



Healthy Relationships Plus Program (HRPP) Evaluation Report

Overview

The Healthy Relationships Plus Program (HRPP) is an evidence-informed small group intervention designed to provide students with the skills they need to build healthy relationships and reduce risky behaviours. The 14-session program uses open dialogue and role play to engage student discussion on topics such as peer pressure, help-seeking, media literacy, healthy and unhealthy peer and dating relationships, healthy communication, mental health and wellbeing, suicide prevention, and the impacts of substance use and abuse. Overall, the program helps students improve critical thinking, communication and problem-solving skills.

Investment from the Public Health Agency of Canada has supported the Centre for School Mental Health's (CSMH) ability to work with our partners to [pilot and evaluate the implementation of the HRPP universally in grade 7 and 8 classrooms](#) during the 2022-23 school year. Public health units worked collaboratively with their local school boards to deliver the HRPP universally in high-priority schools. Public health nurses facilitated the program in collaboration with the classroom teacher and, when possible, the school social worker.

In partnership with the public health units and school boards, the CSMH conducted a program evaluation to determine whether [meaningful changes occurred in students' knowledge, self-efficacy, and behavioural intentions as a result of participating in HRPP](#). This report summarizes the key findings from the student surveys, facilitator implementation surveys, and facilitator focus groups.

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Evaluation Methods

Students

Consenting students completed a **one-time survey at the end of the program** that included a set of **retrospective-pre and post-questions**. The first section of the survey asked the students to rate a set of questions based on how they felt *before they started HRPP (i.e., the retrospective-pre)*. The second section asked them to rate the same questions again based on *how they felt after they completed the program (i.e., post questions)*. Students rated each question on a scale from 1 (“not at all”) to 4 (“yes, definitely”). The questions were designed to measure four outcomes:

- **Knowledge:** about mental health and relationships. *Example:* I knew/know the positive qualities to look for in new dating partners/friends.
- **Self-Efficacy:** confidence in their ability to use HRPP skills. *Example:* I could/can use healthy strategies to cope with life stressors.
- **Behavioural Intentions:** the extent to which students say they would use HRPP skills. *Example:* I would have made/I would make a respectful apology if I did something wrong.
- **Total outcome:** all knowledge, self-efficacy and behavioural intention questions combined into one score.

In the third section, students were asked to read and respond to **three hypothetical scenarios**. The scenarios evaluated the student’s application of the HRPP content by having them **identify the problem** the youth in each scenario were facing and **explain what they would do to help** them if they were friends.

The three scenarios were:

Taylor is always texting her boyfriend in class and they spend all their spare time together. Taylor seems happy, but she has started to distance herself from her figure skating team and stopped doing homework regularly. She always has to ask her boyfriend for permission before she hangs out with any of her friends, including you.

Jordan is 14. He is teased and picked on because he is smaller than the other guys in his grade 9 gym class. People think he is gay and his friends know this and make fun of him for it. At home, Jordan often feels like he is an annoyance to his mother. They never have enough money to do anything fun. Jordan is wondering if there is a purpose to his life anymore, or if he would be better off dead.

Avery and their partner Jadyn have been dating for a few months. They both say that they love each other but they argue a lot. Jadyn regularly yells at Avery over minor things and makes Avery feel bad most days. When Avery cries after their fights, Jadyn apologizes to Avery, saying that they didn’t mean what they said, and that Avery is being too sensitive.

Program Facilitators

Public health nurses (PHNs) completed an **implementation survey** at the end of the program for each group they facilitated and participated in **focus groups** at the end of the school year to gather more in-depth information about their collective experiences facilitating the program. The

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implementation survey and focus groups collected information about program delivery, modifications made to the program, perceived benefits of the program for the students, and overall implementation successes and challenges.

Participants

A total of 32 HRPP groups, representing 25 elementary schools, participated in the student survey component of the evaluation. Table 1 below summarizes the demographic information of the 227 students who participated in the survey (29% response rate). The average age of participants is 13 years old. Over 50% of students identified as a woman/girl, 41.3% as a man/boy, and 6.1% as non-binary/gender fluid/agender or other non-binary identities. Notably, 34.7% of students identified as a visible minority.

