



Health Quality Mark

SUPPORT MANUAL



The National Youth Council of Ireland

The National Youth Council of Ireland is the representative body for voluntary youth organisations in Ireland. We use our collective experience to act on issues that impact on young people.

www.youth.ie

National Youth Health Programme

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

www.youth.ie/youthhealth

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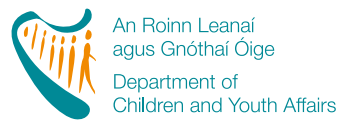
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Foreword

Healthy Ireland (2013-2025) sets out to achieve an island where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility. With over 382,000 young people, 40,000 volunteers and 1,400 professional youth workers, the youth work setting is invaluable in supporting Healthy Ireland's vision by promoting the health and wellbeing of all those who interact and engage in the setting. This can be further achieved by youth organisations participating in the Health Quality Mark (HQM) process.

The HQM supports organisations to embed health promotion within their practice through the successful implementation of 12 criteria. The HQM takes the form of an award at three levels, bronze, silver and gold. This new updated support manual builds on the amazing work which has been ongoing in youth organisations since the introduction of the HQM back in the year 2000. However, due to the current climate and the ever-changing needs of young people and the staff and volunteers, the HQM has had to adapt and develop in response. This has led to the creation of two new criteria, criteria 6: organisational health related policies and criteria 10: planetary health.

The manual outlines how the HQM supports and compliments the implementation of the National Quality Standards Framework (NQS), Quality Framework Initiative for Youthreach (QFI) and the National Quality Standards for Volunteer-led Youth Groups. In addition, it clearly outlines what is expected for each criterion and provides materials that will guide organisations through the process. Reflective questions, templates and audits are provided which will support a quality approach to health promotion in youth organisations.

The National Youth Health Programme are confident that this support manual will continue to enhance the quality of youth health promotion and continue to make a positive contribution to the lives of young people.

Rachael Treanor
National Youth Health Programme Manager
National Youth Council of Ireland

Table of Contents

Introduction	6
Section 1: Key concepts and definitions	12
Section 2: The Health Quality Mark	29
Criterion 1 Health Promotion Policy	39
Criterion 2 (a) Role Description for Health Promoter (b) Terms of Reference for Health Promotion Team (c) Resource Bank for Health and Wellbeing	48
Criterion 3 'Organisational Health Promotion Strategy including: (a) A Youth Health Promotion Plan (b) A Workplace Health Promotion Plan	55
Criterion 4 'Organisational Health Promotion Strategy including: (a) A Youth Health Promotion Plan (b) A Workplace Health Promotion Plan	71
Criterion 5 Peer Health Promotion Initiative	84
Criterion 6 Organisational Health Related Policies	87
Criterion 7 Training Plan for Staff, Volunteers and Management	92
Criterion 8 Intersectoral Working and Partnerships including Active Community Involvement	101
Criterion 9 Model of Good Practice for Health Promotion Activities, including Needs Assessment, Planning, Implementation and Evaluation	108
Criterion 10 Planetary Health	119
Criterion 11 Ensuring and Promoting Equality and Inclusiveness	123
Criterion 12 A Safe Organisation (a) Safeguarding and Child Protection Policy and Procedures (b) Workplace Health and Safety	134
Section 3: The remonitoring of the Health Quality Mark	151

Introduction

I. The National Youth Council of Ireland

The National Youth Council of Ireland (NYCI) is the representative body for voluntary youth organisations across Ireland. The vision of NYCI is 'An Ireland where young people in every community are empowered through excellent youth work to realise their potential and actively participate in an inclusive society'.

National Youth Health Programme

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

The vision of the National Youth Health Programme

The vision of the NYHP is for Ireland, as a country where all young people can experience positive health and wellbeing. To achieve this, the NYHP is dedicated to:

- Developing and promoting a culture within the youth sector which focuses on health and wellbeing.
- Building capacity within the sector through the provision of training and evidence-based resources for groups and youth workers using both a topics and settings approach.
- Advocating on those issues that affect the health and wellbeing of young people.
- Using our unique position as a conduit between grass roots experience and the development of public policy and national strategy in the area of youth health and wellbeing.

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



II. The Health Quality Mark (HQM)

The NYHP has developed the HQM as a health promotion initiative with a view to enhancing best practice and a high standard of quality in all youth organisations. The HQM is a set of quality standards and takes the form of an award conferred on organisations that satisfy agreed quality criteria. The 12 criteria have been drawn up by the NYHP and are based on best practice in youth health promotion at a regional and national level as outlined in various national health strategy and policy documents, and at international level. Many of the criteria have been drawn from the WHO criteria that were developed for the Health Promoting School initiative (now known as Schools for Health in Europe, or SHE) and adapted by the NYHP. In developing the HQM, 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 HQM are available - Bronze, Silver and Gold - according to the number of criteria achieved.

Aim of the Health Quality Mark (HQM)

The aim of the HQM is to embed health promotion practice within youth organisations. In addition, the HQM aims to recognize and acknowledge quality health promotion.

Objectives:

1. To develop and sustain quality health promotion in youth organisations.
2. To ensure good practice in health promotion through needs assessment, planning, implementation and evaluation of all health promotion activities throughout the organisation.
3. To enhance a teamwork approach and sense of ownership for all those involved.
4. To ensure that health related policies, programmes and practice is integrated effectively.
5. To promote the health of all those involved in the youth organisation including young people, staff, volunteers and management.
6. To ensure that work is consistently documented.
7. To stimulate and encourage a culture of assessing quality.

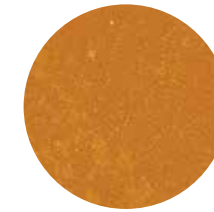


Health Quality Mark Criteria:

Criterion 1	Health promotion policy
Criterion 2	(a) Role description for Health Promoter (b) Terms of reference for health promotion team (c) Resource Bank for Health and Wellbeing
Criterion 3	Organisational health promotion strategy including: (a) A youth health promotion plan (b) A workplace health promotion plan
Criterion 4	Youth participation structures including: (a) A youth participation plan (b) A youth participation charter
Criterion 5	Peer health promotion initiative
Criterion 6	Organisational health related policies
Criterion 7	Training Plan for staff/volunteers and management
Criterion 8	Intersectoral working and partnerships including active community involvement
Criterion 9	Model of good practice for health promotion activities, including needs assessment, planning, implementation and evaluation
Criterion 10	Planetary Health
Criterion 11	Ensuring and promoting equality and inclusiveness
Criterion 12	A Safe Organisation (a) Safeguarding and Child protection policy and procedures (b) Workplace Health and Safety

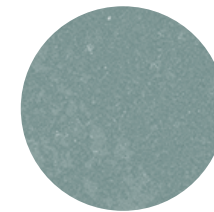
The Health Quality Mark Criteria Levels

The following table shows the number of criteria that need to be implemented to qualify for the different levels of the award:



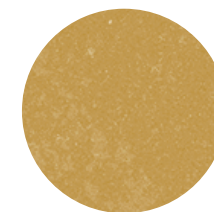
Bronze HQM

Health promotion policy (criterion 1).
Health Promoters job description and terms of reference for the health promotion team, resource bank for health and wellbeing (criterion 2).
Plus, any other 2 criteria.



Silver HQM

Health promotion policy (criterion 1).
Health Promoters job description and terms of reference for the health promotion team, resource bank for health and wellbeing (criterion 2).
Plus, any other 8 criteria.



Gold HQM

All 12 criteria are successfully implemented.

Aim of the Health Quality Mark Support Manual

This support manual has been designed to support youth organisations in pursuit of the NYHP's Health Quality Mark (HQM) and includes:

- An introduction to the National Youth Health Programme.
- An overview of the principles and concepts which underwrite the HQM.
- An overview of the HQM and accompanying criteria.
- An overview of the assessment process.
- A range of support materials in relation to the achievement of each criterion.
- Information on links with other relevant quality frameworks, particularly the National Quality Standards Framework (NQS).

Benefits in participating in the HQM process

The Health Quality Mark:

- Recognises and acknowledges good practice and a high standard of quality in all aspects of health promotion.
- Positively differentiates 'health promoting youth organisations' from other service providers in the youth sector.
- Ensures ongoing support and training from the NYHP to successful organisations so that they continue to maintain their HQM.
- Prepares the organisation for participating in other quality frameworks, notably the NQS.

III. Impacts and Outcomes of the HQM process

An in-depth evaluation was carried out on the HQM by the Health Promotion Research Centre, NUI Galway in 2007, taking into account the process, impact and outcomes of the award (Costello & Hodgins, 2007)¹. The results indicated that the perceptions of designated health promoters, team members and members of management regarding the impact and outcomes were overwhelmingly positive.

The Health Promotion Research Centre conducted a further review in 2019 (Ravikumar et al., 2019)². This included a review of national and international policy and strategy on youth health, a review of international quality standards, a focused examination of the links between the HQM and the NQS and interviews with participating youth organisations (Hurley, 2019)³. One interviewee summed up the responses received in stating that the HQM had "transformed the whole place" while another youth worker reported that participating in the HQM "puts quality of service provision at the top of the agenda and everyone's involvement in ensuring the quality". The outcomes of the 2019 review confirmed the very positive views of the organisations who have achieved the HQM and led to the updating of this manual to be in line with policy and practice developments in the interim.

Impact on young people

Regarding the young people in youth organisations, the HQM was seen to impact positively on them in a number of ways:

- Instilled a sense of pride and achievement.
- Afforded them greater opportunities to work on health-related topics.
- Enhanced their experience of youth participation through greater involvement in all aspects of health promotion in the organisation.
- Increased their self-confidence.
- Impacted positively on their overall health status (e.g., through the provision of needs based programmes on cooking and nutrition and the provision of healthy food and snacks).
- Safe and accurate health information provided to the young people.

Impact on staff and volunteers

For this group positive outcomes included specifically:

- Capacity building and personal development of staff through training opportunities i.e. The Specialist Certificate for Health Promotion along with training from the NYHP for each stage of the award.
- Continuous support and guidance from the NYHP.
- Fostering a greater awareness of youth health issues.
- Improving teamwork and a sense of ownership of the HQM process.

"I actually think it was brilliant for teamwork. We wouldn't have been able to achieve it without the whole team"

Impact on the youth organisation

Overall, in relation to the organisation the HQM was seen to:

- Familiarise staff with the process of information gathering.
- Enhance the image of the organisation within the community and with parents.
- Provide tangible evidence of their quality of work in relation to health.
- Improve overall teamwork between staff and management.
- Embed the issue of health within the overall work of the organisation.
- Increase funding opportunities as work is being recognized.
- Facilitation of a whole organisational approach to health promotion.

The HQM encourages the organisations to take a holistic approach so that the health of all in the setting is promoted.

