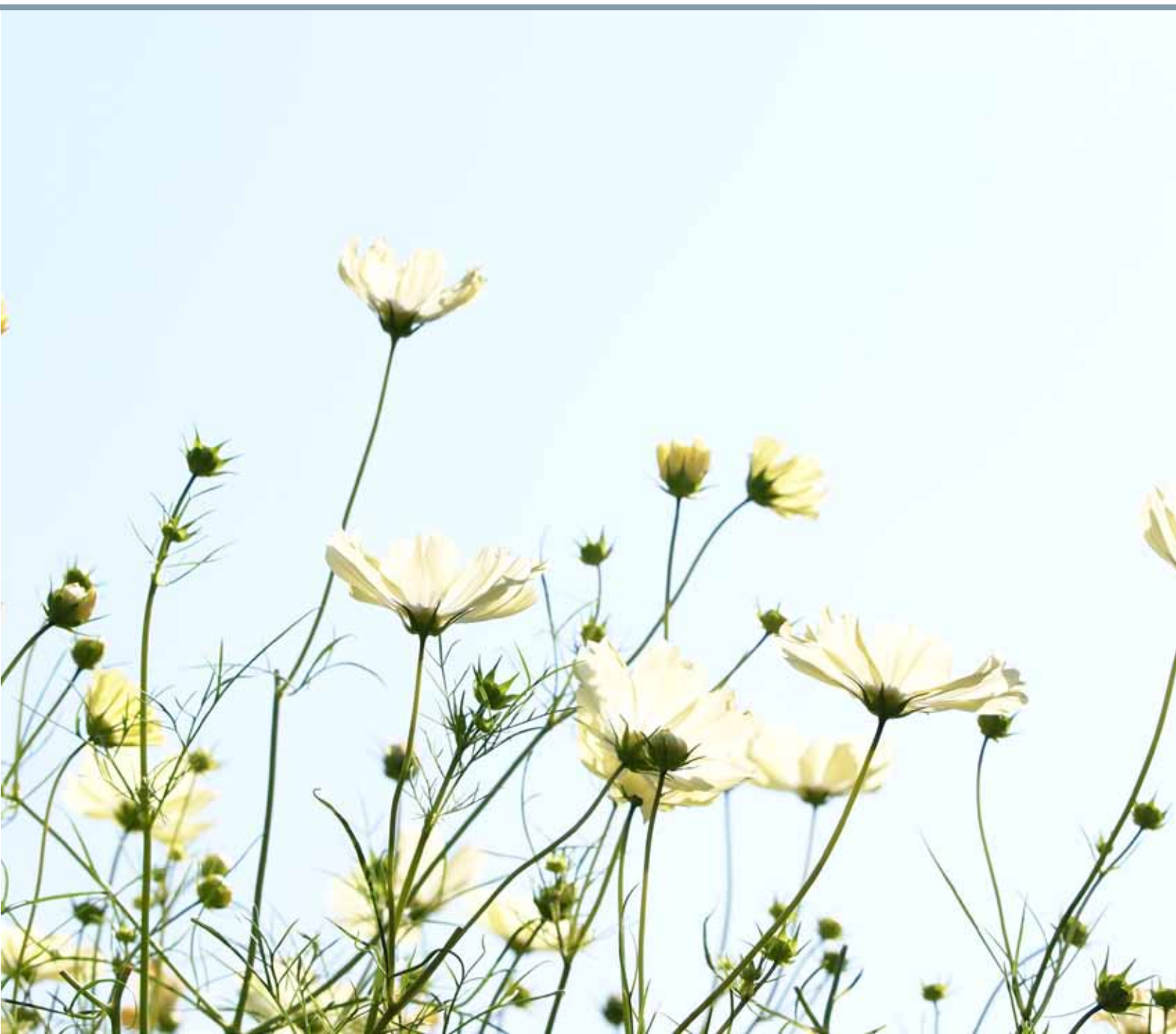


PLEA EVALUATION REPORT

PLEA PROGRAMS FOR YOUTH IN CONFLICT WITH THE LAW



PLEA EVALUATION REPORT

MARCH, 2012

PLEA PROGRAMS FOR YOUTH IN CONFLICT WITH THE LAW WITH
ILLCIT SUBSTANCE ABUSE ISSUES AND OTHER CHALLENGES



ACKNOWLEDGEMENTS

Funding for this evaluation was provided by the Department of Justice Canada's Youth Justice Fund.

This evaluation emerged from a community research partnership between PLEA Community Services, Douglas College's Faculty of Child, Family and Community Studies, and the McCreary Centre Society.

McCreary would like to thank PLEA managers and staff for all their help with data collection. McCreary is also grateful to the Douglas College practicum students who assisted with data entry. Special thanks are due to the youth at PLEA who completed the surveys, participated in focus groups, and shared their feedback and insights with us.



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EXECUTIVE SUMMARY

McCreary Centre Society carried out an independent evaluation of PLEA programs between July, 2008 and January, 2012. Primarily funded by Justice Canada, the evaluation focused on youth in conflict with the law with illicit substance abuse issues, and captured risk behaviours as well as healthy behaviours and protective factors. The project resulted from a community research partnership between PLEA Community Services; Douglas College's Faculty of Child, Family and Community Studies; and McCreary.

The goal of the evaluation was to assess the degree to which participating in PLEA youth justice and addictions services was linked to improvements in young people's behaviours, social adjustment, and emotional functioning. Also, the aim was to collect data that would enable answering applied questions about PLEA clients and services that extended beyond program evaluation.

To assess changes in youths' behaviours and functioning over time, a repeated measures design was used. Youth were asked to complete similar self-report surveys at intake into a program (Time 1, baseline measure), at discharge approximately six months later (Time 2), and six months post-discharge (Time 3). A total of 261 youth completed a Time 1 survey; 128 of these youth also completed a Time 2 survey; and 105 completed a Time 3 survey.

To supplement the quantitative survey data, McCreary staff facilitated a focus group with seven youth who were currently attending PLEA's Daughters and Sisters residential program. They were asked for their thoughts on the survey findings, and their responses are presented throughout this report. Phone interviews were also conducted with caregivers in PLEA residential programs to canvass their views on PLEA.

Youth reported high rates of risk behaviours, experiences and conditions at intake into PLEA, including unstable housing, illegal and aggressive behaviour, mental health problems, and substance use. Their rates of risk behaviours and histories were particularly high when compared to those of youth in mainstream schools across the province who completed the most recent BC Adolescent Health Survey (2008 AHS). These results demonstrate that PLEA was clearly targeting the intended group of high-risk youth.

Further, results indicated that rates of risk behaviours decreased, and healthy behaviours increased, from intake to discharge. Moreover, many of the improvements from intake to discharge were maintained six months after discharge, including lower rates of using certain substances, negative consequences of substance use, criminal and aggressive behaviour, and criminal charges and custody detainments. Sustained improvements were also demonstrated in the domain of victimization, specifically lower rates of physical abuse victimization among males and sexual exploitation among females. Other improvements that were maintained six months post-discharge were in the areas of stable housing and feeling comfortable turning to parents for support.

Taken together, the evaluation results suggest that PLEA not only contributed to improvements in youths' behaviours and functioning by discharge from the program, but that many of the improvements were maintained over time. Qualitative data also highlighted the importance of follow-up support after discharge to further assist youth and their families. Some youth have received this type of support through PLEA's Reintegration Program.



PROJECT DESCRIPTION

The goal of the evaluation was to assess the degree to which participating in PLEA youth justice and addictions services was linked to improvements in young people's behaviours (e.g., reduced substance use and criminal activity, and increased rates of health-promoting activities); social adjustment (e.g., enhanced community connectedness); and emotional functioning (e.g., reduced depressive symptoms, anxiety and anger, and increased hopefulness). Also, the aim was to collect data that would enable answering applied questions about PLEA clients and services that extended beyond program evaluation (e.g., identifying risk and protective factors around youth homelessness).

This evaluation project resulted from a partnership between PLEA Community Services; Douglas College's faculty of Child, Family and Community Studies; and the McCreary Centre Society.

RESEARCH PARTNERSHIP

PLEA is a non-profit organization in British Columbia that offers a range of community-based addictions programs for youth in conflict with the law, and youth justice services for young people at high-risk of misusing drugs. The addictions programs address alcohol and drug use, as well as associated issues pertaining to emotional well-being, physical health and the maintenance of healthy relationships, with the goal of improving the overall health of the high-risk adolescents who access these youth justice services. PLEA encompasses an integrative approach to treatment, drawing on interventions and evidence-based practice from a range of theoretical frameworks (e.g., developmental, cognitive behavioural, attachment) that are tailored to the individual needs of each service recipient. PLEA had been collecting data on its service recipients since the inception of most of its programs but did not have the resources to conduct comprehensive research and data analysis.



Douglas College's Faculty of Child, Family and Community Studies offers a variety of educational options, including a diploma or undergraduate degree in Child and Youth Care, as well as a diploma in Youth Justice. The program features both practicum placements and research methods components. Students and faculty at Douglas College have academic and applied interests in the types of services that PLEA offers and the vulnerable youth they serve. For this reason, a strong working relationship has existed for many years between PLEA and Douglas College, with many Douglas students completing their field practicum at PLEA.

McCreary was invited to join the partnership in 2007 because senior administrators at PLEA were interested in incorporating a research and evaluation component into its service delivery. McCreary is a non-profit organization whose mandate is to improve youth health in BC through research and youth engagement initiatives. Although perhaps most widely known for the Adolescent Health Survey, the large province-wide population health survey of youth in mainstream schools in BC, McCreary also carries

out research with vulnerable youth populations, including youth in custody, street-involved youth, Aboriginal youth and LGB youth. McCreary also conducts independent program evaluations.

The goal of the research partnership was to create a research program that enriches the learning experience of students while producing community-based, academically rigorous research projects. The three agencies agreed to a Memorandum of Understanding which sets out the responsibilities of each organization and ensures that each project is reviewed by the appropriate ethics Board and adheres to accreditation standards.

In 2008, McCreary spearheaded a three-year independent evaluation of PLEA addictions and youth justice programs funded by Justice Canada. The evaluation aimed to collect new data from these PLEA programs. Douglas College practicum students were involved in all aspects of the project, including helping with data collection, data entry and analysis, and presenting the findings. Ethics approval for the overall project was received from Douglas College's Research Ethics Board.

METHODOLOGY

MEASURES

To assess changes in youths' behaviours and functioning as a result of taking part in PLEA, a repeated measures design was used. Youth were asked to complete similar self-report surveys at intake (Time 1, baseline measure), at discharge approximately six months later (Time 2), and six months after discharge (Time 3).

The youth surveys were created by amalgamating a number of measures that have been previously validated with adolescents and have good psychometric properties. Additionally, items from other McCreary surveys, previously used successfully with youth, were included. The surveys tapped a range of behaviours, experiences and psycho-social functioning, and included not only risk behaviours but also healthy behaviours and protective factors (see Appendix). The surveys also asked for direct feedback about PLEA and if youth felt that the program helped them in various domains. The 20-page Time 1 survey was piloted with 20 youth at PLEA, and changes were made based on youths' feedback and comprehension considerations.

To supplement the quantitative survey data, McCreary carried out a focus group with seven youth who were currently attending PLEA's Daughters and Sisters residential program. They had been in the program between 1.5 and 5 months. They were asked for their thoughts on the survey findings, and their responses are

presented throughout this report. Phone interviews were also conducted with caregivers in the residential programs to canvass their views on PLEA. Their feedback is provided in a section at the end of this report.

ANALYSES

All comparisons and associations in this report were tested and are statistically significant at $p < .05$, unless otherwise stated. This means that there is a 5% likelihood that the results occurred by chance alone. Comparisons between time-points were assessed using repeated measures procedures, including the McNemar test for dichotomous variables and the Paired-Samples t-test.

PROCEDURE

PLEA staff distributed the Time 1 and Time 2 surveys to youth, and youth completed them independently. After completing the survey, youth sealed it in an envelope which was sent to McCreary for confidential data entry and storage. PLEA staff did not see individual youths' survey responses. McCreary contacted youth in the community six months after discharge to ask if they were interested in completing a Time 3 survey. Youth were permitted to complete a Time 2 or Time 3 survey only if they completed a Time 1 survey.

Before completing the survey, youth were informed that participation was voluntary, they could skip any question they did not feel comfortable answering, and they could withdraw at any time. They were also informed that the information they provided was confidential and would not be used in any way that could lead to them being personally identified. Their name and other identifying information was not included on any of the questionnaires. Instead, each youth was assigned a unique participant identification number that was used for tracking youth across time-points.

It took youth between 30 and 60 minutes to complete each survey, and they received a gift card for each survey they completed.

PARTICIPANTS

Participants were involved in one of six PLEA programs (Daughters and Sisters, Waypoint, Onyx, ISSP, Dare, Q Creative), with the majority attending a non-residential program (64%) and the remaining youth involved in a residential program.

A total of 261 youth completed a Time 1 survey. The majority were males (61%), which was reflective of the rates of males and females in these programs. Participants ranged in age from 12 to 19, and their average age was 16.5. They most commonly identified as European or/and Aboriginal.

Among youth who completed a Time 1 survey, 128 (49%) also completed a Time 2 survey. Youth who did not complete a Time 2 survey (but

Most commonly identified ethnic or cultural backgrounds (youth could select more than one)

European (e.g., British, French, Italian)	46%
Aboriginal/First Nations	41%
East Asian (e.g., Chinese, Japanese, Korean)	5%
Southeast Asian (e.g., Cambodian, Filipino, Vietnamese)	4%
Latin American/South American/Central American	4%
African (e.g., Ethiopian, Moroccan, Kenyan)	4%
South Asian (e.g., East Indian, Pakistani, Sri Lankan)	2%

completed Time 1) did not differ significantly from those who completed both Time 1 and Time 2 surveys. For example, the two groups were similar in age and ethnic backgrounds, and at Time 1 demonstrated comparable rates of risk behaviours and experiences including substance use, criminal and aggressive behaviour, precarious housing, experiences in government care, and sexual exploitation. These results suggest that factors other than greater risk contributed to youth not completing a Time 2 survey, such as the amount of contact youth had with the program when staff distributed the surveys immediately before discharge.

A total of 105 Time 3 surveys were completed, meaning that 40% of youth who had completed an intake survey also completed a survey six months post-discharge.

FINDINGS

LIVING ACCOMMODATIONS

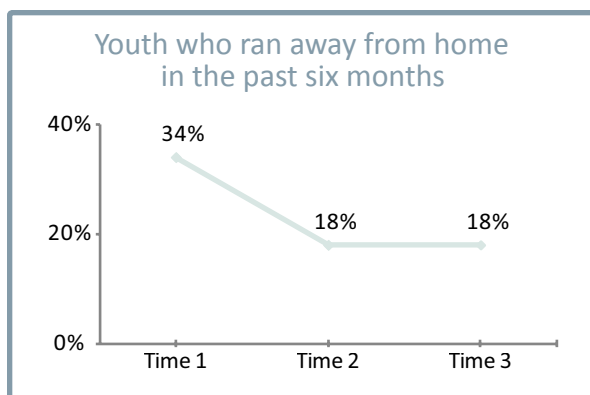
At intake into PLEA, youth reported having lived in a range of accommodations. Sixty-one per cent had been in government care (group home or foster care), in comparison to 3% of youth in mainstream schools who completed the 2008 BC Adolescent Health Survey (AHS). Most youth at PLEA had also lived in precarious accommodations (e.g., on the street, in a shelter, couch surfing; 58%) at some point. Females were more likely than males to have ever couch surfed (66% vs. 47%), and there were no other gender differences.