Table 1 – Student Demographics

Demographics	N	Descriptives/ Frequencies
		<u>Mean (Range)</u>
Age	209	12.9 (11-14)
		<u>% (n)</u>
Gender Identity	213	-
Man/Boy		41.3 (88)
Woman/Girl		52.6 (112)
Non-Binary, gender fluid, agender, and other non- binary identities		6.1 (13)
Indigenous	211	7.6 (16)
Visible Minority	199	34.7 (69)
Born in Canada	209	83.7 (175)
First Language*	202	-
English		83.7 (169)
French		0
Arabic		5.4 (11)
Spanish		3.0 (6)
Tagalog		2.0 (4)
Other (e.g., Cree, Nepali, Portuguese)		7.9 (16)

N = total number of students that responded to the question. n=number of students in indicated category

*4 students indicated English and one other language as dual first languages so the percentage will not add up to 100.

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Implementation surveys were collected from PHNs for a total of 34 HRPP groups. Two focus groups were conducted with a total of 19 PHNs. PHNs were asked demographic questions on the implementation survey. Almost all said they identified as female (96.9%, n=31). Most facilitators received training less than one year ago (67.6%, n=23), and facilitated the HRPP one to three times (70.6%, n=24). Thus, while the majority of facilitators had ten or more years of experience working with youth (67.6%, n=23), most were relatively new to delivering HRPP.

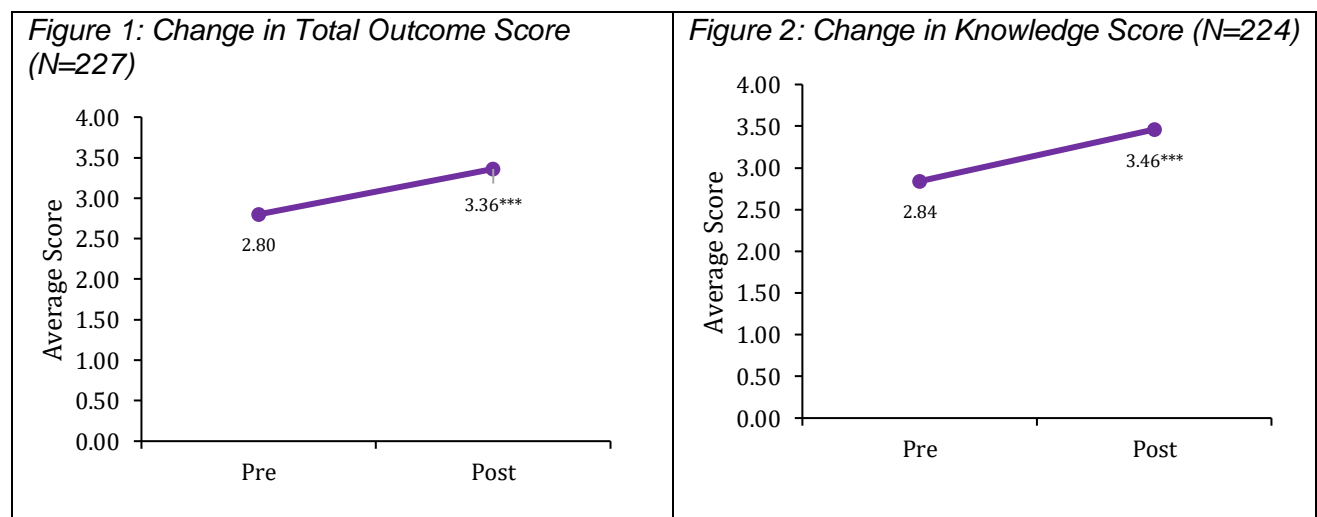
Program Impact and Benefits for Students

The following sections summarize the findings from the student surveys, facilitator surveys and facilitator focus groups on the program’s impact and benefits for students

Student Survey Outcomes: Changes in Knowledge, Self-Efficacy and Behavioural Intentions

The results for each of the four survey outcomes are summarized in the graphs below (see page 2 for definitions). Overall, the findings show a significant change in the total outcome score (Figure 1), with students reporting increased learning and skills after participating in the HRPP on topics like healthy and unhealthy relationships, mental health, and how to seek help. Participants reported significant gains in knowledge (Figure 2), self-efficacy (Figure 3), and behavioural intentions (Figure 4). All of these changes were statistically significant at the p-value of <.001, which means that the chance of these changes being random or attributable to measurement error is less than 1 in 1000. There were no significant differences in outcomes based on gender, age, or visible minority status.

