

THE NATIONAL YOUTH HEALTH PROGRAMME

EVALUATION OF THE
HEALTH QUALITY MARK
SUMMARY

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A QUALITY HEALTH
PROMOTING ORGANISATION





EVALUATION OF THE HEALTH QUALITY MARK SUMMARY

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“Overall the centre looked like a nicer place to be...like a healthy place to be”

“It’s nice to have stuff acknowledged but really it’s the process is the valuable thing”

“It’s given a focus to the whole system...it gave us a framework from which to work”

1 Introduction

1.1 Background

The National Youth Health Programme (NYHP) is a partnership between the National Youth Council of Ireland (NYCI), the Health Service Executive (HSE), and the Youth Affairs Section of the Department of Education and Science. The aim of the NYHP is to provide a broad-based, flexible health promotion/education support and training service to youth and community organisations, and to all those working with young people in the youth sector. This is achieved through the development of programmes and interventions specifically for and with youth organisations throughout the country, and the training and support of workers and volunteers involved in addressing health issues with young people in youth sector. The NYHP also works to ensure that young person's health is on the policy agenda.

The NYHP has developed the Health Quality Mark (HQ Mark) as a health promotion initiative with a view to enhancing best practice and a high standard of quality in all aspects of health promotion in youth organisations. The HQ Mark is a set of quality standards in youth health promotion and takes the form of an award conferred on organisations that satisfy agreed quality criteria. The criteria, eighteen in total, have been drawn up by the NYHP and are based on best practice in health promotion at a regional and national level as outlined in various national health strategy and policy documents, and at an international level. Much of the criteria have been drawn from the World Health Organisation (WHO) criteria that were developed for the Health Promoting Schools Initiative and adapted by the NYHP. In developing the HQ Mark, the NYHP has made every effort to ensure that the award has the flexibility to adapt to different organisational circumstances. As a result, varying levels of the HQ Mark are available – bronze, silver and gold, according to the levels of criteria achieved. An application form and a portfolio of evidence of the criteria are developed by participating organisations and submitted to the assessors. The assessment body is comprised of representatives from the NYHP and where applicable, health promotion personnel from the relevant HSE region. In addition there is also a site visit made by the assessors to each organisation. This gives an organisation the opportunity to demonstrate how they have achieved the criteria for the HQ Mark as indicated in their application form and portfolio of evidence. The visit also aims to ascertain if the implemented criteria are having a notable impact on the organisation at all levels.

Every three years an organisation must re-apply to have the HQ Mark renewed. This involves each organisation resubmitting an updated portfolio of evidence and having a follow up site visit. This is to ensure quality control in the HQ Mark and to show that the award has been sustained within organisations to the same level as the year it was achieved. This initiative is in keeping with general health promotion principles, in so far as it aims to facilitate the empowerment of the service users and the health promotion team within it, and conforms to the framework for action in the Ottawa Charter. Further, the HQ Mark qualifies as an 'organisation-level' health promotion initiative, of which there are few examples.



There are a variety of suggested benefits to organisations of participating in the HQ Mark. According to the NYHP (2006), the HQ Mark:

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

Part of the process of achieving the Health Quality Mark involves undertaking training in Health Promotion. This is achieved by one or more individuals in the organisation undertaking a Specialist Certificate in Youth Health Promotion, run by the NYHP in collaboration with the National University of Ireland Galway (NUI Galway). This certificate programme aims to encourage, support and facilitate youth organisations to become effective settings for health promotion. Participants on the Specialist Certificate are introduced to the concept of the HQ Mark and then, those organisations that are interested in pursuing the HQ Mark, are formally engaged in the process. Further training, in the form of an annual training programme covering a variety of issues, is provided by the NYHP to participating (and non-participating) organisations.

1.2 Rationale

Evaluation is needed to assess the results of an intervention and in particular to determine whether objectives have been met. In addition evaluation can also establish whether the methods or elements, used in the initiative, were efficient in the delivery of the objectives and acceptable to all involved. An evaluation of the HQ Mark can assess these aspects and also guide strategic development within the NYHP and the HQ Mark. This will also contribute to an accumulation of the evidence base for youth health promotion. Therefore it is important that the opinions of all stakeholders involved in the HQ Mark are heard.

1.3 Aim and Objectives

The aim of this project was to conduct an in-depth evaluation of the HQ Mark taking into consideration the process, impact and outcomes of the award. The objectives were to:

- Examine the strengths and weaknesses of the process operated by the NYHP in implementing the HQ Mark;
- Identify the support necessary for organisations to successfully achieve the HQ Mark;
- Review the HQ Mark criteria and to recommend changes/updates to the criteria of the HQ Mark;
- Examine the impact of the HQ Mark on youth organisations, including staff/volunteers, management and young people;
- Examine the long term outcomes of the HQ Mark on youth organisations;
- Identify the perceived benefits and any perceived disadvantages of participating in the HQ Mark from organisations that have achieved the award;
- Make recommendations to the NYHP on the sustainability of the HQ Mark;
- Make recommendations to the NYHP on the resources needed to continue the HQ Mark.

In addition an evaluation of the Specialist Certificate in Youth Health Promotion was conducted with graduates of the Specialist Certificate who were involved in the HQ Mark with their respective organisations. The aim was to determine the effect of this training on the implementation of the HQ Mark and on graduates' health promotion practice.



2 Methodology

2.1 Introduction

This section briefly outlines the methodology for the Evaluation of the HQ Mark and the Evaluation of the Specialist Certificate in Youth Health Promotion .

2.2 Evaluation of the Health Quality Mark

To achieve the aim of the evaluation of the HQ Mark, it was necessary to obtain feedback from all stakeholders who were involved in implementing the HQ Mark. Key stakeholders were identified as being the designated health promoters, members of management and the team members from organisations that had received the award and those going forward for the award; HSE and strategic personnel involved in the set up and delivery of the HQ Mark, and young people attending an organisation that had achieved the HQ Mark.

Semi-structured interviews were deemed the best way to obtain the perspectives of all (excluding the young people), and given the budgetary and time constraints, these were set up to take place by telephone. Twenty-two individuals representing eleven organisations that had achieved the HQ Mark and fifteen individuals representing eight organisations going forward to achieve the HQ Mark took part in the research. In addition nine health promotion practitioners from the HSE and strategic personnel were interviewed. To obtain the perspectives of young people, a focus group with nine young people representing one organisation that had achieved the HQ Mark was undertaken.

2.3 Evaluation of the Specialist Certificate in Youth Health Promotion

To achieve the aim of the evaluation of the Specialist Certificate in Youth Health Promotion, it was necessary to obtain feedback from graduates of the Specialist Certificate who were also participating in the HQ Mark with their respective organisations. A self completion questionnaire was developed comprising of open and closed ended questions and then posted to the sample of twenty-one graduates, of which ten responded.

*A detailed description of the methodology can be found in the main report





3 Results of the Evaluation of the Health Quality Mark

3.1 Introduction

To achieve the aim and objectives of the evaluation, feedback was sought from a range of stakeholders involved in the HQ Mark. This section outlines the perceptions of this range of stakeholders from the following categories:

- **Organisations that have achieved the HQ Mark**
 - o The designated health promoters
 - o Team members
 - o Members of management
- **Organisations going forward to achieve the HQ Mark for the first time**
 - o The designated health promoters
 - o Team members
 - o Members of management
- **Young people from an organisation that has achieved the HQ Mark**
- **HSE/ Strategic personnel**

3.2 The Results from Organisations that have achieved the Health Quality Mark

This group is comprised of stakeholders from organisations that have been awarded the HQ Mark on one or more occasions. The following results outline the feedback obtained from the designated health promoter, a member of management and a team member of organisations that have achieved the HQ Mark. The results are provided under headings representing each of the topics addressed in the interviews.

The participants personal experiences of being involved in the Health Quality Mark

Health promoters found the experience of being involved in the HQ Mark challenging, but in both negative and positive ways. Features of the HQ Mark seemed to correspond with personal values and interests, and also with those of the organisation. Therefore working on the process was described as being enjoyable and worthwhile. However the HQ Mark was also described as being hard work, specifically in relation to getting the team up and running within an organisation, working towards the criteria, and then working towards re-monitoring. Team members described working on the HQ Mark as being a new learning experience for them. Responses from members of management varied. Some described the experience as being



demanding in terms of getting buy-in from stakeholders and getting them involved in the process, and in the attempts to achieve the criteria. Other experiences described the HQ Mark as being time consuming and stressful in terms of balancing the HQ Mark workload and the day to day work of the organisation. In addition, the process was also described as being, administratively, very demanding. It was suggested that the process promoted a paper trail via the methods used to demonstrate achievement of criteria, with, at times, the key concept of promoting the health of young people being lost amongst all the administrative tasks.

The advantages of participating in the Health Quality Mark

For health promoters the main advantage of being involved in the HQ Mark process was that it validated and documented their health promoting activities. Working through the criteria helped to develop policies, upgrade standards and introduce new approaches to working with young people.

