

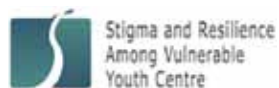
CAPTURING THE WISDOM AND THE RESILIENCE:

How the Pinnacle Program fosters connections for alternative high school students



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for alternative high school students



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

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EXECUTIVE SUMMARY

The Pinnacle Program is a joint partnership between the Vancouver Board of Education and the Ministry of Children and Family Development (MCFD—the Provincial Ministry responsible for child protection) which provides grades 11 and 12 secondary education for adolescents. The Pinnacle Program is an innovative educational model that provides low barrier access for youth who wish to complete their Secondary School Graduation Certificate (Dogwood Diploma or Adult Dogwood Diploma). Alongside educational and social service supports, the Pinnacle Program team includes a Nurse Practitioner and Adolescent Medicine Specialist to provide primary care services and subspecialty support to youth.

Many of the youth who attend Pinnacle have experienced multiple barriers to completing their education that include housing instability, little financial support and lack of supportive adult care providers. In addition, some students have learning or developmental delays, mental health diagnoses, substance misuse or addiction, or have been exposed to trauma such as physical and sexual abuse and witnessing violence.

The purpose of this study is to explore the ways that the inter-agency team creates a supportive, caring and safe environment with students who attend the Pinnacle Program. Using qualitative methods this report documents staff and student’s reflections about the strategies, approaches and philosophies that constitute a supportive model of care.

Findings from this study affirm that students respond positively to the model that balances self-determination and nurturing. Because of family and housing instability, many students have been making independent life decisions and thus youth value the adult education practices employed in the academic program and the self-care models mobilized by health care providers. Students noted that the welcoming and non-judgemental attitudes of Pinnacle staff, health care providers and other service providers in the Integrated Youth Services facilitated an openness among students to access supports that they wouldn’t have otherwise engaged.

Central to working with vulnerable youth is a keen understanding of the social determinants of health. The respectful and compassionate orientation of education, health care and social services are rooted in an integrated knowledge of the impacts of poverty, homelessness, neglect, trauma, developmental delay, addiction and mental illness. In addition, the “hub” model employed by the Pinnacle Program facilitates relationships between youth service providers and allows for timely communication about the needs of youth. The co-location of services creates low barrier introduction and access to primary and sub-specialty health care.

Findings point to the need for more supports to be put in place for youth who are turning 19 and transitioning out of government care. There needs to be strong inter-agency partnerships that can offer a continuum of care to these youth in order to maintain positive gains made through their experiences in the Pinnacle Program.

THE PINNACLE PROGRAM

The Pinnacle Program was established in 2008, administered in partnership with the Vancouver Board of Education (VBE) and the Ministry of Children and Family Development (MCFD). Pinnacle is a senior alternative program (grade 11 and 12) for vulnerable students who are unable to integrate into mainstream or other alternative programs. Youth are referred to the program by either a social worker (MCFD) and/or a probation officer. The placement of students is completed by a committee of staff members from VEB and MCFD.

The Pinnacle Program employs two Vancouver Board of Education full time staff. A Youth and Family Worker provides oversight of the program, supporting the intake and transition of students, coordinating the day to day operations of the school program and addressing students' individual needs. The Youth and Family worker takes primary responsibility for connecting youth with services and coordinating with inter-agency case conferences.

The Vancouver Board of Education Teacher is responsible for working with students, parents or guardians to develop an Individual Education Plan (IEP) leading to a BC Secondary School Graduation Certificate (Dogwood Diploma or Adult Dogwood Diploma). The teacher supports student transitions by seeking post-secondary opportunities for students and employment placements.

Co-located with other youth focus services (including MCFD Youth Protection, Vancouver Coast Health Mental Health Outreach services, Youth Probation, Nexus Youth Drug and Alcohol counselling, and the Q Creative Urban Employment Services for youth on probation) the Pinnacle Program is positioned to forge strong relationships with other service providers.

In the early development of the Pinnacle Program it became apparent that many students required health supports for a variety of chronic and acute conditions. As a previous evaluation revealed, there is a much greater concentration of complex health issues and the need for tertiary services among Pinnacle students than in the broader population¹. Although many youth experience common episodic illnesses, others come with concurrent conditions such as substance misuse and mental health issues as well as multiple chronic conditions, intensified by issues of poverty and housing insecurity.

A partnership was established with a Nurse Practitioner at BC Children's Hospital (BCCH) to provide students with primary care support and strengthen community health transitions. To further address complex mental health and chronic health conditions, the partnership with BCCH was expanded to include an Adolescent Medicine Pediatrician with a special interest in providing services to vulnerable youth.



¹Howegroup Public Sector Consultants Inc. (2011). *Pinnacle Program: Nurse Practitioner Evaluation Final Report*.

WHO ARE PINNACLE STUDENTS?

Students who attend the Pinnacle Program come from diverse cultural and socioeconomic backgrounds. They have had sufficient resiliency to complete grade 10 but are considered vulnerable due to a number of issues including childhood trauma, abuse, neglect, poverty, domestic violence, mental health and/or drug and alcohol issues. Students are connected with either a social worker or probation officer and are classified as a category (H) within the school system which requires more intensive and individual support around the broadly described behavioral and mental health issues. Although students arrive with a complexity of needs, they express a willingness to progress academically.