Overall, student participants self-reported increases in their **knowledge of mental health and relationship skills, self-efficacy** to use and apply what they learned, **and intention to change their relationships/ risk behaviours** to use HRPP skills in their lives.



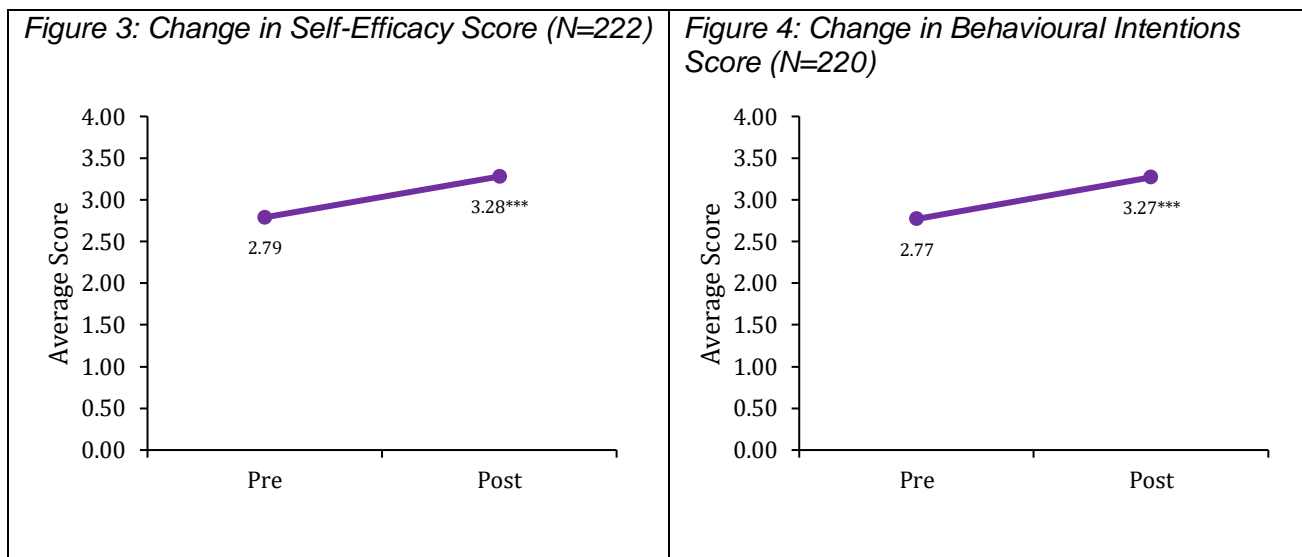
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* $p < .05$; ** $p < .01$; *** $p < .001$ (a p-value of less 0.05 was considered statistically significant)

Scenarios: Identifying the Problem & Applying HRPP Skills

Most students were able to accurately identify the problem the youth were facing in the scenarios (see page 2). 78.1% and 72.5% of students, respectively, identified that Taylor and Avery were in unhealthy, abusive or controlling relationships, and 85.2% of students identified that Jordan was being bullied and/or having mental health challenges. Examples of their responses include:

“[Taylor’s] boyfriend may be a little (or a lot) controlling. It could be an early sign of an abusive relationship.”

““[Jordan is facing] Bullying, harassment, Depression, Suicidal ideation, and inferiority.”

“Avery is going through a verbally abusive relationship.”

While some students did not correctly identify the problem (e.g., “Taylor is putting all her time into her boyfriend”), they still demonstrated the application of the HRPP skills to help a friend (e.g., “I would try to tell her in a respectful way that she is starting to distance from important things”).

When students were asked to imagine they were friends with the youth in the scenario and what they could do to help them, on average, participants described two out of the five possible HRPP skills for each scenario (Table 2). Compared to other skills, students more frequently described assertive communication skills for helping Taylor and Avery with their unhealthy relationships and more frequently described help-seeking skills and other ways they would express or provide support to Jordan (e.g., hang out with him more).