Living accommodations (intake survey)		
	Lifetime	Past 6 months
Parents' home	94%	57%
Other relative's home	65%	17%
Couch surfing (nowhere/all over)	55%	17%
Foster home	51%	28%
Group home	45%	24%
Safe house/shelter	43%	16%
Street	42%	13%
Hotel	33%	8%
Transition house	23%	9%
Abandoned house/building	23%	6%
Tent	21%	3%
Car	18%	4%

At intake, 65% of youth had moved at least once in the past six months, with 20% having moved five or more times. Among youth who completed the AHS, 28% had moved in the past year.

Not surprisingly, housing stability increased from intake to discharge among youth taking part in a residential PLEA program (but not among youth in a non-residential program). However, for all youth, rates of moves six months post-discharge were similar to those at intake.

Thirty-four percent of youth reported on their intake survey that they had run away from home in the past six months. Among youth who completed the AHS, 9% had run away in the past year. Youth at PLEA were less likely to report running at discharge than at intake, and this lower rate was maintained six months post-discharge. There was a similar pattern for being kicked out of the place they were living, with 37% of youth being kicked out at Time 1, which decreased to 14% at Time 2 which was comparable to the rate at Time 3.



Six months post-discharge, youth had most commonly been living with their parents (46%) and/or a romantic partner (26%) since leaving PLEA. Fifteen percent had been in a foster home or group home; 10% had been in custody; and 9% had been in another treatment program (they could mark more than one response). There were no gender differences with the exception that females were more likely than males to have been living with their romantic partner (36% vs. 15%).

As illustrated in the following graph, youth were less likely at Time 3 than at Time 1 to have lived in precarious housing in the past six months (i.e., to have lived on the street, in an abandoned building, safe house/shelter, or couch surfed).

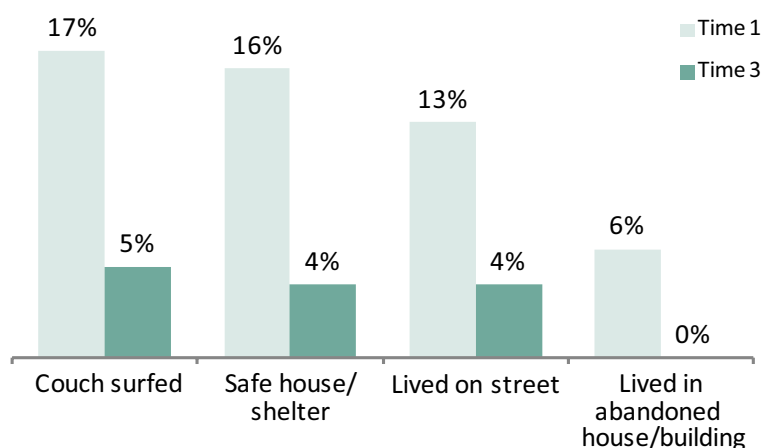
Whom youth had most commonly been living with since leaving PLEA (Time 3 survey)

Parents	46%
Boyfriend/girlfriend	26%
Other relatives	12%
By themselves	11%
Roommate	11%

Where youth had most commonly been living since leaving PLEA (Time 3 survey)

Parents' home	51%
Own home	22%
Foster home	13%
Custody centre	10%
Treatment program	9%
Other relatives' home	9%

Rates of precarious housing in the past six months



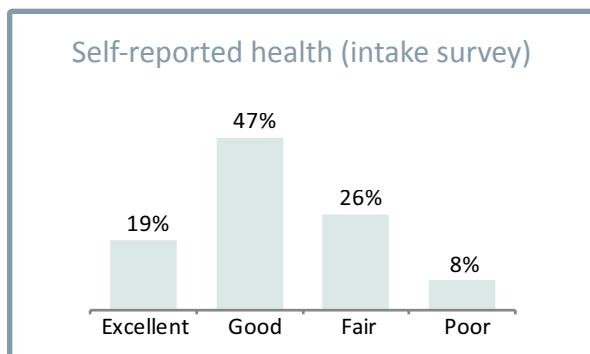
PHYSICAL HEALTH

At intake into PLEA, youth most commonly indicated being in good health. However, males were more likely than females to report good or excellent health (77% vs. 50%).

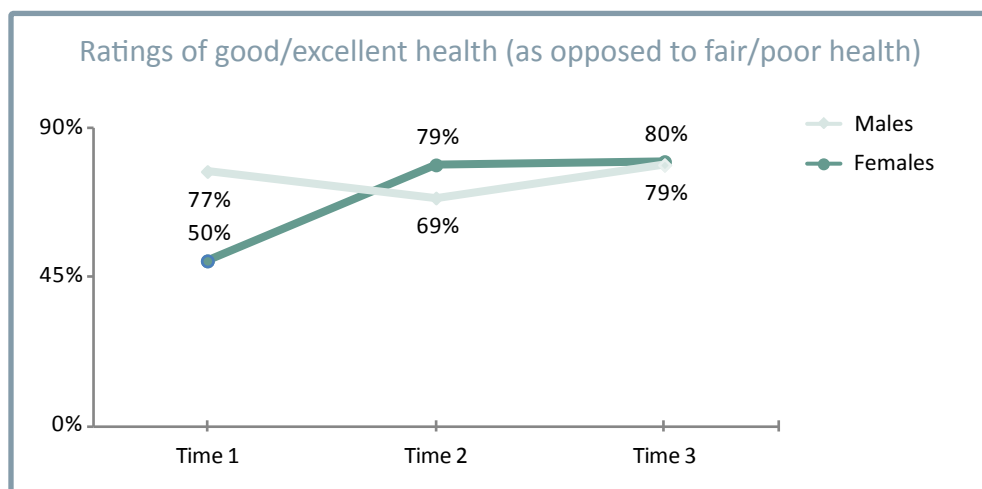
At intake, 6% of youth indicated having a long-term illness that prevented them from engaging in activities their peers took part in (e.g., asthma, diabetes), and 3% reported having a limiting physical disability (e.g., deafness, using a wheelchair). Rates were similar for males and females.

In the 2008 AHS, 84% of youth reported good or excellent health. At PLEA, the rate was 66% at intake, 74% at discharge, and 79% six months after discharge.

As illustrated in the following graph, females reported better health at discharge than at intake, and their improved Time 2 ratings were maintained six months post-discharge. Males' health ratings were stable across all three time-points. By Time 3, females and males had comparable health ratings.



Female focus group participants explained that taking part in PLEA allowed them to “clean their bodies” from various illicit substances, which made them feel healthier by the time they left the program. They also attributed their improved health to having greater access to a gym, doctors, and healthy food as a result of their involvement in PLEA.



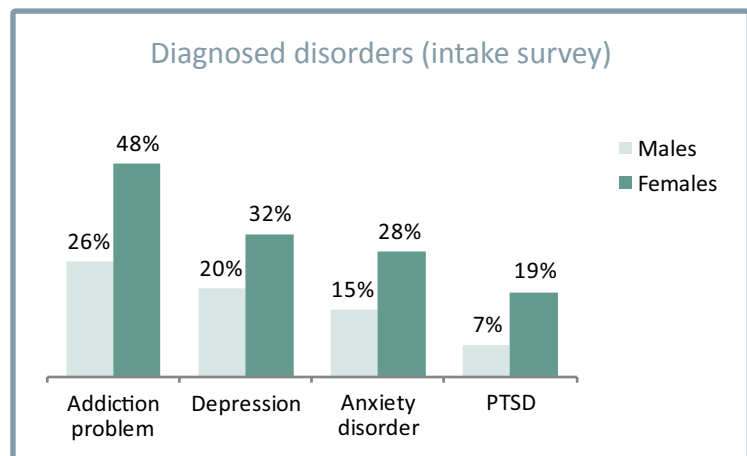
Notes: The gender differences at Time 2 and Time 3 are not statistically significant. For males, the differences across time-points are not significant.

MENTAL HEALTH

DIAGNOSES

Youth reported on their intake surveys having been diagnosed with various mental health problems at some point in their lives. The most common were addiction problems (35%), Attention Deficit/Hyperactivity Disorder (ADHD; 31%); a learning disability (25%), depression (25%), and an anxiety disorder (22%). Females were more likely than males to have been diagnosed with depression, Post-Traumatic Stress Disorder (PTSD), another anxiety disorder, or an addiction problem.

At discharge, youth were asked if they have a doctor's prescription for mental health medication (e.g., anti-depressants). Twenty-nine percent reported having one, with females more likely than males to have a prescription (38% vs. 19%). Among these youth, 52% always took their medication whereas 15% never took their prescribed medication, and the remaining youth took their medication often (17%) or sometimes (17%), with comparable rates for males and females.



DEPRESSIVE SYMPTOMS

On average, females had higher levels of depressive symptoms than males at intake, which was consistent with the gender difference among youth in mainstream schools across the province (2008 AHS). Females' depressive symptoms decreased from intake to discharge, with the decrease maintained six months post-discharge. Males' levels of depressive symptoms remained consistent across time-points. At Time 3, females' levels of depressive symptoms were still higher than those of males.

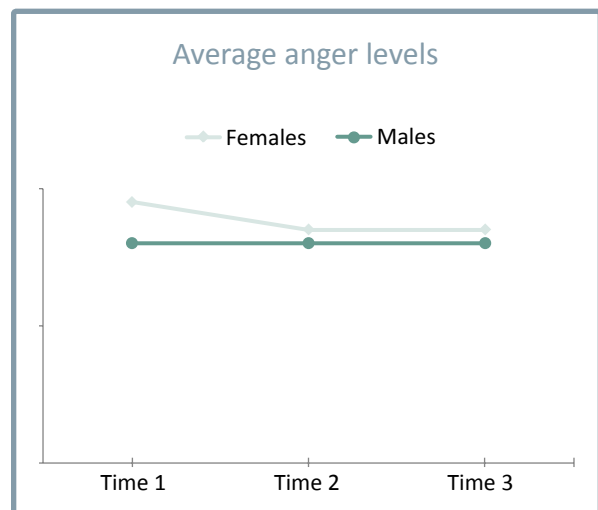
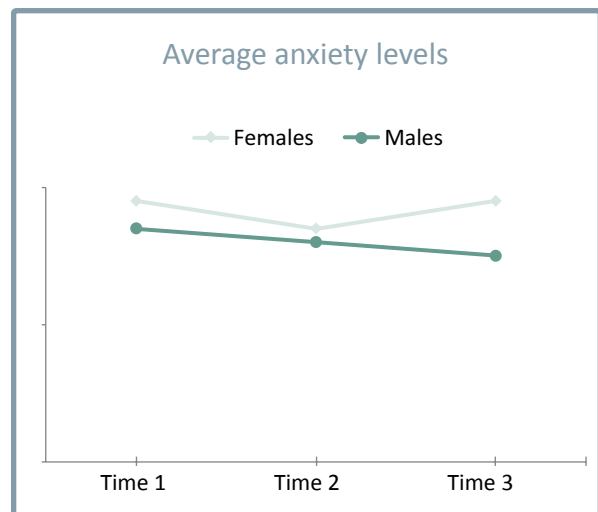
ANXIETY

Females also had higher levels of anxiety at intake than males, which was in line with the gender difference in the 2008 AHS. Females' anxiety decreased from intake to discharge, but rose again six months post-discharge. Males' anxiety levels were comparable at intake and discharge, but were lower six months post-discharge than they were at intake.

ANGER

Females had higher levels of anger than males at intake. As was the case with depressive symptoms, females' anger decreased from intake to discharge, with the decrease maintained six months post-discharge. Males' anger remained consistent across time-points. Females' anger levels were not significantly different to those of males at discharge and six month post-discharge.

Female focus group participants explained that they learned more adaptive coping strategies (e.g., talking with staff and peers) while at PLEA, which helped to reduce their anger.



Note: The gender difference at Time 2 or Time 3 is not statistically significant.

SUICIDE ATTEMPTS

Among youth in mainstream schools who completed the AHS, 7% of females and 3% of males attempted suicide in the past year. The rate was higher among youth at PLEA who completed an intake survey, with 16% of females and 5% of males having attempted suicide in the past six months. These rates remained stable at discharge from PLEA and six months later.

SELF-HARM

Among youth who completed the AHS, 22% of females and 12% of males had hurt themselves on purpose without trying to kill themselves, at some point in their lives. The rate was even higher among youth at PLEA. At intake into PLEA, 27% of females and 8% of males had self-harmed in the past six months.

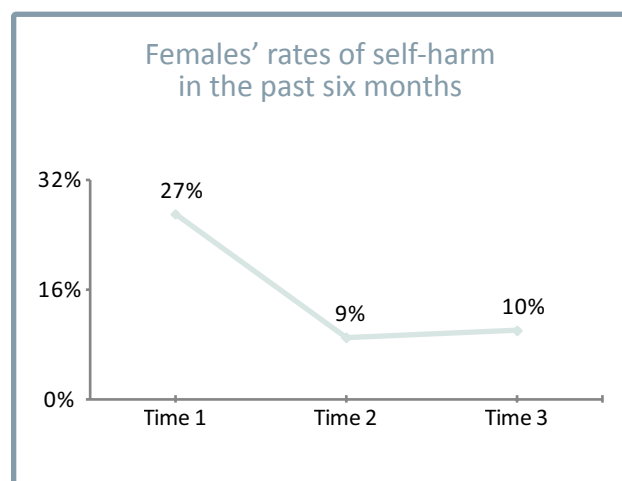
Among females, self-harm decreased from intake to discharge, and the decrease was maintained six months post-discharge. Among males, self-harm rates were comparable across the three time-points.

Female focus group participants explained that they learned different and healthier ways of dealing with their emotions while at PLEA, which contributed to their reductions in self-harm. They also said that feeling angry induced self-harmful behaviour, so their self-harm decreased once their feelings of anger decreased.

In the AHS, 87% of youth reported feeling satisfied with themselves. At PLEA, 78% felt this way at intake, 88% felt this way at discharge, and 86% were satisfied with themselves six months post-discharge.

SELF-ESTEEM

At intake, females had lower self-esteem than males (2.8 vs. 3.1; the scale ranged from 1 to 4, where scores closer to 4 reflected higher self-esteem). Females' self-esteem increased from intake to post-discharge, whereas males' self-esteem remained consistent. At Time 3, males and females had comparable levels of self-esteem.



Note: The difference between Time 2 and Time 3 is not statistically significant.

CURRENT LIFE CIRCUMSTANCES

Despite challenges in their lives, most youth rated their current life circumstances as good or fair at intake (as opposed to poor or awful). Moreover, at discharge there was a significant positive shift in their ratings, in that they were more likely than at intake to rate their life circumstances as good. Results were similar for males and females.

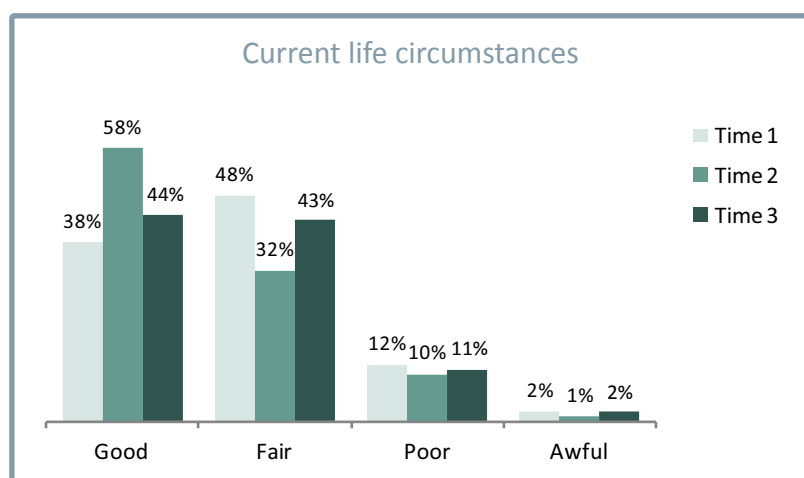
At Time 3, most youth still rated their current life circumstances as good or fair, but were less likely than at discharge to see their life circumstances as good.

