

WHAT

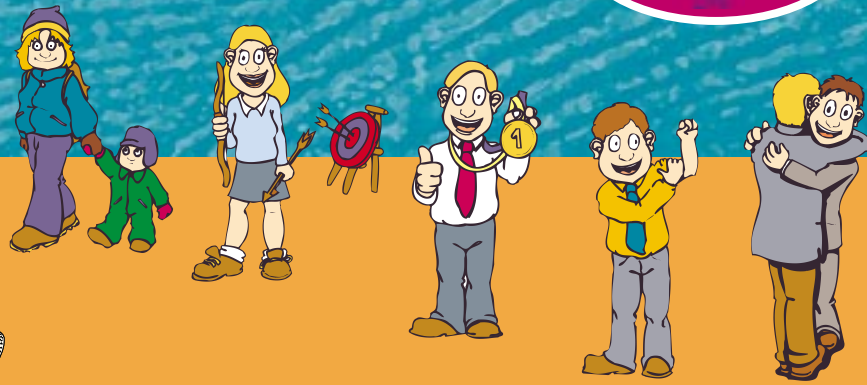
WHO

WHEN

WHY

HOW

HEALTH PROMOTION IN YOUTH WORK SETTINGS - A PRACTICE MANUAL



Developed by The National Youth Health Programme

A partnership between the National Youth Council of Ireland, the Health Promotion Unit of the Department of Health and Children and the Youth Affairs Section of the Department of Education and Science



Health Promotion in Youth Work Settings *- A Practice Manual*

The National Youth Health Programme:

The National Youth Health Programme is a Partnership between the National Youth Council of Ireland, the Health Promotion Unit of the Department of Health & Children and the Youth Affairs Section of the Department of Education & Science and is based in the Offices of the National Youth Council of Ireland.

This Practice Manual has been designed primarily to act as a support and working manual for Health Promotion Co-ordinators involved in the Health Promoting Youth Service Initiative.

The Health Promoting Youth Service Initiative:

The Health Promoting Youth Service Initiative is a national initiative developed to encourage and support youth organisations to plan, implement and evaluate a 'whole organisational' approach to health promotion in Youth Work Settings. The initiative offers youth organisations a comprehensive training and support framework for the development of effective health promotion activities, programmes and interventions for all those involved in youth organisations.

A National Youth Health Programme Production 1999/2000.

The National Youth Health Programme is a partnership between the National Youth Council of Ireland, the Health Promotion Unit of the Department of Health and Children and the Youth Affairs Section of the Department of Education and Science.

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In addition to representing their respective organisations, they have personally shown a great commitment to the completion of this publication and have consistently worked towards bringing this publication to fruition. Many thanks to everyone!

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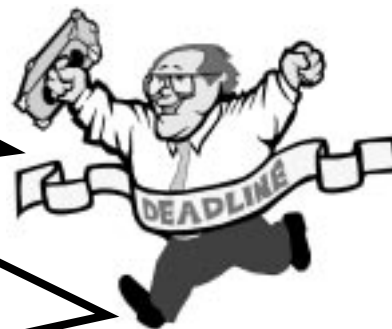
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Why Promote Health in the Youth Service?

There have been few developments to date in the Republic of Ireland with regard to health promotion within the Youth Service. The drugs issue has predominated the health education focus of the Youth Service over the past few years, particularly since the establishment of the Ministerial Task Force on Measures to Reduce the Demand for Drugs and the publication of the two major reports of this Ministerial Task Force in 1996 and 1997. Many youth organisations are involved locally with the Task Forces, established in 13 urban areas in Dublin and Cork. While much of this drugs education is conducted with a focus on personal development, it is felt within the National Youth Health Programme that there is a need to broaden the scope of health education provision for young people within youth organisations.

Based on this thinking, the National Youth Health Programme has spent considerable time over the past year researching and exploring the potential of the Youth Service to promote health within a broader context. A review of available literature, research findings and health policy documents sets out a rationale for promoting health with young people in a comprehensive and effective manner within the Youth Service.

In recent years much work has been done by the Department of Health in establishing structures and strategies for promoting health in the general population. The policy document 'Shaping a Healthier Future' (Department of Health, 1994) outlines health promotion as the obvious starting point for any refocusing of the health services towards improving health status and quality of life.

This policy document was followed by the publication of a Health Promotion Strategy (Department of Health, 1995) which presents a detailed strategy for health promotion in Ireland. It outlines the rationale for health promotion, provides a review of the current health status of the Irish population and sets out a detailed programme including specific goals and targets and a plan of action for their achievement.

Both documents recognise the role of voluntary organisations in health promotion. Shaping a Healthier Future (1994) recognises that the voluntary

sector plays ‘an integral role’ in the promotion of health and personal social services in Ireland and suggests that *‘traditionally, voluntary organisations have been to the forefront in identifying needs in the community and developing responses to them... their independence enables them to harness community support and to complement the statutory services in an innovative and flexible manner’.*

The Health Promotion Strategy (1995) builds on this recognition of voluntary organisations by

suggesting that *‘such activities of voluntary agencies can, in certain instances, be more effective than if provided by statutory bodies as voluntary can operate in closer contact with, and indeed, integrate into, local communities’.* It is clear, therefore, that the nature and characteristics of voluntary

‘traditionally, voluntary organisations have been to the forefront in identifying needs in the community and developing responses to them... their independence enables them to harness community support and to complement the statutory services in an innovative and flexible manner’.

Shaping a Healthier Future
Dept. of Health 1994.

youth organisations, as

outlined earlier in this

chapter, puts them in a

unique position to positively

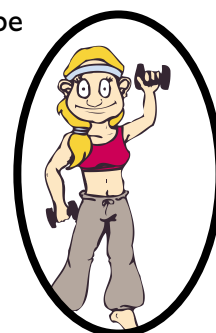
influence the health status of young people.

The Department of Health, in its commitment to Health Promotion, established the National Consultative Committee for Health Promotion to support this Health Promotion Strategy. It is encouraging

to see that one of the first tasks of this Consultative Committee was to establish a Sub-Committee on Young People who produced a report on Health Promotion and Young People (Department of Health, 1996). This report acknowledges the fact that young people are an integral part of family, community and environmental settings and so, in efforts to directly impact on the health of young people, consideration must be given to the wider influences that exert pressure on young people’s lives. *‘Young people’s social, physical and economic situations, their broader environment i.e. where they live, work and relax, greatly influence their prospects for better health’.*

‘such activities of voluntary agencies can, in certain instances, be more effective than if provided by statutory bodies as voluntary can operate in closer contact with, and indeed, integrate into, local communities’.

Health Promotion Strategy
Dept. of Health, 1995.



The authors of this report suggest that health promotion, if it is to be successful, must rely on inter-sectoral activity that seeks to harness the potential contribution of many relevant disciplines and sectors in effecting the introduction of healthy

'Young people's social, physical and economic situations, their broader environment i.e. where they live, work and relax, greatly influence their prospects for better health'.

lifestyles in the widest possible arenas. It is considered essential that appropriate structures to facilitate delivery of health promotion for this target audience are in place. Consequently, the National Youth Health Programme argues that existing youth work structures which cater for approximately half a million young people each year,

enables youth organisations to play a key role in the development and implementation of health promotion interventions and programmes for young people throughout the country.

The Youth Service as a 'Setting' for Health Promotion

Youth Work takes place in a variety of settings, ranging from youth centres to outreach and detached work, to information and advice projects.

'These are places where young people choose to go on a voluntary basis, to engage in a range of activities and build relationships with peers and adults they know and trust. The special relationship that youth workers have with young people, meeting with them on their own territory and in situations which are relaxed, informal and of the young people's choosing means they are singularly well placed to facilitate effective health promotion'. (Health Promotion in Youth Work, Health Promotion Agency for Northern Ireland, 1997)

In order to fully appreciate the potential role of the Youth Service, it is important to remind ourselves of the definition of Youth Work and to appreciate its close links with the cornerstones of health promotion, as identified by the World Health Organisation.

Youth Work - A Definition:

'a planned, systematic educational process which assists and enhances the personal and social development of young people, is complementary to the defined school curriculum and is implemented primarily by voluntary youth organisations and groups'. (NYCI, 1994)

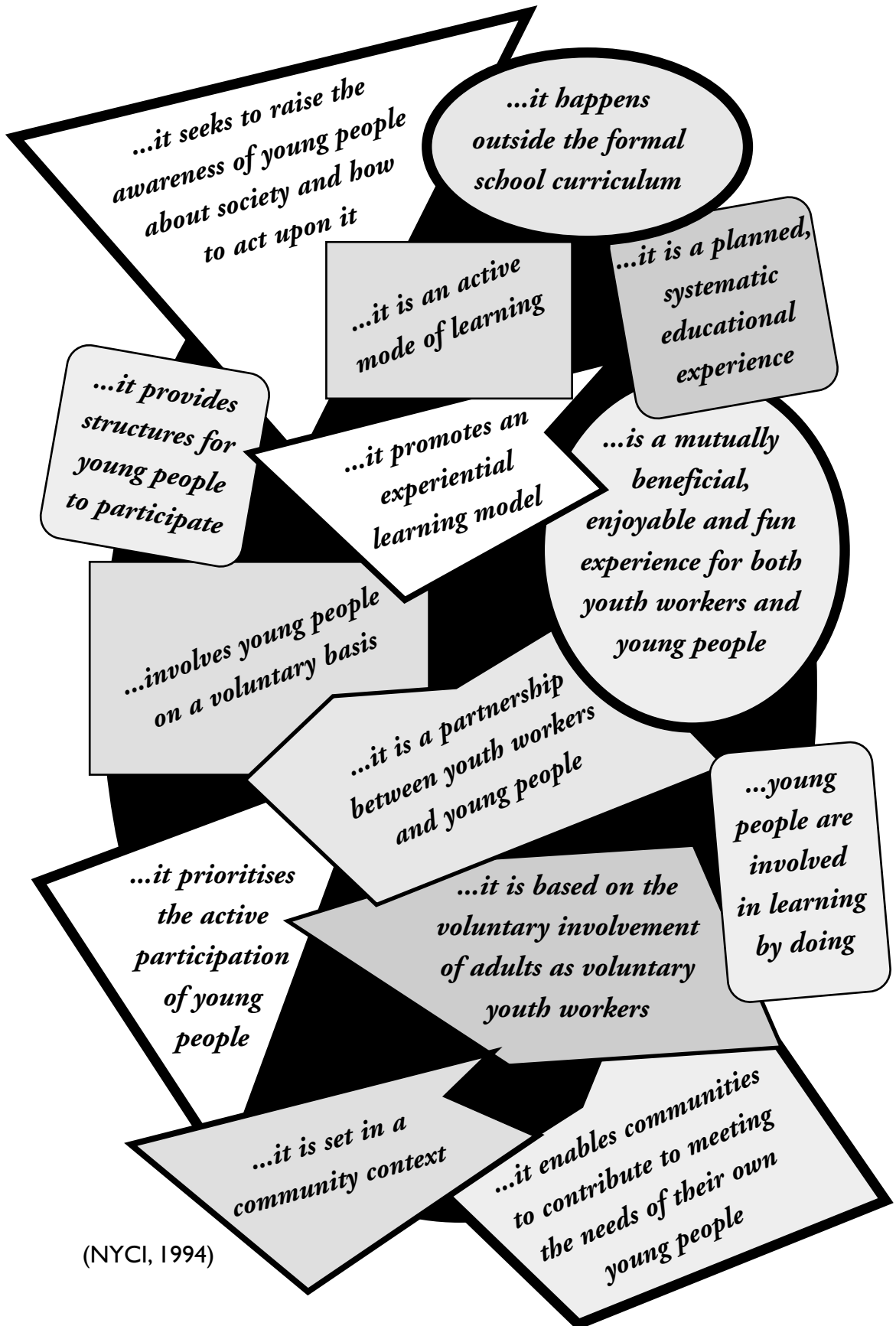
Earlier definitions of Youth Work saw it exclusively in terms of personal development without acknowledging the broader context. Today, Youth Work is defined as *'a planned, systematic educational process which assists and enhances the personal and social development of young people, is complementary to the defined school curriculum and is implemented primarily by voluntary youth organisations and groups'* (NYCI, 1994).

Different youth organisations and groups choose different youth work programmes whose content and context reflects their own ethos and philosophy. However, a number of characteristics have been identified which distinguish Youth Work from other forms of youth provision and services.





What is Youth Work?



(NYCI, 1994)

Youth Work, therefore, is a unique process and one that is closely linked to the core principles of health promotion as set out in the Ottawa Charter (International Conference on Health Promotion, November 1986). The role of Youth Work in enabling and empowering young people to increase control over their own lives within the context of their physical and social environment is strongly connected to the role of health promotion. Youth

Work, in its active encouragement of young people to participate at all levels within the community and society, also fulfils a guiding principle of health promotion as does the

mediating and advocacy role taken on by youth organisations on behalf of young people.

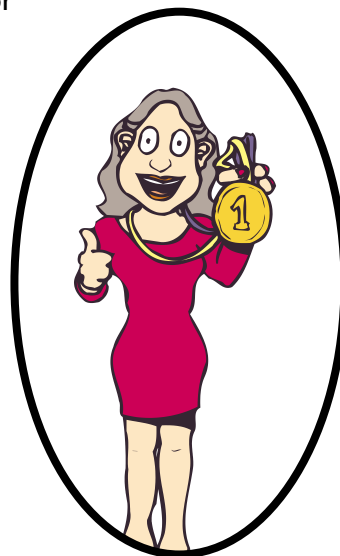
Consequently, youth organisations are in an ideal position to inform healthy public policy in relation to young peoples' health needs.

The day-to-day work of youth organisations involves contact with a wide range of young people throughout the country, including work with some of the most marginalised and disenfranchised young people

within our society. It is important to acknowledge that

Youth Work provides opportunities and support for young people who may have become isolated in many ways within society, for example, early school leavers, teenage parents, unemployed and homeless young people as well as young people putting their health at risk from substance misuse and risk-taking sexual behaviour.

These young people face a range of obstacles in their lives including poverty, crime, poor social skills, lack of empowerment, poor socio-economic background and limited access to support services such as health care and housing. In this way, youth organisations are actively involved in creating supportive environments for these young people



through providing them with stimulation, challenge, creativity, self development, a sense of purpose, a sense of identity and, very often, a safe and secure environment in which to learn. Youth Work is most often identified with encouraging the development of personal and social skills and through the presence of youth organisations in local communities, in strengthening community action, all cornerstones of health promotion.

In addition to working with disadvantaged young people, Youth Work provides a social network and opportunities for young people who continue to be involved within the formal education system and employment (National Youth Health Programme, 1996).

The Development of The Health Promoting Youth Service Initiative:

One of the main developments within the Youth Service here in Ireland, in terms of health promotion, has been the work done to date on the development of the 'Health Promoting Youth Service Initiative'. This initiative has been developed by the National Youth Health Programme as a means of encouraging a more holistic approach to addressing health issues for young people within the Youth Service.