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Table 2 – Application of HRPP Skills

Scenario	Mean # of HRPP skills described (SD)
(1) Taylor – unhealthy relationship	1.93 (0.91)
(2) Jordan – bullying or mental health issues	2.33 (0.91)
(3) Avery - unhealthy relationship	2.03 (0.85)

For Taylor's scenario, students reflected on the problematic aspects of Taylor's relationship. Most students responded that they would talk to Taylor to figure out how they were feeling, express their concerns about the controlling relationship, and provide suggestions to her for breaking up or communicating with her boyfriend. Some students also described seeking help from an adult. For example:

“I would ask her if she is ok, tell her what I think, and give her suggestions on how to help.” (Group 10, Female-Identifying Student)

“I would sit her down and have a conversation. I would say that if it ever escalated I would always be there to talk. I would also give her the kids help phone #.” (Group 9, Female-Identifying Student)

“I would attempt to let her know what kind of situation she's in and try to get her to talk it out with them or break up. I would also attempt to comfort her if possible.” (Group 1, Male-Identifying Student)

For the scenario with Jordan, most participants mentioned they would talk to him about his problems, show that they care about him, and help or encourage him to seek help from an adult for the bullying or mental health challenges. Some students also described standing up to Jordan's bullies. For example:

“Ask him if he wants to talk and I would help him find help if he needs it. I would just try to be there for him.” (Group 4, Female-Identifying Student)

“If he was my friend, I would support him, give him money, tell people to stop being mean to him and try to convince him to stay alive and that people need him and tell him that his life does have a purpose.” (Group 15, Male-Identifying Student)

“I would talk to him and then tell an adult, maybe his mom, what he's going through so he can maybe get a therapist.” (Group 26, Female-Identifying Student)

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Similar to their responses to the scenario with Taylor, students focused on **expressing their concerns to Avery about their relationship and talking to them about breaking up**. For example:

“Tell them it’s not ok for Jadyne to be doing this and tell them to set boundaries.” (Group 33, Male-Identifying Student)

“Remind them that their relationship is not healthy and help Avery feel better.” (Group 38, Non-Binary-Identifying Student)

“If Avery was my friend, I would help them by defending and supporting them, comforting them or talking about their situation. If the situation got worse, I would tell her to break up with him.” (Group 23, Female-Identifying Student)

Overall, the students demonstrated that they could recognize unhealthy relationships or mental health concerns and use HRPP skills to support a friend in a hypothetical scenario.

Additional Student Feedback on the HRPP

Students were given the opportunity to provide additional comments about the program at the end of the survey. Students shared that they **enjoyed the program and liked the PHN facilitator**.

“It was overall great, [PHNs name] is a fun person to work with.”

“It was a good program and a great break in the day.”

“Good program hope more teachers sign up for it next year.”

Some students also described **what they learned**:

“I have learned more on talking to adults or kids help phone for help. If I am facing something, I will do that.”

“I’m more likely to reach out now than I was before because I learned how important it is.”

“I’ve learned different relationship skills and mental health skills.”

They also **shared suggestions or other topics** they would have liked the program to cover more:

“If you see that people don’t understand please explain to the class because they may not be comfortable to ask in front of the class or just in general.”

“I believe you should touch on healthy parental relationships and drug abuse in parental figures.”

“I think we could have talked more about what to do if you’re stressed or have anxiety.”

“Maybe you could mention more about eating disorders for those who struggle.”



Facilitators' Observations of Program Benefits and Impact for Students

PHNs provided feedback on the implementation survey and focus groups about the program's impact on students. Overall, 94.1% (32) of PHNs **agreed that the program benefited students**. They reported that students learned how to distinguish between healthy and unhealthy relationships (100%) and displayed an increased awareness of connections between relationships, substance use, and mental health (94.2-100%). Further, the majority of PHNs (>80%) reported improvement in the following student outcomes:

- Communication
- Personal boundaries
- Healthy coping strategies
- Awareness of warning signs of dating violence
- Supporting peers through difficult issues and mental health challenges

On the open-ended survey questions and during the focus groups, PHNs described **five main themes on the benefits and impact of the program** for grade 7 and 8 students, which are summarized in the sections below.

(1) Enjoyed and Engaged in Program Activities

PHNs shared that students:

- **Enjoyed the program's interactive activities** and expressed appreciation for the group as part of their school experiences:
- Liked the **change from the more traditional expectations of evaluation** in the classroom.

"It wasn't like we were pulling out a test for them to do at any point or really marking them on anything, saying 'write a short story and hand it in' or anything like that. So, I think they enjoyed that that was a bit different."

