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Evaluation of a Health Promotion Intervention in the Youth Work Setting

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Abstract

Defined as a place or social context in which people enage in daily activities in which environmental, organisational and personal factors interact to effect health and well-being, youth organisations clearly qualify as appropriate settings for health promotion, a fact which is recognised in the National Health Promotion Strategy (2000). This study presents the results of an evaluation of the Health Quality Mark (HQM), a settings-based health promotion intervention in youth organisations currently facilitated by the National Youth Health Programme (NYHP). The study employed qualitative data, and focused on impacts as perceived by stakeholders and on process factors, including the strengths and weaknesses of the process operated by the NYHP in implementing the HQM, perceived benefits and/or disadvantages of participating in the HQM, and the appropriateness of the criteria in the award.

The perceptions of health promoters, team members and members of management with regard to the impact of the HQM were very positive, including both individual behaviour changes and organisational level changes. Those interviewed commented in more depth on the way in which the HQM impacted on the whole organisation, and the place of health within it. The HQM was percieved to raise awareness of health, validate and extend good practice generally in youth organisations and in health promotion in particular, and to engender a sense of pride in the youth organisation. In relation to process aspects of the evaluation, a number of factors emerged which contributed to the success of the HQM as a health promotion initiative. These included the structure and award-based nature of the initiative, management buy-in, the embedded training element, the process it engenders and support from the NYHP. Implications are discussed in the context of settings-based work and the corrospondence between youth work practice and helath promotion practice.

Introduction

The Youth Organisation as a Setting for Health Promotion

The World Health Organisation defines a setting for health as a 'place or social context in which people enage in daily activities in which environmental, organisational and personal factors interact to effect health and well-being', and where people can create or solve problems relating to health. Settings are further defined as 'having physical boundaries, a range of people with defined roles, and an organisational structure' (WHO, 1998, p.19). The impetus for settings-based work in health promotion comes, in part, from the realisation that the health sector alone cannot respond to the health needs of a population, and that health promotion needs to be far reaching and practiced by those involved in a wide range of contexts, to be successful.

The settings approach goes to the heart of health promotion, focusing on communities and organisations and in particular on how to develop environments that support health. It acknowledges the complexities of systems and requires that not only the integration of the different parts of the whole (the behaviours and the people within the setting and the wider environment) be explored but also, but the 'spaces in between' (Dooris, 2006).

It is important that we capitalise on the variety of settings available, to carry out health promotion. Research has been conducted on a range of settings, such as the health care institution and hospitals (Johnson, 2000), schools (Lynagh et al., 1997; St. Ledger, 2001) universities (Tsouros et al., 1998) workplaces (Chu et al., 2000; Noblet, 2003) and prisons (Department of Health, 2002; WHO 2003) reference e-mailed. Youth organisations clearly qualify as appropriate settings for health promotion, according to the WHO definition, a fact which is recognised in the National Health Promotion Strategy (2000).

Over the years both health promotion and youth work have both developed in response to changing needs of society and specifically young people, but what

remains constant is the overwhelming similarity in the principles of youth work and the principles of health promotion. Youth work delivers programmes and activities to young people, helping them to develop their skills, it aims to provide a supportive environment in which young people have a say and are valued and listened to. Youth organisations develop local partnerships with the wider community, develop internal health related policies, while influencing national policy. They also are well placed to advocate for quality youth health service provision for all young people. All of these facets combined, make the work of youth organisations consistent with the principles of health promotion and warrant recognition for the potential of this sector in influencing the health of young people.

The Health Quality Mark

For over 15 years the National Youth Health Programme (NYHP) a partnership between the National Youth Council of Ireland, the Health Service Executive and the Youth Affairs Section of the Department of Education and Science, has provided health promotion training, services, advice and support to youth work organisations throughout Ireland. This paper focuses on a particular initiative 'The Health Quality Mark' which takes a settings-based approach in youth work, aimimg to create a health promoting youth organisation. The 'Health Quality Mark' (HQM) takes the form of an award conferred on organizations that satisfy agreed quality criteria. The criteria, eighteen in total, have been drawn up nationally and are based on best practice in health promotion. Much of the criteria have been drawn from the World Health Organisation criteria developed for the Health Promoting Schools Initiative and adapted (see Box 1). The award is given at three levels; bronze, silver and gold and youth organisations are re-assessed every three years as a quality control measure. Similar health promotion award schemes exist, but primarily in workplace settings, for example Scotland's Health at Work (SHAW) and the Working for Health Award (*Working for Health,* 2006). An application form and a portfolio of evidence of achievement of the criteria are developed by participating youth organisations and submitted to assessors. The assessment body is comprised of representatives from the NYHP and regional health promotion personnel. An educational programme for personnel in the organization is embedded into the initiative, as a number of the criteria are met through participation in the programme. One or more individuals in

