



# PROMOTING HEALTH IN THE YOUTH SECTOR

## A PRACTICE MANUAL

## NATIONAL YOUTH HEALTH PROGRAMME

## PROMOTING HEALTH IN THE YOUTH SECTOR – A PRACTICE MANUAL

### National Youth Council of Ireland

The National Youth Council of Ireland (NYCI) is the representative body for national voluntary youth work organisations in Ireland. It represents and supports the interests of voluntary youth organisations and uses its collective experience to act on issues that impact on young people.

[www.youth.ie](http://www.youth.ie)

### National Youth Health Programme

The National Youth Health Programme (NYHP) is a partnership between the National Youth Council of Ireland, the Health Service Executive and the Department of Children and Youth Affairs.

[www.youthhealth.ie](http://www.youthhealth.ie)

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HSE, Department of Children and Youth Affairs and the National Youth Council of Ireland.

### DISCLAIMER

The National Youth Health Programme is grateful to all those who have influenced and contributed to the development of this manual. We are thankful for the ideas that have been exchanged and shared by various groups during this process. Every effort has been made to acknowledge the resources and materials that contributed to the development of the manual.

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# FOREWORD

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I am delighted to introduce “Promoting Health in the Youth Sector – A Practice Manual”. This manual follows a time of significant change and development in both Health Promotion and the Youth Sector.

The publication of Healthy Ireland – A Framework for Improved Health and Well Being by the government indicates a clear commitment to developing a coherent policy and sustainable co-operative action for health and wellbeing.

Furthermore, the publication of the HSE Health Promotion Strategic Framework reinforces the commitment to a settings based approach identifying specifically to the youth sector as an important setting for health promotion.

In terms of youth sector developments, the past 5 years have seen significant changes and developments with the introduction of the National Quality Standards Framework for projects and services in 2010 and more recently the National Quality Standards for Volunteer Led Youth Groups.

This manual will be a practical resource and reference guide for those who are involved in the development of youth health promotion programmes, policy and strategy development in the youth sector.

I am particularly conscious of the health inequalities that exist among young people, many of whom engage with youth services. To this end, NYCI and the National Youth Health Programme are focussing specifically on working to reduce these inequalities in partnership with other relevant stakeholders from voluntary and statutory sectors.

This manual now contains an infographic entitled “Framework for promoting young people’s health in youth organisations”. The framework identifies clearly the dimensions of young people’s health and wellbeing which can be supported and developed in a youth organisation. It takes account of the organisational environment that must exist for this to happen, worker competencies for implementing effective health promotion and also the NQSF core principles.

Moreover, the manual includes a quality checklist for selecting skills-based health education materials which can be used by workers in order to quality assure health-resources, materials and programmes.

On a whole, this manual forms part of a suite of materials developed by the National Youth Health Programme and I am confident it will fulfil its purpose of building the capacity of youth workers and the youth sector in addressing the health needs of young people.

Siobhan Brennan

**Senior Project Officer**  
National Youth Health Programme

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# INTRODUCTION

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## Introduction to the NYCI National Youth Health Programme

The NYCI National Youth Health Programme (NYHP) is a partnership between the National Youth Council of Ireland (NYCI), the Health Service Executive (HSE) and the Department of Children and Youth Affairs (DCYA).

## Aim of the NYCI National Youth Health Programme

The aim of the NYHP is to provide a broad-based, flexible health promotion/health education support and training service to youth and community organisations and to all those working with young people in the youth sector. This work is achieved through the development of programmes and interventions specifically for and with youth and community organisations throughout the country along with the training and support of workers and volunteers involved in addressing health issues with young people. The NYHP also works to ensure that young people's health is on the policy agenda.

Over many years the NYHP has been to the forefront in the field of youth health promotion within the youth sector. Significant highlights in the work of the NYHP have included the development and delivery of the Specialist Certificate in Health Promotion, accredited by the National University of Ireland, Galway as well as the development of the Health Quality Mark (HQM). The HQM encourages and facilitates youth organisations to develop and deliver a 'whole organisational approach' to promoting health.

The NYHP has also produced a wide range of health-related publications to support health promotion within the youth work sector, all of which are downloadable from the NYHP's website:

[www.youthhealth.ie](http://www.youthhealth.ie)

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# Introduction to the Practice Manual

## AIM OF THE MANUAL

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

## WHO SHOULD USE THIS MANUAL?

This manual is designed to be used by:

- Anyone working with young people in the youth sector 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.

# STRUCTURE OF THE MANUAL

This Manual is presented in six sections as follows:

## SECTION 1: SETTING THE CONTEXT FOR YOUTH HEALTH PROMOTION IN THE YOUTH SECTOR

Section 1 presents a strong rationale for promoting health with young people in the youth sector in Ireland. It identifies an international and national policy and strategic context for promoting health with young people identified by both health sector and youth sector documents and initiatives in Ireland.

## SECTION 2: KEY CONCEPTS AND DEFINITIONS

Section 2 is presented in two parts.

Part 1 of this section introduces the commonly used health-related definitions (e.g. health, dimensions of health, health literacy, health promotion, health education, etc.) as well as other key concepts and approaches in the health arena and identifies the role of youth organisations in promoting health.

Part 2 of this section presents some commonly used and emerging concepts and definitions within the youth sector. Many of these concepts (such as quality, outcomes-focused approach, evidence-based and evidence-informed practice) have become central to the youth sector agenda and part of a commonly understood language within the sector.

## SECTION 3: THE FOUNDATIONS OF EFFECTIVE HEALTH PROMOTION PRACTICE IN THE YOUTH SECTOR

Section 3 sets out the foundations of effective health promotion practice in the youth sector. Firstly, this section presents the core competencies for health promotion in the youth sector. This section then outlines the role of youth organisations in supporting effective health promotion practice through key areas such as induction, training, support and supervision and reflective practice for staff as well as outlining the importance of volunteer management and support.

## SECTION 4: KEY ELEMENTS OF EFFECTIVE HEALTH PROMOTION PRACTICE IN YOUTH ORGANISATIONS

Section 4 considers the key elements of effective health promotion practice in youth organisations. It begins by highlighting the importance of an organisation having a clear mission, vision, ethos and principles to underpin its health promotion work, defining each of these in turn. It then goes on to present a comprehensive process for planning health promotion programmes and initiatives.



## SECTION 5: STRATEGIES FOR EFFECTIVE HEALTH PROMOTION PRACTICE IN YOUTH ORGANISATIONS

Section 5 discusses a range of strategies for effective health promotion practice in youth organisations. These strategies have a strong evidence base and are widely acknowledged as being key drivers in the fields of health promotion and youth work. These strategies include developing young people's personal skills – the role of health education, creating supportive environments, youth empowerment and participation, youth development and youth support, advocacy and partnership working and collaboration.

## SECTION 6: GOOD PRACTICE GUIDANCE FOR EFFECTIVE HEALTH PROMOTION PRACTICE IN YOUTH ORGANISATIONS

Section 6 identifies a range of good practice guidance areas which should be considered by youth organisations in order to inform and underpin effective health promotion practice. These areas include confidentiality, referral, recording, managing health-related incidents, Child protection and welfare, Involvement of guest speakers and Quality proofing health-related programmes and materials.

Additionally, this Manual is accompanied by an infographic (in poster format) entitled '**Framework for promoting young people's health in youth organisations**'. The Framework presents relevant concepts to be considered by organisations when addressing the health needs of young people i.e. mission, vision, ethos, outcomes, etc. (Please note that these concepts are also discussed in greater detail within the Manual).

This Framework also provides an overview of the core components of a comprehensive health promotion /health education response, categorised as per the dimensions of health i.e. mental and emotional health, physical health, social health, sexual health and spiritual health. Further information on evidence-informed programmes and initiatives can be accessed via the Route Map for National Quality Standards Initiatives for Youth Work and Youth Activities, produced by the Centre for Effective Services in Support of the Irish National Quality Standards Framework for Youth Work, and the National Quality Standards for Volunteer-led Youth Groups. Furthermore, the Framework makes reference to the National Quality Standards core principles which should underpin all health-related practice with young people.

This Framework is intended as a guide for youth organisations to support them in addressing the health-related needs of the young people with whom they work. Additionally, the Manual provides a 'Quality Checklist for Selecting Skills-based Health Education Materials' which can be used by workers in order to quality assure health-related resources, materials and programmes.

# SECTION 1: SETTING THE CONTEXT FOR YOUTH HEALTH PROMOTION IN THE YOUTH SECTOR

# INTRODUCTION

Over the past ten years there have been significant developments at policy and strategy levels, both internationally and nationally, which provide a strong rationale for promoting health with young people in the youth sector. Health-related policy and strategy development has clearly identified the importance of promoting health with young people and has identified the youth sector as an important setting for health promotion. 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 well-being of young people.

This section presents a strong rationale for promoting health with young people in the youth sector in Ireland. It begins by exploring the international context for youth health promotion, presenting key perspectives and facts from the World Health Organisation on youth health as well as some key perspectives from the European Commission. At a national level, this section explores the most recent developments within the health sector in Ireland at a policy and strategic context and highlights particular policy and strategic documents relevant to health promotion within the youth work sector. Specifically

the following documents are highlighted: HSE Health Promotion Strategic Framework (HSE, 2011), HSE Health Inequalities Framework (2010 -2012) and 'Healthy Ireland' A Framework for Improved Health and Wellbeing 2013 – 2025. Additionally, a number of other relevant documents are highlighted which set the context for health-related action on issues such as mental health, substance use, sexual health, cardiovascular health, obesity, young men's health as well as the most recent and ongoing 'Growing up in Ireland Study'.

This section then explores the national youth work policy context in Ireland, highlighting key documents and developments such as the National Quality Standards Framework (2010), the NYHP Health Quality Mark (HQM), the National Quality Standards for Volunteer-led Youth Groups (2013), the Quality Standards Training and Resources Task Group (2012), the Children and Young People's Policy Framework and the issue of young people not in education, employment or training (NEETS).

Finally, this section sets out the role of the NYHP in building the links between health promotion and youth work practice within the youth work sector.

## 1. International context for youth health promotion

### THE WORLD HEALTH ORGANISATION (WHO) PERSPECTIVE ON YOUTH HEALTH:

The World Health Organisation (WHO) defines adolescents as young people between the ages of 10 and 19 years. While acknowledging that adolescents are often thought of as a healthy group, more than 2.6 million young people aged 10 to 24 die each year. A much greater number of young people suffer from illnesses which hinder their ability to grow and develop to their full potential. A greater number still engage in behaviours that jeopardise not only their current state of health, but often their health for years to come. Nearly two-thirds of premature deaths and one-third of the total disease burden in adults are associated with conditions or behaviours that began in their youth, including: tobacco use, a lack of physical activity, unprotected sex or exposure to violence.

## FACTS

### Key facts on youth health internationally

More than  
**2.6 million** } young people  
**aged 10 to 24 years**  
die each year, mostly due to  
*preventable causes*

About  
**16 million**  
**girls aged 15 to 19**  
give birth every year

Young people,  
**15 to 24 years old**,  
accounted for  
**40%** of all new **HIV**  
infections among  
adults in 2009

In any given year, about  
**20%**  
of adolescents will  
experience a **mental**  
**health problem**, most  
commonly *depression or*  
*anxiety*

An estimated  
**150 million** young people use  
**tobacco**

Approximately  
**430** } young people **aged 10 to 24 years**  
die every day through interpersonal  
**violence**

**ROAD TRAFFIC INJURIES**  
cause an estimated  
**700**  
young people to die every day

In response to these stark facts about youth health internationally, the WHO strongly advocates that promoting healthy practices during adolescence, and taking steps to better protect young people from health risks is critical to the future of countries' health and social infrastructure and to the prevention of health problems in adulthood. This presents a strong and ongoing rationale for the work of the NYHP in terms of addressing youth health here in Ireland.

#### THE EUROPEAN COMMISSION (EC) PERSPECTIVE ON YOUTH HEALTH:

According to the EC, many of the health problems young people will encounter as adults – problems such as cardiovascular disease, diabetes, stroke, cancers and mental disorders, will have their genesis in the child and adolescent years, therefore, the transition from childhood to adulthood is a crucial period in which to address health determinants.

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The EC recommends that, among young people, health should be considered in its widest sense, in line with the WHO definition of health: *“Health is not merely the absence of disease, but a state of complete physical, psychological, and social well-being”*. Thus, the EU concept of health in young people covers physical capacity, psychological functioning, social relationships and environmental potentials (e.g. opportunities to acquire new information and skills, possibilities for leisure activities, the physical environment).

Health and well-being is one of eight fields of action which were identified together with young people, Member States’ governments and experts in the youth field in terms of the EU Youth Strategy (2010-2018). This Strategy invites both the Member States and the Commission, in the period 2010–2018, to cooperate across the youth sector by means of a renewed open method of coordination. It proposes a cross-sectoral approach, with both short and long-term actions, which involve all key policy areas that affect Europe’s young people. It emphasises the importance of youth work and defines reinforced measures for better implementation of youth policies at the EU level.

Young people are a key target audience in a number of EU health initiatives led by the European Commission. For example, the Help campaign: *“For a life without tobacco”* targets primarily young people and young adults. Youth is also a target group in numerous actions on health promotion initiated by the EU key stakeholders of the EU Platform for action on Diet, Physical Activity and Health. Other issues are tackled such as Mental Health in Youth and Education, youth-specific aspects of alcohol, sexual health, and drugs. In addition, many youth-related projects are being co-financed under the current Health Programme (2008-2013) ‘Together for Health’.

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## 2. National policy and strategic content – health sector developments in Ireland

The health sector has, and continues to be a key partner in the NYHP (together with the Department of Children and Youth Affairs (DCYA) and the National Youth Council of Ireland (NYCI). In this regard, the NYHP’s work has, and continues to be informed by key strategic and policy developments within the health sector. The following policy and strategic developments within the health sector are of particular relevance to the work of the NYHP.

### HSE HEALTH PROMOTION STRATEGIC FRAMEWORK (HSE, 2011):

The HSE’s Health Promotion Strategic Framework (HPSF) is the first national strategic framework for health promotion in the HSE. It is guided by the HSE’s Corporate Plan (HSE 2010) and has identified national priorities. It sets out clear, consistent, national objectives for the HSE in relation to its health promotion priorities and supports the HSE’s strategic objectives of promoting and improving the health of the population and to guide the work of the health promotion workforce.

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The HPSF particularly promotes a 'settings approach' for health promotion in Ireland. A settings approach:

- Recognises that many risk factors are interrelated and can be best tackled through comprehensive, integrated programmes in appropriate settings where people live, work and interact
- Builds on an ecological model of health promotion which understands health to be determined by a complex interplay of environmental, organisational and cultural personal factors, largely determined outside of health systems
- Acknowledges that health should be addressed in a holistic manner by developing supportive contexts in places where people live their lives.

The 3 key settings prioritised in the HPSF are health services, education and community settings. The youth sector is specifically identified in the HPSF as a key setting for promoting health with young people (as part of the education setting). Therefore, the work of the NYHP must be strongly influenced by the HPSF, particularly given that the HSE is a partner in the NYHP.

#### **HSE HEALTH INEQUALITIES FRAMEWORK (2010 – 2012):**

The Health Inequalities Framework outlines the Health Service Executive's (HSE) commitment to addressing health inequalities, through a population health approach and is a key element of the HSE Transformation programme. Health inequalities are unfair, socially produced, systematic and shaped by a wide variety of factors including employment, housing, health services, education, transport, community and social experience and the environment. These factors, or social determinants, which lead to health inequalities, require a cross Government, inter-agency approach. The HSE has set out to address health inequalities through its policies, strategies and plans and through working in partnership with other agencies and government departments. Furthermore, 'Healthy Ireland' the Government Policy Framework for Improving Health and Wellbeing (explored in greater detail below) prioritises the importance of addressing health inequalities and the broader determinants of health.

Therefore, future work of the NYHP needs to consider the issue of health inequalities and work with the HSE and other relevant stakeholders to consider ways to address this issue.

#### **HEALTHY IRELAND - A FRAMEWORK FOR IMPROVED HEALTH AND WELLBEING 2013 – 2025:**

Healthy Ireland is the Government Policy Framework for action to improve the health and wellbeing of people living in Ireland over the coming generation. Healthy Ireland sets out a wide framework of actions that will be undertaken by Government Departments, public sector organisations, businesses, communities and individuals to improve health and wellbeing and reduce the risks posed to future generations.

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Healthy Ireland has been developed in response to rising levels of chronic illness, lifestyle trends that threaten health and persistent health inequalities. Healthy Ireland is based on evidence and experience from around the world which shows that to create positive change in population health and wellbeing, a whole government approach and the involvement of local communities as well as all of society is required. The vision set out in this document is *'A Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility'*.

The goals set out in Healthy Ireland are as follows:

- Increase the proportion of people who are healthy at all stages of life
- Reduce health inequalities
- Protect the public from threats to health and wellbeing
- Create an environment where every individual and sector can play their part in achieving a healthy Ireland.

Healthy Ireland adopts a life course perspective that approaches health as an integrated continuum rather than as disconnected and unrelated stages. *'Supporting people to enjoy a healthy and active life, starting in the womb and continuing through childhood, adolescence, adulthood and older age is a fundamental goal of this Policy Framework'*.

Healthy Ireland presents data on the health status of the Irish population and indicates that the current health status of people living in Ireland and their lifestyle choices are leading us, as a country, towards a costly and unhealthy future. This data once again (as in previous Government and HSE documents) identifies the significance of chronic diseases and disabilities relating to lifestyle behaviours. Of major concern are the issues of overweight and obesity, tobacco, drugs and alcohol, mental health and sexual health. Many of these issues begin to have a critical impact on health and wellbeing during childhood and adolescence.

It is also important to note here that previous Government and other national research, policy and strategy documents have also presented key data and set out actions to address these priority health issues relating to population health in general and specifically youth health. These key documents include the following and should also be considered in the context of a comprehensive response to youth health within the youth sector.

In terms of *physical activity and obesity*, key national documents include:

- HSE Framework for Action on Obesity (2008-2012)
- Changing Cardiovascular Health - The National Cardiovascular Health Policy 2010 – 2019.

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With regard to *mental health*, key national documents include:

- A Vision for Change. Report of the Expert Group on Mental Health Policy. Department of Health and Children (2006)
- 'Reach Out' Irish National Strategy for Action on Suicide Prevention 2005-2014. Department of Health and Children and HSE (2005)
- All other relevant publications on the National Office for Suicide Prevention website; [www.nosp.ie](http://www.nosp.ie)
- The My World Survey, conducted by Headstrong, the National Centre for Youth Mental Health (2012) is the largest and most substantial research project conducted on youth mental health in Ireland.

In terms of *sexual health* and *crisis pregnancy*, the HSE's Crisis Pregnancy Programme provides a research and policy context through a range of publications on its website; [www.crisispregnancy.ie](http://www.crisispregnancy.ie). The NYHP works closely with the CPP in relation to key areas of work including the B4UDecide Campaign and in the context of supporting youth organisations and services in the development of a Sexual Health Policy.

Specifically, in terms of health promotion work with young men, the National Men's Health Policy (2008-2013) provides a policy and strategic context.

Additionally, in terms of Government priorities, the National Drugs Strategy (interim) 2009-2016 aims 'To continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research'.