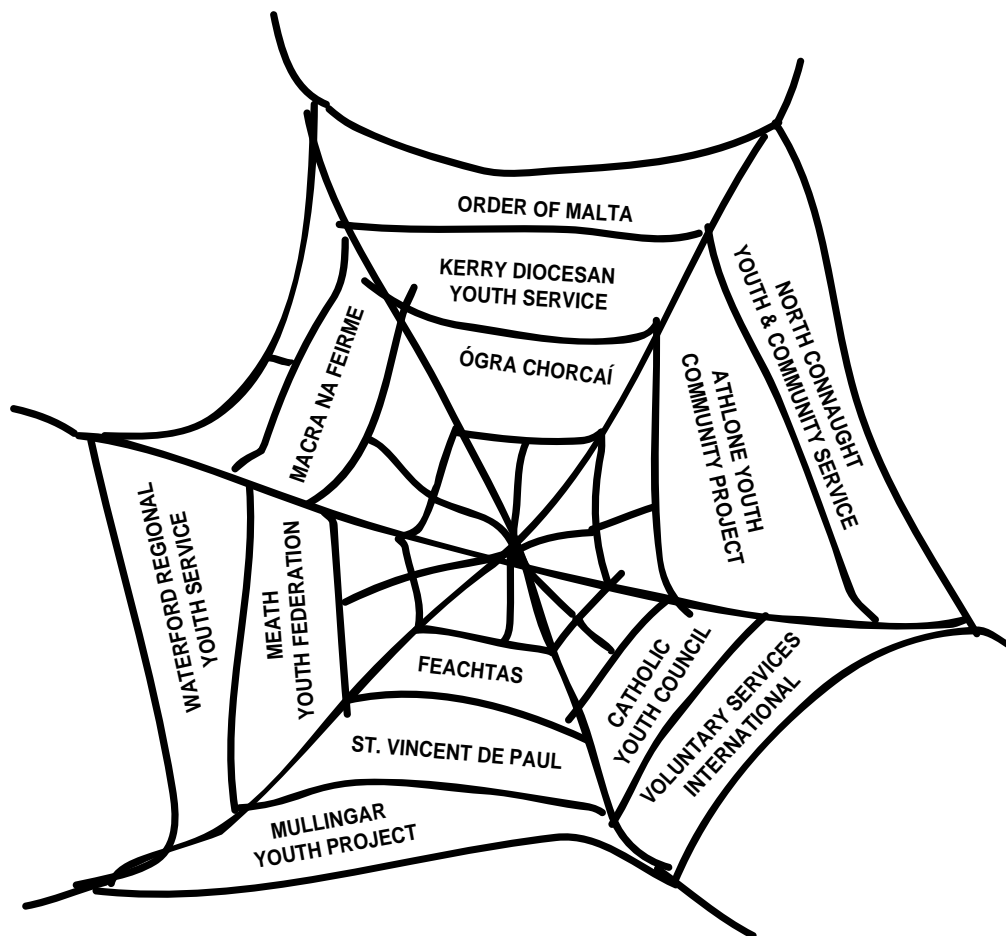
The Health Promoting Youth Service Initiative has been informed by recent and current developments within health promotion at a national and international level whereby several settings have been developed as health promoting settings.

Health promoting 'settings' include:

HEALTH PROMOTING SCHOOLS	HEALTHY CITIES	HEALTH PROMOTING HOSPITALS	HEALTH PROMOTING UNIVERSITIES	HEALTHY WORKPLACES	HEALTH PROMOTING COMMUNITIES	HEALTH PROMOTING YOUTH SERVICE
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In 1996/97, the National Youth Health Programme, having identified a need for youth organisations to address the health of young people in a more holistic way, established the Health Promoting Youth Service Initiative on a pilot basis with approximately 15 youth organisations from around the country. The organisations recruited to participate in this first phase of the Initiative, represented the different types of youth organisations operating in Ireland as well as a geographical spread throughout the country.

Each participating organisation was asked to nominate a Co-ordinator from within their organisation's structures to join a national network of co-ordinators. This national network was facilitated by the National Youth Health Programme. The following diagram shows the network of organisations involved in the development of this manual over the past 2 years;



Health Education

'Health Education is any intentional activity which is designed to achieve health or illness related learning, i.e. some relatively permanent change in an individual's capability or disposition'.

Effective health education may, therefore:

- produce changes in knowledge and understanding or ways of thinking
- influence or clarify values
- bring about some shift in beliefs or attitudes
- facilitate the acquisition of skills
- effect changes in behaviour or lifestyle

(Tones & Tilford, 1994)

Health Promotion

'Health Promotion is the process of enabling people to increase control over, and to improve, their health'.

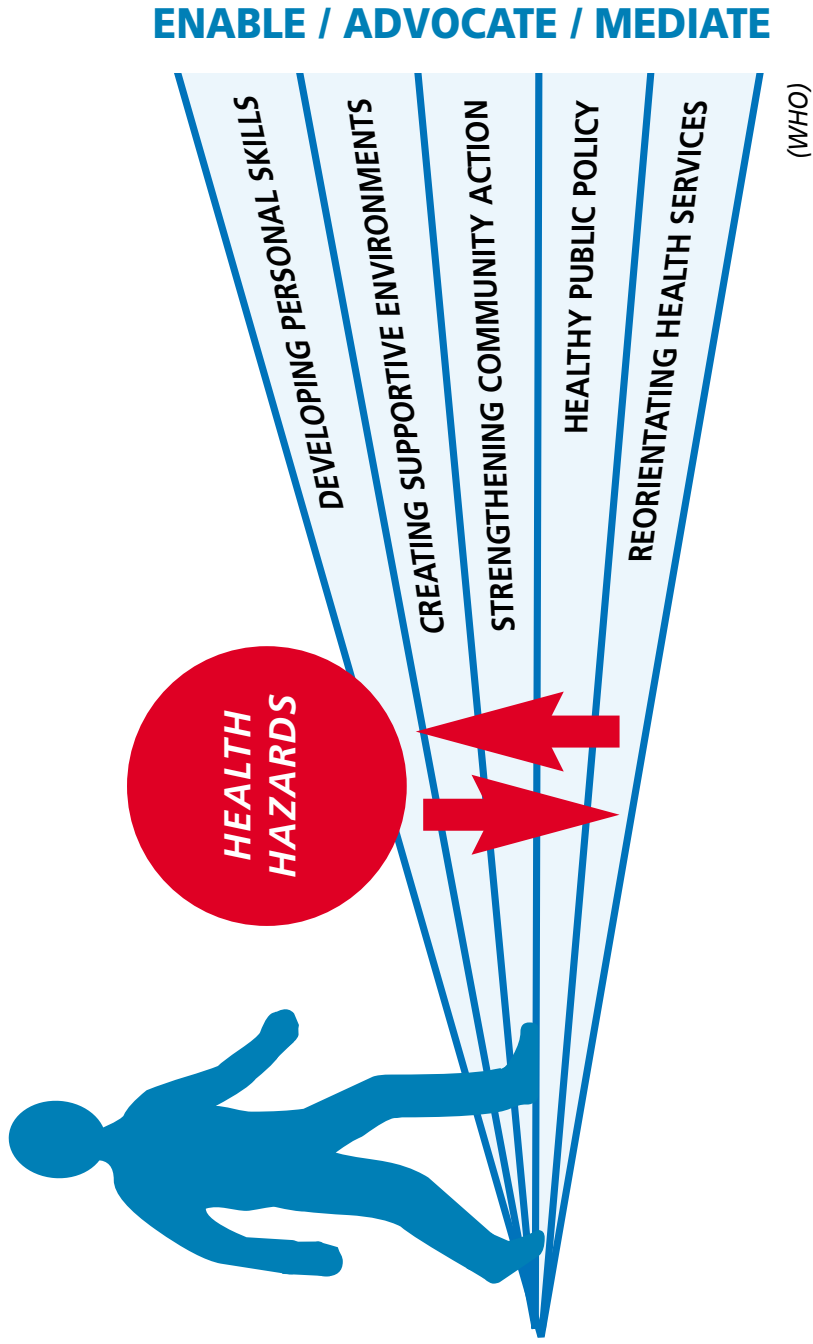
(The Ottawa Charter for Health Promotion, WHO, 1986)

- Health Promotion at an **individual level** involves educational processes enabling people to acquire information and skills that will help them in making good decisions in relation to their health.
- At a **community, regional and national level** it involves the development of appropriate policies, structures and support systems so that the healthier choice becomes the easier choice to make.

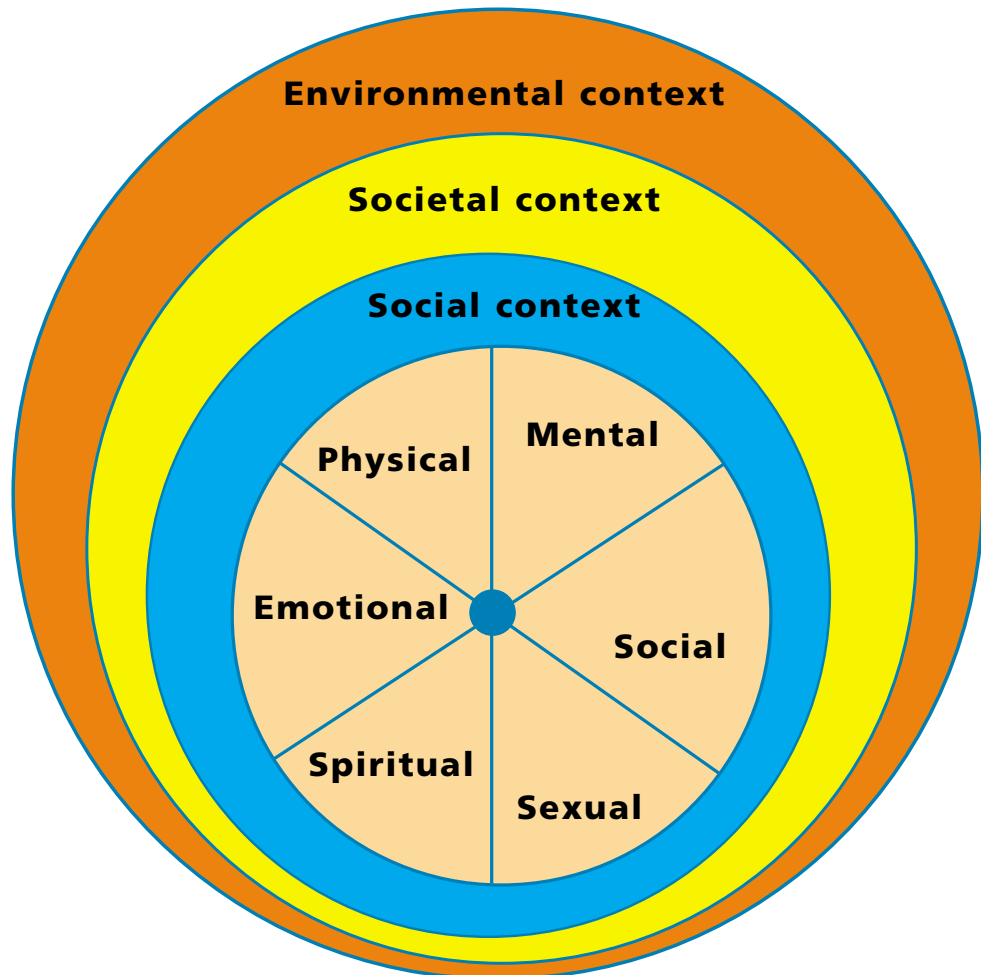
(Health Promotion Strategy, Department of Health, 1995)

Health Education and Health Promotion Defined

Health - The Role of Health Promotion

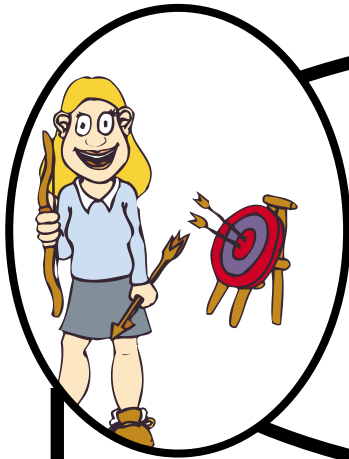


Promoting Health with Young People

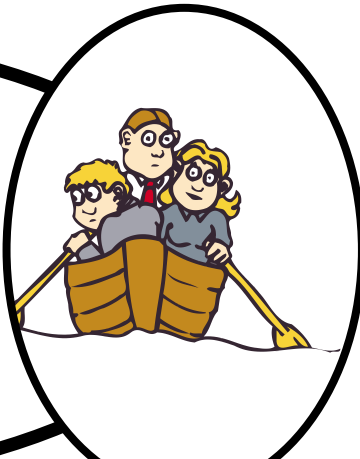


Dimensions of health adapted from Naidoo and Wills (1994).

The three outer circles refer to general influences on health which affect the individual, the inner segments refer to individual aspects of health and to the different contexts within which the individual lives.



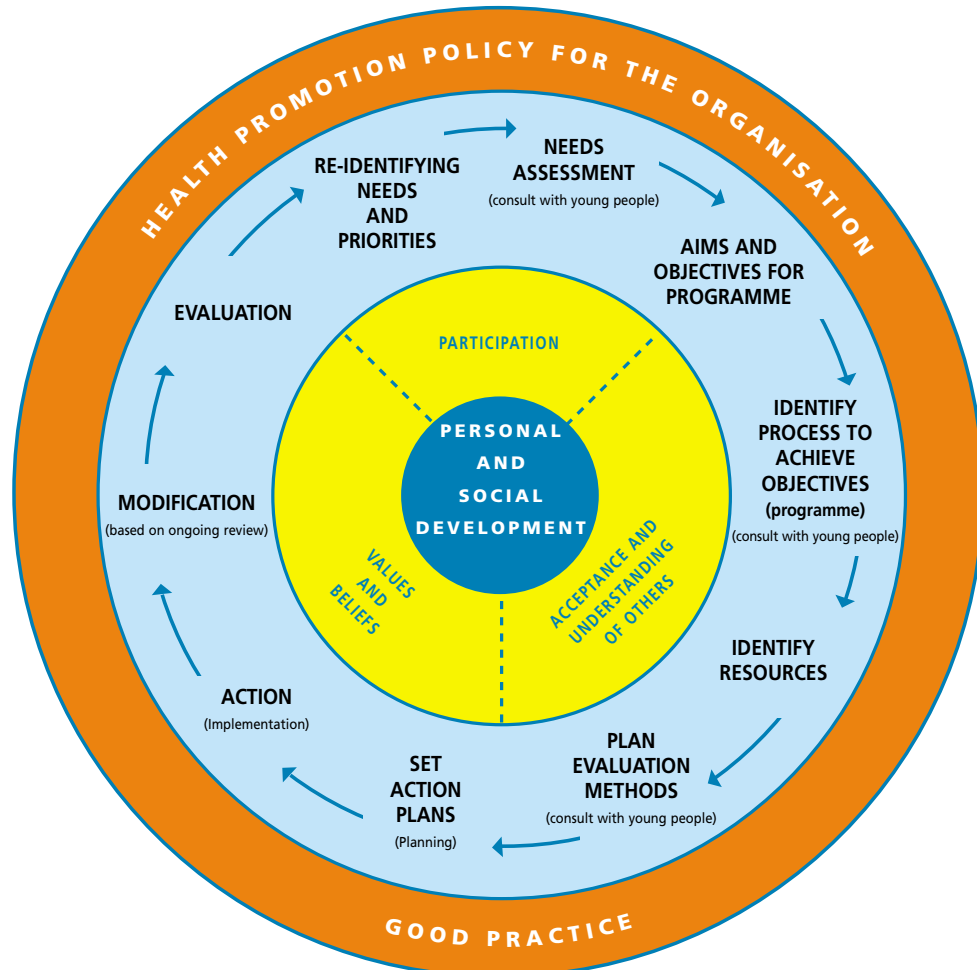
The Aims of a Health Promoting Youth Organisation



are:

- To provide a **health-promoting environment** for working and learning by providing a safe and health enhancing social and physical environment.
- To promote **individual, family and community responsibility** for health.
- To encourage **healthy lifestyles** and present a **realistic and attractive range of healthy choices** for young people and all those involved in the organisation.
- To **enable** all young people to **fulfill their physical, psychological and social potential** and **promote self-esteem**.
- To set out **clear aims** for the promotion of health and safety for the entire organisation.
- To foster and develop **positive relationships** between young people and the staff and volunteers within the organisation.
- To clarify the **social aims** of the organisation for the management, staff, volunteers and young people alike.
- To provide a **choice of stimulating challenges** for young people so that they can experience involvement and success in a range of satisfying learning and leisure activities.
- To actively promote the **health & wellbeing of all those involved** within the organisation.
- To consider the **role and potential of complementary services** within the community for **advice and support** in health education and health promotion.
- To plan a **comprehensive health education curriculum**, reflective of the needs of young people ensuring **educational methodologies** which actively engage young people and foster the principles of empowerment and participation.
- To equip young people with the **knowledge and skills** they need both to make sound, informed decisions about their personal health and to preserve and improve a safe and healthy environment.