OUTLOOK ON THE FUTURE

Males and females had relatively high hope for their future. For example, at least 85% of youth at all three time-points reported looking forward to the future with hope and enthusiasm.

Many youth also envisioned positive circumstances for themselves in five years, including having a job or a home of their own. Virtually none envisioned bleaker circumstances, such as being in prison, on the street, or dead. These expectations did not differ significantly across the three time-points.

Additionally, around 1 in 5 youth indicated not knowing where they would be in five years, and this rate was comparable across all time-points. Focus group participants explained that youth may have responded in this way because although they may have had a positive outlook on their future, they still feared reverting to substance misuse and other high-risk behaviours. Therefore, some youth do not plan where they will be in five years, which feels like the distant future, and instead focus on taking one day at a time.



Note: The differences between Time 1 and Time 3 are not statistically significant.

In terms of gender differences, females at intake were more likely than males to expect to be in school in five years (50% vs. 25%) but this gender difference was not significant at the following two time-points. At intake and discharge, but not six months post-discharge, females were more likely than males to expect to have a home of their own (62% of females vs. 40% of males at Time 2). There were no gender differences at Time 3.

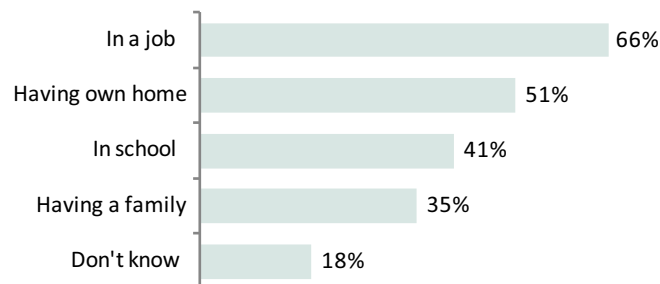
SELF-REPORTED IMPROVEMENTS DUE TO INVOLVEMENT IN PLEA

Youth were directly asked at discharge and six months post-discharge how much their involvement in PLEA had helped to improve their mental health. At discharge, the majority of youth reported that their involvement helped ‘very much’ or ‘quite a bit’ in improving their overall

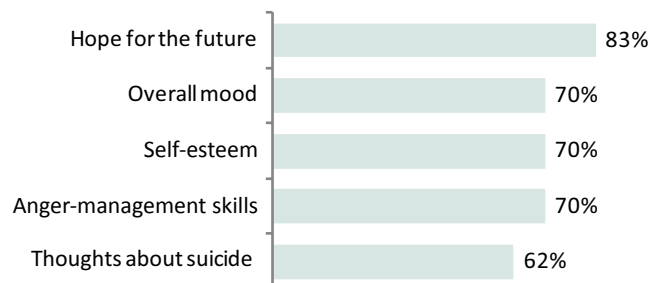
mood, self-esteem, hopefulness and anger-management skills, and in reducing their suicidal ideation. Females were more likely than males to report this degree of improvement in hopefulness (93% vs. 72%) and suicidal ideation (83% vs. 41%). Results were similar at Time 3.

Focus group participants attributed youths’ improvements in mental health to the supportive and “amazing” staff at PLEA. They said that staff help youth to understand their problems and to realize that “how it was isn’t how it has to be.” They added that youth in residential PLEA programs experience less stress while at PLEA than before entering the program because they no longer need to worry about meeting their basic needs, given that PLEA provides them with a place to sleep and nutritious food. With their basic needs taken care of, they feel more equipped to work on improving their emotional health.

Where youth most commonly saw themselves in 5 years (Time 3 survey)



Youths’ self-reported improvements in mental health due to participating in PLEA (Time 2 survey)



Note: Percentages reflect those who reported ‘quite a bit’ or ‘very much’ improvement.

SUBSTANCE USE

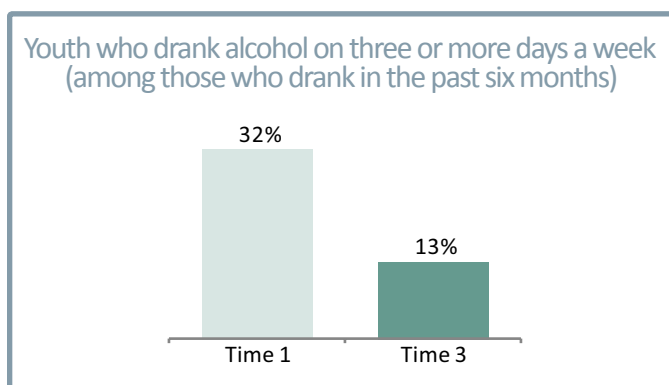
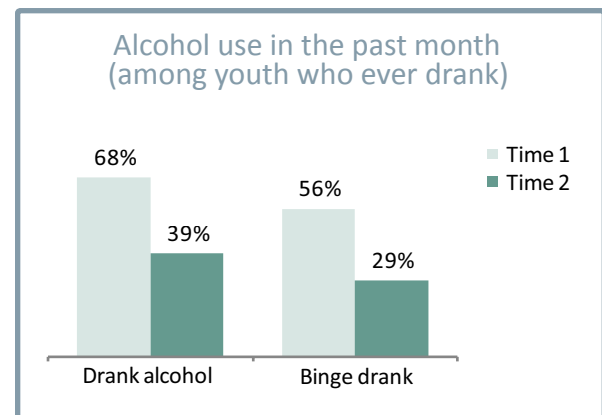
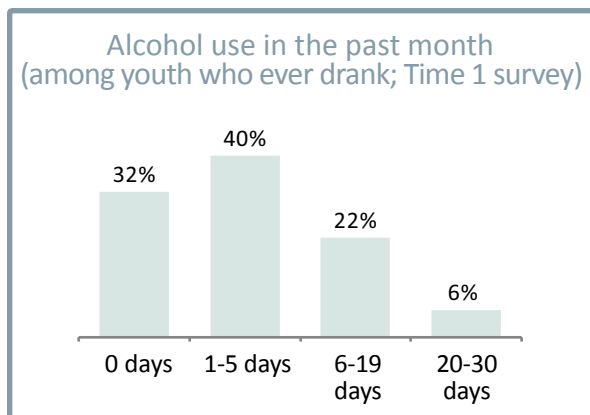
ALCOHOL

At intake, most youth (94%) reported consuming alcohol at some point. Among those who had used alcohol, the majority (68%) drank in the past month, with 6% drinking on 20 or more days.

At intake, 56% of youth who ever used alcohol engaged in binge drinking in the past month (5 or more drinks in a row, within a couple of hours). There were no gender differences in alcohol use or binge drinking.

Among males and females who ever drank, past-month alcohol use decreased from intake to discharge. Rates of alcohol use six months post-discharge were comparable to rates at intake. Similarly, rates of binge drinking decreased from intake to discharge, but returned to baseline levels six months after discharge.

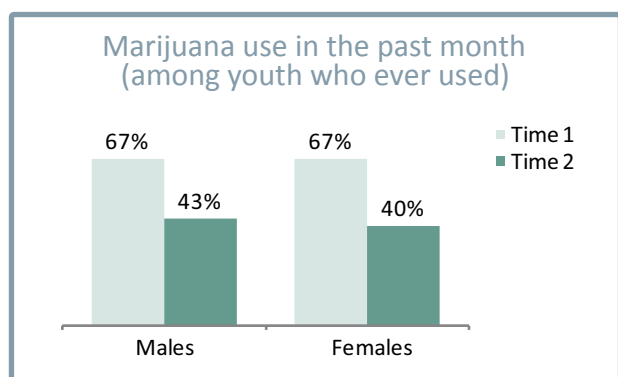
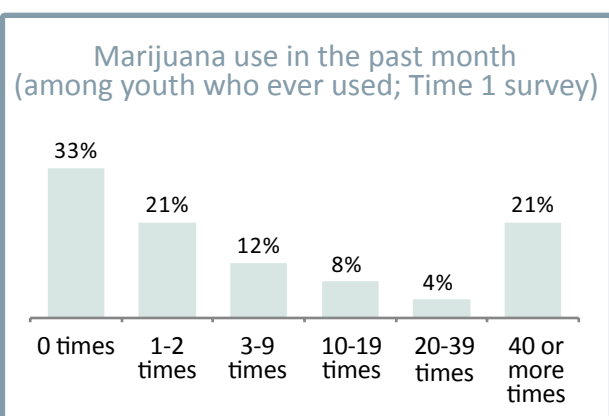
Although rates of past-month alcohol use were similar at Time 1 and Time 3, youth who used alcohol drank on fewer days in the past week at Time 3 than at Time 1.



MARIJUANA

Ninety-seven percent of youth indicated on their intake survey that they had used marijuana. Among those who ever used, 67% had used in the past month, with 21% using more than once a day. Males and females reported comparable rates of marijuana use.

Past-month marijuana use decreased from intake to discharge, for both males and females. As was the case with alcohol use and binge drinking, at six months after their discharge from PLEA rates of marijuana use had returned to the level youth were using when they entered PLEA.



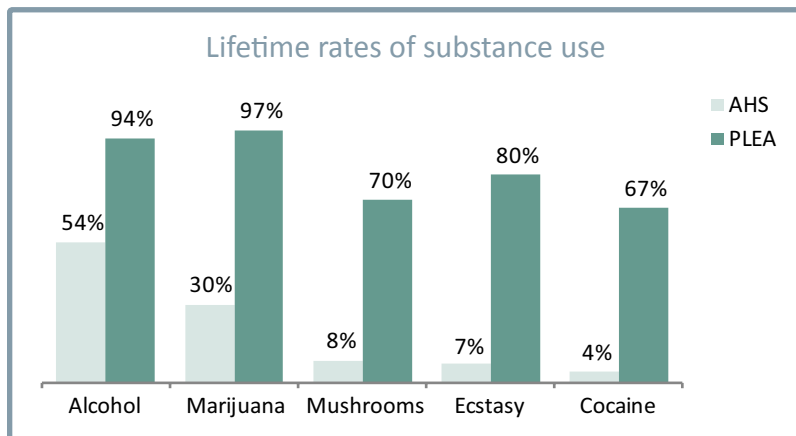
OTHER SUBSTANCES

As illustrated in the following table, youth at intake also reported using a range of substances other than alcohol or marijuana. The most common were ecstasy, cocaine, and mushrooms.

Substance-use rates among youth at PLEA were high when compared to those among youth in mainstream schools across BC.

Among youth at PLEA, there were some noteworthy gender differences in substance use. On the intake survey, females were more likely than males to have ever used cocaine (76% vs.

Substance use (Time 1 survey)		
	Lifetime	Past Month
Alcohol	94%	68%
Marijuana	97%	67%
Ecstasy	80%	14%
Cocaine	67%	12%
Mushrooms	70%	6%
Hallucinogens	52%	3%
Prescription pill misuse	43%	6%
Speed	30%	5%
Crystal Meth	27%	6%
Heroin	24%	3%
Inhalants	25%	2%
Injected an illegal drug	11%	-
Steroids	5%	-

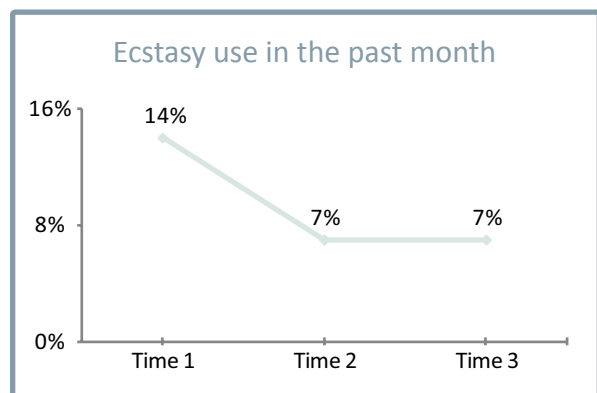


Note: The PLEA rates are based on youths' intake survey responses (Time 1).

60%), crystal meth (40% vs. 17%), speed (44% vs. 20%), heroin (31% vs. 18%), and prescription pills without a doctor's consent (52% vs. 37%). This pattern of gender differences was different from that in the province as a whole. Although females in BC were more likely than males to have used prescription medication without a doctor's consent, males were more likely than females to have used mushrooms, hallucinogens, steroids, heroin, and crystal meth, and to report having injected drugs.

There were reductions from intake to discharge in past-month use of cocaine (12% vs. 7%) and ecstasy (14% vs. 7%), with similar patterns for males and females. Further, the reduced rate of ecstasy at discharge from the program was

maintained six months later. There were no significant reductions across time points in any of the other substances, likely due to small cell sizes that resulted in insufficient statistical power to detect differences.



MIXING DRUGS

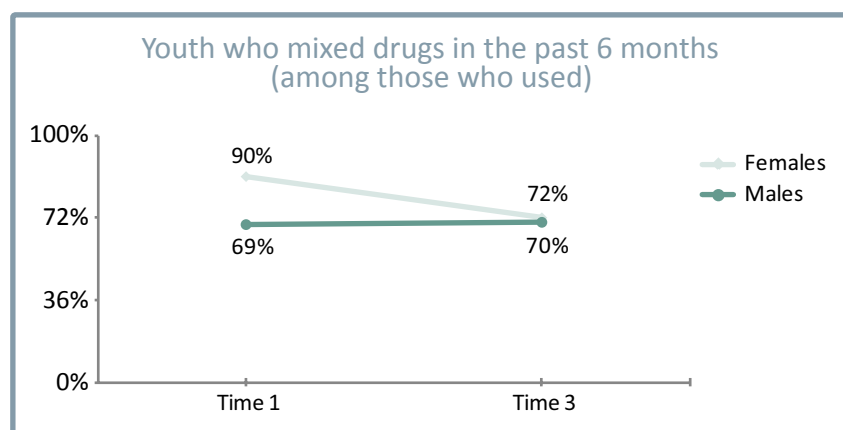
Among youth at PLEA who used illicit substances, 78% reported on their intake surveys that they had mixed substances in the past six months (used two or more at the same time or on the same day). The most common combinations were alcohol and marijuana, or alcohol, marijuana and another drug (e.g., ecstasy or crystal meth).

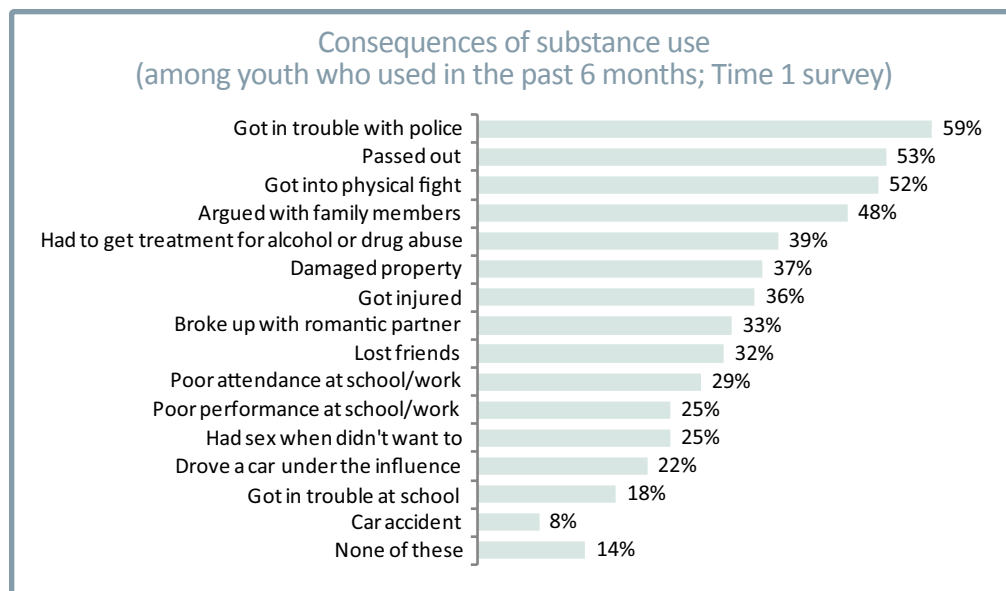
At intake, females were more likely than males to have mixed drugs (90% vs. 69%). Among females, rates of mixing substances decreased from intake to discharge, and these lower rates were maintained six months post-discharge. Among males, rates of mixing drugs were consistent across time-points. As a result, there were no gender differences in rates of mixing drugs by Time 3.