Furthermore, the Growing Up in Ireland Study, overseen by the Department of Children and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office is a national longitudinal study of children in Ireland. It is the most significant study of its kind ever to take place in this country and will help us to improve our understanding of all aspects of children and their development. The study aims to paint a full picture of children in Ireland and how they are developing in the current social, economic and cultural environment. This information will be used to assist in policy formation and in the provision of services which will ensure all children will have the best possible start in life.

In responding to the health and lifestyle challenges highlighted in all of these documents, Healthy Ireland highlights the importance of building community and personal responsibility for health and identifies that many



health and wellbeing indicators are affected by individuals' personal lifestyle choices. Healthy Ireland indicates that 'the effects of these risk factors can be minimised if individuals can be motivated and supported to make healthier choices'. To be effective, Healthy Ireland proposes that action must include '*...developing understanding and skills and promoting informed, healthy choices*'.

Healthy Ireland clearly proposes that partnership between all sectors of society is needed to make a difference to the health of the Irish nation. Its actions in this regard are set out under *Theme 2: Partnerships and cross-sectoral work* and *Theme 3: Empowering people and communities*. Under these themes, voluntary and community groups and projects are named (as well as sporting partnerships, schools, businesses, primary care teams, Gardaí, etc.) as key structures for implementation of the actions in Healthy Ireland. In this regard, the youth sector has a critical role to play in positively influencing the health of the thousands of young people who engage in positive, health promoting activities every year. Therefore, the work of the National Youth Health Programme over the coming years will be strongly influenced by the priorities and actions set out in Healthy Ireland.

## 3 National youth work sector policy and strategic context

### THE NATIONAL QUALITY STANDARDS FRAMEWORK (2010):

In terms of youth sector developments, the National Quality Standards Framework (NQSF) was introduced in 2010 by the Office of the Minister for Children and Youth Affairs (now the Department of Children and Youth Affairs) following an initial pilot phase. The National Quality Standards Framework (NQSF) is a support and development tool for the youth work sector. It provides organisations with an opportunity to articulate, through a common language, their youth work practice. It also provides a structured framework for organisations to assess, indicate and enhance their work. The standards outlined in the Framework are intended to be reflective of the work being carried out in youth work organisations. Therefore, there should be both a commonality and compatibility between the current youth work provision of an organisation and its services, and the core principles and standards outlined in the NQSF.

The NQSF is of particular interest to the NYHP in the context of its Health Quality Mark work. The Health Quality Mark process and outcomes can support the NQSF process in a number of ways as follows:

- The Specialist Certificate in Youth Health Promotion provides an opportunity to up-skill workers/volunteers in a number of key areas which are central to both quality systems. These include:
- The introduction of frameworks for needs assessment, planning, implementation and evaluation
- Processes and frameworks for policy and strategy development

- 
- Research and evidence base for a variety of health education programmes and interventions, all of which contribute to good quality youth work
  - Reinforcement of youth work principles and practices
  - The NYHP provides ongoing support to organisations engaged in the HQM process through the form of briefing sessions and training days for whole staff/specialist staff teams, support visits to participating organisations to enable them to collate and present evidence for the HQM criteria
  - The HQM is comprised of a set of criteria which dovetail with and compliment the principles and standards in the NQSF
  - The HQM assessment process further supports the NQSF process in enabling organisations to make the links between both quality systems and to generate evidence accordingly
  - The HQM contributes to an assessment culture within organisations.

As a result, the NYHP has a significant role to play in supporting the implementation of the NQSF process throughout the youth sector over the coming years.

#### QUALITY STANDARDS TRAINING AND RESOURCES TASK GROUP (2012):

This task group was established in 2012, to assist the DCYA in ensuring that resources and training supports for the youth work sector are developed and made available in the most effective and cohesive manner possible. The task group is comprised of a number of representatives from national youth work organisations/services, training and development officers, NYCI programme trainers and Youth Officers in Education and Training Boards. The task group is currently working on the development of a number of resources and support materials.

#### NATIONAL QUALITY STANDARDS FOR VOLUNTEER-LED YOUTH GROUPS (2013):

In addition, the Department of Children and Youth Affairs launched National Quality Standards for Volunteer-led Youth Groups in 2013. The aim of these standards is to support volunteer-led youth groups in creating and providing quality, developmental/educational programmes and activities for young people in safe and supportive environments.

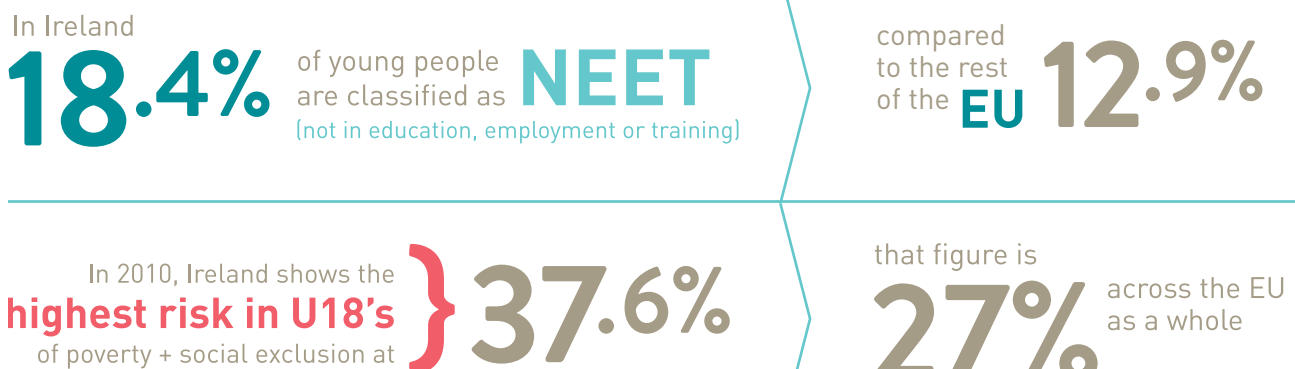
#### CHILDREN AND YOUNG PEOPLE'S POLICY FRAMEWORK:

The Department of Children and Youth Affairs is developing a new strategy for children and young people. This new five-year Children and Young People's Policy Framework will span the life-course from infancy through to early and middle childhood, adolescence and early adulthood. It will be the overarching Framework under which policy and services for children and young people will be developed and implemented in the State.

The overarching Framework will provide the basis for more detailed strategies including a new Youth Policy Framework. This Youth Policy Framework will aim to enhance the provision of youth services and activities making them more responsive to meeting the needs of young people.

### YOUNG PEOPLE NOT IN EDUCATION, EMPLOYMENT OR TRAINING (NEETS):

Additionally, the issue of young people not in education, employment or training (NEETS) has entered the policy debate in recent years. The term NEETS refers to young people between the ages of 15 and 24 years. In Ireland, 18.4% of young people are classified as NEET compared to a rate across all EU countries of 12.9%. It is also important to highlight that youth unemployment rates have increased at a faster pace than overall unemployment rates since the onset of the recession. Ireland exhibits the highest risk of poverty and social exclusion among under 18's, at 37.6% in 2010 compared with 27% across the EU as a whole. This particular population of young people is subjected to health inequalities and all of the associated implications (further exploration of the concept of health inequalities is dealt with in the next section). Work with this particular cohort has been identified as a significant priority for the youth sector, both at policy and programme level over the coming years.



## 4. Building the links between health promotion and youth work practice – the role of the NYCI National Youth Health Programme

The National Youth Health Programme (NYHP), guided by the strategic plan and priorities of the National Youth Council of Ireland, is instrumental in championing, promoting and supporting the role of youth organisations in promoting health with young people. The NYHP provides 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 works to ensure that youth work is influenced and informed by evidence-based and evidence-informed health promotion practice (See Section 2 for more detail on these concepts). 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.

## SECTION 2: 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, health literacy and health promotion exist. The first part of this section introduces these commonly used definitions as well as other key concepts and approaches in the health arena and identifies the role of youth organisations

in promoting health. The second part of this section presents some commonly used and emerging concepts and definitions within the youth sector. Many of these concepts (such as quality, outcomes-focused approach, evidence-based and evidence-informed practice) have become central to the youth sector agenda and part of a commonly understood language within the sector.

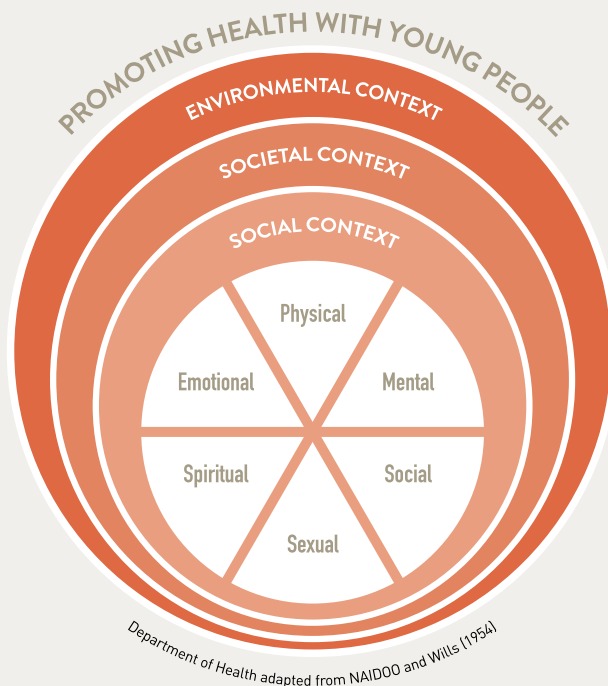
## 1. Key health-related concepts and definitions

### I. HEALTH

Health has been defined as... *'a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities'.*

### II. DIMENSIONS OF HEALTH

This diagram illustrates the dimensions of health and how they relate to one another in the context of promoting health with young people.



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

DIMENSION OF HEALTH	DESCRIPTION
PHYSICAL HEALTH	Physical health relates to how the body functions. Physical health is only one part of a holistic definition of health.
MENTAL HEALTH	The ability to think and make judgments.
SOCIAL HEALTH	The ability to make and maintain relationships.
EMOTIONAL HEALTH	Being able to recognise emotions (such as fear, joy, grief, anger) and to express these emotions appropriately. This includes coping with stress, anxiety, etc.
SPIRITUAL HEALTH	Not only includes religious beliefs but may be other personal beliefs, principles of behavior and ways of being at peace with oneself.
SEXUAL HEALTH	Acceptance of and ability to achieve a satisfactory expression of one's sexuality.
SOCIETAL HEALTH	Societal health 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 HEALTH	Physical environment includes housing, transport, sanitation, availability of clean water, pollution control, etc.

### III. HEALTH EDUCATION

Numerous definitions of health education exist. The following are some of the better known definitions.

*"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).*

*"Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes." (WHO, n.d.).*

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 above definitions are useful in informing a common understanding of health education. 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.

#### IV. HEALTH LITERACY

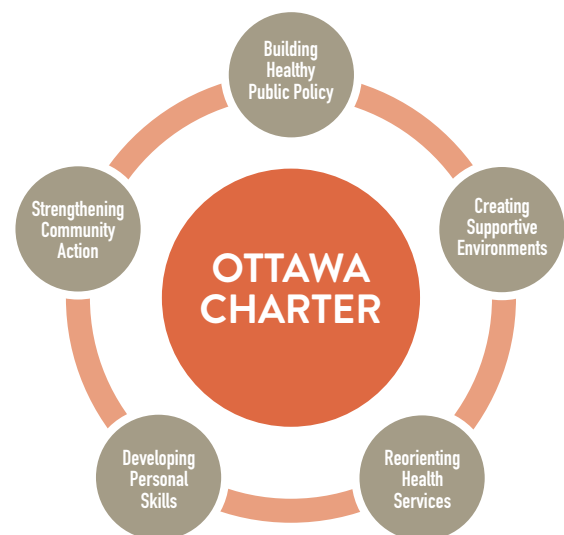
Health literacy is defined as *'the degree to which people are able to access, understand, appraise and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life-course'*.

The term health literacy was first introduced in the health education context about 30 years ago. Today, it is considered an important concept not only among health education practitioners but also among those involved in the broader aspects of health promotion. A further definition of health literacy by the WHO suggests that *'health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health'*. By improving people's access to health information and their capacity to use it effectively, health literacy is crucial to empowerment.

#### V. HEALTH PROMOTION

Health promotion is defined as *'...the process of enabling people to increase control over, and to improve, their health'* (WHO, 1986). It represents a comprehensive approach to bringing about social change in order to improve health and well-being. The previous focus and emphasis on individual health behavior was replaced by a significantly expanded model of health promotion which is reflected by the five cornerstones of the Ottawa Charter as follows:

- Building healthy public policy
- Reorienting the health services
- Creating supportive environments
- Strengthening community action
- Developing personal skills.



According to the HPSF (HSE, 2011), the Ottawa Charter remains a significant source of global guidance and continues to shape the development of health promotion alongside other important international documents such as the Jakarta Declaration (WHO, 1997) and the Bangkok Charter (WHO, 2005).

#### THE FIVE CORNERSTONES OF THE OTTAWA CHARTER 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 socio-ecological (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.
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 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.



## APPLYING THE OTTAWA CHARTER IN A YOUTH ORGANISATION CONTEXT:

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

CORNERSTONES OF THE OTTAWA CHARTER	ROLE OF YOUTH ORGANISATIONS IN RELATION TO EACH CORNERSTONE
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 adolescent-friendly physical and social environments in which young people can actively and voluntarily participate.
STRENGTHENING 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, engagement in community initiatives such as the Gaisce Awards, etc.
DEVELOPING HEALTHY PUBLIC POLICY	Through the development of health-related policy internally, youth organisations demonstrate evidence-informed 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 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 health strategy, etc.
RE-ORIENTING 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.

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Furthermore, the youth sector, in its day-to-day work with young people, encapsulates the World Health Organisation (WHO) principles for health promotion (cited in Rootman, 2001) as follows:

EMPOWERMENT	Health promotion initiatives should enable individuals and communities to assume more power over the personal, socio-economic and environmental factors that affect their health.
PARTICIPATIVE	Health promotion initiatives should involve those concerned in all stages of planning, implementation and evaluation.
HOLISTIC	Health promotion initiatives should foster physical, mental, social and spiritual health.
INNER-SECTORAL	Health promotion initiatives should involve the collaboration of agencies from relevant sectors.
EQUITABLE	Health promotion initiatives should be guided by a concern for equality and social justice.
SUSTAINABLE	Health promotion initiatives should bring about changes that individuals and communities can maintain once initial funding has ended.
MULTI-STRATEGY	Health promotion initiatives should use a variety of approaches in combination with one another, including policy development, organisational change, community development, legislation, advocacy, education and communication.

#### THE BANGKOK CHARTER FOR HEALTH PROMOTION (WHO, 2005):

The Bangkok Charter for Health Promotion, agreed at 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, the 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 implementation 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.

The four key commitments highlighted in the Charter are to make the promotion of health:

1. Central to the global development agenda
2. A core responsibility for all of government
3. A key focus of communities and civil society
4. A requirement for good corporate practice.

## VI. HEALTH PROMOTION AND THE SETTINGS APPROACH

Settings are an important cornerstone for successful health promotion as outlined in the 1986 Ottawa Charter. The HPSF (HSE, 2011) cites the World Health Organisation (1998) definition of a setting for health as: *'The place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing'*.

The settings approach is an important development in health promotion theory and practice. The approach has its roots in the Ottawa Charter (WHO, 1986), which introduced the concept of 'supportive environments for health'. This was further developed in the Sundsvall Statement on Supportive Environments for Health (WHO, 1991) which reiterated that: *'Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love' (WHO, 1986)*.

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This approach adopts an ecological perspective to health that sees health as the dynamic product of interactions between individuals and their environments (Dooris, 2004). It recognises the links and connections that exist between different settings and recognises that people do not live or interact in just one setting, their lives straddle a range of different settings. It reinforces the need for a 'joined up' approach between the various settings at every level to enable effective health promotion action to happen.

The settings approach facilitates health promotion interventions to focus more on the broader determinants of health rather than simply addressing individual and/or population behavioural risk factors. The approach is underpinned by key health promotion values such as empowerment, public participation, equity and partnership. Key features of a settings approach include:

- Developing personal competencies
- Implementing policies effectively
- Re-shaping environments
- Building partnerships for sustainable change
- Facilitating ownership of change throughout the setting (*Whitelaw et al. 2001*).

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
- Effective health education programmes and specific health promotion activities
- Changes in health-related behaviours as a result of being in a health promoting environment. (adapted from Whitelaw et al, 2001).

As identified earlier in this section, the HPSF (HSE, 2011) identifies the youth sector as a key setting for health promotion and recognises the significant contribution the youth sector has to make in terms of addressing the health needs of young people as a priority population group.

## VII. HEALTH INEQUALITIES AND THE SOCIAL DETERMINANTS OF HEALTH

The Commission on Social Determinants of Health (CSDH 2008) identifies that social inequalities in health arise because of inequalities in the conditions of daily life. The fundamental drivers that give rise to them include: inequities in power, money and resources. The Commission highlights the significance of the determinants of health and health inequalities as follows:

*‘The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people’s lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life... Together, the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries.’*

Strong international evidence exists to show that the most effective health promotion practices are achieved through approaches that influence the determinants of health and health inequalities.

The determinants of health are a range of interacting factors that shape health and wellbeing and are underpinned by social and economic inequalities (Marmot Review, 2010). These determinants include: material circumstances, the social environment, psychosocial factors, behaviours and biological factors. In turn, these factors are influenced by social position, itself shaped by education, occupation, income, gender, early childhood development, ethnicity and race.

All these influences are affected by the socio-political, cultural and social contexts in which they sit. In recent years, various determinants of health models have been produced (for example, Dalghren and Whitehead, 1991 and Grant and Barton, 2006).

The figure below outlines the determinants of health model for Ireland. This model (taken from the Healthy Ireland Government Policy Framework document (DoH, 2013) clearly describes the factors that influence individual and population health. In this model related factors are shown in concentric circles, but in practice, all factors interact with each other.

The influence of wider social conditions on health is significant at different points in the lifecycle, particularly when people are most dependent or vulnerable, e.g. childhood, pregnancy and older age. Recent research shows how accumulated social disadvantage or advantage over the lifecycle influences health and well-being, the likelihood of illness and of premature death. These influences occur across the life course, from ‘womb to tomb’.

## DETERMINANTS OF HEALTH MODEL



## 2. Key concepts and definitions central to the youth sector agenda

### INTRODUCTION

Part 2 of this section presents some commonly used and emerging concepts and definitions within the youth sector. Many of these concepts (such as quality, outcomes-focused approach, evidence-based and evidence-informed practice) have become central to the youth sector agenda and part of a commonly understood language within the sector.

### I. QUALITY AND QUALITY SYSTEMS IN YOUTH WORK

#### Why is quality important?

*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, including young people, volunteers, staff, parents, funders, local community etc.

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
- Carry out an assessment of the organisation - comparing how the organisation is faring in relation to the standards
- Devise an 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
- Develop a system for identifying continuous improvement of practice.

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## II. QUALITY ASSURANCE

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

**A typical quality assurance cycle involves the following steps:**

1. Identify key aspects of performance and practice for review and identify quality
2. Specify criteria to measure standards
3. Devise a monitoring tool to measure standards
4. Collect data on current performance or practice
5. Assess quality by comparing existing practice with agreed standards
6. Identify changes needed to improve practice
7. Implement changes
8. Monitor progress
9. Assess overall performance at agreed intervals.

