



YOUTH HEALTH PROMOTION **A PRACTICE MANUAL**

NATIONAL YOUTH HEALTH PROGRAMME

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Youth Health Promotion - A Practice Manual



Acknowledgements

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This manual has been updated from 'Health Promotion in Youth Work Settings - A Practice Manual' (2000).

Introduction to the Practice Manual

Aim of the Manual:

This manual aims to introduce those working with young people to good practice in health promotion.

This manual is designed to be used by:

- anyone working with young people with an understanding and appreciation of youth health;
- participants on the Specialist Certificate in Youth Health Promotion;
- organisations undertaking the Health Quality Mark;
- those undertaking specific National Youth Health Programme training;
- those engaged in youth health-related programme delivery;
- those engaged in youth health-related policy development.

Foreword

I am delighted to introduce; 'Youth Health Promotion - A Practice Manual', a practical user friendly manual, which will be of great interest to those working in the area of youth health. There has been an increased focus in recent years on the health of young people and in particular on the prevention and early intervention in terms of risky behaviours. We now have a greater understanding of the role of health promotion in working with young people and in settings in which health promotion can take place.

The National Health Promotion Strategy 2000-2005 highlights the fact that the determinants of health of the population are outside the scope of the health services and that a multi sectoral partnership approach is the way forward if health promotion is to be effective. The 'Youth Sector' is named as a setting for health promotion in this strategy, thus recognising the valuable and potential contribution youth work can make to the health and wellbeing of young people.

As set out in this manual youth health promotion and youth work have very similar goals and principles, having the young person at the centre in all its endeavours. Through the continued innovative work of the National Youth Health Programme, we aim to highlight the youth sector as a model where sustainable health promotion is attainable and where good practice is of paramount importance.

I have no doubt that this manual will enhance both the skills and practice of those working in youth health. This manual takes the reader on a journey from the development of health promotion through to current day thinking such as that of the Bangkok Charter (2005). By its nature this manual provides the user with many frameworks including health education, policy development, referral, induction, support, supervision, partnership, advocacy and so on. I hope that this manual will be used to respond to youth health needs more effectively and in a comprehensive manner.

My sincere thanks to Siobhan Mc Grory, Louise Monaghan and Conor Rowley for their inspired writing, analysis and energy throughout the process of developing this manual.

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SECTION 1: Rationale for Promoting Health in Youth Organisations

Introduction

Over the past ten years there have been many developments at policy and strategy levels which provide a rationale for promoting health with young people in youth organisations. Significant health-related policy and strategy development at national level has clearly identified the importance of promoting health with young people both in school and within youth work settings. Additionally, strategic developments in the national youth work arena have identified the pivotal role of youth organisations in addressing and contributing to the physical, social, emotional, spiritual, sexual and mental wellbeing of young people.

This section identifies the rationale for promoting health with young people in youth organisations by exploring;

- ☐ The national policy context for youth work in Ireland.
- ☐ The national policy context for promoting health with young people in youth organisations;
- ☐ Merging youth work and health promotion policy and strategy - the work of the National Youth Health Programme.

1.1 The National Policy Context for Youth Work in Ireland

Before considering the role that youth organisations can play in promoting health with young people, it is firstly important to define youth work and to identify the significant developments in youth work in Ireland in recent years. The implementation of the Youth Work Act (2001) and the National Youth Work Development Plan (2003-2007) are the most important developments in youth work provision in the past number of years. Both have been developed in order to assist and support youth organisations and services to work in partnership to ensure the comprehensive delivery of quality services for young people.

The Youth Work Act (2001) provides a legal framework for the provision of youth work programmes and services. The definition of youth work most commonly used is taken from the Youth Work Act:
Youth Work is...

"a planned programme of education designed for the purpose of aiding and enhancing the personal and social development of young persons through their voluntary participation, and which is (a) complementary to their formal, academic or vocational education and training; and (b) provided primarily by voluntary youth work organisations".

The National Youth Work Development Plan (2003-2007) identifies the economic, political, technological and cultural changes that have taken place in Ireland and against which youth work has had to grow and adapt. It also identifies the changing nature of young people and the myriad of issues with which young people have to cope with as they grow up and become young adults.

The plan provides an overview of the changing policy context for youth work and identifies other policy developments in Ireland which have had an influence on youth work policy such as;

- ▶ The National Development Plan (2000-2006) and its Local Development and Social Inclusion Programme and measures to tackle educational disadvantage;
- ▶ The National Children's Strategy (2000-2010) which provides for a greater direct voice for children and young people and enhanced research on their needs;
- ▶ Children First: National Guidelines for the Protection and Welfare of Children, (1999) identifying changes in local government and local development, particularly the evolution of the county and city development boards;
- ▶ Supporting Voluntary Activity: A white paper on a framework for supporting voluntary activity and for developing the relationship between the state and the community and voluntary sector (2000);
- ▶ The RAPID programme aimed at fast tracking investment in areas of disadvantage;
- ▶ The Development of a National Qualifications Framework under the Qualifications (Education and Training) Act, 1999 establishing The NQA (National Qualifications Authority);
- ▶ HETAC (Higher Education Training and Awards Council) and
- ▶ FETAC (Further Education Training and Awards Council);
- ▶ The National Drugs Strategy (2001- 2008);
- ▶ National Health Promotion Strategy (2000- 2005);

- ▶ Equal Status Act (2000);
- ▶ European Commission White Paper on Youth Policy - A new impetus for European youth (2001).
- ▶ Recreational and sporting activities and indoor/outdoor pursuits;
- ▶ Spiritual development programmes and activities;

The plan also acknowledges that the changes in Irish society, changes in the circumstances, experiences and expectations of young people and the changing policy context poses significant challenges for youth work as follows:

- ▶ Recruiting and retaining adults as volunteers to work with young people in youth organisations;
- ▶ Attracting and sustaining the interest and involvement of young people;
- ▶ Maintaining relevance given the changing environment outlined in the plan;
- ▶ Ensuring youth work can compete with other forms of provision for young people;
- ▶ Responding to relevant developments and being efficient, effective and equitable. (NYF/Co. Tipperary VEC, 2005)
- ▶ Programmes designed with specific groups of young people in mind (i.e. young women, young men, young people with disabilities, young Travellers, young lesbians, gay men or bisexuals);
- ▶ Issue-based programmes e.g. justice and social awareness, the environment and development education;
- ▶ Activities and programmes concerned with welfare and wellbeing i.e. health promotion, relationships and sexuality, stress management;
- ▶ Intercultural and international awareness activities and exchanges.

Through such programmes and activities, the self-esteem and physical, social, spiritual, emotional, mental and sexual health of young people are met in a comprehensive way by youth organisations through a planned, purposeful and conscious process. As a result, the plan presents a strong rationale for promoting health with young people in youth work settings.

While acknowledging that challenges exist for youth work, the plan sets out a vision for youth work based on the definition of youth work identified in the Youth Work Act. The plan identifies youth work's primary concern as the education of young people in non-formal settings. As part of this educational process, the plan identifies the role of youth organisations in addressing the health and social needs of young people through a range of activities as follows:

In addition to the policy context for youth work, the past ten years has seen significant developments in health promotion in Ireland. This section will now trace these policy and strategic developments and how they have provided a continued rationale for promoting health with young people in youth organisations.

1.2 Promoting Health with Young People in Youth Organisations - The National Policy Context for Health Promotion

The first National Health Promotion Strategy, published by the Department of Health in 1995, provided a rationale for health promotion and set out a detailed programme for the achievement of improved health status of the Irish population. This document recognised the role of voluntary organisations in promoting health. It identified that the voluntary sector plays an 'integral role' in promoting health and suggested that such activities of voluntary agencies can, in certain instances, be more effective than if provided by statutory bodies as voluntary agencies can operate in closer contact with, and indeed, integrate into, local communities. Clearly, the nature and characteristics of voluntary youth organisations puts them in a unique position to positively influence the health status of young people.

Following on from this first national health promotion strategy, the role of youth organisations in promoting health with young people was identified in many national documents. The National Consultative Committee on Health Promotion, established in 1996 to support the implementation of the health promotion strategy, established a specific sub-committee on young people and subsequently produced a report on Health Promotion and Young People (Department of Health, 1996). This report identified that "young people's social, physical and economic situations, their broader environment i.e. where they live, work and relax, greatly influence their prospects for better health". This report suggested that health promotion, if it is to be successful, must rely on inter-sectoral activity that seeks to harness the potential contribution of many relevant sectors in addressing the lifestyles of young people by ensuring that appropriate structures are in place to facilitate the delivery of health promotion for young

people. Youth work structures, which have developed considerably over the past ten years, clearly provide the ideal environment within which to deliver appropriate health promotion activities.

In response to these national developments, the National Youth Health Programme, in 1996/'97, developed a strategic framework for youth organisations to deliver appropriate health promotion interventions for young people. The Health Promoting Youth Service Initiative began a comprehensive programme to support youth organisations to develop and deliver health-related programmes for young people and health-related policies to support this work. This initiative has grown considerably over recent years and continues to support youth organisations in their health promotion work with young people.

Subsequent national policy and strategy documents have continued to identify young people as a priority target group for health promotion interventions and youth organisations as appropriate and relevant settings in which to promote health with young people such as:

■ **The National Alcohol Policy (1996)** identified the Department of Education as having a key role in relation to addressing the issue of alcohol in youth work settings..."The Department of Education will...continue to support, in the non-formal sector, a youth work approach to assisting young people in developing for themselves the personal and social skills necessary to make responsible decisions regarding alcohol and other issues affecting their health". This policy also identified the role of the Department of Health and other relevant agencies to "...support the development of peer led education especially for youth groups and outreach high risk groups" and "encourage young people to develop social activities which are not centred around drinking such as drama, music, art and sports".

■ **Building Healthier Hearts - The Report of the Cardiovascular Health Strategy Group (1999)** identified the broad range of health issues relating to cardiovascular disease and reinforced the recommendations of the Subcommittee on Young People of the Consultative Committee on Health Promotion which identified "the role of community-based youth leaders in developing health skills and promoting healthy lifestyles". This report reinforced the recommendation to expand the provision of sport and leisure activities for young people, thus highlighting the key role youth organisations can play in encouraging healthy lifestyles for young people.

■ **Youth as a Resource - Promoting the health of young people at risk (1999)**, reported on the health needs of young people 'at risk' in terms of their health behaviour. It defined 'at risk' and identified the situations and characteristics rendering a young person at risk in terms of their health. It also highlighted the resilience or protective factors which protect young people and enable them to overcome the risk factors which included having "a positive caring relationship with an adult, e.g. a youth worker...positive experiences through involvement in sports, arts or the community...". A number of recommendations in this report identified the important role of youth organisations in addressing the health needs of young people at risk both in terms of education and health promotion.

■ **Get Connected - Developing an Adolescent Friendly Health Service (2000)**, reinforced the World Health Organisation's belief that young people should be seen as a resource for health and social change. It identified that young people need to be taught the skills and provided with the necessary information, so that they can make informed choices about their health needs. "...low self-esteem among adolescents needs to be targeted, so that they can value and express their own attitudes, views and needs". Once

again, a key role of youth organisations is broadly acknowledged as promoting self-esteem with young people and providing them with opportunities to express their own attitudes, views and needs.

■ **The National Health Promotion Strategy (2000-2005)** identified a range of population groups, settings and topics for health promotion action. This strategy clearly named youth organisations and the out-of-school settings as having an essential role in promoting health with young people. Children and young people were identified as priority population groups and the youth sector was identified as a key setting for health promotion. Specifically, a strategic aim was to "continue to develop and promote the role of health promotion within the youth sector" and one of the objectives was to 'facilitate youth organisations and relevant bodies to address the health needs of young people identified as being 'at risk'". This strategy identified the National Youth Health Programme as continuing to have a key role and responsibility for the provision of health promotion training for groups and youth workers using both a topics and settings approach.

■ **Both the National Health Promotion Strategy (2000) and the National Health Strategy (2001)** identified the importance of the determinants of health and introduced the Dahlgren and Whitehead Determinants of Health Model (1991). This model has led to widespread acceptance that the health sector cannot tackle the multiple influences and determinants of health alone. As many of these determinants are outside the control of the individual, so too are many factors outside the control of the health services. As a result, the Department of Health and Children, the health services, and particularly the discipline of health promotion has worked towards building alliances and partnerships with other relevant departments, sectors, services and agencies in order to address the determinants of health

more effectively. The youth sector is one such 'partner' in addressing the determinants of young people's health.

■ The publication of the **National Drugs Strategy (2001-2008)** was a significant milestone in identifying the role of youth organisations in addressing the issue of substance use. The overall strategic aim of the strategy is "to significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research". Principally, the role of youth organisations is in pursuing the prevention agenda, the objectives specifically being;

- ▶ "to create greater societal awareness about the dangers and prevalence of drug misuse" and
- ▶ "to equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development".

The implementation of these objectives has been central to the work of many national, regional and local youth organisations in the subsequent years. In responding to the drugs issue, the National Youth Health Programme has developed '**A Support Pack for Dealing with the Drugs Issue in Out-of-School Settings**'.

■ The **National Traveller Health Strategy (2002-2005)** identified the importance of addressing Traveller health in a comprehensive way. Since many youth organisations work directly with young people from the Traveller community, they have a fundamental role in promoting the health of Travellers and in working towards the implementation of the recommendations in this strategy.

■ The **2nd Report of the Strategic Taskforce on Alcohol (2004)** identified the importance of involving young people and 'giving them a voice in matters that affect them' (a key goal in the National Children's Strategy, 2000). It recommended developing existing structures and networks to give a representative voice to youth and suggested models of good practice from youth work sector such as Dail na nOg and the Donegal Youth Council. It further recommended the following;

- ▶ "provide approved training on alcohol issues for leaders working with young people in the voluntary sector - youth leaders, coaches etc...";
- ▶ "increase the level of training in alcohol education to ensure wider delivery of alcohol awareness programmes";
- ▶ require that schools and out-of-schools settings provide Social, Personal and Health Education (SPHE) for all children by approved professionals".

■ **Getting Inside Men's Health (2004)** highlighted the importance of addressing health specifically with boys and men. It identified the issues relating to men's health and recommended the expansion of boys and men's health on the school curricula, e.g. in SPHE. The subsequent national consultation on men's health in 2005 by the Health Promotion Unit, towards the development of a National Men's Health Policy identified the importance of the out-of-school sector in promoting health with boys and young men, given that many youth organisations specifically implement targeted work with boys and young men.

■ **The Strategy to Address the Issue of Crisis Pregnancy (2004-2006)** identified the importance of reducing the number of crisis pregnancies by the provision of education, advice and contraceptive services. In its priority action plan, it identified 'older children and pre-sexually active adolescents' as well as 'sexually active adolescents/students' as priority target groups for interventions. It identified the development of supports for educators and mentors as requiring specific focus. It identified the role of the National Youth Health Programme in developing and delivering information and supports for trainers in informal youth settings. As a result, The National Youth Health Programme has developed '**Sense & Sexuality**' a support pack and training programme for addressing the issue of sexual health with young people in youth work settings.

■ **The Review of the National Health Promotion Strategy (2004)** identified the progress made in the implementation of the National Health Promotion Strategy (NHPS) since 2000. It identified that much has been achieved in the implementation of the NHPS in terms of addressing young people's health through the work of the National Youth Health

Programme. It identified that additional work is needed for young people to;

- ▶ "identify models of best practice in addressing the health promotion needs of young people";
- ▶ "establish a multi-agency group at national level to review progress to date in implementing the recommendations of 'Youth as a Resource' in relation to young people at risk and address the barriers to implementing 'Youth as a Resource' including defining 'at risk' and the establishment of formal structures for the out-of-school sector";

Furthermore, within the youth sector as a setting, the Review identified that additional work is needed to;

- ▶ "further develop partnerships links at regional level between the health boards (now HSE Areas) and the National Youth Health Programme to reflect those in place at national level for the out-of-school setting;
- ▶ "support youth organisations to develop and integrate health promotion programmes".

■ **"Reach Out" - The National Strategy for Action on Suicide Prevention (2005 2014)** sets out four levels of actions to address the issue of suicide. This Strategy further reinforces the importance of shared responsibility and partnership in its guiding principles as follows:

'Shared Responsibility - no single organisation, group or sector can be solely responsible for suicide prevention';

'Consultation and Partnership - Actions, projects and services will be developed following consultation with those targeted, in partnership with the voluntary and community sector'.

This strategy clearly outlines its objective to "equip the youth sector with the resources needed to provide support to all young people, especially those who may be disadvantaged or at increased risk and to reflect the voice of young people in the planning and development of services". The strategy highlights the importance of creating awareness among youth organisations of their role and capacity for promoting positive mental health and identifies youth organisations as key players in the successful implementation of the strategy.

In response to the issue of mental health promotion and suicide prevention, the National Youth Health Programme has developed a comprehensive programme for youth organisations entitled **'Good Habits of Mind'** which provides up to date materials, training

and support to enable youth workers to promote positive mental health with young people. Additionally, the NYHP is a designated site to deliver the Applied Suicide Intervention Skills Training programme.

■ The Report of the National Task Force on Obesity: Obesity - the policy challenges (2005) sets out its challenging vision which is 'An Irish society that enables people through health promotion, prevention and care to achieve and maintain healthy eating and active living throughout their lifespan'. This report identifies twenty two recommendations on addressing the issue of overweight and obesity for children and young people in the school setting. Youth organisations are ideally placed to address many of these recommendations as part of social and personal health education programmes. Youth organisations can reinforce messages about physical activity and healthy eating by the provision of opportunities for increased physical activity through sports and other activities, central to the youth work programme.

1.3 Merging Youth Work and Health Promotion Policy and Strategy - The Work of the National Youth Health Programme

The National Youth Health Programme (NYHP) has been to the forefront in championing, promoting and supporting the role of youth organisations in promoting health with young people. The NYHP has provided a strong advocate voice in highlighting youth health issues in national policy-making arenas. In continually merging the policy and strategic context of youth work with that of health promotion, the NYHP continues to influence health promotion practice nationally and locally within youth organisations.

The NYHP Strategic Plan (2005-2007) identifies four main strategic aims for its work as follows:

- ▶ Developing good practice in working with young people aiming to respond to the needs of youth organisations by developing and promoting health promotion initiatives that build on local, national and international evidence-based practice;

- ▶ Ensuring health promotion is on the policy agenda aiming to ensure that the role of health promotion within youth organisations is fully recognised and valued;
- ▶ Participation and consultation aiming to ensure that the NYHP actively promotes collaborative working arrangements;
- ▶ Representation aiming to ensure that the NYHP's perspective is informed by evidence-based good practice and by the needs of youth organisations and other relevant stakeholders (Stakeholder/s refer/s to an individual or a group with an interest in the success of the organisation in delivering intended results and maintaining viability of the organisation's services).

The NYHP works to ensure that youth work is influenced and informed by good health promotion practice. Equally, it works to ensure that health promotion policy, strategy and practice is positively influenced by the lessons learned and shared in the youth work arena. Merging the two agendas ensures that young peoples' health needs are responded to and addressed in the most comprehensive way possible and that youth organisations strive to be health promoting organisations in practice.

2

SECTION 1: Key Concepts and Definitions



Introduction

Central to exploring the health promoting role of youth organisations is the need to have clarity about the key concepts and definitions relating to this broad area. Many definitions and dimensions of health, health education and health promotion exist. This section introduces the commonly used definitions of all three terms in turn, discusses concepts and approaches and identifies the role of youth organisations in promoting health.

2.1 Health

Many definitions of health have emerged over the years and our definition of health can, in fact, be quite subjective and based on our own personal and life experience. However, in informing our own definitions of health, two key definitions are central to the question "what is health?"

The initial World Health Organisation (WHO) definition of health in 1946 was as follows:

"...a state of complete physical, mental and social well-being and not just the absence of disease or infirmity."