“ You know you walk down the hall there you just see a bunch of pictures of kids which have graduated, some of which I know, some of which came here have a record, having drug addictions, having problems with their life and have left not just a better person but with all these doors open to them. ”

Male Student

“ Just because this is like supposed to be a safe environment. Kids come here from a troubled home, and they feel safe here, and that’s why I feel like the staff is so helpful. This is like a safe haven for a lot of the kids too, and it’s a really good environment. I love it here. ”

Female Student



KEY MESSAGES

- ◆ Pinnacle offers a wraparound model of care that is embodied, not by a set of ‘services’ but by a familiar set of people. Students are willing to access services because of the opportunity to build trust with providers over time. This helped to change longstanding attitudes about adults in authority which transferred over into relationships with employers.
- ◆ Students perceive that staff care about them as individuals, not just as students. They appreciate the attention paid to their social, emotional, physical and academic well-being.
- ◆ The adult education strategies employed by Pinnacle are important for success. Important elements included:
 - The ability to work independently
 - Transparency around what credits required to graduate, timelines and tools
 - Expectations that they will succeed
 - Respect for student choices regarding time use and end goal
- ◆ Students recognized the strong, collegial relationships between staff and service providers in the Pinnacle Program and this was very important to their sense of security and well-being. Students were aware of and positively influenced by the shared values and team approach employed by staff.
- ◆ Improving physical and mental health, through accessing onsite health services, was a key factor in academic success. The regular contact with the Nurse Practitioner and Adolescent Medicine Pediatrician lessened embarrassment and shame regarding health issues (specifically mental and sexual health). Good relationships with health care providers at Pinnacle set the stage for future trust in health care systems.
- ◆ The attention paid by staff to their transition from Pinnacle, was key to motivating students’ success. Youth valued the way staff listened carefully to goals and aspirations and helped to facilitate them. Students perceived that staff understood the challenges facing them beyond Pinnacle and supported their strategies to survive (i.e. housing, mentorship)
- ◆ In order to support the positive gains of Pinnacle students, there is a strong need to strengthen a continuum of care that supports students beyond age 19.

METHODOLOGY

13 STUDENT INTERVIEWS

6 INTER-AGENCY STAFF INTERVIEWS

All students in the Pinnacle Program were offered the opportunity to participate in the evaluations. Students were told that their identities would be kept anonymous.

A total of 19 people participated in interviews over the course of a six month period.

In order to gain an understanding of the Pinnacle Program, we conducted 13 interviews with students, current and recently graduated from the program.

In addition, members of the inter-agency team who work with Pinnacle were interviewed including:

- ◆ The Youth and Family Worker (Vancouver Board of Education)
- ◆ Pinnacle Teacher (Vancouver Board of Education)
- ◆ Nurse Practitioner (BC Children's Hospital)
- ◆ Adolescent Medicine Pediatrician (BC Children's Hospital)
- ◆ District Principal for Alternative Programs (Vancouver Board of Education)
- ◆ Youth Services, Probation (Ministry for Child and Family Development)

DATA ANALYSIS

The project received ethics approval from the University of British Columbia.

Study data were analysed using qualitative methods. The goal of the analysis was to capture student's experience of the Pinnacle Program and identify key features of the Pinnacle multi disciplinary team model that contributes to its success. Interviews were digitally recorded and transcribed verbatim to produce transcripts that could be analyzed. Interview data was coded, fractured and reassembled to produce themes. These themes summarize the thoughts and reflections of students and staff about the structure and program delivery.



WHAT WE WANTED TO KNOW FROM STUDENTS	WHAT WE WANTED TO KNOW FROM STAFF
<ul style="list-style-type: none"> ◆ What has been their experience in the Pinnacle Program? ◆ How do they perceive the wrap around model that Pinnacle has adopted? ◆ What are the strengths and weakness of the program? ◆ How has Pinnacle set them up (or failed to set them up) for life post graduation? 	<ul style="list-style-type: none"> ◆ What are the guiding principles and philosophical framework of Pinnacle ◆ What is the profile of the students that Pinnacle is best equipped to serve? ◆ What are strategies for a positive and productive interdisciplinary approach? ◆ What are some improvements that could be made to strengthen the program?
INTERVIEW QUESTIONS FOR PINNACLE STUDENTS	INTERVIEW QUESTIONS FOR INTER-AGENCY STAFF TEAM
<ol style="list-style-type: none"> 1 What brought you to Pinnacle? 2 Describe your experience in the program. 3 How would you describe your relationship with the Pinnacle staff here? How would you describe their approach to students? 4 What are some of the things that they do to keep you coming back and help you to achieve your goals? 5 What could they be doing differently to support you and other students? 6 One important addition to the Pinnacle Program has been giving students onsite access to health care (through the onsite Nurse Practitioner and the Physician). How does having health care at school make a difference to you? 7 What do you remember about your first contact with the Nurse Practitioner and/or Pediatrician? 8 How does Susan and Eva's approach work for you (or not work for you)? 9 Do you access any of the other services, other than school and health care, while you have been at Pinnacle? If so, describe your interactions with these staff and programs. 10 What are some positive experiences that you have had in the Pinnacle Program? 11 What are negative experiences that you have had in the Pinnacle Program? 12 If you were to design a Pinnacle-like program, what changes would you make? 	<ol style="list-style-type: none"> 1 Describe your involvement in Pinnacle. What is your role? 2 What would you say are the guiding principles of the Pinnacle Program? 3 In your view, how do these principles work to engage vulnerable youth in an academic setting? 4 Describe the inter-agency partnership from your perspective. 5 What are the strengths of the Pinnacle multi-disciplinary team model? 6 What improvements could be made to strengthen the Pinnacle model? 7 Why does it make a difference for students to have access to health care at school? 8 What are the benefits/drawbacks to having Pinnacle embedded in a building with a variety of youth services? 9 What aspects of the Pinnacle Program are unique and replicable?

