conduct a small youth study to gather perspectives from two main target populations: the providers of youth services through interviews and a survey and the youth of Fort Erie through focus groups. This report will review the methodology and findings of the youth focus groups and the report by Deanna Tries (2004) will review the findings of the qualitative interviews with the service providers. The Youth Team wanted to gather youth opinions about their community, access to services and health care and to assess their perceptions of the list of developmental youth assets.

The Health of Youth Team adopted two approaches to guide their assessment phase and team deliberations, and encouraged these to be adopted into future research and planning:

- The **Child Development Profile** adapted from Health of Canada's Children (2000) includes the following: recognize sensitive points in the development of children; adopt a population-based approach that clearly recognizes the complexity and diversity of young people's lives; broadly define health to include both positive and negative indicators; focus on ethical issues; build on and foster .....
- The **youth assets approach** studied by the Search Institute (2000) includes developing assets that help an adolescent to develop in a healthy way. The external assets needed were identified as:

- **Support** - young people need to experience support, care, and love from their families, neighbours, and many others. They need organizations and institutions that provide positive, supportive environment.
- **Empowerment** - young people need to be valued by their community and have opportunities to contribute to others. For this to occur, they must be safe and feel secure.
- **Boundaries and expectations** - young people need to know what is expected of them and whether activities and behaviours are "in bounds" or "out of bounds."
- The internal assets needed were identified as:
- **Constructive use of time** - young people need constructive, enriching opportunities for growth through creative activities, youth programs, congregational involvement, and quality of time at home.
- **Commitment to learning** - young people need to develop a lifelong commitment to education and learning.
- **Positive values** - young people need to develop strong values that guide their choices.
- **Social competencies** - young people need skills and competencies to equip them to make positive choices, to build relationships, and to succeed in life.
- **Positive identity** - young people need a strong sense of their own power, purpose, worth and promise.

### **Purpose of the study:**

To yield information about the health, opinions and needs of youth in Fort Erie.  
 To engage and involve youth in shaping their community and their health.  
 To pilot test a variety of methods and survey instruments to gather youth input that might be used to get input from youth in the future or to compare as a baseline after interventions are implemented. For planning priorities and initiatives with youth contributions and needs in mind.

### **Research questions:**

What do youth need? What can youth contribute? How can youth be included better in planning health in their community? What are the strengths for youth in the Fort Erie? What are the barriers/challenges for youth in Fort Erie? What are the ideas of youth? How can youth be more involved in planning for health in Fort Erie? What are the key developmental assets according to youth? How do youth rate their community on many dimensions (generally, sports, health, access to doctors, safety, transportation, inclusion)? How do youth opinions of the community compare to adult input and surveys?

### **Theoretical frameworks:**

Several theoretical frameworks are relevant to any study of youth and health. The Social Cognitive Learning Theory (Bandura, 1986; Baranowski, Perry, & Parcel, 1997) and the Informal Social Learning Theory (Vygotsky, 1978, Suchman, 1987, Seely, Brown et al, 1989, Lave & Wemger, 1992) are helpful in examining how youth form attitudes and behaviours and are especially relevant in studying healthy lifestyle and risk behaviours that affect health and designing interventions and health promotion and education strategies.

The Social Capital Theory (Putnam 1993, 1995; Coleman, 1988, 1990) is relevant to how youth develop social networks, trust, inclusion and participation in community life.

The Developmental Assets Theory (Search Institute, 2000) is based on the theory that youth require certain internal and external asset to develop in a

healthy way. Some of these asset can be developed by schools, families and community institutions and supports.

## **LITERATURE REVIEW:**

### **Literature review related to youth, health and social capital:**

The research related to youth and their health and health determinants is varied. Putnam (1993, 1995) explored the relationship between health and social capital including elements of trust, belonging, inclusion, safety, social networks and participation in the community. Coleman (1988, 1990) found this to be particularly important for adolescent development and indicated that schools were sources of social capital and social support for adolescents and play an important role in preparing adolescents for adulthood. Raffo and Reeves (2000) explored youth transitions and social exclusion on their development through qualitative, semi-structured interviews with youth 15-24. The role of the family and libraries has been documented as building positive social capital in individuals and communities (Preer, 2001; Kranich, 2001a, 2001b).

Natriello, McDill & Pallas (1990) and the Educational Testing Service (ETS) (1995) as cited in Groninger & Lee (2001) identified a concern about youth school dropout that robs students of this social support structure and the future health determinants of acquiring education and employment. They indicated that high school drop outs experience higher unemployment rates, lower lifelong earnings, higher incidence of criminal activity and a greater likelihood of health problems than those who finish and go to college /or university. Individualized systems of social capital. (p. 148).

Rudd and Evans (1998) explored the dualism of adolescence struggling between self and the outside world. Furlong and Cartmel (1997), examined chains of mutual dependence, habitus, structures and social relations.

Morrow (2000) studied young peoples' accounts of community and neighbourhood and reported on the implications of social capital for health inequalities. She studied friendships; future aspirations; social networks; feelings of being safe; concept of community and neighbourhood; community and civic engagement; access; use of community; and attitudes to institutions and facilities in the community in 12-15 year olds. In British Columbia, a *Girl Power project* engaged 43 young women in participating in recreational goals to nurture social capital.

### **Literature review related to assets and health determinants:**

The Search Institute (2000) identified twenty internal and twenty external assets for healthy youth development and have conducted studies exploring this in schools. According to Raphael and Bailey (1996) quality of life for adolescents includes three components: being, belonging, and becoming. According to Raphael (1999) the health determinants for youth are: successful transition to adulthood; successful coping; lack of mortality and morbidity; health behaviours; and risk avoidance.

In the Adolescent Health Survey, (Sieving et al, 2001) studied a large sample of students 14-19 to examine the development of adolescent self-report measures from the national longitudinal study of adolescents using a 135 page in-home adolescent survey instrument to measure individual-level and social-environmental constructs relevant to adolescent health and well being. They developed internal consistency across grade, gender, and race/ethnic groups included in this nationally representative sample of adolescents.

Popay et al (1998) conducted an epidemiological and social survey on the inequities in health field concluded " that behavioural-cultural lifestyle factors, when these are located within a broader social context, provide a clear and plausible mechanism for indirect health selection in adolescence" (p. 235).

#### **Literature review related to methodology used in youth research:**

Rudd and MacDonald (1998) looked at qualitative biographical youth research to yield more details and to get a greater understanding of how young people are experiencing interrelated themes of inclusion/exclusion over time; changing labour market conditions; the impact of postmodernist theorization's about youth and culture and the appropriateness or otherwise of the notions of underclass and subculture theory.