## III. THE HEALTH QUALITY MARK (HQM) AND LINKS WITH OTHER QUALITY FRAMEWORKS

The HQM has been in existence for a number of years and was the first quality assessment system for health within the youth work sector. Alongside the development and implementation of the HQM, other quality systems have been developed in recent years, namely the Quality Framework Initiative for Youthreach settings along with quality frameworks for Youth Work Ireland and the YMCA. Most recently, the DCYA implemented the National Quality Standards Framework (NQSF) for Youth Work (2010) throughout the sector as well as the National Quality Standards for Volunteer-led Youth Groups (2013).

## IV. STRENGTHS-BASED PRACTICE AND THE STRENGTHS-BASED APPROACH

Interest in strength-based practice as a means to enhance the positive developmental pathways of children and young people has increased significantly as practitioners, educators, researchers and community care providers shift their attention from the prevention of specific problems to a more holistic focus on the positive aspects of youth development. Interventions have moved increasingly toward creating a coordinated sequence of positive experiences and providing key developmental supports and opportunities. Rather than the traditional perspective



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of engaging a person with a problem orientation and risk focus, a strength-based approach seeks to understand and develop the strengths and capabilities that can transform the lives of people in positive ways (Alvord & Grados, 2005; Barton, 2005; Benson, Leffert, Scales, & Blyth, 1998).

A strength-based approach is a positive psychology perspective that emphasises the strengths, capabilities and resources of a young person. Those who embrace a strength-based perspective hold the belief that all young people and their families have strengths, resources and the ability to recover from adversity. This perspective replaces an emphasis on problems, vulnerabilities, and deficits. Strength-based approaches are developmental and process-oriented, identifying a young person's internal strengths and resources as they emerge in response to specific life challenges.

*The following principles serve as the foundation for guiding and implementing strength-based practice (O'Connell, 2006; Rapp & Goscha, 2006; McCashen, 2005):*

1. An absolute belief that every young person has potential. It is their unique strengths and capabilities that will determine their evolving story as well as define who they are - not what they're not.
2. What we focus on becomes a young person's reality. Focus on what a young person can do as the starting point, not what they cannot. See challenges as opportunities to explore, not something to avoid. Start with small success and build upon them to create a foundation of hope and optimism.
3. Be mindful that the language we use creates a reality – both for the workers and the young people; therefore use positive, encouraging language which identifies and reinforces strengths.
4. Belief that change is inevitable and all young people can and will be successful. All young people have the urge to succeed, to explore the world around them and to contribute to others and their communities.
5. Positive change occurs in the context of authentic relationships. Young people need to know that workers care and will support them.
6. What a young person thinks about themselves and their reality is most important – it is their story. Therefore, workers must value and start the change process with what is important to the young person. It's the young person's story that's important, not the expert.
7. Young people have more confidence and are better able to journey to the future when they are invited to start with what they already know.

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8. Capacity building is a process and a goal.
  9. Effective and sustainable change is a dynamic process. Workers encourage young people to progress through this process by recognising and building on their achievements. This, in turn, enables young people to grow and develop in meaningful ways.

## V. OUTCOME-FOCUSED APPROACH

Outcomes are the changes for target groups that happen as a result of an intervention or service being provided. The outcomes of an intervention identify what is hoped will be accomplished, and provide a consistent framework for agencies and groups to work towards a common end to achieve the required change.

In general, demonstrating and articulating the outcomes of health-related approaches and activities has become important as we have moved towards evidence-informed decision-making due to increasing competition for resources. The primary purpose and value of outcome-focused approaches for any organisation engaged in activities to improve health and address health inequalities is to help them to think about and get a clearer understanding of the difference and contribution their activities will make. This is particularly true in the case of youth organisations as funders and current quality assurance processes require those working with young people to clearly articulate and evidence the difference their work is making to the lives of young people.

**Outcome-focused approaches** (adapted from NHS Health Scotland):

*Outcome-focused approaches can:*

- Assist and facilitate more realistic planning
- Increase the likelihood that activities will achieve the intended outcomes (by '*starting out with the end in mind*')
- Encourage people to think about outcomes rather than outputs and consider the difference actions and activities can make in young people's lives – putting young people at the heart of health improvement planning
- Aid and enable evaluation, learning and measurement of the effectiveness of an organisation's input, by clarifying the contribution that organisation can make regarding the target issue
- Help organisations demonstrate the valuable contribution they make to the health of young people *and*
- Enable and facilitate organisations to 'speak the same language' as funders and other organisations regarding the achievement of outcomes.

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## VI. EVIDENCE-BASED AND EVIDENCE-INFORMED PRACTICE

Practice is most likely to be effective when it is informed by evidence. In this context, it is important to differentiate between 'evidence-based' and 'evidence-informed' approaches.

The term '**evidence-based**' is used to describe a programme that has consistently been shown to produce positive results by independent research studies that have been conducted to a particular degree of social scientific rigour. An evidence-based approach to designing and delivering services involves delivering programmes that have been proven to work. These programmes have been manualised, so that the underpinning theory is clear and precise steps to implementation can be followed. High fidelity to the original programme is required.

The term '**evidence-informed**' is used to describe practice based on the integration of experience, judgement and expertise with the best available external evidence from systematic research. This approach involves sifting information gleaned from research and other sources such as practice wisdom, policy and consultations with users and experts.

## **SECTION 3: THE FOUNDATIONS OF EFFECTIVE HEALTH PROMOTION PRACTICE IN THE YOUTH SECTOR**

# INTRODUCTION

Section 3 sets out the foundations of effective health promotion practice in the youth sector. Firstly, this section presents the core competencies for health promotion in the youth sector. These core competencies have been informed by and adapted from the CompHP Core Competencies Framework for Health Promotion developed by the International Union of Health Promotion and Education (IUHPE).

This section then outlines the role of youth organisations in supporting effective health promotion practice through key areas such as induction, training, support and supervision for staff as well as outlining the importance of volunteer management and support. Finally, the important area of reflective practice is also explored.

## 1. Core competencies for health promotion in the youth sector

A competent workforce that has the necessary knowledge, skills and abilities in translating policy, theory and research into effective action is recognised as being critical to the future growth and development of health promotion nationally and internationally. Identifying and agreeing the core competencies for health promotion practice, education and training is acknowledged as being an essential component of developing and strengthening workforce capacity to improve global health in the 21st century.

### WHAT ARE CORE COMPETENCIES?

Competencies are defined as 'a combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion' (Adapted from Shilton et al. 2001).

Core competencies are defined as the minimum set of competencies that constitute a common baseline for all health promotion roles i.e. *'they are what all health promotion practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in their field.'*

The CompHP Core Competencies Framework for Health Promotion Handbook (Dempsey, Battle-Kirk & Barry, 2011) sets out the competencies framework for health promotion practitioners whose main role and function is health promotion and who hold a graduate or post graduate qualification in health promotion or a related discipline. Therefore, it is a useful framework to consider and adapt for health promoters in the youth sector. The CompHP Core Competencies Framework includes domains of core competency which are illustrated in the figure below. Ethical values and health promotion knowledge base are shown as underpinning all health promotion action detailed in the nine other domains.

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These nine domains include the following:

#### THE COMPHP CORE COMPETENCIES FRAMEWORK FOR HEALTH PROMOTION:

- Enable change
- Advocate for health
- Mediate through partnership
- Communication
- Leadership
- Assessment
- Planning
- Implementation
- Evaluation and Research.



Each of these domains relate to a specific area of health promotion practice. The CompHP Core Competencies Framework Handbook sets out these domains together with their associated competency statements and the necessary skills needed for competent practice. The combined application of these domains together with the ethical values and the health promotion knowledge base constitutes the CompHP Core Competencies Framework for Health Promotion.

This core competencies framework has been applied and adapted for health promotion practice within the youth sector and informs the core competencies which workers require in order to promote the health and well-being of young people effectively in their work setting.

The competencies are categorised as follows:

## KNOWLEDGE 'I KNOW'

### 'I KNOW':

- The concepts, principles and ethical values of health promotion as defined by the Ottawa Charter for Health Promotion (WHO, 1986) and subsequent charters and declarations
- The concepts of health equity, social justice and health as a human right as the basis for health promotion action
- The determinants of health and their implications for health promotion action
- The impact of social and cultural diversity on health and health inequities and the implications for health promotion action
- Health promotion models and approaches which support empowerment, participation, partnership and equity as the basis for health promotion action
- The current theories and evidence which underpin effective leadership, advocacy and partnership building and their implication for health promotion action
- The current models and approaches of effective project and programme management (including needs assessment, planning, implementation and evaluation) and their application to health promotion action
- The evidence base and research methods, including qualitative and quantitative methods, required to inform and evaluate health promotion action
- The communication processes and current information technology required for effective health promotion action
- The systems, policies and legislation which impact on health and their relevance for health promotion.

## SKILLS 'I CAN'

### 'I CAN':

- Assess the health needs, assets and resources of relevant individuals and groups in a culturally and ethically appropriate manner
- Collect, review and appraise relevant data, information and literature to inform health promotion action
- Set priorities for responding to needs
- Plan appropriate health promotion programmes and interventions with related aims, objectives and measurable goals and outcomes
- Implement health promotion programmes and interventions using participative methodologies most suitable and relevant to the target groups which are ethical, empowering and culturally appropriate
- Manage the resources needed for effective implementation of planned action
- Design and implement appropriate monitoring and evaluation methods
- Conduct process, impact and outcome evaluation
- Use the findings to inform future health promotion practice
- Facilitate programme sustainability and stakeholder ownership of health promotion action through on going consultation and collaboration
- Develop, pilot and use appropriate resources and materials
- Demonstrate a range of communication skills including active listening and appropriate verbal and non-verbal communication
- Use information technology and other media to receive and disseminate health promotion information
- Use culturally appropriate communication methods and techniques for specific groups and settings
- Facilitate groups effectively
- Design and deliver presentations
- Develop health-related strategy and policy
- Work in partnership with other agencies in order to contribute to health promotion action
- Use advocacy strategies and techniques which reflect health promotion principles and facilitate groups to articulate their needs and advocate for the resources and capacities required for health promotion action
- Use leadership skills which facilitate empowerment and participation
- Incorporate new knowledge to improve practice and respond to emerging challenges in health promotion
- Contribute to team and organisational learning to advance health promotion action.

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## ATTITUDES 'I AM'

### 'I AM':

- Motivated to work towards achieving the best possible outcomes for young people as a result of my work
- Respectful of young people and the valuable role they play and contribution they make in society
- Committed to ensuring that the voice of young people is central to the work
- Open to new learning and challenging opportunities
- Non-judgmental in my approach to the work
- Flexible and creative in planning and implementing health promotion practice
- Appreciative of the value of reflective practice
- Aware of the value base in health promotion and the need for personal values clarification
- Ethical in my approach to the practice of health promotion
- Culturally aware, respectful of diversity and the critical need for social inclusion
- Aware of parental rights in relation to their children
- Committed to partnership and collaborative working with others both internal and external to my organisation
- Aware of my own boundaries and respectful of others' boundaries in the work
- Aware of my limitations
- Open to giving and receiving constructive feedback
- Empathic
- A critical thinker.

These core competencies for promoting health in the youth sector require that a worker draws on a multi-disciplinary knowledge base of the core concepts, principles, theory and research of health promotion and youth work and their application in practice. It should be noted that the Specialist Certificate in Youth Health Promotion, delivered by the NYCI National Youth Health Programme and accredited by the National University of Ireland, Galway (NUIG) provides workers with the relevant training and capacity building to develop/build on these competencies.



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## 2. The role of youth organisations in supporting effective health promotion practice

### INTRODUCTION

In order 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 health-related issues and concerns 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. In addition to the core competencies required for health promotion in the youth sector, initial induction (including introduction to organisational policies, procedures and guidelines), ongoing training, support and supervision should be available to all workers engaged in health-related work in youth organisations.

### I. 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, procedures and guidelines as well as approaches and strategies for health promotion used in youth organisations.

### II. 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.

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## TRANSFER OF TRAINING:

Accessing training opportunities is of significant importance for workers in the sector; however, equally important is the concept of 'transfer of training'. Baldwin et al (1988) defines positive transfer of training as '*the degree to which trainees effectively apply the knowledge, skills and attitudes gained in a training context to the job*'. For transfer to have occurred, learned behaviour must be generalised to the job context and maintained over a period of time on the job.

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ONLY <b>10-15%</b>	of training is reflected in long-term on the job <b>behavioural changes</b>
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ONLY <b>35-40%</b>	will immediately attempt <b>to transfer their learnings</b> to the workplace
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The problem of training transfer has been documented thoroughly, with estimations that as little as 10% to 15% of what is actually delivered in training is reflected in long-term behavioural change on the job (Baldwin & Ford, 1988; Naquin & Baldwin, 2003). In addition, studies have shown that only 35% to 40% of trainees will immediately attempt to transfer what they were taught in the training environment to the workplace (Broad & Newstrom, 1992). This is in line with studies that support the conclusion that the transfer of learning and the transfer of training will decline significantly over time without any maintenance of training (Baldwin & Ford, 1988; Broad & Newstrom 1992).

When training does not transfer, it is likely that trainees and supervisors will question the benefit of their investment in the training and, as a consequence, time and money are both wasted. Conversely, fully utilised learning is perceived as valuable and demonstrable, and has implications for organisations needing to maximise the impact of training, particularly in a time of diminished resources.

Effective transfer of training practices is critical to improving the impact of training efforts. Training transfer is not an event; it is a dynamic and complex process. Multiple factors need to be taken into account when trying to maximise training transfer.

These factors are generally categorised into one of three areas:

- **Individual characteristics:** i.e. how prepared individuals are to attend development programmes, how motivated they are to apply their learning, and how confident they are that they are able to improve their performance.
- **Programme design:** i.e. how relevant the content is to the individual, and how helpful the methods are in assisting them to apply learning.
- **The work environment:** including factors such as the support that individuals get from their manager to apply learning, whether their schedules allow them the time to practice new skills, and how open the organisation is to using new ways of working.

Research has indicated that while all three areas of the transfer system have an impact on whether a participant uses what they have learned, what appears to be most, and uniquely, influential are the characteristics of the individual. It would appear that how prepared participants are to learn and how motivated they are to apply learning is more important to whether learning is transferred than the design of the programme, or the support they receive from the work environment to which they return (Waller 2012). It is vital that organisations take cognisance of these factors when designing or accessing training initiatives.

### III. SUPPORT

It is essential for workers to have access to established forms of support. Work with young people can be stressful and challenging. Although line management supervision may be in place, managers may not always have a working knowledge of health issues and, therefore, may not always be in a position to support workers. Access to support, through which workers can gain clarification and mutual support, and 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.

### IV. SUPERVISION

Formal supervision is particularly important for those engaged in health-related work and should be ongoing practice in youth work. It should provide a forum for workers to discuss issues relating to their work. There are three main functions of professional supervision as follows:

- **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.

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According to O'Neill (2004) regular structured supervision provides an opportunity to:

- Reflect on the content and process of practice
- Monitor and ensure the quality of the work
- Review and plan work
- Consider any particular responsibilities and input of the supervisee
- Develop understanding and skills.
- Seek and receive information, support and feedback
- Voice and examine concerns
- Explore and express issues brought up by the work
- Consider the impact of the work on the supervisee
- Be proactive
- Be challenged constructively
- Identify skills and strengths for the worker
- Identify areas requiring further development
- Agree targets for future development in the context of a continuous professional development (CPD) plan and identify training needs
- Monitor and evaluate ongoing development and aspects of the CPD plan.

O'Neill (2004) also highlights that supervision is not...

- A casual activity that takes place over a cup of coffee
- A chat
- Counselling
- An optional extra
- Something you only do when there is a problem
- Appraisal
- Support for the supervisor
- A telling-off
- A grievance session
- A test or exam
- Something you only do when there's nothing else happening.

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

CHECKLIST FOR YOUTH ORGANISATIONS REGARDING INDUCTION, TRAINING, SUPPORT & SUPERVISION	
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"> <li>Which of the following does it include and how is the worker inducted into the following areas:               <ul style="list-style-type: none"> <li>(a) Organisational ethos/vision/mission</li> <li>(b) Organisational policy (e.g. health promotion, child protection, confidentiality, health &amp; safety, bullying, drugs and alcohol, sexual health, mental health etc.)</li> <li>(c) Organisational procedures (e.g. reporting, referral, code of behaviour etc);</li> <li>(d) Role, responsibilities and accountability.</li> </ul> </li> <li>Who has responsibility for the provision and effective management of this induction process?</li> <li>How does the organisation ensure that induction is provided on an equal/equitable basis?</li> </ul>
TRAINING	<ul style="list-style-type: none"> <li>How are workers' training needs identified?</li> <li>How are training needs prioritised?</li> <li>What types of training does the organisation access (e.g. in-house, external, expert-led, accredited etc.)?</li> <li>How does the organisation motivate workers to participate in training in order to enhance their personal and professional development?</li> <li>How are workers facilitated to participate in training in order to improve their practice?</li> <li>How is the impact and outcomes of training evaluated?</li> <li>How is any learning from training disseminated within the organisation?</li> <li>Who has responsibility for the provision and effective management of training in the organisation?</li> <li>How does the organisation ensure that training is provided on an equal/equitable basis?</li> </ul>
SUPPORT	<p>What support systems exist for workers within the organisation (e.g. peer support, line management support, external support)?</p> <ul style="list-style-type: none"> <li>How are these systems implemented and evaluated?</li> <li>How are workers encouraged and facilitated to avail of these support systems?</li> <li>Who has responsibility for the provision and effective management of these support systems?</li> <li>How does the organisation ensure that support is provided on an equal/equitable basis?</li> </ul>
SUPERVISION	<p>What supervision structures exist for workers within the organisation (e.g. formal, informal, group, one-to-one, internal and external)?</p> <ul style="list-style-type: none"> <li>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.)?</li> <li>How is the effectiveness of these systems monitored and evaluated?</li> <li>Who has overall responsibility for the provision and effective management of these supervision structures?</li> <li>How does the organisation ensure that supervision is provided on an equal/equitable basis?</li> </ul>

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## V. VOLUNTEER MANAGEMENT AND SUPPORT

In general, the areas of induction, support and supervision come under the umbrella of staff management and are mainly aimed at paid staff in the youth sector. Good 'people management' ensures that everyone involved helps the organisation to achieve its goals in the most effective way possible. A significant range of health-related activity is also carried out by volunteers within youth organisations. Therefore, 'people management' applies equally to the volunteer workforce in youth organisations.

In order to manage volunteers effectively, managers/youth organisations must:

- Understand why the organisation involves volunteers
- Know how volunteers fit in with the overall structure of the organisation
- Be committed to the involvement of volunteers
- Know what motivates people to volunteer and to stay
- Match the right volunteers with the volunteer opportunities
- Validate the contribution that volunteers make
- Build a team which values the contribution made by all members
- Ensure the efficiency of the service at the same time as meeting the needs of volunteers
- Deal with problems that arise.

Therefore, key 'people management' tasks such as induction, support and supervision apply equally to volunteers as outlined in the following Volunteer Management Cycle presented in the Citizen's Information Bureau's 'Managing Volunteers. Good Practice Guide'.