FINDINGS

BARRIERS TO MAINSTREAM AND ALTERNATE PROGRAMS

BARRIERS TO MAINSTREAM & ALTERNATE PROGRAMS

Feelings of isolation

Rigid schedule

Conflict with peers

Required learning outcomes don't match ability

School attachment is strongly related to good mental and physical health outcomes and positive feelings about life and future². Having a connection to school is, therefore, a vital protective factor, particularly for youth who are disengaged from home and community. Not all youth, however, thrive in a mainstream school setting, and leave, or are removed from school prior to graduation.

The primary reason that youth give for dropping out of school is their perception that they don't belong, largely because of difficult relationships with peers and/or teachers. This is compounded by other issues such as addiction, mental health issues, poverty and conflict with the justice system. To remedy this situation, school districts in BC offer a range of alternative education programs aimed at serving both the academic and non-academic needs of these students

All of the Pinnacle students interviewed had been enrolled in both mainstream and other alternative programs throughout their academic career, many times spending only short periods of time in each educational site. Students reported feeling lost in the mainstream school system.

Large classes and standardized timelines to meet prescribed learning outcomes did not support their individual learning needs or take into account periods of time when their personal lives infused with chaos and instability.

Pinnacle students found maintaining their enrollment in alternative schools to be equally challenging. They described many instances of school removal and drop outs, generally due to interpersonal reasons or a lack of attendance.

“ In grade 8 I went to (mainstream school), and then I got kicked out. I went to alternative school. I went to (school name), it was only grade 9. So after that I went to (alternative school), and then I got kicked out. So I went to (different alternative school). I didn't like it there, so I went back to (alternative school) and talked to the counselor, and then they let me back in, and then they kicked me out. ”

Female Student

“ I went to (mainstream school), and I hated it there. I caused a lock-down and got kicked out. So I had to go to another school, and I was going through a bunch of things. And then I got kicked out of that school, and I was like, “What am I going to do?” ”

Female Student

²Smith, A., Peled, M., Albert, M., MacKay, L., Stewart, D., Saewyc, E., & the McCreary Centre Society. (2007). *Making the Grade: A Review of Alternative Education Programs in British Columbia*. Vancouver, BC: McCreary Centre Society.

For some students, alternative programs, as well as mainstream schools, were environments filled with conflict and discord with peers. As in mainstream programs, there is the expectation in alternative programs that students build positive relationships. For those who had chronic difficulties socializing with other students or felt unsafe in the classroom, this presented barriers to attaining academic goals.

“ I used to get chased out of the school by other girls that want to beat me up. So much stupid shit, and the teachers would never really do anything about it. They would be like “Oh let’s sit down and have a meeting and work this shit out.” It never obviously works out. ”

Female Student

“ It was such a small space you were either going to be friends with everybody or you’re going to have a couple people who don’t like you. If you’re around each other every single day you’re put into the cage with all the animals every day at one point one of the animals is gonna bite the other guy right? ”

Male Student

Some found that being in the alternative classroom alongside students with behavioural and mental health issues, made keeping a focus and concentration on school work, to be challenging. Others found this setting to trigger or maintain unhealthy patterns of drug and alcohol use.

“ We’d all go right outside the portable and smoke a joint and even those mornings when I’d tell myself I was going to stop that shit, it’s just like everyone else was doing it. I know that that sounds like a stupid thing to say but that’s just the way it went. You didn’t want to be hanging out alone. ”

Female Student

As many alternate programs are housed in portable buildings on the grounds of mainstream schools, youth reported that they were segregated for their behavior and treated as if they were intellectually challenged or “not mentally there”. Some stated that there was no real expectation that they would graduate and be academically successful, that the curriculum had been simplified to accommodate the students’ special needs. This perception left some students bored and disconnected.

“ I don’t want to say it rudely, but they teach us like we’re slow kids, and I’m not slow, I just have issues learning in a big classroom. ”

Female Student

“ A lot of them do treat you like a kid, like a little kid, not like a young adult or anything they treat you like a 5 year old. And they think you’re not mentally there. ”

Male Student

“ At (alternative school) and sometimes actually, for my whole time I was there, they tell me I’m not going to graduate. They’re like “you’re not going to do it, you’re failing so bad, you’re not gonna graduate, it really sucks to be you. ”

Female Student



RELATIONSHIPS BETWEEN STUDENTS AND STAFF

NURTURING

“ What is missing in larger schools, what is needed for these students, is nurturing. Their lives are filled with too much trauma and not enough nurture. It’s important to build a program that acts as a family and a smaller atmosphere with only 20 students allows you to give them the kind of nurturing they don’t get in a larger school. ”

Susan Downing, Pinnacle Teacher

One of the guiding principles of the Pinnacle Program is the caring relationships between students and staff. With the understanding that many students have grown up in care of child protection or have had fractured and unstable family backgrounds, staff strive to foster a safe, warm and welcoming environment within the school-setting. Staff work to foster positive relationships with students and continually communicate respect and a caring attitude.