the organisation undertake a 'Specialist Certificate in Youth Health Promotion', run by the NYHP in collaboration with NUI Galway.

Evaluation in settings-based work

Although settings-based work generally has been described as having evolved and matured (Whitelaw *et al.,* 2001) specific challenges remain, in particular the need for comprehensive evaluations to generate evidence of effectives (Dooris, 2006). Dooris argues that there are a number of specific challenges faced in evaluating settings-based work, for example; if, as it is intended, health promotion is integrated into the everyday work of the organisations, it becomes difficult to identify and therefore to measure. Traditional positivist approaches to evaluation are not well suited to the evaluation of setting work, as the 'variables' cannot be separated out and manipulated as experimental design, for example, demands. Evaluating settings-based work requires measuring patterns of change, interrelationships, interactions and synergies in the setting 'system' (ibid.), which may best be captured using qualitative data.

It is generally agreed that evaluation in health promotion should be comprehensive, including a balance of process, impact, and outcome measures (e.g. Naidoo and Wills, 2000; Dugdill and Springett, 2001; THCU, 2005). Impact evaluation addresses the immediate effects of an intervention while outcome evaluation confines itself to longer-term effects. Process evaluation explores the strengths and weaknesses of the intervention and addresses critical aspects of programme implementation. Of particular interest is an exploration of the processes underlying the relationship between the intervention and it's effects (Barry et al., 2006). This paper presents the results of an evaluation of the Health Quality Mark, which, employing qualitative data, focused on impacts as perceived by stakeholders and on process factors, including the strengths and weaknesses of the process operated by the NYHP in implementing the HQM, perceived benefits and/or disadvantages of participating in the HQM, and the appropriateness of the criteria in the award.

Methods

In order to evaluate the intervention it was deemed necessary to obtain feedback from all stakeholders who were involved. With the assistance of the NYHP, all youth organisations whom had completed the HQM either fully (all three levels) or partially (going forward for consideration for either Bronze, Silver or Gold) were identified. Groups of stakeholders were agreed as follows:

- Young people in attendance at the youth organisdation
- The health promoter(s) and members of the team
- Members of management
- Strategic personnel (at regional and national level) involved in the set up and delivery of the HQ Mark

Young people were interviwed in a focus group setting in one organisation[1]. Nine young people took part in the focus group. For all other groups semi-structured telephone interviews were conducted, over a three month data collection period. The interview protocol was devised based on programme objectives and piloted prior to data collection.

Sixteen organisation had been awarded the HQM on one or more occasions. Eleven organisations participated, within which a total of twenty two individuals were interviewed[2]. Nine organisations were in the process of applying for and being assessed for the HQM for the first time. Eight organisations took part, within which fifteen individuals were interviewed[3]. HSE health promotion practitioners and individuals who had a strategic input into the HQ Mark and its future development, as recognised by the NYHP, had key roles in assessing the organisations for their award on assessment day. Nine HSE/strategic individuals were identified and eight were available for interview.

[1] Timing of data collection (summer) made it difficult to reach groups of young people in many youth organisations
[2] Some organisations had lost health promoters due to staff turnover, two organisations declined to participate and three did not respond.
[3] Some organisations had lost members of staff and one organisation did not respond.

All interviews were tape-recorded and transcribed verbatim. The basis of the process of data analysis in this study follows a general template analysis style (Miller and Crabtree, 1992), involving the generation of themes, patterns and interrelationships in an interpretive process.