"This was the first thing I'd experienced where the staff, young people and the volunteers are as important as each other. This wasn't specifically aimed at one group of them. It was a whole organisational approach"

Section 1

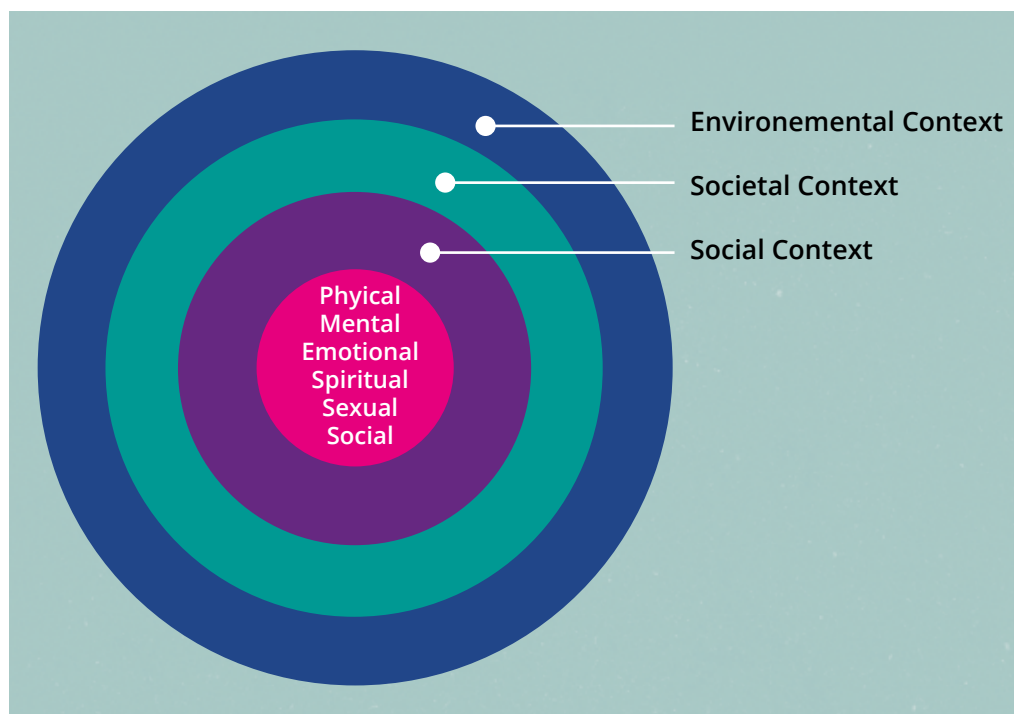
Key Health-Related Concepts and Definitions

I. Health

Health has been defined as... 'a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities.' (Ottawa Charter for Health Promotion WHO, 1986)⁴

II. Dimensions of health

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



The Dimensions of Health (Ewles & Simnett, 2004)⁵ provides a holistic picture of the complex and varied dimensions as follows:

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

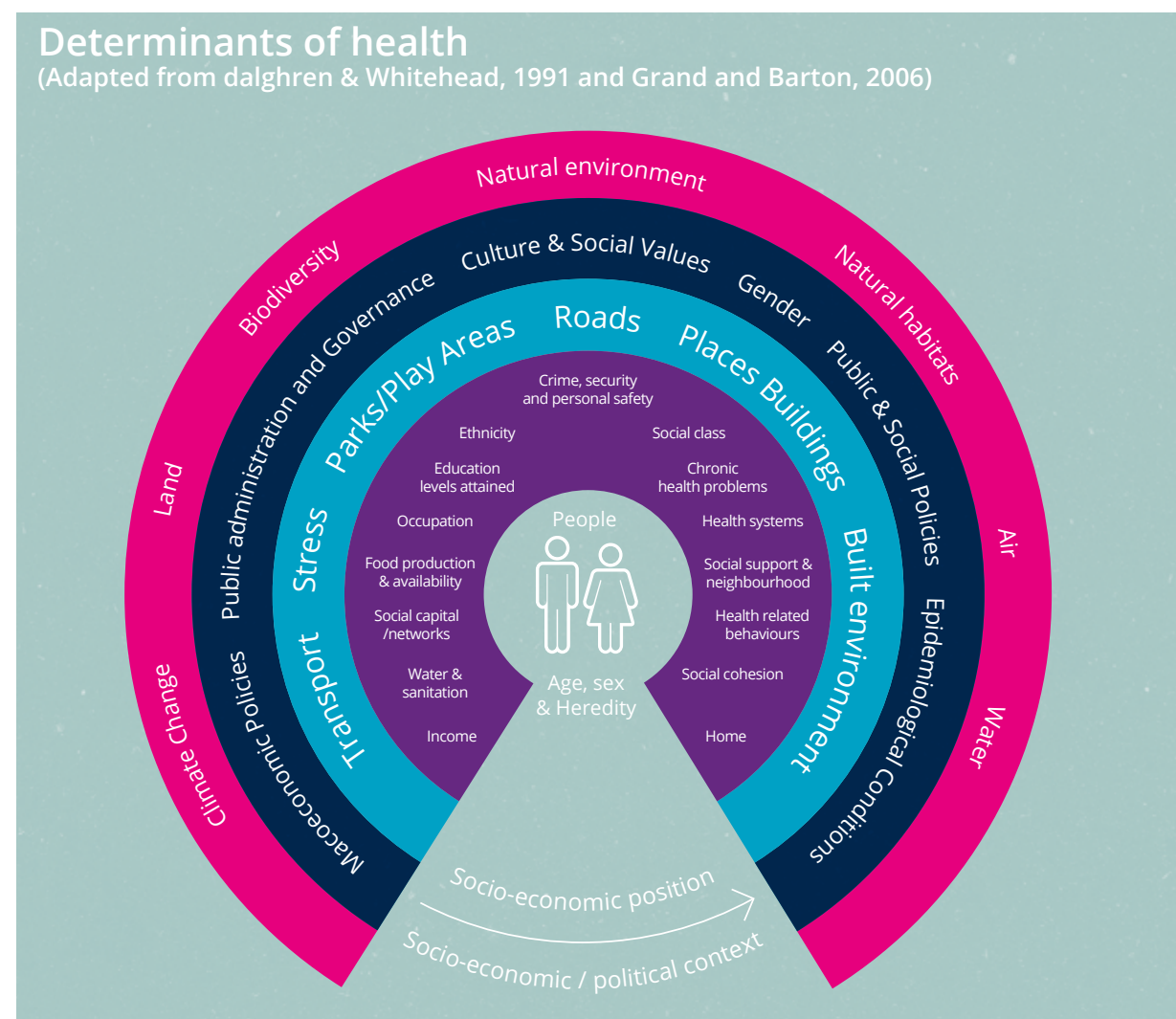
The Health Quality Mark in a youth organisation strives to promote all dimensions of health for all those involved in the organisations through a whole organisation/holistic approach.

III. Determinants of Health

Health is not just an outcome of an individual's biological or genetic makeup. Health is influenced by the social and economic conditions in which we live and work. These influences are known as the social determinants of health. The determinants of health are a range of interacting factors that shape health and wellbeing and are underpinned by social and economic inequalities (Marmot Review, 2010)⁶. These determinants include material circumstances, the social environment, psychosocial factors, behaviors and biological factors. In turn, these factors are influenced by social position which itself is shaped by education, occupation, income, gender, early childhood development, ethnicity and race. The influence of wider social conditions on health is significant at different points in the lifecycle; particularly when people are most dependent or vulnerable, e.g. childhood, pregnancy and older age. Recent research shows how accumulated social disadvantage or advantage over the lifecycle influences health and well-being, the likelihood of illness and of premature death. These influences occur across the life course, from 'womb to tomb'.

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

The figure below outlines the determinants of health model for Ireland. This model (taken from the Healthy Ireland Government Policy Framework document, (DoH, 2013)⁷ clearly describes the factors that influence individual and population health. In this model related factors are shown in concentric circles, but in practice, all factors interact with each other



IV. Health Promotion and the Settings approach

Health promotion is defined as '...the process of enabling people to increase control over, and to improve, their health' (WHO, 1986)⁸. It represents a comprehensive approach to bringing about social change in order to improve health and well-being. The previous focus and emphasis on individual health behaviour was replaced by a significantly expanded model of health promotion known as the Ottawa Charter (WHO 1986). The Ottawa Charter comprises of five cornerstones which are:

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



The strategies for health promotion as identified in the Ottawa Charter are to:

- **ADVOCATE** – the creation of conditions which are favourable for good health,
- **ENABLE** – enabling all individuals to have equity of health opportunity and to achieve their fullest health potential,
- **MEDIATE** – an integrated systems approach with coordinated action by all concerned (i.e., government sectors, voluntary organisations, local authorities, communities).

The Ottawa Charter highlights the importance of the ‘setting’ as a vital cornerstone for successful health promotion. The settings approach is an important development in health promotion theory and practice which introduced the concept of ‘supportive environments for health’.

The settings approach facilitates health promotion interventions to focus more on the broader determinants of health rather than simply addressing individual and/or population behavioral risk factors. The approach is underpinned by key health promotion values such as empowerment, public participation, equity and partnership. The key health promotion values are explained further on page 19.

The HPSF (HSE, 2011)⁹ identifies the youth sector as a key setting for health promotion and recognises the significant contribution the youth sector must make in terms of addressing the health needs of young people as a priority population group.

The HQM encourages and facilitates youth organisations to develop and deliver a ‘whole organisational approach’ to promoting health; one which enables and empowers all participants to achieve their fullest health potential. In a youth organisation this can happen at four distinct levels, **taken from the Ottawa Charter as follows:**



Developing personal skills

Youth organisations positively influence the development of young people’s personal skills (e.g., self-esteem, self-efficacy, communication, negotiation, life skills and motivation) through the broad range of programmes and activities delivered to young people, including health education and information. The development of these skills empowers young people to take control of their own health thus positively impacting on health.

Creating supportive environments

Through creating safe and secure physical and social environments, youth organisations provide young people and staff with opportunities to discuss and explore health issues and practice health-enhancing behaviours. This supports health education and ‘makes the healthier choice the easier choice’ (e.g., providing healthy food points; providing healthy snacks for after school clubs, providing a smoke-free environment, implementing an anti-bullying policy, providing an adolescent friendly health service; a place where young people and staff alike feel valued appreciated just as they are).

Policy development

Through the development of health-related policy internally, youth organisations demonstrate evidence-informed practice. It is important to have policies in place to support practice (e.g., in health promotion, sexual health, mental health, substance misuse, child protection). Youth organisations can also engage in informing policy development related to youth health and social development externally through lobbying, advocacy and supporting and empowering young people to have their voices heard.

Partnerships with others

Through partnerships with a range of stakeholders, youth organisations can actively engage in health promotion. Partnerships with young people mean that they actively participate in the planning, implementation and evaluation of health promotion activities, programmes and policies, thereby facilitating ownership and active engagement. Partnerships with parents/guardians can further reinforce positive health messages being delivered in youth work settings. Partnerships with other agencies and services will support the health promotion role of youth organisations and provide them with relevant referral structures.

Each of these four areas will be revisited throughout this manual and will form the basis for developing the health promotion strategy (Criterion 3).