Adolescent health studies have often used large sample surveys (National population Health, Community Health) of smaller samples and qualitative and semi-structured interviews. (Glenie & Peshkin, 1992; LeCompte & Preissle, 1993) stated " because the research aimed to investigate processes and issues that are complex, that are to a certain extent exploratory and that stress the importance of context, setting , and an individual's understanding of life phenomenon, the methodology adopted was partially qualitative".

Marton (1986) indicated that "Phenomenology is a research method adapted for mapping the qualitatively different ways in which people experience, conceptualize, perceive and understand various aspects of, and phenomena in, the world around them (p. 31)."

Bowden et al (1992) approach to phenomenological analysis.

#### **Literature review related to youth in Fort Erie:**

The Health of Youth Interim Report (2003) identified several challenges related to youth health in Fort Erie: 20% of the population are 15-19 years olds; there is a high rate of teen pregnancies for teens 15-19; 535 of Fort Erie youth attend Lakeshore high school in Port Colborne and have extensive travel time that causes a challenge to participate in the community or their school; there is a large number of single parent families and low income families; many of the youth leave and do not return to the community after high school.

Their report outlined the need for coordinated and accessible information for youth on activities and services; access to substance abuse services; increased access to arts and culture based activities; mental health support; a look at homeless youth situation; partnerships with the libraries, schools and services be strengthened; and that the Youth Team continue in a planning and advisory capacity.

### **Literature review related to youth health challenges:**

Adlaf, Paglia and Beithchman (2001) at the Centre for Addiction and Mental Health studied the health and well-being of Ontario students. These findings are from Ontario Student Drug Use survey OSDUS (1991-2001). Their results are based on 13 surveys that have been conducted every two years since 1977. In the spring of 2001, 4, 211 students grades 7 through OAC, from 41 school boards, 106 schools and 272 classes in Ontario participated in a survey by the Institute of Social Research, York University. It describes physical and mental health indicators and changes since 1991 in youth. This data is helpful for any Ontario community to examine some of the major mental health and health challenges facing youth in the province.

Suris, Parera, and Puig (1996) investigated emotional distress and suicidal ideation among adolescents with and without chronic illness. Chronic illnesses were associated with more substantive emotional distress and suicide ideation in females, than males. Females did however, seek mental health services more than non-chronically ill counterparts

Rosenthal and Feldman (1999) explored parents as educators for children re sexuality. They are not always the preferred sources of information (Rosenthal and Smith, 1995).

### **METHODOLOGY:**

#### **Survey Instrumentation:**

In order to provide a maximum opportunity for young people to be given a voice and at the same time to provide a structure for comparative purposes, we adopted semi-structured small focus groups to generate part of the research data. In addition, participants filled out 2 short surveys to rate their health and their community and to identify the top internal and external assets they felt were important to youth health. A mixture of qualitative and quantitative research methods were used to capture both the lived experiences and opinions of youth about their health and their community and their ratings of community, health and assets.

The sample was partially a convenience sample of youth from 4 pre- selected youth groups identified by the key community leaders on the Youth Team of Community Health and Wellness. The four groups were chosen to include youth from different sections of Fort Erie and different schools, programs and socio-economic backgrounds. The leaders at each of the focus groups (Library, YMCA, Teen Center, Stevensville) arranged the meetings and explained the purpose and invited the youth to voluntarily participate in the focus groups. The group leaders/facilitators verbally explained the voluntary and confidential nature of the study and its purpose. The data and information will be reported in summary form to maintain individual confidentiality.

The focus group questions were developed by Dr. Heather Lee Kilty of Brock University in consultation with the Youth Team. Some of the survey questions used were from the Social Capital Survey and the Health Status Survey for adults so that some comparative data could be collected, some were from the review of the literature.

- A list of semi-structured questions was developed by Dr. Heather Lee Kilty of Brock University, Nursing and Community Health Sciences Department in collaboration with the Youth Team of the Community Health and Wellness Interim Board that could be used both with the service providers interviews and the youth focus groups so that some of the results could be compared and contrasted. Information was gathered at facilitated small focus group with a facilitator and recorder. In addition, the youth individually filled out each of the questions in written form (Appendix A).
- A one page survey of rating of the community, safety and services that was adopted from the adult Health Status Survey to get youth opinions on the community and health in general(Appendix B).
- The list of internal and external assets for the youth and service providers to identify the top most important ones to guide the decisions of the decision makers for setting priorities and working on the needs of youth (Appendix C).

Groups were arranged by Youth Team leaders. Data was collected and recorded by the facilitators. All questionnaires were given numbers and no identifying names were on the surveys. The data was analyzed and summarized by Dr. Heather Lee Kilty.

#### **DATA ANALYSIS:**

**Qualitative analysis** was done using the triangulation methods and word processing to find common themes. Individual verbatim comments and input were recorded, typed and analyzed. Common themes and relationships between ideas were analyzed. To ensure the confidentiality and credibility of the data the facilitator and recorder led the groups, recorded the data and numbered the sessions and surveys. A separate person analyzed and summarized the results. **Quantitative analysis** was conducted by inputting the surveys into SPSS. Fields were created and the data from the youth surveys were input for analysis. Descriptive statistics were generated, frequencies tables and graphs generated, analyzed and summarized for reporting and presentation purposes.

#### **RESULTS AND FINDINGS:**

The results and findings will be presented in 4 sections:

1. Overall information and descriptions of the groups and focus group process.
2. Results of youth assessment of the community using the same questions as those posed to youth service providers and some data from the adult Health Status Survey (n=640) and Social Capital (n=304) when comparable.
3. Results of the focus group qualitative discussions and written material.
4. Results of the Youth Assets as assessed by the youth service providers and the youth.

Most of the findings contained in this report are specific to the Youth Study conducted with youth. Some of the findings data contain charts comparing how the youth rated their community and access to services compared to the adult providers of youth services (n=15) who filled out the same surveys. A few charts from the adult Health Status and Social Capital results are presented for comparison.

### **Overall information on the focus groups:**

Four focus groups were arranged by the various members of the Youth Team in November, December, 2003. 38 youth, aged 13-18 participated in the focus groups and research. An attempt was made to arrange the 4 groups in various parts of the Town of Fort Erie to get opinions from a variety of socio-economic backgrounds and age groups. The focus groups were led by 2 facilitators who were in their twenties. One acted as the lead facilitator and the other as the recorder. All groups took place in the evening and were arranged by a member of the Youth Team. All groups lasted from 40 minutes to 1 hour. Pizza and pop were provided. Youth discussed each of the survey questions in a focus group format and participants also had a written copy they could hand in. Discussions were recorded for analysis and the written survey comments were also analyzed.

They were asked to review the youth assets list and to pick the top 10 internal and top 10 external assets that they felt were most important. The youth service providers also chose their top 10 in each category in the parallel research initiative as part of the overall study. The youth filled out a rating of services in their community and their overall assessment of various aspects of their community that were in a 5 point likert scale (excellent, very good, good, fair, and poor). The questions were drawn from the same questions used in Fort Erie in the Adult Health status Survey (2003).