(WHO Constitution, 1946)

This definition has been criticised throughout the years for being aspirational and idealistic i.e. "when does someone ever reach a

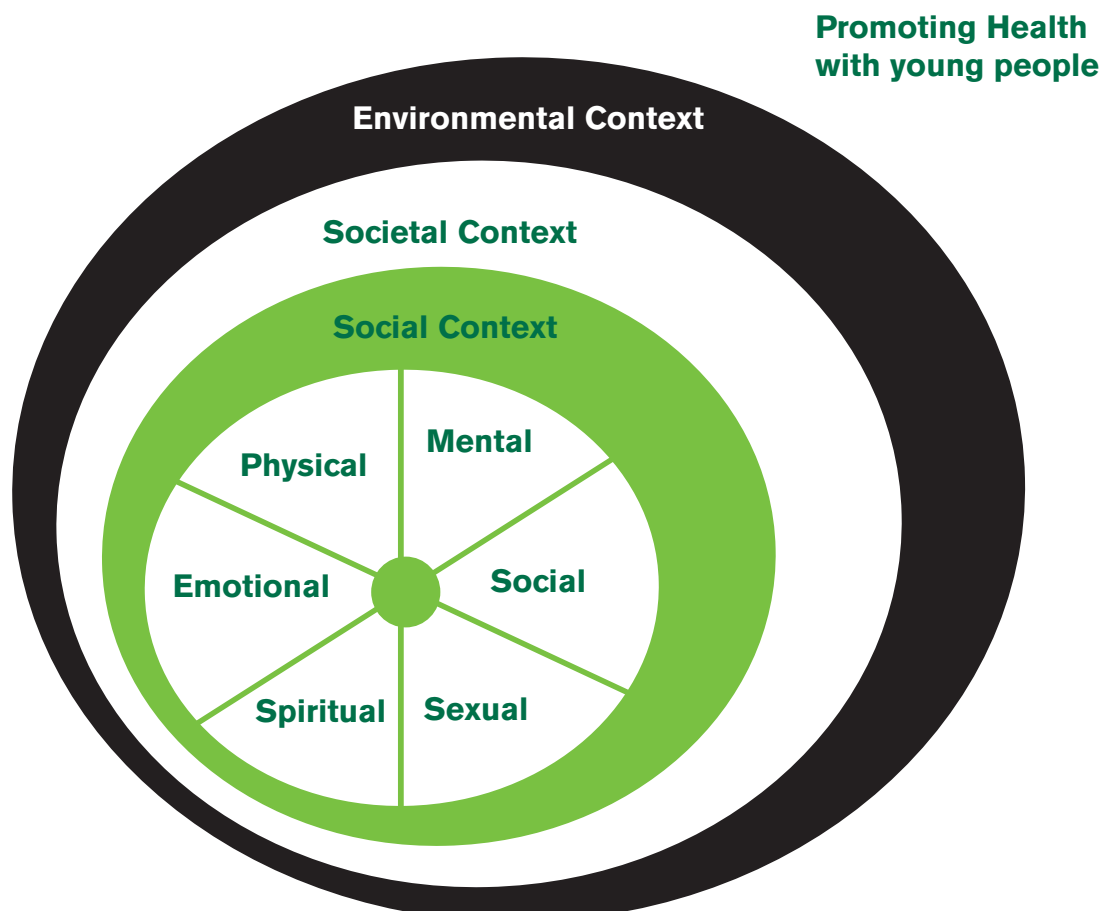
complete state of physical, mental and social well-being?"

A subsequent definition of health by the WHO in 1986 is the one most commonly used today:

"Health is the extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs; and on the other hand, to change or cope with the environment...A resource for life, not an object of living; it is a positive concept emphasising social and personal resources as well as physical capabilities".

Dimensions of Health

The following diagram illustrates the dimensions of health and how they relate to one another in the context of promoting health with young people:



The dimensions of health (Ewles & Simnett, 2004) provide a holistic picture of the complex and varied dimensions as follows:

Physical:	How the body functions. Traditionally a 'medical' model of health. Physical health is only one part of a holistic definition of health.
Mental:	The ability to think and make judgments.
Social:	The ability to make and maintain relationships.
Emotional:	Being able to recognise emotions such as fear, joy, grief and anger and to express these emotions appropriately. This includes coping with stress, anxiety etc...
Spiritual:	Not only includes religious beliefs but may be other personal beliefs, principles of behaviour and ways of being at peace with oneself.
Sexual:	Acceptance of and ability to achieve a satisfactory expression of one's sexuality.
Societal:	Relates to the person in their society and the basic infrastructure necessary for health, e.g. shelter, peace, food, income, a certain degree of integration within society.
Environmental:	Physical environment includes housing, transport, sanitation, availability of clean water, pollution control.

Determinants of Health

In recent years there has been much debate centered on the determinants of health. The National Health Promotion Strategy (2000-2005), the National Health Strategy (2001) and many other policy publications have highlighted the importance of the determinants. The Dahlgren and Whitehead Determinants of Health Model (1991) is now widely recognised and clearly illustrates



the range of issues and circumstances that impact both positively and negatively on health. Age, gender, socio-economic status, occupation, social and economic conditions, individual lifestyle choices, education, geographical location and ethnic grouping are all examples of determinants of health, some of which are within our control and some of which are not. The diagram on the opposite page shows the layers of issues that determine and impact on the health of the individual.

2.2 Health Education

Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence necessary to take action to improve health. Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on health. It also includes individual risk factors and risk behaviours and use of the health system. The following two definitions are useful in informing a common understanding of health education.

"Health education is any planned activity which promotes health or illness related learning; that is, some relatively permanent change in an individual's competence or disposition"

(Tones, 1990)

"Health education is not about behaviour change, and it is not about overt political action to affect the determinants of health. Rather, health education is about enabling - supporting people to set their own health agendas, agendas they can implement in ways decided by themselves collectively or as individuals"

(French 1990)

Please note that section 3 explores the area of health education in more detail.

The terms health education and health promotion are often used interchangeably. They are often seen as similar concepts and people are sometimes unsure of the factors that distinguish them from one another. While there is a close relationship between the two concepts, health promotion is a broader concept and an umbrella term, which includes health education as one component in its broader remit.

2.3 Health Promotion

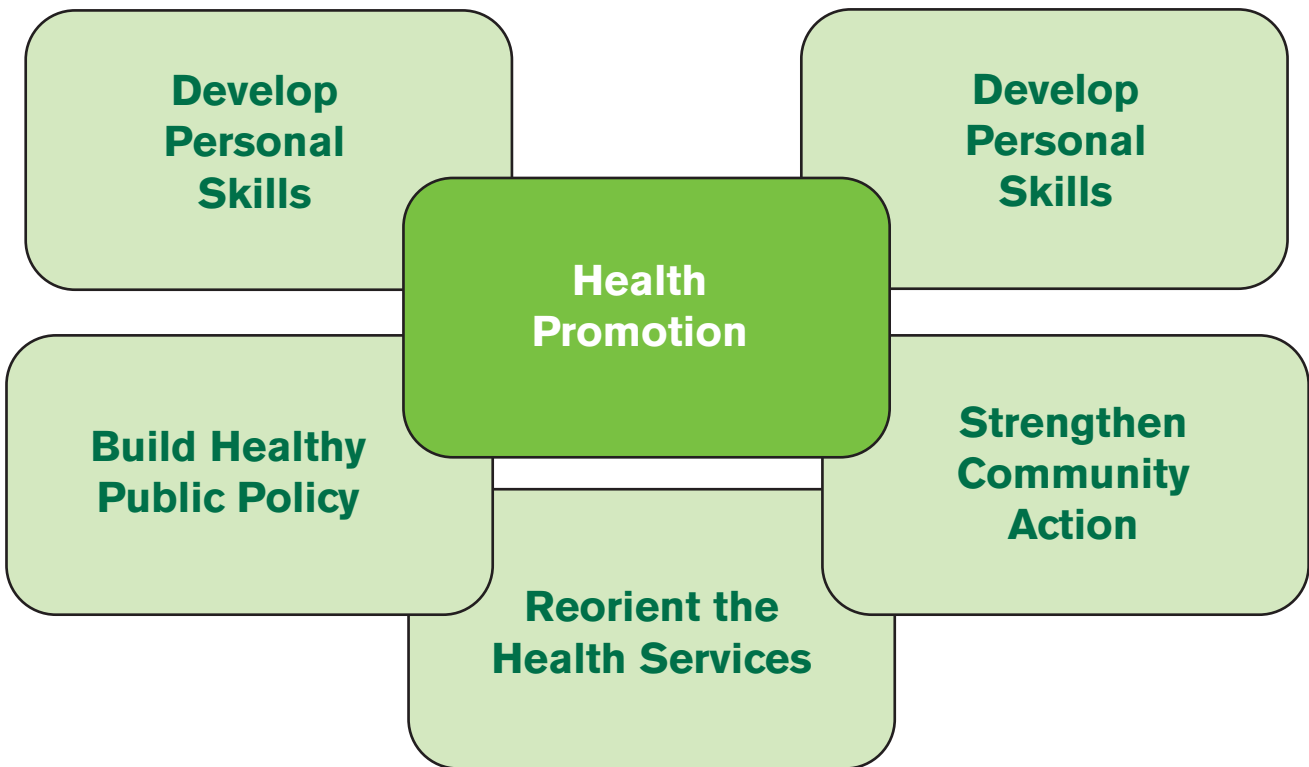
The World Health Organisation (WHO) 1986 defines health promotion as:

"...the process of enabling people to increase control over and to improve their health".

Health promotion embraces actions directed at strengthening the skills and capabilities of individuals and also embraces action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health.

The Ottawa Charter for Health Promotion

The WHO took a leading role in action for health promotion in the 1980s and 1990s. In 1986, the Ottawa Charter was published (so named as it was launched at a WHO international conference on health promotion held in Ottawa, Canada). It suggested that health promotion happens at five key levels as indicated in the diagram on the following page.



The Ottawa Charter for Health Promotion- the five key levels are as follows:

Developing personal skills:

Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Creating supportive environments:

The obvious links between people and their environment constitute the basis for a socioecological (i.e. whereby health is a prime consideration in the way in which society is organised) approach to health. Life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. Health promotion supports the creation of living and working conditions that are safe, stimulating, satisfying and enjoyable, "making the healthier choice the easier choice".

Strengthening community action/mobilisation:

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours.

Continued overleaf

The Ottawa Charter for Health Promotion.

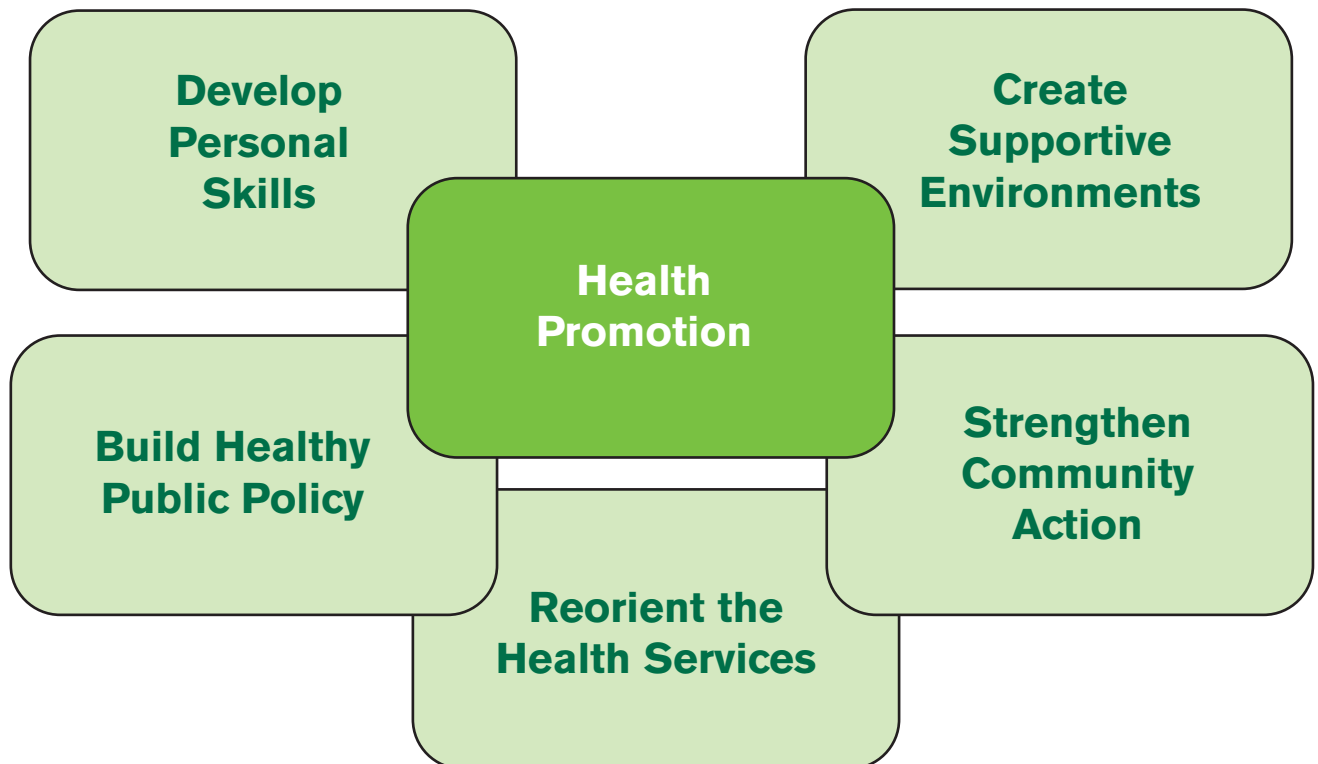
Developing public policy:

Health promotion goes beyond health services. It puts health on the agenda of policy-makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Re-orienting the health services:

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards providing a health care system which contributes to positive health for the whole population. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Other sectors have a role to advocate for health services to pursue their health promotion agenda.

Promoting Health with Young People - Applying the Ottawa Charter in a Youth Work Context.



In examining how the Ottawa Charter for health promotion applies to a youth work context, the role of youth organisations in promoting health is evident at all five levels as follows:

Developing Personal Skills:

■ Youth organisations, through the broad range of programmes and activities delivered to young people, including health education and health information, positively influence the development of personal skills e.g. self-esteem, self-efficacy, communication, negotiation, life skills and motivation. The development of these skills has a positive impact on health.

Creating Supportive Environments:

■ Through creating safe and secure physical and social environments, youth organisations provide young people and staff with opportunities to discuss and explore health issues and practice health-enhancing behaviours, thus supporting health education and 'making the healthier choice the easier choice'; e.g. providing healthy food options in the tuck shop; providing healthy snacks for after schools clubs, providing a smoke free environment, implementing an anti-bullying policy, providing an adolescent friendly health service.

Strengthen Community Action:

■ Through developing partnerships and alliances with other organisations and sectors in the community, youth organisations can build capacity and positively influence health within the wider community, which in turn, can continue to support the health of their target groups who live in the community e.g. delivering parent programmes, working in partnership with healthy towns initiatives, tidy towns etc.

Developing Healthy Public Policy:

■ Through the development of health-related policy internally, youth organisations demonstrate evidence-based practice indicating the importance of having policy in place to support practice e.g. sexual health

policy; substance use policy. Additionally, youth organisations have a key role to play in raising awareness and advocating for public policy development and change in order to support their health-related work and the health of their target groups e.g. national alcohol policy; national sexual health strategy.

Reorient the Health Services:

■ Advocating for the development and provision of health services that can respond to the health needs of young people is a key role of youth organisations e.g. youth organisations have a role in creating awareness and advocating for the provision of an adolescent friendly health service for young people.

These areas will be explored in greater detail in subsequent sections of this manual in the context of supporting youth organisations in their health promoting role. Furthermore, youth organisations, in their day-to-day work encapsulate the WHO Principles of Health Promotion which are:

■ Empowerment (i.e. a way of working to enable people to gain greater control over decisions and actions affecting their health);

■ Participative (i.e. where people take an active part in decision making);

■ Holistic (i.e. taking account of the separate influences on health and the interaction of these dimensions);

■ Equitable (i.e. ensuring fairness of outcomes for service users);

■ Intersectoral (i.e. working in partnership with other relevant agencies/organisations);

■ Sustainable (i.e. ensuring that the outcomes of health promotion activities are sustainable in the long term);

■ Multi-strategy (i.e. working on a number of strategy areas such as programmes, policy etc).

Health Promotion in Summary

Health Promotion Aims to:

- Empower individuals and communities towards better health through supportive environments.

Health promotion is aimed at:

- individuals;
- communities;
- organisations;
- populations;
- health issues.

Health promotion is achieved through:

- advocacy;
- mediation;
- enablement;
- health education;
- organisational development;
- community development;
- policy development;
- research;
- professional development;
- legal and economic regulation.

The Bangkok Charter for Health Promotion (WHO, 2005)

The Bangkok Charter for Health Promotion, the 6th Global Conference on Health Promotion in Bangkok, Thailand in August 2005, identifies actions, commitments and pledges required to address health in a globalised world. This Charter encourages international organisations, governments, communities, health professions, the private sector and all other stakeholders to work together in a worldwide health promotion partnership effort by committing themselves to the key action areas and implementing strategies which include:

- ▶ Harnessing globalisation for health;
- ▶ Making health promotion a core responsibility of all governments;
- ▶ Making health a key component of sound corporate practices (i.e. within the workplace/organisation);
- ▶ Engaging and empowering individuals and communities.

The Bangkok Charter identifies a number of strategies which all sectors and settings should progress in their health promotion work as follows:

- ▶ **advocate** for health, based on human rights and solidarity;
- ▶ **invest** in sustainable policies, actions and infrastructure to address the determinants of health;

▶ **build capacity** for policy development, leadership, health promotion practice, knowledge transfer and research, and health literacy;

▶ **regulate and legislate** to ensure a high level of protection from harm and enable equal opportunity for health and well-being for all people;

▶ **work in partnership and build alliances** with public, private, non-governmental and international organisations and civil society to create sustainable actions.

A Settings Approach to Health Promotion

Settings are an important cornerstone for successful health promotion as outlined in the 1986 Ottawa Charter. The National Health Promotion Strategy (NHPS) (2000) identifies that health promotion is generally carried with **population groups**, on **topics** in **settings**, all of which are interlinked and should be considered as a whole entity. This strategy identifies the youth sector as a key setting in which to promote health. This is further reinforced in the Review of the National Health Promotion Strategy (NHPS, 2004).

What is a 'settings approach'?

'In a settings approach, efforts are concentrated on working to make the setting itself a healthier place for people to live, work and play' (NHPS, 2005).

The settings approach moves interventions upstream from defining goals and targets in terms of populations and people, towards goals that look at changes in organisations, systems and the environment. This involves combining health-related policies in a healthy physical and social environment with complimentary health education programmes. For example, in relation to nutrition and healthy eating, a settings approach in a youth organisation means having a healthy eating policy in place, including information on nutrition and healthy eating in the health education programmes for young people and ensuring that healthy food options are available on the premises e.g. in the tuck shop as well as the organisation's response to wider issues such as marketing, advertising of unhealthy foods and sponsorship, for example, by fast food companies.

Settings for health build on the premise that there is a health development potential in every organisation and/or community. Critical success factors for a settings approach include the following:

- ▶ a critical understanding of the setting;
- ▶ developing effective inter-sectoral partnerships with other relevant agencies and building alliances between sectors, disciplines and political/executive decision-makers;
- ▶ active leadership;
- ▶ meaningful participation;
- ▶ a commitment to equality issues;
- ▶ policy and strategic objectives;
- ▶ action at both political and operational levels;

- ▶ a focus on organisational development and change;
- ▶ involvement and empowerment of all key stakeholders.

Health promotion settings include:

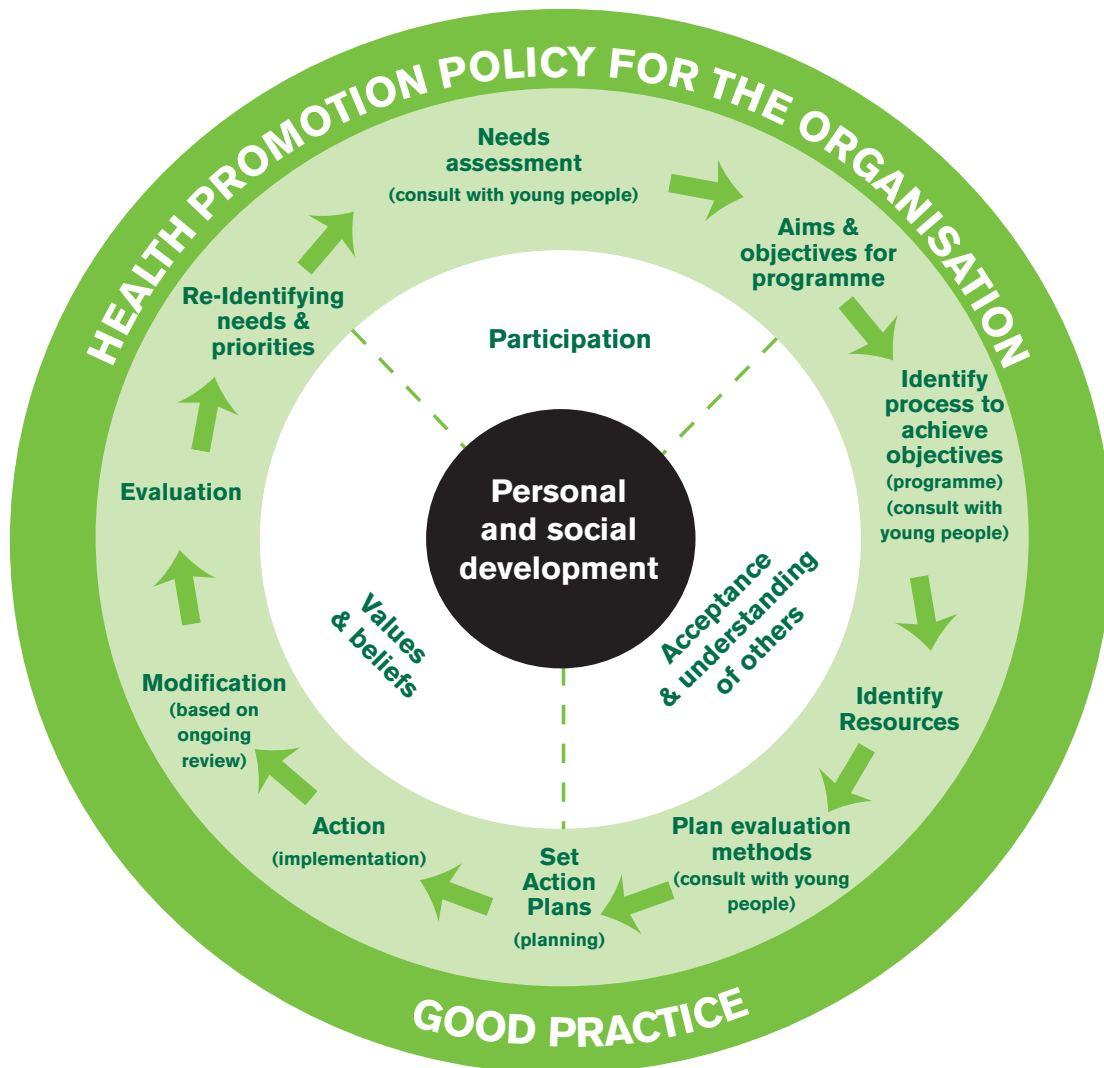
- ▶ Health Promoting Schools;
- ▶ Health Promoting Workplaces;
- ▶ Health Promoting Youth Organisations;
- ▶ Health Promoting Training Centres
- ▶ Health Promoting Hospitals;
- ▶ Healthy Promoting Colleges;
- ▶ Healthy Cities;
- ▶ Healthy Villages;
- ▶ Healthy Towns;
- ▶ Healthy Communities;
- ▶ Health Promoting Homes.