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## VI. REFLECTIVE PRACTICE

In addition to induction, support and supervision for those engaged in health-related work in the youth sector, reflective practice is also of significant importance. Reflective practice is defined as follows:

*'In its broadest sense, reflective practice involves the critical analysis of everyday working practices to improve competence and promote professional development' (Clouder, 2000).*

*'Something more than thoughtful practice. It is that form of practice that seeks to problematise many situations of professional performance so that they can become potential learning situations and so the practitioner can contribute to learn, grow and develop in and through practice' (Jarvis, 1992).*

A broad range of models of reflective practice have emerged in the literature since Donald Schön first introduced the concept of 'reflection' as being central to 'what professionals do'. The majority of these models have come from the health and education sectors and have much to offer youth work as the sector continues to develop its professional practice. The better known and used reflective practice models cited in Maclean (2012) include Johns (2000), Boud, Keogh and Walker (1985), Gibbs (1988), Borton (1970), Fook (2002), Smyth (1989) and Korthagen (2001).

Each of these models contributes something different to the concept of reflective practice but common themes can be extrapolated across the various models. These common themes include dynamic questioning, self-awareness, consideration of feelings and emotions, accepting uncertainty, use of knowledge, exploring basic assumptions, understanding power and planning for change and action.



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Reflective practice improves youth work practice, and in turn health promotion practice within youth work in the following ways:

**Reflective practice:**

- Opens up options about how youth work practice happens. When we reflect on why and how we carry out our work it enables us to see both 'more' and to 'see things differently'... it 'illuminates our practice' which can lead to more creative practice. This is important in the current climate of ever decreasing resources
- Helps workers to identify gaps in their skills and knowledge
- Makes it easier for workers to identify their learning needs and improve their practice
- Encourages workers to analyse communication (what and how they communicate) and relationships within their work context – this means that relationships can be improved and collaborative working can be improved also
- Supports workers in examining their decision-making processes which can, in turn, help them to justify and articulate their practice
- Encourages a healthy questioning approach which contributes to transparency and accountability at organisational level.

It is important that supervision in the youth sector is not seen as being the same as reflective practice. Reflective practice can and should be a useful component of good supervision, however, workers (paid and voluntary) require structured opportunities for meaningful reflection in order to fully explore, analyse, debate and learn from their health-related practice, particularly given the often sensitive and challenging nature of this work. Reflective practice can then lead to improved and more effective youth work and health-related practice thereafter.

## **SECTION 4: KEY ELEMENTS OF EFFECTIVE HEALTH PROMOTION PRACTICE IN YOUTH ORGANISATIONS**

# INTRODUCTION

Section 4 considers the key elements of effective health promotion practice in youth organisations. It begins by highlighting the importance of an organisation having a clear mission, vision, ethos and principles to underpin its health promotion work, defining each of these in turn. This section then goes on to present a comprehensive process for planning health promotion programmes and initiatives. In this context, this section presents a model depicting the common components of health education planning models which includes:

- Engaging and understanding the priority population
- Assessing the needs and assets of the priority population
- Developing programme goals, objectives and outcomes
- Planning
- Implementation
- Evaluation.

Finally, this section identifies the importance of policy development in the context of health promotion practice in youth organisations. It outlines an understanding of policy and policy development, presents a rationale for policy development, identifies the links between health-related policy and the NQSF statement of youth work practice, provides guidelines and a framework for developing a health promotion policy and identifies good practice guidelines for developing, implementing and evaluating health-related policy in youth organisations. Furthermore, this section provides information and reference points for a range of relevant health-related policies required to underpin and inform good health promotion practice in youth organisations.

## 1. Mission, vision, ethos and principles

**Mission:** A mission statement defines an organisation's purpose and primary objectives. Its prime function is internal - to define the key measure or measures of an organisation's success. Mission statements are the starting points of an organisation's strategic planning and goal setting process. They focus attention and ensure that stakeholders understand what the organisation is attempting to accomplish.

**Vision:** Vision statements reflect the ideal image of an organisation in the future. They create a focal point for strategic planning and are time bound, with most vision statements projected for a period of 5 to 10 years. The vision statement communicates both the purpose and values of an organisation.

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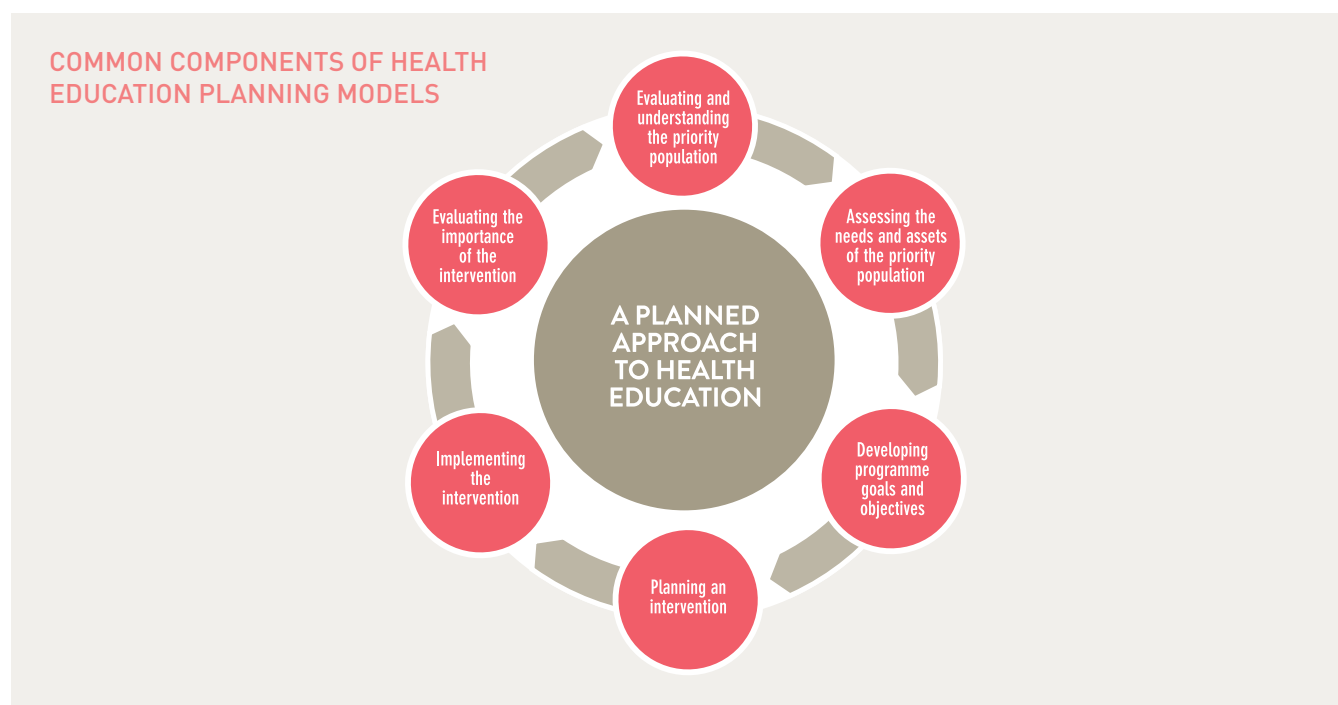
**Values:** Values are the beliefs of an organisation, the expression of what it stands for and how it will conduct itself. Values are the core of an organisation's being. They underpin policies, objectives, procedures and strategies because they provide an anchor and a reference point for all things that happen.

**Ethos:** An ethos is the set of fundamental values held by a person, a group or organisation. Ethos is what characterises the tone or culture of organisations.

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## 2. A comprehensive process for planning effective health promotion practice in youth organisations

This section will outline the process involved in promoting health in youth organisations. There are numerous models which can be used to describe this process, most of which consist of a number of basic components as follows:



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Each of the stages is explored in greater detail throughout this section. It should be noted that while the stages are presented in a sequential manner, they are not mutually exclusive of one another. This overall process is critical to the successful implementation of the 'Framework for promoting young people's health in youth organisations' which accompanies this Manual.

## I. ENGAGING AND UNDERSTANDING THE PRIORITY POPULATION

The first stage in this process is to engage with and understand the young people involved in the organisation's health promotion practice. In the Republic of Ireland, young people voluntarily engage with youth organisations for a broad range of reasons e.g. educational, recreational and social, etc. It is on the basis of this voluntary engagement that a relationship evolves and develops between the young person and the workers. This positive relationship provides opportunities for the worker to develop an understanding of the young person's situation and background. Furthermore, youth work practice recognises that each young person exists within a broader community context and this context impacts on their growth and development. As youth organisations operate within a wider community context, this provides the workers with an awareness, knowledge and insight into the issues within communities which impact on the lives of the young people. These understandings i.e. of the young people and their community contexts, should be used to more fully inform the next stage in the process – needs assessment.

## II. ASSESSING THE NEEDS AND ASSETS OF THE PRIORITY POPULATION

Needs assessment 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'.*

Assessing need is a process which involves:

- Gathering data about the needs of a target population
- Gathering data about the provision of services to the population
- Analysing the data
- Identifying any deficits
- Establishing priorities to address the deficits.

It is, therefore, an information seeking process.

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### BRADSHAW'S TAXONOMY OF NEED:

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 another 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?

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	DEFINITIONS & 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, Growing up in Ireland Study, etc.
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	DESCRIPTIONS
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.
SURVEY MONKEY	Survey Monkey User Manual - This user's manual guides you through all areas of Survey Monkey. It takes you from start to finish covering topics such as creating and upgrading accounts, designing surveys, collecting responses, analysing data, and managing accounts. <a href="http://s3.amazonaws.com/SurveyMonkeyFiles/UserManual.pdf">http://s3.amazonaws.com/SurveyMonkeyFiles/UserManual.pdf</a>
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.



NEEDS ASSESSMENT METHODOLOGIES	DESCRIPTIONS
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 discuss an issue and ask questions, exchange anecdotes and comment on each other's 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 & 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.
DRAW & 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.
GRAPHIC /VISUAL HARVESTING OR RECORDING	Graphic recording involves capturing on large-sized paper- in words, images and colour people's ideas and expressions as they are being spoken in the moment. Also see Mind Mapping: <a href="http://www.mindtools.com/pages/article/newISS_01.htm">http://www.mindtools.com/pages/article/newISS_01.htm</a>

NEEDS ASSESSMENT METHODOLOGIES	DESCRIPTIONS
WORLD CAFÉ METHODOLOGY	<p>The World Café is a user-friendly method for creating meaningful and cooperative dialogue around questions that count. As an organisational or social design process the World Café offers a practical way to enhance the human capacity for collaborative thought. Born out of the worldwide interest in dialogue methodologies and readily applicable to organisations and communities, it catalyses dynamic conversations and opens new possibilities for action.</p> <p>In a World Café dialogue, small, intimate conversations link and build on each other as people move between groups, cross-pollinate ideas and make new connections around questions that really matter to their life, work, or community. As this living network of conversations evolves through several rounds of exploration, knowledge-sharing grows, a sense of the whole becomes more visible, and innovative possibilities evolve. Because of its unique structure, Café learning enables large groups, often hundreds of people, to think together creatively as part of a single, connected conversation. See: <a href="http://www.theworldcafe.com/method.html">http://www.theworldcafe.com/method.html</a></p>

#### 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?	Once needs have been identified, they need to be analysed and prioritised. It may not be possible to deliver a response to all of the identified needs due to issues such as resourcing, capacity, mandate, etc. Therefore, the plan developed in response to the needs assessment should ensure that the priorities identified are within the scope and capacity of the organisation in question. Furthermore, while organisations may not be in a position to deliver on all the needs identified, partnership working and collaboration with other agencies may provide opportunities for developing responses to a wider range of needs.

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## NEEDS ASSESSMENT FRAMEWORKS AND MODELS:

Please note that a number of needs assessment frameworks exist within the literature which offer youth organisations a useful structure for planning a comprehensive needs assessment. One of the most useful frameworks for youth organisations is by *Hibbert, T. (n.d.) Firm Foundations: A Framework and Tools for identifying and acting on the needs of young people. Pg 10. National Youth Agency, UK.*

Some useful models to inform needs assessment, cited by the Centre for Effective Services (2010) include:

- Brofenbrenner Ecological Model (1979)
- The Hardiker Model (1991)
- Framework for the Assessment of Children in Need and their Families, Department of Health, UK (2000)
- The Common Assessment Framework (CAF).

## ASSESSING THE ASSETS OF THE TARGET POPULATION:

In addition to the assessment of the needs of the target population, it is equally important to assess and identify the assets, strengths and resources of the target groups for whom health promotion initiatives and programmes are being planned. Over recent years there has been a shift in research and service delivery from a deficits-based approach to an approach that highlights strengths, resources and assets, which in turn, may enable the attainment of positive outcomes. This is particularly important in the context of working with young people. Central to the assessment of assets is the concept of strength-based practice and a strengths-based approach (please see Section 2 for more information). Working with and supporting young people to identify and assess their strengths, assets and resources should be a central component in any health-related needs assessment process, thereby, empowering young people to identify the positives in their lives as well as the gaps and needs.

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## THE 40 DEVELOPMENTAL ASSETS

In 1990, the Search Institute released a framework of 40 Developmental Assets, which identifies a set of skills, experiences, relationships, and behaviours that enable young people to develop into successful and contributing adults. Over the following two decades, the Developmental Assets framework and approach to youth development became the most frequently cited and widely utilised in the world, creating what Stanford University's William Damon described as a "sea change" in adolescent development.

Data collected from the Search Institute surveys of more than 4 million children and youth from all backgrounds and situations has consistently demonstrated that the more Developmental Assets young people acquire, the better their chances of succeeding in school and becoming happy, healthy, and contributing members of their communities and society.

### III. DEVELOPING PROGRAMME GOALS, OBJECTIVES AND OUTCOMES

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

**GOALS** are an observable and measurable end result having one or more objectives to be achieved within a more or less fixed timeframe.

**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 on the aims in operational terms. These are the specific steps through which the aims will be achieved. Objectives are generally short-term and include measurable improvements regarding risk factors, health-related behaviours or social determinants. With regard to formulating objectives for a health-related programme/initiative e.g. 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:**

<b>SPECIFIC</b>	The aim of the issue, target group, process and positioning of the programme must be specific
<b>MEASURABLE</b>	The objectives must be concise and capable of being measured, i.e. how much; by when and by whom
<b>ACHIEVABLE</b>	The aim and objectives of the programme/initiative must be achievable rather than aspirational, taking account of all available and accessible resources
<b>RELEVANT</b>	Objectives need to relate to and be relevant to the goals, while the goals themselves require relatedness to the programme/initiative
<b>TIME BOUND</b>	All programmes and initiatives need to be time related, providing a timeframe through which the planning, design, implementation and evaluation will be achieved.

**OUTCOMES** are the changes for service users or other targets of change that happen as a result of an intervention or service being provided. The outcomes of an intervention identify what is hoped to be accomplished, and provide a consistent framework for agencies and groups to work towards a common end to achieve change required. In the context of an organisation's health promotion practice, outcomes are the changes that result for young people from health promotion programmes, activities and interventions.

**OUTCOME-FOCUSED APPROACH:** Most youth organisations are now using an outcome-focused approach in their work and have integrated this approach into their overall model of planning and service delivery.

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*An outcome-focused approach in relation to health promotion practice:*

- Increases the likelihood that activities will achieve the intended outcomes (by 'starting out with the end in mind')
- Encourages people to think about outcomes rather than outputs and consider the difference actions and activities can make in young people's lives – putting young people at the heart of health promotion planning
- Enables evaluation, learning and measurement of the effectiveness of an organisation's health promotion work
- Helps organisations demonstrate their contribution to improving the overall health and wellbeing of young people.

In using the 'Framework for promoting young people's health in youth organisations', accompanying this Manual, youth organisations are likely to identify a broad range of outcomes for young people. Some of these outcomes may relate to their overall health and well-being and some may result from specific programmes, activities and interventions addressing the various dimensions of health. (See the '*Framework for promoting young people's health in youth organisations*' for further information).

#### IV. PLANNING

Planning is the process of defining the initiative or programme, articulating the rationale, establishing measurable aims, objectives and outcomes, identifying the process, selecting appropriate strategies and methodologies and defining specific actions for implementation.

Planning can also be described as the preparation for actions using certain resources in certain ways to attain specific goals and outcomes. There are 7 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.

STRATEGIC PLANNING	A long term plan for action which considers current circumstances and future activities
TACTICAL PLANNING	Planning the steps necessary to implement a strategic plan
RECURRENT PLANNING	Planning for regular programmes or cycles of work
PROJECT PLANNING	Planning for a specific piece of work
OPERATIONAL PLANNING	Planning specific pieces of work with a specific time frame
DAY-TO-DAY PLANNING	Planning work on a daily basis and evolves from other more long term plans
CONTINGENCY PLANNING	Planning for when things go wrong.

## RATIONALE FOR HEALTH PROMOTION PLANNING

The rationale for planning in health promotion is to:

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

## HEALTH PROMOTION PLANNING PROMOTES:

- Programme/initiative effectiveness
- Identification of emerging needs and trends
- An outcome-focused approach 'starting with the end in mind'
- Organisational efficacy
- Service enhancement
- Stakeholder development
- Service user empowerment
- Partnership
- Cost effectiveness.

## HEALTH PROMOTION PLANNING MODELS:

A number of models have been developed to assist in planning health promotion programmes/initiatives. The use of a planning model provides a framework or structure to systematically develop a health promotion programme/initiative. Planning models help to ensure that all relevant issues and aspects in relation to the particular programme/initiative are considered and addressed appropriately. 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.

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A number of planning models are in use within the field of health promotion and include the following:

- Precede/Proceed Planning Model &
- Ewles & Simnett Planning Model (1992)
- Tones Planning Model (1974)
- The Logic Model.

#### 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:

- The Reflection – Action Approach
- The SCOT Approach – Strengths, Challenges, Opportunities and Threats.

(Please refer to The National Youth Health Programme Health Quality Mark Support Manual for further details).



## V. IMPLEMENTATION

Implementation can be described as *'the carrying out of a plan for doing something. It focuses on operationalising the plan – the 'How' rather than the 'What'.*

Implementation can refer to the delivery of a specific programme, in which case, it refers to a purposeful set of activities undertaken to incorporate the distinct components of that programme into a service or community setting. Similarly, it can relate to policy, which involves a series of activities undertaken by government and its institutions to achieve the goals and objectives articulated in policy statements.

### Enablers of, and barriers to, effective implementation of health promotion programmes/initiatives

The Centre for Effective Services (2012) provides an excellent overview of enablers of, and barriers to, implementation. These enablers and barriers are outlined below and are applied in the context of health promotion practice in youth organisations.

#### ENABLERS OF IMPLEMENTATION:

The Centre for Effective Services (CES) cites a range of factors which facilitate effective implementation, described as 'implementation enablers'. The CES highlights that the integration of these factors is vital to implementation success. The importance of each of the implementation enablers varies depending on the programme/initiative being implemented, and the context and setting in which it is implemented.

These enablers include the following:

- **Stakeholder consultation and buy-in:** Consulting with all relevant stakeholders is vital for successful implementation. It allows those implementing the programme/initiative to assess current needs, the fit and feasibility of the programme/initiative and levels of capacity and readiness. Consultation is also critical in terms of identifying, acknowledging and addressing any resistance which may exist to the implementation of the programme/initiative in question. In the context of effective health promotion practice in youth organisations stakeholder consultation and buy-in will happen from the start of the process, engaging with and assessing the needs and assets of key stakeholder groups.
- **Leadership:** Implementation leaders or champions are the early adopters of change. They take positive action to encourage others to participate in the implementation process, and provide direction and vision for implementation and overcoming challenges that occur during the process. In the context of effective health promotion practice in youth organisations the champion or driver will generally be the health promoter i.e. the staff person specifically trained through the Specialist Certificate in Health Promotion.
- **Resources:** Ensuring appropriate funding, staff with the relevant skills and other necessary resources are all essential enablers to successful implementation. Youth organisations need to ensure that there are appropriate resources ring-fenced for effective health promotion practice.