NEGATIVE CONSEQUENCES OF SUBSTANCE USE

On the intake survey, 86% of youth who used substances in the past six months reported at least one negative consequence stemming from their drug use. The most common repercussions were getting into trouble with police, passing out, getting into physical fights, and arguing with family members.

Participants at PLEA were also asked if they did not use a condom or other latex barrier while having sex in the past 6 months, as a result of being under the influence of alcohol or drugs. Forty-three percent reported engaging in unprotected sex for this reason, and females were more likely than males to do so (57% vs. 34%).

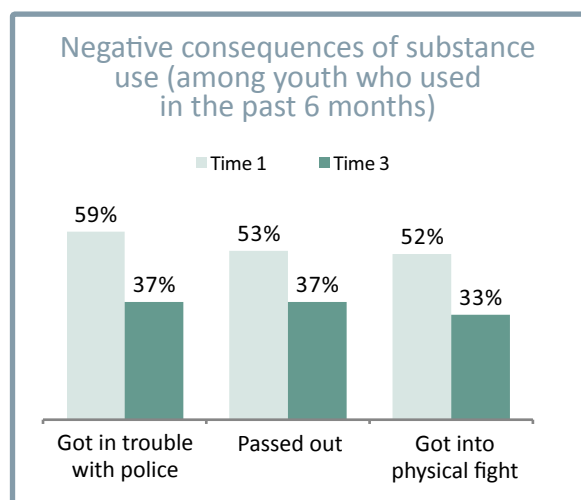




The overall rates of consequence at PLEA were higher than those for youth in mainstream schools across the province. For example, among youth who used substances, 2% of students in the province as a whole (AHS) felt they needed treatment for alcohol or drug abuse, compared to 39% of youth at PLEA. Also, 44% of students in the AHS reported no negative consequences as a result of their substance use, compared to only 14% at PLEA.

At intake into PLEA, females were more likely than males to have passed out in the past six months as a result of their substance use (64% vs. 45%). Females were also more likely to have poor attendance at school or work (39% vs. 22%) and to have had sex when they did not want to (46% vs. 10%). They were also more likely to report relationship difficulties, including arguing with family members (57% vs. 41%), losing friends (44% vs. 24%), and breaking up with their romantic partner (48% vs. 22%).





Youth who used substances were less likely to experience some negative consequences at discharge and six months post-discharge than at intake. For example, they were less likely at later time-points than at intake to have passed out, been in a physical fight, gotten in trouble with police, and to have had unsafe sex as a result of their substance use. Females, but not males, were also less likely to have had sex when they did not want to.

SELF-REPORTED IMPROVEMENTS DUE TO INVOLVEMENT IN PLEA

Youth were directly asked at discharge and six months post-discharge how much their involvement in PLEA had helped to reduce their substance use. At Time 2, 62% indicated that taking part in PLEA helped them “very much” or “quite a bit” in this domain, with comparable rates for males and females. At Time 3, the rate was similar but females were more likely than males to report this amount of improvement (58% females vs. 36% males).



ILLEGAL AND AGGRESSIVE BEHAVIOUR

Youths' aggressive and illegal activities were assessed with the Self-Report Delinquency scale. At intake, youth reported engaging in relatively high rates of criminal and aggressive behaviour in the past six months. For example, over half had been in a physical fight or had threatened to hit someone; 2 in 5 had tried stealing something over \$50; 1 in 4 youth had sold hard drugs; and more than 1 in 4 had been involved in gang activity.

Females were more likely than males to have stolen (or tried to steal) goods under \$50 (52% vs. 32%), to have been paid for having sexual relations (25% vs. virtually none), and to have sold hard drugs (31% vs. 20%). No other gender differences were statistically significant.

Risk behaviours in the past six months (Intake survey)	
Been in a fistfight	62%
Hit or threatened to hit someone	58%
Held or sold stolen goods	46%
Sold marijuana or hashish	44%
Stolen (or tried to steal) something worth <u>less</u> than \$50	40%
Stolen (or tried to steal) something worth <u>more</u> than \$50	40%
Intentionally damaged or destroyed others' property	35%
Used force to get money or things from someone	28%
Been involved in gang activity	26%
Broken into a building or vehicle	26%
Used a weapon while fighting	25%
Sold hard drugs (e.g., heroin, cocaine, LSD)	25%
Attacked with intent to seriously hurt or kill	24%
Taken a vehicle without the owner's permission	24%
Stolen (or tried to steal) a motor vehicle	18%
Been paid for having sexual relations with someone	11%
Tried to have sex with someone against their will *	--

*Sample size too small to report

There were significant decreases from Time 1 to Time 2 in rates of all the risk behaviours. Two exceptions were being paid for having sexual relations with someone and having sex with someone against their will, likely due to the very low frequency with which these behaviours occurred at both Time 1 and Time 2.

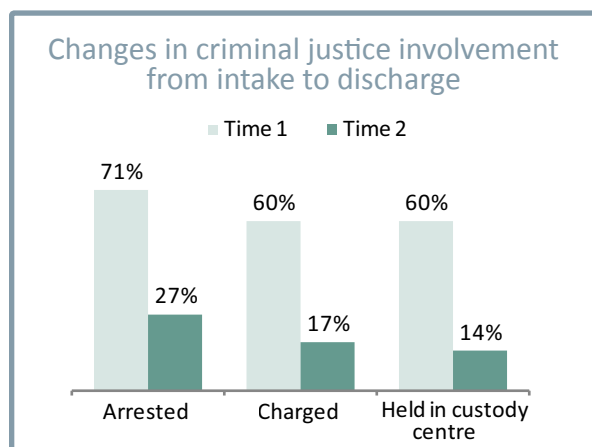
Further, rates of most of the delinquency behaviours were significantly lower at Time 3 than at Time 1, with no significant increases between Time 2 and Time 3 for most of these behaviours. These results indicate that the reduced rates which youth demonstrated while taking part in PLEA were maintained at least six months

post-discharge. However, there were some exceptions including rates of gang activity which decreased from Time 1 to Time 2 (26% vs. 10%), but then increased again from Time 2 to Time 3 (10% vs. 22%) so that the rates at Time 1 and Time 3 were comparable.

Youth were also asked about their criminal justice involvement. At intake, the majority of youth reported being arrested, charged or held in a custody centre in the past six months, with comparable rates for males and females. Several youth indicated three or more arrests (37%), charges (19%) or detainments (15%) in the past six months.

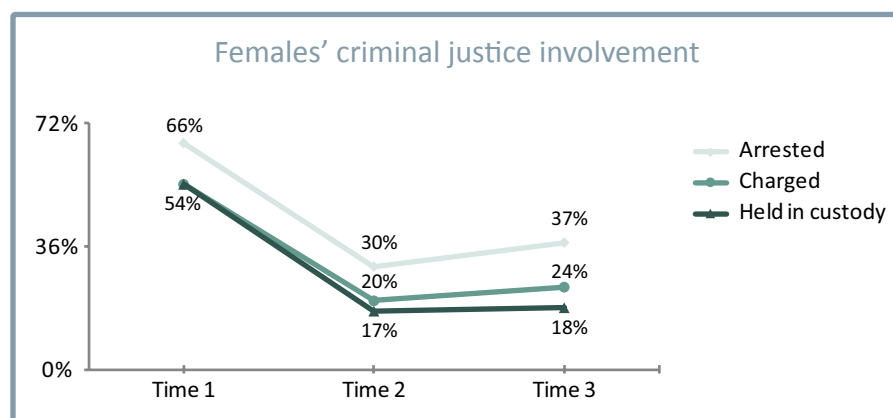


As illustrated in the following graph, rates of arrests, charges, and custody detainment all decreased significantly from Time 1 to Time 2. This pattern was consistent for both males and females.



Females also had reduced rates of arrests, charges, and custody detainment from Time 1 to Time 3. Males demonstrated reduced rates of charges and detainments, but their rates of arrests in the past six months were comparable at Time 1 and Time 3.

When asked directly at discharge how much their involvement in PLEA helped to reduce their criminal activity, 78% of youth indicated that it helped 'very much' or 'quite a bit,' with comparable rates for males and females. Six months post-discharge, the majority of youth still reported that their involvement in PLEA had helped in reducing their criminal activity to this degree, but females were more likely than males to report this amount of improvement (78% vs. 54%).



Note: The differences between Time 2 and Time 3 are not statistically significant.

SEXUAL BEHAVIOUR

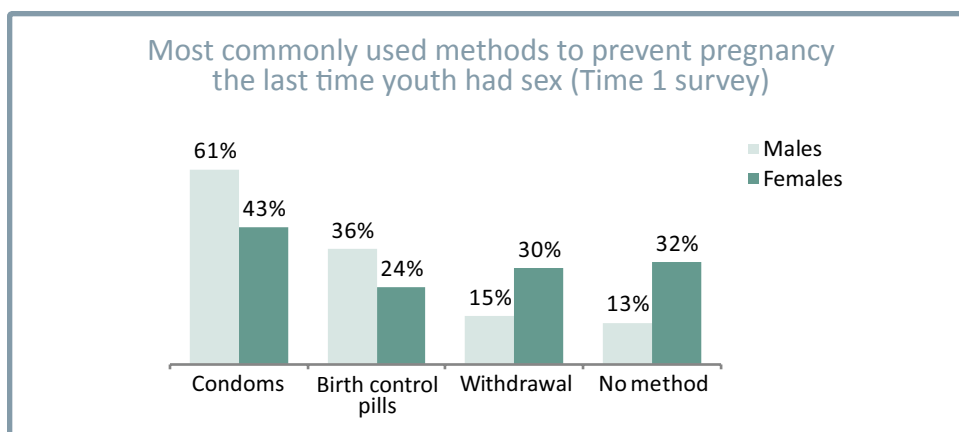
At intake into PLEA, 94% of youth reported ever having sexual intercourse (compared to 22% in the AHS). Ninety percent of these youth had sex within the past six months, with comparable rates for males and females. Once involved in PLEA, youth were less likely to have sex (Time 2 survey; 64%) than in the six months before starting PLEA. Rates of having sex were comparable at Time 1 and Time 3.

At Time 1, males and females who had sex in the past six months most commonly indicated having one sexual partner during that time (39%), although 18% had sex with six or more people. At discharge (Time 2), virtually no males

and females reported having had sex with six or more people since starting their PLEA program, although by Time 3 this rate rose to Time 1 levels.

Among youth who ever had sex, 49% reported at intake that they or their partner did not use a condom or other latex barrier the last time they had sex (60% of females vs. 41% of males). Rates were comparable at all time-points.

At all time-points, males and females most commonly indicated using condoms, followed by birth control pills, as the method they or their partner used to prevent pregnancy.



Notes: Among youth who ever had sex and those who had sex with an opposite-sex partner the last time. Youth could select more than one method of preventing pregnancy. The gender difference for birth control pills was not statistically significant.

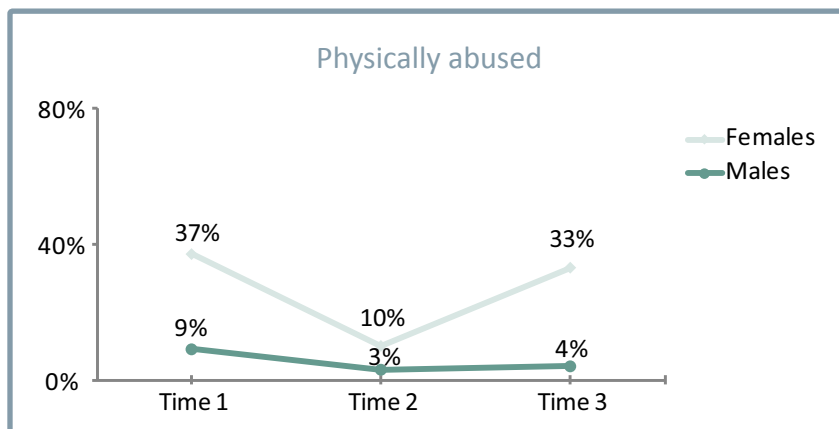
VICTIMIZATION

At intake, 37% of females and 9% of males had been physically abused in the past six months, and 22% of females (and virtually no males) had been sexually abused during this time period. Among youth who completed the AHS, 19% of females and 14% of males had ever been physically abused, and 13% of females and 3% of males had ever been sexually abused.

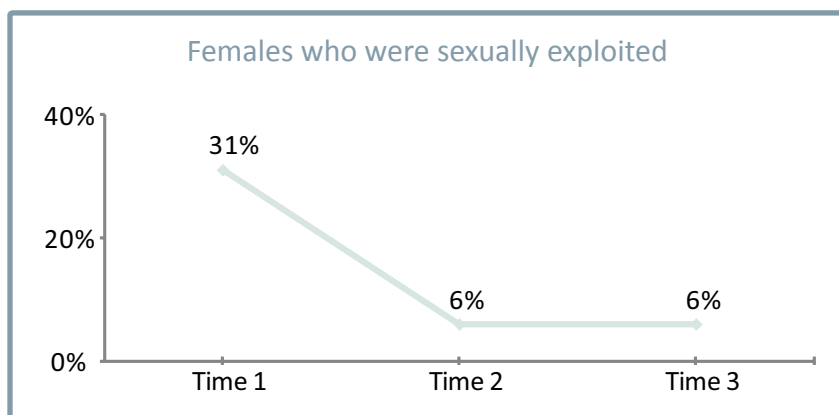
Among youth at PLEA, rates of physical abuse decreased from Time 1 to Time 2, for both males and females. Among males, the lower rate at

Time 2 was maintained at Time 3, but among females the rate of physical abuse at Time 3 was comparable to that at Time 1.

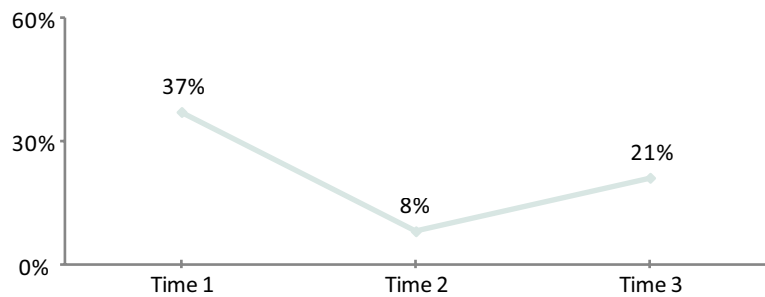
The rate of females who were sexually abused decreased from intake to discharge (22% vs. 2%), but rose again post discharge to be comparable to the rate at intake. Among males, the low rate of sexual abuse at intake was maintained throughout their time at PLEA and six months later.



Note: For males, the difference between Time 2 and Time 3 is not statistically significant. For females, the difference between Time 1 and Time 3 is not statistically significant.



Males seriously injured in a physical fight the past six months



Notes: The difference between Time 2 and Time 3 is not statistically significant. The rates at Time 2 and Time 3 are lower than at Time 1.

Youth were also asked about trading sex for money or goods. Among females, 31% reported sexual exploitation at Time 1, and the most common forms were trading sex for drugs or alcohol (23%), money (18%), and/or shelter (9%). Rates of sexual exploitation decreased at Time 2, and these lower rates were maintained at Time 3. Virtually no males across all time-points reported being sexually exploited.

Female focus group participants explained that there was no need to trade sex while taking part in a residential PLEA program because PLEA was meeting all their basic needs. Further, they said there was no need to trade sex for drugs when they were sober. Some remarked that they had not previously realized they had been sexually

exploited, and had only come to this realization after talking with PLEA staff.