- **Engaged more in program activities** as the HRPP program progressed.

"Some of the students were really hard to crack in the beginning of the program. They would just sit and put their head down on the desk for the whole session. By the end of it, those kids were up and totally participating!"

- Participated more in the activities **when they could relate and connect with the topics** (e.g., students with suspected lived experience of dating violence and substance use).

(2) Enhanced Self-Efficacy and Comfort Discussing Program Content

PHNs described that students:

- Displayed **increased confidence in discussing program content** and **sharing their stories** (i.e., relationships, mental health).

- Became **more mature and comfortable discussing difficult yet important topics**, which can serve to reduce stigma, social separation, and promote help-seeking.

“A lot of them did talk about self-harm or suicide and what to do if you're worried about a friend. These are things that they had so much discomfort in speaking about when I was first teaching it and we were doing the initial activities, but with each week you could tell those topics that were ‘taboo’ amongst these groups. I felt like they actually could say it and not either a) start laughing or b) just be so uncomfortable. It just became more part of their common language. That was something I noticed myself at the last session and that the teacher and school support counselor said they have noticed just in school life day to day.”

- Found it **helpful and cathartic to talk about their experiences as a class** during the mental health session.

The PHNs attributed the improvements seen in students’ self-efficacy to the **normalizing effect** of HRPP sessions.

“The benefit of allowing them to discuss these topics that they do not normally discuss, bringing normalcy and openness... it is okay to talk about mental health, substance use or relationships.”

(3) Developing and Enhancing Relationships with Classmates & PHNs

PHNs observed students develop **improved relationships with each other and the PHNs** over the course of the program.

- Students were **working better together** and displaying **more respect** towards each other.

“The classroom teacher said repeatedly that the HRPP and my facilitation of it [have] made a noticeable impact on the class in terms of how they are more respectfully communicating with each other and it was really noticed about halfway through the program.”

- Students also displayed more **inclusivity and empathy for one another**.

“They were more empathetic to one another. By the end, they were so much more inclusive of those other students, which was really beneficial to those students as well as, I think the relationships in that classroom in general.”

(4) Applied HRPP Skills

Many PHNs also discussed examples of students applying specific HRPP skills such as:

- **Assertive communication** and **active listening** to stand up for themselves while respecting others.

“The ease in which kids now can communicate things that they want to say, things that they don’t like that’s happening to them or to someone else... standing up more for others and for themselves. And because they all hear these messages together, it’s become more acceptable amongst their peers to actually stand up for what you believe in because they’ve been taught this is okay.”

- Seeking help from an adult (e.g., students seeking help from the PHNs, classroom teacher, or the school social worker).

“Just the fact that students were connecting either with me or with their teacher and we were able to get some students some additional supports [for] students that we weren’t aware that actually needed support. So that was wonderful to see.”

- Providing an apology after an argument with a classmate or after an inappropriate comment.

“I know one of the students actually wrote a written apology, like textbook the way we talked about in HRPP. The teacher shared it, and it was great. You could really see that [the student] was taking responsibility, like you could see those changes!... That wasn’t the only one that happened. I heard about others afterward as well.”

(5) Shift in Thinking

- PHNs also described how students exhibited a willingness to shift their thinking on some topics, such as gender differences and power imbalances.

“I found it interesting in one group in particular, they could come in with very strong viewpoints [at] the start of a session and by the end of it you could see their shift in thinking and sort of a bit of a flip on how they approach things.”

Summary of Program Impact and Benefits for Students

The universal delivery of HRPP was well received by grade 7 and 8 students and led to improvements in students’ self-reported knowledge, confidence, and action in relationships and mental health. They learned and applied skills that are crucial for youth as they navigate the transition to adolescence and adulthood and will help them develop healthier relationships with peers and intimate partners. Students developed important help-seeking skills and received key messages that it is normal to seek help. This reduces the stigma students feel, further increases the likelihood of receiving help, and minimizes the odds that youth suffer in silence. PHNs observed other meaningful benefits of the program for students, including improved relationships, empathy and respect, and enhanced confidence and comfort in discussing difficult topics such as mental health.