“It also introduced one or two new elements...that we perhaps were not consciously working on”

It was also felt that the process helped to coordinate an organisation's activities and promote team working. Health promoters also suggested that participating in the HQ Mark allowed for staff to be acknowledged for their role in promoting young peoples health and were engaged more in developing and participating in health promoting activities and policy development. While the HQ Mark yielded a holistic and structured service for young people, it was also expressed that the health needs of staff were also addressed as a result of being involved in the HQ Mark. Another suggested advantage was in how the achievement of the award, helped with promoting the organisation as a health promoting organisation with organisations able to use the HQ Mark logo on letterheads and by having the plaque to display to the public. For team members, participating in the HQ Mark provided them with the opportunity to gain experience in health promotion work. They also felt that they got to avail of additional training. In response to this, team members believed that a broader range of programmes was being implemented in organisations. Members of management suggested that working towards achieving the HQ Mark provided an opportunity for all in the organisation to get involved and to coordinate their work towards a common purpose or goal. Management also felt that the process acknowledged the work that was being implemented by staff and enhanced the staff's opportunities for training. Another advantage of working on the HQ Mark was that health was given priority on the agenda for meetings and strategic planning. It was also mentioned that participating in the HQ Mark had a positive effect on the physical surroundings of the organisation.

The disadvantages of participating in the Health Quality Mark

The health promoters suggested that the HQ Mark required a lot of time to go through the process of achieving the criteria. Time was needed to have meetings and document activities.

“I would say that the extra work to demonstrate and prove what we do anyway and what we have been doing all along and will continue to do but it was the time taken to show that we do it”

These issues, in conjunction with the work that people had to do already within their jobs, were putting people under stress and pressure. For one health promoter, there was an imbalance experienced between the huge amount of work required but with little recognition for this work or for the award. Some disadvantages in relation to the training were also provided. Maintaining the standards associated with the award was another disadvantage for the health promoters, with emphasis being placed on the difficulties experienced in trying to keep the motivation of staff up and in the attempts to maintain the quality of the health promotion activities, as the needs of the young people change. Some team members stated that there were no disadvantages to participating in the HQ Mark. However other team members commented on the activities of the process and how they added to the workload that was already on staff. For managers, the workload that the award brought to the organisation was one disadvantage. One aspect of this workload was the documenting and having to prove that the work, that they had always been doing, was promoting the health of young people. Another disadvantage was not having the member of staff, who was doing the training, available to do the work that they would have normally done, and so some of the organisation's work remained undone. For one manager, it was felt that this award was another type of quality tool that the organisation was participating in, where there already were many other similar types of quality awards in circulation. Having all these quality awards was resulting in health and its promotion getting compartmentalised and being an add-on to the organisations work, instead of being an overriding aim.

Participants views on the support from the National Youth Health Programme

Health promoters were happy with the support that they received from staff in the NYHP. Support was described as being accessible, approachable, helpful and supportive. Comments were also provided on the newly established network of graduates from the Specialist Certificate in Youth Health Promotion. The meeting with other people who have completed the training and are working with young people, that this network meeting facilitates, is described as being of great benefit and support for individuals and organisations as they can share experiences with each other. Team members also found the support from the NYHP to be helpful as team members were kept up to date on news relevant to them. It was also perceived that the NYHP were available to help if it was required. Members of management were not asked this question.

Participants opinions on the criteria of the Health Quality Mark

Health promoters described the criteria as being clear and realistic, with some of the criteria being more easily achievable than others. It was also expressed that the criteria were flexible, in that they allowed for people to be creative in the methods used to achieve the criteria. Achieving the criteria was suggested as being easier for some organisations as the level at which they were operating was on a similar level, to that which the criteria required. The criteria of the HQ Mark were also expressed as being similar to those of other quality award standards for the youth service and this made obtaining the evidence easier but that there was some overlap between criteria and therefore the work required to meet them was thought to be a waste of time and that this also added to the workload. Team members described the criteria as being doable and comprehensive, in that, the criteria covered everything for consideration when working with young people. However they did find that the criteria were also quite time consuming. A lot of work was required to reach the different award levels, but as suggested by one team member, a helpful feature was first realising their starting point and that they had a lot of the criteria covered to begin with without realising it. Managers were quite happy with the criteria. It was suggested that the criteria seemed like a big task but once there was commitment to work on them, they were achievable. For another manager, it was felt that there was some overlap between criteria, for example in relation to the health and safety strategy and health and safety policy.

Participants suggestions for improvements to the criteria of the Health Quality Mark

Health promoters did not think that the criteria could be improved upon. However some suggestions were provided in that the criteria on the health promotion strategy and the youth health promotion strategy could be integrated into one criterion so that the policy can be understood by the young people in an organisation. Also suggested was that the criteria surrounding the prioritisation of health promotion and being committed to health promotion could be combined into one criterion. Most team members had no suggestions for improvements. However one suggestion was in relation to criterion number five - developing a healthy lifestyles booklet. It was felt that this booklet was somewhat broad and perhaps it may be more appropriate if specific health issues were addressed every three years and in that way a little portfolio of booklets on different health issues would be developed over a period of some years. One member of management suggested that a main recommendation was for the criteria to reflect up-to-date issues for young people.

Participants views on the development of the portfolio for the Health Quality Mark

Health promoters have varied views on the portfolio. It was expressed that despite the portfolio requiring a lot of work to develop and complete, it was a necessary piece of work to demonstrate that the criteria were being met. Knowing what criteria one was working on and understanding fully what was required as evidence for these criteria also made the development of the portfolio somewhat more manageable for others. It was also mentioned that the portfolio was being used as a tool against which annual checks could be made so as to evaluate whether standards were being maintained. For team members the experience of putting the portfolio together was time consuming but a satisfactory experience. It was suggested that the portfolio was good to have as a resource and was also useful to evaluate standards within the organisation. Members of management were not asked this question.

Participants views on the assessment process of the Health Quality Mark

Health promoters considered the assessment process to be an important feature of the HQ Mark. They described the assessment as being thorough, both in its interviewing of the people involved and in the inspection of the buildings. The assessment allowed for the assessors to see for themselves health promotion in the organisations and to talk with the staff, the service users and other individuals who were involved. The importance of having an assessor that was working within the region and already knew the organisation was emphasised and should be maintained. Team members suggested there was a lot of work involved in the assessment but that it was good to go through. The assessment helped to confirm for the organisations the work that they were doing was in keeping with the criteria. The involvement of external individuals allowed for objective feedback to be passed onto the organisation, for example, the areas where improvements could be made. Members of management were not asked this question.

The immediate impacts of having achieved the Health Quality Mark

Health promoters perceived that an immediate effect of having achieved the award was that it gave the organisation a boost and provided a PR opportunity to the organisation, by way of the coverage in the local papers, as suggested by one individual. Some health promoters also felt that management were proud of their organisation for having achieved the award and thus believed that this helped to motivate members of management to keep health promotion as a priority within the organisation. Achieving the award also brought a sense of pride to staff and renewed their commitment and motivation to work with young people in a health promoting way. The working conditions for staff improved and there was an increase in training and teaching opportunities for staff. For the young people who were involved in the organisation at the time of achieving the award, health promoters felt that it brought a sense of achievement to the young people. The young people were now included more in any planning that was going on in the organisation and also had more programmes and choices available to them in relation to dietary options and in the types of activities in the organisations.

“We had increased consultation with trainees around different things even to do with strategic planning and programme development in the centre - there was a lot more consultation with trainees”

However, for some health promoters it was felt that achieving the award was not an important thing for management, as it was perceived that management believed that there was health promotion work happening long before their participation in the award and getting the award was nothing other than a PR opportunity. One health promoter suggested that the young people had a short term awareness of the award and the rationale for their input. Health promoters were unsure of the immediate effect that this award was having on the surrounding community but perceived that parents and other agencies had become more aware that the organisation had a high standard, so as to be able to achieve the HQ Mark.

Team members perceived that achieving the award was good for the organisation as it demonstrated that the organisation was positively addressing the health of the young people and the health of the staff. Team members also suggested that achieving the award provided management with the motivation to consistently consider health promotion in the agenda of meetings and use health as a focal point for the development of future policies. They also suggested that an immediate impact of achieving the award was that it boosted the morale of staff, volunteers and young people but that it also increased the awareness of staff/volunteers of health. It was expressed by team members that the young people were not too concerned about the award and did not realise the link between the activities in the organisation and health. However some young people did seem to be motivated by the achievement of the award and were proud of the organisation. In terms of the impact on the surrounding community, team members suggested that this was dependent on the young people themselves taking what they had learned back into the community. However, it was also felt that perhaps the award received by an organisation was not promoted enough in the community.