### **Overall descriptions of groups by the facilitators:**

Four focus groups took place at the Fort Erie Teen Center (n=6); the YMCA (n=15); in a private youth home (n=8); and the Fort Erie Library (n=9). The groups were described in debriefing by the facilitator and recorder to have some similarities and distinct differences. The following are brief descriptions and comments from the facilitators generally describing each of the groups in a debriefing session.

**Group #1** ( males; females) met in a church basement in the downtown area. They indicated they had less money for clothes, activities and transportation. They identified many barriers to being able to attend events at school, in the community, and organized sports as well as transportation barriers for being able to volunteer and participate in community activities. The youth were younger and active and eager to express their opinions. They were concerned about drug problems for youth and parents and expressed not having clear goals at the moment. They wanted actions and recommendations that didn't cost a lot of money like a drama club, low cost sports, a theatre and malls and low cost transit.

**Group #2** (5 males; 10 females, 2 others from Port School, 14-17) were volunteer leaders at the YMCA in Fort Erie, who work once a week with younger children and have had some leadership training. They said there was not enough of different kinds of activities and events for youth to do in the whole community. They were eager and inquisitive about how their ideas might be used and stated that they enjoyed talking to someone older to tell their ideas. They thought a hang out, gathering place would be good and a skateboard park. They were from a higher socio-economic background.

**Group #3** (2 females; 6 males) took place in a home in Stevensville with youth mostly in late high school. They all indicated that after a post-secondary

education they wanted to return to live in the town. They wanted jobs, better transportation, birth control for youth, a gathering place for music, arts and culture and discussions. They were also concerned about access to doctors, counseling and emergency services. They appeared to be of a middle and higher socio-economic status.

**Group #4** (9 female). This was a group of youth in the library. Only 3 lived and studied in Fort Erie; the others attended the high school in Port Colborne. Most of them identified transportation issues as barriers. They liked what Niagara Falls had for youth. Many offered to volunteer in their community. The group was quieter, but eager to give ideas.

#### **Differences in their schools:**

Youth also clearly identified the strengths and weakness of each of their respective schools. Because it was such a small sample and was not the focus of the study, those comparisons will not be described in the results. However, the areas that seemed to make a good school or a bad school in their view were:

- whether there were lots of sports that they could participate in;
- whether teachers were friendly and helpful;
- whether they perceived a lot of drugs and alcohol being used by youth;
- whether there were plenty of non-sports activities also available;
- whether volunteering was supported and assisted to find placements;
- whether school trips and events cost more money and therefore affected participation
- whether they had the money or parental and community transportation to get to their groups or not.

#### **Results and findings of the focus group qualitative discussions and written materials:**

This section will review the verbatim input from the youth discussion groups. The main themes and points are arranged for review. The bold points are ones that many youth stated.

#### **QUESTION # 1 What is life like for you living in Fort Erie?**

#### **MAIN POSITIVE THEMES:**

- **It is small and quiet; simple; there is a beach; it is uneventful.**
- **Able to make lots of friends** (lots of friends so lots to do; **friendly**).
- **It is great** (good; super, okay, sweet, cool, interesting, exciting; fine living here; good for family life).
- **It is safe (not worried about being safe;** no gangs; feel comfortable in it; peaceful because nothing happens).
- **It is fun and eventful** (very fun because there is an awesome beach; awesome hangout places; I like my school; you can party without the cops; lots of youth opportunities to get involved).

#### **MAIN NEGATIVE THEMES:**

- **Boring (nothing happens; no attractions or events for youth; not much for youth to do; sucks; not enough places for hang out for youth;** no place to think and give opinions like a town hall; need youth conferences,

discussions; everyone knows everyone's business; lack of facilities; uneventful; nowhere to ride horses; no where to golf; no where to play music).

- **Few places to get a job.**
- **Not enough malls** (not enough people, no movie theatre).
- **Transportation** (20 minute bus ride to school).
- **Health care** (really old city and hospital; hospital "non-existent"; lack of doctors; long ER waits; creepy; get stalked) .
- **Ideas: need a place for youth to go** (need more social places and places for youth to gather and talk and have events for youth); **need malls/stores; need a movie theatre; need more jobs**; need a state park; need more restaurants; need curling rink; need go-carts/paint ball; need place to go for meeting and discussing; need rowing and football league; golfing; horseback riding; most of attention/funds not for Ridgeway/ Crystal Beach.

**QUESTION #2 What are the main needs/issues/concerns of young people in our community as you see them or as others have reported to you?**

**MAIN THEMES:**

- **Not enough different activities for youth** (there is nothing to do; need more art, music, other sports; costs too much).
- **Not enough social gathering spaces for youth** (no facilities to gather; no socializing places to gather; most halls around FE won't allow teen bands so we have to go to St. Catharines).
- **Too much drugs and alcohol** (too many drug dealers; alcohol and pregnancy problems; downtown FE has too many drug addicts and alcoholics; too much trouble).
- **Poor transportation** (only one bus; costs money to get around; schools have little money for trips; buses don't run late; hard to get across town and between towns).
- **Can't find a job** (few jobs; can't get a job).
- **Too many old people** (don't understand us; stereotype us).
- **Other** (what to do on weekends; gangs; too much trouble).
- **Ideas** (more activities; more transportation; get together, hang out place; need a birth control centre; more **community events for youth; more stores; we need a skate park**; need a paint ball park; need an internet café; movie theatre;; place where youth bands can go; downtown falling apart; concert hall; comedy club; water theme park; girls football; pool hall; automotive place).

**QUESTION #3 What are the main strengths/ good things for young people living in this community**

**MAIN THEMES:**

- **Sense of community and belonging** (safe; we're a together community, sense of belonging, everyone knows everyone).
- **Lots of sports and activities** (YMCA; Leisureplex; good house league hockey; **beaches**; road open for dirt bikes and horses; fun; friends; options).
- **Volunteering** (someone will help me later; preps you for jobs; lots of good examples; the soup kitchen, little kids, Friendship Festival; **easy to volunteer**

because service hours required now (10-40) hours; get a resume; incentive for future jobs; the community helps youth in everything; make people happy by doing it; feel good about self; something to do; good idea; fun). The down side of volunteering (no real experience; not catchy; no perks; distance to get there; don't get paid; no list of where to go and not a lot of help).