Results

The first level of analysis arranged and described the data based on interview headings. Second level analysis sought to identify general themes within the data and as such was driven by the data itself rather than the interview framework. A range of interacting impacts emerged in the analysis. Regarding process, factors critical to the success of the HQM in youth organizations were discussed, and specific difficulties inherent in the process were also highlighted.

Impacts

The perceptions of health promoters, team members and members of management with regard to impact was overwhelmingly positive. The absence of negative impacts in any of the interviews was striking. Positive impacts included individual behaviour changes and organisational level changes. Those interviewed commented in more depth and to a much greater extent on the way in which the HQM impacted on the whole organisation, and the place of health within it. The HQM was percieved to raise awareness of health, validate and extend good practice generally in youth organisations and in health promotion in particular, and to engender a sense of pride which was motivating for young people and staff. The HQM also led to recognition and 'kudos' in the wider community, with possible positive outcomes for funding.

The place of health in the youth organisation

It was evident from the data that the HQM had the effect of increasing a general awareness of health throughout the youth organisation. This was identified in all groups interviewed and seen as broadening the concept of health and allowing staff to embrace a holistic concept of health. Health was seen to have expanded to include mental health and well-being;

> *“Well the younger people just got a wider programme…it sort of widened the health word…more holistic…like stress for kids and relaxation and all that…which wouldn’t have been there before like, getting kids to talk about their feelings and all that stuff which would be a fairly new thing” (HP6)*[4]

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[4] Key to attributions; FG = focus group, HP = Health Promoter, M= Manager, TM = Team member, SP = strategic personnel, prefix gf = organisation going forward for award

"*…. I think that was another area that's important about the quality mark that it's a holistic approach its not just about being healthy and encouraging the kids not to play playstation five days a week but that it encourages all aspects of their lives particularly around stress and areas that young people often aren't really spoken to about or helped with I suppose*" (gfTM2)

"*It will open up their eyes to the whole the bigger scheme of things about health*" (gfTM5)

In the focus group, it is interesting to note that young people also mentioned outcomes such as 'meeting new people' and getting to 'go places', implying a broad holistic understanding of health. Further, health was seen to have become more integral to the work of the organisation. One manager described it as *…. kind of nearly knitted into the project at this stage, for the young people in the project as well*' (M3).

Relatedly, it was widely perceived that the HQM has the effect of validating and documenting health promotion activities already taking place within youth organisations. In this way it gives health and well-being issues a 'home' and a structure, and goes beyond other health promotion initiatives. It binds together work undertaken in response to particular needs and work undertaken in response to national prioirities, blending together various strands of bottom-up and top-dowm work.

The facilitation of good practice

The HQM was seen to provide a framework for improvement in youth work practice and giving youth organisations an opportunity to upgrade their standards. As this team member commented:

"*It was important for the organisation to be providing the best quality service to young people and to the families that we work with, just from looking at specific criteria for the Q mark it was definitely a way of structuring that, ensuring that we had something to work off*" (gfTM4)

Improvement of practice included involving staff in policy developemnt, increased opportunities for staff training, better team working, and improving working relationships between management and staff:

"*The HQ mark actually gave us an opportunity for people to come together and work together on something common*" (M1).

Improved team working was not only seen as an impact of the intervention but as part of the process:

> "*There's also team building and the kind of broader development of a team approach and cohesion. So it brings people together in a way that they might not if they didn't have the opportunity of working through the Health Quality Mark…The Health Quality Mark builds the team but the team builds the Health Quality Mark*" (SP7)

The HQM gave organisations the opportunity not only to validate on-going work but to identify was was missing and act on this. All of this contributed to the raising of standards, and providing evidence to management of the quality of work undertaken. Organisations refered to their centres being healthier and better places to work in.

> "*I thought it was a very good idea, I mean it upgraded the centre definitely…we got to look at areas we would never have looked at before*" (HP1)

> *Keeping the standards up, getting the staff involved and also maintaining a good service, providing a good service to the young people and you know also a way of making management aware of what we do here as well*' (TM3)

Participation and communication

Health promoters, team members and strategic personnel each identified increased participation with young people following involvement in the HQM. Young people were described as being more involved in planning and more included. The initiative helped create a young people's forum, for example, to give young people a voice and a greater sense of ownership of health issues.