There are many potential successful outcomes from a settings approach to health promotion. These include:

- ▶ An increased awareness of health issues by all stakeholders within the setting e.g. young people, staff, volunteers, management, parents etc in a youth organisation;
- ▶ Health promoting policies in place to support the organisation;
- ▶ Improvements in the physical and social environments within the setting;

- ▶ More effective partnerships with other agencies;
 - ▶ Changes in health-related behaviours as a result of being in a health promoting environment.
 - ▶ Effective health education programmes and specific health promotion activities;
- (adapted from Whitelaw et al, 2001)

A practical model for promoting health in youth work settings

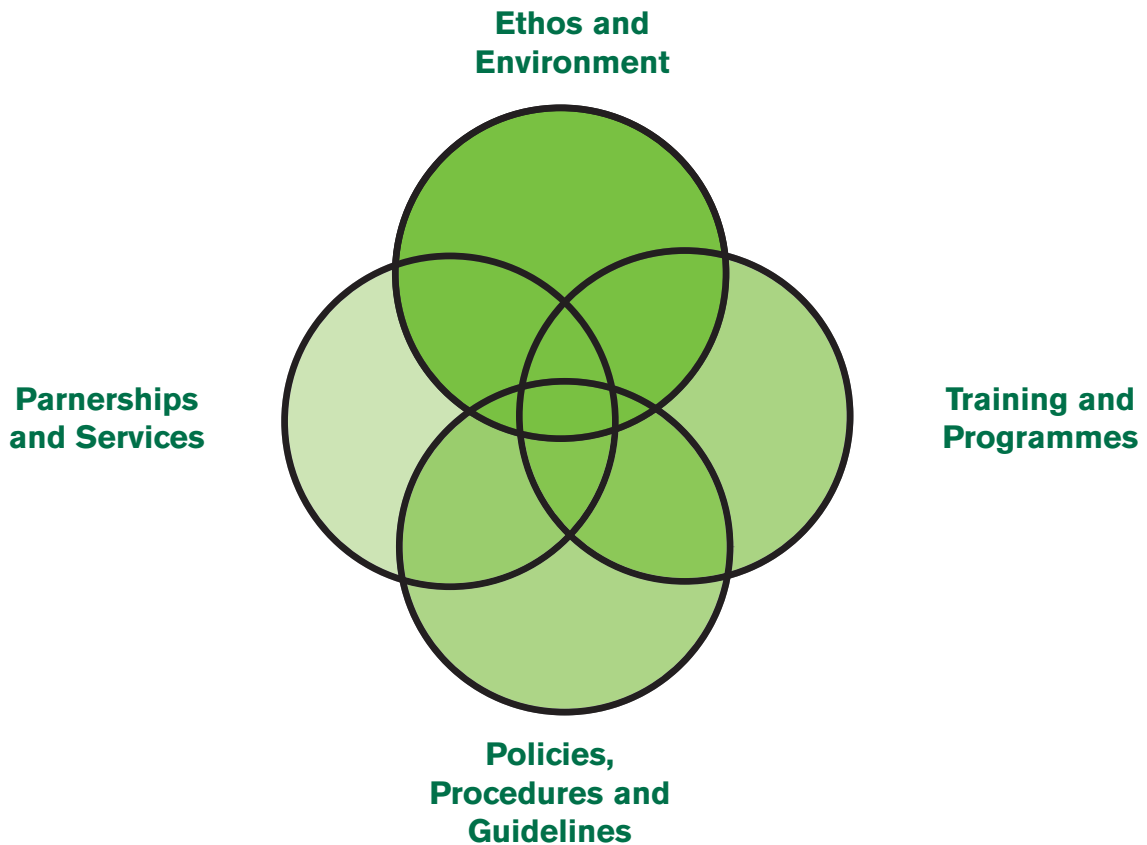


This model provides a framework for the development for health promotion practice and policy of youth organisations and acknowledges the underlying necessity for good practice in this area at all times.

It should be noted that this model is a cyclical model and each stage in the cycle is related to the next. No stage should be addressed in isolation e.g. the implementation of any programme is informed by effective planning and appropriate needs assessment. Furthermore, each stage is directly related to the policy and good practice which underpins every aspect of this work within youth organisations.

What this means for youth organisations:

A whole organisational approach provides a framework for effective health practice within the youth organisation setting. The following model adapted from the World Health Organisation illustrates this as the integration of four core areas for all involved in the organisation:



A whole organisational approach entails addressing the issue of youth health at a number of levels, i.e.

- Ethos and environment;
- Training and programmes - health related programmes, activities, events, worker training;
- Policies, procedures and guidelines;
- Partnerships and services.

Ethos and environment

Ethos is defined as:

The tone, character and quality of an organisation, specifically its spiritual, moral and aesthetic mood and the quality of the relationships there.

Ethos also:

- ▶ Takes care of individuals, is fair and promotes respect for self, others, the wider community and the environment;
- ▶ Promotes a sense of responsibility in individuals for their own actions;
- ▶ Encourages and empowers young people and workers to give of their best and to build on their achievements.

Environment can be considered in terms of both the physical and social environment and is very much linked to and influenced by the organisation's ethos.

A whole organisational response in relation to ethos and environment involves promoting an ethos of respect, where diversity is valued and celebrated leading to a positive organisational climate. The work of the organisation is strongly influenced by youth participation, where young people have a say in the running of the organisation. Furthermore, there is an awareness of the organisation as being health promoting. This requires that every effort is made to ensure that the health of everyone involved in the organisation is promoted through a supportive physical and social environment.

Training and programmes

Dealing with programmes and training from a whole organisational perspective entails having general programmes and activities that provide appropriate challenge, participation and support for all young people and workers and have a positive effect on their overall health and well-being. This implies that a holistic approach to health is understood and accepted within the organisation.

Specifically, young people and workers need to be aware of and understand the key issues and concerns in relation to their health. They also need to recognise that their current health behaviours can have both short-term and long-term effects on their health. This can be achieved through the provision of awareness and training programmes on health issues which are tailored to meet the needs and abilities of those concerned.

Partnerships and services

In order to effectively address the issue of health from a whole organisational approach, youth organisations need to have a strong commitment to partnership working and collective responsibility that actively involves and reflects the views of young people, workers, parents, the wider community and key agencies. Circumstances may arise that require specific advice or expertise which is beyond the remit of the organisation and this may involve referral to another agency/organisation to avail of

specialist services such as counselling. In the case of young people, the organisation needs to take account of parental involvement in relation to particular health related issues.

Policy, procedures and guidelines

A policy is a statement of the ethos and values of an organisation. It defines a boundary within which issues are accepted. It also clarifies roles, relationships, and responsibilities and can serve as a basis for decision making. Policies tell people what to do in any given situation while procedures and guidelines tell them how to do it.

In relation to this area, a whole organisational approach could include:

- ▶ The development of specific health related policies, procedures and guidelines for young people and workers including both prevention and intervention strategies;
- ▶ The development of an overall health promotion policy for the whole organisation;
- ▶ The implementation of good practice in relation to policy development taking account of consultation, awareness raising and training followed by consistent implementation of the policy;
- ▶ The provision of support for both young people and workers;
- ▶ The identification of links between other relevant policy areas e.g. sexual health and child protection.

In conclusion, health is an issue which does affect everyone in an organisation. Therefore, it makes sense to address the issue using a whole organisational approach. To do otherwise risks a fragmented, inconsistent response leading to the creation of an environment which is conducive to health related difficulties. A whole organisational approach involves taking account of everyone involved and ensuring that appropriate responses are applied consistently leading to the creation of an environment where both young people and workers can safely learn, work and play.

3

SECTION 3: **Promoting Health in Youth Organisations - The Practice**



Introduction

This section explores the day to day practice of health promotion in youth organisations. Essentially, the practice of health promotion happens at three distinct levels as follows:

- ☐ The development and delivery of effective health education programmes to young people;
- ☐ The development of health-related policies;
- ☐ The delivery of health-related services to young people within the organisation.

Each of these areas will now be explored in greater detail.

3.1 Health Education

Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence necessary to take action to improve health. Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviours and use of the health system.

Approaches to Health Education

There are a range of different approaches to health education. Each of these has their own strengths and challenges and should be selected based on their appropriateness of the target group to which health education is being delivered. The following table summarises these approaches and their defining characteristics:

Health Education Approaches	Characteristics of the approach
Information-only Approach	<p>Includes giving information verbally; through leaflets/posters; through various other reading materials; via radio/TV; via telephone helplines; through reports to policy makers on health promotion issues; through reports to employers/communities to share information.</p> <ul style="list-style-type: none"> • Assumes that young people are taking risks with their health due to a lack of information; • Usually provides factual information focused on biological /scientific aspects of health; • Some information-only approaches focus on scare tactics and promote a 'just say no' message; • Is widely acknowledged as being ineffective; • Focuses not only on transmitting knowledge, but applying knowledge to personal situations.
Life Skills Approach	<ul style="list-style-type: none"> • Focuses on enhancing self-esteem and self-efficacy; • Aims at shaping values, attitudes and developing personal skills; • Aims to enhance learner's ability to take responsibility for making healthier choices, resisting negative pressures, negotiating healthier relationships and avoiding risk-taking behaviours; • Uses methods which are learner-centered, age and culturally appropriate, gender sensitive, interactive and participatory.

Comprehensive Health Education Approach	<ul style="list-style-type: none"> • Looks at health from a holistic perspective emphasising the different aspects and dimensions of health; • Looks at a variety of issues and determinants that impact on health; • Promotes abstinence from risk-taking behaviours; • Offer learners the opportunity to explore and define their attitudes and values; • Acknowledges that many people will take risks with their health; • Use a harm reduction focus as appropriate.
Abstinence-only or 'Just say no' Approach	<ul style="list-style-type: none"> • Abstinence-only education includes discussions about values, character-building, and in some cases, refusal skills; • Teaches that risk-taking in relation to health will have emotional, physical and social consequences; • Promotes abstinence; • Teaches one set of values as morally correct for all; • Avoids discussions on harm reduction; • Cites consequences as reasons for abstinence.
Peer Education Approach	<ul style="list-style-type: none"> • Focuses on the peer educators modeling appropriate behaviours and teaching social skills, rather than just producing factual information; • Assumes that peers are more likely to have the kind of credibility with other peers that may be quite difficult for a professional worker to acquire; • Suggests that messages are more likely to be listened to if those delivering them appear easy to identify with and are not strongly associated with the establishment; • Focuses on enabling learners to gain from the process in terms of their own personal development and the development of skills such as communication, planning, decision-making etc.
Harm Reduction Approach	<ul style="list-style-type: none"> • Aims to reduce harm from risky health behaviours through the provision of accurate information about health and risk-taking behaviour; • Promotes the development of healthier choices; • Assumes that some people take risks with their health and that they will be more likely to avoid harm from their health behaviours through harm minimisation education than through education, that implicitly or explicitly advocates abstinence.
Agenda Setting	<ul style="list-style-type: none"> • Involves consciousness raising with public and legislative/policy makers about a health issue prior to introducing some policy or legislative change.

Health Education should not

- ▶ be intended to scare people;
- ▶ involve giving one-off talks;
- ▶ involve giving biased or incorrect information;
- ▶ involve simply bringing in an expert;
- ▶ involve just giving the facts;
- ▶ involve over-reacting in a crisis.

Outcomes of Effective Programmes

The expected outcomes of an effective health education programme are young people who know and accept themselves for what they are, have increased self-esteem and who make responsible decisions about their health behaviour. They can communicate with others, negotiate healthy relationships, are able to differentiate high and low risk behaviours, protect themselves and others and know how to gain access to and use health care information and services.

A Sample Health Education Curriculum

In the absence of any agreed comprehensive health education curriculum for youth organisations, the content of this curriculum has been adapted from various sources including: Relationships and Sexuality Education Programme (Junior Cycle) 1998; Social, Personal and Health Education Programme (Junior Cycle), 2000; Irish Family Planning Association Education Service Programme Planning for Relationships and Sexuality Education. 1995.

A comprehensive health education curriculum should:

- ▶ Be needs based;
- ▶ Deal with topics in an age/culturally appropriate manner;
- ▶ Be developmental in nature:
- ▶ Use methodologies that are participative;
- ▶ Be sustainable in the longer term.

A Sample Health Education Curriculum

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Methodologies for Health Education

Methodology	Description
Group Work	A frequently used methodology in Youth Work settings drawing on the experiences and skills of the young people themselves and creating an environment conducive to support, fun and learning.
Word Storming	A means of generating highly creative ideas in a group. The ideas can then be sorted, categorised or prioritised depending on the group task.
Buzz Groups	Buzz groups provide an opportunity, following input, to break into smaller groups to discuss issues and then feedback opinions, questions or conclusions through the group facilitator to the whole group.
Games	Used to motivate and provide energy in a group – the type of game depends on the group. Games can involve an element of change or competition or are merely for fun.
Icebreakers	Any activity which serves as an introduction and establishes rapport in the group.
One-to-One Work	Useful with individuals who are particularly vulnerable and in need of intensive support.
Peer Education	Involves young people working with others of the same age group or younger under supervision of workers. Extensive training and support is required to enable young people to act as peer educators.
Role Play	Where young people are invited to adopt roles and practice responding to situations that might occur in real life. Role play can contribute to sensitivity, self-expression, communication and observation skills and helps to build individual and group confidence. Should always be followed by de-briefing and discussion.
Simulations	The creation of situations as close to reality as possible in order to learn skills which are important for the real situation.
Project Work	Can be used by individuals or the group and involves an investigation into a particular topic for the purpose of presenting findings. Can also add a community and parental dimension to the programme and can increase the level of awareness among parents and others of the influence they can have on a young person with regard to a particular health issue.

Assignments	Usually an exercise requiring learners to read some information and to prepare either written or verbal answers to a series of questions. Can be linked more effectively with other methods such as discussion.
Workshops	Opportunities to discuss or discover practical approaches to handling given situations. Emphasis is on the practical realities rather than theoretical input.
Creative Methods	Includes drama and theatre, video making, puppets, photography, visual arts, cartoons, storyboards etc... Useful for group/individuals with literacy issues. Brings an added dimension of creativity and fun to the programme. Encourages self-expression.
Case Studies	A report of some event or scenario, real or fictional, designed to focus attention on a particular issue. Allows the group to examine the factors involved and to suggest possible courses of action. Should be followed by discussion.
Demonstrations	A method of showing a group the best approach to handle a given situation, set of circumstances or procedures.
Debates	An interesting way of engaging young people in their own learning by encouraging them to research health topics where factual information is important. Debates also provide opportunities for developing communication skills and self expression.
Fishbowl	A means of studying group behaviour by dividing into teams. One team undertakes a task or discussion while the second team observes and notes the process. The results are then discussed before the roles are reversed.
Quizzes	Can be used to assess the amount of information young people have on a particular sexual health topic and as a focus for exploring and clarifying attitudes. Although not an end in themselves, they can easily be used as a way of providing a stimulus for future discussion.
Moving Debates	Used to clarify attitudes, stimulate group discussion and create a sense of energy in the group.
Guest Speaker/Visitor	Some groups may choose to bring in a guest speaker with a special knowledge or first hand experience of a particular issue. Preparation by both the group and the guest speaker should take place in advance. (See guidelines on involving Guest Speakers pg. 42).

Selecting and Adapting Materials

In developing your health education programme it is unlikely that you will find one resource that meets all the needs of your group. It is usually necessary to adapt existing resources and materials in order to meet the specific needs of your particular target group. Existing materials may be out of date, may not be of high enough quality, may handle the health issue at the wrong level for your target group, may have the wrong emphasis for your programme or may be based on a different legal framework to that relevant in the Irish context. Here are some areas you need to consider when adapting resources and materials.

(i) Who are you working with?



Each of these areas should be considered carefully in choosing the materials you are going to use/adapt for use in health education. Different kinds of exercises and activities are required for groups in different circumstances. You should always ensure that the materials/exercises and approaches you use are age appropriate, gender specific and culturally appropriate. Additionally, your materials should be suitable for the literacy levels of your group members, therefore, the use of creative, non literacy-based activities are most suitable for groups with low literacy levels.

Often, group work activities can be energetic and involve physical participation: in deciding on such activities you should consider if these are suitable for young people with disabilities and adapt them according to the abilities of the group.

In general, your decisions on the materials and activities you will use in health education programmes will be dependent on how well you know your group, how long you have worked with them, your knowledge of their ability and readiness to deal with sensitive and difficult issues and your knowledge of what kinds of activities gain and maintain their attention and interest levels.

(ii) Which Resources?

The best resources for use in health education programmes are often those that have been developed by or with young people themselves, by workers with direct access to them and those that have been tried out first with similar groups. It is often helpful to check with other organisations involved in similar work to see what materials they have, including any locally produced materials.

It is important to remember that when using resources developed, for example, in the United Kingdom, or in another jurisdiction outside of the Republic of Ireland, that there will be significant differences with regard to, for example, legal implications and accepted health-related practices. It will be necessary in these instances to ensure that any resources used take account of the legalities operating within this jurisdiction.

No activity on its own can provide all the answers to working with young people on health issues. A wide variety of activities, exercises and games are required to provide variety and engage young people in learning about health.

Through appropriate activities and exercises, young people need to be able to explore ideas for themselves, develop solutions that are appropriate to their needs and practice skills they will need to put this knowledge into action.

While there are many health education resources and materials available for

adaptation to your own circumstances, in some cases, you may feel it is inappropriate to adapt existing materials. Alternatively, you may choose to develop new activities, exercises and games. Be confident in your ability to be creative and develop your own materials.

In addition to the issues discussed above, the following provides some general guidelines for developing materials and information resources for use with young people in youth organisations.

Guidelines for Developing Materials and Information Resources

1. Be realistic about what resources can/can't do:

Remember, materials like leaflets and posters do not in themselves actively promote health. However, what they can do is;

- ▶ Reinforce messages;
- ▶ Give practical information;
- ▶ Help young people find sources of direct help;
- ▶ Reassure young people about any anxieties they may have about e.g. accessing services.

2. Consider the needs and the target audience - ensure that what you develop is relevant and applicable to the particular needs of your group.

3. Do some research on what already exists and choose the most suitable activities, adapting them if necessary.

4. Use simple, plain language and explain any technical words;

5. Involve the target group in designing activities;

6. Use positive, empowering messages rather than negative scare tactics;
7. Update materials regularly;
8. Use small, discrete formats for information young people may be embarrassed to be seen carrying e.g. credit card size information cards.

Guidelines for Involving Guest Speakers

The development and delivery of comprehensive health education programmes for young people are most effective if delivered by workers who are well trained and supported in this area. Sometimes, however, an organisation may decide to enlist the help and input of specialist guest speakers to compliment their programme or to gain professional perspectives on particular health- related programme areas.

Research has shown that many 'once-off' isolated talks prove to be of little long term benefit to young people and are therefore not recommended. However, the involvement of guest speakers - generally health professionals, can contribute greatly to any health education programme if both the young people and the guest speaker are well prepared.

Your rationale for involving health professionals may, perhaps, be due to your lack of knowledge about a certain aspect of health (e.g. the medical, biological aspects) or may be related to your wish for your group to learn more about local health services and what they can offer your group. Generally, the involvement of health professionals in your programme should be to compliment and enhance the programme you are running and their involvement should be in the context of, and supported by, a comprehensive and holistic programme within your organisation.

The following guidelines for involving guest speakers/health professionals have been adapted from *Sense & Sexuality* (NYHP, 2004).

When requesting an input from a guest speaker/health professional:

- ▶ be clear about why you require their involvement;
- ▶ ensure that their involvement will compliment the programme you are already implementing;
- ▶ ensure that their input is not 'once off' - (i.e. their input should not be in isolation but as part of an ongoing programme the youth organisation is delivering);
- ▶ ensure that the person you are requesting the input from is the most appropriate person to make the input i.e. that this work is within their brief and that they have the specific knowledge you require to input into your programme;
- ▶ check what ground work needs to be done with your group so that they can gain maximum benefit from the visitor's input.