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

- An increased awareness of health issues by all stakeholders within the setting e.g. young people, staff, volunteers, management, parents, etc. in a youth organisation
- Health promoting policies in place to support the organisation
- Improvements in the physical and social environments within the setting
- More effective partnerships with other agencies
- Effective health education programmes and specific health promotion activities
- Changes in health-related behaviours as a result of being in a health promoting environment.
(adapted from Whitelaw et al, 2001)¹⁰

In 2013, the NYHP developed a framework for promoting young people's health in youth organisations. This framework forms the basis of all health promoting activity carried out by the NYHP. The framework is explained in further detail on the insert, at the back of the manual.

Framework for promoting young people's health in youth organisations



V. The Principles of Health Promotion

Throughout the process of the Health Quality Mark, the youth organisation through fulfilling the relevant criteria, will incorporate the principles of Health Promotion in the day to day running of their organisation.

World Health Organisation (WHO) Principles of Health Promotion

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

(from Rootman, 2001)¹¹

VI. The Core Competencies for Effective Health Promotion

A competency is defined as “a combination of the essential knowledge, abilities, skills and values necessary for the practice of health promotion” (Dempsey, Battel-Kirk, & Barry, 2011; James, Shilton, Lower, & Howat, 2001)¹². In Ireland the CompHP Core Competencies Framework for Health Promotion Handbook was developed in 2011 for health promotion practitioners. Core competencies were developed in order to allow health promotion practitioners to undertake the key actions described by the Ottawa Charter. These competencies include the skills to: enable change, advocate for health, mediate through partnership, communicate, lead, assess, plan, implement and conduct evaluation and research. Youth Organisations, through engagement with the HQM should practice these core competencies.

VII. Health education

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

“Health education is any planned activity which promotes health or illness related learning; that is, some relatively permanent change in an individual’s competence or disposition.” (Tones, 1990)¹³.

“Health education is not about behaviour change, and it is not about overt political action to affect the determinants of health. Rather, health education is about enabling – supporting people to set their own health agendas, agendas they can implement in ways decided by themselves collectively or as individuals.” (French 1990)¹⁴.

“Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.” (WHO, n.d.)¹⁵.

Health education is not only concerned with the communication of information, but also with fostering the motivation, skills and confidence necessary to take action to improve health. Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on health. It also includes individual risk factors and risk behaviours and use of the health system. The above definitions are useful in informing a common understanding of health education. The terms health education and health promotion are often used interchangeably. They are often seen as similar concepts and people are sometimes unsure of the factors that distinguish them from one another. While there is a close relationship between the two concepts, health promotion is a broader concept and an umbrella term, which includes health education as one component in its broader remit.

The HQM and Quality Frameworks

I. Quality and quality systems in youth work and youthreach

“Quality” refers to how well something fulfils its function; to what degree the actual outcomes meet the aims. The quality of youth work is therefore related to the overall aims – how well it contributes to the personal and social development of young people.

In 2014, DCYA identified 7 mechanisms that if implemented within youth organisation programs would, achieve ambitious and sustainable outcomes. These mechanisms support a young people’s personal and social skills and include:

- Communication skills: developing a young person’s communication skills are essential for a successful transition to work or training, for independence, and to access a range of life opportunities, to attainment, in forming positive relationships and in reductions in re-offending.
- Confidence and agency: supporting a young person’s confidence and agency enables them to recognise that they can make a difference to their own lives and that effort has a purpose.
- Planning and problem-solving: alongside resilience, planning and problem solving provides young people with a ‘positive protective armour’ against negative outcomes associated with risky life events. Problem solving has also been shown to be associated with the ability to cope with stresses in life.
- Relationships: developing relationships are an effective mechanism for getting young people involved in positive activities through valued personal relationships with peers, adults or sibling.
- Creativity and imagination: resilience and well-being are linked to creativity. Creativity can have a positive impact on both self-esteem and overall achievement.
- Resilience and determination: if society intervenes early enough, it can improve cognitive and socio-emotional abilities and the health of disadvantaged young people. Effective early interventions can promote schooling, reduce crime, foster workforce productivity and reduce teenage pregnancy. Self-discipline has been highlighted as a vital factor in building academic achievement.
- Emotional intelligence: the ability to manage feelings by knowing one’s own emotions, as a recognising and understanding other people’s emotions is known as emotional intelligence. This is vital in managing relationships (e.g. managing the emotions of others)

One of the most important prerequisites for quality in youth work is the policy and the concrete targets/objectives that are established. Quality should ensure that the objectives are relevant and possible to achieve through youth work. DCYA (2018) state that it is the young people’s experience of the engagement that is most important when assessing quality in youth services. The active participation of the young people should be priority and unnecessarily complex or bureaucratic processes which focus on development as ends in themselves should be avoided.

Quality is about:

- Knowing what needs to be done and how to do it
- Learning from what is being done
- Using what is learned in order to develop the organisation and its services
- Seeking to achieve continuous improvement
- Satisfying the stakeholders in the organisation, including young people, volunteers, staff, parents, funders, and local community

The stages for implementing a quality system are:

1. Agree on standards - these concern the performance of workers, management and the expectations of the stakeholders
2. Carry out an assessment of the organisation - comparing how the organisation is faring in relation to the standards
3. Devise an action plan - in relation to the outcomes of the assessment, identifying what needs to be done, who will do it, how it will be done and by when
4. Implement - do the work
5. Review - what changes have been made and what were the results
6. Develop a system for identifying continuous improvement of practice.

II. Quality assurance

A quality system includes elements of quality assurance and management. Quality assurance is an ongoing process of continual assessment and improvement of practice. Quality assurance involves setting standards that specify quality and ensure consistency. Quality management applies the emphasis on quality to everyone through increasing their control over their performance. A typical quality assurance cycle involves the following steps:

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

III. Links with other quality frameworks

The HQM has been in existence for several years and was the first quality assessment system for health within the youth work sector. Alongside the development and implementation of the HQM, other quality systems have been developed in recent years. These include:

- National Quality Standards Framework (NQSF)
- Quality Framework Initiative for Youthreach settings (QFI)
- National Quality Standards for Volunteer led Youth Groups

These frameworks will be explored in the next session by illustrating how the HQM fits within each framework.

What is the national quality standards framework (NQSF)?

The NQSF is a support and development tool for the youth work sector. It provides organisations with an opportunity to articulate, through a common language, their youth work practice. It also offers a structured framework for organisations to assess, indicate and enhance their work. The standards outlined are intended to be reflective of the work being carried out in youth work organisations. Therefore, there should be both a commonality and compatibility between the current provision of an organisation and its services, and the core principles and standards outlined in the NQSF.

Why have a National Quality Standards Framework?

It is important that there is one common framework to accommodate the wide range of provision within the youth work sector. The rationale for the development of the NQSF initiative was to:

- Provide a support and development tool to organisations and projects
- Establish standards in the practice and provision of youth work
- Provide an enhanced evidence base for youth work
- Ensure resources are used effectively in the youth work sector
- Provide a basis for 'whole organisational assessment'.

What does the National Quality Standards Framework do?

The effect of the NQSF is to identify and improve the effectiveness of youth work service provision. This should result in an advancement of good practice and allow organisations to address young people's needs to an even greater extent

What are the national quality standards for volunteer-led youth groups?

The National Quality Standards for Volunteer Led youth groups have been developed to provide an opportunity for youth groups to demonstrate their commitment to best practice and to the delivery of quality programmes and activities, which meet the needs and expectations of their young members. The National Quality Standards for Volunteer-led Youth Groups consist of 4 elements which include:

- General statement of purpose (what youth groups do)
- Specific statement of purpose (the want, why and who)
- The 3 Core Principles that structure and guide youth groups and their activities (Young person centred, Safety and Well-being, Developmental/educational)
- Standards and Indicators of achievement

Why have the National Quality Standards for Volunteer-Led Youth Groups?

The National Quality Standards for Volunteer-Led Youth Groups assist in ensuring quality. These statements outline what level of service can be expected and how services will be provided so as to ensure that they are delivered to an agreed level of quality and that the level is consistent on a national basis. The national quality standards:

- Improve the quality of the programmes and activities provided.
- Improve the way programmes and activities are planned and delivered.
- Provide young people with the opportunity to have a say in the development and review of the group and its activities.

What is the quality framework initiative for youthreach (QFI)?

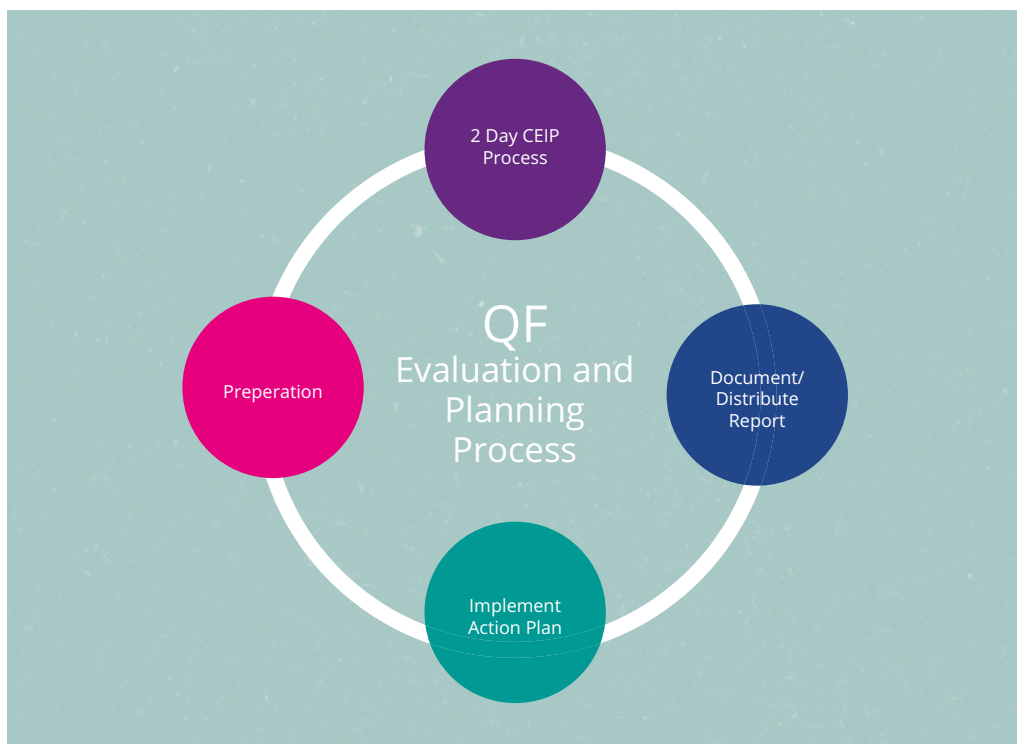
The Quality Framework for Youthreach was established in November 2000. The aim of the initiative is to develop and implement a quality assurance model that would lead to continuous improvement in the service offered by Youthreach centres and in a manner that meets the needs of learners, staff and management. The Quality Framework for Youthreach ensures consistency of practice across the centres, part of the work initially in the establishment of the Quality Framework for Youthreach was the identification of good practice and ways of working with early school leavers in a supportive manner that allowed young people real their full potential.