“ It’s really about building trust with the students and seeing how best we can serve them. We are always looking at the needs of the students through a trauma based lens and treating them with a lot of respect. We look at what has happened to them in their lives to get them where they are now, how much resilience they have. We constantly support them in their journey forward. ”

Kim Brand, Youth and Family Worker

RELATIONSHIPS BETWEEN STUDENTS & STAFF

- Supportive and nurturing environment
- Healthy meals
- Second chances
- Meet students where they are at



FOOD

One of the primary ways that a nurturing atmosphere is created is through the provision of a hot lunch program as well as snacks throughout the school day. Pinnacle staff maintained that it is essential to offer healthy meals to mitigate the food insecurity often present in students’ homes. Providing food in the context of the program also contributes to a warm and welcoming environment.

“ You know we have meals provided every day for us by Kim, on her own free will to cook for us, she could throw a thing in the oven and be like that’s it but she actually goes and gets organic stuff and cooks for us, which is great. ”

Female Student

“ She always says, I wouldn’t feed you anything I wouldn’t give my friends and family. It’s like, she’s saying when she cooks for us we’re like important to her. ”

Male Student



MANY CHANCES TO SUCCEED

Overall, students understood and appreciated the nature of the staff/student relationship. Many commented on how important it was to them that staff cared about them, not only for the purpose of advancing academic progress, but in order to improve the quality of their social, psychological and emotional life.

“ I don’t know. I think the fact that Kim really helps me, and if I’m feeling bad, like no matter what time, even if it’s not during school hours, but if I’m feeling really bad or anything like that, or if I’m stuck and I have no idea what to do, I can always count on Kim to give me that adult advice that my mom doesn’t seem to be able to give me. I think there’s just that kind of support that other schools don’t really have here. ”

Female Student

“ They see you as an individual, they help you. ”

Male Student

Students associated the positive regard of staff with their success at Pinnacle. Several students commented that being respected and having their perspectives and opinions taken seriously was a novel experience. A lifetime of negative encounters with adults, both in family and institutional contexts, had shaped a separation between their worlds. They saw staff as intentionally working to create bridges between the world of youth and adults by taking the time to listen.

“ Well I appreciate someone who can sit down and actually consider my side of the story, and take into consideration what I say, and help me better my life and my future because they helped me. You know I come in here, in a bad mood, I’ve just been with my mom, I’ve had an argument with my probation officer, an argument with a friend, or I’m pissed off or I’m sad, they won’t let you work right away. They’ll take you into the office, and they’ll talk to you, they’ll say, what’s going on? because it’s not healthy for a student to just go into class all pissed off. So they actually care, that’s the thing, they actually do care. ”

Male Student

“ Pinnacle showed me that I could behave on my own, that I could do my work on my own. And if I needed the help the teacher’s there, and she checks on us and stuff but with conversation not “hey are you doing your work” like with conversation, just “hey kids” you know seeing the vibe in the room. So yeah that was the biggest difference, is that I felt empowered. ”

Female Student



“THEY NEVER GAVE UP ON ME”

Students understand that Pinnacle staff would give them as many “second chances” as it takes for them to succeed in the program. Even after time away from the program due to mental illness, re-engagement in criminal activity, a stay at rehab or re-entering addiction, they are welcomed back without judgement.

- “ It’s important to understand that many of these young people come from a lifetime of trauma, and recovery is not going to follow a linear pattern. Their progress is going to be forward and back, and for relationships to be sustained, adults need to respect that. ”
- Susan Shumay, Nurse Practitioner**

While respecting student’s choice and self determination regarding school attendance, staff work to maintain communication with students who are absent. If a student has not attended school for a few days, the Youth and Family worker will send them a text to ensure that they are safe and healthy. These texts are not intended to transmit judgment or make the student feel guilty but to maintain a ‘warm line’, to remind students of their Pinnacle connection. While, occasionally, students will be absent for an extended period of time, they are reassured that the doors are open to them.



- “ You’re not quick to jump on them as to why they’re not here. You don’t want to go to a place where you are judging them for having things that are more important than school. ”
- Susan Downing, Pinnacle Teacher**

Because students are not burdened by the expectation that their progress will be linear, they regularly re-enter the program. One student remembered the way that the teacher visited her in detox and how salient this event was in her future recovery.