A Practical Model for Promoting Health in Youth Work Settings



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

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

A Practical Model for Promoting Health in Youth Work Settings

PLANNING

What is it?

Preparing for Actions.
Identifying Resources.
Setting Goals.

Why Plan?

“If you Fail to Plan
you Plan to Fail”



**P
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NEEDS ASSESSMENT

What is it?

What is vs What ought to be.

Why do you Assess Needs?

To Identify Felt Needs.
To Give the Work Direction.



PRACTICE

Y

EVALUATION

What is it?

The Measure of your Success.

Why Evaluate?

To Highlight Strengths
and Weaknesses.

To Inform Future Action.



IMPLEMENTATION

What is it?

The Action you take to meet the Needs.
Working for Change.

Why?

To Make a Difference.

Developing A Health Promotion Policy for Youth Organisations

This section is designed to provide you with a step-by-step guide to developing a health promotion policy for your organisation.

WHAT IS POLICY?

Policy can be understood to be:

1. Official policy documents which set out the policy of the youth organisation
2. The process whereby policy is formed
i.e. consultation with various groups and the writing of policy documents
3. The process whereby policy is pursued
i.e. planning, information dissemination, training, implementation and evaluation



WHY THE NEED FOR A HEALTH PROMOTION POLICY?

A health promotion policy is needed;

- To enable organisations to reflect their ethos in the work they do
- To encourage good practice
- To support workers, leaders, volunteers and young people within the organisation
- To provide guidance and support for management 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 within the area of health promotion



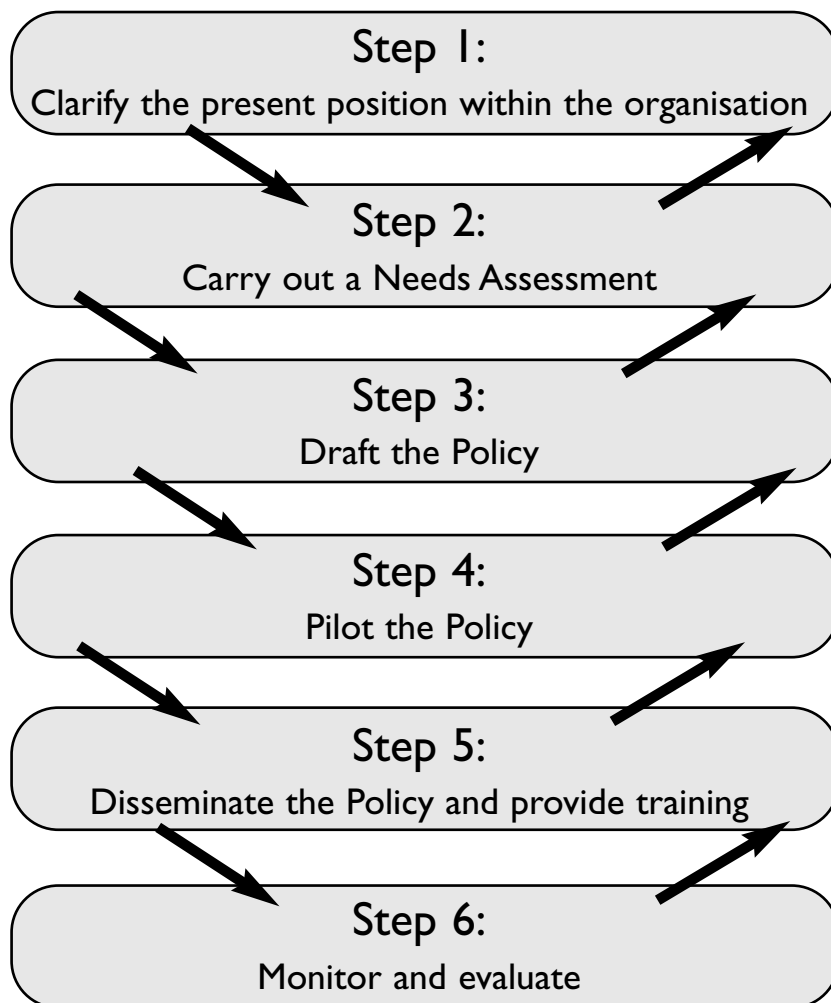
HOW DO YOU DEVELOP A HEALTH PROMOTION POLICY FOR YOUR ORGANISATION?



The following section outlines a step by step framework for organisations to follow or adapt, where appropriate, when developing a health promotion policy.

A Step By Step Approach to Developing a Health Promotion Policy

THE STEPS TO THIS PROCESS ARE AS FOLLOWS:



STEP 1

CLARIFY THE PRESENT POSITION WITHIN THE ORGANISATION

- (a.) define the ethos of the organisation
- (b.) explore the existing levels of knowledge regarding health promotion
- (c.) explore health promotion work undertaken by the organisation to date and its perceived strengths and weaknesses

This process should be undertaken in consultation with young people, staff, volunteers and management within the organisation. Ideally, this process should be facilitated by an external facilitator so that the work can be positively challenged and all those involved in the organisation can have an opportunity to be open and honest.



STEP 2

CARRYING OUT A NEEDS ASSESSMENT

Having explored the present position within the organisation regarding health promotion activities currently being undertaken, it is important to carry out a comprehensive needs assessment so that health promotion provision can be planned and implemented on the basis of the real needs of the organisation and its target groups.

The needs assessment should be such that it places health promotion within the context of a holistic approach which ensures that the needs of young people are seen in terms of their physical and social environment. The needs assessment should be

given priority and time should be set aside to research local issues in relation to health promotion. This will ensure that the completed needs assessment will fill some of the gaps and provide answers to many of the outstanding issues raised by the discussions in step one of this process. This should be a challenging piece of work contributing to the organisation as a whole, and when completed, provide the organisation with an excellent working document in terms of its overall health promotion strategy as well as acting as a training and review document.

A separate section has been included in this manual on needs assessment and this will provide you with a framework for conducting a comprehensive needs assessment within your organisation.

STEP 3

DRAFT THE POLICY

This should not be the work of any one individual but should actively involve everyone within the organisation whom the policy will affect. The policy will only be effective if everyone has been involved in its development and there is agreement about its content and implications. However, it is vital that someone within the organisation takes overall responsibility for facilitating this process from the consultation phase through to writing the policy document and ongoing monitoring and evaluation. Most appropriately, a small team of people, representative of the organisation's work areas, should be in charge of this process.



The following framework is a useful guide to what should be included in a health promotion policy:

- A statement of the organisation's views on health promotion;
- A moral and values framework for the organisation's approach based on its ethos;
- Clear definitions of health education/health promotion as understood by the overall organisation;
- The aims and objectives of the policy and the policy statement (a sample policy statement is included further on in this section);
- Staff responsibility for implementing the policy and their levels of knowledge and understanding of the health promotion issues and activities of the organisation;
- The aims, objectives and approaches of the organisation's health promotion strategy;
- Issues of good practice and appropriate guidelines for management, staff and volunteers;
- Staff development, training and support issues;
- The organisation's health promotion activities in a broader community context;
- Specific roles and responsibilities for implementing health promotion;
- The process by which the policy will be implemented;
- Procedures for review, monitoring and evaluation;
- Appendices where appropriate.

(For further details on each of these steps, please see the Youth Work Support Pack for Dealing with the Drugs Issue from which this framework has been adapted.)

STEP 4

PILOT THE POLICY

Once the draft policy has been completed, it is essential that all those within the organisation have an opportunity to consider and comment on its usefulness, appropriateness and the direction it gives health promotion work within the organisation. This stage of the process should run smoothly if proper consultation has happened at each of the previous stages.

Those involved in drafting the policy need to consider the feedback in a constructive way and ensure appropriate changes and adjustments are made accordingly.

Once the policy has been finalised, it should be officially launched so that the wider community is aware of its existence and can appreciate the role of the youth organisation as a health promoting setting.

STEP 5

DISSEMINATE THE POLICY AND PROVIDE TRAINING

Once launched, the policy should be disseminated widely so that the organisation as a whole becomes familiar with the policy and begins to use it to inform the work at a practical level. It is important to accompany the dissemination of the policy with adequate and appropriate training on the effective use of the document. This training should be an integrated part of the organisation's overall training plan and should be available to all, not just those with responsibility for health related work. Health promotion impacts on the organisation as a whole, therefore, everyone should be adequately prepared to deal with it.



STEP 6

MONITOR AND EVALUATE

This health promotion policy should promote the development of ongoing work in this area within the organisation. There may be a need to adapt or update the policy from time to time; this is important to keep the policy alive within the organisation. Therefore, organisations should continuously monitor, evaluate and update its policy and overall health promotion strategy in general so that the policy can continue to be used in the most effective way possible.

Some important considerations with regard to policy:

- e It is essential that organisations, either at local, regional or national level formulate policy and guidelines for the whole organisation to provide help and support in planning, implementing and evaluating health promotion. Any policy should provide guidelines and good practice in a holistic context.
- e Remember, all policy should be developed in conjunction with members of the organisation representing young people, volunteers, staff and the management structure. Such guidelines provide practical assistance to those working with young people and to the organisation in general. This is also important so that policy and guidelines are owned and implemented by the entire organisation.
- e Time should, therefore, be given to the process of policy development and it should be seen as a priority for all organisations involved in health promotion activities.
- e Furthermore, it is essential to keep in mind that policy and good practice are interdependent and so the implementation of health promotion activities should always be couched in appropriate and well developed policy.

The following is an example of a policy statement which can form the basis for your organisation's health promotion policy statement;

_____ - a Health Promoting Youth Organisation:-

(organisation's name)

- acknowledges the rights of all those involved in this youth organisation to healthy lifestyles and a health promoting environment;
- acknowledges the responsibility of all those involved in this organisation to contribute to a health promoting environment for everyone;
- endorses a holistic understanding and approach to health;
- guides and supports everyone in this organisation in implementing this policy at all levels;
- actively encourages individual and collective ownership of health promotion
- recognises the need for guidelines and good practice for management, workers and volunteers in implementing health promotion activities;
- endorses and encourages interagency co-operation;
- bases this policy within the context of existing legislation and structures at national, regional and local level.



**GUIDELINES FOR MANAGEMENT IN
PLANNING, DEVELOPING, IMPLEMENTING
AND EVALUATING HEALTH PROMOTION
POLICY WITHIN YOUTH ORGANISATIONS**

- Management should encourage the development of a health promotion policy to be incorporated into the overall organisational policy in a holistic way;
- Management should ensure that all working environments within the youth organisation are health promoting i.e. environments which are clean, safe, warm and hazard free;
- Management should acknowledge and actively pursue adequate resources for the implementation of health promotion within the organisation;
- Management should acknowledge the need for, and actively encourage the provision of, training in health promotion for all involved in the organisation;
- Management need to be familiar with all relevant policies, circulars and legislation regarding the health of young people at a national, regional and local level;
- Management need to ensure ongoing and adequate assessment and evaluation of health promotion within the organisation.



**GUIDELINES FOR YOUTH WORKERS
(IN A VOLUNTARY OR PAID CAPACITY) IN
PLANNING, DEVELOPING, IMPLEMENTING AND
EVALUATING HEALTH PROMOTION ACTIVITIES
WITHIN YOUTH ORGANISATIONS;**

- Workers should acknowledge the need for, and be willing to undertake, training in the area of health promotion;
- Workers need to identify their own health needs in the context of any training undertaken and respond accordingly;
- Workers need to be self-aware and should not impose any of their own values, beliefs or attitudes on young people;
- Workers should identify the health needs of young people and respond to these needs through health promotion activities in partnership with young people, parents and the wider community;
- Workers should encourage young people to take responsibility/ownership for their own health;
- Workers need to seek the support of, and ensure the involvement of management in the implementation of health promotion activities;
- Workers should research and become familiar with relevant local support, expertise and resources available for health promotion activities;
- Workers need to be familiar with all relevant policies, circulars and legislation with regard to the health of young people at a national, regional and local level;
- Workers should not undertake any health promoting activity which they are not competent to perform.



Planning Health Promotion Activities, Programmes and Interventions

WHAT IS PLANNING?

Planning is the preparation for actions using certain resources in certain ways to attain specific goals.

There are 7 types of planning. 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.

TYPES OF PLANNING AND DEFINITIONS

1. Strategic Planning:

- *is a long-term plan for action which considers current circumstances and future activities.*

2. Tactical Planning:

- *involves planning the steps necessary to implement a strategic plan.*

3. Recurrent Planning:

- *is the planning of regular programmes or cycles of work.*

4. Project Planning:

- *is the planning of a specific piece of work.*

5. Operational Planning:

- *is the planning of specific pieces of work with a specific time frame.*

6. Day-to-Day Planning:

- *involves planning work on a daily basis and evolves from other more long-term plans.*

7. Contingency Planning:

- *involves planning for when things go wrong.*



Why Plan?

There are sound reasons for planning health promotion programmes or interventions and being proactive in your work practice. Planning is important in the following ways:

- It helps direct resources to where they will have most impact;
- It justifies the need for appropriate resources;
- It ensures that health promotion is not overlooked but is prioritised as a work activity;
- It can be used to ensure that the most appropriate programmes and services are provided for the target group;
- It provides a rationale for the work;
- It forms the basis for effective implementation and evaluation of programmes and interventions.



What do you Plan?

E V E R Y T H I N G !

Often we make the mistake of saying “we haven’t time to plan”. Not taking time to plan, or failing to plan, will most definitely result in lack of success in our work, whether health promotion or anything else. Planning should be a core principle of the work of any organisation; it should happen at all stages of needs assessment, deciding on programmes, interventions, strategies, policies and practices, implementation, monitoring and evaluation of these.



**IT IS GOOD PRACTICE TO PLAN
'IF YOU FAIL TO PLAN, YOU PLAN TO FAIL'**



What will Effective Planning Achieve?

If you plan effectively you will:

- present the facts based on accurate information;
- facilitate open dialogue for participants;
- mobilise your target groups, local communities and resources;
- encourage the selection of options for action from the range of realistic choices available;
- provide a logical outline of how aspirations can be turned into reality;
- provide clear guidelines for measuring the effectiveness of your actions;
- provide a well thought out rationale for your work;
- outline realistic and attainable objectives;
- indicate clear lines of responsibility;
- identify clear outcomes;
- provide accurate budgets based on what is actually needed.



**WHEN
DO YOU
PLAN
???**

**ALL THE TIME
AND FOR
EVERYTHING**



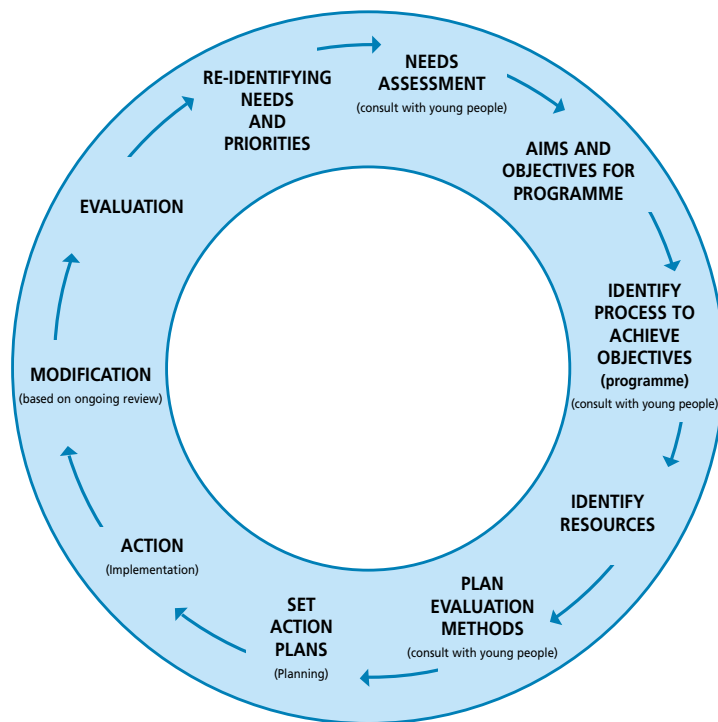


How do you Plan?