The providers of the Youthreach programme are committed to working enthusiastically and purposefully towards a vision of Youthreach offering extensive high-quality education and training opportunities, enabling learners to fulfil their potential through achieving qualifications that are widely valued locally and nationally.

The quality assurance model that is developed encourages partnership and collaboration between all stakeholder groups. It highlights the importance of developing systems for carrying out all the key activities within the centre as well as the need to develop policies and procedures in order to establish best practice and ensure consistently high standards of service. ETB's play a key role in supporting policy development within the Youthreach programme and ensuring that a high-quality programme is being delivered in Youthreach.

Cycle of continuous reflection/improvement

Implementing a quality assurance system in a Youthreach involves a process of continually working towards improvement in order to meet the needs of learners, staff and ETB management. The Quality Standards clarify what should be in place in centres while allowing for local flexibility in the way stakeholders chose to achieve quality standards. The CEIP process provides stakeholders with an opportunity to review centre practice, identify gaps, highlight priorities and select areas for improvement. The quality standards outline 31 quality areas and the QF Centre Co-ordinator's Toolkit for CEIP recommend that a centre would evaluate 3 mandatory and 5 other quality areas each year.



THE CEIP (Centre Evaluation and Improvement Plan) process involves a two-day session where stakeholders compare centre performance against the quality standard using the evaluation criteria contained in the Quality Standards documentation. An important aspect of CEIP is the collation of evidence. External evaluation involves the evaluation of centre performance by the Department of Education and Skills Inspectorate. This allows for an external and unbiased view to be expressed and provides an opportunity for the recognition and affirmation of good practice. The cyclical process of planning, evaluation, implementation of actions and monitoring as informed by the quality standards form the basis of the quality assurance system in Youthreach Centres.

Centres are provided with the financial resources to bring in an external facilitator that works with the staff team in development of the Centre Evaluation Improvement Plan that sets out a series of actions to be implemented for the coming year after having reviewed the past year activities during the two day CEIP process.

Both the CEIP processes and the formal visits by the inspectorate to Youthreach Centres ensure that a high-quality programme is provided for all young people attending Youthreach.

Primary purpose

To assist staff to examine centre practice, identify strengths and challenges and implement actions to improve the service they provide

- Accountability:
 - > Annual Reports were to be documented and sent to:
 - > ETB's
 - > National Youthreach Coordinator
 - > Regional and local management
 - > Other relevant organisations
 - > Evidence for DES inspectors when they carried out inspections in centres
 - > Information for various stakeholders

The Quality Framework process aims to achieve the following outcomes:

- Enhancing shared understanding by staff and stakeholder groups, of the overall service that is being provided by centres.
- Teambuilding.
- Capacity Building –where staff become more competent and confident in the delivery of their service.
- Increasing staff engagement, sense of ownership and self-determination.
- Increased intentionality –that centres end up with plan, a sense of direction and a commitment to making progress.

The table displays the very close links between the criteria of the HQM and all the outlined frameworks.

Health Quality Mark Criteria	Links to the NQSF	Links to QFI	Links to the National Quality Standards for Volunteer-led Youth Groups
1. Health promotion policy	The policy provides a statement of health promotion practice which links to the Statement of Youth Work Practice	Section 1: Organisational Management. 1: Ethos. Section 2: Personal and Development. 15: Support Services and Practices. Section 4: Programme. 29: Social, Personal and Health Education	Core principal 2: Safety and Wellbeing
2. (a) Role description for Health Promoter	The health promotion team would be well placed to fulfill the role of the NQSF implementation team.	Section 2: Personnel and Development. 10: Staff	The health promotion team would be well placed to support personnel who report on the NQSV.
2. (b) Terms of reference for the Health promotion team		Section 2: Personal and Development. 10: Staff Team	
2. (c) Resource Bank for health and well-being		Section 1: Organisational Management. 9: Equipment Section 4: Programmes. 23: Teaching and Learning	Core Principle 3: Developmental/Educational
3. Organisational health promotion strategy, including a youth health promotion plan and a workplace health promotion plan	The five core principles addressed in NQSF should underpin the development, implementation and evaluation of the health promotion strategy	Elements of all 4 sections should underpin the development, implementation and evaluation of the health promotion strategy	Core principal 2: Developmental/Educational

Health Quality Mark Criteria	Links to the NQSF	Links to QFI	Links to the National Quality Standards for Volunteer-led Youth Groups
4. Youth participation structures including a youth participation strategy	Core Principle 1: Young Person Centered.	Section 2: Personnel and Development. 15: Support Services and Practices. Section 4: Programme. 22: Programme Development, Delivery and Review	Core Principal 1: Young Person Centered Core Principal 3: Developmental/Educational
5. Peer Health Promotion Initiative	Core Principle 1: Young Person Centered and Core Principal 3: Educational and Developmental	Personnel and Development. 15: Support Services and Practices. Section 4: Programme. 22: Programme Development, Delivery and Review	Core Principal 1: Young Person Centered
6. Organisational health related policies	The five core principles addressed in NQSF should underpin the development, implementation and evaluation of the health-related policies	Elements of all 4 sections should underpin the development, implementation and evaluation of the health-related policies	Core principal 2: Safety and Wellbeing
7. Training Plan for staff/ volunteers and management	Core Principle 3: Educational and Developmental	Section 2: Personnel and Development. 12: Staff Development and Training	Core Principle 3: Developmental/Educational
8. Intersectoral working and partnerships (including active community involvement)	Core Principal 4: Ensuring and Promoting Equality and Inclusiveness Core Principal 5: Quality Youth Work and Continuous Improvement	Section 1: Organisational Management. 3: Communication and Links with the Community	

Health Quality Mark Criteria	Links to the NQSF	Links to QFI	Links to the National Quality Standards for Volunteer-led Youth Groups
9. Model of Good Practice for Health Promotion Activities (Needs Assessment, Planning, Implementation and Evaluation)	The five core principles of the NQSF should underpin this model of good practice	Organisational Management. 1: Ethos. Section 2: Personal and Development. 15: Support Services and Practices. Section 4: Programme. 29: Social, Personal and Health Education	Core Principal 3: Developmental/ Educational
10. Planetary Health (SDGs)	Core Principal 3: Educational and Developmental	Section 4: Programme. 29: Social Personal and Health Education	Core Principal 3: Developmental/ Educational
11. Ensuring and Promoting Equality and Inclusiveness	Core Principle 4 Practice and Provision is committed to ensuring and promoting equality and inclusiveness	Section 2: Personal and Development. 10: Staff Team	Core Principal 1: Young Person Centered. Core Principal 2: Safety and Wellbeing. Core Principal 3: Developmental/ Educational
12. A Safe Organisation (a) Safeguarding and Child Protection Policy and Procedures Workplace Health and Safety	Core Principle 2 Practice and Provision is committed to ensuring and promoting the safety and wellbeing of young people	Section 3: Learning Environment. 18: Child Protection and Safeguarding Policies and Practices	Core Principal 2: Safety and Wellbeing
(b) Workplace Health and Safety	Core Principle 2 Practice and Provision is committed to ensuring and promoting the safety and wellbeing of young people	This criterion relates to Section 1: Organisational Management. 7: Health and Safety.	Core Principal 2: Safety and Wellbeing

Section 2: The Health Quality Mark



This section of the HQM Support Manual outlines:

- The steps involved in participating in the HQM process
- The HQM criteria
- The HQM criteria levels
- How the HQM is assessed
- Presenting the HQM portfolio
- Process in renewing the HQM

The HQM process

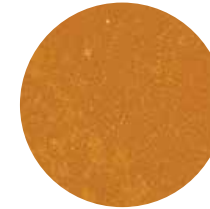
- Step 1:** Expression of interest from the youth organisation
Meeting convened with representative from NYHP to outline the process. A dedicated Health Promoter is identified.
- Step 2:** Health Promoter completes Specialist Certificate in Youth Health Promotion.
- Step 3:** Health Promoter, with support from NYHP, provide the organisation with a training day on the HQM and convenes a health promotion team. In partnership with NYHP the team completes an audit re the criteria. Organisations may choose to use the Logic Model Template (page 36) as part of this process
- Step 4:** Support staff from NYHP meet and liaise with health promotion team and develop work plan for achievement of the HQM. The timeframe is flexible and will be agreed between the organisation and NYHP taking account of a range of factors.
- Step 5:** Health promotion team compile portfolio of evidence as per award level, with support from NYHP.
- Step 6:** Site visit and assessment of portfolio conducted by senior representatives from NYHP. Following the site visit, a feedback report will be sent to the organisation outlining mutually agreed action points.
- Step 7:** On successful completion of Step 6 award is presented to the organisation. The process continues until achievement of a Gold Award. Senior representatives from NYHP along with suitably qualified health promotion personnel will conduct the site visit and assessment for Gold Award.
- Step 8:** Re-monitoring occurs every 3 years and will involve a site visit and updated portfolio, with support provided by NYHP at agreed intervals.

Health Quality Mark Criteria:

Criterion 1	Health promotion policy
Criterion 2	(a) Role description for Health Promoter (b) Terms of reference for health promotion team (c) Resource Bank for Health and Wellbeing
Criterion 3	Organisational health promotion strategy including: (a) A youth health promotion plan (b) A workplace health promotion plan
Criterion 4	Youth participation structures including: (a) A youth participation plan (b) A youth participation charter
Criterion 5	Peer health promotion initiative
Criterion 6	Organisational health related policies
Criterion 7	Training Plan for staff/volunteers and management
Criterion 8	Intersectoral working and partnerships including active community involvement
Criterion 9	Model of good practice for health promotion activities, including needs assessment, planning, implementation and evaluation
Criterion 10	Planetary Health
Criterion 11	Ensuring and promoting equality and inclusiveness
Criterion 12	A Safe Organisation (a) Safeguarding and Child protection policy and procedures (b) Workplace Health and Safety

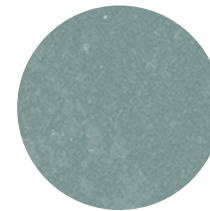
The HQM criteria levels

The following table shows the number of criteria to be implemented to qualify for the different levels of the award:



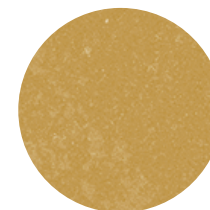
Bronze HQM

Health promotion policy (criterion 1).
Health Promoters job description and terms of reference for the health promotion team, resource bank for health and wellbeing (criterion 2).
Plus, any other 2 criteria.



Silver HQM

Health promotion policy (criterion 1).
Health Promoters job description and terms of reference for the health promotion team, resource bank for health and wellbeing (criterion 2).
Plus, any other 8 criteria.



Gold HQM

All 12 criteria are successfully implemented.

Assessment

The assessment body will include representatives from the NYHP.

The first phase of the assessment will be based on liaising with the NYHP and the portfolio of evidence. If this is acceptable and in accordance with the criteria, then a follow up site visit will take place.