- **Education:** (good teachers; school trips; good teachers; school activities; opportunities for a great education; teachers with high standards).
- **Leadership: (youth have a voice and voices are heard;** responsibility; people look up to you; guidance; students voices get heard; "that's your team"; good to give a voice for our age; help us to get stuff). Downside to leadership (no time; no patience; too busy; blame you; youth are hoodlums; stereotype kids).
- **Health** (competent staff who listen to you)
- **Negative** (gymnastics in FE; tennis courts suck (no nets); no pool hall; dirty beach; or non-existent or cost money eg. Sherkston).
- **Ideas (need club/hangouts and places for people under 20;** dance hall; more fast food places)
- **Note:** 9 said "**nothing is good**".

**QUESTION #4 What are the main barriers/ weaknesses for young people living in this community?**

**MAIN THEMES:**

- **Transportation:** (very poor; have to travel out of town for specialized sports; no late buses; can't get to town or other parts of town; getting places in my wheelchair).
- **Not enough spots on existing sports teams** (can't participate; have to go to other cities to get on teams; cost of transportation to get there).
- **Need more youth activities:** ("if you aren't in sports, then what?"; costs of Y and other activities; need a variety of activities to stay out of trouble; finding something to do; bingo is annoying).
- **Costs to participate and to get involved in things** (school trips cost; to get to a job costs; not many gyms and they are costly; **activities too expensive; too far away; not enough jobs here**).
- **Not enough health services including doctors, drug/alcohol counseling and birth control information** (no birth control centre for youth; wait too long at ER;; hospital doesn't offer some services; **need alcohol and drug abuse programs for youth; lots of drug kids; need more doctors;** in my community its mainly all the drugs going around; smog and environmental hazards).
- **Education barriers** (want to learn aboriginal language at school; not just French; people don't care; we are stereotyped; no college or university; schools too strict; too costly; differences in schools; no music program, not many sports offered eg curling; **have to pay for events and school trips and can't get there;** some teachers good, some not).
- **Volunteer barriers (not enough places to volunteer;** don't know where to go; people slam doors in your face; hard to find; transportation to get there;

too young; sense of sadness; left alone with seniors at home and they yell at us; too young)

- **Leadership barriers** (too stressful; decision affects others; when you lose or make a mistake people blame you)
- **Sense of belonging** (everyone is watching us; **a lot of older people live here**).

**QUESTION #5 How can we include young people more in giving us input into planning?**

**MAIN THEMES:**

- **Just ask and take us seriously** (just listen; give feedback).
- **Have youth group discussions in the community and in the schools ( have more focus groups and ask people separately; come to the schools;** youth community meetings every so often; what happened tonight was good; include people from other schools and different social classes; have youth come to Council meetings and other places to share ideas; meet through churches; make them believe their opinions count; more group discussions).
- **Surveys (have more school surveys;** people think grown up have good opinions, but kids might have better ones; older people might think we have nothing to say; we might give you the wrong information; through rotary clubs;
- **Other** (tell adults ideas; have a suggestion box).

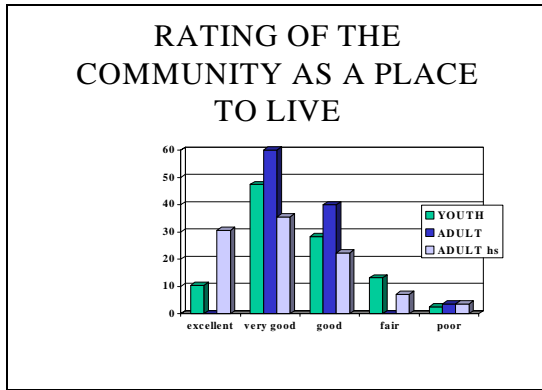
**QUESTION #6 Do you have any suggestions for how we can improve health and well being for young people and everyone in our community?**

**MAIN THEMES:**

- **Cleanup Fort Erie** (cleanup garbage; clean beaches; clean downtown).
- **More youth events, attractions, entertainment.**
- **More youth activities (movie theatre; places to gather; more activities for different youth interests; transportation and later buses;** more shopping; more things to do like music, theatre; develop a teen culture).
- **Better health care** (more doctors; woman doctor; dealing with drugs; birth control/counseling centre; other fitness clubs; dealing with smoking; funding for the hospital).

**Findings related to how youth rate their own health and services for youth and community health:**

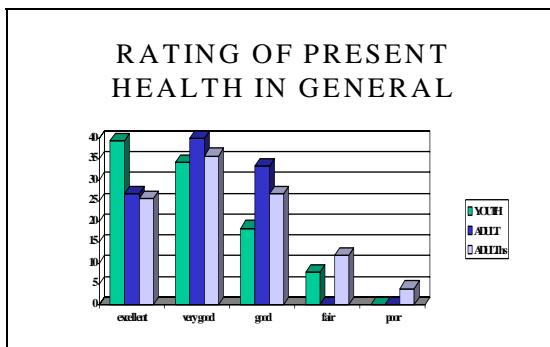
- *YOUTH* refers to the youth included in this Youth Study.
- *ADULT* refers to the service providers that were included in the Youth Study.
- *ADULT hs* refers to the adults included in the Health Status Survey (2003).



Youth and service providers both rated their community as mostly positive.

**Youth** rated their community as a place to live as follows: 10.5% excellent; 47.4% very good; 26.3% good; 13.2% fair; and 2.6% poor.

**Service providers** rated their community as a place to live as follows: 60% very good and 40% good.



**Youth** rated their present health in general as follows: 39.5 % excellent; 34.2% very good; 18.4 fair %; 0% as poor.

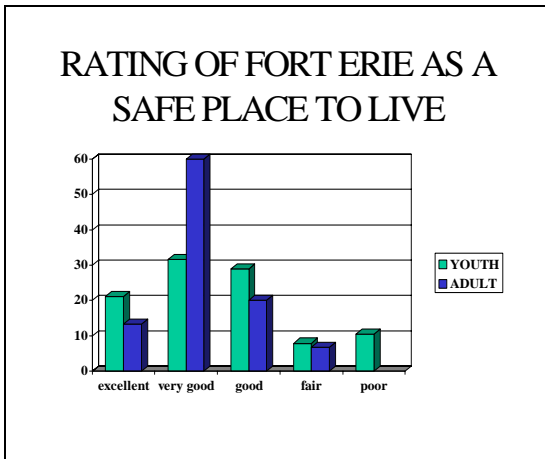
**Service providers** rated their present health in general as: 26.7 % excellent; 40% very good; 0% fair; 0% poor.

**Adults in the Health Status Survey** rated their present health in general as: 25.6% excellent; 35.8 very good; 26.6 %good; and 12% fair or poor.