For several of the managers, the positive publicity that resulted following achievement of the award was an important feature. There was a sense of pride in the achievement, their work was now being formally acknowledged and this also brought increased morale in the organisation and had a promotional value. It also renewed the focus for health promotion in their work. Management felt that to achieve the award was good for staff as their work was being acknowledged as being good quality work. In terms of the young people, management felt that perhaps achieving the award did not have huge effect on them, other than the young people being able to access an enhanced range of programmes. In general the managers felt that achieving the award had little or no impact on the surrounding community.

The factors that ensure successful implementation of the Health Quality Mark

Health promoters identified many factors that they perceived as being important to ensuring that the HQ Mark was being implemented successfully. For some it was about keeping health promotion a priority in the organisation and this was achieved by ensuring that annual targets, strategic and business plans reflected the promotion of health for young people. Time was also needed to be made available for implementing health promotion within organisations and by a team comprising of key people. Having the full buy in from management to the holistic concept of health was also needed as it was suggested "that things were able to move quite fast because management were very much on board"*. Staff training also contributed toward maintaining the momentum of staff and their involvement in the process. Health promoters also suggested that drawing on the life and work experiences of staff was important for renewing commitment among staff. Team members believed that it was important to work as a team, have regular team meetings and induct new staff so as to achieve the criteria of the HQ Mark. In addition having the support of management was also important. Members of management suggested that being able to retain staff was important to the successful implementation of the HQ Mark as this ensured that the ethos of health promotion remained in the organisation through the personnel. Another important factor was that all people working in an organisation were able to share the same focus, the promotion of health. The selection of the most suitable person to drive the process was also important. Some members of management also expressed that for them, it was necessary to understand and support their organisation's involvement in the process, and to demonstrate their personal commitment to the process.

*Main report contains details of attributions for all quotes from interviewees

Participants suggestions of what they would do differently

Health promoters suggested that it would be good to be more informed of the commitment needed to go through the HQ Mark process, both in terms of the time and workload. In relation to the collection of evidence, more consistent and systematic methods for gathering the evidence would make the portfolio somewhat easier to complete. It was also suggested that it would be appropriate to engage those who were not involved in face to face service provision with young people in the process, for example administration staff. Others suggested that they would not do anything differently. For team members it was about time allocation and ensuring that more time would be allocated to health promotion, especially when first going for the award. Also ensuring that the young people and staff know what health promotion and the HQ Mark are, and how it impacts on them. Management suggested that if they were to start the process again, it would be more appropriate to look at the organisation where it was in relation to what was being requested in the criteria. The process need not have been as daunting if a preliminary assessment of the organisation in relation to the criteria was carried out. For another manager, despite management meeting up at the beginning and signing up to the process, the need to have annual meetings would develop stronger links between health promotion and management, thus helping to achieve their buy-in to the whole process.

The challenges that have been experienced or are anticipated

The day to day experiences of not having time to work on the award due to the ever present large workload in providing services for young people, was one challenge suggested by health promoters. It was also expressed that the varying levels of support and commitment from different management personnel (due to turnover and changes in management) over the lifetime of the award resulted in extreme highs and lows in the planning of and implementation of activities to sustain the award. It was suggested by some health promoters that some management were more concerned with ensuring that the organisation was health promoting rather than having the actual award to prove it and so management with this view were more difficult to engage in the processes required to achieve the HQ Mark. It was also expressed that it was challenging to keep other key people involved in the process and also in trying to keep those who were involved motivated to continue with the work and re-achieve the award.

“It’s about keeping up the momentum of workers, of young people and staying motivated”

At times designated roles and activities were not taken on and completed by individuals. A change in staff was also considered a challenge as it was suggested that new staff were often not aware of what was involved in the process. This was a specific concern for training centres as they routinely experienced rapid turnovers of staff (and service users). Another challenge was that health promotion was often not written into the designated health promoter’s job description and so time was not allocated for them to do the work. For team members the challenge of having policies that were not practical for staff to use was one issue and therefore suggested that it would be important to make the policies more user-friendly. Another challenge that presented itself for team members was in relation to staff changes and in trying to get new

staff involved in the process, and in trying to maintain the interest of those who were already involved, as well as also trying to organise time for meetings that facilitate all team members. For management, maintaining momentum and motivating staff were two suggested issues challenging the implementation of the HQ Mark process within an organisation. In addition trying to prove that they had done the work brought a lot of pressure and stress to the individuals involved. One manager anticipated that a loss of staff with health promotion training would be a major blow to the work.

The support that can help maintain the standards set by the Health Quality Mark

Health promoters suggested that there is a need to have the health promotion officer, the team, other members of staff and young people involved in maintaining the award. These individuals can identify approaches and methods that may or may not be working as they strive to achieve criteria. But it is important that all these individuals meet up on a regular basis. Having full buy in from and demonstrated commitment by management is also expressed by health promoters as being an important support, for the maintenance of the award in an organisation. The support provided to date from the people in the NYHP is acknowledged, but there was also an expectation that this support would continue, for example, in the form of further training, as this can fuel enthusiasm in people to continue with their work, thus maintaining the standards already reached. Another source of support is the HSE, which has already been used by some organisations, for example, speakers on specific topics. To help organisations manage the commonality that is shared across quality awards in the youth service, it is suggested that the governing bodies of these awards address the common aspects and the extra workload that they put on participating organisations.

Team members suggested that the involvement of local health promotion resources, can help the organisation to maintain the standards set by the award. Having a review of the organisations activities about eighteen months prior to the assessment can also help as it would allow for organisations to touch up on areas that need further work. Team members also suggested that having the support of management across all levels, being able to access further training and the services of skilled people within other organisations, would also be a valuable support. It was also suggested as being beneficial to have health promotion and the HQ Mark included in the strategic plans of an organisation.

Members of management felt that going through the same process every three years seemed to de-motivate the key individuals involved. Identifying new approaches and methodologies that can be used to demonstrate the evidence can inject new enthusiasm into the process and the people involved. Therefore a suggested support is to continue the flexible use of methodologies to demonstrate the evidence. It was also suggested that there needs to be clear guidelines in relation to what is required to achieve the criteria, and in what detail, especially at the re-monitoring stages. Continued support from the NYHP would be important, especially in relation to new issues or training as this can bring a new input into ways of working, thus helping to sustain the award. Another support suggested by management is for a person to come from the NYHP and meet with the organisations on a regular basis. This can help to refocus the work towards receiving the award. One manager suggested that having similar criteria from different quality awards integrated together would make the process easier and minimise the workload for achieving common criteria across these awards.

The longer term outcomes of having achieved the Health Quality Mark

Several of the health promoters suggested that their organisations are now more widely recognised as being ones that promote health and are health promoting. They suggested that management's motivation and pride in the organisation has increased and that health and health promotion were now being considered a priority in meetings. Health promoters also perceived that staff feel more involved in the activities of their respective organisations and that workplace based experiences of the staff have improved. Health promoters believed that the young people are availing of more holistic health related programmes. It was suggested that parents, members of the public and agencies accessing the building have positively commented upon their experience of being in a health promoting organisation. One organisation annually holds health promotion days that address different aspects of health and invites in older pupils from local primary schools. However, the health promoters were unsure about the longer term effects that this award was bringing to the community. Negative effects of having achieved the award were not expressed.

For some of the team members, it was expressed that the immediate and the long term effects were both similar. Having the award was perceived as helping with funding applications and that the policies of the organisation had been added to in a substantial way. The team members suggested that staff were more health aware, with the promotion of health now being embedded in their programmes. They suggested that whilst young people may not have been aware that they were participating in a health promotion initiative, the approaches used and the activities that were implemented had given the young people the skills and information required so that they could make an informed decision about health related behaviours. It was felt that the young people have been empowered to make their own decisions. Team members suggested that the surrounding community had benefited as the young people became involved in clean sweeps and contributed to the up-keep of the local community, in addition to the learning they may pass on to other people whom they meet. Some team members did not know the long term impact that having the award had on management but for others, management were more aware that their premises was health friendly and that management had become more health aware when developing facilities within the organisation.

“Health promotion is part of it now, that health promotion isn't seen to go with someone when they've gone just because that person had a specific interest, that it is there that it's kind of nearly knitted into the project at this stage”

For one manager, health promotion had become the whole agenda of the organisation as a result of participating in and achieving the award. Other managers suggested that whilst achieving the award was good for promotional purposes, it was suggested the full potential of this promotion was not being developed for the benefit of the organisation. Some realised that they were doing a lot of health promoting work and considered themselves to be a health promoting organisation, so getting the actual award was not as relevant. The most important

thing was to have healthier young people rather than having an award. Managers perceived that the longer term outcome for staff is that they have absorbed health promotion into their work and it has helped to reformulate and coordinate their programmes together. Management also suggested that staff have been finding more realistic ways of working with young people and in running programmes that are suitable for young people who use the organisation. One individual felt that the community from where the young people had come from had developed and so believed that the young people's participation in programmes of the HQ Mark contributed to the community's development. However other managers felt that achieving the award did not have a long term effect on management as "...its very hard for them to keep focused on health promotion with so many other responsibilities that they have within the organisation". A negative as suggested by one manager, was that perhaps they were not using the award enough or promoting that they had the award to their local community.