In addition to abuse and sexual exploitation, the survey asked about being victimized in physical fights in the past six months. At Time 1, 36% of youth had been seriously injured in a physical fight, with comparable rates for males and females. At Time 2, youth were less likely to have been seriously injured in a physical fight, which was consistent for males (37% at Time 1 vs. 8% at Time 2) and females (33% vs. 13%).

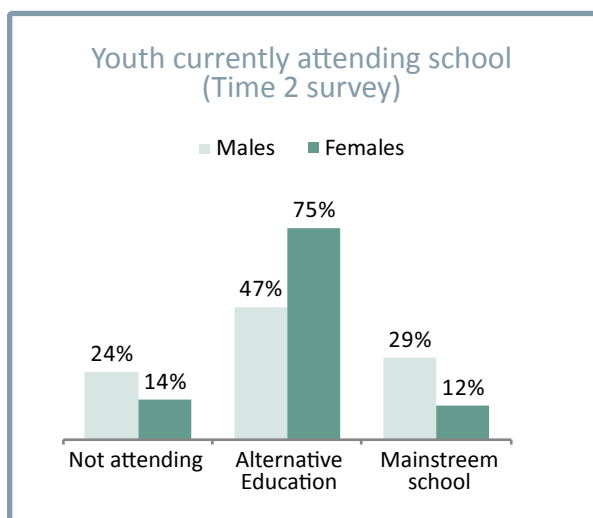
Six months post-discharge, males were still less likely to have been injured in a physical fight than at intake, but the rate for females at Time 3 was comparable to their rate at Time 1.

SCHOOL

The majority of youth (59%) were currently attending school when they completed the intake survey, with 47% attending an alternative education program and 12% attending mainstream school. Rates were comparable for males and females.

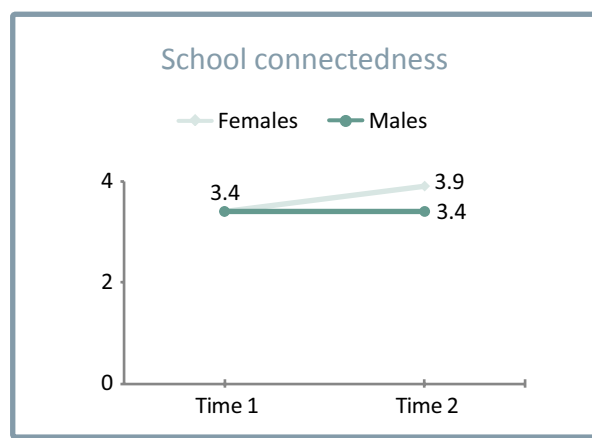
At Time 1, 69% of youth who were enrolled in school in the past year but were not currently attending had dropped out, while the other 31% had been asked to leave.

At Time 2, youth were more likely to be attending school than at Time 1 (80% vs. 59%), with similar rates for males and females. However, females were more likely than males to be attending an alternative education program, whereas males were more likely than females to be attending mainstream school. At Time 3, rates of attending school were similar to those at Time 1, for both males and females.



School connectedness reflects students' sense of belonging and safety at school, and their relationships with teachers. It is measured on a scale from 1 to 5, with scores closer to 5 reflecting higher school connectedness. Males and females felt equally connected to school at Time 1 (among those attending school). Females' school connectedness increased from Time 1 to Time 2, whereas males' connectedness remained the same. Levels of school connectedness at Time 3 were comparable to those at Time 1 for both males and females.

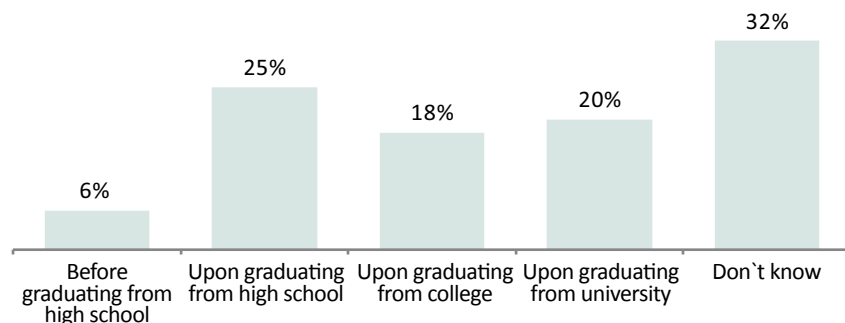
Youth were also asked about their academic aspirations. At discharge from PLEA, they were more likely than at intake to anticipate graduating from a community college, technical institute or trades program (23% vs. 13%), and were less likely to indicate not knowing when they would finish their education (16% vs. 37%). However, youths' academic aspirations six months post-discharge were comparable to those at intake. Rates were similar for males and females.



Females in the focus group explained that they started thinking about school and their academic aspirations only after they started their PLEA program and were not using substances. As one youth stated, “the program helps you get your life together, and education is a part of that.” Some initially felt resentful that the program pushed them to attend school and complete their homework, but later came to appreciate the externally-imposed structure, and eventually became

internally motivated to pursue their education. They also appreciated that PLEA enabled them to catch up on the schooling they had missed as a result of their substance use and other challenges. They stated that to succeed in school, young people needed support, a stable home life, enough food to stave off hunger, and to stay sober. They added that they liked working at their own pace and felt that an alternative education approach was ideal for them.

When youth expected to finish their education (Time 3 survey)



WORK AND MONEY

At intake, 26% of youth worked at a legal job, which was comparable to the rate at discharge. Youth were more likely to work at a legal job six months post-discharge than they were at intake (41% vs. 26%).

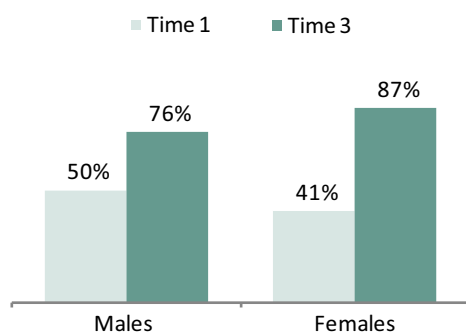
Among youth who worked, they most commonly did so for 20 or more hours a week, which was consistent across all time-points. At Time 3, males and females were more likely to work this amount of hours than at Time 1.

At Time 1, youth reported obtaining money from a variety of sources in the past month. The most common were from family (54%), drug dealing

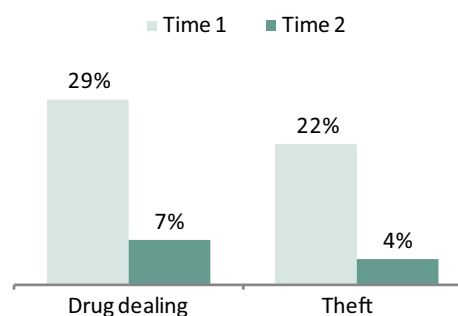
(29%), theft (22%), and a legal job (22%). Rates were comparable for males and females, except for obtaining money from the sex trade (13% females vs. virtually no males) and from panhandling (more females than males but cell sizes too small to report).

Rates of obtaining money through drug dealing or theft decreased from Time 1 to Time 2, for both males and females. Females in the focus group said that this result was linked to the reduced rates of substance use, in that when youth were not using substances they did not need to obtain money through illegal means in order to buy drugs.

Youth who worked 20 or more hours a week in the past month (among those who worked at a legal job)



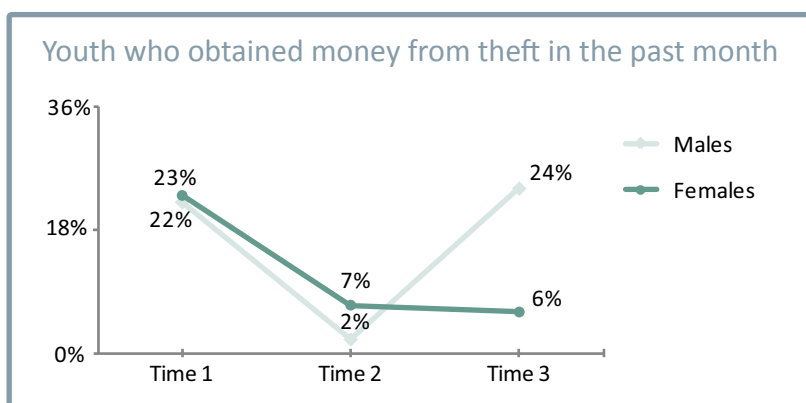
Youth who obtained money through drug dealing or theft in the past month



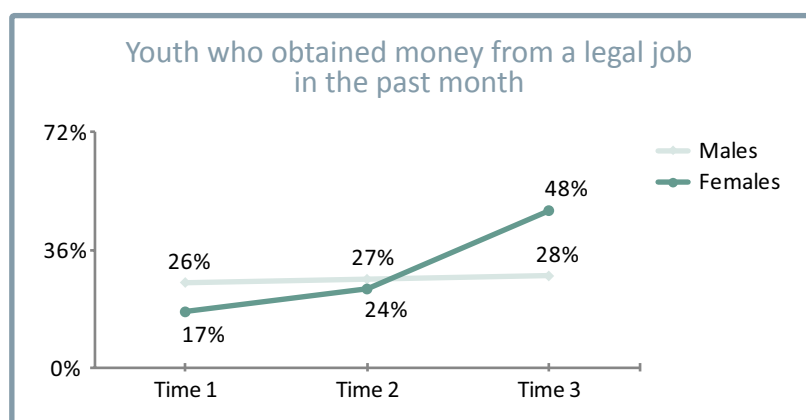
Moreover, theft was lower at Time 3 than at Time 1, but only for females. As a result of females' reduced rates, there was a significant gender difference at Time 3 (6% of females vs. 24% of males).

Further, females at Time 3 were more likely than at Time 1 to have obtained money from a legal job, but this was not the case for males.

Youth demonstrated improvements in their money management skills from intake to discharge. Specifically, at Time 2 they were more likely than at Time 1 to indicate managing their money very well (33% vs. 23%) and were less likely to indicate managing their money poorly (21% vs. 36%). Results were similar for males and females. Rates at Time 3 were similar to those at Time 1.



Note: For males, the difference between Time 1 and Time 3 (22% vs. 24%) is not statistically significant. For females, this difference (23% vs. 6%) is significant.



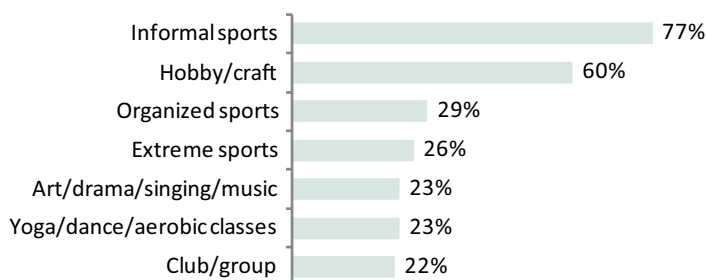
Note: For males, the rates are comparable across time-points. For females, the rate at Time 3 is significantly higher than the rate at Time 1 (48% vs. 17%).

SPORTS AND LEISURE ACTIVITIES

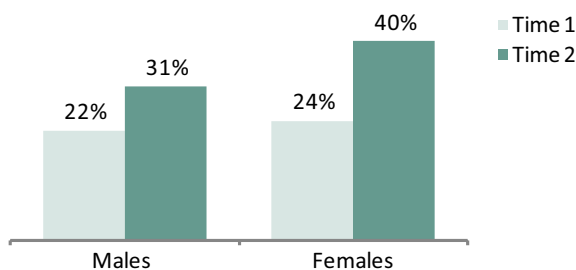
Youth reported taking part in a number of physical activities and other leisure activities. At all three time-points, the most common were informal sports or physical activity (e.g., cycling, hiking) and doing a hobby or craft (e.g., drawing, writing). At Time 1 and Time 2, females were more likely than males to take part in yoga, dance, or aerobic classes, and to have done a hobby or craft. There were no gender differences at Time 3.

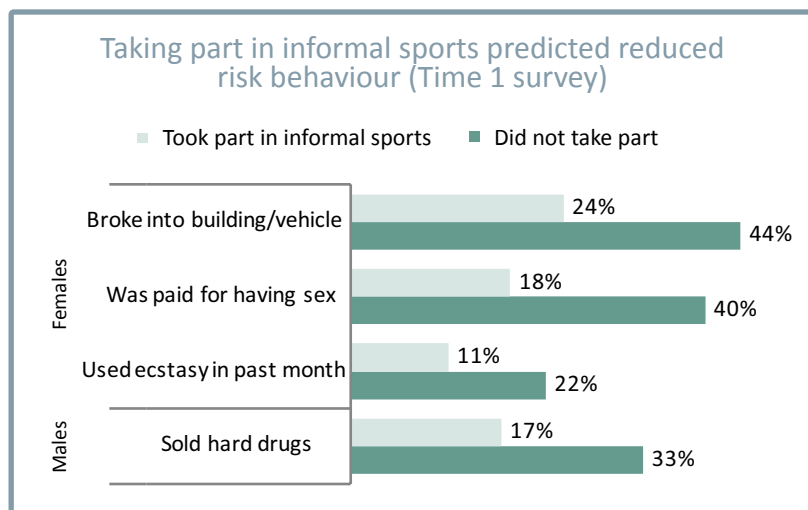
At discharge, both males and females were more likely than at intake to have taken part in art, drama, singing or music in the past six months. Also, females were more likely to have played organized sports with a coach (47% at Time 2 vs. 31% at Time 1), and males were more likely to have participated in yoga, dance or aerobic classes (34% at Time 2 vs. 13% at Time 1). Participation rates at Time 3 were comparable to those at Time 1.

Youths' participation in activities in the past six months
(Time 1 survey)



Youth who took part in art, drama, singing, or music
outside of school in the past six months





Females in the focus group explained that their PLEA program offered them opportunities to sample a wide range of activities that they otherwise would not have tried. They said that this process allowed them to find activities they were interested in so that they could “keep their minds busy.”

Participating in some of the activities was linked to reduced risk behaviours, but mostly for females. Females who were involved in a hobby or craft were less likely than those who were not involved to have consumed alcohol in the past month (62% vs. 86%), to have used cocaine in the past month (12% vs. 39%), and to have been paid for having sex (19% vs. 39%). Taking part in informal sports (without a coach) was another protective factor for females; those who took part were less likely than those who did not take part to have used ecstasy in the past month (11%

vs. 22%), broken into a building or vehicle (24% vs. 44%), and to have been paid for having sex (18% vs. 40%).

Also, females who took part in extreme sports (e.g., backcountry skiing, downhill mountain biking) were less likely than those who did not take part to have used cocaine in the past month (5% vs. 25%) and to have stolen goods worth less than fifty dollars (19% vs. 60%). Focus group participants were not surprised by this finding. They explained that engaging in extreme sports and being an “adrenaline junkie” is a positive way of experiencing the same rush that is experienced by using stimulants or stealing.

For males, participating in informal sports was protective, in that males who took part were less likely to have sold hard drugs than those who did not take part (17% vs. 33%).