- “ I’ll never forget that, and even though I don’t remember our conversation because I was completely out of it, I’ll never forget she was wearing a green sweater and she just held me and said, “you know what? you’re gonna pull through,” and she just didn’t dump me, and say, “oh, another lost cause, whatever;” they just had so much faith in me, and it doesn’t just go with who I was, they were like that with everyone, everybody is that person to them. ”
- Female Student**

- “ It was really helpful, because I was going through a lot of crap back then. I was going through some suicidal things. Going to school and being alone, and being in foster care, and not fitting in anywhere, just feeling kind of hopeless, and then having Susan here, who’s just like, “we’re going to help you, and we’re going to get this done.” And Kim was like – “No, we’re not letting you fail – you’re too amazing!” There was just all this positive energy that I never got anywhere else, so school actually did end up being that positive place, which I’ve never had before. ”
- Female Student**

EMPLOYING ADULT EDUCATION STRATEGIES OF SELF DETERMINATION

The academic program within Pinnacle is guided by a principle of self determination. Students decide when they will come to school and how quickly they will progress through courses or assignments. While the teacher will meet with individuals periodically regarding the alignment between goals and progress, and is always available to provide assistance, students forge their own academic path.

When students first arrive at Pinnacle the teacher reviews credits received and creates a template so the student is able to see where they are and what is left to accomplish prior to graduation. In collaboration, the student and teacher design an individual educational plan (IEP) that serves as a guide for course completion. Older students, 18 years and older, can select to do an composed of a reduced number of credits (Adult Dogwood Diploma) while other students must complete a Secondary School Graduation Certificate of 80 credits (Dogwood Diploma).

The majority of students have a positive response to being treated “like adults” and being given the “tools for learning” rather than doing coursework in a typical classroom. This adult education style of learning was an especially good fit for those who considered themselves to be living adult lives, such as living independently and/or working.

“ The first thing I can remember where I was like, “this is for me,” was when they told me that I was my teacher. I remember walking in the classroom and I felt excited because they showed me what I had to do to graduate—it was physically in front of me. It wasn’t like the teacher had, like, the books behind her desk and held the holy grail to me graduating. I had all the material—all the work I had to do, and it was a lot, but I had it in my own hands and it was up to me to finish. ”

Female Student

Self-determination was also important for youth with negative experiences with adults in authority or with other students. Rather than expending energy in conflict with teachers with respect to behaviour or academic progress, students were able to focus on what they need to do to graduate.

“ They just give you what you need to do, and if you need help, they’re there, and if you don’t need help, they leave you alone. I can come here because my schedule’s three days a week for three hours a day, come here, plug in my headphones, do my work, and leave. And I don’t have to talk to anybody. ”

Female Student

“ The classroom is quiet for a reason. The people here want to get things done and over with so the classroom is quiet with no extra bullshit. Nobody is just standing around chatting with a friend, going to have a cigarette. ”

Male Student

“ I like the fact that it’s one on one—so you don’t have the whole problem that other schools have—the problem with people and everything—this is more your own pace—you can do how much you want, however you want, like if you’re motivated today, then you can get a lot done today—if you’re not—then you don’t really, but then there’s always another day, and there’s no people distracting you—there’s nothing. ”

Female Student

Students also attributed their academic success to the balance of engagement and autonomy. They described a non-judgmental learning environment and, almost universally, understood that staff thought highly of their skills and fully expected that they would reach graduation.

EMPLOYING ADULT EDUCATION STRATEGIES

Self-determination

Flexible school day

Collaborative learning plan

Respect

“ Key when working with these students, I find something that I genuinely like about them and I will let them know. I will tell them the concrete things that I appreciate about them. Because you can't teach anyone if they feel that you don't like them. ”

Susan Downing, Pinnacle Teacher

“ They're trying to be more as counselors and supporters, not like they're trying to be above you—they're trying to be at the same level as you. So you don't feel like you're being degraded or anything. You have literally just some honest help. ”

Female Student

they were average students. Because many students come into the program with good academic potential, they find themselves able to achieve at a high level within the nurturing context.

“ Especially in alternative schools, so you have that alternative school stereotype, rebellious, I don't like following regular school rules—and blah blah blah. So they think you're rebellious, and you think you're rebellious, so you just waste a whole lot of time fighting the system. Here they don't judge you like that. They're just, like, ready to get it going. ”

Female Student

Students described an identity shift that came about for them through their involvement at Pinnacle. In other educational environments they may have considered themselves (or had others consider them to be) “the bad kid”, whereas, at Pinnacle

“ Unlike other schools, the staff here just assumed that I would make it through. They were like, we're going to help you graduate, even if it's a little bit late, we're going to push you and give you all this you actually need to graduate, not just unnecessary shit that takes up so much time. ”

Female Student



EMBEDDING HEALTH CARE INTO PINNACLE

“ In the first year of Pinnacle we realized that, in order for students to be successful, we really needed to have a wraparound approach. What happens, when students are so vulnerable, if they don't have their health and a good place to live and some way to feed themselves, that becomes the first priority and education is on the back burner. If they have the chance to come to Pinnacle and have all those things provided for them, we have a better chance of graduating them. ”

Kim Brand, Youth and Family Worker

The Pinnacle Program collaborates with BC Children's Hospital to provide onsite access to health services with a Nurse Practitioner and an Adolescent Medicine Pediatrician. The health care team works closely with the Pinnacle teacher and Youth and Family worker, creating an integrated approach to education and health. While health care visits to the school occur on a weekly basis, there is on-going e-mail and telephone communication between health care providers and Pinnacle Staff and health care providers and students ongoing throughout the week to ensure a continuity of care.