Good health education and health promotion programmes and interventions are not created by chance; they are the product of much effort and should be based on well developed models. Models are the means by which planners give structure and organisation to the programming process. They provide direction and a framework on which to build.

The model presented here is a core part of the model for health promotion in Youth Work settings presented in Section I. It provides a simple framework around which to structure your planning.

It should be noted that this model is a cyclical model and each stage in the cycle is related to the next, and no stage should be addressed in isolation e.g. implementing any programme is informed by effective planning and appropriate needs assessment.



Who Plans?

EVERYONE!

GO FOR IT!



Assessing Needs for Health Promotion Interventions



WHAT IS A NEEDS ASSESSMENT?

Needs Assessment is the process by which programme planners identify and measure the gaps between what is and what ought to be (McKenzie & Jurs, 1993). In terms of health promotion, it could be described as the difference between a group's health status and the programme/services needed to improve it.



WHY DO A NEEDS ASSESSMENT?

1. to help in directing interventions appropriately;
2. to identify which improvements in health should have greatest priority;
3. to identify and respond to specific needs of minority groups, communities, or sections of the population whose health needs have not been fully met;
4. to inform the planning, implementation and evaluation of programmes designed to meet the needs of particular target groups;
5. to identify the need for specific resource allocation (Niadoo & Wills, 1994).



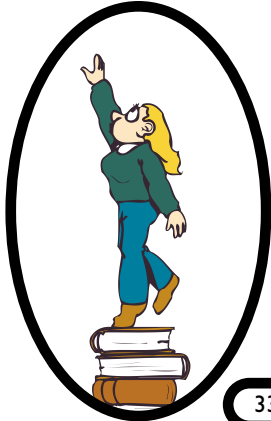
WHOSE NEEDS?

Although determining the needs of a target population at first seems a straightforward task, an important question for planners is:

'Through whose eyes is the need determined or evaluated?'

In order to understand the concept of need there are four levels at which needs can be identified:

- 1. Normative Needs**
- 2. Felt Needs**
- 3. Expressed Needs**
- 4. Comparative Needs**



I. NORMATIVE NEEDS

These are the needs identified by the expert or professional according to his/her own standards. The needs identified at this level are those things that the professionals believe a given target group must have, or be able to do, in order to resolve their health problem or issue. They are based on the value judgements of the professionals and can lead to two problems:

- professional opinions can vary over what is appropriate or acceptable;
- values and standards of professionals may differ from those of the target groups.

2. FELT NEEDS

These needs are identified by the target group, themselves, and are those things that the target group says they must have, or be able to do, in order to resolve their health problem or issue. They are what people really want. For example, a young pregnant woman may feel the need for, and therefore want, information on childbirth or financial benefits. Felt needs may be limited or inflated by people's awareness about what is available to them.

3. EXPRESSED NEEDS

Expressed needs are what people say they need; they are felt needs which have been turned into an expressed request or demand e.g. the demand by young people for exercise classes and fitness testing in their local youth centre.

While the target group may have felt needs, some needs are not expressed, perhaps because of an inability or unwillingness to articulate the need. This could be due to language difficulties or a lack of knowledge. Lack of opportunity, motivation or assertiveness could all prevent the expression of a felt need. Lack of demand does not mean lack of felt need.

4. COMPARATIVE NEEDS

Comparative needs are identified by making a comparison between similar groups, some of whom are in receipt of a service or programme and some who are not. Those who are not are then defined as being in need. e.g. if Organisation A has a no smoking policy and healthy food choices in the canteen and Organisation B has not, it could be said that there is a comparative need for the same interventions in organisation B.

All four types of needs are important in carrying out a needs assessment and, if any of these are ignored, the true needs of a given target group may not be understood fully. Therefore, it is important for programme planners to identify needs at all levels and then merge the outcomes to reflect all perspectives.



When do you conduct a Needs Assessment?

The process of needs assessment should be an ongoing one. Within an organisation, needs change from one group to the next, and from one day to the next. While it would be impossible to assess the needs of all target groups on a daily basis, no programmes or interventions of any kind should be planned or implemented without prior needs assessment. For the most part, the needs of target groups should be assessed prior to, during, and after any programme or intervention. Within this needs assessment all four levels of need, outlined above, should be considered.



How do you conduct a Needs Assessment?

There are five main steps involved in conducting a health needs assessment:

STEP 1:

Determining the present state of health of the target group/target population.

STEP 2:

Determining the status of available health promotion programmes.

STEP 3:

Determining the needs.

STEP 4:

Dealing with the problems/issues identified.

STEP 5:

Validating the needs.

Step 1: Determining the present state of health of the target group:

This step involves two phases:

PHASE 1: Consider sources of information that reflect the needs from the viewpoint of the programme planners. This involves exploring normative needs and comparative needs.

This information can be obtained from research conducted regionally and nationally. Look to Health Boards, at a regional level, for relevant information, or to other agencies with a remit for young people's health. Nationally, there is a large volume of information and research available regarding the health status of young people. The Department of Health & Children, the Health Research Board, national Youth Organisations and the Economic and Social Research Institute are all important sources of relevant information.

PHASE 2: Consider sources of information that reflect the needs perceived by the target group.

This phase of collecting information is necessary to explore the felt needs and expressed needs of the target group, and should involve a variety of methods best suited to the circumstances of the target group. This phase is often described as the consultation phase where the target group is consulted about their needs, and this information should be carefully recorded for analysis.

There are a wide range of methods suitable for gathering this type of information. The following methods should be considered, and specific methods chosen according to the needs and circumstances of specific target groups. For example, one would not use a written questionnaire with a target group who could not read and write.

AN IMPORTANT NOTE:

Further details on each of these data collection methods and procedures for sampling and selecting groups for research can be found in a number of Health Promotion Texts listed in Appendix I.

The following methods of data collection should be considered and specific methods chosen according to the needs and circumstances of specific target groups.

CHARACTERISTICS/KEY ELEMENTS OF DATA COLLECTION METHODS

POSSIBLE METHODS OF DATA COLLECTION	Suitable for individual enquiry	Suitable for large numbers	Suitable for small numbers	High Cost	Low Cost	Suitable for groups	Requires trained facilitator/interviewer	Requires tape recording
QUESTIONNAIRES	✓	✓	✓		✓	✓		
TELEPHONE INTERVIEWS	✓		✓	✓		✓	✓	
FACE TO FACE INTERVIEWS	✓		✓	✓			✓	✓
COMMUNITY FORA			✓		✓	✓	✓	✓
FOCUS GROUPS			✓		✓	✓	✓	✓
OPINION LEADERS' SURVEYS	✓		✓		✓	✓	✓	
FIELDWORK & OBSERVATION			✓	✓		✓	✓	

Step 2: Determining the status of available Health Promotion Activities

The following questions should be helpful in focusing your attention at this level:

- **What health programmes, activities or interventions are currently available to the target population?**
- **Where are these programmes being used and by whom?**
 - **What agencies are involved in their implementation?**
 - **How do these agencies relate to your organisation in terms of meeting the needs of your target group?**
- **Are these programmes being currently used?**
 - **If not, why not?**
- **How effective are these programmes or interventions**
 - **are they meeting their stated goals and objectives?**
- **Are the programmes and interventions accessible to the target group - where are they located?**
 - Can the target group access them?**
 - Can the target group afford them?**
- **Are the needs of the target group being met?**
 - **what particular needs of the target group are being met?**

Answering these questions will involve making the time to research the current programmes and interventions available, and to assess them in relation to your particular target group. This information should be included in your needs assessment report. This exercise will also be extremely beneficial at the programme planning stage in terms of making effective use of programmes and materials developed elsewhere - there is no need to reinvent the wheel!

Step 3: Determining the Need

Determining the need means establishing the gap between what is and what ought to be. It involves analysing the information collected from all sources, i.e. from relevant research and from the target group themselves.

Analysis is conducted according to the method you used to collect your information. If you have used a quantitative method of data collection such as a questionnaire, your data should be analysed using a statistical method of analysis which is normally available as a computer package e.g. SPSS or Epi Info (the WHO statistical package).

If you used interviews, focus groups or a community forum, you should analyse your information in a qualitative way using content analysis i.e. identifying common themes and ideas emerging from the data and reporting the frequency with which these responses occur. Further details on methods of analysis are available from many research texts listed in the Reference section in Appendix I.



Step 4: Dealing with the emerging Needs

As it is seldom possible to meet all the emerging needs of the target group due to resource limitations, the following questions should provide a focus for setting priorities:

- **What is the most pressing need?**
- **Are there adequate resources available to meet this need or address this problem?**
- **Can the need be met through a health promotion intervention?**
- **Is it your role to address the need?**
- **Can the need be met by other means or by other agencies/organisations?**
- **Can the need be met in a reasonable amount of time?**

The answers to these key questions will determine whether or not your organisation is in a position to meet the needs prioritised. If so, you then move on to planning programmes and interventions best suited to meeting the needs prioritised. However, before moving on to planning there is one further step to be considered, which is to validate the need.

Step 5: Validating the Need

In general, needs assessment takes a considerable amount of time to carry out from beginning to end and so we must always be aware that needs change. What may have been a priority at one time may not be at another. Therefore, it is necessary to validate the needs identified in the needs assessment. Validating the need involves the following actions:

- **Confirming that the need that was identified is the need that should now be addressed - this is essential, particularly if a considerable amount of time has lapsed since conducting the needs assessment.**
- **Double checking all the steps carried out during the needs assessment. This can be done by conducting a focus group with a representative group from the target population or getting a second opinion from another planner or worker involved with the same target group at a similar level.**
- **Any changes in circumstances or priority needs should be accounted for and adjusted, accordingly, before moving on to planning the relevant programme or intervention.**



Implementing Health Promotion Programmes, Activities and Interventions

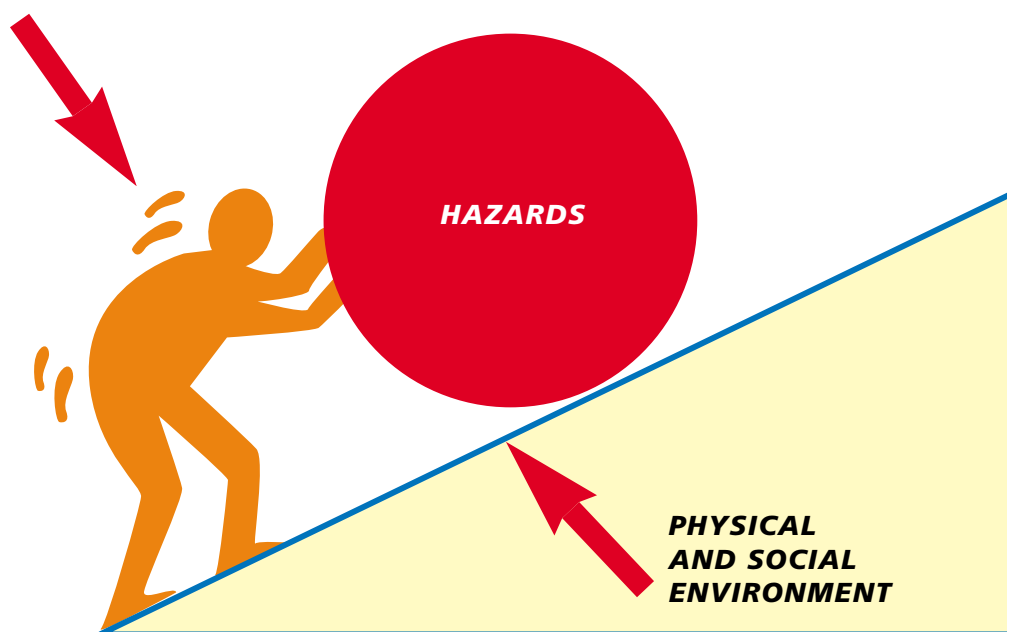
WHAT DO WE MEAN BY IMPLEMENTATION?

Implementation is about action, it is about the programmes, activities and interventions put in place to meet the needs of your target groups. It is about working for change.

WHY IMPLEMENT HEALTH PROMOTION PROGRAMMES AND INTERVENTIONS IN YOUTH ORGANISATIONS?

Since Youth Work is concerned with the development of the **WHOLE** person, it is essential that a **HOLISTIC** approach is adopted in addressing young people's health. The following diagram illustrates the context of this holistic approach:

PERSONAL ABILITIES AND SKILLS



What action do we take?

? Do we reduce the Health Hazards ?
(i.e. the size of the boulder)?

? Do we make the slope a bit flatter ?
(i.e. by addressing physical and social
environment issues)?

? Do we help the person pushing ?
to become stronger
(i.e. developing personal skills
and abilities)



A.

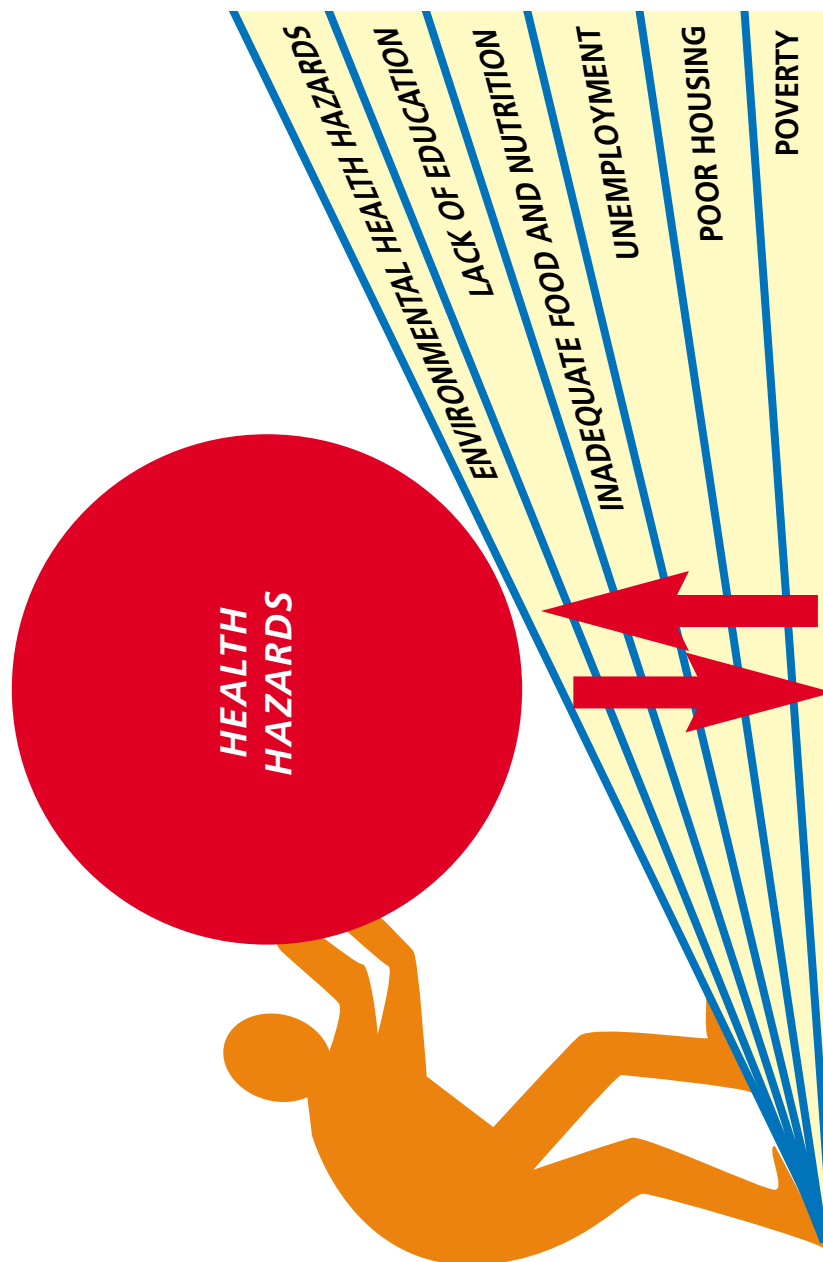
**WE NEED TO DO ALL THREE
AND HEALTH PROMOTION IS
A COMBINATION OF ALL THREE**



What are the circumstances and structures or health hazards' affecting the health of individuals?