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- **Implementation team:** An implementation team is a core group of individuals who have special expertise in the implementation of the programme/initiative being implemented. The team is accountable for guiding the overall implementation process, building internal capacity to manage change and providing support at all relevant levels. The functions of a youth organisation's health promotion implementation team include:
    - Moving the project through the stages of implementation
    - Identifying barriers and finding solutions
    - Identifying facilitators and programme deliverers
    - Engaging with stakeholders and community
    - Engaging in evidence-informed decision-making to ensure that the organisation's programmes/initiatives are the best they can be.
  - **Implementation plan:** An implementation plan sets out clearly the objectives of the programme/initiative, specific tasks relating to its implementation, the individuals responsible for carrying out these tasks and agreed timelines. It should also clearly outline the inputs, outputs and outcomes in the process and how these relate to one another. Please note that the Logic Model offers a very useful framework for developing an implementation plan taking each of these elements into consideration. (Please refer to the previous section on Planning for more details on the Logic Model and other health promotion planning models).
  - **Staff capacity:** Building staff capacity is a core component of implementation and is central to ensuring that the desired outcomes are achieved. Quality induction, training, support and supervision (see Section 3) are all important elements in building the capacity in staff for effective implementation of health promotion programmes/initiatives. Furthermore, it is important to pay particular attention to the core competencies for effective health promoters, outlined in Section 3.
  - **Organisational support:** Supportive organisational structures and systems are critical in enabling effective implementation of health promotion programmes/initiatives. Organisational support means having systems, policies and procedures in place which underpin and support the health promotion programmes/initiatives being delivered within the organisation.
  - **Supportive organisational culture:** An organisational culture is the norms, values and beliefs that exist within the organisation. For a health promotion programme/initiative to be successfully implemented, it must be culturally embedded within the organisation i.e. the programme/initiative must be in keeping with the organisation's ethos, values and principles.
  - **Communication with staff:** Effective, on-going communication is critical in motivating staff, overcoming resistance to change and giving and receiving feedback. It is also essential for building and maintaining trust, facilitating reflective practice and continually building staff competencies and capacity. Having internal systems and processes which support effective communication is central to good health promotion practice within the organisation and will, in turn, better enable staff to carry out their health promotion work successfully.

- **Monitoring and evaluation:** Monitoring and evaluation are essential to determine whether indicators are being met and health promotion outcomes are being achieved. Monitoring and evaluation also help to identify risks to implementation and inform future actions. Appropriate reporting and review mechanisms must be in place to facilitate this process. (See the section to follow on evaluation).
- **Learning from experience:** Identifying and demonstrating where and how the organisation's health promotion programmes/initiatives are working well helps to build credibility and buy-in, and enables staff, target groups and other relevant stakeholders to learn from experience. Reflecting upon the overall implementation process, during the final stages of implementation, allows workers to identify strengths and weaknesses that occurred during the process and to inform and improve future health promotion practice.

### BARRIERS TO IMPLEMENTATION:

The CES also cites a number of factors which hinder the implementation process and highlights that if these barriers to implementation are identified early on, then actions can be taken (often through one of the 'enablers' listed in the previous section) to overcome these barriers.

These barriers to implementation include the following:

- **External environment:** The external environment may hinder the implementation of effective health promotion programmes/initiatives e.g. a youth organisation's efforts to positively influence health enhancing behaviours in young people (such as healthy diet, exercise, reduced levels of substance use, etc.) may be hindered by the structures and systems within which young people engage when not engaged with a youth organisation e.g. community, home, peers, etc).
- **Resistance to change:** Health promotion 'leaders' or 'champions' in youth organisation may meet resistance from others in terms of implementing effective health promotion practice. This resistance can exist for various reasons e.g. lack of resources to implement effective programmes, lack of training or capacity among workers to 'take on' elements of health promotion practice, fear of doing things differently. Health promotion 'champions' can create readiness by consulting all stakeholders in the decision-making process, by giving clear direction on the proposed change, and by acknowledging and validating concerns stakeholders may have. Buy-in across the organisation and a 'whole organisational approach' to health promotion will ensure that best practice is implemented at all times.
- **Vested interests:** The interests of those involved in the delivery of programmes/initiatives can, occasionally, negatively affect its implementation. This can occur when the vested interests of those in question are incongruent with the programme/initiative e.g. a worker or volunteer decided to deliver the programme/initiative in their own way rather than keeping to the fidelity of the original plan. Similarly, having a vested interest in the successful implementation of a programme/initiative can also act as a barrier, if it brings it in a new direction or influences the implementation of the programme/initiative in a way that is beyond the scope of the original plan.

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In general, health promotion programmes and initiatives being implemented by youth organisations will fall under the organisation's health education work with the key focus being on developing young people's personal skills. A comprehensive overview of health education practice is presented in Section 5 identifying health education approaches, expected outcomes of effective health education programmes, methodologies and good practice guidelines for planning, implementing and evaluating health education programmes.

## VI. 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 or initiative. Hawe, Degeling and Hall (1990) explain that in the context of 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 have been produced?

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

### RATIONALE FOR EVALUATION:

Evaluation is essential to ensure an effective appraisal of a plan, programme 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?

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### 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 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.

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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.

## 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.

*(See the previous section on needs assessment methodologies where many of these methodologies are described in further details).*

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## 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:

The two most important types of evaluation in terms of health practice in youth organisations are as follows:

- **Process Evaluation** – Process evaluation uses empirical data to assess the delivery of programmes. In contrast to outcome evaluation (which assesses whether or not the outcomes were achieved), process evaluation verifies if the programme is being implemented as designed. Therefore process evaluation asks 'what' while outcome evaluation asks 'so what'. Process evaluation, therefore, assesses the on-going process of how the programme/initiative is organised, delivered and received, assessing inputs, activities and outputs with data collected throughout the programme implementation phase.
- **Outcome Evaluation** - This is the systematic process of collecting, analysing and interpreting data to assess what results a programme/initiative has achieved. This form of evaluation occurs at the final stages of a programme or initiative. Outcomes are measured against the stated objectives and targets which were formulated prior to the implementation of the initiative.

## INDICATORS FOR EVALUATION:

Indicators are necessary to help determine what data needs to be collected to assist in programme evaluation. E.g. an outcome of a health-related programme might be that participants have improved social skills. Indicators used to monitor the progress towards achieving this outcome may include participants' ability to adhere to group values/rules, participants' ability to manage emotions and the development of positive conflict resolution skills.

**Process indicators:** Process indicators monitor the on-going implementation of the programme i.e. programme inputs, activities and outputs.

Examples of process indicators might include the following:

PROGRAMME INPUT INDICATORS	PROGRAMME REACH INDICATORS	PROGRAMME DELIVERY OR IMPLEMENTATION INDICATORS
<ul style="list-style-type: none"><li>• Financial resources</li><li>• Human resources</li><li>• Administrative resources</li><li>• Equipment required.</li></ul>	<ul style="list-style-type: none"><li>• Number of participants</li><li>• Proportion of the target population participating in the programme</li><li>• Dropout rate</li><li>• Number of key stakeholders involved.</li></ul>	<ul style="list-style-type: none"><li>• Number of workshops conducted</li><li>• All activities were implemented</li><li>• Material used caught people's attention</li><li>• Materials were easy to comprehend</li><li>• Materials used were appropriate for the target audience</li><li>• Media coverage achieved.</li></ul>

**Outcome indicators:** Outcome indicators relate to measuring the actual outcomes that result for the target group from the programme/initiative and can be short to medium term or medium to long-term. Examples of outcome indicators might include the following:



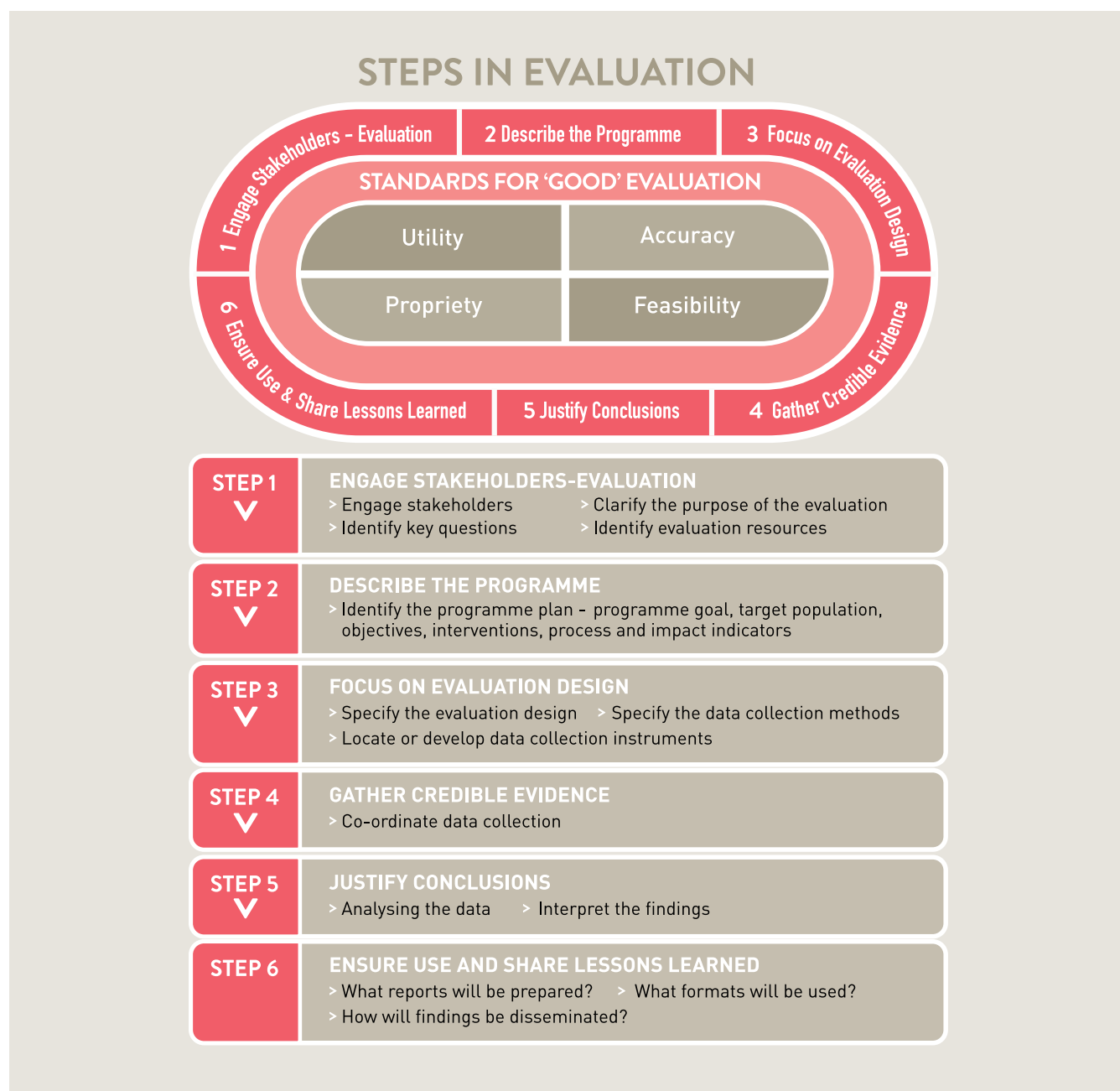
EXAMPLES OF INDICATORS TO MEASURE SHORT TO MEDIUM TERM OUTCOMES	EXAMPLES OF INDICATORS TO MEASURE MEDIUM TO LONG-TERM OUTCOMES
<ul style="list-style-type: none"> <li>• Changes in awareness, knowledge and skills</li> <li>• Changes in intended behaviour</li> <li>• Changes in individual capacity, i.e. confidence, self-esteem, social skills, problem solving skills, increased help-seeking behaviour, coping skills and optimism</li> <li>• Increased confidence</li> <li>• Increased social networks</li> <li>• Improved relationships.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased mental and emotional wellbeing</li> <li>• Increased physical wellbeing</li> <li>• Increased levels of community engagement</li> <li>• Increased levels of youth participation</li> <li>• Increased access to education, training or employment.</li> </ul>

For further information on indicators for evaluation see the following:

- Patton, M. (1996). *Utilisation-focused Evaluation*, Third Edition: Sage Publications. Chapter 4
- Ajdukovic, D. (2008). Development of evaluation indicators in psychosocial projects: balance between a creative challenge and research rigor. *Intervention Journal*, 2008, Volume 6, Number 1, Page 29-38
- Scottish Community Development Centre. *Learning, Evaluation and Planning (LEAP). Using the LEAP Framework Developing Outcome Indicators.*

## THE EVALUATION CYCLE:

If using more than one type or level of evaluation it is important to approach these in a logical and sequential manner. The following step-by-step sequence is useful to inform the evaluation planning process:



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### 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.

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## 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
- Indicating 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.

## OTHER USEFUL EVALUATION RESOURCES AND MATERIALS INCLUDE THE FOLLOWING:

- Centre for Health Promotion, University of Toronto (2007). Evaluating Health Promotion Programmes.
- Unesco Child and Family Research Centre (2011). On behalf of Foróige. How are we doing? An Evaluation Resource for Foróige Staff.
- Carter McNamara (n.d.). MBA, PhD, Authenticity Consulting, LLC. Basic Guide to Program Evaluation (Including Outcomes Evaluation).
- United States Government Accountability Office (2012). Applied Research and Methods. Designing Evaluations. GAO-12-208G, Jan 31, 2012.
- The National Science Foundation (2002). The 2002 User Friendly Handbook for Project Evaluation. Directorate for Education & Human Resources, Division of Research, Evaluation, and Communication.

# 3

## Policy development

### INTRODUCTION

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. To ensure that 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, cited in NYHP, 2006).

A policy is a statement of the ethos and values of an organisation. It defines a boundary within which issues are addressed. It also clarifies roles, relationships and responsibilities while serving as a basis for decision making. Policies inform 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 an overall health promotion policy for the whole organisation
- The development of specific health related policies, procedures and guidelines for young people and workers including both prevention and intervention strategies
- 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.

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## RATIONALE FOR POLICY DEVELOPMENT:

Health is an issue which affects 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 that 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.

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.

## LINKS WITH NQSF STATEMENT OF YOUTH WORK PRACTICE:

A health promotion policy is essentially the organisation's statement of practice and as such links with the Statement of Youth Work Practice in the NQSF which requires organisations to reflect on and articulate the following:

WHAT YOU DO	Ethos, mission, service provision, defining features and functions.
WHY YOU DO IT	Rationale, vision, aims and objectives, outcomes.
WHO IT IS FOR AND WITH	Target groups, partnerships, linkages.
HOW YOU DO IT	Modes of provision, approaches, methodologies.
WHERE YOU DO IT	Geographical area, settings, levels (local, regional, national), locations.

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### EFFECTIVE POLICIES ARE:

- Realistic
- Connected to the organisation' 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.

### GUIDELINES FOR DEVELOPING A HEALTH PROMOTION POLICY - A STEP-BY-STEP PROCESS

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 has been used extensively by youth organisations in the development of many policy areas including health promotion, substance use and sexual health policies.

## A STEP-BY-STEP PROCESS FOR DEVELOPING HEALTH-RELATED POLICY

STEP	ACTION
STEP 1: ASSEMBLE A POLICY WORKING GROUP	<ul style="list-style-type: none"> <li>• Identify key stakeholders (within and outside of the organisation) to participate in the working group</li> <li>• Nominate a member of the working group to oversee and co-ordinate the activities (with senior management support)</li> <li>• Clarify roles and responsibilities of the working group</li> <li>• Agree a timeframe and completion date for each step in the process.</li> </ul>
STEP 2: CLARIFY THE PRESENT POSITION WITHIN THE ORGANISATION	<ul style="list-style-type: none"> <li>• Define the ethos and value base of the organisation</li> <li>• Review existing and related policies and legislation</li> <li>• Explore any existing research that has been undertaken regarding health or reference other sources of local information</li> <li>• Consider the health work undertaken by the organisation to date and its perceived strengths and weaknesses</li> <li>• Review existing levels of knowledge and skills of workers involved in health work</li> <li>• Identify other resources, local provision and contacts that can support the policy development and implementation process.</li> </ul>
STEP 3: CARRY OUT A NEEDS ASSESSMENT	<ul style="list-style-type: none"> <li>• Identify key informants to participate in the needs assessment including young people, parents, management, workers and local service providers</li> <li>• Identify appropriate methodologies for conducting the needs assessment (e.g. questionnaires, focus groups, interviews, creative data collection techniques etc.)</li> <li>• Identify who will conduct the needs assessment with the various informants</li> <li>• Allocate sufficient time and resources (financial and personnel) to this stage of the process</li> <li>• Collate the findings from the needs assessment to inform the next step in the process</li> <li>• Disseminate the findings as appropriate.</li> </ul>
STEP 4: WRITE THE POLICY	<ul style="list-style-type: none"> <li>• Agree the target audience for the policy</li> <li>• Agree the content and format for the policy (see Framework for Policy to follow)</li> <li>• Assign roles and responsibilities regarding the writing of the policy</li> <li>• Following completion of the first draft, circulate to relevant stakeholders for comment and feedback</li> <li>• Ensure that the policy has been gender proofed at each stage.</li> </ul> <p>Note: 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"> <li>• If the policy covers what they expected</li> <li>• Whether it will be effective in supporting workers in the organisation</li> <li>• Whether it will be effective in supporting practice with young people</li> <li>• If anything important is missing</li> <li>• What needs to be made clearer</li> <li>• Whether the format and structure works well</li> <li>• If there is a problem with the tone of the language</li> <li>• Whether there are any errors e.g. spelling, grammar, etc.</li> <li>• Complete a revised draft taking account of the feedback (it may be necessary to repeat this process to arrive at a satisfactory final draft).</li> </ul>



STEP	ACTION
STEP 5: PILOT THE POLICY	<ul style="list-style-type: none"> <li>• Following agreement on final draft of the policy, disseminate as appropriate for comment on its usefulness</li> <li>• Pilot the policy using relevant case studies/scenarios to test its usefulness</li> <li>• Make any changes necessary to improve its effectiveness</li> <li>• Ensure that any legal implications of the policy have been approved.</li> </ul>
STEP 6: RATIFY THE POLICY	<ul style="list-style-type: none"> <li>• Senior management/Board of Management within the organisation should officially sign off on the policy. (Some organisations may wish to publish and formally launch the policy at this stage).</li> </ul>
STEP 7: IMPLEMENT THE POLICY	<ul style="list-style-type: none"> <li>• Identify who needs to be involved in the implementation process</li> <li>• Identify who will take responsibility for co-ordinating implementation</li> <li>• Identify strategies (taking account of resource implications) for implementation including:               <ul style="list-style-type: none"> <li>• Dissemination to relevant stakeholders both within and outside the organisation</li> <li>• Briefing sessions for relevant stakeholders as appropriate</li> <li>• Training courses on the use of the policy for relevant personnel</li> <li>• Identify how the implementation of the policy will be reviewed.</li> </ul> </li> </ul>
STEP 8: MONITOR AND EVALUATE THE POLICY	<ul style="list-style-type: none"> <li>• Appropriate monitoring and evaluation measures should be in place to support the implementation of the policy</li> <li>• As monitoring is an on-going 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.</li> </ul>

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## 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 can be used to develop any health related policy within a youth organisation.