The Nurse Practitioner and Adolescent Medicine Pediatrician working with Pinnacle noted that a specific set of values and practice must be shared by providers within an inter-agency model of shared care for vulnerable youth. Providers must have:

- ◆ A comprehensive approach to healthy youth development/resiliency inclusive of the complexity of health and psychosocial vulnerabilities.
- ◆ A strengths based model that supports youth's health goals.
- ◆ An understanding of how trauma and the social determinants of health can affect a young person's life
- ◆ A shared commitment to providing a safe place and a focus on relationship building

Many students come with complex health conditions that may encompass concurrent mental health and substance use issues alongside primary care concerns. While initially the health practitioners see students as a team, in order to solidify a trusting relationship, students eventually see either the Nurse Practitioner or Adolescent Medicine Pediatrician as appropriate to their health care needs.

EMBEDDING HEALTH CARE

Complex health needs

Building trust over time

WHAT IS A NURSE PRACTITIONER?

The role of the Nurse Practitioner is to provide onsite access to Primary Health Care Services to students at Pinnacle School. This includes care in assessment, diagnosis, treatment, and referral services. The Nurse Practitioner works with students to address their identified health needs which may include concerns with mental health, addiction, and chronic disease management. When students near graduation, the Nurse Practitioner works collaboratively with youth to meet their goals and advocates for linkages between school, social work, and community supports.

For many students, experiencing health care at Pinnacle is the first time they've accessed health care in years. Often there's a fear because they may have had a negative experience in a health care setting. Onsite we are non-judgmental, confidential and provide services based on that youth's specific needs.

Susan Shumay, Nurse Practitioner

APPROACHING STUDENTS

In order to normalize health care as part of attending Pinnacle, the health care team makes an effort to make a connection and build relationships with students when they first become connected with Pinnacle.

“ They stop by the classroom and say “Hey, I don’t think that we’ve met, do you mind coming into the office and having a chat.” It’s all very low key and friendly. They give you a quiz to do to look at your health and stuff and then they just let you know what they could do for you. Most people go and see them fairly often. ”

Female Student

“ They come and see you at the beginning and they pull you in for a meeting and they just ask you about your health- not in a nosy way, just give you a chance to ask questions and to let you know that they’re there. And then most people go in because they’re well respected. If you have a cut or something that you need treated, you can just go in and they will chat with you about it. ”

Male Student

ACCESS TO HEALTH CARE

Vulnerable youth face multiple adversities in their lives that can limit their exposure to health supports. Many are stigmatized or marginalized because of exposure to substance use or family violence and/or being in families with caregivers who need support for their own health issues. The health care team provide care in a different way for vulnerable youth, as they often do not access health services due to lack of confidence and support or awareness.

Students credit the opportunity to access health care at school as being a key factor in resolving chronic health issues. Some reported that working with health care providers to resolve their more severe health conditions facilitated other self-care activities,

“ It was emotional issues—like when I first started coming here, I had like a really big Percocet problem—oxycontin—they literally helped me get out of it, and since then I’ve just kind of seeing them regularly, just like checkups—I get birth control once in a while—super helpful, not having to go to the youth clinic every three hours. ”

Female Student

WHAT IS AN ADOLESCENT MEDICINE PEDIATRICIAN?

The role of the Adolescent Medicine Pediatrician is to provide onsite access to subspecialty services for youth who have complex health care needs. As noted in a previous study, 38% of Pinnacle students had at least one health condition, followed by 24% with 2 concurrent disorders, and 14% with 3 concurrent disorders³. The Adolescent Medicine Pediatrician provides students with early access to subspecialty care and supports their transition to adult services.

Adolescents are not likely to access health care unless they’re in crisis. Having health care right there allows us to intervene where they would be anyway. We know that children who have multiple adversities have chronic health problems that show up in adolescence and adulthood. If we can intervene in those early or maybe longstanding health issues, we might be able to make a difference.

Eva Moore, Adolescent Medicine Pediatrician

³Howegroup Public Sector Consultants Inc. (2011). *Pinnacle Program: Nurse Practitioner Evaluation Final Report*.

“ I actually discovered that I had a disease—two types of anemia—so it was good, it was helpful. I just told them my symptoms and stuff and then got my bloodwork done. I had to get on medication right away because it was already at that point when it was really bad. And then, after that, I just kept on going to see them. ”

Female Student

Students described health care providers as non-judgmental, friendly and approachable, concerned with all aspects of their health. Students who had negative experiences in health care contexts, particularly with relationship to ongoing substance issues, found it comforting to have a positive relationship with the Pinnacle health team.

“ Susan started as a counselor and she had this thing where every Wednesday she would come in and be like, “How’s your breathing going? OK. If that’s all good then, OK, now we can talk. She’s trying to see if I’m physically OK, and then goes into emotional. And then goes on a personal level that usually counselors don’t even open up about. And she did. She told me some things about her life to make you feel less weird and odd. Which was nice. The practitioners are so different than what I’m used to in health care practices. And they do it in such a down-to-earth approach that you don’t feel nervous or worried or anything—you feel comfortable. It’s nice. I think schools actually need more of schools like this. ”

Female Student

“ And the fact that they got Susan here—she’s just as down to earth as everyone else. I got some care that I never really would have got—or the fact that I would have been too nervous to ask my actual doctor about, or anything like that. I don’t know. I think it’s cool that they had it in school. And you can just tell her anything you want. But she can help you with anything. ”

Female Student



The health care team keep in regular contact with students and, if appropriate, parents or guardians. Students are free to text and ask health related questions in the intervening week between health care visits so that they can start to take ownership of their health. Students commented that this availability and accessibility increased their willingness to reach out.