The diagram below outlines the wide range of health hazards which affect the health of everyone.

COMMUNITY AND YOUTH ORIENTED PREVENTATIVE ACTIONS



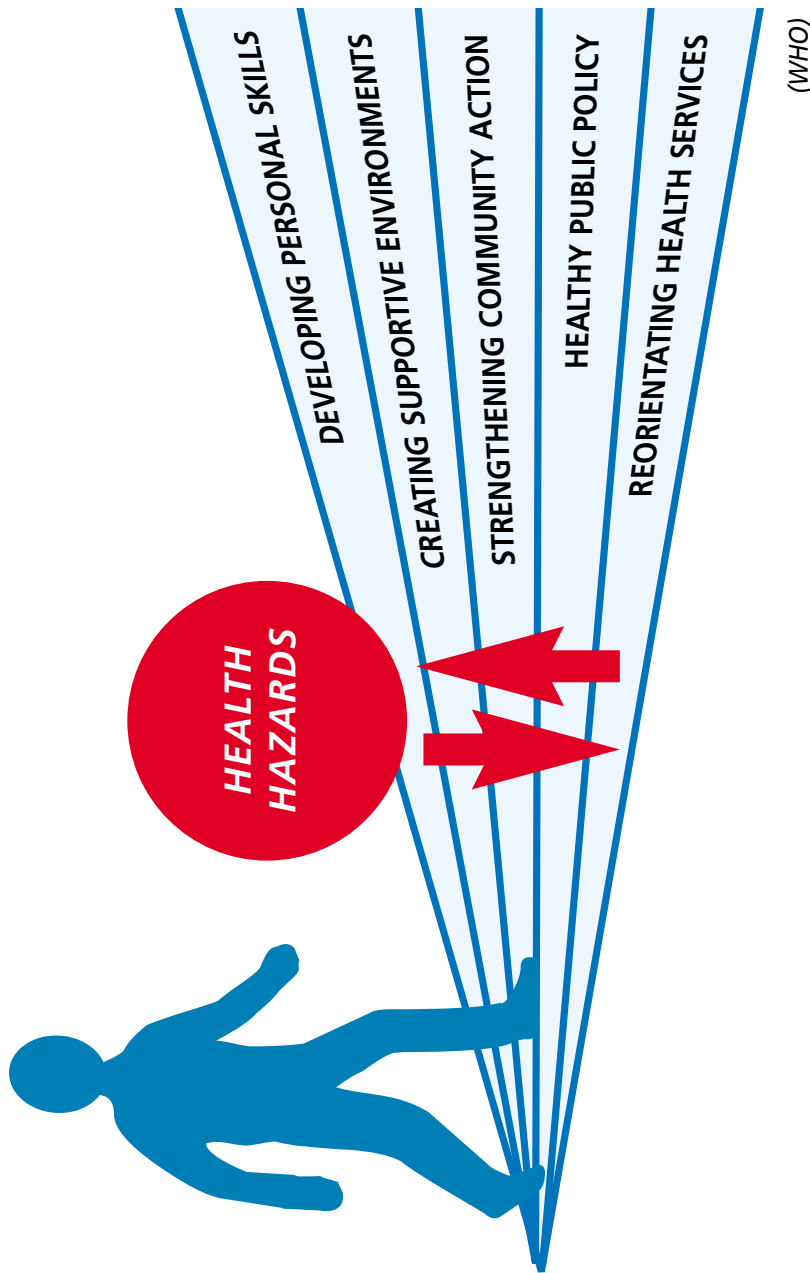
(Adapted from WHO 1986)



How can Youth Organisations best Respond to these issues?

Youth organisations can respond to the health hazards at a number of levels as illustrated by the following diagram:

ENABLE / ADVOCATE / MEDIATE



How can Youth Organisations respond?

I. BY DEVELOPING PERSONAL SKILLS

Traditionally, this has been the level at which youth organisations have been most active, for the most part, through personal, social and health education. Health education programmes are planned opportunities for people to learn about health and to undertake voluntary changes in their behaviour. Such programmes may include providing information, exploring values and attitudes, making decisions and acquiring skills to enable behaviour change to take place. They involve promoting self-esteem and self-empowerment so that people are enabled to take action about their health.

Such programmes within a youth organisation can happen at a number of levels e.g. on a one-to-one basis between a youth worker and a young person, or at a group level through the development and implementation of structured programmes.

Since this will continue to be a comprehensive element of the work of youth organisations for the future, a detailed outline of approaches to health education, a suggested curriculum for health education and a resource list have been included in Section 7.

2. BY CREATING SUPPORTIVE ENVIRONMENTS

Health cannot be separated from other goals in society. The interdependent links between people and their environment constitutes the basis for a holistic approach to health. All individuals have a responsibility to not only care for themselves but also for each other and the physical and social environment in which they live.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organises work and leisure should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.



As a result, within youth organisations there is a responsibility to provide a work and leisure environment which is safe, stimulating, satisfying and enjoyable for all those involved in the organisation. In addition, the organisational environment should not only be physically safe and hazard free but should also enable young people and those who work with them, to develop to their full potential in an atmosphere of mutual support and co-operation.

For example, does your organisation have the following?

- a welcoming reception area?***
- a clean, litter free place to work?***
- clean working areas and offices that provide a pleasant and stimulating environment?***
- clean toilets where soap, hot water and hand drying facilities are available?***
- secure and adequate cloakroom facilities?***

Does your organisation:

- ensure that all those involved in the organisation are aware of, and adhere to, the organisation's health and safety policy?***
(if the organisation does not have a health and safety policy, it is important to develop one within the context of health promotion)
- provide first aid facilities including adequate training for staff and a sufficient number of first aid kits?***
- provide healthy alternatives in tuck shops/canteens?***
- encourage a policy of healthy eating for everyone?***
- ensure that all activities within the organisation are drug-free to maximise safety and enjoyment for everyone?***
- actively encourage a smoke-free environment supported by a policy in this area?***

3. STRENGTHENING COMMUNITY ACTION

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 situations. Youth organisations have an active role to play resulting from their community based focus.

Youth Work draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation.

In their role in strengthening community action, youth organisations should:

- **Be actively involved in accessing and sharing information at a wider community level;**
- **Be actively involved in providing and facilitating learning opportunities for the wider community;**
- **Be actively involved in identifying resources which support health promotion activities within the wider community;**
- **Raise the awareness of parents, other relevant agencies and the wider community about the levels of health promotion activity happening in the organisation;**
- **Encourage and participate in an inter-agency approach to providing for the health needs of the wider community.**

4. HEALTHY PUBLIC POLICY

Health promotion 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. It is about seeing the implications for health in policies relating to equal opportunities, housing, employment, education, transport and leisure.

Youth organisations, as advocates for young people, have a strong role to play in influencing healthy public policy in all of these areas. Advocacy in this context is the act of speaking for, and on behalf of, young people. For example, at a national, regional or local policy level, services may be lacking which if provided, could improve the situation of young people. Youth organisations have a responsibility to draw attention to these issues and so impact on healthy public policy.

5. REORIENTATING THE HEALTH SERVICES

This area is primarily the responsibility of the health services. However, the health sector must move more increasingly in a health promotion direction ensuring an adequate balance between curative and preventive services. In order to ensure that young people have appropriate access to the relevant health services, youth organisations again have a role in representing the needs of young people in this regard.

This is a particularly relevant area for youth organisations since many of the health services, e.g. in the area of drug rehabilitation, are provided for those over 18 years old, and younger people have great difficulties in accessing such services. Furthermore, mental health services for young people are severely inadequate. Consequently, within a health promotion framework, youth organisations have a role and responsibility in communicating these needs at a wider health service level.

Evaluating Health Promotion Interventions in the Youth Service

WHAT IS EVALUATION?

Evaluation is the systematic and structured process of reviewing an experience. At its simplest level, it is the process of appraising and assessing work activities.



WHY EVALUATE?

- to identify and ensure that we are meeting our aims and objectives;
- to highlight strengths and weaknesses;
- to make decisions appropriate to the information gathered;
- to ensure best practice with regard to the organisation's work plans and programme delivery;
- to devise plans and strategies for the future.



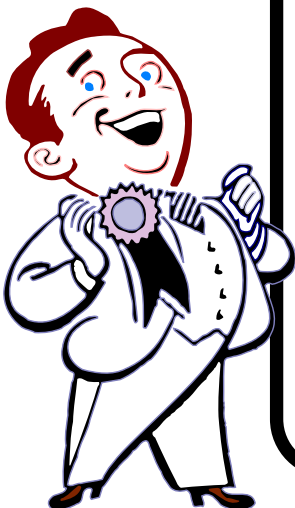
Defining Evaluation Terms

Some evaluators use the terms **process**, **impact** and **outcome** while others use the terms **formative** and **summative**.

PROCESS/FORMATIVE evaluation provides documentation during programme implementation to make adjustments for improvement of the programme e.g. getting reactions from participants about the times programmes are offered or about speakers in a workshop (qualitative information).

IMPACT evaluation assesses the overall effectiveness of a programme in producing favourable changes in knowledge, attitudes, behaviour or skills. It indicates immediate effects (quantitative information).

OUTCOME/SUMMATIVE evaluation determines whether the programme met the stated long-term goals and objectives, such as reduction in morbidity or mortality rates of the target population (quantitative information). This usually means that information is gathered before and after the programme in order to compare pre and post test results.





WHAT ARE THE KEY STAGES IN EVALUATION?

1. DESIGNING YOUR EVALUATION

Deciding what to evaluate and how to collect, record and use evidence.

2. CARRYING OUT YOUR EVALUATION

Putting decisions into action and collecting evidence.

3. ANALYSING YOUR RESULTS

Drawing conclusions.

4. PRESENTING YOUR RESULTS

Telling others about your work.

WHO CARRIES OUT THE EVALUATION?

Internally, evaluations are carried out by those in the organisation with responsibility for implementing programmes or activities.

An external evaluation is conducted by someone who is not connected with the programme or the organisation.

Evaluation can be conducted by individuals or groups.



WHAT ARE YOU EVALUATING?

Everything including:

KNOWLEDGE

SKILLS

ATTITUDES

BEHAVIOUR

REACTIONS TO THE PROGRAMME ITSELF



HOW DO YOU EVALUATE

One of the most important aspects of conducting an evaluation is to plan effectively. Often sufficient time is not dedicated to this stage of evaluation; therefore, the following steps should be followed at the planning stage:

- Identify who the evaluation is being conducted for, i.e. the stakeholders;
- Review the programme aims and objectives;
- Ensure that adequate resources are available to conduct the evaluation;
- Determine performance indicators to use in the evaluation;
- Develop the evaluation design i.e. summative/formative/pre/post test;
- Determine whether the evaluation will be conducted on an internal/external basis;
- Determine whether the evaluation questions reflect the aims and objectives of the programme;
- Determine when the evaluation will be conducted, develop a time frame;

If at all possible, carry out a pilot test of your evaluation; review the results and if necessary, modify the procedure.

Some of these areas will now be explored in greater detail:

WHO IS THE EVALUATION FOR?

- THE STAKEHOLDERS IN EVALUATION



Success means different things to different groups of people or stakeholders, as individuals have their own agendas and interests. It is, therefore important to be clear at the outset about whose perspectives are being addressed in any evaluation. A starting point is simply to acknowledge that different vested interests are involved and try to identify them.

WHAT ARE PERFORMANCE INDICATORS?

Performance indicators are used to measure and monitor activity.

Performance indicators are not evaluation measures but they do measure intermediate or indirect results which suggest whether an activity is likely to prove effective.



The following are examples of *Performance Indicators* used in health promotion:

- **Number of training sessions held and number of participants trained;**
- **Take-up rates i.e. levels of participation;**
- **Number of health promotion leaflets requested and distributed;**
- **Number of workplaces adopting a no-smoking policy.**

Objectives are similar to performance indicators, however, they need to be more specific in order to be inter-changeable.



HOW DO YOU EVALUATE?

Many different methods or instruments can be used to conduct evaluations.

The instruments you use are dependent on what you are attempting to determine.

Pages 94 - 101 of the manual outline in detail the suggested areas which should be evaluated in any health promotion programme or activity and presents an outline of the possible methods which can be used in each case.

This information should be consulted and carefully considered before planning or drawing up any evaluation.



HOW DO YOU GATHER THE INFORMATION FROM THE EVALUATION?

This stage involves collecting the evaluation information using the methods described in pages 94 - 101. Having a regular review of the evaluation procedures helps to keep people's interest and involvement in what is happening. It also offers an opportunity to make any adjustments which might make it easier to get the information you really want.

Collecting the information will be easier if you are evaluating on a regular basis and keeping careful records. Keeping careful records may be difficult and time consuming; however, it is a vital part of the evaluation if you wish to collect accurate information e.g. if participants attending a course rely on the availability of a crèche and this facility is withdrawn leading to a drop in numbers then it would be important to have access to this information.

The following questions will keep you focused during your evaluation:

- **Are you getting the information you want?**
- **Is the information accurate
e.g. are the records complete?**
- **Did the methods you used work in practice
e.g. if you used a questionnaire were the
questions in it understood?**
- **Do you need to do anything else?**



HOW DO YOU ANALYSE YOUR RESULTS?

Key questions to be asked at this stage include:

1. WHAT ARE THE OUTCOMES?
2. WHAT PROCESS DID YOU GO THROUGH?
3. WHERE SHALL YOU GO NEXT?

It is possible to use quantitative evidence and produce numbers and statistics to show the effect of the project/workshop/training (e.g. numbers attending, duration of course). Another form of evidence is qualitative information. This can be more difficult to collect and assess as it deals with the aspects of feelings and attitudes etc. Anecdotal evidence may be useful here.



WHAT DO YOU DO WITH YOUR RESULTS?

Perhaps the most important aspect against which any evaluation project is itself judged is that it leads to practical positive action. If certain activities have proved successful, you may want to repeat them. If some activities have proved to be less successful, you may want to drop them, or if you cannot, to modify them in some way. If you do change some aspects of the programme/training, it is sensible to evaluate again to see whether what you are now attempting is better or worse. It may also be that you now have learned more about evaluation and wish to try something more adventurous.



HOW DO YOU PRESENT YOUR FINDINGS TO OTHERS?

For example:

How will your findings be reported?

What detail needs to be included?

How will any written report be presented?



1. How will your findings be reported?

As already noted, there may be a number of stakeholders involved, and each of them may wish to be informed about the outcome of the evaluation. If this is the case, it may be necessary to report the findings in different ways to different audiences e.g. the funding agency may require information with regard to cost effectiveness in written format, whereas participants may wish to discuss the findings with regard to the implications for them as learners.

2. What detail needs to be included?

This will depend on the findings. While sticking closely to the truth, evidence will need to be summarised so that others can absorb it quickly. It is important to pick out the details that the relevant parties need to know and will find interesting.



3. How will any written report be presented?

If it is necessary to present a final report, it may well be the responsibility of others who have a budget to cover the cost. Ideas about what would make the report look attractive and readable to the intended audience would be useful. Areas to consider regarding presentation include:

Paper size: i.e. A3, A4, A5?

Binding: i.e. file, spiral, bound?

Illustrations: i.e. charts, diagrams, drawings?

Aspects of Evaluation

1. ATTITUDE CHANGE VERSUS BEHAVIOUR CHANGE

The distinction between behaviour and attitude is an important one. Trainers need to decide which aspects of their programmes are related to behaviours and which to attitudes. In this way, the process of evaluation can be designed to look at one aspect separately from the other and to give appropriate feedback.