The site visit

The site visit provides the assessors with an opportunity to:

- See the reality of the health promoting youth organisation at a practical level
- An opportunity to ascertain if the criteria implemented are having a notable impact on the organisations

The site visit provides the organisation with an opportunity to:

- Demonstrate how they have achieved the criteria for the HQM
- Demonstrate, by the members of staff, volunteers and young people, the journey the organisation has taken to achieve the HQM

During the site visit, the assessors will interview representatives from management, the health promotion team and the designated Health Promoter.

The site visit will entail a tour of the building/buildings, and discussion with the Health Promoter and other relevant personnel (e.g., members of the health promotion team, management, young people) on the work of the organisation about issues arising out of the portfolio assessment and the impact of and outcomes from the initiative.

Renewing the HQM

The award is tenable for a period of three years. Therefore, every three years the organisation must apply to have it renewed. This will involve each organisation resubmitting an updated portfolio of evidence and a follow up site visit.

Presenting your evidence

When presenting evidence for the portfolio, reference should be made to the relevant criteria as appropriate. Evidence can be submitted in the form of a 'portfolio of evidence' which can be either hard or soft copy. An organisation may choose to present evidence in alternative formats (e.g., video footage, photographs or collage, organisational newsletters). If alternative formats are chosen, please ensure that the evidence provided clearly demonstrates how the organisation has achieved the criteria.

Preparing for the HQM

At the start of the HQM process, with support from NYHP, organisations are encouraged to set out a plan for achieving the award. One useful tool for supporting organisations in this is to develop a Logic Model. The Logic Model will support organisations identify the objectives, inputs, outputs and the short, medium and long-term outcomes.

What is a logic model?

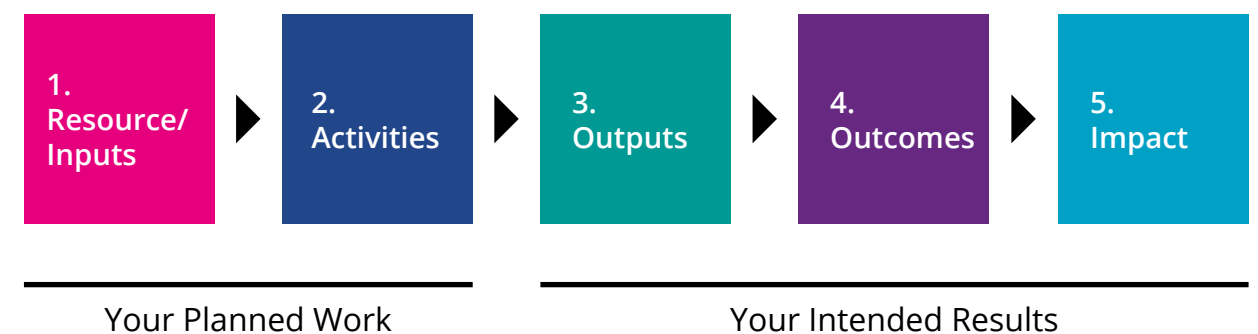
A Logic Model sets out how an intervention (such as a project, a programme or a policy) is understood or intended to produce particular results (Eldredge et al., 2016)¹⁶. As the term suggests it is a basic element of programming that communicates the logic behind a programme (i.e., its rationale and objectives).

An objective can be defined as an end that can be reasonably achieved within an expected timeframe and with available resources. Objectives are used as basic tools that underpin and direct all planning and strategic activities. They serve as the basis for policy and performance appraisals. It is important to identify the objectives for any intervention or programme before developing the logic model.

A Logic Model is a systematic and visual way to present and share your understanding of the relationships between the resources you have to operate your programme, the activities you plan and the changes or results you hope to achieve, as depicted in the following diagram (Abdi & Mensah, 2016)¹⁷

A basic logic model

The most basic model is a picture of how you believe your programme will work. It uses words and/or pictures to describe the sequence of activities thought to bring about change and how these activities are linked to the results the programme is expected to achieve. For the HQM the Logic Model will provide each organisation with a framework to consider the following key questions in terms of planning, implementing and evaluating the whole process.



Inputs, outputs and performance indicators

Inputs

Inputs include those things that we invest in or that we bring to bear on a programme, such as knowledge, skills, or expertise. Describing the inputs that are needed provides an opportunity to communicate qualities of the programme such as:

- Human resources, such as time invested by staff, volunteers, young people, partners and others
- Fiscal resources, including funds, special grants, donations and fees (as appropriate to the organisation)
- Other inputs required to support the programme such as facilities and equipment
- The knowledge base for the programme including resources, materials, research results, certification of training, and
- Involvement of collaborators - local, state, national agencies and organisations involved in planning, delivery, and evaluation.

Outputs

Outputs are those things that we do (design and delivery of health promotion programmes and interventions) and the people we reach (our target groups). Describing our outputs allows us to establish links between the issues we aim to address (the current situation) and the impact of the programme (the intended outcomes).

Outcomes

Outcomes refer to the intended (or unintended) changes in people's situations (e.g., skills, attitudes, behaviours) and may be short, medium or long-term. Outcomes answer the question 'What happened as a result of the programme?' Outcomes answer the 'so what?' question.

- Short-term outcomes may include changes or benefits in terms of awareness, knowledge, skills, attitude and motivation.
- Medium-term outcomes may include changes in practices, behaviours, policies or strategies.
- Long-term outcomes follow medium-term outcomes when changed behaviours may result in changed conditions, such as improved economic, social environmental or political conditions brought about by the programme/intervention.

Performance Indicators

A performance indicator or Key Performance Indicator (KPI) is the term used for a type of measure of performance. Performance indicators are data, usually quantitative in form, that provide a measure of some aspect of an individual's or organisation's performance against which changes in performance or the performance of others can be compared (Harvey, 2004-2009)¹⁸. While the identification of performance indicators is not an essential element of logic modelling, they are very useful in terms of measuring performance in quantitative terms.

Sustainability in logic models

When building a logic model, we cannot ignore the importance of sustainability. Sustainability is an important principle of health promotion practice. For a health promotion programme to be considered sustainable, the organisation needs to be able to maintain changes once initial funding has ended (Rootman et al., 2001; WHO, 1997)^{19&20}. Each of the inputs, outputs and outcomes should be considered in order to ensure that actions could be continued or repeated.

Building a logic model for the HQM in your organisation

To build your Logic Model you need to ask yourself the following questions:

The HQM

- Why are we undertaking the process and what are we hoping to achieve from it?
- What informs what we do, why we do it, how we do it and where we do it - internally and externally? For example, policy imperatives, funder requirements.

Inputs

- How are we resourcing the process? (i.e., staff, volunteers, financial, time, meetings, training, policy development).
- What influences how we resource the process – internally and externally?

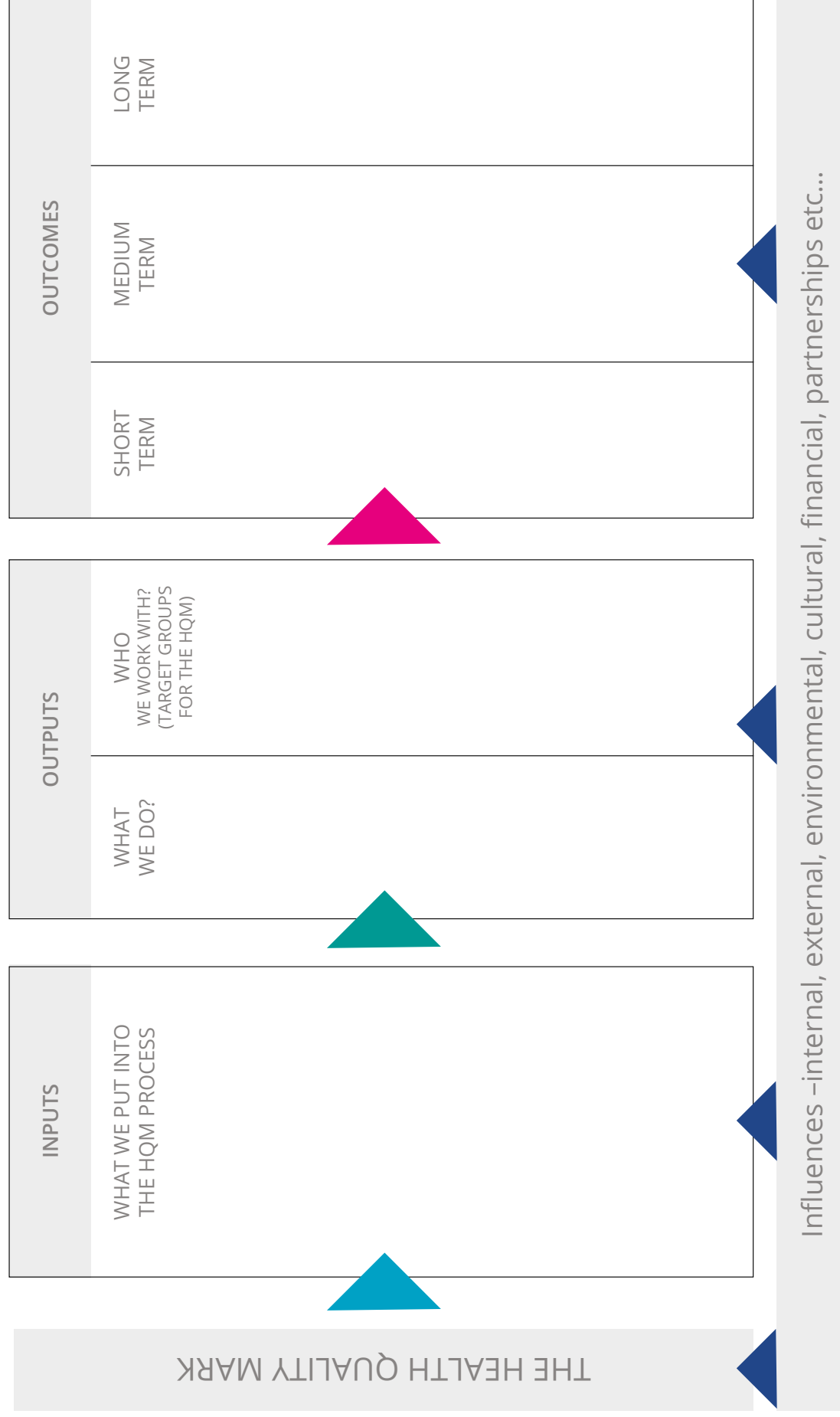
Outputs

- Who is our work for (i.e., target groups)?
- Who are our partners in this work (i.e., partnerships and collaborations we are involved with)?
- What influences whom we work for and with – internally and externally?
- What will we do in relation to each criterion?

Outcomes

- What are the short, medium and long-term outcomes expected from the process:
 - > For young people?
 - > For staff and volunteers?
 - > For the organisation?
 - > For others?
- What influences our ability and capacity to identify, measure and achieve the outcomes we set (internally and externally)?