The motivating factors for remaining involved in the Health Quality Mark

For some of the health promoters, the fact of having the award and not wanting to lose it, is motivation for remaining in the HQ Mark. Also being able to see the changes and the benefits that have come about as a result of taking part and achieving the award, keeps several of the health promoters remaining with this award scheme. Subscribing to the HQ Mark process is identified as being a good way of working. Team members believed that remaining in the HQ Mark will help to maintain the standards in their organisations. They suggested that there are always going to be new issues and challenges that will arise and this will require policies to be written and new practices to be implemented, and that the HQ Mark process can help with this. Team members have seen the benefits that have come about as a result of being involved and therefore want to maintain this status quo – where the young people are happier and healthier and where the staff are less stressed. Not wanting to lose the award is also suggested. Another motivation for remaining in the HQ Mark is that team members hope to achieve a higher level of award in the future. For management, remaining in the HQ Mark helps in keeping up with good practice. In addition being involved means that the programmes that the young people are getting are of the best quality. For another, they are afraid to let standards drop. However it was expressed that if the stress and hard work associated with the HQ Mark continues, a review of what exactly their organisation is getting out of the award will need to take place.

3.3 The Results from Organisations going forward to achieve the Health Quality Mark

The feedback from stakeholders of organisations that were in the process of applying for and striving to achieve the criteria for the HQ Mark are now outlined.

Participants reasons for going forward to achieve the Health Quality Mark

Health promoters stated that going forward to achieve the HQ Mark provided a means of validating and documenting the health promoting work already happening in their organisations. For others, a reason for participating was so the concept of health promotion could be introduced to the young people and staff and that it would become the central concept informing the development and delivery of all programmes within the organisations, thus enabling all to

make informed choices about their health and lifestyle choices. The health promoters also suggested that the HQ Mark was a good standard to have and so could positively promote the organisation and help to generate local awareness of the work. Team members suggested that the HQ Mark provided a template to help structure activities, so as to achieve a quality service for young people and for staff, by addressing organisational health. For the managers, the ethos of their organisation was reflected in the key components of the HQ Mark and so participation was a logical step.

The anticipated achievements of participating in the Health Quality Mark

For the health promoters, by participating in the HQ Mark it was hoped that their organisation will be recognised as one that promotes health through its policies and programmes, and where participation of all stakeholders is sought. But also it was hoped that it will increase the public profile of the organisation and generate more funding for them. Health promoters anticipated that participation in the HQ Mark will help to develop the awareness and understanding of management about youth work and help them to realise the benefits of being a health promoting organisation. Several health promoters suggested that for staff, participation in the HQ Mark will enhance the awareness and understanding of staff about health and health promotion and also formally recognise and acknowledge the health promoting work of staff. Participation was also suggested as helping to improve the health of staff, as focus is placed on also addressing staff needs. Health promoters also anticipated that participation in the HQ Mark will engage the young people more in the organisation. It was expected that the young people will increase their awareness of health and health promotion, and be more informed and enabled to address the issues affecting their own health. Health promoters suggested that the impact of involvement in the HQ Mark on the surrounding community would be via young people becoming involved in positive community activities or by bringing their learning back to the community, for example into the home setting. Other benefits for the community would be the sharing of knowledge and programmes with other organisations within the community thus resulting in collaborative work between community based organisations in addressing issues of concern for young people.

“To introduce health promotion initiatives that are informed and suitable for the young people within the organisation and doing so in a planned and systematic way so as to ensure quality and best practice, with the outcome that young people become more informed and empowered and have increased control over their health and well-being”

Several of the team members stated that by being able to achieve the award will highlight that their organisation has a holistic understanding of health and health promotion, is concerned with implementing best practice and that the programmes delivered are of a high standard. It was also suggested that having the award will make an organisation more attractive for clients to register with, in comparison to other organisations that may not have the award – this was a specific issue for training centres. Team members believed that achievement of the award will stress to management the importance of having health as a focus for practice but also highlight the professionalisation of work practices that the process supports. It is also anticipated that participation in the HQ Mark will encourage management to enhance their participation in activities. Team members anticipated that participation in and accomplishment of the HQ Mark will bring about an increased job satisfaction for the staff, as the work that they are doing will be formally recognised and that training opportunities will be enhanced. Team members suggested that engaging with the process of the HQ Mark will help the young people gain a holistic understanding of health and help them to meet their holistic health needs by making informed decisions about their health. It was suggested that perhaps the young people themselves might not be aware or realise the effects of participation in the HQ Mark, however the team members believed that the young people are availing of programmes that are more structured in nature. The team members suggested that the young people's learning will be disseminated to people that they come in contact with in other settings, for example, in the community or the home. In addition, it was suggested that working towards promoting the health of young people, and liaising with other community based organisations, can result in a community based, collaborative response to positively addressing the needs of young people.

Members of management suggested that accomplishing the HQ Mark will help to raise the consciousness of the community in relation to health and health promotion. Achieving the HQ Mark will promote the public's perception that the organisation is one that is concerned with the health and well being of staff and service users. Their organisation can then be available as a resource or role model for other organisations to use in the adoption of a health promotion approach to the delivery of their work. Members of management suggested that their participation in the HQ Mark opens up for them a new area of working that is suggested as helping them in other aspects of their work. It was also suggested that as a result of participation, staff now feel more valued in their jobs. As a result of participating and achieving the HQ Mark, it is anticipated by management that the young people will become more aware of health and in how they can enhance their own health, and become more involved in the planning of activities that the organisation provides. In terms of the surrounding community, members of management believe that participation in and achievement of the HQ Mark will fulfil the expectation that parents have in that the organisation should raise awareness of health and provide health related programmes to their children.

The challenges that have been experienced or are anticipated

For most of the health promoters, getting the time to work on the criteria whilst also attending to other 'on the ground' commitments was the main challenge being experienced. Health promoters suggested that a vast amount of time was spent working administratively on the criteria and this was compromising contact time with the service users. It was also suggested by health promoters that issues specific to some of the organisations posed challenges. These issues include the size of an organisation, the extent of the policy and practice gaps that require action or not having the support of all individuals within the management structures. The changes in staff and management personnel also posed challenges. Team members suggested that the gathering and completion of paperwork, and finding the time for meetings were challenges, in addition to policy development as this required the involvement of all stakeholders. Another challenge suggested by team members was having a turnover of staff, as the new people may not know about health promotion. Team members also stated that the biggest challenges being experienced were in trying to ensure that a member of the management committee was present at meetings and also in ensuring that there was consistent effort and time commitment being placed on activities for the HQ Mark. It was stated that management have other commitments in their role and so it takes time to obtain their input.

The suggested improvements for the criteria of the Health Quality Mark

Some of the health promoters were content with the criteria, specifically with those they were striving to achieve. However other health promoters suggested some improvements, for example that it would be more appropriate to have health promotion 'integrated' into an organisation rather it being 'prioritised'. In addition there was some overlap experienced in relation to the criteria addressing the health and safety policy and the health and safety strategy. Health promoters also suggested some changes that could be made to the process of the HQ Mark, for example, information could be distributed to individuals on the Specialist Certificate in Youth Health Promotion. This would allow individuals to conduct a preliminary informal assessment of their own organisations in relation to the criteria and thus determine their starting point. In addition, it was also suggested that it would have been easier to address some of the criteria whilst on the training, for example, the health promotion policy and statement. Health promoters also suggested that it would be beneficial to see tangible examples of work used to fulfil the criteria, as this could provide them with ideas but also help verify the approaches they were currently using. Several of the team members seemed to be happy with the criteria of the HQ Mark and had no comment to make. However it was suggested that perhaps templates for policies could be made available to organisations to help them in developing their own policies. In addition it was also suggested that it would be beneficial if there was training provided to all stakeholders in an organisation so as to assist them in developing an understanding of health, health promotion and the process of the HQ Mark. Management considered the criteria to be very practical, however, it was suggested that more clarity is needed as to the correct interpretation of some of the criteria.

The support that can help organisations achieve the Health Quality Mark

For most of the health promoters their main source of support was from the NYHP. This support was in the form of the NYHP informally reviewing the activities of organisations in relation to the criteria. Health promoters also identified a range of other sources of support, that they have used and are using to achieve the HQ Mark. These sources include staff, young people, the Specialist Certificate training, other participating organisations and the local health centre. Team members again identified a variety of sources of support: colleagues and the health promotion officer in their organisation, the local health promotion officer in the region, and the NYHP. The members of managers suggested that the NYHP supported and supports their designated health promoters by providing them with guidelines on how to work through the HQ Mark process.

3.4 The Results from the Focus Group

A focus group was conducted with young people from one organisation that had achieved the HQ Mark. The questions that were asked sought to determine the young people's thoughts and views on health and young people, and in what ways the organisation was positively addressing their own state of health.