1. POLICY STATEMENT (STATEMENT OF PRACTICE REGARDING HEALTH PROMOTION)	<ul style="list-style-type: none"><li>• Provide a statement on the organisation's position in relation to the issue in question. In this case two or three sentences outlining the beliefs and approach to health promotion.</li></ul>
2. AIMS AND OBJECTIVES	<ul style="list-style-type: none"><li>• The aim of the policy sets out clearly what the policy is intended to achieve</li><li>• The objectives of the policy set out clearly how this aim will be actioned out.</li></ul>
3. SCOPE OF THE POLICY (WHO IS IT FOR AND WITH... SETTINGS)	<ul style="list-style-type: none"><li>• Who the policy covers, e.g. staff, volunteers, management, etc.</li><li>• Settings, e.g. projects, clubs, etc.</li></ul>
4. CLARIFICATION OF THE ROLE OF HEALTH PROMOTION WITHIN THE ORGANISATION	<ul style="list-style-type: none"><li>• The organisation's definitions of health promotion and health education</li><li>• The Ottawa Charter (<a href="http://www.who.int/healthpromotion/conferences/previous/ottawa/en/">http://www.who.int/healthpromotion/conferences/previous/ottawa/en/</a>)</li><li>• Links between the principles of health promotion with the core principles or ethos of your organisation in particular, and youth work in general.</li></ul>
5. HEALTH PROMOTION IN ACTION – GUIDELINES FOR GOOD PRACTICE	<ul style="list-style-type: none"><li>• Outline guidelines for management, staff and volunteers in planning, implementing and evaluating health promotion programmes and practice within the organisation.</li></ul>
6. SPECIFIC ROLES AND RESPONSIBILITIES	<ul style="list-style-type: none"><li>• Indicate the specific roles of all those involved in health promotion work within the organisation, including the health promotion team.</li></ul>
7. STAFF/VOLUNTEER TRAINING, SUPPORT & SUPERVISION	<ul style="list-style-type: none"><li>• Outline how the organisation will provide for the information/education/ support and supervision needs of workers (staff and volunteers) in relation to health related work.</li></ul>
8. THE ORGANISATION'S HEALTH PROMOTION WORK IN A COMMUNITY CONTEXT	<ul style="list-style-type: none"><li>• Outline the main services and supports available to the organisation within the community (relates to criterion on partnerships and intersectoral working).</li></ul>
9. DISSEMINATION OF THE POLICY	<ul style="list-style-type: none"><li>• Describe how the organisation will disseminate the policy to workers, young people and parents and others as relevant.</li></ul>
10. MONITORING AND REVIEW OF THE POLICY	<ul style="list-style-type: none"><li>• Describe how/when the organisation will monitor and review the policy and when the organisation expects to update the policy if necessary.</li></ul>

## GOOD PRACTICE GUIDELINES FOR DEVELOPING, IMPLEMENTING AND EVALUATING HEALTH-RELATED POLICY IN YOUTH ORGANISATIONS

1. GOOD PRACTICE GUIDELINES FOR DEVELOPING HEALTH-RELATED POLICY	<ul style="list-style-type: none"> <li>• Encourage the development of health-related policy to be incorporated into the overall organisational policy in a holistic way</li> <li>• Actively consult with all relevant stakeholders e.g. young people, parents, workers, management, external agencies where appropriate in the development of the policy</li> <li>• Ensure that the policy is reflective of the needs of the diverse groups of young people with whom the organisation may work</li> <li>• Ensure that the policy is informed by other related policies.</li> </ul>
2. GOOD PRACTICE GUIDELINES FOR IMPLEMENTING HEALTH-RELATED POLICY	<ul style="list-style-type: none"> <li>• Acknowledge and actively pursue adequate resources for the implementation of the policy within the organisation</li> <li>• Acknowledge the need for and actively encourage the provision of training in relevant health-related areas for all involved in the organisation</li> <li>• Research and become familiar with relevant local support, expertise and resources available in relation to young people's health.</li> </ul>
3. GOOD PRACTICE GUIDELINES FOR EVALUATING HEALTH-RELATED POLICY	<ul style="list-style-type: none"> <li>• Monitor the implementation of the policy on an on-going basis</li> <li>• Evaluate the policy at agreed intervals e.g. every three years.</li> </ul>

## A CHECKLIST FOR ORGANISATIONS THAT HAVE ALREADY DEVELOPED AND IMPLEMENTED HEALTH-RELATED POLICY

- 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?

## SUGGESTED RANGE OF HEALTH-RELATED POLICIES TO SUPPORT HEALTH PROMOTION PRACTICE IN YOUTH ORGANISATIONS

Effective health promotion practice should be supported by a range of policies and procedures relevant to and based on the needs of the young people, workers and management within the organisation. In this regard, youth organisations should consider the following range of policies and may identify additional health-related policies and procedures in order to support its health promotion practice.

Some relevant policies include the following:

POLICY AREA	SUPPORT DOCUMENTS TO ASSIST IN POLICY DEVELOPMENT
SUBSTANCE USE POLICY	NYCI National Youth Health Programme (2013). Support Manual for Dealing with Substance Use Issues in an Out-of-School Setting. <a href="http://www.youthhealth.ie/sites/youthhealth.ie/files/NYCI_SUPPORT_MANUAL-SUBSTANCE.pdf">http://www.youthhealth.ie/sites/youthhealth.ie/files/NYCI_SUPPORT_MANUAL-SUBSTANCE.pdf</a>
SEXUAL HEALTH POLICY	National Youth Health Programme (2004). Sense & Sexuality. A support pack for addressing the issue of sexual health with young people in youth work settings. <a href="http://www.youthhealth.ie/sites/youthhealth.ie/files/u5/sense%20and%20sexuality.pdf">http://www.youthhealth.ie/sites/youthhealth.ie/files/u5/sense%20and%20sexuality.pdf</a>
MENTAL HEALTH POLICY	National Youth Health Programme (2004). Good Habits of Mind. A mental health promotion initiative for working with young people in out-of-school settings. <a href="http://www.youth.ie/sites/youth.ie/files/good-habits-of-mind.pdf">http://www.youth.ie/sites/youth.ie/files/good-habits-of-mind.pdf</a>
ANTI-BULLYING POLICY	National Youth Council of Ireland (2007). Let's Beat Bullying. An anti-bullying resource for those working with young people in out-of-school settings. <a href="http://www.youth.ie/sites/youth.ie/files/Let's%20Beat%20Bullying.pdf">http://www.youth.ie/sites/youth.ie/files/Let's%20Beat%20Bullying.pdf</a>
CHILD PROTECTION POLICY	NYCI (2012). Policy Toolkit. Protecting our children and young people <a href="http://childprotection.ie/sites/childprotection.ie/files/Protecting_our_Children_and_Young_People_NYCI.pdf">http://childprotection.ie/sites/childprotection.ie/files/Protecting_our_Children_and_Young_People_NYCI.pdf</a>
CODE OF BEHAVIOUR	National Education and Welfare Board (2008). Developing a code of Behaviour: Guidelines for Schools. <a href="http://www.newb.ie/downloads/pdf/guidelines_school_codes_eng.pdf">http://www.newb.ie/downloads/pdf/guidelines_school_codes_eng.pdf</a>

POLICY AREA	SUPPORT DOCUMENTS TO ASSIST IN POLICY DEVELOPMENT
HEALTH AND SAFETY AUTHORITY	<p>National Youth Health Programme (2011). Health Quality Mark Support Manual. Developing a Quality Health Promoting Youth Organisation.  <a href="http://www.youthhealth.ie/sites/youthhealth.ie/files/HQM_Support_Manual_2011.pdf">http://www.youthhealth.ie/sites/youthhealth.ie/files/HQM_Support_Manual_2011.pdf</a></p> <p>Health and Safety Authority  <a href="http://employmentrightsireland.com/tag/health-and-safety-authority/">http://employmentrightsireland.com/tag/health-and-safety-authority/</a></p>
EQUALITY POLICY	<p>National Youth Council of Ireland &amp; Youthnet (2012). Access All Areas. A diversity toolkit for the youth work sector.  <a href="http://www.youth.ie/sites/youth.ie/files/Access%20All%20Areas%20-%20How%20to%20get%20started.pdf">http://www.youth.ie/sites/youth.ie/files/Access%20All%20Areas%20-%20How%20to%20get%20started.pdf</a></p>
CRITICAL INCIDENT POLICY/PLAN	<p>Department of Education and Science (2007). Responding to Critical Incidents Resource Materials for Schools.  <a href="http://www.sdpi.ie/other_des_publications/neps_critical_incidents_resource_material_schools.pdf">http://www.sdpi.ie/other_des_publications/neps_critical_incidents_resource_material_schools.pdf</a></p>

## **SECTION 5: STRATEGIES FOR EFFECTIVE HEALTH PROMOTION PRACTICE IN YOUTH ORGANISATIONS**

# INTRODUCTION

Section 5 discusses a range of strategies for effective health promotion practice in youth organisations. These strategies have a strong evidence base and are widely acknowledged as being key drivers in the fields of health promotion and youth work. These strategies include:

1. Developing young people's personal skills – the role of health education
2. Creating supportive environments
3. Youth empowerment and participation
4. Youth development and youth support
5. Advocacy
6. Partnership working and collaboration.

## 1. Developing young people's personal skills – the role of health education

Developing personal skills involves enabling personal and social development through providing information, education and enhancing life skills. Improving people's knowledge and understanding of health forms an important part of this action area highlighting the need for improved life skills and health literacy. Developing personal skills such as self-awareness, improved self-esteem, sense of control and self-efficacy, relationships and communications skills, problem-solving and coping skills have all been shown to improve young people's health.

The central way in which youth organisations can develop young people's personal skills is through 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.

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.'*

*'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.'*

## HEALTH EDUCATION APPROACHES:

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:

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> <p><b>The information-only approach:</b></p> <ul style="list-style-type: none"><li>• Assumes that young people are taking risks with their health due to a lack of information</li><li>• Usually provides factual information focused on biological/scientific aspects of health</li><li>• Sometimes focuses on scare tactics and promote a 'just say no' message</li><li>• Is widely acknowledged as being ineffective.</li></ul>
LIFE SKILLS APPROACH	<p><b>The life skills approach:</b></p> <ul style="list-style-type: none"><li>• Focuses not only on transmitting knowledge, but applying knowledge to personal situations</li><li>• Focuses on enhancing self-esteem and self-efficacy</li><li>• Aims at shaping values, attitudes and developing personal skills</li><li>• Aims to enhance the learner's ability to take responsibility for making healthier choices, resisting negative pressures, negotiating healthier relationships and avoiding risk-taking behaviours</li><li>• Uses methods which are learner-centered, age and culturally appropriate, gender sensitive, interactive and participatory.</li></ul>
COMPREHENSIVE HEALTH EDUCATION APPROACH	<p><b>The comprehensive health education approach:</b></p> <ul style="list-style-type: none"><li>• Looks at health from a holistic perspective emphasising the different aspects and dimensions of health</li><li>• Looks at a variety of issues and determinants that impact on health</li><li>• Promotes abstinence from risk-taking behaviours</li><li>• Offers learners the opportunity to explore and define their attitudes and values</li><li>• Acknowledges that many people will take risks with their health</li><li>• Uses a harm reduction focus as appropriate.</li></ul>



APPROACHES	CHARACTERISTICS OF THE APPROACH
ABSTINENCE-ONLY OR 'JUST SAY NO' APPROACH	<p><b>The abstinence-only or 'Just say no' approach:</b></p> <ul style="list-style-type: none"> <li>• Includes discussions about values, character-building, and in some cases, refusal skills</li> <li>• Teaches that risk-taking in relation to health will have emotional, physical and social consequences</li> <li>• Promotes abstinence</li> <li>• Teaches one set of values as morally correct for all</li> <li>• Avoids discussions of harm reduction</li> <li>• Cites consequences as reasons for abstinence.</li> </ul>
PEER EDUCATION APPROACH	<p><b>The peer education approach:</b></p> <ul style="list-style-type: none"> <li>• Focuses on the peer educators modeling appropriate behaviours and teaching social skills, rather than just producing factual information;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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.</li> </ul>
HARM REDUCTION APPROACH	<p><b>The harm reduction approach:</b></p> <ul style="list-style-type: none"> <li>• Aims to reduce harm from risky health behaviours through the provision of accurate information about health and risk-taking behaviour</li> <li>• Promotes the development of healthier choices</li> <li>• 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 reduction education than through education that implicitly or explicitly advocates abstinence.</li> </ul>
AGENDA SETTING	<p><b>Agenda-setting:</b></p> <ul style="list-style-type: none"> <li>• Involves consciousness-raising with public and legislative/policy makers about a health issue prior to introducing some policy or legislative change.</li> </ul>

### EXPECTED OUTCOMES OF EFFECTIVE HEALTH EDUCATION PROGRAMMES:

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

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## OVERVIEW OF METHODOLOGIES FOR HEALTH EDUCATION IN YOUTH ORGANISATIONS:

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 & 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
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.

METHODOLOGY	DESCRIPTION
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 & 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 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.

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## GOOD PRACTICE GUIDELINES FOR PLANNING EFFECTIVE HEALTH EDUCATION PROGRAMMES:

- 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 & 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
- 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 the best use of resources
- Consider the rights of young people in relation to their health.

**GOOD PRACTICE GUIDELINES FOR IMPLEMENTING EFFECTIVE 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 how parents might be involved in the programme and how their involvement might support the worker
- 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 EFFECTIVE 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.

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## 2. Creating supportive environments

Creating supportive environments moves health promotion beyond the individualistic focus to consider the influence of the broader social, physical, cultural and economic environments. This action area emphasises the importance of the interaction between people and their environments/settings. It highlights the importance of mediating structures such as homes, schools, communities, workplaces and other relevant settings as key contexts for creating and promoting positive health.

- Supportive environments are critical for a young person-centered approach to health.
- Supportive environments offer young people protection from the factors that can threaten good health.
- Supportive environments foster participation and enable young people to expand their capabilities.

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. This supports health promotion practice and helps to *'make the healthier choice the easier choice'* e.g. providing healthy food options, providing healthy snacks for after schools clubs, providing a smoke-free environment, implementing an anti-bullying policy, providing an adolescent friendly physical environment which is attractive and accessible to young people and encourages their engagement and participation.

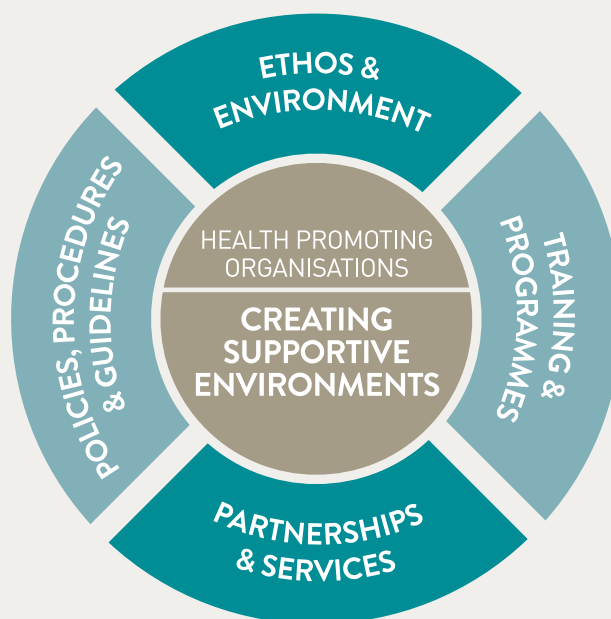
Youth organisations create supportive environments by ensuring that the spaces where young people engage (youth clubs, youth cafes, youth projects, etc.) are physically safe. This means having all health and safety measures in place in order to ensure the health and safety of all those using youth organisation's premises. Additionally, it requires having a Health and Safety Policy in place which is monitored and updated on an on-going basis in adherence with Health and Safety legislation.

Youth organisations also create supportive environments by ensuring safe social spaces for young people. This begins with the organisation being clear and explicit about its ethos and demonstrating a young person-centred approach in all its dealings with young people. Additionally, it involves the organisation ensuring that all its policies, procedures and guidelines are in place and underpin all work with young people e.g. child protection, anti-bullying, substance use, etc. (see Policy development in Section 4 for more details). This also involves ensuring that staff are well trained, supported and supervised to work effectively and appropriately with young people.

Furthermore, this involves working collaboratively with other agencies to ensure that appropriate referral pathways are in place to enable workers to refer young people on to more specialist services if and when required.

Each of these elements of creating a supportive environment is depicted in the model below:

**CREATING SUPPORTIVE ENVIRONMENTS –  
A WHOLE ORGANISATIONAL APPROACH**



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# 3 ■ Youth empowerment and participation

## RATIONALE FOR ENGAGEMENT, INVOLVEMENT, PARTICIPATION AND EMPOWERMENT OF YOUNG PEOPLE:

Children deserve to be highly valued for the unique contribution they make through just being children. Respect for children as a global ideal has been affirmed by the United Nations Convention on the Rights of the Child. The UN General Assembly unanimously adopted the Convention on the Rights of the Child on 20th November 1989 and it entered into force – or became legally binding on States Parties – in September 1990. Ireland ratified the Convention in 1992. The Convention spells out the basic human rights to which children everywhere are entitled. These are the right to survival; the right to the development of their full physical and mental potential; the right to protection from influences that are harmful to their development; and the right to participation in family, cultural and social life.

As highlighted above, the UN Convention identifies participation as one of its guiding principles. Article 12 outlines the rights that children have in relation to participating in decision-making processes. Article 12 (Respect for the views of the child) is as follows:

*‘When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account. This does not mean that children can now tell their parents what to do. This Convention encourages adults to listen to the opinions of children and involve them in decision-making - not give children authority over adults. Article 12 does not interfere with parents’ right and responsibility to express their views on matters affecting their children. Moreover, the Convention recognises that the level of a child’s participation in decisions must be appropriate to the child’s level of maturity.*

*Children’s ability to form and express their opinions develops with age and most adults will naturally give the views of teenagers greater weight than those of a preschooler, whether in family, legal or administrative decisions’.*

## DEFINITIONS:

**Youth empowerment** is an attitudinal, structural, and cultural process whereby young people gain the ability, authority, and agency to make decisions and implement change in their own lives and the lives of other people, including youth and adults. Youth empowerment involves a collective, democratic, and pro-social process of engagement, which implies group interaction (Cargo, et al., 2003 and Jennings, 2006).



**Youth participation:** *'Involving youth in responsible, challenging action that meets genuine needs, with opportunity for planning and/or decision-making affecting others, in an activity whose impact or consequences extends to others – outside or beyond the youth participants themselves'.*

Participation in society means different things to different people and is as individual as each one of us. However, in general, it means taking an active part in decision making at all levels in our lives.

*'Meaningful youth participation involves recognising and nurturing the strengths, interests, and abilities of young people through the provision of real opportunities for youth to become involved in decisions that affect them at individual and systemic levels'.*

### BENEFITS OF YOUTH PARTICIPATION:

**Youth participation:**

- Promotes confidence and self-esteem in young people
- Improves the quality of programmes as ideas for new and up-to-date activities and services are generated
- Provides opportunities for young people to learn and practice the skills needed in different professional roles such as negotiating, planning, reporting, communication etc.
- Offers young people the chance to develop important decision-making and problem- solving skills
- Provides opportunities for both young people and adults to develop more meaningful relationships
- Young people are more likely to make a commitment to a programme and/or policy when they have been involved from the outset in the programme's design and implementation plan
- Provides opportunities for adults to show that they respect young people's views
- Ensures that more relevant and appropriate decisions can be made with regard to young people and their needs
- Young people will have an increased feeling of ownership and influence over the decisions which are made by adults in relation to them.