A Logic Model for identifying the Inputs, Outputs and Outcomes of the HQM for youth organisations
 (Adapted from: www.uiweb.uidaho.edu/extension/LogicModel.pdf)



Section 2

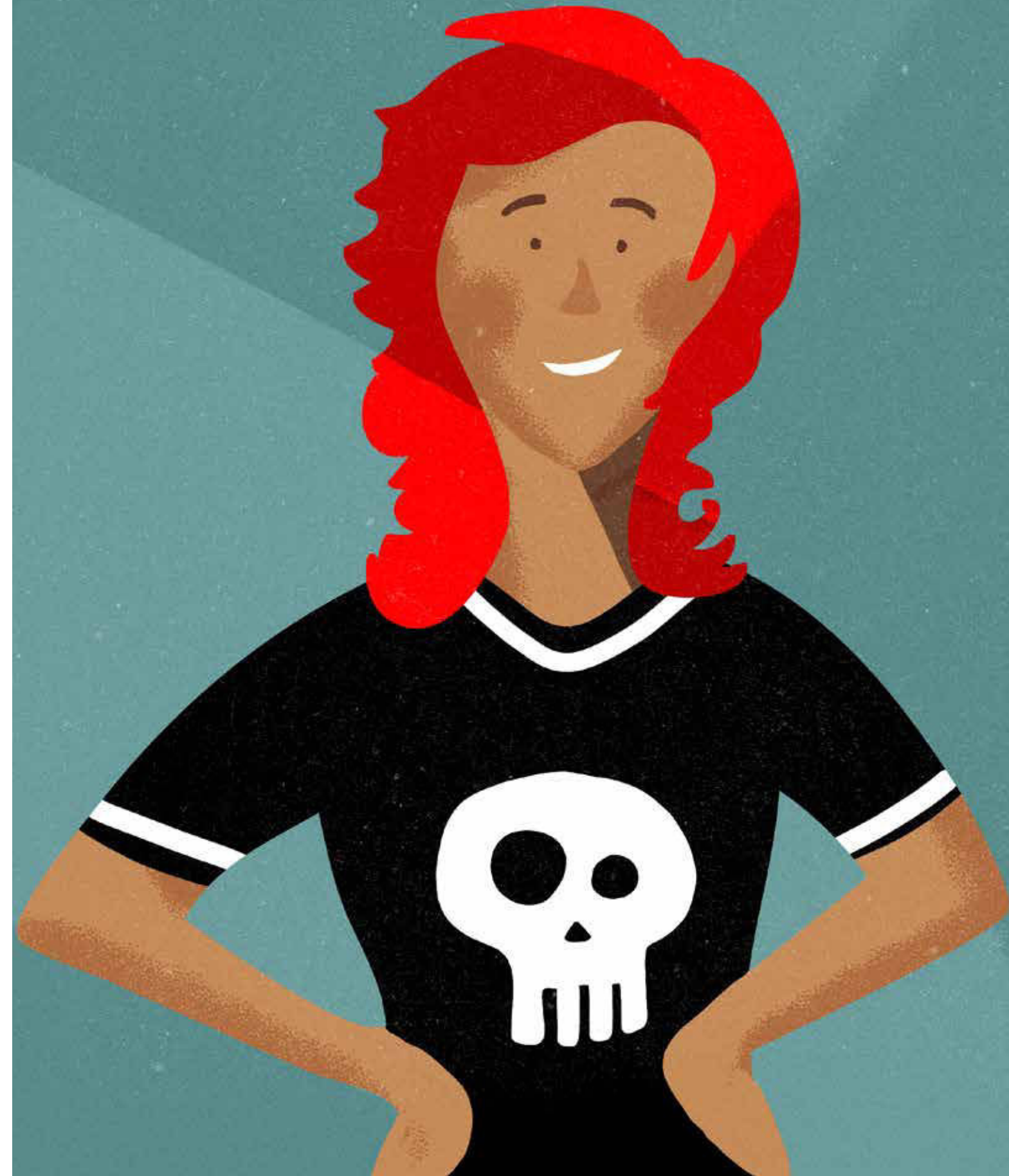
Health Quality Mark Criteria – Guidance & Supports

This section outlines each of the 12 criteria.

Each criterion is described in detail and includes an introduction and rationale, guidelines on meeting the criterion as well as checklists, templates and signposting to other relevant support materials. Finally, each criterion is accompanied by recommendations about what evidence could be included in their portfolio.

Criterion 1	Health promotion policy
Criterion 2	(a) Role description for Health Promoter (b) Terms of reference for health promotion team (c) Resource Bank for Health and Wellbeing
Criterion 3	Organisational health promotion strategy including: (a) A youth health promotion plan (b) A workplace health promotion plan
Criterion 4	Youth participation structures including: (a) A youth participation plan (b) A youth participation charter
Criterion 5	Peer health promotion initiative
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Criterion 9	Model of good practice for health promotion activities, including needs assessment, planning, implementation and evaluation
Criterion 10	Planetary Health
Criterion 11	Ensuring and promoting equality and inclusiveness
Criterion 12	A Safe Organisation (a) Safeguarding and Child protection policy and procedures (b) Workplace Health and Safety

Criterion 1: Health Promotion Policy



Introduction

 Evidence for Portfolio: Copy of Health Promotion Policy

A policy is a statement of the ethos and values of an organisation. It defines a boundary within which issues are addressed. It also clarifies roles, relationships and responsibilities while serving as a basis for decision-making. Policies inform people what to do in any given situation while procedures and guidelines tell them how to do it. In relation to this area, a whole organisational approach could include:

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

Why have a Health Promotion Policy?

Health is an issue that affects everyone in an organisation. Therefore, it makes sense to address the issue using a whole organisational approach. To do otherwise risks a fragmented, inconsistent response leading to the creation of an environment that is not consistent on health matters as well as wasted effort by everyone involved. A whole organisational approach involves taking account of everyone involved and ensuring that appropriate responses are applied consistently leading to the creation of an environment where both young people and workers can safely learn, work and play.

Over the past number of years, the area of policy has developed significantly within youth organisations. There has been a growing recognition of the importance of the role that policy plays in the planning and delivery of safe and effective youth work services. Increased demands have been made on youth organisations in relation to policy development in recent years. Legislative requirements, changes to programmes and the complex social issues that organisations must face have driven these.

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

Policy development is necessary for a number of reasons:

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

Guidelines for developing a health promotion policy

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

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

A step-by-step process for developing policy

Step	Action
Step 1 Assemble a policy working group	<ul style="list-style-type: none"> Identify key stakeholders (within and outside of the organisation) to participate in the working group Nominate a member of the working group to oversee and co-ordinate the activities (with senior management support) Clarify roles and responsibilities of the working group Agree a timeframe and completion date for each step in the process.
Step 2 Clarify the present position within the organisation	<ul style="list-style-type: none"> Define the ethos and value base of the organisation Review existing and related policies and legislation Explore any existing research that has been undertaken regarding health or reference other sources of local information Consider the health work undertaken by the organisation to date and its perceived strengths and weaknesses Review existing levels of knowledge and skills of workers involved in health work Identify other resources, local provision and contacts that can support the policy development and implementation process.
Step 3 Carry out a need's assessment	<ul style="list-style-type: none"> Identify key informants to participate in the need's assessment including young people, parents, management, workers and local service providers Identify appropriate methodologies for conducting the needs assessment (e.g., questionnaires, focus groups, interviews, creative data collection techniques) Identify who will conduct the needs assessment with the various informants Allocate sufficient time and resources (financial and personnel) to this stage of the process Collate the findings from the needs assessment to inform the next step in the process Disseminate the findings as appropriate.
Step 4 Write the policy	<ul style="list-style-type: none"> Agree the target audience for the policy Agree the content and format for the policy (see the Framework for Policy below) Assign roles and responsibilities regarding the writing of the policy Following completion of the first draft, circulate to relevant stakeholders for comment and feedback Ensure that the policy has been gender- and equality-proofed at each stage. There will be a range of views represented in the feedback and a simple comment form with a selection of questions may help with this task. The feedback you receive may be conflicting, but you should be able to assess: <ul style="list-style-type: none"> If the policy covers what they expected Whether it will be effective in supporting workers in the organisation Whether it will be effective in supporting practice with young people Whether anything important is missing What needs to be made clearer Whether the format and structure work well If there is a problem with the tone of the language, and Whether there are any errors (e.g., spelling, grammar). <p>The next step is to complete a revised draft taking into account any feedback. It may be necessary to repeat this process to arrive at an agreed final draft.</p>

Step	Action
Step 5 Pilot the policy	<ul style="list-style-type: none"> Following agreement on final draft of the policy, disseminate as appropriate for comment on its usefulness Pilot the policy using relevant case studies/scenarios to test its usefulness Make any changes necessary to improve its effectiveness, and Ensure that any legal implications of the policy have been approved.
Step 6 Ratify the policy	<ul style="list-style-type: none"> Senior management/Board of Management within the organisation should officially sign off on the policy. Some organisations may wish to publish and formally launch the policy at this stage.
Step 7 Implement the policy	<ul style="list-style-type: none"> Identify who needs to be involved in the implementation process Identify who will take responsibility for co-ordinating implementation Identify strategies (taking account of resource implications) for implementation including: <ul style="list-style-type: none"> Dissemination to relevant stakeholders both within and outside the organisation Briefing sessions for relevant stakeholders as appropriate Training courses on the use of the policy for relevant personnel Identify how the implementation of the policy will be reviewed.
Step 8 Monitor and evaluate the policy	<ul style="list-style-type: none"> Appropriate monitoring and evaluation measures should be in place to support the implementation of the policy Monitoring is an on-going process measuring how the policy is impacting on the development of worker's practice and ultimately how it impacts on young people.

Policy Framework

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

1. Policy statement	<ul style="list-style-type: none"> Provide a statement on the organisation's position in relation to the issue in question. In this case two or three sentences outlining the beliefs and approach to health promotion.
2. Aims and objectives	<ul style="list-style-type: none"> The aim of the policy sets out clearly what the policy is intended to achieve. The objectives of the policy set out clearly how this aim will be actioned.
3. Scope of the Policy	<ul style="list-style-type: none"> Who it covers (e.g., staff, volunteers, management) What settings it covers (e.g., projects, clubs)
4. Clarification of the role of Health Promotion within the organisation	<ul style="list-style-type: none"> The organisation's definitions of health promotion and health education (see The Ottawa Charter, WHO, 1986). Links between the principles of health promotion and the core principles or ethos of the organisation.
5. Health promotion in action – Guidelines for good practice	<ul style="list-style-type: none"> Guidelines for management, staff and volunteers in planning, implementing and evaluating health promotion programmes/practice.
6. Specific roles and responsibilities	<ul style="list-style-type: none"> Indicate the specific roles of all those involved in health promotion work within the organisation, including the health promotion team.
7. Staff/volunteer training, support and supervision	<ul style="list-style-type: none"> Outline how the organisation will provide for the information/ education/ support and supervision needs of staff and volunteers for health-related work.
8. The organisation's Health Promotion work in a community context	<ul style="list-style-type: none"> Outline the main services and supports available to the organisation within the community.
9. Dissemination of the policy	<ul style="list-style-type: none"> Describe how the organisation will disseminate the policy to workers, young people and parents and others as relevant.
10. Monitoring and review of the policy	<ul style="list-style-type: none"> Describe how and when the organisation will monitor and review the policy and when the organisation expects to update the policy.