The meaning of health and being healthy for young people

The young people suggested a range of broad concepts that can all be attributed to health or being healthy. For them it seemed that health or to be healthy meant being fit and active and eating healthily, in addition to feeling good in one-self.

Factors that influence young people's health

The comments provided suggest that the young people were aware of the range of factors that have good or bad effects on the health of young people. Examples of physical or behavioural, psychological and social factors that influence young people's health were expressed.

Aspects of the centre that the young people liked

The young people expressed that they liked the staff and the understanding demonstrated by the staff that they met in the organisation. In addition they also liked the fact that they could discuss and choose what they would like in the organisation. The facilities provided by the organisation and the colour of the building were also liked.

Ways in which the centre promoted the young peoples health

The young people recognised that the range of activities and services that were being provided by the organisation and the staff all contributed to the promotion of their health. This was demonstrated through their comments that described practices whereby the young people had taken part in physical activity classes; smoking behaviours were restricted to certain parts of the grounds and time was provided to the young people for to talk to relevant staff about problems.

Ways in which the young peoples health was different as a result of the organisation

The young people believed that their health was better because they attended the organisation. One specific example given was being able to get breakfast in the organisation: they were eating better and learning how to cook. In addition they were meeting new people in the organisation, getting to go places and they were receiving an education.

The impact on family of the young person attending the organisation

Overall the young people perceived that the psychological health of their parents, specifically, had improved because they attended the organisation - it being perceived that their parents had peace of mind knowing that their child was not hanging around the streets.

The young peoples views on the Health Quality Mark and their organisation

Some of the young people seemed to be indifferent to the fact that their organisation had an award for promoting the health of young people. For others however, having the award was good and it was an achievement to be proud of.

3.5 The Results from Health Service Executive/ Strategic Personnel

This group of respondents featured HSE health promotion practitioners who currently have key roles in assessing the organisations for their award on assessment day, and individuals who currently have a strategic input into the HQ Mark and its future development, as recognised by the NYHP.

Participants personal experiences of being involved in the Health Quality Mark

HSE and strategic personnel expressed that they had positive experiences of being involved with the HQ Mark. In addition several of the HSE practitioners suggested that being involved in the HQ Mark facilitated them to engage with organisations where previously no such relationship existed. However some of the practitioners expressed disappointment in relation to the scope of their involvement in the HQ Mark process. It was suggested that often their involvement only extended to that of visiting organisations on assessment day and so there was no contact between the assessor and the organisation prior to the assessment day. This shallow involvement was suggested as being related to the assessor not having the scope within their job to act as a resource for participating organisations within their region.

The advantages for organisations of participating in the Health Quality Mark

It was expressed by HSE practitioners and strategic personnel that the HQ Mark process allowed for participating organisations to work towards addressing the holistic nature of health. It was suggested that the HQ Mark "vindicates and validates the quality of work that people do but the work...is entirely consistent with a whole range of national priorities, drugs strategies, in health promotion, in sexual health strategies..." and so the work implemented for the HQ Mark process implements the recommendations of national policy. Also mentioned was that the HQ Mark process provides organisations with a framework to address health and health promotion with young people and provides a common goal for organisations to work towards, thus facilitating coherent, coordinated practices and team working. HSE practitioners and

strategic personnel suggested that the HQ Mark formalises and acknowledges the health promotion work in organisations that may or may not have considered that they were health promoting. Programmes, informed by the HQ Mark framework and needs assessments, help to enhance young people's knowledge and skills in relation addressing health issues. Achieving the HQ Mark was suggested as boosting the morale of participating organisations and generating publicity, thus enhancing the awareness of the public that an organisation adheres to quality standards so as to achieve the HQ Mark. It was also suggested that participating organisations have found it easier to participate in other youth sector quality control systems as it has familiarised them with the gathering of evidence, and the systems and procedures required to achieve certain standards.

The disadvantages for organisations of participating in the Health Quality Mark

It was felt by one HSE practitioner that perhaps having so many criteria to meet and achieve, organisations can lose sight of what health promotion is about and that organisations may only look as far as achieving the criteria without considering the bigger picture. In addition the HQ Mark process was suggested as not allowing organisations to meet their own needs, but to meet those set out by the NYHP. Another HSE practitioner felt that some of the organisations were disadvantaged by poor structural or health and safety conditions within their building, over which they had no control. The volume of work and the time that is required to participate in the process, achieve the criteria and the portfolio was also suggested as creating conflicts for staff when trying to fulfil commitments for other areas of their work.

“It can create stresses and time demands that centres and teams find hard to reconcile with their other obligations and expectations”

Another HSE practitioner believed that some organisations have felt intimidated by the inspection and assessment process. Whilst another suggested that, as the HQ Mark process encourages young people to participate in decision making and to take ownership of approaches used in the organisation, this can be a new concept for some staff, thus challenging their previous methods of working. The large financial and time commitment, in addition to the unnecessary workload that some organisations may impose on themselves, were the main disadvantages as suggested by strategic personnel to participating in the HQ Mark.

The factors that ensure successful implementation of the Health Quality Mark

The most influential factors for successful implementation, as suggested by the HSE practitioners and strategic personnel were having a dedicated health promoter who understands fully what health promotion is about and has the necessary skills and competencies to manage the process. In addition having the support of management, so that health and health promotion are kept on the agenda as this contributes to the drive and commitment of an organisation to remain in the HQ Mark. The support from the NYHP, the support of local HSE health promotion staff and being able to access the training, especially the Specialist Certificate, were other important factors.

Participants suggestions for improvements that can be made to the Health Quality Mark

HSE practitioners described the criteria as being clear and comprehensive, with several having no suggestions for improvements. However, one HSE practitioner felt that emphasis was being placed on reaching a finishing point, i.e. achieving the HQ Mark, rather than on the processes that were involved. It was also suggested that some organisations may find it easier to achieve the HQ Mark than organisations that are resource poor. One suggestion for improvement, as provided by an individual from the strategic personnel group, is that the criterion on the prioritisation of health promotion, organisational commitment to health promotion and the health and safety strategy could be removed and so the criteria could be cut back from eighteen to fifteen. This would then allow for five criteria to be achieved for each level of award. The same individual also suggested that it would be more appropriate for organisations to embed health promotion into their organisation rather than it to be a priority, as sought in the criteria. It was also stressed that the criteria should be reviewed regularly to ensure that they are up to date and in context with the changes that can occur in the issues relevant to young people.

It was suggested by some HSE practitioners that the portfolio of evidence does not allow for the organisations to be assessed for the realistic or live health promotion work that is being implemented in an organisation. This was especially a point raised by those who, within their job descriptions, were not in a position to provide any concurrent support to organisations participating in the HQ Mark within their local area. For other HSE practitioners the portfolio has been satisfactory. In relation to the evidence that is required in the portfolio, it was suggested by one strategic personnel representative that there needs to be a reduction in the amount of paperwork that is generated by the process, for example, some aspects of evidence need not be included, such as the confidential minutes of meetings. It was suggested therefore that methods need to be developed that do not create the vast amount of paperwork. As organisations also participate in other quality awards, they need to be more aware that they may be able to link the evidence required for one award to the evidence that is required for another award.

HSE practitioners and strategic personnel believed the assessment process to be a good feature of the HQ Mark as it allows for the organisations to demonstrate the good things that have come about as a result of their participation in the HQ Mark. However one HSE practitioner expressed concern about the assessment process in the context of the holistic approach to health promotion: it was felt that the assessment process may over focus on specific criteria rather than on the overall health promotion ethos. It was also suggested that there needs to be greater clarity for the HSE staff in terms of their roles, i.e. alternating between their roles as a supporter and assessor. In addition these roles also need to be clarified for organisations so they are aware of the scope that practitioners from the HSE have in relation to the amount of support that can be provided to an organisation. It was suggested by a strategic personnel representative that an extra feature could be developed, for example, an informal interim assessment, as this could help to keep up the momentum of organisations between stages of re-monitoring.

The support that can help maintain the standards set by the award

The suggestions provided by HSE practitioners and strategic personnel, reflect a variety of sources for support that can help organisations continuously maintain the standards set by the award. Having the face to face contact is considered to be important for organisations and so it is recommended that support in this format continues to come from the NYHP and other areas. The discussion and information sharing that can occur during such interactions is crucial as one strategic individual states that “it’s important that people go back and find somebody who can come in and talk to them about it, give them the necessary information and help them to factor that into their plans.” For some of the HSE practitioners, the training of staff and management within organisations is an important support that can sustain the enthusiasm of key people thus maintaining standards. It was also suggested that organisations that are at similar stages could meet and discuss or be briefed, in-between assessments, as to what is required at various stages of the process. Other HSE practitioners suggested that there needs to be more publicity of the award and for it to be seen as being a positive characteristic to have and one that is realistically achievable. One strategic individual suggested that there is a demand out there for this award process and so perhaps it may be more appropriate to have the HQ Mark mainstreamed, with the NYHP becoming the coordinating body. It is believed that the HSE could take on the model and make it available for all young people, thus ensuring that all young people realise their health potential. It is suggested therefore that this approach would allow for “...all the young people to have access to it, either through schools, the SPHE programme or through in youth reach centres, centres for education”. However one HSE practitioner stated that the support provided by the HSE to participating organisations was being delivered in an ad hoc manner, with the scope and level varying from region to region. It was suggested that there needs to be more support available to organisations in the form of that which can come from the HSE and this needs to be done in a more formalised manner. It was also suggested that youth workers themselves may feel more supported if their pay reflected the work that they do, if the qualifications for youth workers were standardised, if the facilities that they are required to work were of acceptable standards and if the work that they do was formally recognised.