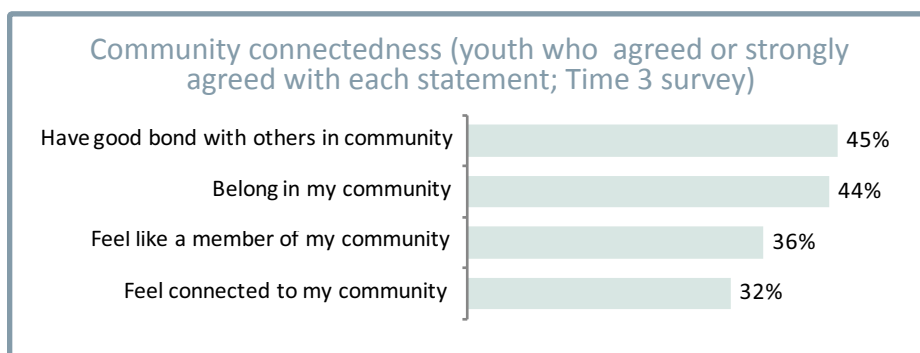
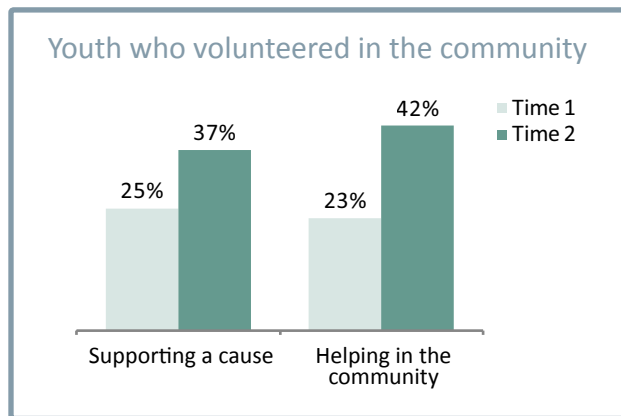
COMMUNITY ENGAGEMENT

Youth were asked if they volunteered in the community without pay. At Time 2 compared to Time 1, they were more likely to report supporting or helping a cause (e.g., food bank, environmental group) and helping out in the community (e.g., hospital volunteering). Rates at Time 3 were comparable to those at Time 1.

Youth were also asked how connected they felt to their community, with items that tapped having a good bond with others in the community, feeling like a member of their community, and feeling

that they belonged in their community. Youth reported higher community connectedness at Time 2 and Time 3 than at Time 1.

Although rates of community connectedness were higher at later time-points, less than half of youth at Time 3 'agreed' or 'strongly agreed' with each statement pertaining to feeling connected. There were no gender differences, with the exception that males were more likely than females to report having a good bond with others (57% vs. 35%).



ACCESSING SUPPORT AND SERVICES

WHOM YOUTH WOULD FEEL COMFORTABLE TURNING TO

Across all time-points, the majority of males and females reported feeling comfortable turning to a peer and an adult for support when faced with a problem.

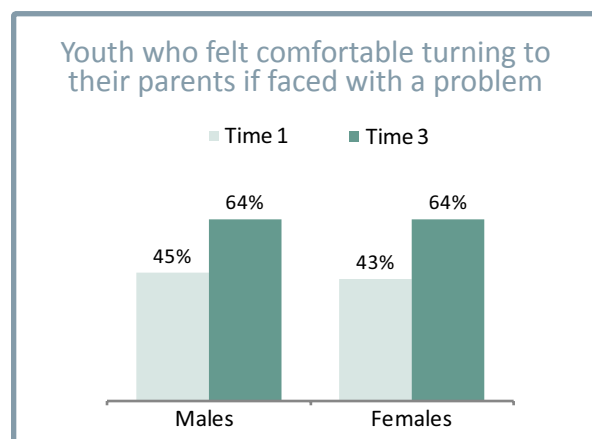
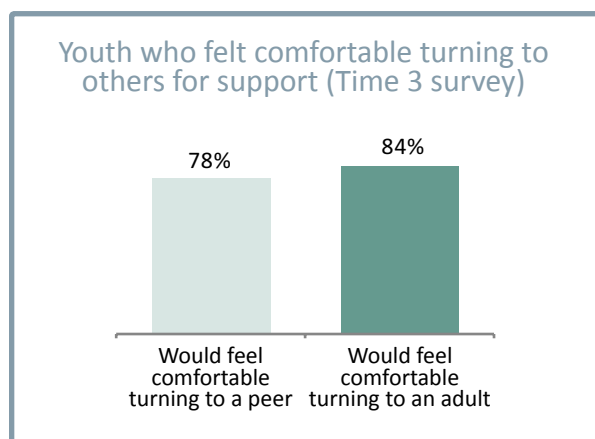
At Time 1, females were more likely than males to feel comfortable turning to an adult for support (87% vs. 73%). At Time 2, females were again more likely than males to feel comfortable turning to an adult (95% vs. 69%) and also a peer (93% vs. 63%) for support. There were no gender differences at Time 3.

Youth also indicated specific adults they would feel comfortable turning to. Across all

time-points, they most commonly indicated that they would turn to their parents and/or other relatives if faced with a problem. Further, youth were more likely to feel comfortable turning to their parents for support at later time-points than at intake.

Beyond family members, youth commonly listed support workers, counselors, and PLEA staff as professionals they would turn to for support.

Males were more likely than females to report having no adult they would feel comfortable turning to, although this gender difference disappeared by Time 3.



WHOM YOUTH APPROACHED FOR HELP

In addition to identifying who they would feel comfortable turning to, youth identified various people they actually approached for help in the past six months. At all three time-points, females were more likely than males to have asked friends and one-on-one workers for support. Also, at Time 1 females were more likely than males to have approached counselors and doctors/nurses for help.

Females' rates of approaching people for help remained consistent across time-points. Males were less likely to approach friends at later

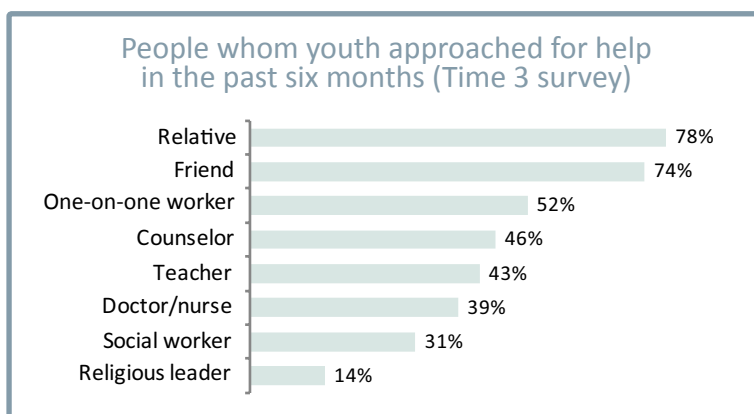
time-points than at intake. They were also less likely to have sought help from one-on-one workers at Time 3 than at Time 1 (41% vs. 62%). However, males were more likely to have approached teachers at Time 2 than at Time 1 (56% vs. 40%).

Among youth who approached others for help, the majority found the assistance helpful at all three time-points. Males were more likely than females to find their friends helpful at Time 1 (97% vs. 90%; among those who approached friends for help) but there were no other gender differences.

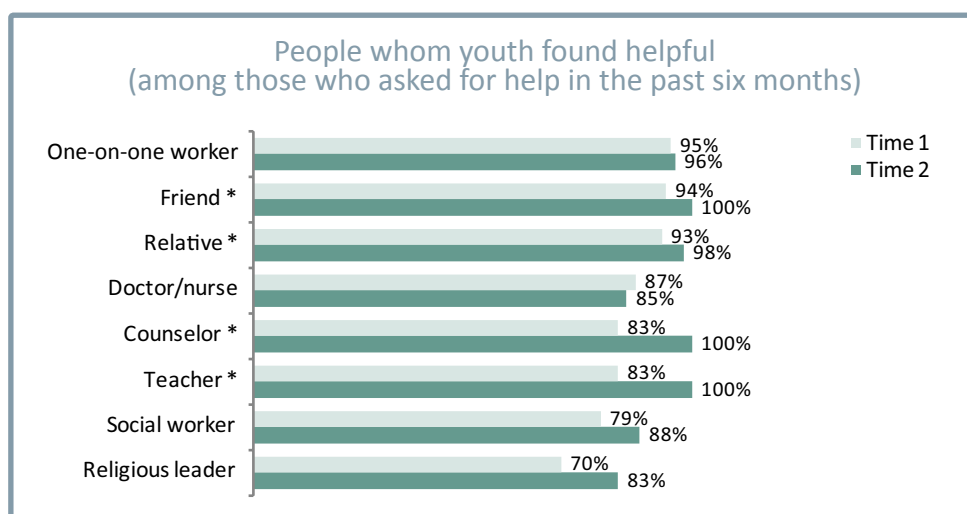
People whom youth approached for help in the past six months (Time 1 survey)			
	Males	Females	Significant gender difference?
Friend	77%	88%	yes
Relative	70%	76%	no
One-on-one worker	62%	76%	yes
Counselor	43%	60%	yes
Teacher	40%	50%	no
Social worker	36%	47%	no
Doctor/nurse	31%	51%	yes
Religious leader	16%	23%	no

Youth were more likely to find their friends, relatives, teachers, and counselors helpful at discharge than at intake (100% of youth who approached these people for help found them helpful at discharge). Rates at Time 3 were comparable to those at Time 1, with 85% to 100% of youth rating the assistance they received as helpful.

Youth were directly asked at discharge and six months post-discharge how much their involvement in PLEA helped to improve their relationships with their family. The majority indicated that it helped ‘very much’ or ‘quite a bit,’ with comparable rates for males and females.



Note: Males and females had similar rates except females were more likely than males to approach friends (84% vs. 66%) and one-on-one workers (61% vs. 42%).



* The Time 1 vs. Time 2 difference is statistically significant.

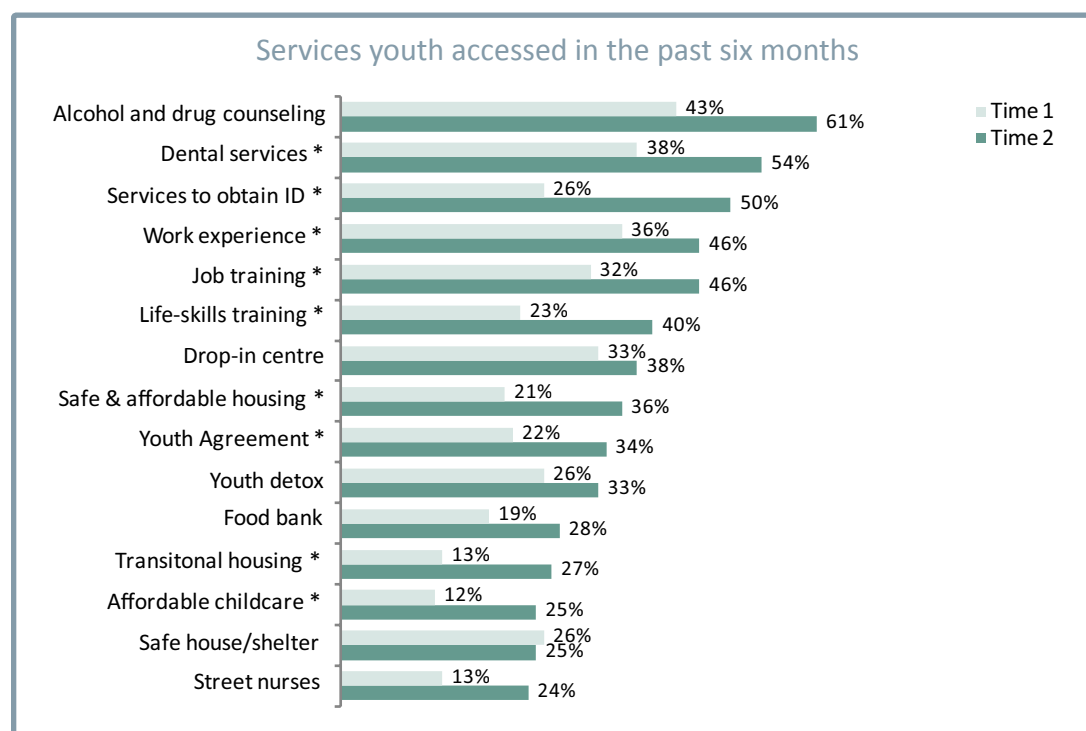
ACCESSING SERVICES

At all time-points, youth reported accessing a variety of services in the past six months. At Time 1, males were more likely than females to have accessed job training (38% vs. 24%), work experience (44% vs. 26%), and services to obtain ID (33% vs. 16%). There were no other gender differences at Time 1 or any of the other time-points.

Rates of accessing most services increased while youth were involved in PLEA (i.e., from Time 1 to Time 2).

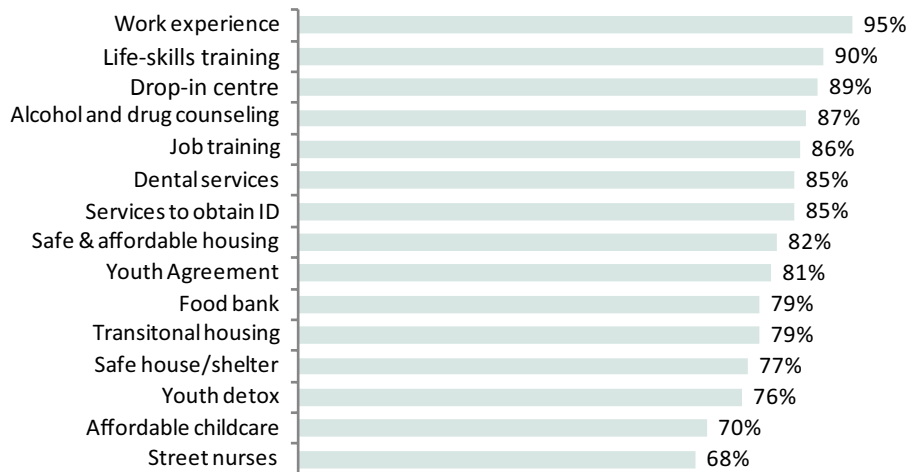
Six months post-discharge, youth were more likely than at intake to have accessed job training (42% vs. 32%). Rates of accessing other services at Time 3 were comparable to rates at Time 1.

Across all time-points, the majority of youth who accessed services generally found them helpful. Females were more likely than males to find accessing a food bank helpful (90% vs. 62%) but only at Time 1. No other gender differences were statistically significant.



* The Time 1 vs. Time 2 difference is statistically significant.

Youth who found services helpful (among those who accessed them in the past six months; Time 2 survey)



At Time 3, youth were asked what services or programs would currently be helpful to them. Many indicated not needing services because they were doing well. Others commonly listed job training and employment programs; safe and affordable housing for young people ages 19 to 24; access to a local gym and funding for recreational activities; alcohol and drug counseling; one-on-one workers; educational advisors; and parenting groups and courses. Some also named specific PLEA programs.

SERVICES OR PROGRAMS THAT WOULD BE HELPFUL RIGHT NOW (TIME 3 SURVEY)...

"I need help finding more safe housing, but as I am out of foster care and not on probation this help is not available to me... We need something for people starting out in this world, 19-24's!!!"

"Help getting a part time job."

"People that could help me maintain financial security while going to college."

"If I had access to a local gym I would go regularly and it keeps my body healthy."

"A complete private psychological analysis and assessment."

"None, thank-you. I think I am doing alright!"



"Funding for activities like yoga, kickboxing, etc. I'm gonna be living on my own and I'd love to be able to do some recreational things."

LEAVING PLEA

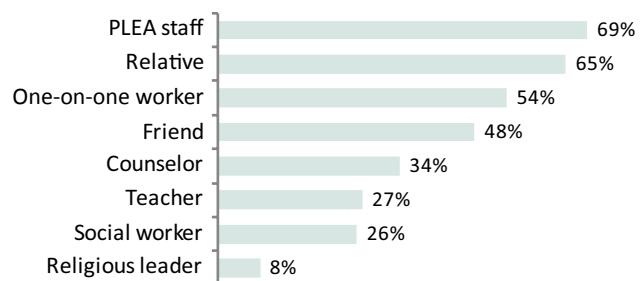
At discharge from PLEA, youth indicated that a range of people were supportive of them graduating from their program. They most commonly identified PLEA staff and their relatives. There were no gender differences, except that females were more likely than males to indicate that a one-on-one worker was supportive of them leaving (67% vs. 44%).