When preparing the guest speaker for their involvement:

- ▶ ensure that you provide them with all relevant information about your group i.e. size of group, level of maturity, gender, cultural issues, previously relevant material covered by the group (what you have covered with them to date) and where their input fits within the overall programme. It is also important to inform them of any potential issues that might arise in their session i.e. if any members of your group might be particularly vulnerable to specific issues i.e. teenage pregnancy, substance use etc;
- ▶ inform them about the organisational ethos and approach to the health issue being explored;
- ▶ if parental consent is required for the work, ensure that you, as the worker, have obtained it - this is not the responsibility of the guest speaker;
- ▶ ask for an outline of the session -

materials and approaches to be used during the session so that you can prepare your group if appropriate;

- ▶ discuss the possible follow-up required after their input and how this can be facilitated.

When preparing your group for the involvement of a guest speaker:

- ▶ ensure that your group know why you are bringing in a guest speaker for a particular issue - clarify what their role will be;
- ▶ clarify what your role will be in the session;
- ▶ inform your group about the session content and approaches to be used if appropriate.

During the session:

- ▶ you should remain in the room during the session. This will ensure accountability and facilitate follow-up which may be needed;
- ▶ you should ensure that there is an agreed contract between your group and the guest speaker (e.g. re confidentiality, disclosures, group dynamics, timekeeping etc...);
- ▶ you can ensure that the group adhere to the working contract with the guest speaker;
- ▶ it may be appropriate for you to facilitate some part of the session with the guest

speaker - this will pave the way for follow-up with the group after the guest speaker has gone;

- ▶ you can support the guest speaker, while at the same time, ensure that the ethos and policies of the organisation are being adhered to in the session.

Following the session:

- ▶ request that the guest speaker recommends relevant follow-up materials or activities to reinforce learning from the session e.g. the health professional may recommend some specific material or an additional input from a different professional, depending on the requests from the young people;
- ▶ review/evaluate the session, with the guest speaker, against the original aim and objectives to ensure that the session achieved what it was supposed to;
- ▶ establish a mechanism with the guest speaker to maintain an ongoing working relationship with them, if appropriate, in the context of future health education programmes you may be developing;
- ▶ revisit the learning with your group at their next session - recap on what they gained from the session, evaluate the benefits of involving the guest speaker with the young people and ensure that any follow-up agreed to is put in place.

Good Practice Guidelines for Planning, Implementing and Evaluating Health Education Programmes in Youth Organisations

Good Practice Guidelines for Planning Health Education Programmes in Youth Organisations

- ▶ Ensure the involvement of young people in the planning;
- ▶ Always start from where the young people are at - i.e. your choice of programme content, materials and methodologies should always take account of;
 - ~ age and developmental stage of the young people involved;
 - ~ gender;
 - ~ race and ethnicity;
 - ~ socio-economic factors;
 - ~ sexual orientation;
 - ~ abilities/disabilities;
 - ~ literacy levels;
- ▶ Provide health education within the context of the ethos and values base of the organisation;
- ▶ Provide health education which is grounded in a positive holistic model of health;
- ▶ Provide accurate, up-to-date information in attractive and accessible forms and language;
- ▶ Focus on the self-worth and dignity of the individual;
- ▶ Consider carefully the role of parents e.g. parental consent etc...
- ▶ Ensure that all workers delivering health education programmes with young people are adequately trained - e.g. workers should be familiar and comfortable with the language and vocabulary in relation to health issues and should not impose their own values on the young people;
- ▶ Workers should be familiar with legal considerations in relation to specific health areas e.g. the age of consent, legalities around referral etc...
- ▶ A wide range of programme materials exists. These may need to be adapted to take account of the particular needs of any target group;
- ▶ Ensure that the health education programme is informed by a research and evidence base which ensures maximum effectiveness and best use of resources;
- ▶ Consider the rights of young people in relation to their health.

Good Practice Guidelines for Implementing Health Education Programmes

- ▶ Ensure that the learning environment is suitable from both a physical and psychological basis - comfortable, warm, clean and a nice place for young people to learn;
- ▶ Use a wide range of different methodologies to maximise learning and enjoyment for the young people
- ▶ Enable young people to develop practical skills e.g. negotiation or assertiveness skills, as key elements of health and related decision-making
- ▶ Help individuals to become more sensitive to and aware of the impact of their behaviour on others;

- ▶ Encourage critical thinking about gender role stereotyping;
- ▶ Enable young people to develop the skills to resist coercion, pressure, exploitation, abuse, harassment and bullying;
- ▶ Consider the involvement of parents in the programme as a support to the worker - how might this happen?;
- ▶ Offer support to young people in making healthy choices;
- ▶ When working with mixed groups of young people it is good practice for workers to work in pairs, preferably ensuring a gender balance;
- ▶ Always consider the safety of both the young people and the workers - any health-related work with young people should always take account of the organisation's child protection policy and procedures;
- ▶ Address the issue of confidentiality as a priority within the organisation's guidelines and policy;
- ▶ Create opportunities for discussion, reflection and exploration of issues, attitudes, values and beliefs in relation to health;
- ▶ Establish a structure for reporting and referral, both internally and with relevant external agencies;
- ▶ Establish structures for initiating and maintaining interagency co-operation and networking, therefore, maximising the quality of programmes delivered to young people;
- ▶ Ensure that any service offered to young people is done so in a way that is non-judgmental, respectful and sensitive.

Good Practice Guidelines for Evaluating Health Education Programmes

- ▶ Ensure the involvement of young people in the evaluation;
- ▶ Ensure that the youth organisation is informed of all health education work conducted with young people and that the organisation can stand over all of this work;
- ▶ Always review the work on an ongoing basis, establishing a quality system of monitoring and evaluation.

3.2 Policy Development

Over the past number of years the area of policy has developed significantly within youth organisations. There has been a growing recognition of the importance of the role that policy plays in the planning and delivery of safe and effective youth work services. Increased demands have been made on youth organisations in relation to policy development in recent years. These have been driven by legislative requirements, changes to programmes and the complex social issues organisations now have to face. The issue of child protection has particularly impacted on policy development within youth organisations.

Research indicates that policy, alongside programmes, has been shown to be a significant factor in developing healthy and supportive environments within which organisations can address health issues with young people. In order for youth organisations embrace the concept of policy development and prioritise it as a core element of work, it is critical that organisations develop an understanding of policy and the rationale for health-related policy development.

Understanding Policy and Policy Development

What is policy?

'Policy is a plan of action, which is adopted or pursued by an individual, government, organisation, or service....'

(Collins, 1987)

Policy has also been defined as:

"...a statement of intent on the part of the organisation vis-à-vis some set of activities or issues..."

(Geravan et al, 1997)

Rationale for policy development

Policy development is necessary for a number of reasons as follows:

- ▶ To enable organisations to reflect their ethos and position in the work they do;
- ▶ To encourage good practice;
- ▶ To support workers, volunteers, management and the young people within the organisation;
- ▶ To meet the specific needs of the organisation's target groups;
- ▶ To provide a framework for interagency co-operation;
- ▶ To enable organisations to reflect the needs and aspirations of the community in which they work;
- ▶ To provide consistency in how to respond to health issues.

Policies are influenced by a range of factors which include

- ▶ History;
- ▶ Past experiences;
- ▶ Research;
- ▶ Pressure groups;
- ▶ Media/public opinion;

- ▶ Legislation;
- ▶ International standards;
- ▶ Rights and needs of those using and working in the service;
- ▶ Local and national requirements.

Effective policies are

- ▶ Realistic;
- ▶ Connected to the organisation's practice, ethos and position;
- ▶ Accessible and visible to all stakeholders within the organisation;
- ▶ Understood by all stakeholders within the organisation;
- ▶ Inclusive of all stakeholders;
- ▶ Owned by all stakeholders;
- ▶ Reviewed regularly;
- ▶ Updated when relevant and appropriate.

A Step-by-step Process for Developing Policy

This section aims to provide a step-by-step framework for organisations to follow or adapt, where appropriate, when developing their own health-related policy. The process outlined is such that it can be adapted and followed at all levels within an organisation, i.e. at local, regional and national level. Organisations should be taken to mean workers (either paid or voluntary), management and young people. Therefore, a whole organisational approach is required.

This approach has been designed to encourage the development of a comprehensive policy that has been contributed to and supported by the whole organisation. Furthermore, this model of policy development has been used by youth organisations in the development of many policy areas including health promotion, substance use and sexual health policies.

A Step-by-Step Approach to Developing Policy

Step	Action
Step 1: Assemble a policy working group	<ul style="list-style-type: none"> • Identify key stakeholders (within and outside of the organisation) to participate in the working group; • Nominate a member of the working group to oversee and co-ordinate the activities of the working group (with senior management support); • Clarify roles and responsibilities of the working group; • Agree a timeframe for the working group and for the completion of each step in the process.
Step 2: Clarify the present position within the organisation:	<ul style="list-style-type: none"> • Define the ethos and value base of the organisation; • Review existing and related policies and legislation; • Explore any existing research that has been undertaken regarding health or reference other sources of local information; • Consider the health work undertaken by the organisation to date and its' perceived strengths and weaknesses; • Review existing levels of knowledge and skills of workers involved in health work; • Identify other resources, local provision and contacts that can support the policy development and implementation process.
Step 3: Carry out a needs assessment:	<ul style="list-style-type: none"> • Identify key informants to participate in the needs assessment including young people, parents, management, workers and local service providers; • Identify appropriate methodologies for conducting the needs assessment (e.g. questionnaires, focus groups, interviews, creative data collection techniques etc...) • Identify who will conduct the needs assessment with the various informants; • Allocate sufficient time and resources (financial and personnel) to this stage of the process; • Collate the findings from the needs assessment to inform the next step in the process; • Disseminate the findings as appropriate.

<p>Step 4: Writing the policy:</p>	<ul style="list-style-type: none"> • Agree the target audience for the policy; • Agree the content and format for the policy (see framework for policy content presented on page 50); • Assign roles and responsibilities regarding the writing of the policy; • Following completion of the first draft, circulate to relevant stakeholders for comment and feedback; • Ensure that the policy has been gender proofed at each stage; <p><i>Note:</i> There will be a range of views represented in the feedback and a simple comment form with a selection of questions may help with this task. Views may be conflicting but you should be able to assess:</p> <ul style="list-style-type: none"> If the policy covers what they expected; Whether it will be effective in supporting workers in the organisation; Whether it will be effective in supporting practice with young people; If anything important is missing; What needs to be made clearer; Whether the format and structure works well; If there is a problem with the tone of the language; Whether there are any errors e.g. spelling, grammar etc... <ul style="list-style-type: none"> • Complete a revised draft taking account of the feedback (it may be necessary to repeat this process to arrive at a satisfactory final draft).
<p>Step 5: Pilot the policy</p>	<ul style="list-style-type: none"> • Following agreement on final draft of the policy, disseminate as appropriate for comment on its usefulness; • Pilot the policy using relevant case studies/scenarios to test its usefulness; • Make any changes necessary to improve its effectiveness; • Ensure that any legal implications of the policy have been approved.
<p>Step 6: Ratify the policy:</p>	<ul style="list-style-type: none"> • Senior management/Board of Management within the organisation should officially sign off on the policy. <p>(Some organisations may wish to publish and formally launch the policy at this stage).</p>

Step 7:

Implement the policy:

- Identify who needs to be involved in the implementation process;
- Identify who will take responsibility for co-ordinating implementation;
- Identify strategies (taking account of resource implications) for implementation including:
 - ~ Dissemination to relevant stakeholders both within and outside the organisation;
 - ~ Briefing sessions for relevant stakeholders as appropriate;
 - ~ Training courses on the use of the policy for relevant personnel;
 - ~ Identify how the implementation of the policy will be reviewed.

Step 8:

Monitor and evaluate the policy:

- Appropriate monitoring and evaluation measures should be in place to support the implementation of the policy.

Monitoring: As monitoring is an ongoing process there are obvious outlets for measuring how the policy is impacting on the development of worker's practice and ultimately how this impacts on young people.

Ways of Measuring Effectiveness:

- Recording sheets;
- Supervision;
- Appraisal;
- Training;
- Team meetings;
- Feedback from young people;
- Feedback from parents;
- Feedback from partner organisations.

How do you know if policy is effective?

- Workers and management feel guided by policy;
- Workers and managers quote policy;
- Workers and managers recognise the need for training;
- Workers use the policy for planning;
- Workers' knowledge and skills increase;
- Workers feel more confident with partnership work;
- Young people's needs are being met;
- Feedback from young people is positive;
- Colleagues from other settings are more informed;
- Crisis is avoided or managed effectively because of policy.

Evaluation: Evaluation will determine the worth, value and effectiveness of your policy.

Who to involve in the evaluation process?

- Members of original policy working group;
- Young people;
- Parents;
- Workers and management;
- Partner organisations;
- Other relevant stakeholders

What needs to happen?

- Select the areas of policy that you want to evaluate;
- Collect the information and any evidence required;
- Assess the information to see if it demonstrates whether the policy has been effective;
- Review if there have been any changes in legislation/developments in Youth Work;
- Adjust the policy if necessary to improve its value and effectiveness.

A small review of the policy will be necessary at the end of the first year, and then a full evaluation can be scheduled, preferably every three years.

Policy Framework

The following framework provides an outline of what should be contained in a policy, irrespective of the issue to which the policy pertains. This framework can be used to develop any health-related policy within a youth organisation.

1. Policy statement	<ul style="list-style-type: none"> • Provide a statement on the organisation's position in relation to the issue in question.
2. Introduction and rationale for having a policy	<ul style="list-style-type: none"> • Provide a brief introduction to the policy issue and outline the organisation's rationale for wanting a policy in this regard.
3. Aims and objectives of the policy	<ul style="list-style-type: none"> • The aim of the policy sets out clearly what the policy is intended to achieve. • The objectives of the policy set out clearly how this aim will be actioned out.

4. Scope of the policy	<ul style="list-style-type: none"> • The organisation's definition of the issue in question; • Who it covers; • Geographical boundaries.
5. The organisation's ethos	<ul style="list-style-type: none"> • The organisation's ethos should be linked to the organisation's mission statement.
6. Health education programmes provided by organisation	<ul style="list-style-type: none"> • Discuss how health education is provided by the organisation; • Discuss types of methodologies used to provide the health education; • Discuss how outside speakers/visitors are used as part of the health education programme, if appropriate; • Discuss how the organisation provides for parent involvement in relation to health education;
7. Procedures for managing or responding to health-related situations	<ul style="list-style-type: none"> • Outline the procedures and guidelines the organisation will follow in responding to particular health-related situations.
8. Training, support, supervision and staff development	<ul style="list-style-type: none"> • Outline how the organisation will provide for the information/education/support needs of workers in relation to the particular issue.
9. Dissemination of the policy	<ul style="list-style-type: none"> • Describe how the organisation will disseminate the policy to workers, young people and parents and others as relevant.
10. Monitoring and review of the policy	<ul style="list-style-type: none"> • Describe how/when the organisation will monitor and review the policy and when the organisation expects to update the policy if necessary.

Good Practice Guidelines for Developing, Implementing and Evaluating Health - related Policy in Youth Organisations

Good Practice Guidelines for Developing Health-related Policy

- Encourage the development of health-related policy to be incorporated into the overall organisational policy in a holistic way;
- Actively consult with all relevant stakeholders e.g. young people, parents, workers, management, external agencies where appropriate in the development of the policy;
- Ensure that the policy is reflective of the needs of the diverse groups of young people with whom the organisation may work;
- Ensure that the policy is informed by other related policies.

Good Practice Guidelines for Implementing Health-related Policy

- Acknowledge and actively pursue adequate resources for the implementation of the policy within the organisation;
- Acknowledge the need for and actively encourage the provision of training in relevant health-related areas for all involved in the organisation;
- Research and become familiar with relevant local support, expertise and resources available in relation to young people's health.

Good Practice Guidelines for Evaluating Health-related Policy

- Monitor the implementation of the policy on an ongoing basis;
- Evaluate the policy at agreed intervals e.g. every three years.

A Checklist for Organisations that have already Developed and Implemented Health-related Policy

- Are your policy and guidelines more than three years old?
- Have your policy and guidelines been evaluated in the past three years?
- Was there a need to change policy because of evaluation?
- Are your monitoring systems successfully measuring practice?
- Are you confident that the policy is ensuring good practice?
- Have any legal or statutory details changed?
- Have the changing needs of young people affected the policy?
- Will new research and government initiatives affect your policy?
- Are you able to use your policy with partner organisations?

3.3 Service Provision

Service provision is the core function of a youth organisation. It provides the rationale for what the organisation does and why it does it. The particular service that the organisation provides defines the organisation for all stakeholders, both service users and service providers alike. Service provision also dictates policies, procedures, and practice. Therefore, it is essential that an organisation and its workers know exactly what to do, why to do it, how to do it, and how it has been done.

In some cases, certain organisations are vested with responsibility to deliver specific health-related services e.g. mental health services, drugs services, sexual health services, etc. While in other instances health service provision, while not the mainstay of an organisation, is often an important aspect of service provision e.g. youthreach centres who provide student counselling.

Adolescent Friendly Health Services

In recent times there have been moves towards the development of adolescent friendly health services. An adolescent friendly health service means that an organisation can offer a health service, which is user friendly for young people.

Developing an adolescent friendly health service does not involve re-establishing a service, but rather reorienting it, so that health service provision becomes a core function within an organisation.

"Young people seek a health service which views adolescents as people rather than problems, and is able to tailor practices to individual adolescents" (WHO, 1999).

The World Health Organisation report entitled "The Global Consultation on Adolescent Friendly Health Services (2001)" suggests that there can be no fixed menu regarding a universal approach to adolescent health service provision.

"Indeed each country must develop its own package, negotiating its way through economic, epidemiological, and social constraints, including cultural sensitivities" (WHO, 2001).

Young people have been highlighted as a 'target population' particularly in the context of health promotion and risk prevention activities. Therefore, the settings in which young people participate, e.g. youth organisations, provide an opportunity to work with young people in a holistic way.

"Young people are physically, emotionally, and intellectually ready to respond - in certain ways, more than adults: they have a freshness of approach, idealism, creativity and boundless energy. They can contribute to health care activities at every level, from identification of needs, through implementation to evaluation. Their capacities, which in the past have been vastly underestimated, should be recognised and used to the full" (WHO, 1993).

The report entitled "Get Connected: Developing an Adolescent Friendly Health Service (2000)" advocates the development of a "whole child perspective" with regard to the provision of health-related services. This approach can be viewed diagrammatically in the model for supporting environments at the end of this section. This report underscores the importance of involving young people in meaningful consultation so that their contribution can inform service provision. It highlights steps for developing sustainable mechanisms for the involvement of young people.

These include:

- ▶ Clarify your goals;
- ▶ Are you involving young people as: Service users? ; General citizens? ; Interest groups (e.g. young parents, young people with disability)?;
- ▶ Acknowledge concerns/doubts about involving young people;
- ▶ Learn from previous experience and the experience of others;
- ▶ Build up expertise within your organisation;
- ▶ What role do you foresee for the young people involved?;
- ▶ What level of power (if any) can be delegated/shared?;
- ▶ Establish the parameters (what can/ cannot be changed?);

- ▶ What resources are available (financial, staff, training, time)?;
- ▶ Would a joint approach with other interested organisations be useful?;
- ▶ Who has overall responsibility?;
- ▶ Is the initiative short-term or long-term?;
- ▶ How is the initiative to be monitored/ evaluated?;
- ▶ How will lessons learned be shared, and with whom?;

(Best Health for Children, 2000)

The issue of Youth Participation is dealt with in greater detail in Section 4.5.

Barriers to Young People Accessing Health Services

There are a number of barriers to adolescents accessing health services. Recognising these barriers can ensure that organisations are prepared for many of the issues which hinder health promoting services.