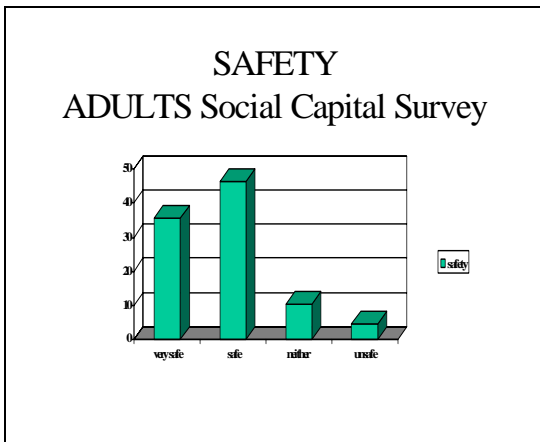
**Youth** rated their feelings of belonging and inclusion in the community as 10.5% excellent; 39.5% very good; 42.1% good; 5.3% fair; 2.6% poor.

**Service providers** rated their feelings of belonging and inclusion as 6.7% excellent; 46.7 % very good; 40% good; 6.7% fair; and 0% poor.

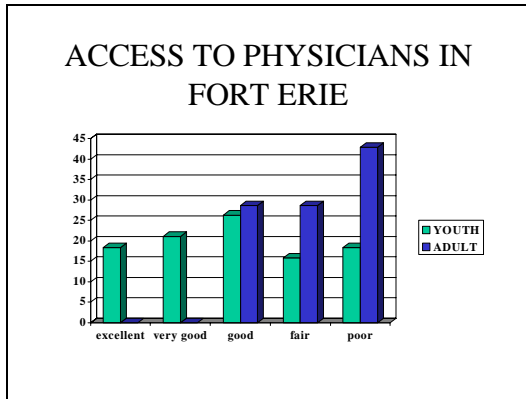


**Youth** rated the safety of the community as: 21.1% excellent; 31.6% very good; 28.9% fair; 7.9% fair; and 10.5% as poor.

**Service providers** rated the safety of their community as 13.3% excellent; 60.0% very good; 20% good; 6.7% fair; and 0% as poor. Youth rated their community as lower in safety than the adult service providers.

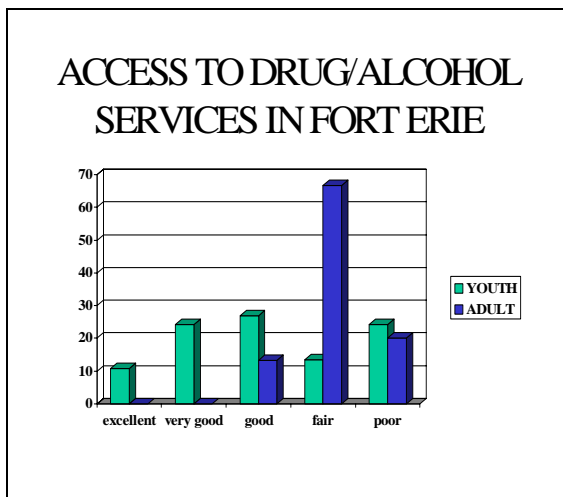


**Adults in the Social Capital Survey** rated their community by a different scale: 35.5% very safe; 46.4% safe; 10.2% as neither safe, nor unsafe; and 4.6 % unsafe.



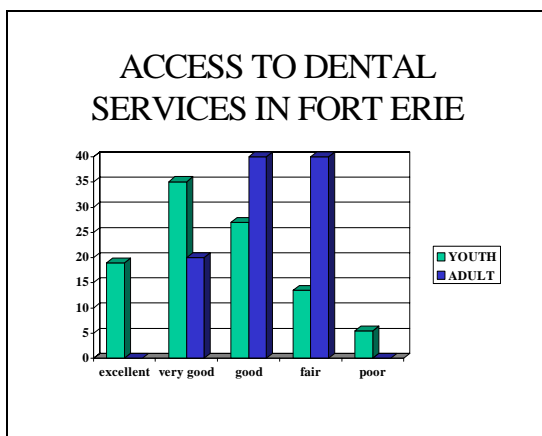
**Youth** rated access to physicians in Fort Erie as 18.4% excellent; 21.1% very good; 26.3% good; 15.8% fair; and 18.4% poor.

**Service providers** rated access to physicians in Fort Erie as 0% excellent; 0% very good; 28.6% good; 28.6% fair; and 42.9% poor. Adults rated the access as worse than the youth but both rated high percentages of fair and poor. None of the adults rated access to a physician as excellent or very good.



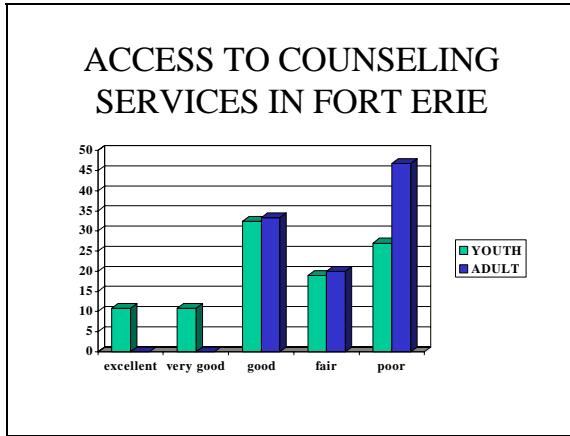
**Youth** rated access to drug/alcohol services in Fort Erie as: 10.8% excellent; 24.3% very good; 27% good; 13.5% fair; and 24.3% poor.

**Service providers** rated access to drug/alcohol services in Fort Erie as: 0% excellent; 0% very good; 13.3% good; 66.7% fair; and 20% poor. While both rated some fair and poor, the adult providers rated these services much lower and gave no excellent or very good ratings.

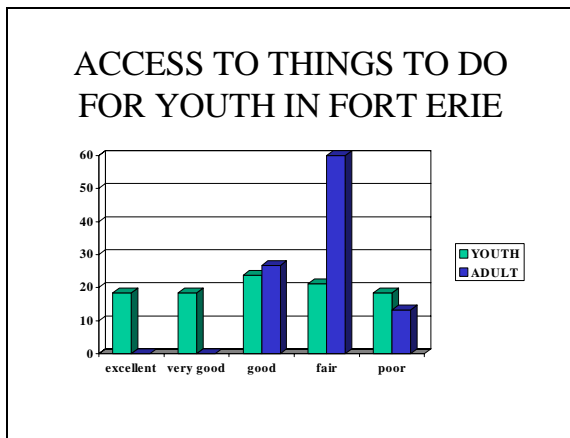


**Youth** rated access to dental services in Fort Erie as: 18.9% excellent; 35.1% very good; 27% good; 13.5% fair; and 5.4% poor.