When asked if they were looking forward to leaving PLEA, males and females responded differently. Males most commonly indicated that they were looking forward to leaving (44% of males), whereas females most commonly indicated having mixed feelings about leaving (55%).

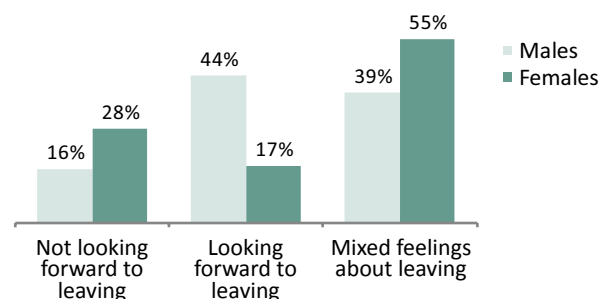
“Things are going pretty smoothly for the moment, and I like it.”
(Time 3 survey)

“Since the PLEA program I have changed drastically. I have a little baby boy and am healthier than ever!”
(Time 3 survey)

People supportive of youth graduating from PLEA
(Time 2 survey)



Feelings about leaving PLEA (Time 2 survey)

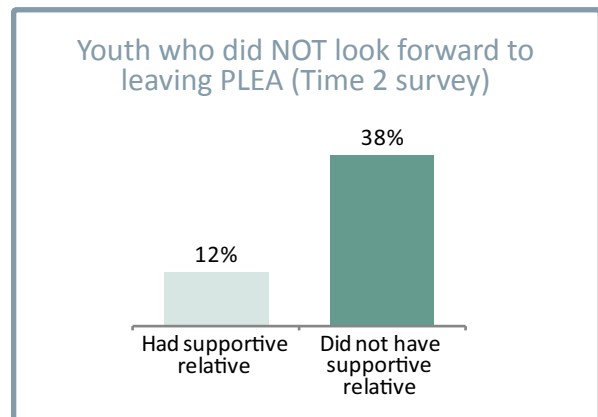


Female focus group participants felt that having some apprehension about leaving was inevitable and healthy. They explained that although they may look forward to leaving PLEA, they worried about how they would meet their needs and function without support from the program. They were accustomed to living a 'high-risk' lifestyle outside of PLEA, and feared possibly returning to this lifestyle once they left.

Focus group participants who had a relative they could turn to seemed to express less apprehension about leaving than those who did not have support from family members.

Similarly, quantitative survey analyses indicated that youth were more likely to report looking forward to leaving PLEA if they had a relative who was supportive of them leaving.

One suggestion from youth in the focus group was to have more unsupervised home visits while youth were still in the program so they could build stronger relationships with their families



and feel less anxious about returning home after leaving PLEA.

One participant pointed out that the integration worker at PLEA helps youth to make a plan for transitioning back to the community so that youth feel supported and not alone. Other youth emphasized the importance of having a structured plan so that they could keep themselves occupied in healthy ways once they left PLEA. One idea was to plan to meet with a counselor within the first few days of leaving PLEA.



ADDITIONAL YOUTH FEEDBACK ABOUT PLEA

At discharge from their program and six months later, the majority of youth provided positive feedback about their experience at PLEA.

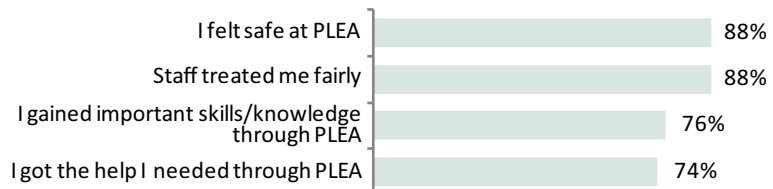
At Time 2, 86% of youth reported benefiting ‘very much’ or ‘quite a bit’ from their involvement in PLEA, with comparable rates for males and females. Rates were similar at Time 3.

At Time 2 and Time 3, most males and females felt that they received the help they needed through PLEA; felt safe at PLEA; PLEA staff treated them fairly; and that they gained important skills

or knowledge through the program. Females were more likely than males to feel this way at Time 2, but there were no gender differences at Time 3.

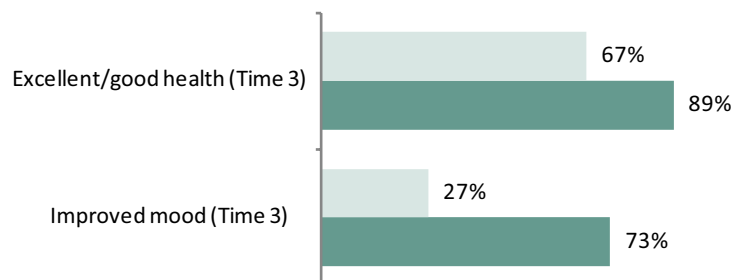
Youth who agreed or strongly agreed with these items were more likely to report healthier outcomes. For example, those who reported at Time 2 that they gained important skills or knowledge through PLEA were more likely at Time 3 to report improved mood and excellent or good health than youth who did not feel they got as much out of PLEA.

Youths’ feedback about PLEA (those who ‘agreed’ or ‘strongly agreed’ with each statement; Time 3 survey)



Positive feedback at discharge linked to healthier outcomes six months post-discharge

- Youth who did NOT feel they gained important skills/knowledge (Time 2)
- Youth who felt they gained important skills/knowledge through PLEA (Time 2)



In addition to forced-choice questions, youth were asked some open-ended questions on the surveys, including what they found helpful at PLEA. Many youth appreciated the one-on-one support they received from staff, and that staff were approachable and respectful of them. Some youth in residential programs also commented on the supportive caregivers in these programs.



“Going out with my youth worker helps me get out of my house and makes me feel better.”

Youth also appreciated the help they received around substance use, including substance use reduction or abstinence, relapse prevention, and finding alternatives to substance use such as involvement in physical activities.



“They helped me see what it was like being clean, and decide what kind of life I actually wanted.”

SUPPORTIVE STAFF

“I had an amazing worker... She was always a great listener and was never fake with me. She told me the harsh honest truth most of the time, which is great because most people are too scared of me to say anything constructive.”

“The staff are understanding and non judgmental.”

“The staff are always there when you need them, and they are always willing to help.”

“I feel respected.”

“They don’t judge me for my past.”

“My youth worker was amazing and helped me through every problem I had.”

“I liked the confidence of secrecy I had with my worker. I could tell her anything and she wouldn’t judge or tell anyone.”

“The workers are reliable and cool and help me progress with my achievements.”

“I liked having someone to talk to that wasn’t at all biased, and it helped knowing that they weren’t involved with my family, friends, etc.”

“The PLEA staff are good and they like to teach you, and you learn good things. I wanted to say thank you so much and god bless you.”

REDUCED SUBSTANCE USE

“The program saved my life. The staff and activities led me to a better way of life. They showed me that I can have fun sober and gave me the life skills to survive and the confidence to find Alcoholics Anonymous when I moved back to my hometown.”

“This program gave me an opportunity to see what it’s like to have fun while being sober.”

“I liked the safe environment to remain clean/sober.”

“It helped keep me clean.”

“It helped me not go back to using hard drugs.”

“We worked on improving my imperfections and helping me realize I have an addiction.”

“I stay away from drugs, I do schooling, I get to work out, and do other recreational activities.”

“They are teaching us...ways to overcome our addictions.”

Youth also expressed appreciation for the education, training and skill-development they received through PLEA. In addition to more formal schooling, they listed learning various life-skills, including anger and stress management and dealing with conflict.



"I'm learning a lot more ways to deal with conflict and stress in a positive way."

Youth also identified receiving support around work, including help with writing a CV, finding a job, and maintaining their job. Additionally, they appreciated the training opportunities offered through PLEA that helped them find desirable jobs, including First Aid, FOODSAFE, and WHMIS.



"I found that the PLEA program helped me a lot with working in the workplace and taught me the skills I needed to succeed."

NEW SKILLS AND KNOWLEDGE

"[I got] lots of help with communication skills and being more open minded."

"I like that I'm able to complete school work."

"They help me get through school."

"I'm learning through my PLEA teacher how to do work I need help on, and learning skills for life."

"[I'm gaining] skills to help build a better life for myself."

"I learned a lot about the law and my rights."

"I learned the skills to building a healthy lifestyle."

FINDING AND MAINTAINING A JOB

"[I like] how I am trained to find a decent job."

"I got a lot of skills with the job field."

"Help with resumes and interviews and cover letters."

"They helped me get training for the skills I needed at my workplace."

"[They taught me] how I can get a job and stick with it."

"They're helping me get a job and helping me keep that job."

Youth were also asked what they found unhelpful and how PLEA could change to better meet the needs of young people. Most stated that they found nothing unhelpful and nothing should change. However, some felt that there were “too many rules” and they had little freedom to do what they wished. These youth wanted the rules to be more individualized and tailored to each client’s needs. In contrast, some youth in other programs felt there were not enough rules and would have appreciated more externally-imposed structure.

Other suggestions were to offer therapy in formats other than “talk therapy” (e.g., art therapy), for PLEA to carry out psychological assessments with youth, and to receive more funding so that more money would be available for services and activities.

YOUTHS’ SUGGESTIONS ON HOW PLEA COULD CHANGE

“Provide a more individualized set of regulations.”

“I had lots of time to leave the house and use. So I suppose there could have been more structure enforced.”

“I wish there was a psychologist who could give me a life test or something that could be like a personal evaluation. I wish there could have been something that said it was understandable what I did, but then helped me to not get in situations like that ever again.”

“Higher budget needed. Many times PLEA worker couldn’t do what I liked because of budget constraints (Bowling, swimming, movies, etc.)”

“Get the government to let you spend more each month on each person.”

“Better outreach: There are people who need the program but don’t know about it.”

“I’m not finding anything unhelpful. It’s all knowledge.”



“When I was there I wanted PLEA to have different types of therapy classes for the youth, things like music or art therapy, dance, writing therapy, etc.”

OTHER COMMENTS FROM YOUTH

“[PLEA is allowing me] to clean all the skeletons out of my closet and deal with problems that I haven’t from the past.”

“They are hooking me up with all these programs which is cool.”

“For the time I was in PLEA and all the things I went through, PLEA did an amazing job to help me through this journey.”

“They do a great job, they show teens how to have fun and gain potential in positive ways.”

“[PLEA provided] many resources and changed who I was.

When I first started I disliked the program. Then I grew up and thought differently.”

“Sometimes I didn’t want to hear the honesty, but in the long run it really helped me out.”



“I stayed at a house with really genuinely nice and caring people. They gave good positive encouragement.”

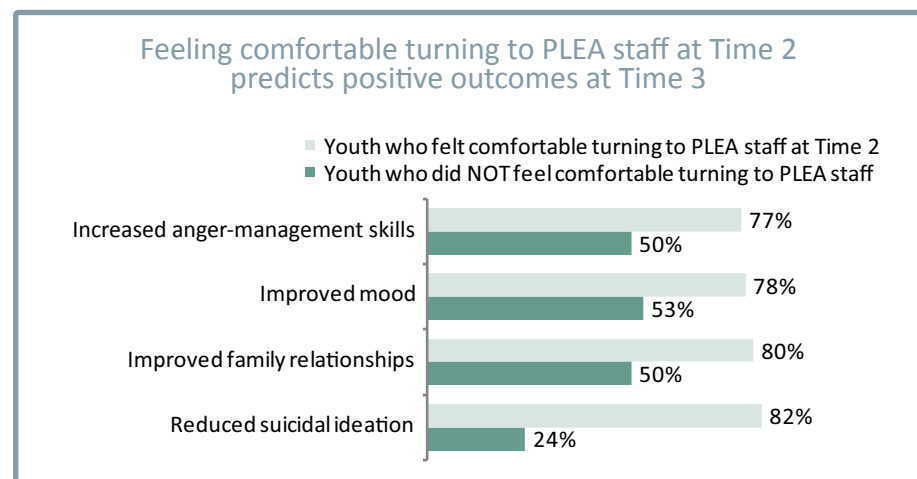
FACTORS CONTRIBUTING TO SUSTAINED IMPROVEMENTS

Evaluation results showed improvements from intake to later time-points in various areas. Certain factors were identified that predicted more positive outcomes six months after discharge if they were in place by the time youth left their PLEA program.

Youth who indicated at discharge that they felt comfortable turning to their parent(s) or other relatives if faced with a problem were more likely to report healthier outcomes six months later, compared to youth who did not feel comfortable turning to their family for support. Specifically, they were less likely to have used marijuana in the past month (41% vs. 71%), more likely to report good or excellent health (91% vs. 71%),

and more likely to report positive life circumstance for themselves six months post-discharge (97% vs. 67% among those who did not feel comfortable turning to relatives).

However, even among youth who did not feel comfortable turning to relatives for support, those who felt safe turning to PLEA staff by discharge from their program demonstrated more favourable outcomes six months later than youth who did not feel comfortable turning to staff. For example, they were more likely to report improved mood, greater anger management skills, improved family relationships, and lower suicidal ideation at Time 3.

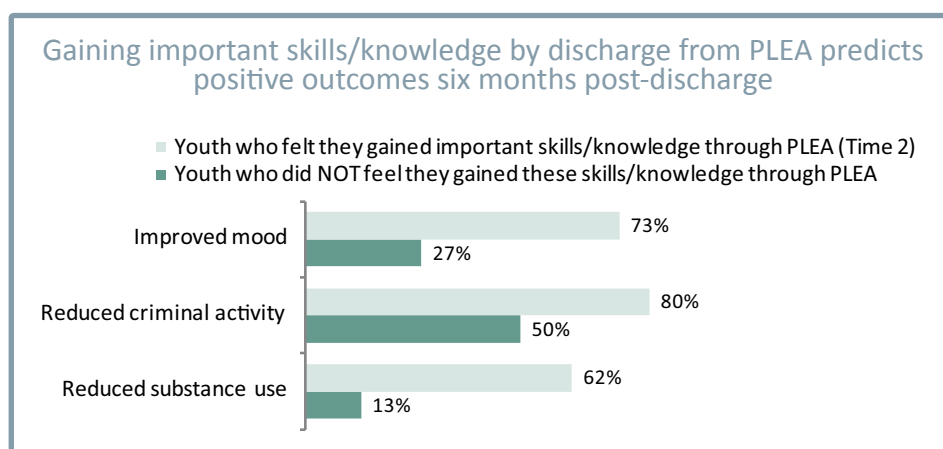


Females, but not males, who felt safe turning to PLEA staff at Time 2 were also more likely than females who did not feel comfortable turning to staff to report positive life circumstances (100% vs. 73%) and good/excellent health (100% vs. 64%), and were less likely to have engaged in binge drinking in the past month at Time 3 (32% binge drank vs. 48% among females who did not feel comfortable turning to staff).

Skill-development as a result of involvement in PLEA also predicted healthier outcomes six months after discharge. Males and females who reported at discharge that they had gained important skills or knowledge through PLEA were more likely to report improved mood, reduced substance use, and reduced criminal activity at Time 3, compared to youth who did not feel they had gained important skills or knowledge through PLEA.

Males, but not females, who felt they had gained new skills were also more likely to report positive life circumstances (100% vs. 60%) and good/excellent health (94% vs. 60%) compared to their male peers who did not feel they had gained these skills.

Hopefulness was another factor that predicted positive outcomes six months after discharge. Youth who felt at discharge that their involvement in PLEA improved their hope for the future were more likely six months later to report improved overall mood (78% vs. 0% among youth who did not indicate improved hopefulness), increased anger-management skills (76% vs. 20%), improved self-esteem (70% vs. 20%), good/excellent health (91% vs. 43%), and reduced suicidal ideation (62% vs. 0%).