These include:

- ▶ Lack of knowledge on the part of the adolescent e.g. with regard to recognising symptoms, risk-taking behaviour;
- ▶ Lack of knowledge in relation to the existence of certain services;
- ▶ Legal or cultural restrictions e.g. certain behaviours and conditions can be met with various responses according to the culture of the group or the jurisdiction in which the young person lives;
- ▶ Physical or logistical restrictions e.g. being unable to access services due to distance, inaccessible service hours, inaccessible buildings;
- ▶ Cost of service e.g. some services charge fees that are not affordable by many adolescents;
- ▶ Poor quality of clinical services e.g. inadequate level of competence or high

Characteristics of Adolescent Friendly Health Services

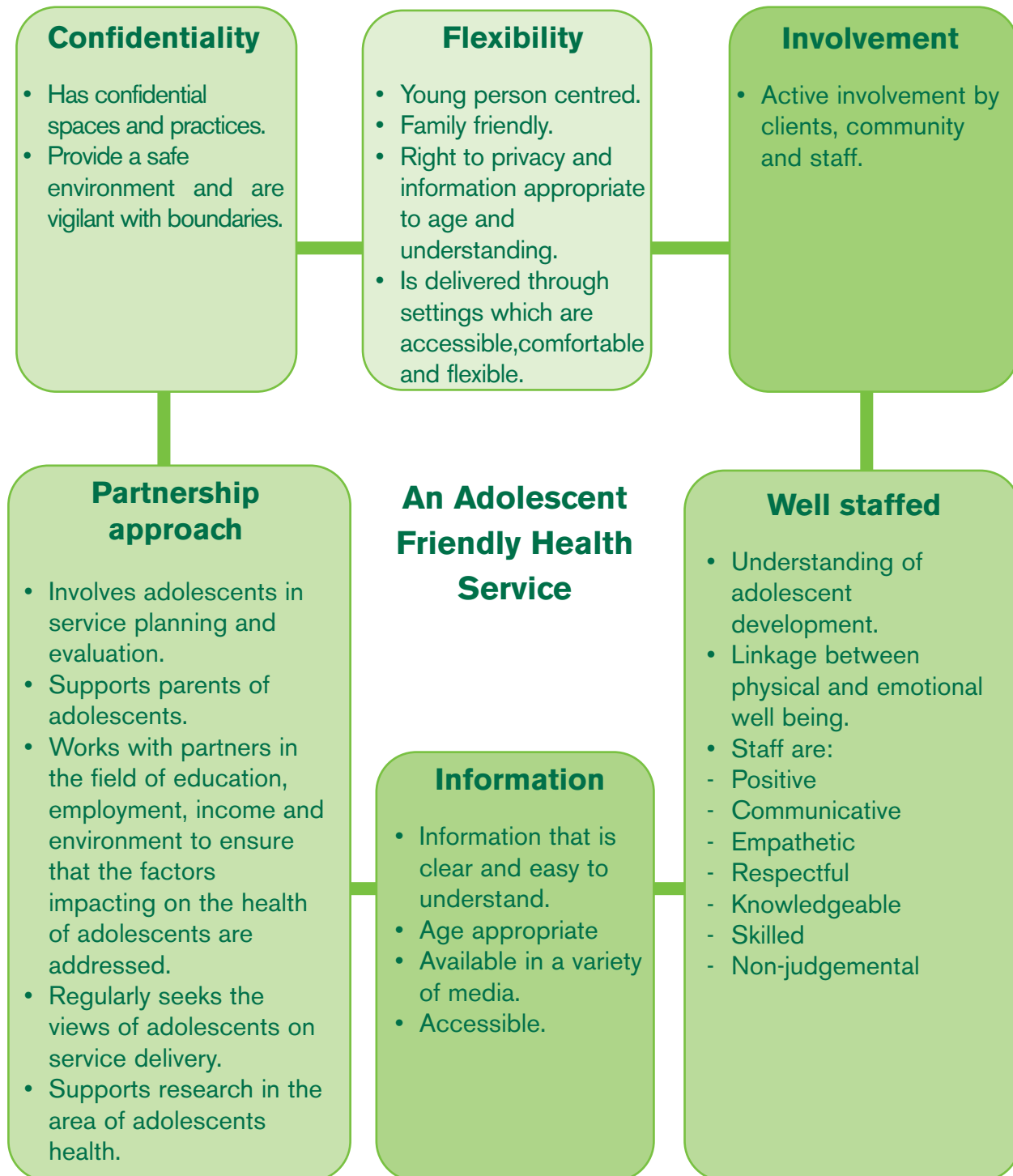
Adolescent friendly policies that:	<ul style="list-style-type: none"> • Fulfill the rights of adolescents as outlined in the UN Convention on the Rights of the Child and other instruments and declarations, • Take into account the special needs of different sectors of the population, including vulnerable and under-served groups, • Do not restrict the provision of health services on grounds of gender, disability, ethnic origin, religion or (unless strictly appropriate) age, • Pay special attention to gender factors, • Guarantee privacy and confidentiality and promote autonomy so that adolescents can consent to their own treatment and care, • Ensure that services are either free or affordable by adolescents.
Adolescent friendly procedures to facilitate:	<ul style="list-style-type: none"> • Easy and confidential registration of patients, and retrieval and storage of records, • Short waiting times and (where necessary) swift referral, • Consultation with or without an appointment.
Adolescent friendly health care providers who:	<ul style="list-style-type: none"> • Are technically competent in adolescent specific areas, and offer health promotion, prevention, treatment and care relevant to each client's maturation and social circumstances, • Have interpersonal and communication skills, • Are motivated and supported, • Are non-judgmental and considerate, easy to relate to and trustworthy, • Devote adequate time to clients or patients, • Act in the best interests of their clients, • Treat all clients with equal care and respect, • Provide information and support to enable each adolescent to make the right free choices for his or her unique needs.
Adolescent friendly support staff that are:	<ul style="list-style-type: none"> • Understanding and considerate, treating each adolescent client with equal care and respect, and are competent, motivated and well supported.
Adolescent friendly health facilities that:	<ul style="list-style-type: none"> • Provide a safe environment at a convenient location with an appealing ambience, • Have convenient working hours, • Offer privacy and avoid stigmatisation, • Provide information and education material.

Adolescent involvement, so that they are:	<ul style="list-style-type: none"> • Well informed about services and their rights, • Encouraged to respect the rights of others, • Involved in service assessment and provision.
Community involvement and dialogue to:	<ul style="list-style-type: none"> • Promote the value of health services, and • Encourage parental and community support.
Community - based, outreach and peer-to-peer services to:	<ul style="list-style-type: none"> • Increase coverage and accessibility.
Appropriate and comprehensive services that:	<ul style="list-style-type: none"> • Address each adolescent's physical, social and psychological health and development needs, • Provide a comprehensive package of health care and referral to other relevant services, • Do not carry out unnecessary procedures. • Are equitable, inclusive and do not discriminate. • Reach people who are vulnerable or lack access to services.
Effective health services for adolescents:	<ul style="list-style-type: none"> • That are guided by evidence-based protocols and guidelines, • Having equipment, supplies and basic services necessary to deliver the essential care package, • Having a process of quality improvement to create and maintain a culture of staff support.
Efficient services which have:	<ul style="list-style-type: none"> • A management information system including information on the cost of resources, • A system to make use of this information.

Adolescent friendly health services need to be accessible, equitable, acceptable, appropriate, comprehensive, effective and efficient.

(WHO, 2002)

Key elements of an Adolescent Friendly Health Service
(Adapted from Get Connected, 2000)



levels of indifference amongst certain staff;

- ▶ Unwelcoming services e.g. where young people are met with a judgmental approach, or where the boundaries of privacy and confidentiality are not guaranteed;
- ▶ Gender barriers e.g. where young people who have gender specific health concerns would rather have the option of working with a male or female professional.

Referral

Occasionally workers are presented with issues which are beyond their area of expertise or outside of their remit. In such cases, it is essential that workers and organisations, are aware of the limits of service provision and also of their own personal and professional boundaries. Therefore, it is important that workers are able to identify appropriate referral points for the young people with whom they work.

A comprehensive referral system should be a clearly defined element of service provision within an organisation. A referral is not merely an action, but a process, one in which the young person is guided and supported by the worker throughout. A well judged and appropriate referral can offer a young person the continuity of care which can support a comprehensive response.

Referral Checklist

There are a number of issues to consider during the referral process. These include the following:

Deciding Whether to Refer

- ▶ What is the issue?
- ▶ Am I qualified to offer the required assistance?
- ▶ What person or service may be able to offer the required assistance?
- ▶ What protocols operate in relation to this referral service?

Making the Referral

- ▶ Explain the reason for referral in a clear and open manner to the young person and seek agreement from them.
- ▶ What is the referral procedure?
- ▶ What is the young person's reaction to the referral?
- ▶ What is the role of parents in relation to the referral?
- ▶ Are there any difficulties with the referral?
- ▶ If so, what are the alternatives?

Explain fully the services which can be obtained from the proposed agency. Personalise the experience by giving the young person the name of the contact person and give directions to the agency if necessary.

Discuss with the young person any need for transfer of data or records and obtain the young person's permission for the transfer. Assist the young person in deciding which questions to ask or approaches to take. Provide the referral service with all the information essential for helping the young person.

Follow-Up

- ▶ Did the young person engage with the referral service?
- ▶ What is the young person's experience of the help received from the referral service?
- ▶ Was the service the most appropriate one for the young person?
- ▶ What is your role following the young person's engagement with the referral service?

(Adapted from Advising Skills, Techniques, and Resources, ACT 1994).

4

SECTION 4: **Promoting Health in Youth Organisations - The Preparation**



Introduction

This section focuses on the preparatory work that organisations need to engage in to ensure that a comprehensive response to the health needs of all stakeholders is provided. This preparation involves ensuring that workers engaged in health promotion activities are sufficiently trained in the competencies required to carry out their role in line with quality youth work. Additionally, youth organisations have a responsibility to ensure that workers are supported in this work through the provision of induction, training, support and supervision. Each of these areas is explored in greater detail in this section.

4.1 Core Competencies for Workers

This section outlines the range of skills required for effective health promotion work. It is important to recognise that health promotion is a broad-based activity, requiring a variety of skills to enable the health promoter to manage the work in an efficient and effective manner. While many of the skills for promoting health are similar to those involved in effective youth work, there are additional skills specific to the area of health promotion. The following table outlines the range of skills required for effective health promotion and identifies some of the related tasks.

Skills for health promotion	Related tasks
Needs assessment and planning	<p>The health promoter should be able to:</p> <ul style="list-style-type: none"> • Access and analyse existing research; • Use participatory approaches to conduct research and planning; • Assess the health needs of relevant individuals and groups."
Planning	<ul style="list-style-type: none"> • Set priorities for responding to needs; • Plan appropriate health promotion programmes and interventions with related aims and objectives.
Implementation	<ul style="list-style-type: none"> • Implement health promotion programmes and interventions using participative methodologies most suitable and relevant to the target groups.
Evaluation	<ul style="list-style-type: none"> • Design appropriate evaluation methods; • Conduct process, impact and outcome evaluation; • Use the findings to inform future health promotion practice.
Communication	<ul style="list-style-type: none"> • Demonstrate a range of communication skills including active listening and appropriate verbal and non-verbal communication.
Presentation	<ul style="list-style-type: none"> • Design and structure presentations paying attention to: <ul style="list-style-type: none"> Content; Appropriateness to target audience; Language; Knowledge of the issue; IT methods; Delivery. Duration;

Facilitation	<ul style="list-style-type: none"> • Follow an effective process with a group i.e. adhere to an agreed agenda, keep to an agreed timeframe, summarise and record feedback; • Recognise and manage group dynamics; • Agree a contract with the group; • Maintain order and manage conflict; • Remain objective; • Support the group.
Training	<ul style="list-style-type: none"> • Design appropriate training programmes with related aims and objectives; • Utilise a range of methodologies appropriate to the target group, including participatory methods; • Impart the relevant information and knowledge base in relation to the relevant topic/issue; • Evaluate the effectiveness of any training input.
Value-base principles, values, ethics	<ul style="list-style-type: none"> • Recognise the value base in health promotion and the need for personal values clarification; • Apply ethical principles to the conduct of research and to the practice of health promotion.
Policy development	<ul style="list-style-type: none"> • Identify the need for health-related policy; • Identify the process required to develop health-related policy effectively; • Apply a step-by-step policy framework.
Strategy development	<ul style="list-style-type: none"> • Identify the need for a health promotion strategy in their organisation; • Identify the steps involved in developing a health promotion strategy.
Working in partnership	<ul style="list-style-type: none"> • Understand the importance of partnership in addressing health issues and needs; • Identify the skills necessary to work effectively in partnership with other agencies; • Participate effectively in collaborative working arrangements; • Advocate/represent the interests of their organisation at the partnership table.

(Adapted from IUHPE/European Sub-Committee on Training and Accreditation in Health Promotion in Europe, 2006)

4.2 An Effective Organisational Response

To support the implementation and maintenance of health promotion work in youth organisations, workers need to be equipped with the knowledge, skills and support that allow them to respond to young people's health needs openly and objectively. The issues and concerns that health raises for young people can be difficult and in some cases traumatic. Workers may not always feel prepared for the unexpected situations they are faced with. Initial induction, including introduction to policies, training, support and supervision should be available to all workers. The following pointers have been adapted from Sense & Sexuality (NYHP, 2004):

Induction

Part of an effective induction process is to introduce workers to the organisation's ethos, values base, policies and practice. This should include becoming familiar with all health-related policies and approaches used in the work.

Training

It is essential that all workers engaged in health promotion work with young people are adequately trained for this role.

Training should:

- ▶ Enable workers to explore and challenge their own values and attitudes in relation to health;
- ▶ Draw on generic Youth Work skills and equip workers with accurate and up-to-date knowledge in relation to young people's health;
- ▶ Provide workers with the skills necessary to design, deliver and evaluate health education programmes to meet the needs of their specific target groups;

- ▶ Incorporate good practice guidelines which will promote the safe and effective implementation of this work;
- ▶ Familiarise workers with organisational policy in this regard.

Support

It is essential for workers to have access to established forms of support. Work with young people can be stressful and challenging. Although there may be line management supervision in place, managers may not always have knowledge of health issues and these are not always the appropriate forums in which to share concerns. Access to support through which workers can gain clarification and mutual support, or express their concerns or frustrations, is useful. Steps should therefore be taken to establish such support mechanisms for those working in this area e.g. network meetings.

Supervision

Formal supervision should be ongoing practice in Youth Work and should provide a forum for workers to discuss issues relating to their work. There are three main functions of professional supervision, i.e.

- ▶ Accountability - to ensure safe, effective practice;
- ▶ Support - for workers to carry out their responsibilities in demanding and potentially stressful working environments;
- ▶ Learning - for the ongoing learning and continued development and self-awareness of the individual workers and of the service.

The practice of supervision is particularly important in the area of health-related work.

The following is a checklist which should enable organisations to assess their practice in relation to these areas.

Checklist for Youth Organisations Regarding Induction, Training, Support and Supervision:

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Key Areas	Key Questions
Induction	<p>Does your organisation have a formal induction programme/process for new staff?</p> <ul style="list-style-type: none"> • Which of the following does it include and how is the worker inducted into the following areas: <ul style="list-style-type: none"> (a) Organisational ethos/vision/mission; (b) Organisational policy (e.g. sexual health, child protection, confidentiality, health and safety, bullying, drugs and alcohol, mental health etc.); (c) Organisational procedures (e.g. reporting, referral, code of behaviour etc); (d) Role, responsibilities and accountability; • Who has responsibility for the provision and effective management of this induction process? • How does the organisation ensure that induction is provided on an equal/equitable basis?
Training	<ul style="list-style-type: none"> • How are workers' training needs identified? • How are training needs prioritised? • What types of training does the organisation access (e.g. in-house, external, expert-led, accredited etc.)? • How does the organisation motivate workers to participate in training in order to enhance their personal and professional development? • How are workers facilitated to participate in training in order to improve their practice? • How is the impact and outcomes of training evaluated? • How is any learning from training disseminated within the organisation? • Who has responsibility for the provision and effective management of training in the organisation? • How does the organisation ensure that training is provided on an equal/equitable basis?
Support	<ul style="list-style-type: none"> • What support systems exist for workers within the organisation (e.g. peer support, line management support, external support)? • How are these systems implemented and evaluated?

Key Areas	Key Questions
Supervision	<ul style="list-style-type: none"> • How are workers encouraged and facilitated to avail of these support systems? • Who has responsibility for the provision and effective management of these support systems? • How does the organisation ensure that support is provided on an equal/equitable basis? • What supervision structures exist for workers within the organisation (e.g. formal, informal, group, one-to-one, internal, and external)? • How are these systems implemented to meet the needs of workers (e.g. formal contract to agree frequency, boundaries, limits of confidentiality, two-way communication process, feedback to the organisation etc.)? • How is the effectiveness of these systems monitored and evaluated? • Who has overall responsibility for the provision and effective management of these supervision structures? • How does the organisation ensure that supervision is provided on an equal/equitable basis?

4.3 Working in Partnership - Building Healthy Alliances

Partnership working provides valuable and worthwhile opportunities for organisations to come together to address a myriad of issues in which partner organisations have a vested interest. Partnerships and health alliances offer the potential for a range of organisations to collectively respond to identified health needs. In revisiting the Determinants of Health (Dahlgren and Whitehead 1991), it is clear that health services alone cannot address the broad range of determinants of health. As a result, the benefits of working across organisational boundaries in jointly addressing the broad determinants of health, has been recognised for some time. This is particularly recognised in

both youth work and health promotion policy and strategy documents and is translated into the strategic plans of many statutory, voluntary and private sector organisations.

While extremely worthwhile, the reality of working in partnership is also challenging, time and resource intensive, placing demands on partner organisations. It is important that organisations, whether convening partnerships or invited to participate in partnerships, consider carefully whether or not their involvement will support and further enhance their own agendas while at the same time achieving the expected outcomes from the partnership's work.

Definitions of Partnership

Numerous definitions of partnership exist. Two such definitions are as follows:

"...a working relationship that is characterised by a shared sense of purpose, mutual respect and a willingness to negotiate. This implies sharing of information, responsibility, skills, decision-making and accountability".

(Pugh, 1989)

Watson and Fullan (1992) suggest that

"...partnerships are serious endeavours to bring about new institutional development - to work together to make ones own institution more effective at addressing valued mandates hitherto neglected or poorly achieved"

Where partnerships are developed to respond to a health need or issue, these are often referred to as Healthy Alliances, the definition of which is;

"A partnership of individuals and/or organisations...to enable people to increase their influence over the factors that affect their health and wellbeing, physically, mentally, socially and environmentally".

(Dept. of Health, UK, 1992)

Who Should be Involved?

It is widely recognised that in order to improve health, a broad range of organisations and services, both statutory and voluntary, need to be involved in joint working. These include:

- ▶ The education sector;
- ▶ The youth sector;
- ▶ County councils;
- ▶ Housing - local authorities;

- ▶ Agriculture and rural development agencies;
- ▶ Health and social services;
- ▶ Voluntary organisations;
- ▶ Community groups.

Key Characteristics of Partnerships

- ▶ A shared vision;
- ▶ A common agenda;
- ▶ Agreed priorities;
- ▶ Openness about self-interest;
- ▶ Mutual respect and trust;
- ▶ Willingness to learn from others;
- ▶ Cultural sensitivity;
- ▶ Commitment to power-sharing;
- ▶ Clear communication channels.

(Niadoo & Wills, 2000)

Co-existence	"You stay on your turf and I'll stay on mine."
Co-operation	"I'll lend you a hand when my work is done."
Co-ordination	"We need to adjust what we do to avoid overlap and confusion."
Collaboration	"Let's work on this together."
Co-ownership	"We feel totally responsible."

- Co-existence** may be a rational solution - where clarity is brought to who does what and with whom.
- Co-operation** is often a pre-requisite of further degrees of partnership, where there is early recognition of mutual benefits and opportunities to work together.
- Co-ordination** is where the parties accept the need to make some changes to improve services/activities from a user/customer/community perspective and make better use of their own resources.
- Collaboration** is where the parties agree to work together on strategies or projects, where each contributes to achieve a shared goal.
- Co-ownership** is where the parties commit themselves wholly to achieving a common vision, making significant changes in what they do and how they do it.

(<http://www.lgpartnerships.com/resources/lead-fivedegrees.asp>)

The 'Basics' of Partnership

Vast amounts of literature exist on the 'how' of partnership working. Some useful references are provided in the bibliography. However, the basics include the following:

Any partnership or healthy alliance should:

Need	<ul style="list-style-type: none"> • Identify there is a need for the partnership?; • Provide opportunities to assess the partner's interests, motivation for involvement, expectations and concerns; • Assess stakeholders' interests - who will the work of the partnership impact on and how?
Purpose	<ul style="list-style-type: none"> • Identify and agree the purpose, aims and objectives of the partnership.
Shared vision and understanding	<ul style="list-style-type: none"> • Develop a shared vision and common understanding; • Establish a contract and agreement for working together.
Terms of reference	<ul style="list-style-type: none"> • Develop a terms of reference.
Roles and structures	<ul style="list-style-type: none"> • Identify and agree structures, roles and responsibilities.
Action plan	<ul style="list-style-type: none"> • Develop a SMART action plan - ensure that actions are Specific, Measurable, Achievable, Realistic and Time bound.
Logistics	<ul style="list-style-type: none"> • Identify budget and resource implications.
Evaluation	<ul style="list-style-type: none"> • Agree how the work is to be monitored and evaluated; • Agree all relevant reporting mechanisms.
Learning and process	<ul style="list-style-type: none"> • Attend to the 'process' issues as well as the 'tasks'; i.e. issues such as participation, motivation, commitment, communication, trust, teambuilding, leadership etc are as important as the tasks of the partnership.

Advantages of Partnership	Disadvantages of Partnership
<ul style="list-style-type: none"> • More specific targeting of services; • More effective use of resources; • Enhanced co-ordination of services across organisational boundaries avoiding duplication of effort; • Broadening and sharing responsibility for health, beyond the health services; • Generates solutions to problems that individual agencies cannot solve; • Breaking down of barriers between sectors and disciplines; • Promoting shared vision, goals and common understanding; • Supports innovation in developing new, more effective ways of doing things; • Provides opportunities for shared learning; • Facilitating greater exchange of information; • Developing local health strategies to respond to local health needs; • Generating networks; • Availing of different skills base/skills mix to address problems and issues; 	<ul style="list-style-type: none"> • Possible disputes over ownership of the work; • Rivalry between partners; • Lack of motivation or commitment from all partners; • Inconsistent attendance and involvement; • Time and resource intensive; • Lack of support from management; • Conflicting geographical boundaries; • Different agendas among partners; • Power struggles or an imbalance in availability of resources; • Lack of appropriate skills at the partnership table; • Different organisational cultures; • Difficulty agreeing achievable goals; • Difficulty in evaluation.