2. DIFFICULTIES IN EVALUATING REACTIONS TO PROGRAMMES

A consideration with evaluation at this level is that it may be just measuring enjoyment i.e. assessing training on the basis of its entertainment value. It may be necessary to make the programme interesting or challenging to stimulate motivation, but enjoyment, per se, may not be one of the important objectives. Evaluation is, essentially, an information-gathering process and it is important to write down, before any methods are decided, why the information is being collected and what use will be made of it. This should influence the questions asked and the format in which they are posed.

The review which is most common occurs at the end of the learning event. The group is brought together and asked for comments about the content, the process and the administration. The problem with this type of review is that sometimes participants feel obliged to be polite and some feel that they ought to criticise something, while others say nothing. Therefore, the personalities of the participants is an important variable.

Some of the problems can be overcome by splitting into small groups and reporting back to the larger group, but this tends to extend the review when many are keen to be on their way home. A further criticism is that the information gathered may be of little use. The end of the event is too late for purposes of adjusting the process or content to suit the particular group of participants, and the next run of the event will be with different people who may have different needs and objectives.

3. PRE AND POST TESTING

In evaluations, we are usually interested in comparing participants' learning outcomes with some sort of standard. The simplest standard for comparison of individuals' outcome performance is their performance on a similar test before they participated in the programme. Although this may sound logical, there still remain some unanswered questions e.g. we can never be sure whether changes in performance between pre and post test would have also occurred if they had not received the programme, or whether the changes might have been caused by external factors.

To solve this problem, it may be necessary to use a control group in which possible external factors are expected to be equally present. A weakness of the pre/post evaluation design with a control group is that interest may be generated on the part of the control group to access the necessary information independently.



Issues of Good Practice in conducting evaluations

There are a number of important principles to keep in mind when conducting an evaluation, including the following:

- **Members of the organisation should be involved in the process of planning, information gathering, reviewing and evaluating all activities;**
- **Those involved in evaluation should be trained in this area;**
- **There should be open and effective communication between all members to ensure a proactive role in evaluation;**
- **A clear procedure should exist for the compilation of evaluation reports, and this procedure should be used consistently;**
- **Members involved in the process should be notified of the evaluation, its completion and outcomes;**
- **Organisations should be supportive in allocating necessary time and resources to evaluating their programmes/activities;**
- **A time frame should be outlined for this process;**
- **In order for evaluation to be effective, it requires honesty, commitment and trust in the procedure.**

Introduction

GOOD HEALTH

Before we begin to consider the issues involved in Youth Service health education and health promotion, it is important to clarify our own ideas and basic notions surrounding the term 'health'. What does health mean? What determines whether one is healthy?

The World Health Organisation (WHO), 1947 defined health as "a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity".

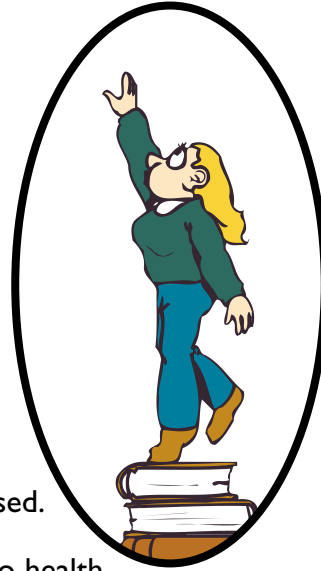
This definition was an important step forward at the time as it emphasised the holistic nature of health. Although some critics have implied that it is too idealistic, others have suggested that it does not significantly convey the dynamic interaction of the physical, mental and social dimensions. It is also argued that to be fully holistic, reference should be made to the spiritual aspects of health and wellbeing.

Whatever definition we develop for 'health', clearly we must be realistic and yet positive in our approach. To this end there has been a trend in recent years for health to be viewed in positive, dynamic, holistic and ecological terms.



STARTING FROM WHERE YOUNG PEOPLE ARE

One of the basic ideas in education, and therefore in health education, is to start from where young people are in terms of their previous knowledge, their developing or already developed attitudes and values, and their perceptions of the health issues being addressed.



The young people with whom we work do not come to health education as empty vessels. They come with a large amount of previous learning of an informal and formal kind, which is extremely influential in determining how they are going to respond to any information or stimuli provided by us as workers. This has implications for both the content and the methods of health education, which we provide. In health education, as in any form of education, young people can only make sense of learning in terms of their previous social experiences. It is, therefore, essential that we use methods, which enable us to find out about young people's existing knowledge, beliefs and attitudes before considering whether our health education will be effective.

AND WHERE ARE WE?

Similarly, each worker will bring a variety of influences and experiences, values and attitudes that will influence their approaches to delivering health education programmes.

It is, therefore, important that we spend time exploring and clarifying what these are before we embark on facilitating health education with young people.

A UNIQUE OPPORTUNITY

The Youth Service provides a unique opportunity as a setting for health promotion and health education. Young people are involved in youth clubs, projects and activities, primarily on a voluntary basis, and the scope of informal education can enable us to develop long term, coherent and progressive programmes in health education and health promotion.

These programmes can go beyond the information- giving and awareness-raising of the mass media to enable young people to develop action competencies for life. This will involve young people developing problem-solving and decision-making skills, which are enabling, rather than the more traditional approach, which only focuses on individual lifestyle problems or topics.

OTHER INFLUENCES

It is important to emphasise that we can only represent part of a young person's health education experience; others are derived from school, home life, the community in which they live and wider media influences.

What lessons can we learn from health education?

- **That the nature of social learning within a culture is extremely influential with regard to health behaviour;**
(e.g. The power of social learning on young people who have been exposed to widespread use of alcohol in their society.)
- **That it is likely to be ineffective to adopt a crisis orientation towards health education and health promotion;**
- **That we need to develop a unified and progressive model of health education which provides a consistent approach throughout the lives of young people. This model will also need to take into account the prime influences of those of us who work with young people;**
- **That health education should not merely be restricted to a focus on individual lifestyles. It should fully recognise the social influences on an individual's health and help young people to develop action competencies, which enable them to influence their wider social environment;**
- **That, despite the complexities of the issues, youth organisations can make an important contribution to promoting the health of young people.**

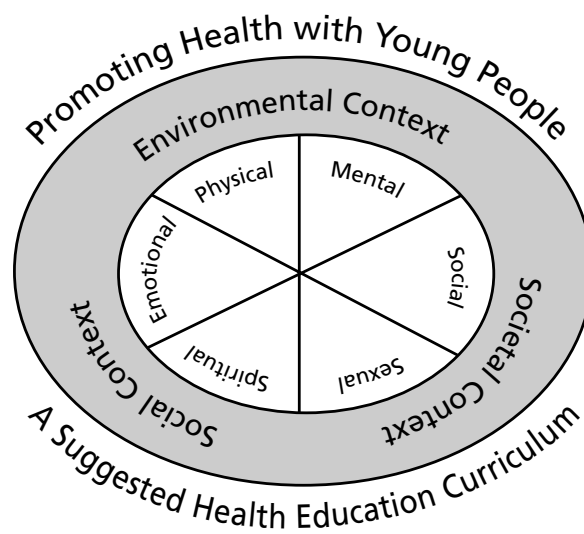


PERSONAL, SOCIAL AND HEALTH EDUCATION

In order to plan effective health education/promotion strategies through education, it is vital to place this work within a holistic education context.

To help us understand more clearly the importance of this concept, we must firstly understand some important issues relating to health.

Considering the general definition that “health is the ability to lead the most satisfying life possible in harmony with others”, the following model of health illustrates the importance of recognising that the young person does not exist in isolation, but within a social and physical environment which very often determines their health status.



This model highlights the individual as a holistic being with physical, social, mental, emotional and spiritual needs, all of which interact with each other at any given time.

This model helps us to consider that health is a multi-factorial status influenced by a wide range of physical and social factors. Therefore, we can conclude, for example, that young people’s drug use is obviously influenced by the same range of physical and social factors. Consequently, the educational responses we plan and implement to explore drug issues and drug use must be designed to be all-encompassing and take the whole young person into consideration at all times.

Health Education

*Health Education is an
integral part of Health Promotion.
We are involved in Health Education
if we are facilitating health-related learning.*

*Health Education is defined as
“any health or illness related learning”.*

(Keith Tones)



FIRSTLY, WHAT IS EDUCATION?

True education is a process, which aims to achieve two principal goals:

- 1. To provide the learner, either directly or indirectly, with all relevant information about a specific area;*
- 2. To instill a curiosity, to encourage a questioning attitude, a confidence to select and criticise, to promote the sense that the information that is being presented is what we know now, it is not the final word, and to encourage the idea that each of us is part of a continuing inquiry.*

**True education enables a person,
by cultivating his/her skills, to choose
autonomously. Simply to present
information, theories and techniques
are merely mechanics.**

THE CENTRAL AIMS OF HEALTH EDUCATION

These should be:

- 1. To ensure that all people have a good standard of general information.***
- 2. To develop peoples' conceptual powers, thereby enabling them to make the most of the information they have, leading to health empowerment.***

The dynamics of Empowerment:

It is generally accepted that empowerment involves:

- 1. Having a range of competencies which provide individuals with the experience of controlling their lives and their environmental circumstances;***
and
- 2. Having a conviction that you are in fact mostly in charge of your own life.***

(Beliefs about control are often described in such terms as 'self-efficacy beliefs'.

This is represented by a belief that a particular course of action is not only worth taking (e.g. stopping smoking) but that you can actually do it!)

Strategies for Health Empowerment

THE ROLE OF THE YOUTH SERVICE

It is well recognised that health education must be complemented by a health promoting environment (this is a policy issue). This section suggests how health education may contribute to the empowerment of young people so that they may acquire the capabilities needed to make effective choices about their own individual health. There are many different ways of organising health education and personal social education.

In the context of education for empowerment, personal, social and health education should consist of five related components:

- **Social and lifeskills teaching**
- **Health skills teaching**
- **Provision of health knowledge**
- **Critical exploration of health issues**
- **Social education**

The purpose of social education is primarily that of critical consciousness raising about important general social issues such as poverty, racism, war, and family. The purpose of social and lifeskills teaching is primarily one of individual empowerment such as time management, acquiring assertiveness skills, decision making skills, and learning how to communicate with others at a range of different levels.

The provision of health knowledge, on its own, will make a minimal contribution to self-empowerment.

On the other hand, accurate and appropriate knowledge is essential to health decision-making. However, in order to create health empowerment, young people should be able to critically assess such health issues, e.g. poverty and illness, responsibility for behaviour, women's role in society and the implications for their health.



Effective empowering health education needs to apply general lifeskills to specific health related circumstances e.g. the use of assertiveness skills in resisting pressures to have unwanted sexual relationships, or being able to “Say No” to peer influence.

It is self evident that the kinds of teaching methods needed to achieve these results are not the traditional “chalk and talk” methods. They involve a much broader range of facilitation and group work skills designed to involve young people in their own learning and to encourage and enable them to discuss, debate and critically analyse all the issues which affect themselves and their health.

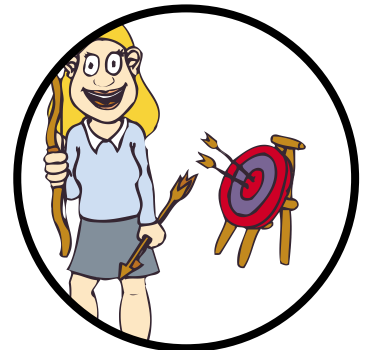
This is the key to true health empowerment.

The Process of Health Education

Health Education is much more than a list of topics such as hygiene, drugs etc...

It must also be seen as a process through which:

- I. Knowledge is increased;***
- II. Attitude change is brought about where necessary;***
- III. Values are explored and clarified;***
- IV. Decision-making skills are developed;***
- V. Sensitivity to one's own behaviour and the needs of others is increased;***
- VI. Personal autonomy and responsibility are developed;***
- VII. Communication skills are emphasised and practised.***



Knowledge in health education is very important. Young people bring a certain amount of knowledge with them, but since it is gleaned from several different sources, it may lack accuracy, objectivity and completeness. Voids may have to be filled and the health educator may legitimately act as a resource person in supplying essential facts. However providing essential facts is not enough. Certainly, knowledge can positively influence behaviour change but only if it is absorbed into the young person's value behaviour i.e. their attitudes, feelings and values.

Our aim is to help the young person to integrate information in a meaningful way, which will be reflected in his/her health, lifestyle and behaviour.

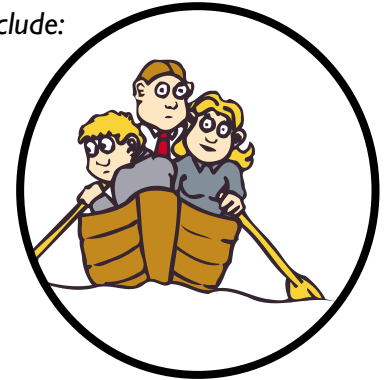
Certain conditions must operate in the learning environment if attitude and behaviour changes are to be facilitated:

- ***learning must have a strong motivational appeal;***
- ***it must involve the learner;***
- ***his/her interest in the topic must be aroused;***
- ***it must meet his/her needs;***
- ***the learner must see its' relevance;***
- ***the source of the message must be credible;***
- ***the personality and approach of the tutor must be facilitative;***
- ***the learner should be involved in planning and evaluation;***
- ***his/her attitudes, views and feelings should be respected;***
- ***his/her right to “pass” on any issue should be respected;***
- ***the learner should be clear about the purpose and goals of the proposed learning.***



Factors, which can impede attitude or behaviour changes include:

- **strong social norms and pressures;**
- **long standing habits;**
- **the presence of counter reinforcements;**
- **the perceived degree of risk involved;**
- **the beliefs of the individual in relation to the problem;**
- **the role of commitment and choice;**
- **the social and physical environment;**
- **personality factors e.g. frustration, anxiety, insecurity, poor personal and social skills;**
- **the individuals' decision-making ability;**
- **lack of interest and motivation.**



Good Practice in Health Education

EFFECTIVE HEALTH EDUCATION:

- ***Increases young people's awareness of health issues both for themselves and others;***
- ***Prepares young people for present and future experiences;***
- ***Enables young people to make their own informed decisions;***
- ***Strives to minimise health-related dangers for young people through the provision of information and skills;***
- ***Is based on addressing the needs and experiences of young people;***
- ***Is integrated into the whole Youth Work programme of an organisation;***
- ***Is about creating a climate where young people, and those who work with them, feel able to talk honestly and openly;***
- ***Involves young people participating actively in learning, using a wide range of approaches and methodologies;***
- ***Is supported by a broader health promotion policy;***
- ***Encourages young people to listen to and support one another, and enables young people to see those who work with them behaving in the same way towards each other;***
- ***Involves other appropriate agencies at local level, promoting an inter-agency approach;***
- ***Ensures adequate resources in terms of time, materials, staff development and training.***



HEALTH EDUCATION SHOULD NOT...

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

A GOOD HEALTH EDUCATION PROGRAMME:

- *Considers a wide range of attitudes and beliefs with regard to positive and negative health behaviour;*
- *Provides a view of health education in the context of relevant cultures and environments;*
- *Meets the needs of all those involved in the programme;*
- *Provides accurate and up-to-date information;*
- *Is integrated into wider health promotion interventions within the organisation.*

Any Health Education Programme (whether short or long-term) developed for young people, within the context of a health promoting approach, should ensure that the organisation makes young people aware of health issues and supports their action in response to them by:

- ***providing opportunities for young people to access relevant information;***
- ***enabling young people to be aware of, express and manage appropriately, their personal feeling and emotions;***
- ***using a wide variety of methods, including the creative arts, individual and group work methods to stimulate and address personal and group health issues;***
- ***developing mental, spiritual and emotional well-being through the provision of specialist youth counselling services;***
- ***improving the physical health of young people through the provision of opportunities for safe physical activity.***



Health Education Programme Planning

DESIRED LEARNING OUTCOMES FOR HEALTH EDUCATION PROGRAMMES

Through their involvement and participation in effective health education programmes within youth organisations, young people should develop:

- 1. KNOWLEDGE AND UNDERSTANDING***
- 2. SKILLS***
- 3. ATTITUDES***

The knowledge, skills and attitudes being developed will vary from one programme to another and from one issue to another i.e. the desired learning outcomes from a programme on HIV/AIDS will differ from those of a programme on Diet and Nutrition. However, when planning programmes, sessions and activities, you should always outline the desired learning outcomes in your programme plan.