“ It’s so cool, Eva’s not like other doctors, you can text her when you have something to ask and she’ll text you right back. It’s less formal and not so, like, distant. ”

Female Student

Other Pinnacle staff members spoke about the way that having embedded health care was valuable because of the way that it highlights the associations between education and health.

“ Having health care here is good for the students but it’s also good for the staff because it reminds us of the daily needs of the students and how not to be judgmental. Health care people are extremely gifted in that area. ”

Kim Brand, Youth and Family Worker

THE PINNACLE HUB

THE PINNACLE HUB

Collaborative professional relationships

Co-located resources for youth

Youth have familiarity with a range of resources

The Pinnacle Program is located in an Integrated Youth Services building that includes a Ministry for Children and Family Development office with Social Workers, Youth Probation, a Youth Employment support program (PLEA), Nexus drug and alcohol counselling and mental health services. The inter-agency “shared care” model is based on the notion of the Social Determinants of Health. Youth who have experienced poverty, abuse, neglect and trauma are more vulnerable to chronic mental and physical health conditions both in adolescence as well as in later life⁴. Resources offered to improve social conditions, such as education, health services, housing and food security, can act as protective factors, reducing short and long term health vulnerabilities⁵.

Embedding school and health within the Youth Integrated Services Building allows professionals to access each other easily in order to address the needs of individual students. Working within a multiagency hub also facilitates relationships between service providers and educators. The trust that develops between adult staff positively influences the level of care they are able to offer students.

“ We as colleagues always say how wonderful it is, because instead of having to set up meetings doing numerous telephone tag, we’re able to move throughout the building making those personal connections, get the task at hand quickly brought to the forefront and then deal with in a very timely manner, it’s an incredibly efficient way of supporting the student without having to spend endless hours on trying to contact, the social worker or the mental health worker. And when you have those relationships built, then it can certainly enhance what you can offer to the student. ”

Kim Brand, Youth and Family Worker

“ Being co-located with health, with mental health, social services and even a job program, if we need to meet about a student, if we need to dialogue, we can sit down and do that very quickly. ”

Ray Stellingwerff, Community Youth Services Liason.

One of the primary strengths of the hub model to Pinnacle students is the opportunity to build relationships with service providers. While often the most in need of supports, vulnerable youth are less likely to follow up on referrals to such services. The ongoing, informal relationships built with service providers, over the course of attending school, reduces the reluctance that they have to reaching out for help when they need it.

⁴ Felitti VJ, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998 May;14(4):245-58.

⁵ Viner RM, Ozer EM, Denny S, Marmot M, Resnick M, Fatusi A, Currie C. Adolescence and the social determinants of health. *Lancet.* (2012). 379:1641-1652

“ Many of the youth who have gone through Ministry services, supports and homes in their short lifetime they have often grown to mistrust adults and people in authority. One of the beauties of embedding services and supports in the program is that’s where they feel comfortable, that’s their environment. ”

Ron Bergeron, District Principal, Alternative Programs

“ You see, there’s resources, but a lot of kids, at the beginning, are kind of standoffish. No one just jumps in, you know, it takes a while. But when you’re around that every day, around smiling faces and people who encourage you when you walk through the door like “hey it’s good to see you here” it makes you want to go every day. ”

Female Student

“ One example is Pinnacle’s relationship with Nexus the outreach substance abuse, prevention and support workers. We can bring them into our clinic for youth who may need a little extra support and use our personal connection to promote them to youth. As physicians we’re often kind of stuck in the hospital and we refer to different programs but we’re not actually aware of what those programs are and how they run. We often struggle to get kids connected to them because we can’t give that kind of personal promotion. So being here on site makes a huge difference. ”

Susan Shumay, Nurse Practitioner

Pinnacle Students who had been engaged in the Q Youth Employment program offered by PLEA spoke about how important work is to increasing self esteem and self concept. For those who had been involved in the Juvenile Justice System, having the support of the program allowed them to put negative experiences behind them. It was an important experience to do legitimate work while also doing the academic work necessary to graduate high school.

“ Because I know who the Q staff work ‘I’ve got a guy here he’s made some mistakes in his past could you give him a chance? ‘Yup no problem send him down here with work boots’ Because when a youth in trouble gets a job, they have something to get up for, they don’t need to walk down the block and sell drugs to make money, to support their mom who’s on welfare or whatever the situation is. ”

Male Student

An important aspect of the employment program was the opportunities to build skills and gain the accreditation to get a job. In an initial assessment process, students are asked what kind of work they would like to do and where they would like to be employed. Using extensive connections with employers from a variety of fields, workers assist students in finding employment and subsidizing wages where necessary.