> "*We had increased consultation with trainees around different things even to do with strategic planning and programme development in the centre, there was a lot more consultation with trainees…*" (HP5)

The HQM also was seen to be more inclusive of staff, involving them in decision making and organisational-level changes. It was seen to to encourage youth organisations to go beyond the needs of service users and include staff needs, for example for training and support, as part of good practice.

> "*The best part of that it involved all the staff team there was no one person responsible for achieving the quality mark it was a team effort and the consultation process and everything I think that was what brought everybody into it*" (HP3)

The HQM had a positive effect on communication. Interviewees referred to increased opportunities for networking within the youth sector and to increased interaction with the NYHP.

Pride and external recognition

Finally, in relation to impacts, all stakeholders considered the acheivement of the award to lead to a number of benefits both internally and in the wider community and the youth sector. Securing the award brings pride to the organisation and a sense of acheivement, felt by both young people and staff. It led to a renewed focus on health promotion and acted as a morale-booster.

> "G*etting the awards was something to be proud of and the trainees were proud of, that were involved at the time so overall it was excellent*" (TM4)

It was thought to raise awareness of the organisation and the work it does within the community; '*it betters it as a place, like',* something which is sometimes particularly valuable when working with marginalised groups.

> "*Sometimes there would be plenty of negative things associated with being a training centre…where as the fact that this was an achievement to be proud of and positive publicity for us was good*" (HP5)

> "*And the other thing too was the promotional value was excellent in terms of when you get the gold award, we were presented with it by two ministers then it was nice for the centre to be awarded that you know*" (M4)

One specific perceived advanatage of external recognition is the possibility of increasing opportunies for securing funding, vitally important for voluntary organisations.

Cutting across these impacts, were perceived positives in respect of young people. The HQM was seen to be of benefit to young people in a number of ways, ranging from specific behaviour changes, to less tangible but no less important impacts such as increased ownership and inclusion.

> "*We've to do P.E every Wednesday*"

"*Use the gym across the road*"
"*We do health related fitness class*" (FG)

"*In the short period that I'm doing it is it's benefiting them…they're eating healthier and they are you know being more aware of their health and what they put into their bodies and that and about the surroundings of like their own health at home as well as in here so like for us to for what we have achieved at the moment with this its really good and for them to bring it outside and I think it will it will benefit their lives in the future definitely*" (gfHP5)

"*…for them as well a sense of achievement…when we got the award we would have brought a group with us and…it was something for them to be proud of for young people who may not get the opportunity to succeed in other things like mainstream education…I think its good for even promoting their own self-esteem and their sense that this is a valued valuable value centred organisation that they're part of here would be very positive as well*" (HP5)

"*We will also hopefully have raised their awareness and increased their knowledge sort of around health issues you know and I hope the changes that we make in terms of the staff, the management, the building, you know policy all like that that make them take more ownership and feel more secure and more valued and more you know as well more that we'd be becoming a more young peoples service centred service*" (M1)

Critical Success Factors

In relation to process aspects of the evaluation, interview data also revealed a number of factors which seemed to contribute to the success of the HQM as a health promotion initiative. These included the structure and award-based nature of the initiative, management buy-in, the embedded training element, the process it engenders and support from the NYHP.

Health promoters, managers and strategic personnel, all recognised that the formal recognition inherent in receiving the award acted as an important incentive for organisations, providing a challenge, a goal that could be reached, and vehicle for motivating staff. Having a challenge to rise to is important, as one interviewee commented

"*A challenge for the centre rather than something that's easily attainable. I think it devalues it if…anybody can get it willy nilly*" (HP5)

The criteria create a structure which was seen to be motivating, as reaching each criterion and each level of the award provides a boost to move on up to greater levels, although it was noted that that the health promotion team are still part of that strucure, and need to be there to drive it along. This interaction between the actual structure of the HQM and the leadership qualities of the the health promotion worker was critical:

> *I think the leadership that they're able to get everybody onboard to support them. …..Although the criteria is great for kind of forcing them to achieve the criteria as well in order to get some award from it. So it's a two way track*" (SP8)

All four stakeholder groups identifed management buy-in as critical to the success of the initiative. Management buy-in included management having a strong link with the health promotion team or person, and being 'fully committed'. It has to go beyond 'signing a piece of paper' or generally approving of the goal of helping young people be healthier. It requires support also for staff health initiatives, and an appreciation that all have to be included to create a helath promoting youth organisation.