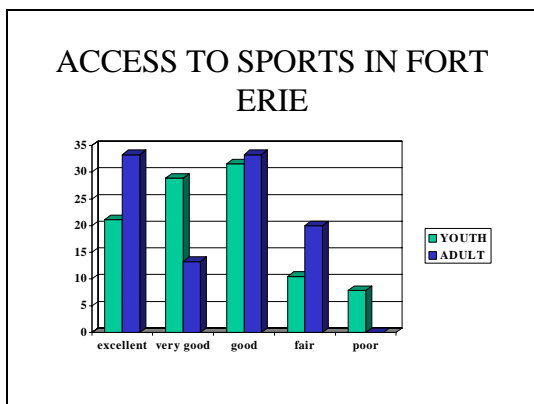
**Service providers** rated access to dental services in Fort Erie as 0% excellent; 20% very good; 40% good; and 40% fair; 0% poor.



**Youth** rated access to counseling services in Fort Erie as 10.8% excellent; 21.1% very good; 26.3% good; 15.8% fair; and 18.4% poor. **Service providers** rated access to counseling services in Fort Erie as: 0% excellent; 0% very good; 33.3% good; 20% fair; and 46.6% poor. While both rated access to counseling services as fair and poor, the many adults rated them as poor (46.6%) and gave no excellent or very good ratings.



**Youth** rated access to things to do for youth as: 18.4% excellent; 18.4% very good; 23.7% good; 21.1% fair; and 18.4 % as poor. **Service providers** rated access for things to do for youth as 0% excellent; 0% very good; 26.7% good; 60% fair; and 13.3% poor. Both ratings indicate there is room for improvement, but the adult service providers rated things to do for youth more poorly. The results of youth ratings are also in keeping with their interviews, where many in the sample were busy, taking leadership and involved, while others identified barriers to participating and an absence of things to do other than activities that took money, transportation and involved sports.

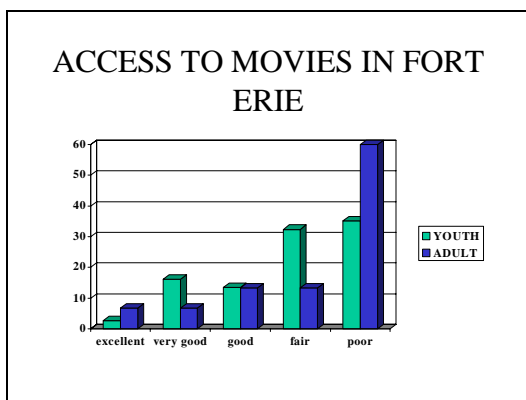
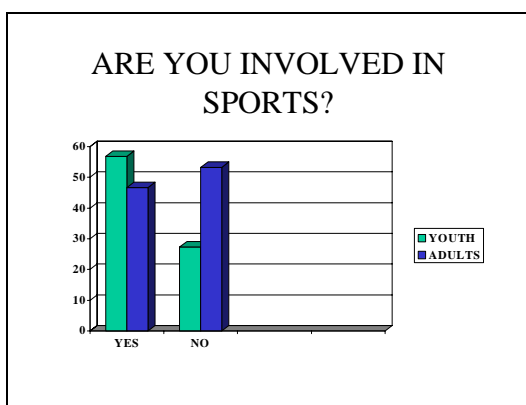


**Youth** rated access to sports in Fort Erie as: 21.1% excellent; 18.4% very good; 23.7% good; 21.1% fair; and 18.4% poor. **Adult youth service providers** rated access to sports in Fort Erie as 33.3% excellent; 13.3% very good; 33.3% good; 20% fair; and 0% poor. While both groups rate access to sports as generally good and above, some rated the sports access as fair and poor.

**56.6% of the youth in the survey** indicated they were active in sports.

**The main sports involvement of youth were:** #1 soccer; #2 volleyball; #3 basketball; #4 football; #5 other- hockey, horseback riding, swimming, gymnastics, darts.

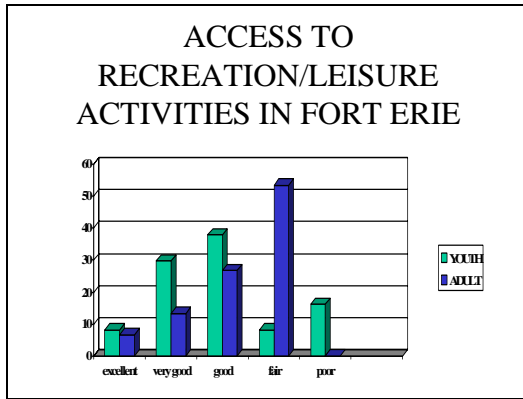
**46,7% of the adult service providers indicated they were active in sports. The main sports for adults were:** #1 basketball; #2 soccer; others - golf, hockey, badminton, tennis, cycling, karate, football, Curves.



**Youth** rated access to movies in Fort Erie as 2.7% excellent; 16.2% very good; 13.5% good; 32.4% fair; and 35.1% poor.

**Service providers** rated access to movies in Fort Erie as: 6.7%excellent; 6.7% very good; 13.3% good;13.3% fair; and 60% poor.

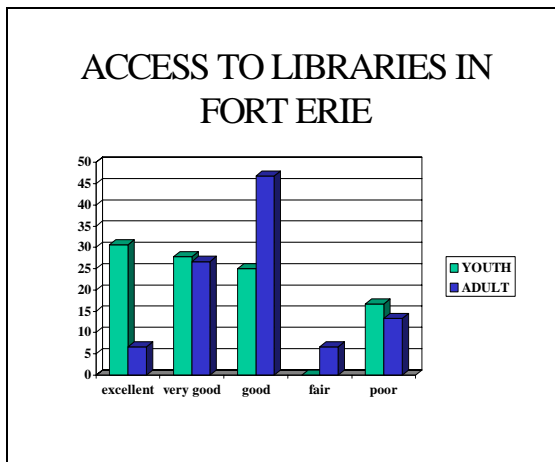
Both groups indicated that access to movies in Fort Erie are generally fair and poor. There are few malls, no movie theatre in town, and limited transportation.



**Youth** rated access to recreation/leisure services in Fort Erie as 8.1% excellent; 29.7% very good; 37.8% good; 8.1% fair; and 16.2% poor.

**Service providers** rated access to recreation/leisure services in Fort Erie as 6.7 excellent; 13.3% very good; 26.7% good; 46.7% fair; 0% poor.

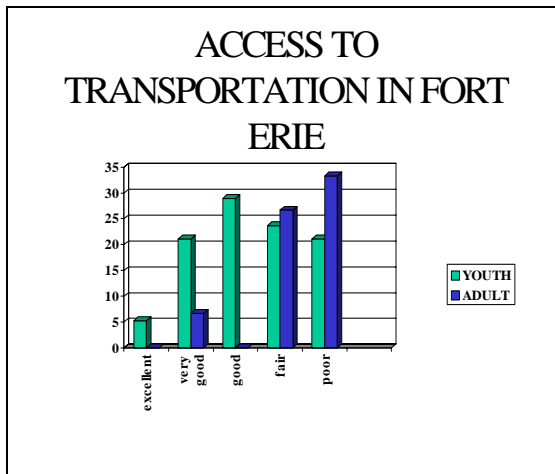
Both indicate room for improvement, especially the service providers.