Health promotion policy statement

The health promotion policy statement should outline the organisation's general thinking regarding health promotion and its role. It should seek to outline the main tenets of health promotion as it will be applied to that organisation.

Sample statement

(Organisation name) – A Health Promoting Youth Organisation:

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

Aims and objectives of the policy

This section should clearly outline what the policy aims to achieve.

Sample aims and objectives:

The aim of this policy is to develop a framework within which health can be actively enhanced in and through (organisation name).

The objectives are:

- To clarify the role of health promotion within (organisation name)
- To create guidelines which will inform and develop quality standards in relation to
 - The working environment of staff, volunteers and young people
 - Programmes for all stakeholders in (organisation name)
- To outline the roles and responsibilities of those involved in implementing the policy.

Scope of the policy

This should outline the target groups covered by the policy (e.g., staff and volunteers) and the relevant settings in which they work (e.g., projects, clubs).

Clarification of the role of health promotion within the organisation

Very often, what one person considers health promotion may differ to what others think. The definitions discussed and agreed by the organisation should be stated for clarity. This section should also refer to the ethos and working values of the organisation and how they are linked with or similar to health promotion values. Values, which have been agreed by the entire organisation, should be stated here (e.g., respect, inclusion, justice, tolerance). You should include:

- Clear definitions of health education/health promotion as understood and applied by the overall organisation (can be obtained in the front of this document)
- The principles of the Ottawa Charter (WHO, 1986) should also be noted and the organisation's advocacy of these principles
- A link between the principles of health promotion with the core principles or ethos of your organisation in particular.

Health promotion in action – guidelines for good practice

This section should provide clear guidelines and procedures which management, staff, volunteers and the organisation are expected to follow in their daily work with one another.

Specific roles and responsibilities

This section should outline the specific roles and responsibilities of all those involved in health promotion work within the organisation, including the designated Health Promoter, the health promotion team and others with a role to play in planning, implementing and evaluating activity.

Staff/volunteer training, support and supervision

This section should outline how the organisation will provide for the information, education, support, training and supervision needs of workers engaged in health promotion activity (including staff and volunteers).

The organisation's health promotion work in a community context

This section should clearly identify the key services and supports available to the organisation within the wider community. These may include referral and support agencies with whom the organisation engages to support its health promotion activity. These agencies and support structures will also be identified under Criterion 8: Intersectoral working and partnerships.

Dissemination of the policy

This section should clearly describe how the organisation will disseminate the policy, when and to whom (i.e., staff, volunteers, young people, parents, other relevant stakeholders). It should also outline how training will be provided on the policy to various stakeholder groups if required.

Monitoring and review of the policy

The final section should describe how and when the organisation will monitor and review the policy in order to examine its effectiveness. It should also indicate when the organisation expects to update the policy if necessary and who will have responsibility for monitoring, review and updating.

Sample guidelines for planning, developing, implementing and evaluating health promotion policy within youth organisations

- Encourage the development of a health promotion policy to be incorporated into the overall organisational policy in a holistic way
- Actively consult with all relevant stakeholders (e.g., young people, parents, workers, management and external agencies where appropriate) in the development of the policy
- Ensure that the policy is reflective of the needs of the diverse groups of young people with whom the organisation works
- Ensure that the policy is informed by other related policies
- Ensure that all working environments within the youth organisation are health promoting (i.e., environments which are clean, safe, warm and hazard free).
- Acknowledge and actively pursue adequate resources for the implementation of health promotion within the organisation
- Acknowledge the need for, and actively encourage the provision of training in health promotion for all involved in the organisation
- Be familiar with all relevant policies, circulars and legislation regarding the health of young people at a national, regional and local level
- Ensure ongoing and adequate assessment and evaluation of health promotion within the organisation
- Monitor the implementation of the policy on an on-going basis
- Evaluate the policy at agreed intervals (e.g., every three years).

A checklist for organisations that have developed and implemented a health promotion policy

When evaluating a health promotion policy, the fundamental question to be answered is 'how has the policy supported and improved provision and practice?' The following questions may help guide you:

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

Criterion 2:

- (a) Role description for Health Promoter
- (b) Terms of Reference for Health Promotion Team
- (c) Resource Bank for Health and Wellbeing

Introduction

The organisation must ensure that a health promoter and a health promotion team are in place. The health promoter should be someone within the organisation with the skills and capacity to drive the health promotion agenda within the organisation. Generally, they will have completed the Specialist Certificate in Youth Health Promotion with the NYHP (accredited by NUI Galway). Alternatively, it may be someone with an existing, recognised third level qualification in health promotion.

The health promotion team plays a vital role in working toward the Health Quality Mark. While the health promotion expertise lies with the designated health promoter, the health promotion team is responsible for the implementation of the HQM. The more representative of the whole organisation this team is, the easier and more meaningful the process will be. This also enables the learning from the Specialist Certificate to be spread throughout the organisation. Furthermore, this also means that if the health promoter leaves the organisation the initiative can continue as the responsibility has not been vested in one individual.

The role of a Health Promoter

The role of a health promoter is to enable people “to increase control over, and to improve, their health” (WHO, 1986)⁴. Health promotion practitioners conduct work in relation to the five action areas of the Ottawa Charter (WHO, 1986)⁴. In Ireland, health promotion practitioners work in a number of settings, including hospital settings, workplace settings, research, non-governmental or non-profit organisations, community organisations and academia. Health promotion practitioners work to reduce health inequalities through policy development, building health promoting partnerships and planning and delivering health promotion programmes (AHPI, 2018)²¹. Health promoters should consider the seven principles of health promotion when carrying out health promotion action (Rootman et al., 2001; WHO, 1997)^{19&21}. Health promoters must also consider the core competencies of health promotion as per the CompHP Core Competencies Framework for Health Promotion Handbook when conducting work in this field (Dempsey et al., 2011)¹².

2 (a) Role description for the Health Promoter

 Evidence for Portfolio: Copy of signed role description.

Rationale for a role description

It is important that the organisation provides recognition and a structure for the work being undertaken by the Health Promoter. It is important that both the organisation and the Health Promoter are clear about the role involved, and therefore a role description is required.

Guidelines for developing a role description

Once the organisation has engaged in the HQM process and identified its Health Promoter, it is important that management and the Health Promoter consider the HQM criteria and the process for achievement. This will help allow the actions to be taken and the role of the Health Promoter and others to be identified. The management and the Health Promoter can jointly develop a role description taking account of the structures and resources of the organisation.

Example of a role description

- 1) Name and job title (if relevant) of Health Promoter within organisation
- 2) Outline of responsibilities of Health Promoter job (to include following options):
 - Co-ordination of health promotion team as per its terms of reference
 - Convening meeting of health promotion team when required
 - Informing and liaising with management regarding progression of the work
 - Liaising with the NYHP representative to monitor HQM progress
 - Liaising with staff and young people about health promotion within the organisation
 - Being a key leader in drafting the policy, and the roll out, progression, and implementation of health promotion strategies developed for the organisation.
- 3) An indication of the number of hours to be devoted to this role in a week/month
This needs to take account of the fact that this is a distinct piece of work which requires a time commitment from the organisation. It should also be stated how this role interacts with the Health Promoter's work and any adjustments required.
- 4) If there is a defined period for which this role is being undertaken this should be stated clearly.

Example: (name of Health Promoter) will undertake this role for a period of 12 months when it will be reviewed by the management in conjunction with the Health Promoter

- 5) Signature and date of Management/Centre Coordinator and the Health Promoter:

Signed

Manager

Health Promoter

Date:

Date:

2 (b) Terms of reference for health promotion team

 Evidence for Portfolio: Copy of TOR for the team and identification of team members.

Rationale for terms of reference

As already stated, the health promotion team is an important structure in supporting the rollout of the HQM process. For organisations already engaged in other quality frameworks it is likely that a quality team is already in existence (e.g., the NQSF implementation team). This team could therefore fulfil the responsibilities of the health promotion team.

Who should be represented?

This team should be broadly representative of the different levels and areas of work within the organisation. For example, it might include representation from management, staff and volunteers, young people, parents and possibly other relevant partner organisations. Whilst representation, as outlined above, is desirable, it is important that involvement in this team is not tokenistic, overly cumbersome or unrealistic. Wherever possible, existing representative structures within the organisation should be used. Furthermore, while it may not be possible for some groups to have direct representation at the table, it is important that there is a two-way process of communication between the team and all representative groups. The key factor in the success of the team is that it includes people who are motivated, committed and in a position to support the roll-out.

Template for developing terms of reference

The following template provides a structure for developing the terms of reference and can be adapted for inclusion in the portfolio of evidence.

Template for terms of reference for the health promotion team

<p>1. Structure/composition</p> <p>Names: Role within the organisation (e.g., staff/volunteers/young people/management/parents):</p> <p>Brief description of role of significant members as that role relates to the team's activity (e.g. secretary/minute taker)</p>	
<p>2. Aims/functions</p> <p>Objectives of team:</p> <ul style="list-style-type: none"> • • • <p>Time frame of team life (if any):</p>	
<p>3. Working methods</p> <p>- Number of meetings in a timeframe - Meeting protocol (if any, or required) (e.g. chairing, minute-taking)</p>	
<p>4. Any other relevant points to be included</p>	

Additional support materials

The following may be useful in providing a structure for meetings and recording them. Copies of meeting records can also be included in the portfolio of evidence.

Sample meeting record

<p>Date: Agenda/Priority Area(s):</p>
<p>Present: Apologies:</p>
<p>Items discussed</p> <ul style="list-style-type: none"> • • • •
<p>Decisions/actions agreed</p> <ul style="list-style-type: none"> • • •
<p>Who will do what in advance of the next meeting?</p> <ul style="list-style-type: none"> • • •
<p>Items for discussion at the next meeting</p> <ul style="list-style-type: none"> • • • •
<p>Date of next meeting:</p>

2 (c) Resource Bank for Health Promotion

 Evidence for Portfolio: A physical or virtual display of resources.

Introduction

This criterion requires the organisation to identify and make available a range of health promotion resources and materials for staff, volunteers and young people as appropriate.

Rationale

In order to design, develop, implement and evaluate a range of relevant health promotion programmes and initiatives, organisations are encouraged to draw on a broad range of resources and materials. These may include books, journals, information leaflets, resource packs, DVDs and other multi-media and web-based materials. The use of relevant resources and materials will support evidence-based practice in the organisation as well as supporting staff and volunteers in the delivery of good practice programmes. These resources can also be a source of information for everyone in the organisation, particularly young people.