The outcomes for organisations of having achieved the Health Quality Mark

Several HSE practitioners and strategic personnel have suggested that achieving the award has been personally satisfying for the organisations involved. It was suggested that the morale within organisations was boosted as a result of the achievement – it generated a feel good factor. In addition it also generated publicity for the organisation and is suggested as positively setting a HQ Mark organisation apart from other non HQ Mark organisations. Another outcome suggested was that organisations had an increased holistic approach toward their way of working and that they responded to issues in a coherent fashion. Staff and young people were also suggested as being more involved, thus resulting in more ownership of activities for staff and the young people. The skill level of staff and young people was also perceived to have been raised. It was also suggested that organisations may have more accessibility to funding resources as a result of having achieved the HQ Mark.

Suggested improvements to HSE/Strategic personnel participation in the Health Quality Mark

For some of the HSE practitioners, they would like to see improvements in their capacity to engage with organisations at times, other than the assessment day. Within their job description, there was little scope for working with the out of schools settings, but in addition to that it was suggested that the process is more an examination type procedure rather than a true process of working with the organisations in their actions to become a health promoting organisation. It was suggested by one HSE practitioner that the out of school settings has been neglected and that there is scope for the development of a stronger relationship between the HSE and the youth organisations within the local regions. It was also suggested by some HSE practitioners that they would find it beneficial if they were kept more up to date on current news associated with the HQ Mark, for example, details about the training or the organisations that are participating in the HQ Mark. For other HSE practitioners, satisfaction was expressed in relation to their level of involvement but they suggested that perhaps more promotion of the HQ Mark could be done. One strategic individual wished to enhance the support that was already available to participating organisations, whilst another sought to have the HQ Mark mainstreamed (as outlined earlier).



4 Results from the Evaluation of the Specialist Certificate in Youth Health Promotion

4.1 Introduction

An evaluation of the Specialist Certificate in Youth Health Promotion was also carried out. This training programme is run by the NYHP and is accredited by the NUI Galway. The graduates of Specialist Certificate who were involved in implementing the HQ Mark within an organisation were selected to be in the sample. The aim of the evaluation was to determine if the training was of benefit to the graduates and how it has impacted on their working practices.

4.2 Results

The graduates place of work and role

The respondents worked in a range of organisations, for example Youthreaches or community training centres. Some of the respondents were tutors or involved in the delivery of programmes within their organisations, whilst others were involved in managerial and coordinating roles.

The experiences of being a participant on the Specialist Certificate training

The respondents made positive comments about their personal experiences of the training. They found it enjoyable and interesting, with a good mix of theory and practical learning.

The training and the support for organisations to become a health promoting setting

The respondents believed that the training helped to focus their activities on health promotion, but that the support of the NYHP was needed to do so.

Participants learning and skill development

The comments provided by respondents suggest that the training did enhance their knowledge and skills so as to implement health promotion.

The most useful aspects of training

The most useful aspects of the training were suggested as being those that improved the graduates skills, for example, facilitation and reflection skills. In addition the learning of the concepts of what health promotion is, in addition to the various methodologies that can be used was also expressed as being useful. Other useful aspects have been the networking with other graduates and understanding the work that goes on in other organisations.

The least useful aspects of the training

The least useful aspects of the training were considered to be the journal and the distance to and time needed to attend the training. Many respondents did not reply to this question with one respondent suggesting that nothing has been found to date which has been considered least useful.



Examples of how the Specialist Certificate training has enhanced graduates practices

Benefits for personal work practices

The training has resulted in health and health promotion playing more of a role in respondents work practices. As a result young people and staff have benefited – more courses were available to them, the environment for the workers had improved and the health promotion work of staff is acknowledged and valued.

Disadvantages for personal practices

The main disadvantage for respondents was that a lot of time was required to complete the work and this was further compounded by the presence of other work commitments.

Examples of the changes that have come about in youth organisations that can be attributed to the Specialist Certificate in Youth Health Promotion

A variety of changes have come about in respondents work practices as a result of the training received. Policies, practices and facilities have changed toward ones that aim to positively address health. In addition there is an increased awareness and knowledge of health promotion among the respondents and colleagues in their organisations.

Graduates suggestions for the future development of the Specialist Certificate in Youth Health Promotion

The suggested ideas for the future development of the Specialist Certificate and those that could support organisations in becoming effective settings for health promotion are for the graduates and their organisations to meet regionally or nationally on an annual or bi-annual basis. This would allow for people to share ideas and experiences. Having the continued support of staff from the NYHP was also important.

Comments on the training were also provided by health promoters in their feedback during the evaluation of the HQ Mark. They described the training as being positively challenging. The modules were described as being interesting and to achieve the certificate was a rewarding experience. The learning gained during the Specialist Certificate made the HQ Mark an easier process to go through. The follow-up of graduates and the support provided to them by the NYHP was also a positive feature in addition to the networking with other graduates of the Specialist Certificate. Having the training in Dublin brought with it some negative experiences. The long distance commute and the time required to commute and attend the course for some participants were particular challenges. This meant that the participants of the training were often away from their workplaces, with their absences increasing the workload on colleagues back in the organisations or as was also suggested, their work just did not get done. In addition, this meant that the health promoter was not available for face to face contact with the young people. It was suggested that there may be more support and enthusiasm from management if the Specialist Certificate training and other training was offered at more locations around the country. The course workload was large and this aspect was particularly difficult for some participants who were volunteers in their respective youth organisations and had the workload of their own day job to manage. It was also felt that a higher grade of qualification was warranted.

For any organisation to go forward for and achieve the award, health promoters suggested that it was necessary for a member of that organisation to have completed the training. The training provided an individual with grounding in health and health promotion, and an understanding of these concepts and their holistic nature. The training qualified an individual to be the designated health promoter for their organisation. Having a designated person in health promotion working on the HQ Mark was important as this person was then responsible for coordinating the work and supporting colleagues in implementing activities. Having at least one person with the training formed a good base from where to start the work of the HQ Mark. It was suggested that the Specialist Certificate informed the work implemented to achieve the HQ Mark. The training was considered to be an essential tool for use in achieving the HQ Mark as it provided a framework for the development and implementation of approaches and activities. Some of the course work on the training fulfilled some of the criteria of the HQ Mark. This approach helped in focusing one organisations energy and their work towards that of improving their standards of service and achieving the criteria. The training was also suggested as contributing to the skill development of participants, specifically mentioned was the improvements made to one respondent's facilitation skills.

Members of management expressed that to have the HQ Mark and the training associated with each other encouraged a member of the staff to participate in the training and then to have a key role in the HQ Mark. Having a person from the organisation go on the training and then bringing back the learning and integrating it into the delivery of the service was valued. It was stated that having a member of staff with the training indicated a level of professionalism within the organisation in terms of health promotion. However some negative feedback was also expressed. This was mainly in relation to the large amount of time required for an individual to attend the training. This person was absent from the organisation, resulting in a shortfall in the work being done within the organisation.



5 Discussion

5.1 Introduction

Health Promotion is defined by the World Health Organisation as “the process of enabling people to increase control over their health and its determinants, and thereby improve their health” (WHO, 1984). The settings approach within health promotion can be traced back to the Lalonde Report and to the emphasis in the Ottawa Charter on supportive environments (Tones and Tilford, 2001), and is characterised by attention to context and ecological factors as they impact on health. The settings approach involves more than just delivering health education in a convenient setting. It includes how the setting is organised, managed, resourced and how resources are managed within it. It includes physical, social and psychological, economic and political aspects of the setting or environment and acknowledges that behaviour changes are only possible and stable if they are integrated into everyday life and correspond with concurrent habits and existing cultures. Health Promotion interventions in organisations therefore not only have to address change in individuals but will include re-shaping environments and bringing about sustainable change. The settings approach requires interventions at the level of the organisation. The youth organisation is an important setting for health promotion. This is acknowledged at a national level with the facilitation of the The Health Promoting Youth Service Initiative, designed to encourage and train youth organisations to develop and implement a whole organisational approach to promoting health in youth work settings with young people, staff and volunteers, and within the organisation in general (NYHP, 1999). There are two phases in the development of a health promoting youth service: participation in the Specialist Certificate in Youth Health Promotion and participation in the HQ Mark.