**Youth** rated access to libraries on Fort Erie as: 30.6 excellent; 27.8% very good; 25% good; 0% fair; and 16.7% poor.

**Service providers** rated access to libraries in Fort Erie as: 6.7% excellent; 26.7% very good; 46.7% good; 6.7% fair; and 13.3% poor.

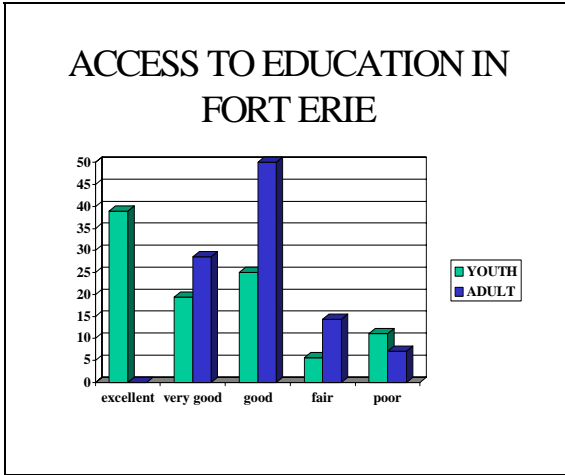
While both group mostly rate access to libraries as good and above, there are a small percentage that still rate this as fair or poor.



**Youth** rated access to transportation in fort Erie as 53.% excellent; 21.1% very good; 28.9% good; 23.7% fair; and 21.1% poor.

**Service providers** rated access to transportation in fort Erie as: 0% excellent; 6.7% very good; 26.7% fair; and 66.7% poor.

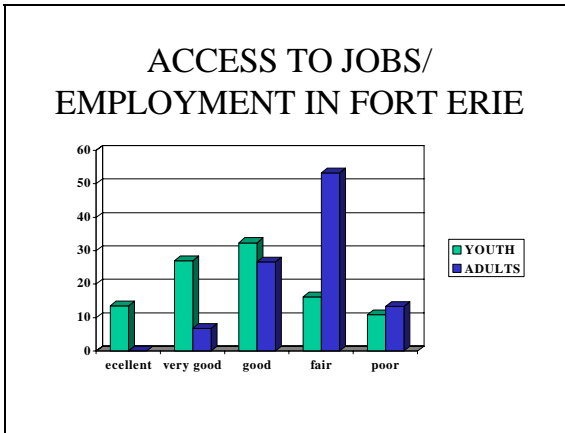
Both rate access to transportation as fair or poor.



**Youth** rated access to education in Fort Erie as 38.9% excellent; 19.4% very good; 25% good; 5.6% good; and 11.1% poor.

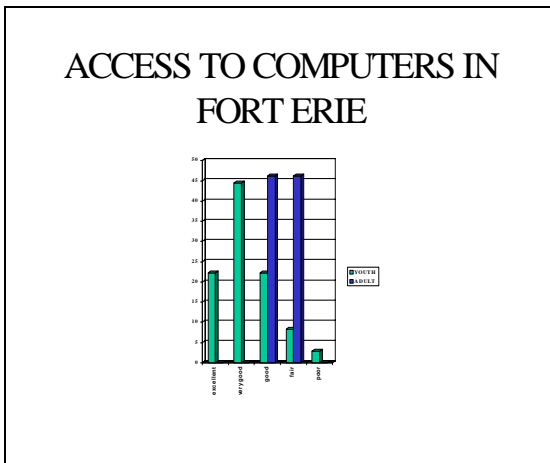
**Service providers** rated access to education in Fort Erie as: 0% excellent; 28.6% very good; 50% good; 14.3% fair; and 7.1% poor.

**Note:** all of the youth in the sample are presently in school.



**Youth** rated access to jobs and employment in fort Erie as: 13.5% excellent; 54.1% very good; 27% good; 13.5% fair; and 5.4% poor.

**Service providers** rated access to jobs and employment in Fort Erie as: 0% excellent; 6.7% very good; 26.7% good; 53.3% fair; and 13.3% poor.

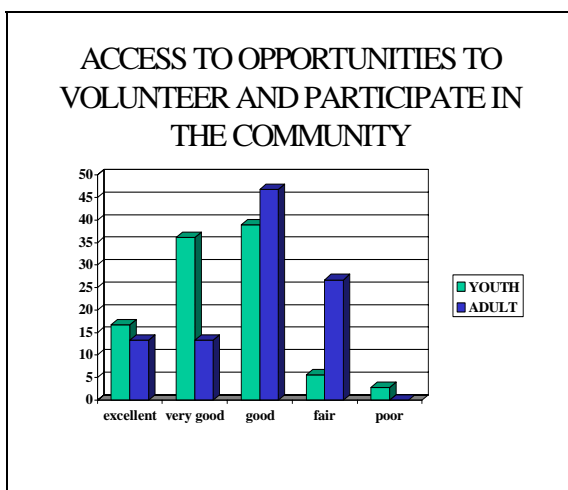


**Youth** rate access to computers in Fort Erie as: 22.2% excellent; 44.4% very good; 22.2% good; 8.3% fair; and 11.1% poor..

**Adult youth services providers** rate access to computers in Fort Erie as 0% excellent; 0% very good; 46.2% fair; and 7.7% poor.

Adults rated access to computers lower than youth., but many of these youth meet at the YMCA and the Library and have exposure to computers at school.

**Service providers** rated access to opportunities to volunteer and participate in community life as: 13.3% excellent; 13.3% very good; 46.7% good; 26.7% fair; and 0% poor.



**Youth** rated access for opportunities to volunteer and participate in the community as: 16.7% excellent; 36.1% very good; 38.9% good; 5.6% fair; and 2.8% poor.

**76.2% of the youth** in the study indicated that they volunteer in the community. **Top places for youth volunteering:** #1 YMCA, #2 Big Brothers, #3 library, #4 soup kitchen, #5 babysitting, #6 school, #7 meals on wheels, #8 retirement home. Other sites mentioned once were the church, hospital, and World Vision. **40% of the service providers** volunteer in the community. **Note:** their job is already in youth services in Fort Erie.

**Top place for adult volunteering:** #1 church. Other sites mentioned once were school, YMCA, community Living, Parent Council, Pioneer Club, and Down's Syndrome, Canada

### **TOP AREAS RATED AS FAIR OR POOR BY YOUTH AND ADULTS:**

The service providers generally rated all areas of the community and access to services as higher ratings of fair and poor than the youth did. However, a review of this top list for each will help to shape plans and priorities for youth in the community using both the opinions of youth themselves as to the greatest areas of need and those who provide youth services as to their priority areas of identified needs.