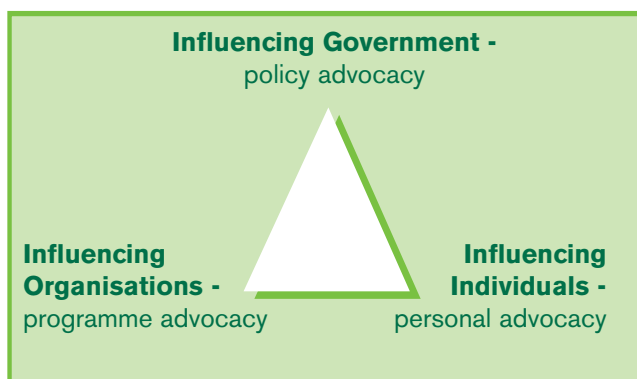
(Adapted from Health Promotion Agency, 1996)

4.4 Advocacy

Advocacy is the active promotion of a cause or principle, which involves actions that lead to a selected goal. It seeks to work on behalf, or in conjunction, with individuals and/or groups who are affected by specific issues.

Advocacy consists of using skills to influence opinion and mobilise resources to support an issue, policy, or population group. As an approach, advocacy operates on a number of different levels:

- ▶ Influencing Government - policy advocacy
- ▶ Influencing Organisations - programme advocacy
- ▶ Influencing Individuals - personal advocacy



The term advocacy relates to a deliberate and strategic course of action, taken in conjunction with the service user, to challenge and change a decision maker's perception of an issue. For effective advocacy, it is essential that the issue is clearly defined and has direct relevance to the target group.

In relation to health issues, advocacy recognises both individual responsibility and social accountability.

Core Principles of Advocacy

- ▶ Advocacy assumes that people have rights, and that those rights are enforceable.
- ▶ Advocacy works best when focused on something specific.
- ▶ Advocacy is primarily concerned with rights and benefits to which someone or some community is already entitled.
- ▶ Policy advocacy is concerned with ensuring that institutions work the way they should.

(Tones, K. & Green, J. Health Promotion Planning 2004)

Strategies for Successful Advocacy

For advocacy to be effective it should:

1. Establish the agenda
2. Highlight the issue
3. Advocate specific solutions

Advocacy can be a powerful tool in the pursuit and advancement of a health issue. It can result in the achievement of a particular health promotion goal. The following framework details how that goal can be achieved.

Advocacy Framework

The following framework outlines the steps which can be taken in relation to advocating an issue on behalf of a particular target group.

1. Identify issues/problems	<ul style="list-style-type: none"> • Consult with the target group on what issues are a priority; • Prioritise and focus on a limited number of issues; • Establish what needs to be done; • Explore the resource implications, e.g. finance, personnel, time etc.
2. Identify solutions	<ul style="list-style-type: none"> • Research the options; • Identify the most feasible solutions/s; • Establish clearly identifiable goals.
3. Identify stakeholders and decision makers	<ul style="list-style-type: none"> • Identify who makes the decisions; • Identify who influences the decision of the decision maker; • Identify what would motivate them to help you or not to help you; • Identify the most opportunistic timing for interventions.
4. Identify resources	<ul style="list-style-type: none"> • How will the intervention be resourced in terms of <ul style="list-style-type: none"> - personnel - finance - tools - relationships with key players in this process.
5. Develop strategies	<ul style="list-style-type: none"> • Define the strategy approaches; • A multi-strategy approach may be necessary, e.g. media campaign, political lobbying, funding campaign.
6. Act	<ul style="list-style-type: none"> • Develop an action plan; • Implement the action plan.
7. Monitor and evaluate	<ul style="list-style-type: none"> • Constantly review the action plan; • Adapt the plan if necessary; • Evaluate at the end of the process.

4.5 Youth Participation

The UN Convention on the Rights of the Child identifies participation as one of the guiding principles of the Convention. Article 12 outlines the rights that children have in relation to participating in decision-making processes. Article 12 of the Convention states:

'Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law'.

(United Nations 'Convention on the Rights of the Child', Article 12).

The Convention was ratified in Ireland in 1992. Following on from this, involving children and

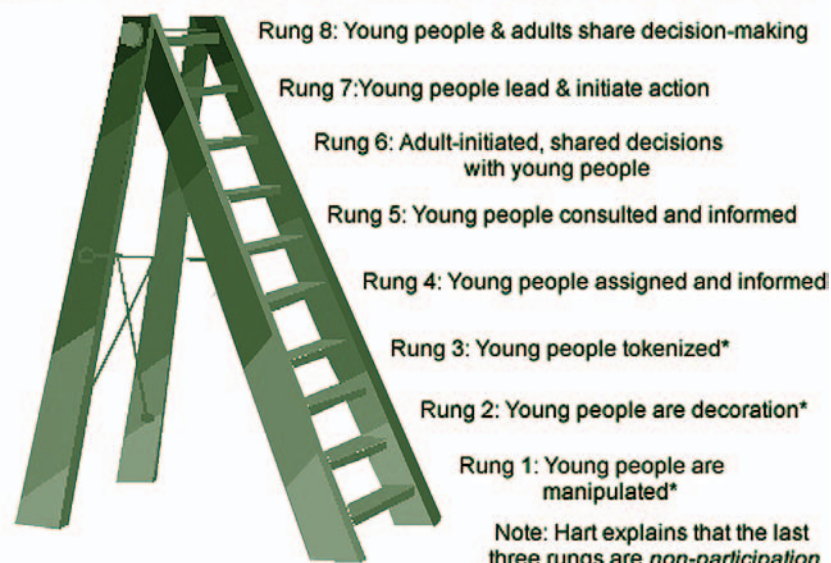
young people in decision-making has now become national public policy in Ireland. The first national goal of the National Children's Strategy expresses a commitment to give children a voice in matters that affect them.

Definition

There is a wide range of definitions as to what constitutes participation. However, the term participation can be used in its broadest sense to mean 'children and young people taking part in making decisions on issues that affect their lives'. Meaningful youth participation involves recognising and nurturing the strengths, interests and abilities of young people through the provision of real opportunities for young people to become involved in decisions that affect them at individual and systemic levels.

The actual content of what constitutes 'participation' tends to be more contested. Participation has frequently been depicted as a ladder, as in Hart's model, ranging from the bottom 'rung' representing non-existent/minimal participation to full participation in the top rungs of the ladder.

Roger Hart's Ladder of Young People's Participation



Adapted from Hart, R. (1992). *Children's Participation from Tokenism to Citizenship*. Florence: UNICEF Innocenti Research Centre.

Degrees of Participation

8) Young people-initiated, shared decisions with adults

This happens when projects or programmes are initiated by young people and decision-making is shared between young people and adults. These projects empower young people while at the same time enabling them to access and learn from the life experience and expertise of adults.

7) Young people-initiated and directed

This step is when young people initiate and direct a project or programme. Adults are involved only in a supportive role.

6) Adult-initiated, shared decisions with young people

Occurs when projects or programmes are initiated by adults but the decision-making is shared with the young people.

5) Consulted and informed

Happens when young people give advice on projects or programmes designed and run by adults. The young people are informed about how their input will be used and the outcomes of the decisions made by adults.

4) Assigned but informed

This is where young people are assigned a specific role and informed about how and why they are being involved.

3) Tokenism

When young people appear to be given a voice, but in fact have little or no choice about what they do or how they participate.

2) Decoration

Happens when young people are used to help or "bolster" a cause in a relatively indirect way, although adults do not pretend that the cause is inspired by young people.

1) Manipulation

Happens where adults use young people to support causes and pretend that the causes are inspired by young people.

The 7 or 8 Debate:

Roger Hart's Ladder of Participation shows young people-initiated, shared decisions with adults as the top form of young people's participation, followed immediately by young people-initiated and directed. This is somewhat controversial an issue for many people working with and around young people. Essentially, the debate is which of these levels of participation is actually the most meaningful?

Many believe that shared decision making is most beneficial to both young people and adults. Others believe that young people are most empowered when they are making decisions without the influence of adults. Most often, this doesn't exclude adults but reduces their role to that of support.

Both arguments have merit; ultimately, it is up to each group to determine which form of decision-making best fits with the groups' needs.

Levels of Participation

Initiatives to enable the participation of young people can range from the provision of information, to consultation, to involvement in governance of an organisation. The broad levels at which young people can have influence include the following:

National

Young people can be facilitated to contribute to the development of national policy in areas which affect them such as housing, transport, health, education, play and recreation.

Local

Young people can be involved in local authority planning for the community and in particular, for children's services, such as the City/County Development Plan.

Organisational Level

Involving young people at the centre of youth organisations can be particularly beneficial, as their core mission relates to the needs of young people.

Opportunities available to young people in this regard include:

- ▶ Working as peer mentors/advocates;
 - ▶ Taking part in representative structures for young people in the organisation;
 - ▶ Taking part in recruitment of workers;
 - ▶ Participating in delegations to meetings or conferences;
 - ▶ Being part of the governance of an organisation.
- ### Benefits to Youth Participation
- ▶ Greater interest by young people in projects;
 - ▶ Greater ownership and responsibility: people take greater responsibility for things they are invested in;
 - ▶ Building transferable skills: planning projects and making collective decisions require many skills: communicating your ideas and considering others' ideas, reaching compromises, working together, problem solving; these are all skills that will benefit those involved in the future, regardless of the project or situation;
 - ▶ Reduce time and costs: some argue that involving young people in the planning and decision-making process can actually reduce time and costs; by going straight to the "users" or "stakeholders" you reduce the risk of missing the mark and having to make changes;
 - ▶ Confidence and pride: supporting youth in making meaningful decisions and respecting those decisions can boost their confidence in being able to enact change in their communities and in their own lives;
- ▶ Contributing to the organisation's overall strategy;
 - ▶ Helping to update the organisation's vision, mission and goals;
 - ▶ Giving feedback regarding monitoring and evaluation of services;
 - ▶ Reviewing and developing policies;
 - ▶ Planning new services;
 - ▶ Inputting into information provision and publication design;

- ▶ Improving relevance and effectiveness of programmes;
- ▶ Building the leadership capacity of young people;
- ▶ Stimulating new, creative, synergistic ideas and energy from both adults and youth in programme development;
- ▶ Establishing credibility of youth-oriented ideas and youth-directed implementation;
- ▶ Helping adults better understand and value young people's perspectives and contributions and vice versa;
- ▶ Helping adults recognise young people's capabilities and experiences and vice versa;
- ▶ Helping youth acknowledge adults as allies and vice versa.
- ▶ Power distances: young people are often very far away from the people with the power to make something happen or not happen;
- ▶ Perceived capabilities: young people cannot do this; they do not have the knowledge/understanding/interest/ability to make these decisions;
- ▶ It takes too long: it would be great to have young people more involved but we want the project finished by the end of next month;
- ▶ It's not always easy: we do not have the time, expertise, or resources to involve youth in decision making on this project;
- ▶ High turnover rates of youth;
- ▶ Additional costs, including training, transportation, equipment, space, materials, etc.;

Barriers to Youth Participation

- ▶ Adults have all the knowledge: it is difficult to make good decisions if you do not have all the information; it is also difficult to feel ownership and responsibility for something if others do not trust you or feel you can handle all the information.;
- ▶ Failure by institutions to plan adequately for organisational capacity to accommodate both adults and youth.

Principles of Good Practice

The following principles taken from Young Voices (2005) will help ensure that young people's involvement in decision-making is real and meaningful and is not tokenistic.

Visibility	There should be visible commitment at the highest organisational level to the principle and practice of involving young people. The commitment is a core commitment and should be matched by detailed planning, provision of resources and capacity building.
Recognising diversity and equality	The involvement of young people is most likely to succeed when the diversity of their circumstances, interests, skills and needs is recognised and respected. All young people should have the opportunity to be involved in policy development and planning. An inclusive approach takes care to ensure the involvement of young people who might be hard to reach, e.g. young people with disabilities, young people from minority ethnic groups etc.
Honesty, transparency and accountability:	Young people should be made aware of the purpose of the work and why they are being involved; They should be involved in ways that are appropriate to their age and stage of development; They should know whatever level of influence they will have; There should be a real possibility in influencing what is planned; The contributions of the young people should be taken seriously; They should get feedback that lets them know the impact of their views.
Building capacity	It is essential to invest in building the capacity and readiness of both young people and adults to work together in this process.
Empowerment	Participation should involve young people in ways that are empowering leading to an increase in self-esteem and confidence. It should also promote skills such as decision-making, problem-solving and negotiation.
Choice	Young people should have a choice as to whether or not they want to get involved and if so in what way.
Safe practice	In order to ensure the safety and well-being of young people, it is essential to have a clear code of practice as part of the necessary child protection requirements.
Monitoring and evaluation	It is important to monitor and evaluate this work on an ongoing basis to ensure its efficiency and effectiveness.
High quality	This work must be of a high quality, otherwise it risks becoming tokenistic or may put people off engaging with participation.
Respect and partnership	Young people and adults should work in partnership with each other in a way that is respectful to both partners.

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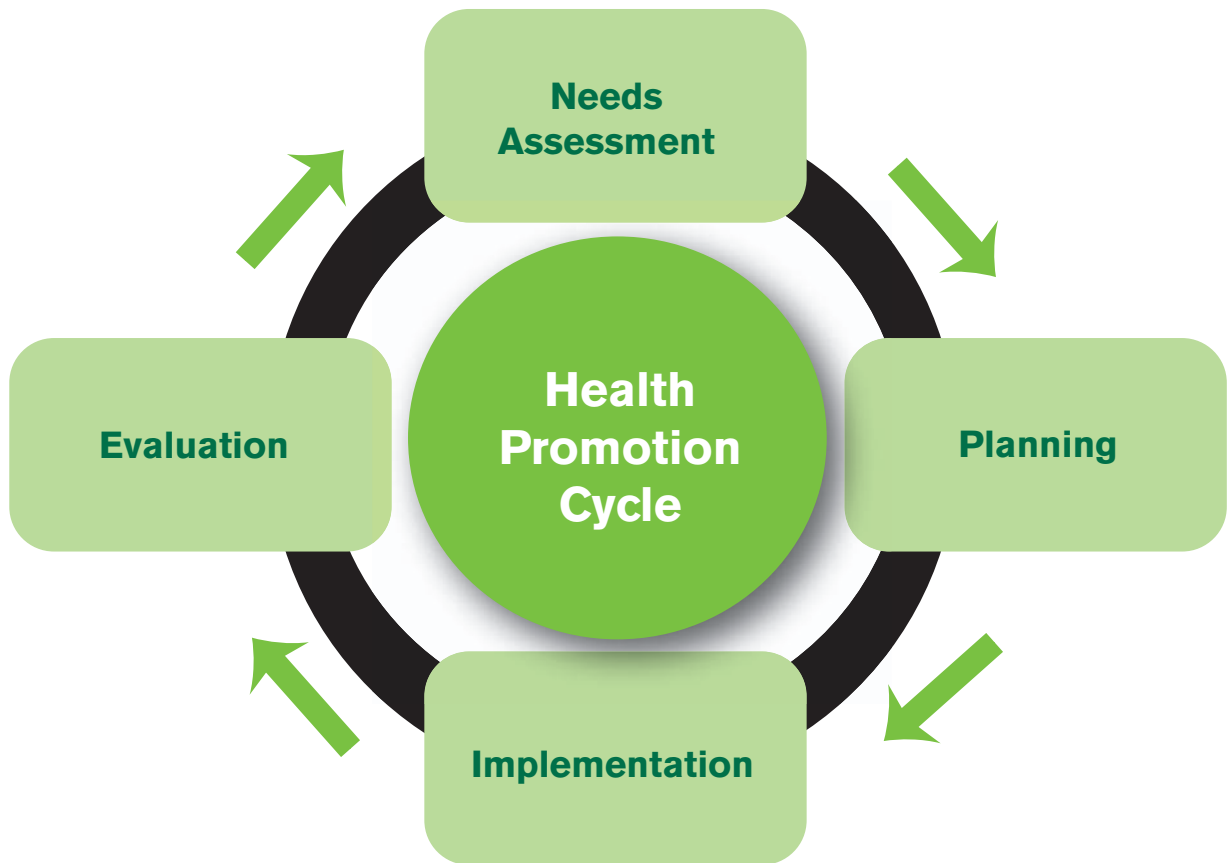
SECTION 5: Promoting Health in Youth Organisations - The Process

Introduction

This section will outline the process involved in promoting health in youth organisations. This process can be simply described in four stages i.e.

- ☐ Needs Assessment;
- ☐ Planning;
- ☐ Implementation;
- ☐ Evaluation.

The model overleaf indicates how these stages relate to each other in a cyclical fashion. Each of the stages is explored in greater detail throughout this section.



5.1 Needs Assessment

Needs assessment or needs clarification is the examination of the varying needs that emerge from consultation with stakeholders.

Health needs are understood as being those states, conditions or factors in the community that, if absent, will prevent people from achieving complete physical, mental and social health. This would include such things as minimum provision of basic health services and information, a safe physical environment, good food and housing, productive work and activity and a network of emotionally supportive and stimulating relationships.
(Hawe et al 1990:210)

Needs can be classified under the following headings:

Normative needs: Normative needs are based on opinions and experiences according to current research. These needs, which are presented as norms e.g. health experts state that excessive exposure to the sun, can lead to skin damage. Therefore there may be a need to introduce a skin cancer awareness programme.

Felt Needs: These needs are based on what the individual or group perceives, feels or states e.g. a number of families in an urban area suggest that the waiting lists to access drug clinics are too long. Therefore there may be a need to introduce a satellite clinic in the area.

Expressed Needs: Expressed needs are those needs, which are literally expressed by the target group/service user e.g. there is a consistently low rate of attendance at social and health education group work activities. Therefore a service may change its focus to include a health café as an access point prior to any planned group work.

Comparative Needs: These needs are clarified by comparing the needs of one group towards another. This may include exploring the transferability of certain initiatives from one group/location to another. e.g. a healthy eating campaign in one service indicated very positive results. Therefore, in exploring the contrasts and similarities between groups, a similar initiative is planned for the local service.

Emergent Needs: Emergent needs are those, which arise or follow on from the initial specified needs during a needs assessment process, e.g. a mixed gender health and fitness programme is established for the young people within the service. However, there is a low rate of female participation. Therefore, a separate programme specifically for young women is set up to address gender specific health issues.

All information gathered from the needs assessment requires identifying how the various needs are being expressed and analysing these specified needs. This information should be shared with all stakeholders at the earliest possible point to inform them of the stated rationale, proposed response and desired result of the health promotion initiative.

These needs along with other relevant information can inform the baseline data for planning a health promotion initiative.

Assessing the health needs of individuals and groups should be informed by the following questions:

1. What do I want to know?
2. Why do I want to know this?
3. How can I source this information?
4. What am I going to do with the information when I obtain it?
5. What scope is there to act on this information?

(Niadoo & Wills, 2000)

Gathering information about health needs can happen at two distinct levels:

1. Where information is gathered about the health needs of particular target groups from sources other than the target groups themselves and;
2. Where information is gathered about health needs from the target groups themselves.

Information Gathered from Outside Sources

This includes the following types of information

- ▶ Epidemiological data;
- ▶ Lifestyle data;
- ▶ Socio-economic data;
- ▶ Professional views;
- ▶ Public views;
- ▶ Local media.

Types of information	Definition and examples
Epidemiological data	Epidemiology is the study of the distribution and determinants of disease in communities e.g. how many people die from a particular disease or those who are most at risk;
Lifestyle data	Information about people's health-related behaviors and lifestyles such as physical activity, smoking, drinking etc...e.g. National Health Behaviour & Lifestyles Survey;
Socio-economic data	Information about housing, employment, social class and social/leisure/recreation/shopping facilities e.g. National Census Data;
Professional views	Views gathered from various professionals about particular target groups e.g. health professionals, youth workers, teachers, community workers etc.
Public views	Views gathered from the general public via public sector organisations such as county councils, local area partnerships, community fora, childcare committees etc...
Local media	Information gathered from local radio, newspapers and TV.

Information Gathered from the Target Groups

In order for workers to respond to the health needs of any individual or group it is essential to seek the views of the individual or group as part of the process. There are a variety of ways in which information about health needs can be gathered from individuals and groups. Choice of methodology is determined by a number of factors including;

- ▶ Individual/group circumstances;
- ▶ Size of the group;
- ▶ Skills of the health promoters;
- ▶ Availability of resources;
- ▶ Time;
- ▶ Ethics - what is appropriate/ acceptable with any given target group.