“ They ask you, so what do you want to do, and you tell them ‘I want to work in a store or whatever’ and they say ‘okay’ and they work to find you the job that you want. And they can also help you get food safe or first aid, whatever you need. ”

Female Student



TRANSITIONING OUT OF PINNACLE

TRANSITIONING OUT OF PINNACLE

Abrupt end to supports at 19

Collaborative transition planning

One of the most salient issues facing staff and students at Pinnacle is the task of facilitating successful transitions out of Pinnacle so that students can continue to move forward with the gains that they have made. This can be challenging because, when students reach 19, they simultaneously age out of the majority of Ministry supports provided to children and adolescents. Young people who have experienced multiple traumas, without the benefit of family supports, are particularly vulnerable to poverty, crime, hunger and unemployment when there is no continuum of care.

“ It seems arbitrary that people would put that much energy into a child and then implement that strict cut off at age 19, seems like a real loss of potential. ”

Eva Moore, Adolescent Medicine Pediatrician

“ I left treatment because I was an adult then, the resources for me were cut down—it’s really hard, impossible, and there are resources out there, but they’re hard to get when you’re an adult. When I turned 19, and so I went out back into the real world after being institutionalized for a year, for half of that I wasn’t coherent, I was delusional and heavily medicated—so six months of sanity and you throw me out in the real world with a 90 dollar cheque from welfare and expected to thrive out there was really hard. ”

Female Student

The team, individually and collectively, work to build partnerships with outside organizations within post-secondary educational institutions, post secondary training, apprenticeship programs in the trades and with philanthropic foundations dedicated to improving job prospects for vulnerable youth.

“ If a student is transitioning out, we work very closely with the social workers setting up inter disciplinary case management meetings are very important and so in order to have those happen so that we can transition the students successfully there’s a lot of people in the students’ lives and so my role is to make sure that those people are contacted that they’re brought to the table, the student is able to see what their plans are going to be for until they actually age out of the system. ”

Kim Brand, Youth and Family Worker



TRANSITION PLANS ARE INDIVIDUALLY TAILORED

Transition is a process of self-determination appropriate in adolescent development and does not occur in a linear pattern. An important aspect of the transition approach is collaboration between the multi-disciplinary staff team and students. Staff members work with students to determine who needs to be at the transition planning table (social workers, parents, mental health workers etc.) to provide the best chance for successful move from youth to adult services. Once a plan has been determined, staff act proactively to facilitate its implementation.

“ Each student is different, and we need to be responsive to the needs and desires that they have, rather than slotting them in somewhere just because they are at a certain age or stage. ”
Susan Downing, Pinnacle Teacher

“ The staff wants to help you out. Like I heard this story about these girls who wanted to be hair dressers so they got them a place in the training and helped them get through the program and got them support so they could be what they wanted. ”
Female Student

SUPPORTING TRANSITIONS

Research suggests that vulnerable youth often experience challenges in accessing supports when they transition to adult services. A caring and nurturing relationship between students and health care providers can be protective when young people are transitioning out of Ministry care. In addition health care providers can ensure a continuum of care—that appropriate referrals are made and that future supports are implemented.

“ If there’s a student that has issues with learning, we can get a Psych. Ed. Assessment which may have otherwise been difficult to get (without the referral of an Adolescent Medicine Specialist). With respect to transitioning, having the assessment can help them get funding through Mental Health or through Social Services as a Person with Disabilities. ”
Susan Shumay, Nurse Practitioner



CONCLUSION

The purpose of the Pinnacle Evaluation project was to explore the practices and approaches engaged by educators and service providers in an inter-agency program serving vulnerable youth. To this end, interviews were conducted with Pinnacle students, past and present, as well as adult staff and stakeholders. Findings from the study highlighted the effectiveness of an approach that balances the student's self-determination, with nurture, that respects student's resiliency and motivation, and addresses the reality of past trauma. There was a strong affirmation of the integration of health care alongside the academic program, which offers students low barrier access to primary and tertiary health services and facilitated transitions to community health programs.

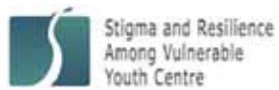
RECOMMENDATIONS

In order to maintain the positive gains made by young people in the Pinnacle Program, it is essential that there are strong inter-agency supports that will provide a graduated transition to adulthood rather than maintaining an abrupt end of childhood guardianship, mentorship, housing, financial, educational and health care at age 19. Service providers and agencies positioned to support the health, housing, food security and employment needs should be included within the Pinnacle hub so that young adults can transition to the systems designed to alleviate homelessness, unemployment and mental health crises.

There is more research needed into the dynamics and issues that emerge for youth as they age out of governmental care at age 19. This research should include centralizing the perspectives and reflections of young people, as well as service providers, educators and health care practitioners with whom they are directly involved, in order to make policy recommendations for the implementation of a continuum of care.

"It is well documented that such children are at greatest risk for not having their own health and developmental needs met and the impact is cumulative over the life course."⁶ There is a strong need for health care practitioners to offer access, barrier-free, to health care within schools with special attention to reaching vulnerable youth. Integrating onsite health care services to students younger than those in the Pinnacle Program will increase engagement not only to primary care but to subspecialty care at more productive time points in their development. Health care providers should have a practical understanding of the social determinants of health to inform a non-judgemental, respectful environment in which students are likely to access services and engage in relationships.

⁶ Howegroup Public Sector Consultants Inc. (2011). *Pinnacle Program: Nurse Practitioner Evaluation Final Report*.



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