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### Models of participation:

There are many different models of participation. This is due to the fact that different levels of participation are valid for different groups of children and young people at different stages of an organisation's/youth group's development. The two most commonly referenced models of participation within the youth work context are:

- Treseder's Model of Participation (1997), which re-works the 5 degrees of participation from Hart's Ladder of Youth Participation
- Shier's Pathways to Participation (2001).

Both models are adapted for the youth sector and presented in the NYCI's Why Don't We? Youth Participation Resource Pack.

### PRINCIPLES OF GOOD PRACTICE IN YOUTH PARTICIPATION:

The following principles 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	The involvement of young people is most likely to succeed when the diversity of their circumstances, interests, skills and needs is recognised and respected.
EQUALITY	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 be aware of the level of influence that they will have. The contributions of the young people should be taken seriously and should influence what is planned. 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 on-going basis to ensure its efficiency and effectiveness.
HIGH QUALITY	The process facilitating youth participation 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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## 4 Youth development and youth support

### YOUTH DEVELOPMENT:

Youth development refers to practices and activities that aim to assist the development of young people. Youth development is about people, programmes, institutions and systems that provide all young people with the supports and opportunities they need to empower themselves. Youth development strategies focus on giving young people the chance to form relationships with caring adults, build skills, exercise leadership and help their communities.

**Positive youth development:** Positive youth development is a policy perspective that emphasises the need to provide services and opportunities to support all young people in developing a sense of competence, usefulness, belonging and empowerment.

### A POSITIVE YOUTH DEVELOPMENT MODEL EMBRACES THE FOLLOWING GUIDELINES:

- **Emphasis on positive outcomes:** The approach highlights positive, healthy outcomes (as opposed to negative) like competence (academic, social, vocational skills), self-confidence, connectedness (healthy relationship to family, friends and community), character (integrity, moral commitment), caring and compassion. It is proposed that if young people experience success, they are more likely to work towards positive healthy outcomes.
- **Youth voice:** Young people need to be active participants and equal partners in any youth development initiative. Service providers need to plan and implement services and programmes in such a manner that ensures that this happens in meaningful ways.
- **Strategies aim to involve all young people:** The assumption in creating supportive and enriching environments for all young people is that it will lead to the desired positive outcomes as well as reduced negative outcomes. However, it is generally agreed upon that there is a need to blend universal approaches with specific approaches targeting young people facing extra challenges.
- **Long-term involvement:** Positive youth development assumes long-term commitment since activities and supportive relationships need time to create sustainable effectiveness. Youth organisations need a continued influence throughout the developmental transitions towards adulthood.
- **Community involvement:** Positive youth development stresses the importance of engaging with the wider social environment that influences how young people grow up and develop.

- **Emphasis on collaboration:** Effective support and prevention requires people and resources from various agencies and community groups to work together towards an agreed common goal. Each partner or member brings a strength/capacity that, when matched with other resources, becomes significantly more effective in ways otherwise not possible.
- **Opportunities for skill building** – Opportunities to learn physical, intellectual, psychological, emotional and social skills; exposure to intentional learning experiences; opportunities to learn cultural literacy, media literacy, communication skills and healthy habits of mind; preparation for adult employment; opportunities to develop social and cultural capital.
- **Integration of Family, School, and Community Efforts** – Coordination, and synergy among family, school and community.

### YOUTH SUPPORT:

Youth support refers to practices and activities that aim to assist and address difficulties that young people are experiencing or are likely to experience i.e. where young people require services and supports additional to those targeted at the universal youth population.

In general, within youth organisations, youth support strategies are facilitated with young people through one-to-one working.

**One-to-one working:** With the emergence of specific interventions and programmes (e.g. one-to-one mentoring programmes) and the need to respond to issues of a sensitive nature, it is now accepted that there are occasions where workers may support individual young people on a one-to-one basis. This may also arise in the context of required support where a young person's needs can be better met using a 'one-to-one' approach rather than working with them as part of a group.

*Specifically, the need for one-to-one working may arise:*

1. In a reactive situation, e.g. where a young person requests a one-to-one meeting with a worker without warning, or where a young person requires a one-to-one in order to address a particular issue which requires immediate attention in a confidential setting
2. In a proactive situation, as part of a planned structured piece of work.

Regardless of how the situation comes about, it is important that organisations ensure that one-to-one working is conducted in a safe and effective manner, both from the point of view of the young person and the worker.

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The following provides some guidance in relation to these situations:

**1. In a reactive situation:**

- If you need to talk to a young person separately, try to do so in an open environment in view of others
- If this is not possible try to meet in rooms with visual access, or with the door open, or in a room/ area where other people are nearby
- Workers should advise another worker that such a meeting is taking place and the reason for it. A record should be kept of these meetings including names, dates, times, location, reason for the meeting and outcome
- Workers are strongly advised to avoid meetings with individual children where they are on their own in a building
- One-to-one meetings should take place at an appropriate time (i.e. not late at night) and in an appropriate venue.

**2. As part of a planned structured piece of work:**

- The particular programme/activity should have a clear rationale, aims and objectives, outcomes, methodology, evaluation mechanism, accompanying work plan and recording mechanisms
- The meetings in relation to this work should take place in an appropriate environment taking account of the guidance referred to above
- A good supervision structure should be in place for workers in order to support this work and address any issues which may arise
- Parents/guardians must be fully informed as to the nature and purpose of this work and must give written consent
- A clear code of behaviour must be agreed and adhered to for both the worker and the young person
- Young people should be advised who they should contact if they have any concerns or feel uncomfortable about any aspects of these meetings.

It is recommended, however, that workers should be sensitive to the potential risk to personal safety and false allegations which may arise when they meet alone with a young person; therefore, an appropriate risk assessment should be conducted in order to minimise these risks.

# 5. Advocacy

Advocacy is increasingly being recognised as having a key role in promoting health and well-being. Advocacy can be defined as:

*'...the pursuit of influencing outcomes – including public policy and resource allocation decisions within political, economic and social systems and institutions that directly affect people's lives'.*

The importance of advocacy in the health promotion and public health arena was highlighted in a statement from the Fifth global Conference on Health Promotion:

*'Advocacy is an important tool and increases lobbying, political organisation and activism, overcoming bureaucratic inertia, identifying a champion for the cause, enabling community leaders and mediating to manage conflict'.*

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.

Advocacy can be carried out by the people affected by the issue or problem, by other people representing them, or by both groups together. Advocacy is often more powerful if those affected by the problem or issue are involved in or lead the process. An effective advocate has been described as someone with the ability to *'utilise available evidence and knowledge about an issue to push for improved public health over the long-term'*.

In practice, 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.



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## PRINCIPLES OF ADVOCACY:

The key principles central to health-related advocacy are:

- **Human rights** – recognising health as a basic human right
- **Equity** – advocating for equality of access, participation and outcomes in health and health service utilisation and for the reduction of inequalities in health
- **Democracy** – enabling people, communities and organisations to participate in decision-making which impacts on health
- **Inclusion** – working in partnership with people, communities and organisations to ensure inclusion across sectors, communities, individuals and representative organisations.

## STRATEGIES FOR SUCCESSFUL ADVOCACY:

For advocacy to be effective it should:

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



**ADVOCACY FRAMEWORK:**

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

<b>1. IDENTIFY THE ISSUE OR PROBLEM:</b>	<ul style="list-style-type: none"> <li>• Consult with the target group on what issues are a priority</li> <li>• Prioritise and focus on a limited number of issues</li> <li>• Establish what needs to be done</li> <li>• Explore the resource implications, e.g. finance, personnel, time etc.</li> </ul>
<b>2. IDENTIFY SOLUTIONS:</b>	<ul style="list-style-type: none"> <li>• Research the options</li> <li>• Identify the most feasible solutions</li> <li>• Establish clearly identifiable goals.</li> </ul>
<b>3. IDENTIFY STAKEHOLDERS AND DECISION-MAKERS:</b>	<ul style="list-style-type: none"> <li>• Identify who makes the decisions</li> <li>• Identify who influences the decision of the decision maker</li> <li>• Identify what would motivate them to help you or not to help you</li> <li>• Identify the most opportunistic timing for interventions.</li> </ul>
<b>4. IDENTIFY RESOURCES:</b>	<ul style="list-style-type: none"> <li>• Identify how the intervention will be resourced in terms of:               <ul style="list-style-type: none"> <li>• personnel</li> <li>• finance</li> <li>• tools</li> <li>• relationships with key players in this process.</li> </ul> </li> </ul>
<b>5. DEVELOP STRATEGIES:</b>	<ul style="list-style-type: none"> <li>• Define the strategy approaches</li> <li>• A multi-strategy approach may be necessary, e.g. media campaign, political lobbying, funding campaign.</li> </ul>
<b>6. ACT:</b>	<ul style="list-style-type: none"> <li>• Develop an action plan</li> <li>• Implement the action plan.</li> </ul>
<b>7. MONITOR AND EVALUATE:</b>	<ul style="list-style-type: none"> <li>• Constantly review the action plan</li> <li>• Adapt the plan if necessary</li> <li>• Evaluate at the end of the process.</li> </ul>

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## 6 Partnership working and collaboration

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.

Specifically, with regard to health promotion, the HSE Health Promotion Strategic Framework (2011) highlights the importance of partnership working in order to effectively implement this Strategic Framework nationally; *'The primary role of the Health Promotion workforce in achieving the framework objectives is to support organisational, environmental and system change within each setting as well as building the capacity of these settings to promote health... This will also be dependent on strong multi-sectoral partnerships and working arrangements'*.

Furthermore, the Government's Framework for Improved Health and Wellbeing (2013 -2025) Healthy Ireland clearly identifies the need for partnership working and collaboration across all sectors in order to achieve the goals set out in Healthy Ireland; *'The achievement of the goals set out in the Healthy Ireland Framework depends on the participation of many sections of society... It will be very important to consider how responsibility for action on health determinants and health behaviours is balanced between the State, private sector and employers, communities, families and individuals... It is important to identify local structures for implementation... it is at this level that individuals, community and voluntary groups and projects, sporting partnerships, local schools, businesses, primary care teams, community Gardaí etc. can interact to work together'*.

While extremely worthwhile, the reality of working in partnership is also challenging and 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.'*

*'...partnerships are serious endeavors to bring about new institutional development - to work together to make one's own institution more effective at addressing valued mandates hitherto neglected or poorly achieved.'*

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Where partnerships are developed to respond to a health need or issue, these are often referred to as Healthy Alliances, defined as follows:

*'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.'*

### WHO SHOULD BE INVOLVED IN PARTNERSHIP WORKING FOR HEALTH?

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:

- Education sector
- Youth sector
- County councils
- Housing – local authorities
- Agriculture and rural development agencies
- Health and social services
- Voluntary organisations
- Community groups.

### KEY CHARACTERISTICS OF PARTNERSHIPS INCLUDE:

- 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.

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#### DEGREES OF PARTNERSHIP:

DEGREE OF PARTNERSHIP	CHARACTERISED BY...
CO-EXISTENCE	"You stay on your turf and I'll stay on mine" (May be a rational solution - where clarity is brought to who does what and with whom).
CO-OPERATION	"I'll lend you a hand when my work is done" (Often a pre-requisite of further degrees of partnership, where there is early recognition of mutual benefits and opportunities.
CO-ORDINATION	"We need to adjust what we do to avoid overlap and confusion" (Where the partners 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	"Let's work on this together" (Where the partners agree to work together on strategies or projects, where each contributes to achieve a shared goal).
CO-OWNERSHIP	"We feel totally responsible" (Where the parties commit themselves wholly to achieving a common vision, making significant changes in what they do and how they do it).

## ADVANTAGES AND DISADVANTAGES OF PARTNERSHIP:

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

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## THE 'BASICS' OF PARTNERSHIP WORKING:

Vast amounts of literature exist on the 'how' of partnership working. The basics include the following. Any partnership or healthy alliance should address the following:

NEED	<ul style="list-style-type: none"><li>• Identify is there a need for the partnership?</li><li>• Provide opportunities to assess the partner's interests, motivation for involvement, expectations and concerns.</li><li>• Assess stakeholders' interests – who will the work of the partnership impact on and how?</li></ul>
PURPOSE	<ul style="list-style-type: none"><li>• Identify and agree the purpose, aims and objectives of the partnership.</li></ul>
VISION AND UNDERSTANDING	<ul style="list-style-type: none"><li>• Develop a shared vision and common understanding among the partners.</li><li>• Establish a contract and agreement for working together.</li></ul>
TERMS OF REFERENCE	<ul style="list-style-type: none"><li>• Develop a shared and agreed terms of reference for the partnership.</li></ul>
ROLES AND STRUCTURES	<ul style="list-style-type: none"><li>• Identify and agree suitable working structures, roles and responsibilities.</li></ul>
ACTION PLAN	<ul style="list-style-type: none"><li>• Develop a SMART action plan - ensure that actions are Specific, Measurable, Achievable, Realistic and Time bound.</li></ul>
LOGISTICS	<ul style="list-style-type: none"><li>• Identify budget and resource implications.</li></ul>
MONITORING AND EVALUATION	<ul style="list-style-type: none"><li>• Agree how the work is to be monitored and evaluated</li><li>• Agree all relevant reporting mechanisms.</li></ul>
TASK AND PROCESS	<ul style="list-style-type: none"><li>• 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.</li></ul>

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### EVALUATING PARTNERSHIPS:

People often assume that partnership and collaboration will be more effective than efforts planned and carried out by the organisation on its own. This may not always be the case, particularly if the partnership has lost its focus. Evaluating partnerships is difficult for various reasons such as the long timescales for achieving outcomes, different perspectives on what success means, the complexity and variability of partnership interventions, and the different contexts within which partnerships work.

It is good practice for organisations to evaluate the effectiveness of the various partnership working arrangements in which they are involved. The following is a set of reflective questions to enable organisations to consider the usefulness of and outcomes from their involvement in partnerships.

### FRAMEWORK FOR EVALUATING PARTNERSHIPS:

What is the aim of this partnership?

Who is involved?

How long has the partnership been in operation?

How often does the partnership meet?

What is our organisation contributing to this partnership?

What are other members contributing to the partnership?

What is our organisation gaining from this partnership?

What are other members gaining from the partnership?

Does the purpose and outcomes from this partnership working arrangement still fit with our organisation's strategic priorities? If yes, how?

If no, what does our organisation need to do in order to address this situation?

## **SECTION 6: GOOD PRACTICE GUIDANCE FOR EFFECTIVE HEALTH PROMOTION PRACTICE IN YOUTH ORGANISATIONS**



# INTRODUCTION

Section 6 identifies a range of good practice guidance areas which should be considered by youth organisations in order to inform and underpin effective health promotion practice. These areas include the following:

- Confidentiality
- Referral
- Recording
- Managing health-related incidents
- Child protection and welfare
- Involvement of guest speakers
- Quality proofing health-related programmes and materials.

## 1. Confidentiality

A person who discloses or receives information needs to be aware of the limits of confidentiality and the responsibilities attached. Confidentiality is about managing sensitive information in a manner that is professional, respectful and purposeful. Youth work is based upon trusting relationships and it is not uncommon for young people to want to share personal information with workers. Anyone, (volunteer/employee or young person) disclosing information in this context needs to know in advance the limits of confidentiality and the responsibilities attached.

**The following need to be considered in relation to issues of confidentiality:**

- (a) Confidentiality cannot be guaranteed if a young person discloses information about being at risk of harming themselves or others or if there are child protection concerns. If a young person discloses such information, the worker should explain that this information cannot be kept secret. An explanation should be provided about what will happen to the disclosed information and what the outcome of reporting is likely to be.
- (b) Workers may be aware of personal information about young people that is not related to child protection. It is important that organisations find a balance between keeping other relevant workers informed and unnecessarily disclosing personal information.
- (c) If information of a confidential nature is passed on to a third party that is deemed to be crucial to a young person's well-being, it should be done in accordance with organisational policy and procedures.
- (d) Confidential information should never be the subject of conversation between any other persons in the organisation, employees, volunteers or young people, unless they are directly involved in the situation. The test is whether or not the person has any legitimate involvement or role in dealing with the issue.

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In all matters of confidentiality the young person's age and their understanding needs to be taken into account. As a general rule, the younger the young person, the greater the need to involve parents/other agencies if their safety or welfare is threatened. If in doubt, workers should contact their line manager for advice. In all youth work practice, the safety and welfare of the young person is of paramount importance.

Workers need to consider carefully the rights of parents/guardians to information indicating areas of concern for their children. Young people need secure 'family' relationships or a safety and support network around them, in order to develop into mature adults. They need a network which is available to them beyond the limits of a youth worker's role and period of involvement. Therefore, assisting a young person to build connections with family or others, within the limits of this role, is an important priority. In reality, if young people are asked if they are willing for the worker to have contact with family member/s, the young person will usually see this as reasonable, particularly if they can see the worker has goodwill and their interests at heart.

Apart from the benefits of helping young people in their relationships with family, working with young people around confidentiality and consent issues may produce other benefits for young people. Working with the young person to decide what issues they would like to be discussed with family members can assist the young person to practice setting appropriate personal boundaries, develop negotiation and conflict resolution skills. Youth workers play an important role in empowering the young person to set these personal boundaries and make informed choices. Too often, young people with complex needs are inclined to disclose personal information about themselves to anyone who asks. They are so used to professionals and others intervening in their lives. Teaching them to communicate carefully and appropriately is important.

In this regard, it is useful for workers to take the time to develop a Confidentiality Agreement with a young person, including:

- Who they are happy for workers to talk to
- What they are happy for workers to discuss with others
- Who they do not want workers to talk to.

Such an agreement must, of course, take account of a worker's responsibility to report anything that gives rise to concerns about the safety and well-being of a young person.

Confidentiality is a highly complex issue and youth organisations should provide policy, guidance, support and training to volunteers, employees, boards of management etc., to enable them to work safely and effectively with young people in this regard. Furthermore, children, young people and their parents/guardians should be informed about the organisation's policy and practice in relation to confidentiality on registering with an organisation and at frequent intervals thereafter.

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## 2. 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.

It is essential that organisations develop relationships with local agencies and have names and contact details available as well as information on how the agency operates. In some instances, the organisation may have existing referral protocols which enable them to access and refer directly to an external service. In the event of an organisation not having access to appropriate referral services, the organisation may, with the consent and collaboration of parents/guardians, refer the young person to the local general practitioner (GP), who is best placed to make an initial assessment and advise on appropriate referral pathways for the young person concerned. This is particularly relevant in relation to young people with mental health issues. A GP will listen to concerns and offer information, support and advice. The GP can facilitate onward referral to other services, when appropriate. For young people with mental health difficulties, the referral will likely be made to the local HSE psychology service/primary care team or the Child and Adolescent Mental Health Services (CAMHS). GPs are also able to refer to a variety of other referral agencies dealing with a range of issues.

### 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?
- Is the young person ready/able to engage with this service?

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### **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?
- Who could accompany the young person if required?
- 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, a description of the physical location as well as an outline of what is likely to happen.