> "…*there would have been great buy in for looking after trainees and promoting their health but as I said that my issue is around staff and the support or lack of that I got around promoting staff health…I just don't think feel that management understood that that was part of the deal in order to get the quality mark that you equally have to be looking out for staff welfare and staff health*" (HP5)

The process can turn management around but this was acknowledged to be difficult and less than ideal.

> *'….now I have seen it where it has been driven from the bottom up that's a much more difficult process and it shouldn't have to happen like that. But I have actually seen where people have gone back and after a period of time they've actually converted management but it is much easier if top management are fully behind it and fully committed*' (SP5)

The training that is built into the initiative in particular the Specialist Certificate in Youth Health Promotion (SCYHP) facilitated the success of the initiative, by facilitating networking with others in the process. The SCYHP was described as 'absolutely vital' to the securing of the HQM, playing a 'key role' and bring focus and structure to the initiative.

"*…sometimes you go to training and its so lack lustre and repetitive, you don't feel challenged and its not very rewarding to have achieved it…whereas I found this…challenging enough to feel like a real piece of training and the certificate didn't feel like a token thing…felt like something that I had earned*" " (gfHP3)

The supportive role of the NYHP in general and in facilitating the training was also noted. The way in which the NYHP support included assisting with resources and difficulties; *…when I was stuck on certain criteria or I was kind of thinking am I going down the wrong road here or am I on key, they were very helpful*' (HP1)

The nature of the initiative, which requires regular team meetings, reviews of progress, staff support to meet the different criteria was seen to be a process in and of itself that was critical to the success of the HQM.

"*An award is, it's nice to have stuff acknowledged but really it's the process is the valuable thing*" (M2)

Difficulties encountered

Despite the obvious success of the programme, interviewees did acknowledge some difficulties in the initiative. The first of these related to operational aspects of the initiative and a second to the underpinning principles. In relation to the operation of the HQM, all stakeholders referred the amount of time required to complete paperwork for a portfolio of evidence for each of 18 criteria. This posed difficulties in the context of juggling commitments to face-to-face youth work and the work of the HQM. Some queried the need for the process to be so time consuming, while other acknowledged its necessity in the light of the achievement.

"*A lot of work, pressure and stress. And what I would call unnecessary extra work because its work that we done anyway so it was having to prove that we'd done the work and I would query if the process needs to be so time consuming*" (M5)

"*…you need to put in the time for planning…and to develop the areas of health related work…just have to say look something's got to give if we're to put all our energies into this and maybe it is a matter of kind of cutting back on the youth work despite the directive do you know what I mean and I think it is justifiable*" (gfHP2)

The issue of tension between the ideological underpinnings of health promotion and the highly structured nature of the initiative was a second difficulty emerging in the course of the interviews. One manager, for example, contrasted the structure of the initiative with behaviour change in service-users:

> "*But achieving it sort of became secondary to I'd prefer to turn around and say that I've got some kid in the centre who doesn't smoke rather than getting another mark you know. I think that's what it's all about*" (M4)

There was a deeper concern, within the strategic personnel group, that the real ethos of a health promoting organisation was compromised by the enforced structure of the criteria. It was pointed out that the criteria were expert-led, not emerging from the service-users and the staff, in a way was responsive to their own situation.

> *"That they get so ingrained in ticking those six boxes to get their bronze that they don't really see the full picture…You can't pigeon-hole health promotion I suppose and that's what this tries to do" (*SP1)

DISCUSSION

The settings approach involves more than just delivering health education in a convenient setting. Health Promotion interventions in organisations not only have to address change in individuals but aim to include re-shaping environments and bringing about sustainable change. The results of this study, evaluating a settings-based intervention, confirm the importance of the youth organisation as a setting for health promotion work, and the success of the Health Quality Mark (HQM), as a settings-based intervention.