Program Implementation

Information on program delivery was gathered through facilitator implementation surveys and focus groups. Facilitators held sessions once (82.4%, n=28) or twice (17.6%, n=6) a week. Most facilitators reported completing the six skills practice components, though some mentioned difficulties with finishing them within the allotted time. Summaries of critical factors for success, implementation challenges, and program modifications are provided below.

Critical Factors for Successful Implementation

PHNs were asked to share key successes. Beyond the benefits for students described above, the main theme that emerged was the **importance of collaboration with the classroom teacher and the school social worker to successfully deliver the program universally.**

Teacher Engagement

PHNs unanimously agreed that having an **engaged teacher who helped deliver program activities** (e.g., asking questions, participating in discussion, handing out scenarios, etc.) and **helped to manage student behaviour** was critical to successfully delivering HRPP in classrooms.

“Classroom teacher support was key for me and a huge success; she helped things run very smoothly and her classroom management expertise was necessary as many times the students went off topic or got very loud, and this is not something I could have managed on my own.”

PHNs also shared that:

- **Students were more engaged in the discussion** when the teacher participated and provided their own experiences or input.
- Teachers who engaged in program activities provided important guidance in **tailoring the content or activities** to improve students' participation and understanding of the concepts.
- When a **supply teacher** was present or when **teachers did not participate** in program activities or help manage student behaviour, PHNs had a hard time engaging the class and managing the students.
- It was important for **teachers to reinforce HRPP content and skills outside of program time**. Students were better able to retain and apply what they learned when the teacher reinforced HRPP skills.

“Even in your last session, when you start asking questions in the session 14 review, the ones where the teachers were engaged, the kids could answer all the questions and you knew that they were using it in their classrooms and engaging it throughout because they could come up with all the responses. When I did it with the other classes where the teachers weren't engaged, they were struggling to find the answers to any of those questions”

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- It was important to have **initial meetings with the teacher and school principal** to set expectations early on and emphasize the value of the teacher being actively involved in program activities.

Collaboration with the School Social Worker

Some PHNs discussed their positive experiences either co-facilitating the entire program with the school social worker or collaborating with them on joining in on specific sessions, particularly those focusing on mental health topics.

- Having the social worker present provided an **opportunity for the students to get to know the social worker** and the resources and help they can provide. It was also **beneficial for the social worker to get to know the students** and how they can support their mental health:
- Not all of the social workers or support counsellors at the schools had the time to participate in delivering the HRPP. Some participants suggested that social workers and other school personnel may not have been informed about the program early on, so they were less likely to block time in their schedules to co-facilitate.

Implementation Challenges

PHNs were also asked on the implementation survey to check off what **factors made HRPP difficult to implement**. Nearly half of them (41.2%) indicated that students **did not respond well to or resisted the role-play exercises**. Other challenges were related to **student age** (i.e., affected understanding, needed to simplify some content), **group dynamics in a classroom setting** (i.e., repeating instructions due to inattention, activities not being designed for larger groups, student disruptions), and other challenges such as having an **inconsistent teacher** and **students with diverse cultural or religious views**. When asked to share implementation challenges during the focus groups, the **PHNs elaborated on these challenges and how they made modifications to address them**. A summary of the modifications made to address some of these challenges is provided in the following section.

Program Modifications

Most facilitators made several modifications to enhance the implementation of HRPP including, adding supplementary resources (64.7%), changing facilitation strategy (61.8%), extending the time for certain topics (41.2%), shortening sessions to fit the program's time frame (55.9%), and adding new activities (26.5%) or topics (11.8%; e.g., social/digital media, human trafficking)

During the focus groups and on the open-ended survey questions, PHNs further described other modifications needed to deliver the HRPP within grade 7 and 8 classrooms and to address the implementation challenges described above. **The five main themes about modifications that emerged from the data are summarized in the sections below.**

(1) Universal Program Delivery

Since the HRPP was designed for smaller targeted youth groups, PHNs made modifications so that the program was **better suited for universal delivery in grade 7 and 8 classrooms with large class sizes**. They emphasized the following modifications:

- **Balancing completing the program activities** and allowing **adequate time** for all students to share. Sometimes not all students are able to share due to time constraints.
- Keeping students in **larger groups rather than partners** to save time.
- Promoting engagement by **repeating activities that the class enjoyed**.
- **Limiting physical movement** to accommodate for limited classroom space.
- Using PowerPoint Slides to avoid repeating instructions.
- **Being flexible and making modifications on the fly** based on how the class is behaving.