Additionally, youth who took part in organized sports during their time at PLEA were more likely to report better outcomes six months post-discharge than youth who did not take part in these types of activities. Specifically, females (but not males) were more likely to report good/excellent health (100% vs. 71% among females who did not take part) and reduced suicidal ideation (78% vs. 40%). Males (but not females) were more likely to report improved mood (88% vs. 45% among males who did not take part), increased hopefulness (100% vs. 56%), and enhanced relationships with friends (86% vs. 35%). Also, both males and females who took part in organized sports at

Time 2 were more likely than those who did not take part to report improved relationships with their family at Time 3 (95% vs. 43%).

Taking part in yoga, dance or aerobic classes while involved in PLEA also predicted positive outcomes six months after discharge. Among males, these activities predicted improved anger management skills at Time 3 (cell sizes too small to report). Females who took part in yoga, dance or aerobics were more likely to report improved self-esteem (93% vs. 62% among females who did not take part) and good/excellent health (100% vs. 75%).



PLEA CAREGIVERS' FEEDBACK

Three caregivers from PLEA residential programs completed phone interviews which canvassed their views on their experiences with the agency.

They all felt very fortunate to be caregivers at PLEA. They saw themselves as having many roles, including providing a safe and structured environment for youth, being a supportive role-model, and providing the youth with one-on-one attention to help them feel heard and validated.

The caregivers said that PLEA provided training in the form of monthly caregiver meetings which have been two-hour sessions addressing issues such as boundaries, dealing with behaviour escalations, and drug awareness. They also said that PLEA sent memos about relevant workshops, and one attended a workshop on ADHD in which she learned valuable information. The caregivers generally felt that PLEA staff provided them with good training and support. They described PLEA as an “extended family” and appreciated feeling “connected” to the staff and youth. They also appreciated receiving support from other PLEA caregivers.

Caregivers identified “making a difference” in youths’ lives and noticing positive changes in the youth as what they liked most about being a caregiver at PLEA. When asked what they liked least, they identified challenges around the respite money, particularly that they needed to use their own money for respite expenses and it had taken over a month to get reimbursed.

Caregivers felt that youth benefitted substantially

from taking part in PLEA, particularly if they learned to trust that the program was in their best interest. Caregivers had noticed a “tremendous amount of change,” even among the highest-risk youth who had faced many challenges.

They felt that PLEA prepared youth for the transition back to their communities by giving them “tools to succeed” and an increased awareness of their situation and difficulties. However, they wondered if a four to six month program might be too short for enduring changes to take place. They highlighted the importance of follow-up support after discharge, including family involvement, which could help youth to strengthen their bonds with their family and properly work through their challenges.

To better support PLEA caregivers, they suggested that PLEA could provide them with the respite money ahead of time, and added that PLEA are currently looking into doing so. One caregiver also felt that the program offices should be soundproofed so that private conversations could take place without others overhearing.

They planned on continuing to be PLEA caregivers, at least for the next two to five years, because they felt it was a “great program” and were “blessed” to be part of it. They also voiced appreciation that an evaluation was underway because they felt it was an important component. Some added that the youth evaluation surveys should continue, even after the formal evaluation ends, so that youth can provide ongoing feedback about the program.

SUMMARY AND CONCLUSIONS

Youth reported high rates of risk behaviours, experiences and conditions at intake into PLEA, including unstable housing, illegal and aggressive behaviour, mental health problems, and substance use. Participants' rates of risk behaviours and histories (e.g., substance use, physical and sexual abuse, living in government care, running away from home, suicide attempts) were particularly high when compared to those of youth in mainstream schools across the province who completed the 2008 AHS. These results indicate that PLEA was targeting the intended group of high-risk youth.

Males were more likely than females to complete an intake survey, which was reflective of the male-to-female ratio at PLEA. However, females who did complete a survey reported higher levels of mental health symptoms (e.g., anxiety, depression, anger, self-harm) compared to males, which was consistent with results from the most recent AHS and other research pointing to higher rates of internalizing symptoms among females than males. However, females at PLEA also demonstrated higher levels of some externalizing behaviours and other risk behaviours that are typically more common among males, including using drugs such as cocaine, crystal meth, speed and heroin. Females were also more likely than males to have mixed two or more substances, sold drugs, and stolen goods worth less than \$50.

Despite females' higher rates of some mental health symptoms and risky behaviours at Time 1, they demonstrated improvements in many of these areas, and others, by later time-points (e.g., depressive symptoms, self-harm). In some instances, their rates markedly decreased so that by Time 3 they were comparable to those of males (e.g., mixing drugs, anger levels). An exception was anxiety symptoms, which decreased from intake to discharge but then increased back to baseline levels by Time 3, in contrast to males' anxiety levels that decreased consistently over time.

Males and females demonstrated other noteworthy reductions in risk behaviours and situations while taking part in PLEA (i.e., from intake to discharge), including lower rates of alcohol use, binge drinking, and using marijuana, ecstasy and cocaine; reduced criminal and aggressive behaviour; reduced arrests, charges, and custody detainments; lower rates of obtaining money from drug dealing or theft; reduced levels of abuse and sexual exploitation; and lower risk of being seriously injured in a fight.

There were also improvements in healthy behaviours and circumstances from intake to discharge, such as better money management skills; higher rates of involvement in the arts and other healthy activities; and an increased likelihood of attending school. Also, females but not males

demonstrated higher levels of school connectedness at discharge than at intake, which may have been linked to females' greater likelihood of attending alternative education programs at Time 2. These programs are typically tailored to the needs of each student, which can have a positive effect on youths' sense of connectedness to school. Both males and females were also more likely at Time 2 than at Time 1 to have post-secondary academic aspirations.

In addition, youth were more likely at discharge than at intake to have accessed a variety of services (dental services, services to obtain ID, work experience, job training, life-skills training, safe and affordable housing, Youth Agreements, transitional housing, affordable childcare). The majority of youth who accessed these services found them helpful. Also, youth were more

likely at discharge than at intake to rate the support they received from friends, relatives, counselors and teachers as helpful. Further, they were more likely to feel comfortable turning to their parents for support, and to deem the support they received from relatives as helpful. This increased likelihood of feeling comfortable turning to relatives and finding them helpful may have stemmed from family work that youth were involved in while at PLEA, which could have improved their communication and connection with their relatives.

The positive changes from intake to discharge suggest that PLEA provided youth with the support and services they needed in order to reduce their risk behaviours and increase their healthy behaviours while taking part in PLEA.



Many of the improvements from intake to discharge were maintained six months after discharge. For example, youth demonstrated lower rates of ecstasy use and excessive alcohol use at Time 3 than at Time 1. Also, females but not males were less likely to mix two or more substances. The pattern of results also suggested reduced usage rates from Time 1 to Time 3 of some other substances but these reductions were not statistically significant, likely due to small cell sizes and thus insufficient statistical power to detect differences. In addition, youth who used substances were less likely to experience some negative consequences of substance use at Time 3 than at Time 1, including getting into trouble with police, passing out, and getting into physical fights.

There were also sustained reductions in criminal and aggressive behaviour. For example, rates of selling marijuana and other drugs, selling stolen goods, violently attacking others, using weapons while fighting, vehicle theft, and vandalism were all lower at Time 3 than at Time 1, with no significant increases between Time 2 and Time 3. Also, youths' reduced Time 2 rates of charges and detainments were maintained at Time 3, and females' lower rates of arrests (but not males') were maintained six months post-discharge. However, although levels of gang activity decreased from Time 1 to Time 2, rates rose to intake levels by Time 3. It may be that programs geared specifically toward reducing youths' gang-involvement are needed to facilitate sustained decreases in youths' levels of gang activity. PLEA's Career Path program, not included in this evaluation, is one such program that has demonstrated promising outcomes to date.



Sustained improvements were also demonstrated in the domain of victimization. Lower rates of physical abuse victimization among males and sexual exploitation among females were maintained six months post-discharge. Female focus group participants explained that PLEA staff helped them to realize they had been sexually exploited, and this awareness may have contributed to reduced sexual exploitation vulnerability after leaving PLEA.

Females also reported better health and self-esteem at later time-points than at intake, so that by Time 3 their rates were not only comparable to those of males at PLEA, but also to those of females who completed the 2008 AHS.

There were other improvements that were maintained six months post-discharge. For example, youth were more likely to be living in stable housing at Time 3 than at Time 1. Also, the majority of males and females felt comfortable turning to their parents for support at Time 3, which was an improvement from Time 1 rates. To build even stronger relationships with family members, and feel less anxious about returning home after leaving PLEA, participants in the focus group suggested having more unsupervised home visits while youth were still in the program. PLEA caregivers also felt

that follow-up support after discharge was important to further assist youth and their families and to strengthen family bonds.

Some youth have received follow-up support through PLEA's Reintegration Program. More youth receiving this type of support would perhaps lead to even greater positive outcomes six months post-discharge. For instance, although youth who completed evaluation surveys demonstrated improvements from Time 1 to Time 2 in the domain of school (i.e., they were more likely to be attending school and to have post-secondary academic aspirations), these results were not maintained at Time 3. Perhaps follow-up support after discharge could help youth stay connected to school or assist them in finding an alternative education program that best meets their needs.

Certain factors or experiences that were present in youths' lives by discharge from their PLEA program were significant in predicting improvements six months later. These included feeling comfortable turning to PLEA staff for support, and learning important skills or knowledge through PLEA. These results were consistent with youths' qualitative accounts that highlighted the positive impact of supportive staff and the value of learning key skills while at PLEA. Other factors

that predicted positive outcomes six months after discharge were feeling comfortable turning to relatives for support; involvement in organized sports; participating in yoga, dance or aerobics; and improved hopefulness over the course of youths' involvement at PLEA. These results shed some light on the mechanisms underlying positive changes in youths' lives.

A methodological limitation was the absence of a waitlist control group. This limitation prevents definitive conclusions that youths' involvement in PLEA caused the positive changes in their lives (i.e., the changes may have resulted from other factors such as maturation, natural resolution of crisis situations, or involvement in other programs). However, youth provided direct reports,

through their survey responses and feedback in the focus group, that their involvement in PLEA led to improvements in a variety of areas, and helped to reduce their risk behaviours and increase their social and emotional functioning.

In sum, the evaluation results suggest that PLEA not only contributed to improvements in youths' behaviours and functioning by discharge from the program, but that many of the improvements were maintained over time.

This evaluation report provided information on youth in six different PLEA programs. Program-specific reports can be created, upon request from PLEA senior managers, to highlight findings and suggestions that are unique to each program.



APPENDIX: VARIABLES IN THE YOUTH SURVEYS

Variable	Measure	Description
Substance use	Items from McCreary's custody survey, marginalized & street-involved youth survey, and Adolescent Health Survey.	Items from McCreary's Adolescent Health Survey (AHS) and Street Involved Youth survey that have been validated with youth will be used to assess frequency of alcohol and drug use (marijuana, cocaine, hallucinogens, ecstasy, mushrooms, inhalants, amphetamines, crystal meth, heroin, injection drugs, steroids and prescription pills with a doctor's consent).
Criminal behaviours	Self-Report of Delinquency (SRD; Elliot & Huizinga, 1983). The original 24 item scale was reduced to 16 items via factor analysis (Van Hulle et al., 2007).	The SRD is a well validated measure, commonly used in studies with adolescents. Analyses show two factors, aggressive criminal behaviour and non-aggressive behaviour. Items ask about various criminal activities in the past six months, such as theft (under and over \$50), selling marijuana and hard drugs, B & E, physical fighting with and without weapons, and involvement in gang activity.
	Items from McCreary's custody survey and marginalized & street-involved youth survey.	Questions about frequencies of criminal charges/convictions ever and in the past six months; being held in a custody centre; and arrests.
Community connectedness	From the National Longitudinal Survey of Children and Youth (NLSCY; Statistics Canada, 2006).	4 items tap involvement in one's community, rated on a 5-point scale ranging from "Strongly Disagree" to "Strongly Agree." Sample items are "I feel like a member of my community" and "I belong in my community."
Peer connectedness	Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987). Reduced scale, based on factor analysis (Raja et al., 1992).	12 items that tap peer connectedness. Each item is rated on a 5-point scale, ranging from "Almost Never or Never" to "Almost Always or Always." Sample items are "I tell my friends about my problems and troubles," "I feel alone or apart when I am with my friends," and "I get upset a lot more than my friends know about."
Family connectedness	Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987). Reduced scale, based on factor analysis (Raja et al., 1992).	This 12-item scale was developed to reflect Bowlby's theoretical model of attachment, and has subscales for communication, trust and alienation. Each item is rated on a 5-point scale, ranging from "Almost Never or Never" to "Almost Always or Always." Items are presented separately for the person the youth considers his/her mother and father. Sample items are "Talking over my problems with my [parent/caregiver] makes me feel better," "I get upset if my [parent/caregiver] is not available when I need him/her," and "I worry about being abandoned or rejected by my [parent/caregiver]."
School connectedness	From the National Longitudinal Study of Adolescent Health (Resnick et al., 1997).	This well validated measure has been used in past McCreary surveys. Eight items will be used, rated on a 5-point scale ranging from "Strongly Disagree" to "Strongly Agree." Sample items are "I feel like I am part of my school" and "I am happy to be at school."

APPENDIX: VARIABLES IN THE YOUTH SURVEYS

Variable	Measure	Description
Self-confidence	Rosenberg's modified self-esteem scale (RSE; 1965)	The RSE is the most widely used and validated measure of self-esteem. It is considered a reliable and valid measure of global self-worth (Gray-Little et al., 1997) and includes 10 items, rated on a 4-point scale ranging from "Strongly Disagree" to "Strongly Agree."
Sense of purpose	From the Centre of Excellence for Youth Engagement (CEYE)	2 items that tap sense of purpose and personal meaningfulness of the activities that one engages in, rated on a 5-point scale ranging from "Not at all" to "A lot."
Hopefulness	Beck Hopelessness Scale (BHS; Beck et al., 1974)	20-item scale that is reliable and valid, and has been shown to predict eventual suicide. Respondents are asked to indicate agreement or disagreement with statements that assess pessimism/optimism for the future. A sample item is "I look forward to the future with hope and enthusiasm."
	Items from McCreary surveys	Questions about educational aspirations and where youth see themselves in 5 years.
Coping	Adolescent Coping Scale, Short Form (ACS; Frydenberg & Lewis, 1993).	A well validated measure of coping. The Short Form consists of 18 items rated on a 5-point scale ranging from "Not at all" to "A great deal." A sample item is "I turn to others for support [when faced with a problem or difficulty]."
Anxiety	Ontario Child Health Study scales (OCHS; Offord et al., 1992, 1987).	4 items tapping anxiety, rated on a 3-point scale. Questions ask about behaviours and experiences in the past 6 months. This is a measure with good psychometric properties (Boyle et al., 1987, 1993) which was developed based on DSM-III (APA, 1980) descriptions of childhood disorders and items contained in the widely used and well-validated Youth Self Report (Achenbach & Rescorla, 2001). A sample item is "I feel anxious or fearful."
Depressive symptoms	Ontario Child Health Study scales (OCHS; Offord et al., 1992, 1987).	8 items tapping depressive symptoms, rated on a 3-point scale (Never, Sometimes, Often). A sample item is "I am unhappy, sad or depressed."
Self-harm	Deliberate Self-Harm Inventory (DSHI; Gratz, 2001)	Validated measure, designed to measure non-suicidal deliberate self-harm behavior. 1 item will be used in this project, and rated on a 3-point scale ranging from "Never or Not True" to "Often or "Very True."
Suicidal thoughts and attempts	Adapted from Reynolds' Suicidal Ideation Questionnaire (SIQ; Reynolds, 1988).	This measure is commonly used with youth. 5 items tapping suicidal thoughts and attempts, rated on a 3-point scale ranging from "Never or Not True" to "Often or "Very True."
Housing; employment; school attendance, participation in physical activities, hobbies; safe sex; knowledge of and access to relevant community services.	Items from McCreary surveys	These items have been used successfully in several McCreary surveys.