The aim of this project was to conduct an in-depth evaluation of the HQ Mark, taking into consideration the process, impact and outcomes of the award. The objectives were to:

- Examine the strengths and weaknesses of the process operated by the NYHP in implementing the HQ Mark
- Identify the support necessary for organisations to successfully achieve the HQ Mark
- Review the HQ Mark criteria and to recommend changes/updates to the criteria of the HQ Mark
- Examine the impact of the HQ Mark on youth organisations, including staff/volunteers, management and young people
- Examine the long term outcomes of the HQ Mark on youth organisations
- Identify the perceived benefits and any perceived disadvantages of participating in the HQ Mark from organisations that have achieved the award
- Make recommendations to the NYHP on the sustainability of the HQ Mark
- Make recommendations to the NYHP on the resources needed to continue the HQ Mark.

To this end, a series of telephone interviews were conducted with designated health promoters, team members and members of management in organisations that had achieved the award and those that were in the process of doing so. Telephone interviews were also carried out with HSE and strategic personnel who currently have a role in the HQ Mark. One focus group was conducted that sought the perceptions of the young people regarding health and the HQ Mark.

In respect of the above objectives, results are discussed under the following headings:

- **The impact and outcomes of the HQ Mark** on youth organisations, including staff/volunteers, management and young people
- **The process operated by the NYHP in implementing the HQ Mark**, including support necessary for organisations to successfully achieve the HQ Mark, and training undertaken as part of the Specialist Certificate in Youth Health Promotion
- **The structure of the HQ Mark** and in particular the functionality and acceptability of the HQ Mark criteria
- **Sustainability of the HQ Mark**

5.2 The Impact and Outcomes of the Health Quality Mark

The perceptions of designated health promoters, team members and members of management with regard to both impact and outcomes were overwhelmingly positive. Most comments are best interpreted as impacts, as the initiative has not been available for sufficient time to explore long term outcomes in an in-depth manner. The absence of negative impacts in any of the interviews was striking.

The Young People

With regard to young people attending the organisations, a key target group, the HQ Mark was seen to positively impact on them in a number of ways; it was seen to instil a sense of pride and achievement in the young people, to afford them greater opportunities to discuss health-related topics, and most importantly in respect of health promotion principles, young people were described as being more involved in planning, more included and to have increased confidence. This was reinforced in the focus group conducted with young people in one organisation, in their descriptions about what they liked about the organisation.

They recognised that the range of activities and services provided by the organisation and the staff could contribute to the promotion of their health and, at least in this one organisation, believed that their health was better because of their attendance. The ways in which their health was perceived to have improved included very practical things such as having received cooking lessons and being provided with breakfast in the mornings, although it is interesting to note that they also mentioned outcomes such as meeting new people and getting to “go places”, implying a broad holistic understanding of health.

The Staff and Volunteers

For staff and volunteers positive outcomes included specifically, providing staff with training opportunities and more generally, fostering a greater awareness of youth health issues. It was frequently noted however that staff were more involved in health-related planning and making suggestions for health improvement.

The Youth Organisation

It was at the level of the organisation that impacts were most impressive. Again, there were specific impacts and general or broader impacts. The HQ mark was seen to familiarise staff with the process of information gathering, and was perceived to give organisations an advantage when applying for grants. It was seen to improve the image of the organisation within the community and with parents, providing visible evidence of their efforts in respect of health and quality. It was also described as helping staff to work together, and to work with management. However, in relation to higher order impacts, it was very evident that the HQ Mark had the effect of embedding health in the work of the organisation. This was expressed in a number of ways - for example “health as a...focal point in the development of future planning”, “staff have absorbed health into their work”, and “it has focused us on the whole organisation, not just those in receipt of the service”. The way in which the initiative facilitated all involved to take on board the holistic view of health was also relevant here. This finding confirms the success of the initiative as an organisational-level intervention, and implies that the HQ Mark is an excellent example of the settings approach in action, overcoming some of the challenges in evaluating settings-based work as outlined by Dooris (2005).

The Wider Community

With regard to the wider community, positive impacts were observed, although there was more variation in comments in this area. For some the impact at community level was negligible, while others noted impacts in respect of running health-days for local schools, improving links with other organisations and allowing an organisation that is often viewed negatively due to its client group being seen in a positive light in the community.

5.3 The Process operated by the National Youth Health Programme in implementing the Health Quality Mark

Critical to evaluating health promotion interventions is the evaluation of process. Process evaluation includes the process of implementation, participants reactions to the initiative, the acceptability of methods/activities and factors that impede or facilitate the initiative continuing (Naidoo and Wills, 2000). This section will focus on the first three of these while impeding/facilitating factors will be explored under the heading of sustainability.

The process of implementing the HQ Mark for youth organisations was broadly positive. The most positive aspect of the process, again mentioned frequently, is how the HQ Mark provides a framework for new and old work and ties health-related work together, rather than that work being a series of isolated activities. The HQ Mark appears to bring health beyond specific disease-focused topics. Health promoters commented on how the HQ Mark provided a 'home' for work that was already on-going and linked it with other activities. The process was described as validating on-going work within the organisation and reinforcing already existing efforts. This implies that the HQ Mark has fostered a broader understanding of what health is and how health promotion is the 'bigger picture'. The organisational focus of the initiative was described as bringing staff together to coordinate their work in a joined-up manner. The HQ Mark fostered team work and interaction among staff for a 'common purpose'. The process also encouraged organisations to undertake new activities to meet criteria which were, for the most part, welcomed.

Some negative aspects also need to be highlighted. The most negative aspect of the process was clearly the amount of work, in particular the paperwork, associated with assembling the portfolio of evidence for each level of the award. This was frequently mentioned and described as time consuming and stressful. While for most, despite the onerous nature of all the paperwork, the documentation of activities was accepted as an important aspect of the process. Yet for others there was a concern that somehow the overall importance of promoting the health of young people would get lost in the flurry of assembling documents and ticking boxes. This concern was raised by some members of management and most of the HSE practitioners. In contrast to this however, health promoters, team members and some members of management, who work on the ground implementing the HQ Mark process, verbalised that the process contributed immensely to the development of a holistic and structured health promoting service for young people and staff in their organisations. The commitment of organisations to the process and the support provided by the NYHP may well explain why this anxiety, of losing the overall importance of health promotion via the criteria, was a perceived concern by those with limited involvement in the HQ Mark, rather than being an expressed occurrence by those with everyday experience in the initiative.

The Assessment Process

The assessment process was well received by the organisations and the interest and attention to detail on the part of the assessors valued. Interestingly there were concerns expressed on the part of HSE practitioners and strategic personnel that the assessment might be intimidating to the organisations, yet in the interviews with the designated health promoters and the team members there was no evidence that the process was seen in this light. Conversely it was seen as encouraging and as validating the work that was undertaken. It was noted within the HSE interviewees that it would be useful to have more contact with the organisations, rather than only visit on the day of the assessment.

The Support

The support given by the NYHP was viewed unanimously as positive and appropriate. Organisations were pleased with the level of support and found it encouraged them in working towards their awards. Other forms of support included support within the organisation and support between organisations, through networking. It appears that the HQ Mark and the training element have prompted the development of a network which is helpful to organisations as they go forward for assessment.

The Training (Specialist Certificate in Youth Health Promotion)

Specific difficulties with the training element were the costs and the fact that the training location was Dublin, which necessitates travel time as well as time to attend classes. This is a cost to the individual but also to the organisation in respect of having to provide cover for workers while attending the training. Volunteers have to give of their own time to undertake the course. Otherwise the training component was very well received and perceived as challenging, enjoyable and informative. It was seen as an integral element of the HQ Mark, in that it provided a focus for the work undertaken in achieving the HQ mark, and gave the designated health promoter the necessary skills to take a leadership role in rolling out the HQ mark. It is worth noting that while Maycock and Hall (2001) suggest that introducing quality management processes to enhance health promotion would allow those without training in health promotion to implement programmes, the findings here suggest otherwise. Training in health promotion may be essential to the successful implementation of an initiative and its programmes.

5.4 The Health Quality Mark - Structure and Criteria

The structure of the initiative appears to work very well. The award, as outlined in the introduction, takes the form of an award conferred on organisations that satisfy agreed quality criteria. The eighteen criteria are based on best practice in health promotion. Varying levels of the HQ Mark are available – bronze, silver and gold, according to the levels of criteria achievement. Having a target of an award to work toward is described as motivating, and a positive project. The three levels of award appear to have been an important feature, giving organisations graduated but reachable goals. Being re-assessed sustains motivation as organisations want to be seen to keep their award and not have it taken from them. The securing of the award was widely seen as a seal of approval in respect of health promotion practice and adding very positively to the image of the organisation in the sector and within the community.