#### **Service providers ratings as fair or poor:**

93.4% rated access to transportation as fair or poor  
 86.6% rated access to counseling as fair or poor  
 76.7% rated access to drug/alcohol services as fair or poor  
 73.3% rated things to do for youth as fair or poor  
 73.3% rated access to movies as fair or poor  
 71.5% rated access to physician as fair or poor  
 66.6% rated access to jobs/employment as fair or poor  
 53.9% rated access to computers fair or poor  
 46.7% rated access to recreation/leisure as fair or poor  
 40.0% rated access to dentists as fair or poor  
 26.7% rated access to volunteer participation in the community as fair or poor  
 21.4% rated access to education as fair or poor  
 20.0% rated access to sports as fair or poor  
 20.0% rated access to the library as fair or poor  
 6.7% rated a sense of belonging and inclusion as fair or poor  
 6.7% rated safety as fair or poor

#### **Youth ratings of fair or poor:**

67.5 rated access to movies as fair or poor  
 44.8% rated access to transportation as fair or poor  
 39.5% rated access to sports as fair or poor  
 39.2% rated things to do for youth as fair or poor  
 37.8% rated access to dug/alcohol services as fair or poor  
 34.2% rated access to physicians as fair or poor  
 32.4% rated access to recreation/leisure as fair or poor  
 24.2% rated access to counseling as fair or poor  
 19.4% rated access to computers as fair or poor  
 18.9% rated access to jobs/employment as fair or poor  
 18.9% rated access to dental services as fair or poor  
 18.4% rated safety as fair or poor  
 16.7% rated access to libraries as fair or poor  
 11.1% rated access to education as fair or poor  
 8.4% rated access to volunteer participation in the community as fair or poor  
 7.9% rated sense of belonging and inclusion as fair or poor

**RESULTS AND FINDINGS OF MOST IMPORTANT YOUTH ASSETS:****EXTERNAL ASSETS:**

Youth Service Kilty/Tries/2004

**Support:**

1. Family support	76.9	80.0	
2. Positive family communication	41.01	66.7	
3. Other adult relationship	51.3	53.3	
4. Caring neighbourhood	46.2	13.3	<i>*percentage indicates those who chose that asset as one of their top 10 internal or external asset</i>
5. Caring school climate	71.8	53.3	
6. Parent involvement in schooling	28.2	33.3	

**Empowerment:**

7. Community values youth	41.0	40.0
8. Youth as resources	38.5	53.3
9. Service to others	33.3	40.0
10. Safety	66.7	66.7

**Boundaries & expectations:**

11. Family boundaries	33.3	73.3
12. School boundaries	33.3	33.3
13. Neighbourhood boundaries	23.1	6.7
14. Adult role models	51.3	46.7
15. Positive peer influence	56.4	53.3
16. High expectations	35.9	60.0

**Constructive use of time:**

17. Creative activities	71.8	71.1
18. Youth programs	79.5	53.3
19. Religious community	41.0	33.3
20. Time at home	59.0	26.7

**INTERNAL ASSETS:****Commitment to learning:**

21. Achievement motivation	63.9	60.0
22. School engagement	50.0	40.0
23. Homework	36.1	20.0
24. Bonding to school	47.2	33.3
25. Reading for pleasure	41.7	26.7

**Positive values:**

26. Caring	61.1	46.7
27. Equality and social justice	55.6	53.3
28. Integrity	61.1	40.0
29. Honesty	74.3	40.0
30. Responsibility	65.7	80.0
31. Restraint	45.7	100.

**Social competencies:**

32. Planning and decision making	51.4	53.3
33. Interpersonal competence	25.7	40.0
34. Cultural competence	31.4	40.0
35. Resistance skills	48.6	40.0
36. Peaceful conflict resolution	40.0	33.3

**Positive identity:**

37. Personal power	28.6	66.7
38. Self-esteem	77.1	60.0
39. Sense of purpose	45.7	60.0
40. Positive view of personal future	54.3	66.7

## CONCLUSIONS AND RECOMMENDATIONS:

### 1. From the youth focus group discussions the main recommendations are:

- **Increase youth activities, events, and options** ...Develop a youth gathering place or places where socializing and non-sports activities (music, art, theatre) and other sports activities (skate board park, ...) can take place ... engage more youth ... work to get a movie theatre...organize more events and attractions for youth.
- **Remove some of the barriers to participation, inclusion and volunteering** ... Develop better and later bus transportation... provide lower cost activities ... bring youth centres to many areas of the Town.
- **Provide youth counseling and health services** ... drug/alcohol and general counseling ... more doctors ...sexual health information.
- **Cleanup Fort Erie** ... environmental cleanup... downtown ... beaches.
- **Coordinate, communicate and market what is already available** ... services, activities, volunteer opportunities, to youth and service providers.
- **Include youth more and seek their input** ... through more focus groups in schools, churches and community ... surveys ... community discussions.

### 2. From the survey ratings of the community the recommendations are:

- Act on the top priorities and areas identified by the youth and service providers as needing improvement, since they rated those access and community areas as mostly fair or poor and needing improvement (transportation, movie theatre, counseling, things to do, drug/alcohol services, physicians, jobs ...).
- Include youth and service providers in the development of needed initiatives and help enable and coordinate their efforts at community capacity building for youth.

### 3. From the ratings of the major assets the recommendations are:

- The areas that both youth and adults rated as high in importance merit further discussion and planning as to how those areas can truly be attended to in Fort Erie and by whom.
- There is a need to bring together existing providers of youth services to coordinate youth efforts and to work on projects together.

### 4. From the entire Youth Survey the recommendations are:

- Include youth more in planning and deliberations using a mixture of focus groups in the schools, community and churches; host occasional, community meetings of adults and youth; use survey and focus groups to get more input and information from youth on a regular basis.
- The Health of Youth Team and Community Health and Wellness should use the results and findings in their deliberations to establish priorities and programs for youth in the next few years.
- The results of the Youth Survey should be shared with those working on the Healthy Students Initiative Project and all youth services.

- The youth service providers should be brought together for sharing what they so with each other and respond to the results to see if individually or collectively they can respond to the expressed needs of youth and the results.
- Research a sample again in the future using qualitative and quantitative methods and instruments used in this study to see if there are any changes after the implementation phase.

**5. From the recommendations made in the Youth Interim Report (2003), revisited:**

- Conduct key informant interviews.
- Centralize information and communicate about existing events and activities.
- Make counseling and drug/alcohol services available.
- Improve mental health services.
- Get a description of homeless youth.
- Create partnerships with libraries and schools to address barriers.
- Continue the Youth Team in an advisory and planning capacity.

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