A HEALTH EDUCATION CURRICULUM FOR THE YOUTH SERVICE

This section includes a sample curriculum for the Youth Service, which highlights a broad range of issues, which should be covered in any long-term health education programme with young people. The areas identified in the curriculum should be incorporated into a health education programme which is age appropriate and should build on each other. i.e. It is advisable to concentrate on developing self-esteem, self-confidence and effective communication skills before moving on to look at some of the more challenging issues.

Any comprehensive health education programme may include some or all of the areas suggested in the sample curriculum.

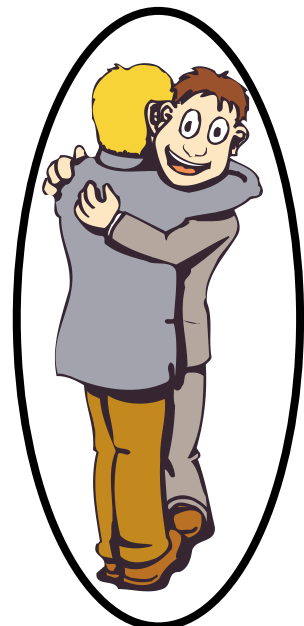
A long-term health education programme should have desired learning outcomes for the overall programme but should also have desired learning outcomes or aims and objectives for each session.

An example of desired learning outcomes for an overall programme could be as follows:

I. KNOWLEDGE AND UNDERSTANDING

Through their involvement in this programme young people should develop:

- **increased understanding of risks to health caused by certain courses of behaviours and actions;**
- **increased knowledge of how their bodies work;**
- **increased knowledge of where and how to access specialist health services;**
- **increased understanding of the inequality caused through ill health and disability.**



2. SKILLS

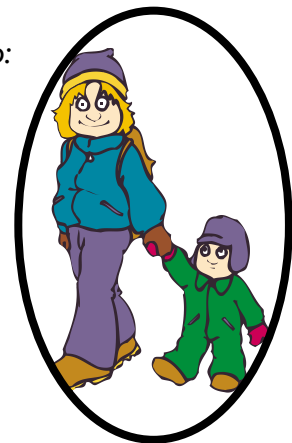
Through their involvement in this programme young people should develop:

- **improved ability to access, understand and use health information;**
- **increased ability to deal effectively with negative peer influence;**
- **increased ability to express feelings and emotions;**
- **improved physical skills;**
- **improved assertiveness skills;**
- **increased ability to challenge media stereotypes of ideal body image.**

3. ATTITUDES

Through their involvement in this programme young people should develop:

- **positive self image;**
- **increased health benefits from an active lifestyle;**
- **greater understanding of the needs of others suffering ill-health or disability;**
- **respect for the views of others.**



PLEASE NOTE: There are many other examples of desired learning outcomes, which could be included under the 3 headings above, and these should be well thought through and stated clearly in planning for any health education programme in your organisation.

A Sample Health Education Curriculum for the Youth Service

This section introduces a suggested Health Education Curriculum which outlines some key programme areas which should be covered with young people through health education programmes in youth organisations. All areas outlined in the curriculum are important to the holistic development and health of young people. Your organisation should identify your own health education curriculum based on the health and social needs of the young people with whom you work.

Trauma & Crisis

- Loss & bereavement
- Poverty & unemployment

Dealing with Feelings

- Coping with strong emotions (e.g. anger, fear, etc.)
- Expression of feelings
- Role of feelings in behaviour
- Loneliness and isolation
- Understanding my own & other's

Leisure & Relaxation

- Positive use of free time & hobbies
- Local resources & facilities

Media

- How the media portray young people
- Role models

Exercise

- Keeping fit - not necessarily slim
- Benefits of exercise
- Exercise taster sessions
- Healthy body/healthy

Identity & Self-Image

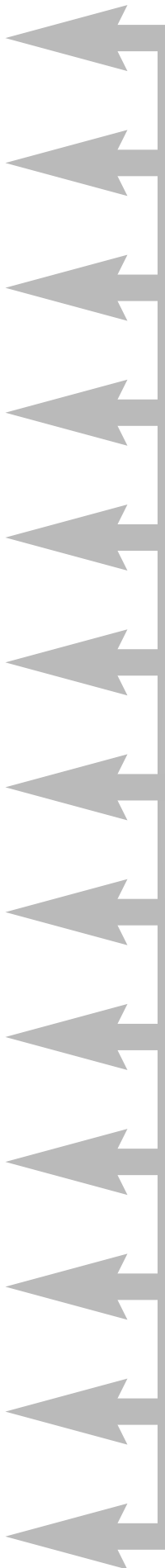
- Where I come from
- Belonging - a sense of place

Substance Misuse

- Alcohol
- Smoking
- Drugs
- Addiction

Work Ethics

- Sexual harassment
- Sexist



Environmental Issues

- Pollution
- Homelessness
- Local community issues
- National issues
- Recycling

Maturity & Sexuality

- Changes in adolescence
- Personal values
- Pregnancy & parenting
- Sexual relationships
- Contraception
- HIV/AIDS/STD's

Safety

- Personal safety
- Home safety
- Fire safety
- First aid

Stress & Mental Health

- Causes of stress
- Coping with stress
- Dealing with peer influence
- Helping activities
- Suicide & para-suicide
- Depression

Hygiene

- Personal cleanliness
- Care of body (e.g. hair,

Relationships

- Family
- Friends and peers
- Opposite sex
- Making & keeping

Social Skills

- Communication
- Assertiveness
- Confidence-building

Diet & Nutrition

- Healthy eating
- Body image/diet
- Eating disorders
- The economics of nutrition
- Food allergies/special diets

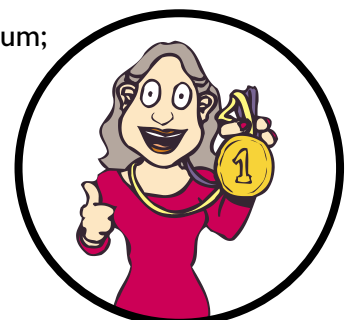
Young People, Crime & Criminal Justice System

**Steps in the Process of Implementing
a Health Education Curriculum in Youth Organisations;**

- 1 Conduct a detailed needs assessment which involves defining the key features of the target group.
(See Section 4 on Needs Assessment)
- 2 Ensure the involvement of young people at all stages of planning, implementing and evaluating curriculum areas.
(See Sections 3, 5 and 6)
- 3 Develop a vision for the work - this should form part of the organisational health promotion policy.
(See Section 2)
- 4 Set aims and objectives for the work
- 5 Plan the overall programme and individual sessions thoroughly addressing issues of content and structure of the programme, methodologies to be used, time frame, evaluation methods and procedures.
- 6 Provide training for those involved in delivery of the programme. It is also useful to examine resources available i.e. time, personnel, finance and venues.
- 7 Design the implementation of the programme - **how, where** and **when** will the programme be implemented, monitored and evaluated? The evaluation must measure benefits for the young people, learning for the worker and impact on the wider community.
- 8 Examine future programme needs and follow-up training required. Determine consequences of implementing the programme and future direction for the work with young people.

Key issues to be considered when planning, implementing and evaluating health education programmes with young people

- Ensure the involvement of young people at all stages in the process;
- Always start from where young people are at;
- Consider carefully the role of parents i.e. is it necessary to get their consent to run health education programmes with young people?;
- Consider the involvement of parents in the programmes as a support to the worker? Do these parents need training and support? How can this happen?;
- When working with young people, it is best practice for workers and leaders to work in pairs, preferably ensuring a gender balance;
- Ensure that all workers/leaders/volunteers, working on health issues with young people, are adequately trained;
- Always consider the safety of both the young people and workers/leaders;
- Use a wide range of different methodologies to maximise enjoyment and learning for the young people;
- Ensure the appropriate ratio of workers to young people - 1 worker for every 10 young people is desirable;
- Ensure that the training environment is suitable from both a physical and psychological basis - comfortable, warm, clean and a nice place for young people to learn;
- Address the issue of confidentiality as a priority within the organisation's guidelines and policy;
- Establish a structure for reporting and referral, both internally and with relevant external agencies;
- Ensure that the organisation, in general, is informed of all health education work conducted with young people and that the organisation can stand over all work carried out under the health education curriculum;
- Establish structures for initiating and maintaining interagency co-operation and networking, therefore maximising the quality of programmes delivered to young people;
- Always review the work on an ongoing basis, establishing a quality system of monitoring and evaluation.



Programme Planning Issues and Guidelines



INTRODUCTION

Programme Planning is vital to the success of any programme. If a programme is to be successful and effective it must:

- 1. Be relevant to the needs and interests of the target group;**
- 2. Take into account the needs of those intending to deliver it;**
- 3. Make efficient use of local and other resources.**

Programme Planning can also help to predict and seek out possible solutions to any problems that might arise throughout the delivery of the programme. Taking time to work through this section will give greater confidence, increased familiarity with and understanding of the issues involved in health education with young people. Failure to clearly identify aims, objectives and also the specific needs of the target group, will negatively affect the overall effectiveness of the programme.

The Target Group

If a health education programme is to be successful the following questions need to be addressed regarding the target group;



1. WHO IS YOUR TARGET GROUP?

Who are they?

Maybe you can even name them.

Where do they meet?

How often?

What ages are they?

What geographical area(s) do they come from?

What are their values?

How well do you know them?

2. WHAT ARE THE FACTORS WHICH INFLUENCE THE TARGET GROUP?

PEOPLE

Parents
Family
Community
Peers
Opposite Sex
Important Adults

FEELINGS

Loneliness
Anger
Fear
Confidence
Happiness
Shyness

INSTITUTIONS

Media
Church
School
Family
Government

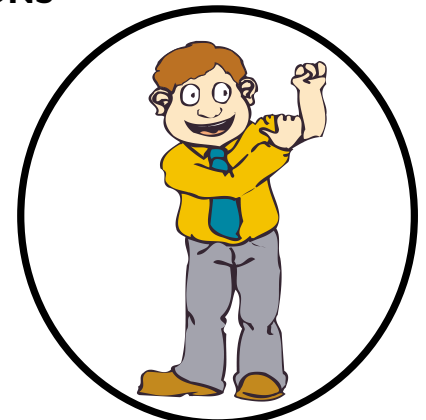
OCCASIONS

Exams
Parties
Discos
Holidays
Weekends

OTHERS

Age Group
Gender
Leisure options
Unemployment
Pocket money

Clubs
Employment
Housing
Skills
Culture



What is the literacy level within the group?



3. What are the interests of the group?

Examples of interests might include:

Sport	Outdoor pursuits
T.V./Videos	Drama/Mime
Writing	Music
Reading	Discussions
Debates	Quizzes
Board Games	Card Games
Arts	Dancing
Photography	Projects
Environmental Issues	Community Work

The young peoples' interests are vital to the success of the programme, as these will form the main vehicles for learning. It is also important to bear in mind that any health education programme may be competing with other activities and interests. Therefore, a suitable time should be found which does not clash with other activities in which group members might be involved.

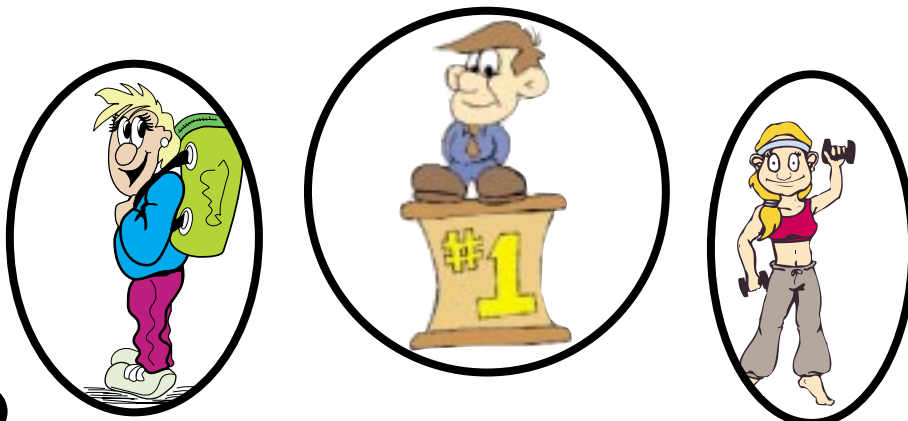


.What is their present level of knowledge about the issues being addressed?



5. What do they need to learn from the programme?

NB: It is important to be aware that the knowledge, skills, attitudes and feelings that young people bring to any programme can form, in themselves, a rich basis for learning and development.



A useful Programme Planning Model which can be used by workers and volunteers to plan any health education programme for young people

1. AIMS AND OBJECTIVES

Identify the aim of the programme or session. Be clear about your objectives. Know what you want to achieve by running the programme. Identify the learning outcomes for the target group.

2. THE TARGET GROUP

Who are they? What are the factors influencing the group? What are the interests of the group? What is their present level of knowledge about the issue being introduced?

3. METHODS & ACTIVITIES

Using a variety of appropriate methods increases interest, focuses concentration, encourages participation and prevents boredom. There are a large number of methods to choose from including Role Play, Questionnaires, Brainstorming, Debates, Quizzes, Buzz Groups, using guest speakers or visitors, Case Studies, Projects and Peer Education Methodologies.

(further information is provided on some of these methods further on in this section)

4. RESOURCES

PHYSICAL: do you have a suitable place to meet? Is it warm and spacious with appropriate seating? Can you meet without disturbance or interruption?

FINANCIAL: are there financial costs involved in running the programme? If so, do you have sufficient finance? If not, where can you get it? Do you need to fundraise?

HUMAN: How many leaders/workers are needed to run the programme? Have you enough leaders/workers involved? Who Are They? What is their training and experience? What about consulting parents or involving parents? Are there others who can help?

5. PLAN OF ACTION

Set the date for the programme to begin. What needs to be done before the programme takes place? Are you sufficiently prepared for the introductory session? What else needs to be done?

NB: Before beginning any programme it will be helpful to consult the checklist on the next page to ensure that everything has been considered to make the programme successful.

A Useful Checklist for Programme Planning

- **Is there an organisation or management committee you need to check with?**
- **Do the aims and objectives of the committee or organisation coincide with your own?**
- **Does your approach fit in with that of the organisation?**
- **Are there any guidelines or limits within which you must operate?**
- **Are there any resource constraints on you in terms of finance, equipment, materials, premises, personnel etc?**
- **Do you feel you have sufficient knowledge in the area being addressed?**
 - **If not, how and where can you get it?**
- **What other support can you rely on?**
- **To which other specialist agencies can you refer?**
- **What areas of the programme, if any, might be contentious?**
- **Are you putting yourself in a difficult position with:**
 - **Your employers?**
 - **The parents/community?**
 - **The young people themselves?**
- **How will you deal with conflict or opposition if it arises?**
- **Are there any further training implications?**
- **Is there a parents' organisation that you need to check with?**
- **Do you have a common, consistent, and thought-out response to alcohol/drug use in your group, project or club?**
- **Can you think of other questions or considerations you need to take into account before starting?**



Methods & Activities

The following methods and activities can be used individually or together to enhance your health education programme. The methods chosen should be realistic, achievable and compatible with the objectives of your programme. The link between the aim, objectives and methods needs to be logical and well thought out. In addition, the methods chosen should be appropriate for your target group at all times.

It is important that the methods chosen are handled carefully to guard against inappropriate self-disclosure. Explicitly drawing attention to, or dwelling on, the personal or emotional difficulties or traumas experienced by individual members of the group is not appropriate within such a group setting. Likewise, the individual's right to opt out of a particular exercise, or part of it, must be respected.