Although discussion of the employment of quality frameworks for developing health promotion initiatives has been on-going for some time (Ader et al., 2001; Maycock & Hall, 2004), there are few examples in practice. The evidence here suggests that the achievement of a quality mark is meaningful for organisations and may facilitate buy-in at management level. Taking on the HQ Mark was described as “daunting”, although this added to the challenge rather than detracted from it and made the endeavour worthwhile. The award is valued more when achieving it is seen to be a challenge.

The actual criteria were generally well accepted. Positive aspects of the criteria included the fact that they highlighted areas that required attention and policy development, they are flexible, practical and well explained. Even in an old and problematic building, the criteria encouraged the development of positive projects. For health promoters and team members, the portfolio provides documentary evidence, somehow making the process ‘real’ and further acts as an on-going resource for the organisation. Some interviewee’s perceived overlap in the criteria, and suggestions were made for amalgamating certain criteria. Specifically the Youth Health Promotion Strategy and the Health Promotion Policy were suggested as being candidates for amalgamation, as were Prioritisation of Health Promotion and Organisational Commitment to Health Promotion, and Health and Safety Policy and Health and Safety Strategy. Reducing the criteria to fifteen in number was suggested, which would have the added effect of balancing them across each levels of the award. Overlap was also noted with the criteria for other quality frameworks. For some this was a bonus as the work and documents could be replicated across standards. However for others this overlap was frustrating and achieving similar criteria for different standards only added to the workload. Exploring these overlaps would reduce some of the workload for individual organisations in completing awards.

The HSE practitioners were more critical of the criteria than other groups interviewed. They raised questions about how “live” the policies and organisational processes were in the youth organisations and that the use of criteria may simply lead organisations to work through a check list rather than explore whether or how their own organisational processes were health promoting. However it is very clear in the opinions gathered from the representatives of youth organisations and strategic personnel that this is not the case, and in fact there is evidence to the contrary. The criteria were described as being realistic and for some reflected the work that was already ongoing within organisations. As outlined above, health promoters, team members and members of management perceived that their work on the criteria and the process of the HQ Mark facilitated joined-up working, the development of a team spirit, involvement and inclusion of all, and validation of their health promoting work with young people.

Another criticism of the criteria was that they are dictated from experts, rather than being identified and owned by the young people in receipt of services and the service providers, which would in fact be more consistent with health promotion principles. The criteria were, however, broadly acceptable to the people working in the organisations. It may be that the criteria, while providing a structure, still allow organisations to explore generative themes and topics relevant to their client groups. It was suggested that more creative ways of providing evidence in attaining criteria be considered, and this would also address the problem of onerous paperwork. In this context it is worth noting Nutbeam's observation that effective interventions in health promotion combine different methods (Nutbeam, 1999). Finally it was suggested that the criteria could be discussed during the specialist certificate training programme, as this would allow health promoters to plan in advance and could reassure teams in anticipation of the work to be undertaken, where some criteria may be already met.

5.5 Sustainability of the Health Quality Mark

Sustainability is an important underpinning principle of health promotion initiatives. Initiatives should bring about changes that individuals, organisations and communities can maintain (WHO, 1998). Yet before the possibility of sustainability and the processes that nurture it are explored it is important to ensure that an intervention works appropriately (St Ledger, 2005). In this case, the evidence is strong that this initiative is having a positive impact, that the process is acceptable to participants and that in essence, health promotion principles are upheld. The negatives that have been verbalised are related to operational difficulties that are modifiable, for example, the amount of time and paperwork required to achieve the criteria, and the scope for involvement of some HSE practitioners. A number of factors emerged across the interviews which appear to be critical to the current success of the initiative, and therefore, it is argued, must be maintained for the initiative to be sustained.

- Buy-in from management. This was seen as critical to the successful implementation of the initiative and, in most cases, to have been achieved. Buy-in was described as being at meetings, informed and involved, as opposed to just 'signing off' on a project. This will be further enhanced by embedding the HQ Mark and the work towards it in the strategic direction of the organisation. It is possible that the quality theme and the requirement for organisational policy development facilitated the achievement of buy-in, although would require further investigation;
- The support provided by the NYHP was highly valued and appears to be critical to ongoing success;
- The provision of the Specialist Certificate in Youth Health Promotion prepares and engages health promoters and teams;
- Staffing - having and retaining, a designated health promoter was critical to the success of the initiative. Health promotion staff that are committed and have leadership skills, reinforce this. Relatedly, having staff resources that constitute a health promotion team adds greatly to the potential success of the initiative. Changes in the staff and loss of team members conversely were seen to impede the process of securing the award;
- Time - giving the health promotion team dedicated time to work on the initiative, and time to work together was also seen to be very important;
- Having and keeping health promotion on the agenda. Identified as an important success factor, it is argued here that this underpins others, insofar as having health promotion on the agenda and prioritised within the organisation will in turn come from management and is likely to lead to both buy-in and to appropriate staff resources.

Whitelaw et al. (2006) in their evaluation of settings based work within Health Services in Scotland, report that the necessary conditions for successful implementation include contextual factors such as organisational commitment and responsiveness to a broad health improvement agenda, and more specific mechanisms such as having staff trained in health promotion competencies, the provision of external support and specialist help, and having a practical context or application, nurturing a critical mass of people within the organisation with knowledge and understanding of the goals of health promotion. This evaluation reveals consistencies with Whitelaw's work, particularly in respect of the contextual factors and provides an interesting extension of these ideas outside of health service settings.



6 Conclusion

This evaluation of the HQ Mark, employing qualitative data from interviews with HSE practitioners and strategic personnel, management, designated health promoters and health promotion team members of youth organisations, and a focus group interview with young people from one organisation has produced a very positive affirmation of the initiative. Although precise information on impacts (such as improved health and health behaviours of young people) were not sought in this study the perceptions of staff were very positive. The extent to which interviewer bias occurs in an evaluation of this nature is very difficult to assess but even allowing for a modicum of bias, the overwhelmingly positive nature of comments leads to a strong endorsement of the initiative.

Positive impacts of the HQ Mark appear for young people, staff, the organisation and the community. For the young people it was seen to afford greater opportunities to discuss health-related topics, and young people were described as being more involved in planning, more included and to have increased in confidence. For staff and volunteers positive outcomes included specifically, providing staff with training opportunities and more generally, fostering a greater awareness of youth health issues. The HQ mark was seen to familiarise staff with the process of information gathering, and to give organisations an advantage when applying for grants. It improves the image of the organisation within the community and with parents, providing visible evidence of their efforts in respect of health and quality.

The way in which the award is structured, with criteria and levels, appears to motivate staff and provide a practical and realistic framework to work within. The securing of the award is a reassuring and rewarding experience, raising the organisation's profile in the sector and the community, and providing a visibly positive initiative associated with a client group that typically may have bad press. The organisations see that it promotes the organisation as a setting for best practice and this is important to them.

The process of working through the criteria and the criteria themselves facilitate team work and joined-up thinking. The award appears to foster a holistic understanding of health and the promotion of it. Organisations find that the HQ marks offers them new challenges, while also validating work already undertaken that may not have been seen to be health promotion prior to being involved in the initiative. The structure of the initiative seems to draw health promotion into the heart of the organisation, providing a home for other work and stitching things together.



The work associated with securing the award is demanding and it is recommended that for sustainability that specific actions be taken to assist organisations:

- 'Flag' work required more in advance, for example, consider the idea of the NYHP providing one day induction training for the entire organisation to prepare for going forward;
- Consider reducing the criteria to a small extent, exploring criteria for possible internal overlap;
- Review the HQ Mark criteria with regard to criteria in other quality frameworks for the youth work sector, with a view to informing youth organisations applying for the HQ Mark of cross linkages in advance. This would avoid duplication and off-set some work load;
- Consider exploring the potential for more creative ways to providing evidence for having achieved certain criteria, including assessing the processes that have changed or developed as a result of the HQ Mark;
- Develop the relationship with and involvement of HSE practitioners.

Critical success factors manifest themselves as follows:

- Having and keeping health promotion on the agenda;
- Genuine buy-in from management;
- Good staffing resources, retaining committed staff and nurturing a health promotion team;
- Sustaining support from the NYHP in particular and also from HSE personnel;
- Integrating with the Specialist Certificate in Youth Health Promotion.

What is particularly striking about the findings is that the initiative appears to provide an excellent example of the settings approach within health promotion. The initiative goes beyond delivering health education in a convenient setting, and addresses processes within the organisation itself. This was acknowledged by interviewees who saw the initiative as including staff and management as well as service users and saw it to promote inclusiveness and involvement. The initiative clearly contributes to re-shaping the youth organisation environment to embrace health and health promotion.

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"...they get so ingrained in ticking those...boxes...that they don't really see the full picture...You can't pigeon-hole health promotion I suppose and that's what this tries to do"

"Health promotion...it's kind of nearly knitted into the project at this stage"

"Once we have it we're keeping it!"