The following table provides a summary of a range of methodologies for carrying out needs assessment:

Needs Assessment Methodologies	Description
Questionnaires	Useful for collecting information from relatively large numbers of people. Questionnaires can be qualitative, i.e. ask open questions which can be responded to in a variety of different ways, easy to design but harder to analyse, or quantitative, i.e. use closed questions, i.e. questions that require yes/no answers, box ticking or scale answers, harder to design but easier to analyse.
Telephone interviews	One-to-one structured or semi-structured interviews; used for identifying expressed needs (which may or may not also be felt needs); suitable for gathering qualitative data; allows for probing and expanding on key issues; relatively cost effective, suitable when limited time is available; can be recorded.
Face-to-face interviews	Structured or semi-structured; suitable for small numbers and for gathering qualitative data; time-consuming and resource intensive; dependent on skills of interviewer; allows for probing and expanding on issues.
Focus groups	A qualitative method of needs assessment. A group interview that explicitly uses group interaction as part of the method to generate data, i.e. people are encouraged to talk to each other and ask questions, exchange anecdotes and comment on each others' experiences and points of view.
Rapid appraisal	A research method used to quickly identify the health needs and priorities of the target population without great expense; researchers interview key informants with knowledge of the area e.g. professionals, including youth workers and health professionals, community leaders, informal network contacts.
Consumer panels	A group of people who use a particular service and are in a position to comment on the associated issues and needs.
Field work and observation	Where researchers observe a particular group in their own environment and make recommendations regarding needs based on their observations; dependent on the skills of the researcher; can be subjective and open to interpretation; may have ethical implications.

Needs Assessment Methodologies	Description
Draw and write technique	Suitable for assessing the needs of children and young people; useful for gathering qualitative information on sensitive subjects; involves no or few literacy skills; involves drawing pictures on some aspect of health and then labeling or describing the drawing; non-intrusive; cost effective; can be used with individuals and groups.
Open space technology	A method commonly used for conferences and large numbers but also useful for assessing needs. Participants create and manage their own agenda of parallel working sessions on a central theme; all of the issues that are most important to participants can be raised and documented. Anyone who wants to identify a need, writes it down on a large sheet of paper in big letters and then announces it to the group. All those who wish to discuss this need further form a group. As other needs are identified and similar groups established, participants are free to move from group to group, giving their input and moving on as appropriate. Key individuals take responsibility for documenting the process and feeding back the findings.

Issues for Consideration in Needs Assessment

1. What type of need has been identified?

Is this a normative, felt, expressed, comparative or emergent need? For example, a need identified by an expert in relation to a particular target group may not be the need which is either felt or expressed by that group. In other words, the various types of need are not mutually inclusive or exclusive. Therefore, it is essential to differentiate between the types of need and prioritise accordingly.

2. Is it possible to validate the identified needs?

Is there any supplementary evidence of need in the form of objective data gathered from sources other than the target group themselves? E.g. epidemiological data or national lifestyle data relating to the target group.

3. What is the appropriate response to the identified need?

Health promotion cannot solve all problems or respond to all needs identified, therefore, you need to be clear on what the need is, what your aims are for meeting that need and the appropriate way to meet it. This may include the possibility of not actually being able to meet the need identified due to a lack of expertise, resources, time or readiness.

4. How can the identified needs be prioritised?

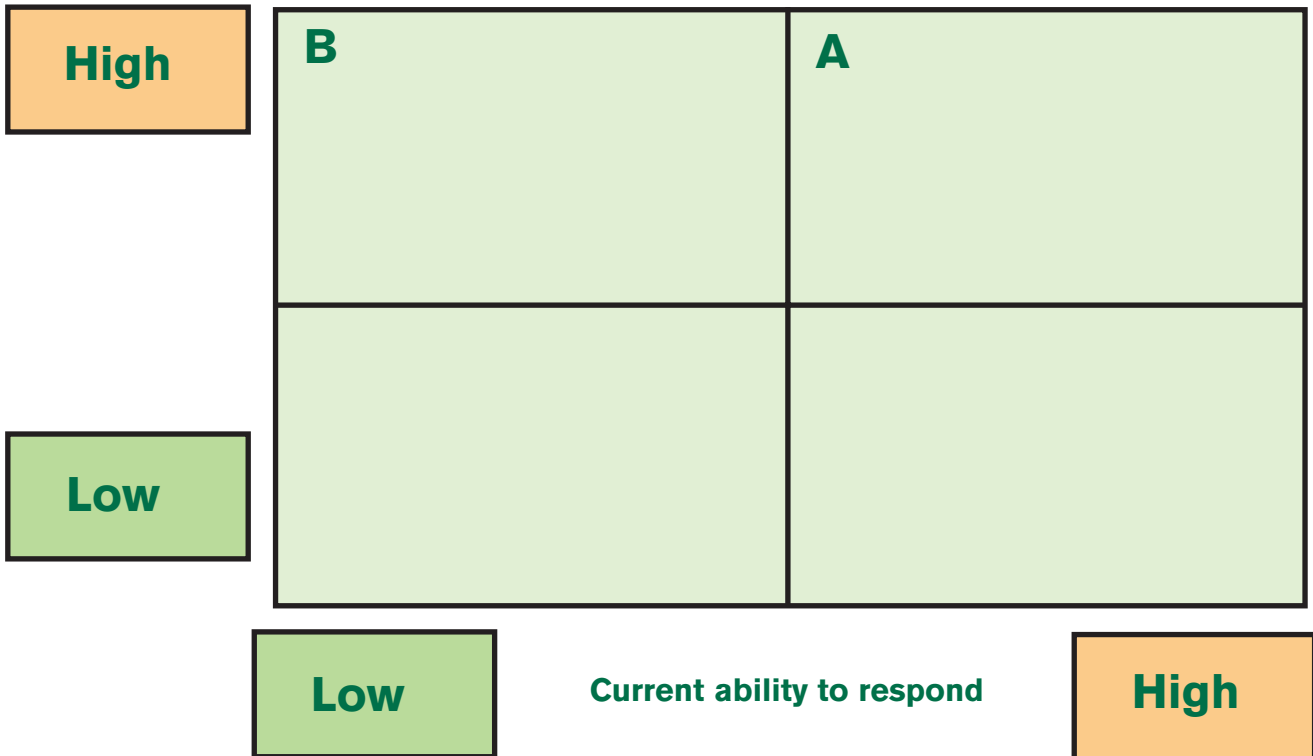
In order to plan effective responses to the needs, it is necessary to prioritise in a systematic fashion. With a wish list of needs as might be generated, two extremes are possible:

- ▶ There are no priorities - in this case energy is not focused and there can be a sense of inertia; or
- ▶ Everything is a priority - in this case, energy is spent on everything, but nothing can be dealt with in full.

The following matrix provides a useful tool for setting priorities. Priorities should be agreed in consultation with the target group and other relevant stakeholders e.g. service providers, funders, youth organisations etc.

Example of prioritising exercise:

Critical to the Target Group



1. List all the possible responses to the identified needs;

feels less able to respond to, perhaps due to a lack of resources/expertise.

2. Prioritising

(a) Ask relevant stakeholders to classify the range of possible responses according to their assessment of "this is critical to the target group" and "the organisation has the capacity to implement this response". The group has two responses to each of these questions - high and low. The two boxes of interest are A and B.

Because of the critical nature of these needs, the organisation should take steps to address the lack of resources/expertise in order to respond to these needs at a future time. The other two boxes can be ignored.

(b) Identify the responses in boxes A and B to show their classification. Now ask the following questions in relation to these responses:

Box A refers to needs which are critical to the target group and which the organisation has the resources to respond to.

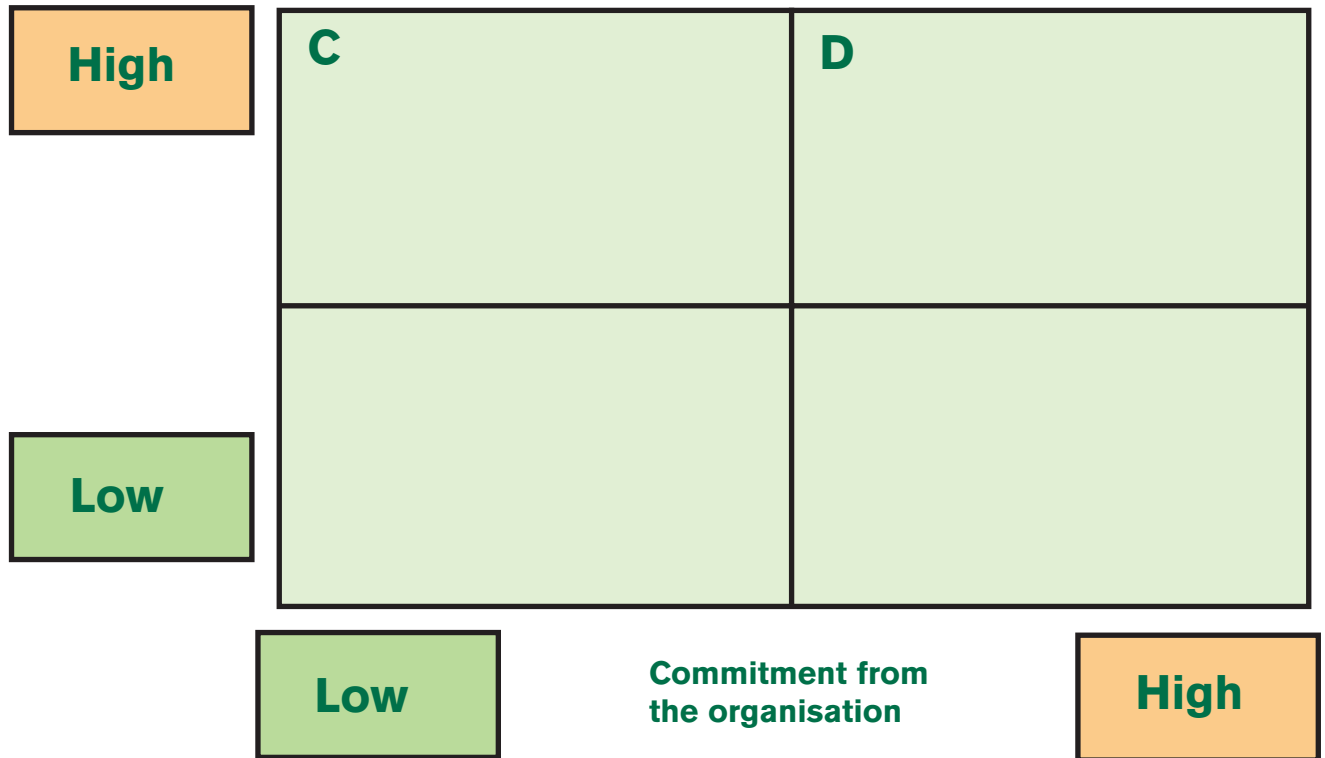
"What impact will the implementation of these responses have on the target group?" and

Box B refers to the needs which are critical to the target group but which the organisation

"What is the organisation's commitment to their implementation?"

Again two answers are allotted to each question, low and high. The items are again placed in a grid as follows:

Critical to the Target Group



Again, two boxes are of particular interest. Box C refers to responses which will have a large impact and there is high commitment to them. Box D, on the other hand, are responses which have the potential for a large impact but there is little commitment to them from the organisation. Again because of their potential impact, responses in this box should be addressed at some stage in the future.

Mark the possible responses in Boxes C and D to show their classification. Consider only these responses. Each of the responses will have two priority assessments.

AC - the organisation is convinced that it has the ability to implement the response and is highly committed to doing so.

BC - although the organisation feels highly committed to implementing the response, there is a lack of confidence in the current ability to do so.

AD - while the organisation has the ability to implement the response, there is little commitment to doing so. This indicates a need for the organisation to find ways to increase commitment.

BD - there is a low estimate of the organisation's ability to implement these

responses and there is also a lack of commitment. This again calls for remedial action.

Clearly, responses in the AC category have a good chance of succeeding. The other three categories present challenges which the organisation should address.

5.2 Planning

Comprehensive planning is the essential foundation for any health promotion initiative/programme. Programme planning is the process of defining the programme,

articulating the rationale, establishing measurable aims and objectives, identifying the process, selecting appropriate strategies and defining specific actions for programme implementation.

Definition of Planning

Planning is the preparation for actions using certain resources in certain ways to attain specific goals. There are seven types of planning as outlined in the table below. The type of planning used depends on the intentions of the planner and the needs of the target group for whom the activities are being planned.

1.Strategic planning	A long term plan for action which considers current circumstances and future activities.
2. Tactical planning	Planning the steps necessary to implement a strategic plan.
3. Recurrent planning	Planning for regular programmes or cycles of work.
4. Project planning	Planning for a specific piece of work.
5. Operational planning	Planning specific pieces of work with a specific time frame.
6. Day-to-day planning	Planning work on a daily basis and evolves from other more long term plans.
7. Contingency planning	Planning for when things go wrong.

Rationale for Health Promotion Planning

Planning in health promotion is essential to ensure that one knows where they are going and how they are going to get there. It is both a signpost and a destination, highlighting the route and identifying the desired result in advance.

Rationale for programme planning is to:

- ▶ Provide operational and strategic direction to health promotion programmes and initiatives;
- ▶ Devise a programme appropriate to the identified health issue and the specific target group which will result in the desired outcome;
- ▶ Design and implement a programme which is targeted, efficient and cost effective;
- ▶ Develop and adhere to identified good practice models and evidence based initiatives;
- ▶ Satisfy the requirements of relevant stakeholders.

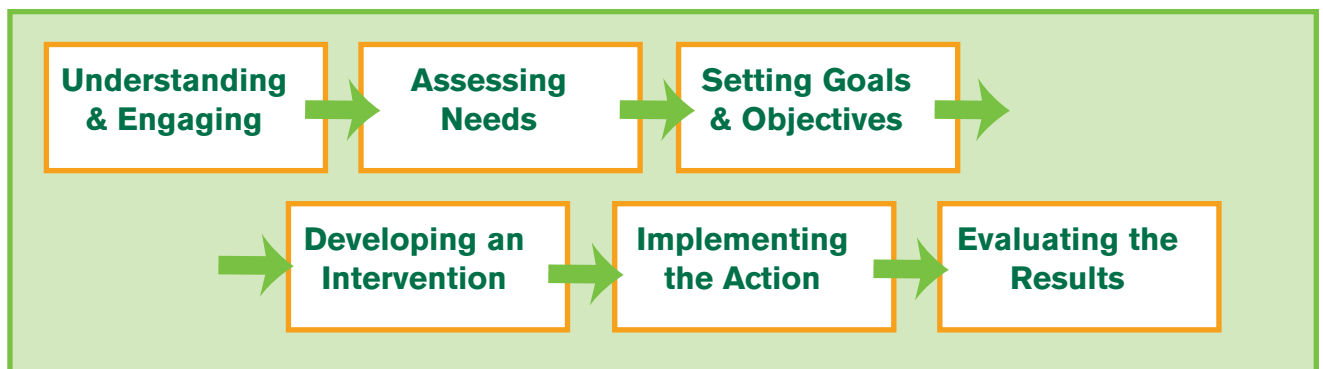
Health Promotion Planning Promotes:

- ▶ Programme/initiative effectiveness
- ▶ Identification of emerging needs and trends
- ▶ Organisational efficacy
- ▶ Service enhancement
- ▶ Stakeholder development
- ▶ Service user empowerment
- ▶ Partnership
- ▶ Cost effectiveness

The Basics of Planning

There are various planning models in existence, many of which share a common underpinning which directs a common approach. The Generalised Model for programme planning outlines this common approach in a sequential framework.

The Generalised Model for Planning



Selecting a specific planning model should be based on the following:

1. The preference of stakeholders;
2. The time allocated for planning purposes;
3. The resources available for information gathering and analysis;
4. The involvement of stakeholders in the planning process;
5. The preferences of the commissioning/contracting body.

Methodologies for Health Promotion Planning

Aims and Objectives

All health promotion planning requires aims and objectives to govern and guide the initiative. Aims indicate where an initiative or programme wants to go while objectives highlight how to get there.

Aims are a statement of the desired improvements in the health and well-being status of a specified target group, in addition to the long-term effects of the initiative, e.g. the aim of this programme is to improve the health status of young homeless men. In establishing the aims of an initiative or programme, it is important that they are clear and measurable and include the following:

Issues: The specific health issue to be addressed.

Set: The specific target group at whom the programme is aimed.

Nature of Change: The level of change.

Status: Increase well-being, reduction in morbidity.

Setting: Venue or environment in which the programme will be offered.

Objectives are statements which elaborate the aims in operational terms. These are the specific steps through which the aims will be achieved. Objectives are generally short-term outcomes, which include measurable improvements, regarding risk factors, health related behaviours or social deterrents. With regard to formulating objectives for a health related programme/initiative targeting young homeless men, the specific objectives may include the following:

1. To reduce the risk taking practices of young homeless men;
2. To enhance the personal effectiveness skills of young homeless men;
3. To increase the rates of participation of young homeless men in holistic treatment programmes;
4. To improve the advocacy and referral skills of young homeless men in accessing services.

The aims and objectives of a health promotion initiative/programme are the statement of intent, which need to be realistic and achievable. Therefore it is important that the results are proportionate and fit with what has been outlined in the aims and objectives as this is the template upon which the initiative/programme will be appraised.

It is useful to apply a SMART framework to the formulation of aims and objectives. SMART refers to the following:

Specific: The aim of the issue, target group, process and positioning of the programme must be specific.

Measurable: The objectives must be concise and capable of being measured, i.e. how much; by when and by whom.

Achievable: The aim and objectives of the programme/initiative must be achievable rather than aspirational. Taking account of all available and accessible resources.

Relevant: Objectives need to relate to and be relevant to the goals, while the goals themselves require relatedness to the programme/initiative.

Time bound: All programmes and initiatives need to be time related, providing a timeframe through which the planning, design, implementation and evaluation will be achieved.

Steps for Programme Planning

1. Identify and prioritise the health issue(s) to be addressed;
2. Formulate aims and objectives for the initiative;
3. Develop evaluation mechanisms
4. Consult with stakeholders;
5. Conduct an organisational audit of planning processes, tools, models and methodologies;
6. Assess available resources;
7. Identify funding mechanisms;
8. Establish aims and objectives;
9. Identify strategies and develop initiatives to progress aims and objectives;
10. Implement the initiative/programme
11. Apply evaluation mechanisms.

Planning Approaches

With regard to planning health promotion initiatives there are a number of planning approaches, which may prove useful in the planning of a programme and reflection on the process. These include:

Reflection - Action Approach

The central aspect of this approach entails continuous reviewing and reflection with regard to the planning of an initiative. The essential elements of this approach relate to activating, exploring, questioning, assessing the information, information analysis, deliberating, understanding and reviewing. This planning model is characterised by continuous evaluation, is developmental in its approach while being responsive to the needs of the stakeholders.

SCOT Approach

This approach is based upon the analysis of four areas: strengths, challenges, opportunities and threats. It offers an interesting framework from which to view current planning and future planning as well as other operational and strategic issues which may impact on practice and policy. This four point approach explores:

Strengths: What are the strengths of the organisation/service/initiative or programme?

Challenges: What are the challenges for the organisation/service/initiative or programme?

Opportunities: What are the opportunities for the organisation/service/initiative or programme?

Threats: What are the threats to the organisation/service/initiative or programme?

This framework can provide a realistic and balanced approach to planning as it considers many of the issues, which may arise during the course of the planning process. In this way it provides an opportunity to anticipate and plan in advance while identifying and appraising the strengths and deficiencies with regard to the plan.



5.3 Implementing Health Promotion - Developing a Health Promotion Strategy

The practice of health promotion in youth organisations requires effective planning. In order to enable organisations to implement successful programmes and initiatives, there is a need to develop a comprehensive strategy for health promotion. This section provides detailed information on the following areas relating to strategy development:

- ▶ What is strategy?
- ▶ Factors influencing the development of strategy
- ▶ Rationale for developing a strategy
- ▶ Steps in strategy development
- ▶ Framework for developing a strategy

Furthermore, the section presents a practical process for developing a health promotion strategy in youth organisations and provides a useful template for developing strategy.

What is Strategy?

- ▶ A strategy is an action plan that provides the framework for implementation.
- ▶ While a policy describes a general approach, ethos and general guidelines for an issue within your organisation, a strategy will decide the specifics of how, when and by whom these guidelines will be put into action.

Factors influencing the development of a strategy

- ▶ Needs Assessment;
- ▶ Prioritisation of Needs;
- ▶ Resources;
- ▶ Commitment;
- ▶ Time.

Rationale for developing strategy

- ▶ Strategy provides a framework for action;
- ▶ Identifies the organisation's key priority areas;
- ▶ Provides the organisation with the context within which it will operate;
- ▶ Identifies the way forward;
- ▶ Strengthens intersectoral action;
- ▶ Provides a 'toolkit' to help the organisation to best meet their target groups' needs.

Steps in strategy development

1. Identify the target group/s with whom needs assessment/s have been conducted;
2. Prioritise the identified need/s;
3. Identify appropriate responses to those needs;
4. Allocate the necessary resources;
5. Develop corresponding action plans for the responses including timeframe and location/s as relevant;
6. Identify relevant personnel and their accompanying roles and responsibilities in relation to the work;
7. Include a mechanism for monitoring and evaluation.

Framework for a strategy

- ▶ WHO: Who has the need (group/subgroup etc)?
- ▶ WHAT: What is the need? What is our response to this need?

- ▶ What actions can be taken to meet this need?
- ▶ HOW: How are we going to implement these responses?
- ▶ WHERE: Where is this response to take place?
- ▶ WHEN: When will this response start and (if applicable) when will it finish (Timeframe)?
- ▶ WHO: Who will be responsible for planning and implementing this response? Who is responsible for the monitoring and evaluation of this response?