(2) Age and Developmental Level of Students

While the HRPP was developed for students as young as 12 years old, it was designed to deliver to a smaller group of students where facilitators typically identify youth with similar lived experiences to participate in the group (e.g., engaging in risky behaviours). Further adaptations to the program were needed to deliver HRPP to this age group in a universal format, considering all students' diverse experiences and different developmental stages. Examples of modifications included:

- Modifying **the dating and intimate relationship content** for younger students who had never experienced a romantic relationship.
- For mental health content, **generalizing the content and scenarios** on suicide and self-harm.
- **Adding practical examples** for this age group such as how to call or text the Kids Help Phone.
- Modifying activities or using other behaviour management techniques due to the **maturity level of this age group** (e.g., not using anonymous post-it activities as some students tend to write inappropriate responses).
- **Considering the literacy level** of all students in the classroom when explaining concepts and activities to this age group (e.g., restating instructions, simplifying the language of activities).
- **Updating scenarios and videos** to include more relevant challenges for this age group (e.g., vaping, social media examples/resources).

(3) Trauma-Informed Modifications

PHNs shared the need to modify the language used in the program to ensure that it was trauma-informed. The following considerations were especially important given the universal delivery format:

- Collaborating with the school social worker and classroom teacher to make trauma-informed modifications.
- Making scenarios less personal and more general.
- Having a plan for students who may need additional support (e.g., debriefing after the session or connecting them with supportive school staff).

(4) Respecting Cultural, Religious and Language Diversity

PHNs noted that modifications were required to consider cultural and religious diversity within the classroom. Specific modifications included:

- Modifications to media and content on dating and gender stereotypes. For example, considering the needs of Muslim students during Ramadan.
- Ad hoc modifications to balance the cultural and religious differences of students within the class. However, this was a challenge for many PHNs.
- Modifications to address language barriers and additional supports to meet the needs of students who spoke English as a second language.

(5) Learning from Experience

In reflecting on their experiences, PHNs described how modifying the program's content and activities took a lot of time, but they said it became a lot less time-consuming the next time they delivered the program. Reflecting on their experiences, they shared the following advice:

- Flexibility is critical as no two classrooms are the same.
- It is important for first-time implementers to connect with colleagues, participate in community of practice meetings and balance program fidelity with the reality of facilitating in a class.
- Updated program materials could help address challenges with implementation (e.g., shorter sessions, modified activities for larger groups, simplified instructions for younger students)

Summary of Program Implementation

In summary, PHNs described key successes, challenges, and modifications needed to deliver the HRPP. Teachers who were actively engaged in program activities and acted as co-facilitators were critical to student learning and successfully delivering the program. Social workers also played a key role in supporting the program, particularly with mental health and help-seeking content, and connecting with students in need of support. PHNs described several modifications needed to address implementation challenges and deliver the program universally to elementary students. Trauma-informed adaptations and respecting cultural and religious differences are also important considerations for modifications and successful program delivery.

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Report Conclusion

In the 2022-2023 school year, public health units in collaboration with their local school boards provided critical healthy relationship programming to over 800 students in high-priority elementary and secondary schools. The Centre for School Mental Health conducted an evaluation of the HRPP in schools and found that participating students reported increases in: knowledge of healthy and unhealthy relationships, recognition of when to seek help with their mental health, and capacity to develop healthy relationships overall. Developing collaborative partnerships with school social workers, engaging with classroom teachers as co-facilitators or facilitation supports, and connecting with school administration at the outset were identified as important factors for successful implementation. Despite some challenges, PHNs were able to modify the program to fit students' needs and deliver the program universally. Additional program resources are suggested to help PHNs efficiently implement the program within elementary schools. Overall, this evaluation showed promising evidence of the benefit of delivering the HRPP universally to grade 7 and 8 students at high-priority schools.

Report Prepared by:

Meghan Fournie, Research Coordinator
Connor Smith, Research Assistant
Andrea Delaney, Project Manager
Claire Crooks, Director

Centre for School Mental Health
Western University
London, Ontario
www.csmh.uwo.ca and www.youthrelationships.org

**For more information about information in this report, please contact
Meghan Fournie (Research Coordinator) at mfourni8@uwo.ca.**

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