The HQM was received very positively by all stakeholders and perceived to lead to a range of valuable impacts. The HQM was believed to raise awareness of health, validate and extend good practice, and to engender a sense of pride and acheivement which was motivating for young people and staff. The HQM also led to recognition in the wider community, with possible positive outcomes for funding. Aspects of the intervention were percieved to contribute to its success included the structure and award-based nature of the initiative, management buy-in, the embedded training element, the actual process the initiative engenders and support from the NYC. Difficulities with implemenation were encountered, principally around the time consuming nature of the portfolio requirement.

Settings-based work provides a challenge to evaluators (Green et al., 2001; Dooris, 2006). In its true form, a settings approach aims to 'stay with the big picture' (St Ledger, 1997, p.101) creating conditions and supportive environments for health gain by improving policies and practices. It is expected to have an 'added-value' to specific project-based work, to be integrative, and to focus not only on the different parts of the whole, but on the 'spaces in-between' (Dooris, 2006, citing Baric and Baric, 1995). However, this paradoxically, makes evaluation difficult, and explains why setting work is ‘legitimised’ more through an act of failth than through rigourous research and evaluation studies' (St Ledger, 1997, p.101).

While traditional experimental methods with control or comparison groups are clearly inappropraite to capture this bigger picture, even the use of survey methodologies tends to force evaluators into measuring settings-based work in terms of tangible, countable outputs, such as check lists of topics addressed, or changes in usage of posters and other communication methods as seen, for example, in the evaluation of SHAW (Graveling et al. 2002). The results here however reveal that the initiative was a success in terms of the whole organisation and the way in which health promotion became embedded in the organisation. Health was described as being 'kind of knitted in', and 'absorbed' into the work of the staff. The HQM 'focused us on the whole organisation, not just those in receipt of the service', thereby providing evidence of the 'spaces in-between aspect of the settings approach.

Dooris argues that settings-based approaches 'allow the language of 'health' to recede…… 'health promotion' as an entity becomes more remote' (Dooris, 2006, p. 61) . However, this study suggests the opposite. The HQM initiative made health more visible and acted as a vehicle or framework for good practice. In this way health promotion took centre stage, facilitating a wider, more holistic interpretation of health and providing a 'renewed focus' for the work of the youth organisation. Whether this is unique to this particular initiative, or to the youth organisation setting, requires further exploration.

The concerns regarding the structured nature of the initiative being at odds with the ethos of health promotion are of interest since they were raised principally by those external to people working on the ground in youth organizations. It is the case that health promotion advocates that health should not be imposed on people by 'experts', yet the health promoters and team members spoke repeatedly of how the initiative led to greater participation with young people, and increased teamwork within the organisation. Participation is widely agreed to be an underpinning principle of health promotion (WHO, 1998), critical to empowerment, which is a primary criterion for determining whether a particular initiative should be considered health promoting (Rootman et al., 2001). The WHO definition of health promotion[5] refers most particularly to process, identified in this study as critical to the success of the initiative. Another underpinning principle, holism in health, was also reported as impact of the HQM,

[5] Health promotion is the process of enabling people to increase control over, and to improve, their health (WHO, 1986)

leading us to conclude that despite reservations, the initiative did in fact reflect well the ethos of health promotion.

Whether the structure of the HQM would transfer easily into other settings is unclear, given the paucity of research evaluating settings-based health promotion initiatives. However it is argued here that the success of the initiative may be due to the ideological consistency between the principles of youth work and health promotion. In both disciplines, the principles of empowerment, active partnership between all parties and stakeholders are paramount. Youth work is expected to involve young people on a voluntary basis and engages young people through issues and areas of interest and concern to them (Department of Education and Science, 2002) while health promotion approaches its work from the point of view that health cannot be imposed on people but has to be won in partnership them (Abel-Smith, 1994). Both health promotion and youth work advocate active learning and collaborative decision-making, planning, organising and evaluation. The flexibility of the success of the initiative may contribute to its success. It is recognised that youth work in Ireland is at different stages of development and the availability of the award at three levels provides a staged approach to developing health promotion structures.

Finally, the findings of the study provide reassurance for youth work practitioners in the advent of the 'Quality Standards Framework for Youth Work'. A quality-based structure can be integrated into youth work and providing real opportunities for the enhancement of good practice, and a motivating impetus for staff. In the words of one Health Promoter in the evaluation of the HQM "Once we have it, we're keeping it !".

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