Discuss with the young person and his/her parent/s or carers, any need for transfer of data or records and obtain their permission for the transfer. Assist the young person in deciding which questions to ask or approaches to take. Provide the referral service with the appropriate information essential for helping the young person as per agreed protocols.

### **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?
- If not, what alternatives may be considered?
- What is your role following the young person's engagement with the referral service?

## 3. Recording

It is now common practice for workers to complete reports or maintain records on their day to day activities. Many organisations have developed their own internal system of programme records in order to gather information on the progress of groups, programmes, interventions etc. Additionally, organisations may have also developed standard forms for recording incidents which may occur and are not covered by or appropriate to record in the usual programme records.

### WHY SHOULD RECORDS BE KEPT?

Records are kept in order to:

- **Ensure continuity of service provision** – good records provide a more holistic picture of the development of a group, the progress of a particular programme or initiative or the progress of individual young people if appropriate. This facilitates continuity of service provision in the event of changes in or non-availability of key workers.
- **Ensure accountability** – well documented work means that it is easy to examine the link between the needs of young people and the accompanying organisational responses. Accurate recording also demonstrates worker competence and is evidence of compliance with legal and organisational policy or expectations.
- **Monitor and improve service delivery** - well documented records enable workers to critically reflect on their work and the outcomes for young people making it easier to identify areas requiring change, development or improvement.
- **Provide justification for any decisions made.** From an organisational perspective, accurate and up to date records of work and/or incidents provide an overview of situations, personnel involved, actions taken and a rationale for any actions or decisions. This may also provide the organisation with a degree of protection against future litigation.

In relation to written reports, there are a number of good practice guidelines to be considered as follows.

Written reports should:

- Be factual, consistent, concise and accurate. The objective is to detail accurately the facts of the matter without interpretation or opinion. An attempt should be made to record a narrative of the situation as matters unfold. This helps to provide a chronology of key events and actions
- Be contemporaneous i.e. written at the time or written as soon as possible after an event has occurred

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- Be written clearly and in such a manner that the text cannot be erased. Do not use correction fluid
  - Be accurately dated, timed and signed, with the signature clearly identifiable. The same principle applies to additions, alterations etc.
  - Attribute quotes to sources, otherwise hearsay information can appear in a record as fact
  - Minimise abbreviations (where necessary use standard, commonly used abbreviations only, not personal abbreviations)
  - Avoid jargon, meaningless phrases, irrelevant speculation and offensive subjective statements
  - Reports/completed forms should be stored in a safe and secure location
  - Organisations/groups should devise arrangements regarding the accessing of these reports. Access to reports should only be given to those individuals who have a right to that information
  - These documents should be stored for as long as is deemed useful by the organisation. These reports are the property of the organisation, not to the person who first made the report.

Workers and organisations must be cognisant of, and adhere to, their responsibilities in relation to data protection. There are a number of key considerations in relation to data protection, sometimes referred to as 'The Golden Rules' and are as follows:

#### ALL DATA CONTROLLERS MUST:

- Obtain and process the information fairly
- Keep it only for one or more specified and lawful purposes
- Use and disclose it only in ways compatible with the purposes for which it was initially given
- Keep it safe and secure
- Keep it accurate and up-to-date
- Ensure that it is adequate, relevant and not excessive
- Retain it no longer than is necessary for the specified purpose or purposes
- Give a copy of his/her personal data to any individual, on request.

*For further information in relation to data protection, contact the Data Protection Commissioner. ([www.dataprotection.ie](http://www.dataprotection.ie)).*

It is also important to remember that under the Data Protection Act (2003) any "data subject" (anyone who is subject to their information being stored, for example a young person) has the right to access this information.

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It is, therefore, prudent for organisations to develop a policy on recording. The CDYSB Toolkit - Essential Guidelines for Good Youth Work Practice (2009) identifies a number of questions to consider when developing a recording policy as follows:

#### INFORMATION RECORDING:

- What information do you need to record, and in what form and format
- What information do you not record?
- What other ways can information be recorded that provides true access, e.g. those with reading difficulties or with impaired vision?
- Why do you need the information you keep?
- What information do you need to keep to meet funding requirements?
- How will you record information that can help to shape the development of your service?
- What kind of information should you keep under child protection and welfare guidelines?

#### INFORMATION SHARING:

- How will you share information with other agencies/parents/guardians/young people?
- What kind of information will you need someone's permission to share?
- How will you deal with 'soft' information that you hear informally or from a third party?
- Have you considered the rights of different age groups and their entitlement to access recorded information in relation to them?
- How and when will you tell people about the type of information you keep about them and their right to see it?

#### INFORMATION STORAGE:

- Where will you store it?
- How long will you store it for?
- How will you keep it safe and secure?
- How and when will information be destroyed?
- What are the procedures for taking information out of the organisation?

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## 4. Managing health-related incidents

When faced with a challenging health related situation, there are a number of perspectives to take account of in order to come to a satisfactory decision. The 'Principle of Paramountcy' should underpin all decisions made in relation to young people and their health, i.e. that any actions taken should be in the best interests of the young person. Additionally, the support needs of the worker as well as organisational expectations and obligations should be considered in arriving at a decision. The support needs of the young person are of paramount importance; however, the support needs of the worker as well as organisational expectations and obligations should also form a part of the decision-making process.

SUPPORT NEEDS OF THE YOUNG PERSON	SUPPORT NEEDS OF THE WORKER	ORGANISATION EXPECTATIONS AND OBLIGATIONS
<ul style="list-style-type: none"><li>• Has an assessment of their needs taken place?</li><li>• What would the young person like to see happening to address the issue?</li><li>• Do you need to inform parents?</li><li>• What is your role in addressing the support needs of the young person?</li><li>• Are there limitations in relation to the level of support you can offer and what are they?</li><li>• What other services could be involved to meet the needs that your organisation could not?</li><li>• How have you decided to respond and what factors exist to support this decision?</li></ul>	<ul style="list-style-type: none"><li>• Is your line manager informed?</li><li>• What supervision or other internal support structures are available to you?</li><li>• What informal support structures are available to you?</li><li>• Do you know what relevant services are available in the community and how to refer the young person?</li><li>• Do you require parental consent?</li></ul>	<ul style="list-style-type: none"><li>• Does your organisation have a policy/guidelines to assist in decision- making?</li><li>• Have you made a written record of the incident for the organisation?</li><li>• Is anyone else, e.g. other young people affected by this issue?</li><li>• What are your responsibilities under any relevant pieces of legislation / national guidance?</li><li>• Do you need to involve the statutory services, i.e. social workers and/or Gardaí?</li></ul>

### GUIDELINES FOR DEALING WITH A HEALTH RELATED INCIDENT:

During the course of their work, it is possible that workers will encounter health related incidents involving young people. In order to examine how to address these incidents, it may be useful to break an incident into parts focusing on before, during and after an incident. At all stages of any health related incident, the values of youth work remain relevant. For some young people the place where they are at may be one which involves involvement in risky behaviour. At all stages of a response, young people should not be labelled and everyone involved should make a conscious effort to avoid the use of language or behaviour which increases the risk of a young person being labelled as a result of their behaviour.



### BEFORE AN INCIDENT:

Organisations should use their experiences of dealing with health related incidents to inform the development of appropriate and supportive policies and accompanying procedures. These policies and procedures should support workers in their practice and also increase their level of confidence in dealing with challenging situations. Furthermore, the appropriate use of team meetings and supervision should ensure that the environment of the organisation allows for sharing of concerns between staff and managers/senior workers, where necessary and within the limits of confidentiality, so as to ensure that whatever actions taken are not carried out by one worker in isolation. Deciding on a course of action together as a team is always preferable as it provides support to the workers engaged in the incident and also allows a consistent approach to be employed in future incidents as they occur, as per the organisational policy.

### DURING AN INCIDENT:

- How a worker responds initially to a situation can influence the escalation or safe conclusion of any incident
- The appropriate use of team support during an incident should be encouraged within the limits of confidentiality and in the best interests of the young person
- While engaging with a young person around a health related incident the same skills and work approach will most likely be used as they would in so many other youth work scenarios. The values underpinning youth work practice should guide and inform your decisions and approach
- In general the use of “I statements” are considered more effective in expressing concerns and communicating effectively. E.g. *“I am concerned about...”*. It is valid to express concern about the safety and wellbeing of a young person as distinct from being judgmental about them as a result of their behaviour
- Potential risks or harms for the young person or people and the group at large should also be central to the way situations are dealt with, and associated risks minimised where possible
- At no point should any worker place themselves at risk of harm
- If there remains a risk of harm to any young person or worker it may be necessary to involve the relevant emergency and/or statutory services
- Informing parents may also be necessary and is considered good practice if the young person is a minor (unless by so doing, the young person is placed at risk).

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## AFTER AN INCIDENT

- Deciding on how to respond after an incident will largely depend on the nature of the incident and how it concluded
- Information about and access to relevant and appropriate supports should be made available to the young person/s involved
- Workers involved should be offered the appropriate supports if required
- Health related incidents may bring up issues for the larger group as a whole. These must be addressed using a sensitive and supportive approach. Some issues raised may be appropriate to deal with in a group setting, however some may not
- Workers should be encouraged to reflect on the incident and the measures taken to deal with it in order to identify any learning for dealing with possible future incidents. This involves examining both practice and policy issues as well as ensuring that all procedures have been followed correctly. This includes ensuring accurate recording of the incident that has taken place
- Reflecting on your organisation's health related policies in light of an incident may assist in the development of more robust or user friendly versions of the policies, making future incidents easier to respond to and become more supportive both from the perspective of workers and young people.

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# 5

## ■ Child protection and welfare

The area of Child Protection and Welfare is undergoing significant change at the time of publication of this Manual. It is critical that workers ensure that they are familiar with relevant, up-to-date National legislation and guidance and that all organisational policies and procedures impacting on the safety and well-being of young people are updated in accordance with these changes.

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## 6 ■ Involvement of guest speakers

The development and delivery of comprehensive health education programmes for young people are most effectively 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 complement 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.

The rationale for involving external health professionals may, perhaps, be due to a lack of knowledge about a certain aspect of health (e.g. the medical, biological aspects) or may be related to a wish for the group to learn more about local health services and what they can offer to the group. Generally, the involvement of health professionals in a programme should be to complement and enhance the programme being delivered and their involvement should be in the context of, and supported by, a comprehensive and holistic programme within the organisation. External guest speakers can also play a role in contributing to programmes for parents and carers and also to programmes for workers. The following guidelines for involving guest speakers/health professionals have been adapted from Sense & Sexuality (NYHP, 2004) and Department of Education and Skills Circular (2010).

### WHEN REQUESTING AN INPUT FROM A GUEST SPEAKER/HEALTH PROFESSIONAL:

- Be clear about why their involvement is required
- Ensure that their involvement will complement the programme already being implemented
- 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 delivering the input 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 required to input into your programme
- Check what ground work needs to be done with the group so that they can gain maximum benefit from the visitor's input.

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## WHEN PREPARING THE GUEST SPEAKER FOR THEIR INVOLVEMENT:

- Ensure that they are provided with all relevant information about the group i.e. size of group, level of maturity, gender, cultural issues, literacy issues, relevant material previously covered by the group (what has been 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 the 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 as well as any relevant related organisational policies
- 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, including the materials and approaches to be used during the session so that the group can be prepared if appropriate
- All programmes and events delivered by guest speakers should use appropriate, evidence-based methodologies with clear outcomes
- Discuss the possible follow-up required after their input and how this can be facilitated.

## WHEN PREPARING THE GROUP FOR THE INVOLVEMENT OF A GUEST SPEAKER:

- Ensure that the group know why a guest speaker is being brought in for a particular issue – clarify what their role will be
- Clarify what your role as the worker will be in the session
- Inform the group about the session content and approaches to be used, if appropriate.

## DURING THE SESSION:

- You, the worker, should remain in the room during the session. This will ensure accountability and facilitate follow-up which may be needed
- You, the worker, should ensure that there is an agreed contract between the group and the guest speaker (e.g. regarding confidentiality, disclosures, group dynamics, timekeeping, etc.)
- You, the worker, can ensure that the group adheres to the working contract with the guest speaker
- It may be appropriate for you, the worker, 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, the worker, can support the guest speaker while at the same time ensuring 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 and the young people against the original aim, objectives and outcomes 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 that you, the worker, may be developing
- Revisit the learning with the 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.

It is also important to note that research findings indicate that the following approaches have limited effect and are counterproductive to the effective implementation of health education programmes. In light of this, organisations are advised to avoid the use of guest speakers who use the following approaches:

**Scare tactics:** Information that induces fear, and exaggerates negative consequences, is inappropriate and counterproductive.

**Sensationalist interventions:** Interventions that glamorise or portray risky behaviour in an exciting way are inappropriate and can encourage inappropriate risk-taking.

**Testimonials:** Stories focused on previous dangerous lifestyles can encourage the behaviour they were designed to prevent by creating heroes/heroines of individuals who give testimony.

**Information only intervention:** Programmes which are based on information alone are very limited in the learning outcomes they can achieve and can in fact be counterproductive in influencing values, attitudes and behaviour.

**Information that is not age appropriate:** Giving information to young people about behaviours they are unlikely to engage in can be counterproductive in influencing values, attitudes and behaviour.

**Once-off/short term interventions:** Short-term interventions, whether planned or in reaction to a crisis, are ineffective.

**Normalising young people's risky behaviour:** Giving the impression to young people, directly or indirectly, that all their peers will engage/are engaging in risky behaviours could put pressure on them to do things they would not otherwise do.

**Didactic approach:** Didactic approaches which are solely directive in nature are ineffective in the successful implementation of health education programmes.

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## 7. Quality proofing health-related programmes and materials

Earlier in this Manual, Section 2, Part 2 introduced the concepts of ‘evidence-based’ and ‘evidence-informed’ practice. In order to ensure that youth organisations are drawing on the best available evidenced programmes to inform their work, it is important that organisations are able to assess the quality of existing programmes and materials and make judgements about their relevance, suitability and adaptability to the Irish youth work sector. With this in mind, the following Quality Checklist for selecting skills-based health education materials is extremely useful to ‘quality proof’ programmes and materials.

### QUALITY CHECKLIST FOR SELECTING SKILLS-BASED HEALTH EDUCATION MATERIALS

The information in this tool was adapted by UNESCO from UNICEF. *Life Skills-Based Education for Drug Prevention: Training Manual*. New York: UNICEF.

**Description of tool:** This checklist can be used to select new materials or adapt existing materials for use in skills-based health education programmes.

**Instructions:** This guide was prepared to assist in the selection and/or adaptation of existing materials for skills-based health education (including life skills). Complete this page and the attached Quality Checklist for each existing resource you may wish to use/adapt. Use your answers to determine the quality and usefulness of the resource and which elements may need to be adapted for your setting and purpose.

## QUALITY CHECKLIST (1) FOR SELECTING SKILLS-BASED HEALTH EDUCATION MATERIALS

NAME OF RESOURCE:	
SOURCE (PRODUCER):	
DATE PUBLISHED:	
ISBN (# if available):	
URL (if available on the Internet):	
<b>TYPE OF RESOURCE (CHECK ALL THAT APPLY):</b>  (e.g. Report/Guide [e.g., strategy document, issue paper, advocacy/policy papers]; Book; Presentation [e.g., slide show, talking points]; Learning materials [e.g., curriculum, textbook, activity worksheets]; Educators' resources [e.g., designed for teachers, parents, peer educators, etc.]; Training manual/training resources; Video; Comic/magazine; Newsletter; Other - please specify:	
WHAT ARE THE OUTCOMES?	
WHO IS THE TARGET AUDIENCE?	
WHAT TIME INVESTMENT IS SUGGESTED? (# of sessions, time per session, # week/months/years)	
FOR WHAT SETTING(S) IS THE RESOURCE INTENDED?  (e.g., youth organisations, schools, health centers, community centers etc.)	
IN WHAT KIND OF SETTING(S) HAS THE RESOURCE BEEN USED?	
HAS THE RESOURCE BEEN EVALUATED?	Yes <input type="radio"/> No <input type="radio"/>
IF YES, BY WHOM AND WITH WHAT FINDINGS?	

## QUALITY CHECKLIST (2) FOR SELECTING SKILLS-BASED HEALTH EDUCATION MATERIALS

QUALITY CRITERIA	QUALITY SCORE (LOW, MEDIUM, HIGH)	IMPLICATIONS FOR YOUR USE OF THIS RESOURCE
<b>1. FOCUS ON BEHAVIOUR</b> How prominently are the behaviours to be influenced identified in the outcomes?		
<b>2. KNOWLEDGE/INFORMATION</b> Clear? Accurate? Up-to-date? Relevant for the health issue?		
<b>3. ATTITUDES</b> How well are attitudes to the health issue addressed? How adequately are discrimination and stereotypes addressed?		
<b>4. SKILLS</b> How relevant are the skills to the behavioural objectives/ outcomes? (e.g. communication & interpersonal skills; decision-making and critical thinking; coping and self-management; values clarification, etc.)		
<b>5. METHODS</b> How balanced is the participation of the young people compared to that of the worker? How appropriate are the methods for achieving the objectives? How well are each of the skills supported by appropriate learning experiences? (e.g. time to practice skills, realistic situations, applied to specific rather than generic risks, etc.)		
<b>6. CONSIDERATION OF DIVERSITY</b> (e.g. gender, Traveller culture, ethnicity, sexual orientation, disability, young parents, young carers, young people involved in the juvenile justice system, young people who are NEET, young people who are homeless, young people who are geographically isolated) etc) In content? In methods? In language? In illustrations?		



QUALITY CRITERIA	QUALITY SCORE (LOW, MEDIUM, HIGH)	IMPLICATIONS FOR YOUR USE OF THIS RESOURCE
<b>7. PLANNED AROUND YOUNG PEOPLE'S NEEDS AND INTERESTS</b> How relevant is the content to the identified needs of the target group? How involved are the young people in the development of the programme? How involved are the young people in the implementation of the programme? How involved are the young people in the monitoring and evaluation of the programme? How user friendly? How well are referrals to relevant local and regional services addressed? (e.g. mental health, sexual health, physical health, etc)		
<b>8. EFFECTIVE</b> How effective has the programme been in achieving the stated objectives/outcomes in the past/elsewhere? How suitable are the monitoring/evaluation processes? (are they relevant to the objectives/outcomes of the programme?)		
<b>9. INTENSIVE</b> Is the programme of sufficient duration to achieve objectives/outcomes, while also realistic? Is it feasible for workers to be trained to use this resource effectively (taking account of resource implications such as time, cost, suitable personnel etc).		
<b>10. ORGANISATIONAL FIT</b> Is this material in keeping with the organisation's mission/ethos/values/principles etc?		

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## OVERALL COMMENTS

WHAT ARE THE GENERAL STRENGTHS AND LIMITATIONS OF THE RESOURCE?

LOOKING AT THE ABOVE SCORES, AND CONSIDERING THE CONTEXT IN WHICH YOU WOULD USE THIS RESOURCE, WHAT ASPECTS WOULD NEED TO BE ADAPTED?

WILL THIS BE FEASIBLE  
(i.e., given resources and time)?

WILL THIS RESOURCE FILL NEEDS THAT ARE NOT BEING MET BY YOUR EXISTING MATERIALS?

HOW COULD THIS RESOURCE COMPLEMENT OTHER INITIATIVES ALREADY UNDERWAY?

(e.g., existing policies, health services, media campaigns, etc.)?



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



An Roinn Leanaí  
agus Gnóthai Óige  
Department of  
Children and Youth Affairs

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