Key Ingredients of a Successful Programme

In selecting methods and activities, the following key ingredients of a successful programme should be considered:

1. VARIETY

Using a variety of methods and activities increases the participation, focuses concentration and prevents boredom.

2. FUN

There should be lots of opportunities for members to enjoy themselves while learning. This is especially important for those in the younger age group.

3. PARTICIPATION

Participation is vital to the success of any programme. Young people should be encouraged to become actively involved right throughout the programme as this will help to develop a climate of trust and a sense of team effort and will also lead to a more enjoyable programme overall.

4. DECISION-MAKING

In order to involve young people in the decision-making process of the group, there should be consultation and negotiation with members on the content, methodology and direction of the programme.

5. RESPONSIBILITY

Where possible during the programme, there should be opportunities for members to practice accepting responsibility e.g. through leading sessions or activities.

6. FLEXIBILITY

The programme should be flexible in terms of time and length. It should be structured enough to allow work to take place, but flexible enough to deal with issues as they occur naturally and spontaneously.

Some commonly used methods and activities are explored in greater detail below.



ROLE PLAY

Role play is a method of inviting young people to adopt roles and rehearse situations that may occur in real life. It is important that situations chosen are relevant to the group and are ones in which they might find themselves at some time.

Advantages of Role Play:

- 1 Role play provides opportunities for experiencing situations in advance, in a safe group setting.
- 2 Role play helps the individuals to practice and receive feedback on dealing with difficult situations.
- 3 Role play can help young people to develop and practice new skills.
- 4 Role play is an 'active' technique which promotes participation and enhances learning.
- 5 Role play contributes to sensitivity, self-expression, communication and observation skills, and helps to build individual and group confidence.
- 6 Role play helps to reduce inhibitions and adds to group cohesion.

Steps in Role Play:

- Before starting a role play, you need to be clear about what you want to achieve. This will affect not only the situations you choose but also the brief which you give to participants.
- Invite the group to select the situation to be role played.
- A brief discussion on the important issues, in advance of the role play, can be helpful in triggering the creativity of participants.
- Invite participants to volunteer for the various roles.
- Ensure that everyone is involved. Those who are not playing a role should act as observers, with instructions and definite things to observe.
- Once the roles have been allocated, allow some time for participants to 'get into' their roles.
- Start the role play. You may need to give instructions to one player to speak first. You may also feel it necessary to intervene from time to time to prevent the role play drying up or straying too far off the point.
- Allow sufficient time for the role play to raise issues, but wind up before it fizzles out. This will keep members interested and encourage them to get involved again.

What to watch out for:

- 1 Ensure that topics and issues chosen are relevant to the real life issues of the group.
- 2 Be careful not to select a situation, which you know to be particularly painful for some participants, or which may expose them to ridicule or rejection.
- 3 Watch out for individuals who get too emotionally involved. Protect and support them. Although a great deal of learning can result, the environment needs to be supportive and health issues often require sensitive handling.
- 4 If interjecting with comments and questions during the role-play, be careful not to dominate the enactment or destroy its spontaneity.
- 5 Know when to stop.

AFTER THE ROLE PLAY



1. DE-ROLEING

Strong feelings may arise during role-plays and these should not be overlooked.

Players need time to step out of their roles and revert to their usual behaviour. This involves giving players time to express how they felt during the role-play, how they feel now and making a conscious shift from their role to who they really are. This shift can be achieved by simple techniques such as inviting players to stand up and change seats or to say their name and a piece of clothing they like to wear. The important thing is to allow time to change from the role to their usual behaviour as themselves.

2. DE-BRIEFING

During this time players and observers are given the chance to reflect on what has happened, see what can be learned from the role play and consider how this learning might be applied in future situations.

It is important that everyone has a chance to become involved and contribute to the discussion at this stage.

3. DISCUSS THE ROLE PLAY

Involve both the players and the observers. Emphasise that there should be no personal criticism and that opinions and suggestions should focus on the situation - how each player responded, the effects of contributions made, and the relationships involved.

4. EVALUATION

At the end of the activity it is important to invite comments on the whole role-play, both good and bad. Ask the group to suggest how future role-plays might be improved or made more interesting or relevant.

BRAINSTORMING

The aim of this strategy is to generate as many ideas as possible on any given subject. All suggestions are accepted and recorded without comment on a flip chart or blackboard. Once all suggestions have been made and recorded, discussion can commence and evaluation of each can take place. Following this, a consensus can be sought or plan of action worked out. Brainstorming can be used as a technique in itself or as part of other group strategies.

BUZZ GROUPS

This involves breaking a big group into smaller groups for the purpose of discussion. If appropriate, a leader may be appointed in each group as well as a recorder or reporter to report the group's findings to the larger group. A discussion on the findings of each small group may follow.

CASE STUDIES

A case study is a report of some event or scenario. It can be a story of an event, which has actually taken place, or a fictional account, designed to focus attention on a particular issue. This allows the group to examine the factors involved in a particular situation and to suggest possible or alternative courses of action. This should be followed by discussion.

QUESTIONNAIRES

A questionnaire is a method for exploring a particular topic by devising questions which highlight the main concepts and issues involved. It can help those taking part to examine their own beliefs, attitudes and values on any given topic. A questionnaire can be used as a trigger mechanism. When young people have completed it, they can be broken into small groups for discussion. It can also be used to discover how much information young people know about a particular issue.

DEBATES

Debates are an interesting way of engaging young people in their own learning by encouraging them to research topics where factual information is important. They also provide opportunities for developing communication skills and self-expression.

QUIZZES

Quizzes can be used to assess the amount of information young people have on a particular 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.

GUEST SPEAKER OR VISITOR

Some groups may like 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. It is important to ensure that there is sufficient time for questions and discussion.

SELF-RATING SCALES

This device consists of a series of statements with some form of a scale where the young people are invited to respond by ticking the appropriate point as it relates to them. The scale can be a simple 'true or false,' one where a young person's knowledge can be tested and assessed, or a more complicated scale where the person has to choose from a number of possible options. A continuum is a similar device where two opposite poles or positions are set out with intermediate positions marked in. This can be done in written form on a questionnaire or physically on a diagonal line across the room. The young person is invited to indicate his or her position on an issue by ticking the appropriate point on the questionnaire or by adopting the appropriate position on the line. These devices can also be used to stimulate subsequent discussion.

PROJECTS

A project, which can be undertaken either by individuals or the group, is an investigation into a particular topic for the purpose of presenting findings. Carrying out a project or a survey, writing a newsletter, putting on a display for parents or the local community on an issue and its effects are all ways of involving young people in learning for themselves.

A project 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 particular health issues.

PEER TEACHING OR PEER LEADING

Young people are particularly susceptible to the influence of their peers. Peer influence is an important factor in the development of a wide range of behaviour patterns. For this reason, peer teaching can be useful for counteracting the influence exerted by the peer group. This method involves young people working with others of the same age group or younger, under supervision from leaders or teachers. Young people chosen or volunteering for this work need to obtain some form of training in the skills of working through the group process. Peer leading may involve leading whole sessions, part of a session, or individual exercises. A comprehensive account of Peer Education Approaches and Methodologies is available in the following production; **Peer Education**, published by the National Youth Federation in association with the Health Promotion Unit.



Methods of Evaluation

I. EVALUATING CHANGES IN KNOWLEDGE

There are a number of different methods you can use to assess whether or not there has been a change in knowledge.

Possible methods include;

A. OBJECTIVE WRITTEN TESTS/QUESTIONNAIRES

Objective written tests/questionnaires consist of a number of items, the responses to which are all precisely predetermined. They are of two sorts; those which call for a constructed answer (like short answer/completion types) and those which call for the learners to make a choice from a list of possible responses (as in multiple choice or true/false types).

B. OPEN - ENDED QUESTIONS

There are two types of open-ended questions, short answer items and essay type. Open-ended questions can be asked to test knowledge of isolated pieces of information and procedures. The questions should start with a verb, e.g.;

State - Describe - List - Determine - Label - Define

The answer expected should be short and some indication of length should be specified.

C. ESSAY TYPE QUESTIONS

e.g. write in your own words/write a short report.



D. COMPLETION TYPE QUESTIONS

Complete the sentence:

e.g. the category of drug into which alcohol fits is.....

Objective test items have the advantage over open-ended questions/essays in that they take less time to answer and the test can, therefore, cover a much wider area of the topic in the same time. They have the disadvantage of being more difficult to devise.

E. MULTIPLE CHOICE QUESTIONS

Multiple choice questions consist of a stem and four or five alternative responses and can be in the form of a statement or a question e.g.

Alcohol is a:

Stimulant? Depressant? Opiate? Hallucinogen?

(Please tick as appropriate)

or

What is alcohol?

Stimulant? Depressant? Opiate? Hallucinogen?

(The individual circles or crosses out the alternative selected.)

Simple guidelines are available for writing this kind of test item. Stems should:

- ▲ be clear and brief;
- ▲ not include negatives;
- ▲ not give clues by using key words which are repeated in the correct alternative answer.

Incorrect alternatives (usually called distractors) should:

- ▲ all be plausible;
- ▲ all be incorrect;
- ▲ be arranged in a random order so that the correct answer cannot be guessed because of its place in the sequence of alternatives.

General considerations are:

- each item should test a concept which is important for the individual to know
- no item should reveal the correct response to another item
- the items should be grouped by type so that the instructions can be made simple

F. TRUE/FALSE QUESTIONS

Multiple choice items are often difficult to write because sufficient plausible alternatives cannot be found. In this case it is possible to use a specific form, the true/false item.

E.g. smoking has no effect on your lungs: true/false?



2. Evaluating changes in levels of skills

Skills should usually be tested by practical tests unless the skill of being able to do something can be assumed from the ability to state the correct sequence of actions.

Possible Methods:

Tests of skills fall into two main types:

1. The individual is set a task (e.g. to devise a daily healthy diet) and the work is inspected at the end of the test period.
2. The individual is watched throughout the test so that the methods used can be assessed as well as the final product (e.g. to return a faulty product to a shop).



The first type of test is more economical in terms of the time spent by tutors on testers. The second is more flexible as the individual who makes an error in the initial stages can be put back onto the correct path by the tutor and thus demonstrate the ability to carry out other parts of the task.

However, it may require much more in terms of resources. Some tasks will require the second type of test because the result will not show how well the work has been carried out.

3. Evaluating changes in attitudes

Measuring changes in attitudes can be difficult and complicated. Unlike knowledge, attitudes cannot be verified as being “correct” or “incorrect” since they refer to one’s personal feelings or opinions about something, and are subjective throughout.

Possible Methods:

(1) LIKERT SCALE

A number of statements are given. These statements should be either moderately favourable or unfavourable toward the issue(s) being investigated. Extremely favourable or unfavourable items are unnecessary since respondents will indicate their degree of agreement or disagreement with each item. Generally, only five responses are necessary;

(1) Strongly agree (2) Agree (3) Don’t know (4) Disagree (5) Strongly disagree

E.g. non-smokers are healthier than smokers:

- 1. Strongly agree
- 2. Agree
- 3. Don’t know
- 4. Disagree
- 5. Strongly disagree



(2) THE SEMANTIC DIFFERENTIAL

Another way of examining attitudes is by using the semantic differential.

This can be used to determine someone's attitude to a particular concept by giving a list of opposites and asking individuals to rank them accordingly.

e.g. exercise is:				
1	2	3	4	5
Cheap			Expensive	
Fun			Boring	
Good			Bad	
Important			Unimportant	
Effective			Ineffective	
Useful			Useless	
Healthy			Unhealthy	
Worthwhile			Worthless	
Beneficial			Of no benefit	

It is recommended that you use more than 9 relevant opposites in order to gain a better insight into the individual's attitudes.

4. Evaluating changes in behaviour

There are basically two methods for measuring behaviour, each having its own limitations with regard to validity and reliability i.e. **direct observation** and **self-report**.

Possible Methods:

a. Direct Observation is a reliable method. However, it is time consuming, expensive and sometimes impractical, especially in the field of health promotion.

b. Self report methods involve individuals reporting, either verbally or in written format how they behaved in given circumstances. However, the reliability of information obtained in this manner may be questionable due to memory lapses, bravado, responses given to expectations or change in circumstances.

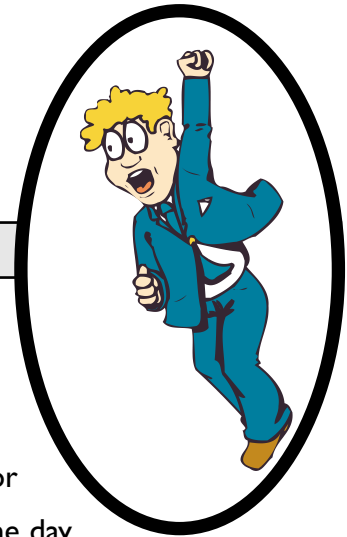
5. *Evaluating reactions to the programme itself*

The most common method of evaluation is that of measuring reactions to the programme itself. Most evaluation is done at the “reactional level”. An assumption has been made in the past that favourable reactions imply useful learning, or will predict changes in behaviour or higher levels of effectiveness. There is not much evidence to support this. Studies have indicated that there is no relationship between reaction measures and other criteria. Good reactions do not predict learning or behaviour change or increased effectiveness any better than poor reactions.

Possible Methods:

A. LEARNING REVIEWS

This is the discussion of the usefulness of the learning at stages during an event, e.g. in a five-day workshop, it would be informative to ask the participants at the end of each day to write down or verbally report anything they have learned during the day that they think might be particularly useful for their work. The trainer gains a good deal of feed-back about their levels of understanding and the likelihood of transfer of learning. The feedback produced each day can form the basis for an action planning session near the end of the workshop. The trainer can adapt the programme accordingly on the basis of such feedback.



B. INTERVIEWS

An alternative, which might be suitable for a residential programme, is for the trainer to carry out short, informal interviews with the participants during the evenings. Questions can be posed about specific objectives in attending, what they found particularly useful, what has not gone well for them, what they would like to spend more or less time on etc.

C. END OF EVENT QUESTIONNAIRE

The most popular form of evaluation is the issue of a questionnaire during, or at the end of, the programme. This is usually justified as providing feedback for the trainers so that they can improve future courses.

With regard to these questionnaires, it is important to decide what the information is to be used for before designing the questionnaire. Before writing questions, the evaluator needs to construct a list of critical programme activities. The questions to be written should address how the participants used the material and engaged in the programme activities. The questions should cover at least three topics:

- (1) the occurrence, frequency and duration of activities;**
- (2) the format of the activities;**
(e.g. who participated, when, what materials were used and how often)
- (3) the amount of involvement of participants.**

The respondents should be encouraged to make open-ended comments on the back of the form. Any expression of “difficulty” should be followed up to discover the source. To obtain the maximum useful information, such a questionnaire should be issued at the beginning of the programme and filled in at different stages. It would be worthwhile, in a programme which lasts longer than one week, to collect the forms at the end of each week and review them before fine tuning the next weeks’ work. It is likely that more open and honest comments and ratings will be obtained if the respondents are allowed to remain anonymous, although this does sometimes make it difficult to follow up and probe some of the “this was difficult” remarks.



Sometimes the intention of evaluating may be to obtain more detail or information on the facilitator. An example of this is as follows:

Name of Facilitator: _____

Title of Session: _____

The Facilitator: Yes/No: Comments:

- Maintained a good pace:
- Kept to the subject:
- Was knowledgeable:
- Was enthusiastic:
- Created interest:
- Involved the group:

It may also be useful to offer open-ended questions in the end-of-course questionnaire e.g.,

- What are the three best things about this course?
- What are the three worst things about this course?
- What three changes should be made to the course?
- What aspects of the process helped you to learn?
- What aspects hindered your learning?

It does, however, take some time for them to write answers to such questions and for the tutors to analyse and summarise the information collected. Therefore, most questionnaires use closed-end questions and add some open-ended questions at the end.