A practical process for developing a health promotion strategy

Stages in the process

1. Stakeholder Analysis
2. Environmental Scanning
3. Vision, Ethos and Mission
4. SCOT - Strengths, Challenges, Opportunities, Threats
5. Prioritise and Choose
6. Implement and Review

1. Stakeholder Analysis

The first stage in developing a strategy is to decide on who should be involved and the level and quality of their involvement. The stakeholders in terms of planning a strategy are likely to include the following:

- ▶ Target groups
- ▶ Staff
- ▶ Management
- ▶ Parents/guardians
- ▶ Relevant local health services/agencies
- ▶ Headquarter organisations
- ▶ Funders

It is important to consider the skills and expertise of the people involved and some time may need to be given to familiarising stakeholders with the issues involved.

2. Environmental Scanning

All strategy development takes place within a context. Depending on the nature of the strategy being developed the environment can be considered at the organisational, local, regional, national or international level. In terms of an organisational strategy, consideration needs to be given to the various aspects of your organisation's internal environment - its structures, capacity to implement the strategy, its client group, location etc.

Additionally, you need to consider aspects of the external environment impacting on your strategy e.g. Quality Standards, Good Practice Guidelines, and various aspects of Legislation as they apply to your policies e.g. Education and Welfare Act, Children First etc...

3. Vision, Ethos and Mission

It is important that all the stakeholders involved in developing strategy have a clear sense of the organisation's identity. Having a shared vision focuses energy and gives a clear sense of purpose.

- ▶ A vision statement describes the ideal that the organisation aspires to;
- ▶ Ethos refers to the tone, character and quality of an organisation, specifically its spiritual, moral and aesthetic mood and the quality of the relationships there;
- ▶ A mission statement identifies the main focus of energy and inspires action.

Vision, ethos and mission are critical in the development and implementation of a strategy as they should inform all resulting actions.

4. SCOT - Strengths, Challenges, Opportunities, Threats

This phase, as has been detailed in the planning section, involves a review of the current situation i.e. to analyse the current health promotion activity in your organisation and to suggest developments for the future.

5. Prioritise

Prioritising focuses energy and perspective on what is possible and what is desirable. You must ensure that the actions prioritised in each section of your strategy are SMART - Specific, Measurable, Attainable, Realistic and Time bound.

Use the prioritising exercise provided in the needs assessment section to help in this regard.

6. Implement & Review

Once the decisions are made about what needs to be done, there is then a technical dimension to the strategy - who is going to do what, where and when? How are they going to do it, and how will we know if it has been successful?

This phase involves the delegation of responsibilities, the deployment of resources and co-ordination of different activities. It also involves a review of progress. It is important to reflect on the process so far and reviewing the priorities in the light of that learning. Sometimes this requires a re-focus of the priorities in the action plan. Consideration also needs to be given to the possibility of emerging issues in this regard.

The phases outlined above are not necessarily distinct phases. They can often overlap. Leadership decisions guide the depth of each of the different phases and the pace of movement between the phases. Each of the phases requires different skills from those involved in developing the strategy. Leading and managing the process also requires some planning. In particular, two questions should be considered:

- ▶ What internal structures are required to develop the strategy?
- ▶ What external support is required?

Key Strategy Areas	Health Education Programmes			
Key Areas				
What's currently in place				
Gaps/needs identified				
Aims/objectives				
Actions to address these needs				
Methodologies /approaches				
Resources required				
Who needs to be involved				
Who's responsible				
Desired outcomes				
Timeframe				
Monitoring /evaluation measures				

[illegible]

[illegible]

5.4 Evaluation

Evaluation is a term that relates to assessing the extent to which certain goals have been achieved. It is the systematic and structured process of anticipating, appraising and reviewing a plan, programme, intervention or initiative.

Hawe, Degeling and Hall (1990) explain that for health promotion, evaluation involves measurement and observation and comparison with some criterion or standard.

Evaluation tries to answer the questions:

- ▶ What difference has a particular health promotion programme/initiative made?
- ▶ What changes in health status has it produced?

Evaluation involves observing, documenting and measuring. It compares the actual results of the programme/initiative with what was expected to happen.

Rationale for Evaluation

Evaluation is essential to ensure an effective appraisal of a plan, programme, intervention or initiative. However, evaluation in itself necessitates efficiency. Initiatives are sometimes not evaluated appropriately, and in some instances there can be a tendency to over-evaluate. In the latter case, the evaluative process can be more time consuming and labour intensive than the initiative itself. If this is the case, it points to an imbalance of interests and lack of clarity with regard to the subject/object of evaluation.

It is therefore crucial that prior to evaluation, or at the pre-evaluation stage, active consideration is given to the rationale for evaluation. A number of key questions should be considered:

- ▶ Why are we evaluating?
- ▶ Who are we evaluating for?
- ▶ What do they want to know?
- ▶ What do we want to know?
- ▶ How are we going to find out?
- ▶ What does the information mean?
- ▶ What will we do with the findings?

The Basics of Evaluation

Evaluation offers a number of benefits. These include:

- ▶ Examining what works and why;
- ▶ Identifying and ensuring that stated aims and objectives are being met;
- ▶ Highlighting strengths and deficiencies in both the process and programme;
- ▶ Informing decisions with regard to the information gathered;
- ▶ Ensuring good practice with regard to the organisation's work plans and programme delivery;
- ▶ Devising plans, procedures and strategies for the future.

The Benefits of Evaluation

To gain insight:

- ▶ Assess needs and wants of target groups;
- ▶ Identify barriers to the implementation of the programme/initiative;
- ▶ Learn how to best describe and analyse activities.

To improve how things get done:

- ▶ Refine plans for introducing a new practice
- ▶ Determine the extent to which plans were implemented
- ▶ Improve educational materials
- ▶ Enhance cultural competence
- ▶ Verify that participants' rights are protected
- ▶ Set priorities for staff training
- ▶ Make mid-way adjustments
- ▶ Clarify communication
- ▶ Determine if client satisfaction can be improved
- ▶ Compare costs to benefits
- ▶ Find out which participants benefit most from the programme/initiative
- ▶ Mobilise stakeholder support for the programme/initiative

To determine what the effects of the programme/initiative are:

- ▶ Assess skills development by participants
- ▶ Compare changes in behaviour over time
- ▶ Decide where to allocate new resources
- ▶ Document the level of success in achieving objectives
- ▶ Demonstrate that accountability requirements are fulfilled
- ▶ Use information from evaluations to predict the likely effects of similar programmes/initiatives

To affect participants:

- ▶ Reinforce messages of the programme /initiative
- ▶ Stimulate dialogue and raise awareness about relevant issues
- ▶ Broaden consensus among stakeholders regarding outcomes
- ▶ Teach evaluation skills to staff and other stakeholders
- ▶ Gather success stories
- ▶ Support organisational change and improvement

(Adapted from the Community Tool Box: <http://ctb.ku.edu>)

Evaluation Methodologies

With regard to research in general both qualitative and quantitative methods focus on the how and what of the object of inquiry. In evaluation, a dual approach is often required, using both qualitative and quantitative frameworks.

Qualitative methods are concerned with gathering information regarding the individual's and group's experience of a specific programme/initiative. They can include creative evaluations, case studies, focus groups, content analysis, ethnography (i.e. description of an ethnic group) and unstructured interviews.

Quantitative methods focus on the collection of measurable data to quantify aspects of a group or a programme/initiative. Quantitative methods, unlike qualitative methods, place emphasis on the objective aspects of the study as opposed to the subjective ones. Examples of quantitative methods include structured interviews, questionnaires and surveys.

Evaluation Design

Prior to the implementation of an evaluation it is essential that the fundamental design of the evaluation is sound. This design is the blueprint for your evaluation and will dictate the focus of the evaluation.

Steps in Evaluation Design

1. Select the type of evaluation to be conducted
2. What are your stakeholders' evaluation questions?
3. What is your programme's stage of development?
4. What evaluations have already been done?
5. What resources do you have available?
6. Identify the evaluation implementation plan
7. Evaluate

Types of Evaluation

There are a number of different types of evaluation. These include:

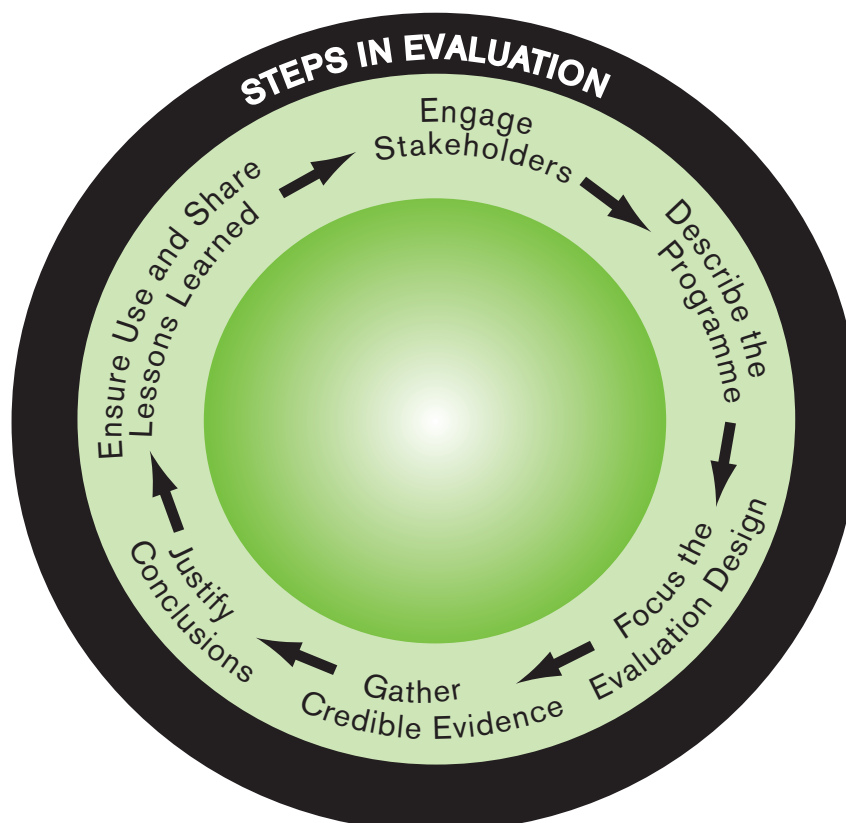
Process Evaluation: This type of evaluation explores the process of how the initiative is organised, delivered and received, assessing inputs, activities and outputs. It tends to be more concerned with operational factors than outcomes.

Impact Evaluation: Impact evaluation measures the short-term effects of the initiative and examines whether objectives have been achieved.

Outcome Evaluation: This form of evaluation occurs at the final stages of an initiative. Outcomes are measured against the stated objectives and targets which were formulated prior to the implementation of the initiative.

If one is considering using more than one type or level of evaluation it is important that they are approached in a logical and sequential manner.

The Evaluation Cycle



The Evaluation Cycle

Step 1: Engage Stakeholders- Evaluation preview

- Engage stakeholders;
- Clarify the purpose of the evaluation;
- Identify key questions;
- Identify evaluation resources.

Step 2: Describe the programme

- Identify the programme plan - programme goal, target population, objectives, interventions, process and impact indicators.

Step 3: Focus on evaluation design

- Specify the evaluation design;
- Specify the data collection methods;
- Locate or develop data collection instruments.

Step 4: Gather Credible Evidence

- Co-ordinate data collection.

Step 5: Justify Conclusions

- Analysing the data;
- Interpret the findings.

Step 6: Ensure Use and Share Lessons Learnt

- What reports will be prepared?
- What formats will be used?
- How will findings be disseminated?

Adapted from Planning for Effective Health Promotion Planning (2005)
www.health.vic.gov.au/healthpromotion

Good Practice Guidelines for Conducting Evaluations

The following are a number of guiding principles which should be considered when conducting evaluations:

- ▶ Thorough consideration should be given to the rationale for evaluation;
- ▶ Stakeholders should be informed and included during the evaluation process;
- ▶ Those commissioning and conducting the evaluation should have advanced knowledge of evaluation frameworks and mechanisms;
- ▶ All evaluation methodologies employed should be age, developmentally and culturally appropriate to the specific target group;
- ▶ There should be active and effective communication between all stakeholders to ensure proactive participation in the evaluation process;
- ▶ Clear and consistent processes and procedures should be in place for the compilation, publication and dissemination of the evaluation;
- ▶ All stakeholders should be informed of the composition, completion and outcomes of the evaluation;
- ▶ Organisational support should be provided in resource allocation to ensure appropriate responses to the evaluation findings;
- ▶ The evaluation process and project should adhere to strict time schedules;

- ▶ Evaluation results and findings are directly employed to ensure a level of comprehensiveness with regard to the plan, programme, intervention or initiative;
- ▶ In order for the evaluation to be effective it requires genuine collaborative work between all stakeholders;
- ▶ Ensure that the evaluation process and product (e.g. the evaluation report) is accessible, feasible, ethical and accurate.

Ethical Considerations when Conducting Evaluations

When conducting evaluations, especially with young people, it is important to obtain permission from parents/guardians. This may be obtained in the form of a consent form.

A Consent Form should include:

- ▶ The purpose of the evaluation;
- ▶ Information about the organisation/ persons performing the evaluation;
- ▶ An indication that their participation is voluntary and they can choose not to participate;
- ▶ What information will be requested;
- ▶ How the information will be gathered;
- ▶ Who will have access to the information;
- ▶ How confidentiality will be assured;
- ▶ How the information will be used.

6

SECTION 6: Promoting Health in Youth Organisations: The Product



Introduction

There is currently a growing emphasis on the quality of services. This involves looking at the nature of the service and assessing how 'good' it is when judged against a number of criteria.

6.1 What is Quality?

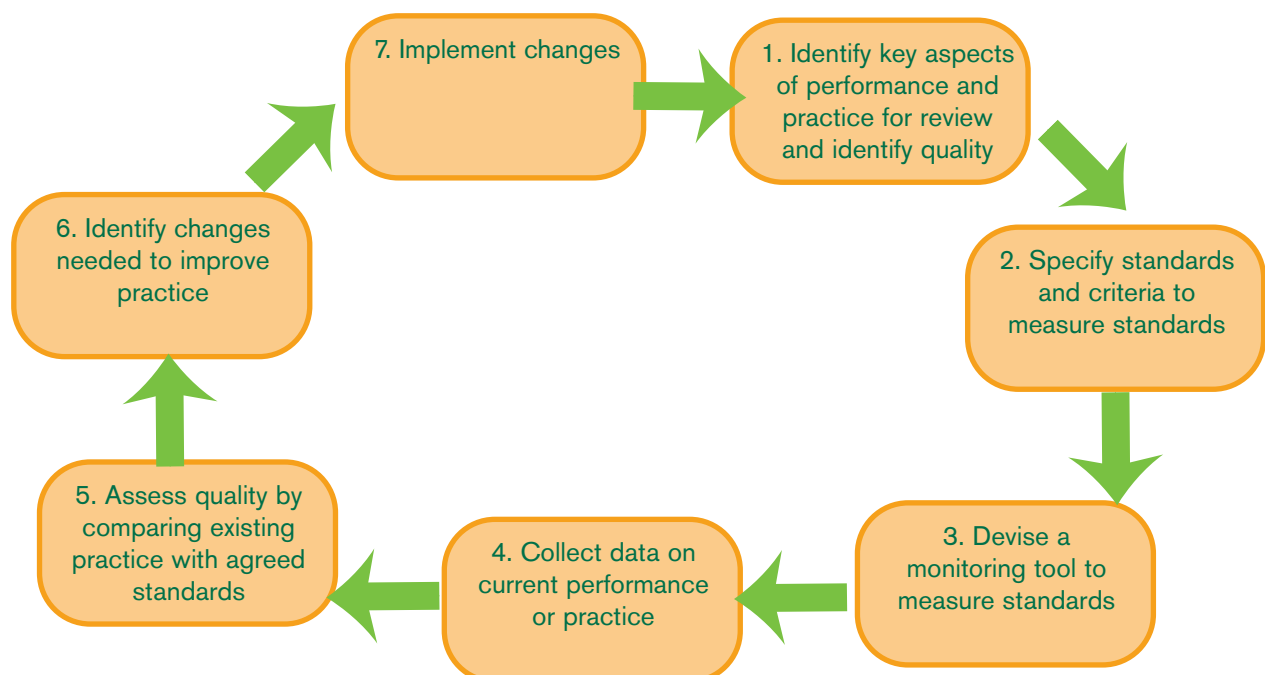
Quality is about:

- ▶ Knowing what needs to be done and how to do it;
 - ▶ Learning from what is being done;
 - ▶ Using what is learned in order to develop the organisation and its' services;
 - ▶ Seeking to achieve continuous improvement;
 - ▶ Satisfying the stakeholders in the organisation.
- ▶ Carry out an assessment of the organisation - comparing how the organisation is faring in relation to the standards;
 - ▶ Devise and action plan - in relation to the outcomes of the assessment, identifying what needs to be done, who will do it, how it will be done and by when;
 - ▶ Implement - do the work;
 - ▶ Review - check what changes have been made and whether they have resulted in improvements.

In order to assess the quality of an organisation, a quality system needs to be devised and implemented. The stages for implementing a quality system are:

- ▶ Agree on standards - these concern the performance of workers, management, and the expectations of the stakeholders;

Quality assurance is an ongoing process of continual assessment and improvement of practice. A quality system may include elements of quality assurance and quality management. Quality assurance involves setting standards which specify quality and ensure consistency. Quality management applies the emphasis on quality to everyone through increasing their control over their performance. The following diagram represents the quality assurance or audit cycle.



Rationale for Assessing Quality

Assessing the quality of practice through quality assurance is an important aspect of professional work.

- ▶ It helps to improve standards;
- ▶ It helps identify cost-effective activities;
- ▶ It demonstrates worth to outside agencies;
- ▶ It ensures that programmes, activities and services meet stakeholders' needs.

(Naidoo & Wills, 2004)

A number of criteria have been identified in relation to quality in health promotion work. The following checklist may be helpful in identifying aspects of quality in the organisation's health promotion work.

Criteria for Quality in Health Promotion

1. **Appropriateness:** Is it relevant and acceptable to the service users?
2. **Effectiveness:** Does it achieve the aims and objectives set out?
3. **Social justice:** Does it produce health improvement for all concerned? Is it fair?
4. **Equity:** Is it provided for all members of the organisation, regardless of their background on the basis of equal access for equal need? For example are health information materials translated into relevant ethnic minority languages?

5. **Dignity and choice:** Does it treat all the relevant groups of people with dignity and recognise the rights of people to choose for themselves how they live their lives? Is it non-judgmental, accepting that people have the right to withdraw from, or reject, health promotion if they so wish?
6. **Environment:** Does it ensure an environment conducive to people's health, safety and well-being? Is the physical environment safe? Is the social environment friendly and welcoming?
7. **Participant satisfaction:** Does it satisfy all the stakeholders, acknowledging that the views of young people should be paramount?
8. **Involvement:** Does it involve all the stakeholders, including young people, in planning, implementation and evaluation?
9. **Efficiency:** Does it achieve the best possible use of the resources available?

(Ewles and Simnett 2004)

National Quality Frameworks

In the last number of years a number of Irish organisations and bodies have developed Quality Frameworks. These include:

- ▶ The Conference of the Heads of Universities - A Quality Framework for Irish Universities
- ▶ FETAC - Guidelines for Quality Assurance in Further Education and Training
- ▶ Youthreach - The Quality Framework Initiative for Youthreach and Senior Traveller Training Centres
- ▶ Youth Work Ireland - A Quality Standards Framework for Voluntary Youth Organisations
- ▶ National Youth Health Programme - The Health Quality Mark for Health Promoting Youth Organisations.

6.2 The Health Quality Mark

The HQ-mark is awarded by the National Youth Health Programme (NYHP) and is tenable for a period of three years. It is awarded to those organisations that satisfy the quality criteria identified by the NYHP in relation to the Health Quality Mark. These criteria are based on best practice in health promotion at regional and national level as outlined in various National Health Strategy and Policy Documents, and at international level, as outlined by the World Health Organisation. Much of the criteria have been drawn from WHO criteria developed for the 'Health Promoting Schools' Initiative and adapted by the NYHP to form the HQ Mark.

In developing the HQ Mark the NYHP has made every effort to ensure that the Award has the flexibility to adapt to different organisational circumstances. As a result, varying levels of the HQ Mark Award are available.

Benefits of the Health Quality Mark to successful organisations

The HQ Mark:

- ▶ Recognises and acknowledges best practice and a high standard of quality in all aspects of health promotion in the successful organisations;
- ▶ Positively differentiates 'health promoting youth organisations' from other service providers in the youth sector;
- ▶ Improves competitiveness in health promotion provision in youth organisations;
- ▶ Increases the public profile of organisations who achieve the HQ Mark;
- ▶ Ensures ongoing support and training from the NYHP to successful organisations so that they continue to maintain their HQ Mark;
- ▶ Raises standards of health promotion in organisations;
- ▶ Positively influences longer-term benefits to youth organisations deriving from increased standardisation.

What form does the HQ Mark take?

The HQ-Mark is awarded in Bronze, Silver and Gold categories according to the achievement levels and progress made by an organisation in its implementation of the quality criteria.

Assessment involves each organisation resubmitting updated portfolio of evidence and a follow up site visit.

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Additional Reading Material

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Useful Websites:

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