Guidelines for creating the resource bank

The health promotion team, or a smaller sub-group of the team should undertake this task. If the youth organisation has a Youth Information Centre, the Youth Information Officer would be well placed to coordinate this task. This should include the following steps:

1. Complete an audit of existing health-related resources and materials and compile a list of same (i.e., a descriptor or catalogue)
2. Consult with staff, volunteers and young people to identify gaps and identify how best to access additional resources and materials (the Health Promotion Department of the HSE is a useful source of information and resources, many of which are free of charge www.healthpromotion.ie)
3. Identify a system to enable staff, volunteers and young people to access relevant materials from the resource bank, and
4. Identify an individual(s) with responsibility for managing and updating this system.

Criterion 3:

Organisational health promotion strategy including:

- (a) A Youth Health Promotion Plan
- (b) A Workplace Health Promotion Plan



Introduction

The practice of health promotion in youth organisations requires participative planning (Rootman et al., 2001)¹⁹. In order to enable the implementation of successful programmes and initiatives, there is a need to embed health promotion within the organisation's strategic plans.

This section provides general information on the following areas relating to strategy development:

- What is strategy?
- Factors influencing the importance of embedding health promotion within the overall strategic plan
- Rationale for embedding health promotion within strategy
- Steps in strategy development
- A framework for developing a health promotion strategy.

What is strategy/plan?

A strategy is an action plan that provides a framework for implementation of key actions to address a set of needs (in this case the health needs of young people and staff/volunteers/management) within the organisation. While a policy describes a general approach, ethos and general guidelines for addressing an issue within your organisation, a strategy will decide the specifics of how, when and by whom they will be put into action.

Factors influencing the importance of embedding health promotion within the overall strategic plan

The following factors will influence your organisation's strategy:

- Needs assessment
 - > What are the health needs of the young people in the organisation?
 - > What are the health needs of the staff, volunteers and management within the organisation?

These can be identified through completion of a health needs assessment with each stakeholder group, this includes:

- Prioritisation of needs: Once the needs of each stakeholder group have been identified, they should be prioritised
- Time: The time available to the organisation to respond appropriately to the needs identified
- Resources: Those available to the organisation to address the priority needs identified, including time
- Commitment: Of the organisation to respond to the needs identified.

Rationale for embedding health promotion within the strategy/plan

A strategy:

1. Provides the organisation with the context within which it will operate
2. Identifies the organisation's key priority areas
3. Identifies links with government policy and objectives in these areas
4. Strengthens intersectoral action
5. Provides a framework for action
6. Identifies the way forward
7. Provides a 'toolkit' to help the organisation to best meet their target groups' needs.

Guidelines

You need to consider both young people, staff and the environment in which you work, so that you will have sets of key actions for the stakeholder groups. These can be called the youth health promotion plan and the workplace health promotion plan.

Part 1: Youth health promotion plan, which outlines key actions to be undertaken that will promote the health of young people in your organisation.

Part 2: Workplace health promotion plan, which outlines key actions to be undertaken that will promote the health of staff/volunteers/management in your organisation.

For each part of the strategy you should follow these key steps:

Steps in strategy/plan development

1. Identify the target group(s) with whom needs assessment(s) have been conducted (Young People + Staff/volunteers)
2. Prioritise the identified need(s)
3. Identify appropriate responses to these needs: These needs can be categorised under three key health promotion areas as follows:
 - a. Health education/training programmes
 - b. Policies to support the health of the target groups
 - c. Supportive physical and social environment
4. Allocate the necessary resources to the responses identified
5. Develop corresponding action plans for the responses including timeframe and location(s) as relevant
6. Identify relevant personnel and their accompanying roles and responsibilities in relation to the work
7. Include a mechanism for monitoring and evaluation.

Please see template on page 69 and 70 which can be used to support the development for both the youth health promotion plan and the workplace health promotion plan.

(B) A Workplace Health Promotion Plan

 Evidence for Portfolio: Copy of strategic plan outlining a workplace health promotion plan

What is a healthy workplace?

Healthy Ireland²¹ aims “to create an Irish society where everyone can enjoy physical and mental health and wellbeing to their full potential, and where wellbeing is valued and supported at every level of society”.

Workplaces directly influence the physical, mental, economic and social wellbeing of workers and in turn, the health of their families, communities and society. The workplace offers an ideal setting and infrastructure to support the promotion of health to a large audience.

A healthy workplace²² is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and wellbeing of all workers and the sustainability of the workplace by considering the following based on identified needs:

- Healthy and safety concerns in the physical work environment
- Health, safety and well-being concerns in the psychosocial work environment including organisation of work and workplace culture
- Personal health resources in the workplace
- Ways of participating in the community to improve the health of workers, their families and other members of the community

(WHO, 2010. Cited in Department of Health: Factors organisations should consider when developing healthy workplaces and workplace wellbeing programmes. A Department of Health Research Paper 2019).

What is a Workplace Health Plan?

A workplace health plan outlines a coordinated and comprehensive set of health promotion and protection strategies implemented in the workplace which include programs, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of all employees

Within the workplace health plan, workplace wellbeing programmes should be outlined. Workplace wellbeing programmes include health promotion and wellness programmes which have a single or dual focus (e.g. physical activity, dietary behaviour and weight management, smoking and alcohol behaviours, stress, anxiety and depression) and multi-focus programmes. Multi focus programmes are often referred to in the literature as workplace health promotion programmes, workplace or organisational wellness programmes. They involve a combination of physical activity, weight, nutrition and physical activity, stress management and anxiety/depression, and lifestyle interventions.

What will make a workplace healthy plan a success?

The Department of Health have identified 6 themes that support the success of a workplace healthy plan. These themes are:

Organisational leadership: it is important to engage senior leaders at the earliest stage and to promote active leadership in the programmes. It is then important to gain and mobilise commitment, and to demonstrate senior management commitment through a signed policy and ideally also through active and visible participation.

Management, integration and co-ordination: a workplace wellbeing plan becomes effective when it is part of organisational culture (e.g. monitored at staff meetings, part of the organisations mission and, support by the physical environment) and seen as part of management responsibility.

Employee participation: employee participation throughout each step of developing a workplace healthy plan is key. This includes involvement in programme planning (e.g. needs assessment, and design) to implementation, communication activities and evaluation.

Analysis of needs and motivations: the analysis of employee needs and motivations is key. Workplace healthy plans and health promotion programmes and interventions are likely to be more effective when grounded in an understanding of health, and accurate analysis of the current situation and of the desired outcomes of employees within the organisation. The benefit of learning from others (e.g. from other organisations with programmes, or from experts in the subject area) is also stressed.

Information and communication: workplace healthy plans have a high chance of success if information is made available to all staff, and if staff are continually informed of the progress and outcomes of programmes: a continuous support or communication channel (e.g. Health Promotion Officer) can help achieve this.

Sustainability: integration of wellbeing/health promotion into an organisations culture and policies, evaluating and quantifying the benefits of wellness programmes and continuous improvement of programmes are key for sustainability.

On page 68, the healthy Ireland Meeting Guidelines are included to support your organisation provide healthy and productive meetings with staff, young people or external bodies.

Staff Wellness, Wellbeing and Self Care

WHO defines self-care as “the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider”.

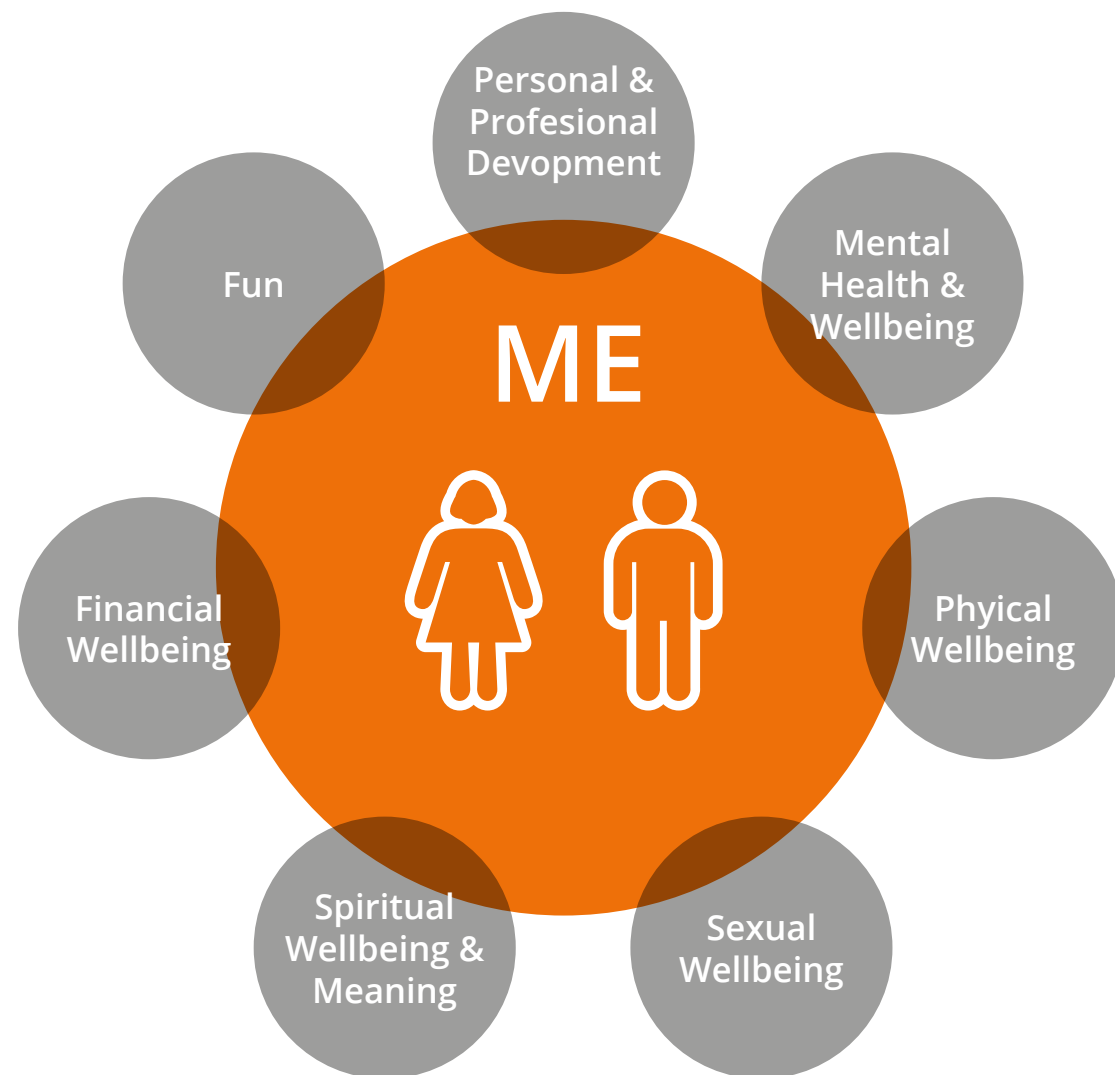
The following definition of Wellbeing aims to take account of its multi-dimensional nature (World Health Organisation (WHO), 2001)²⁴.

Wellbeing is present when a person realises their potential, is resilient in dealing with the normal stresses of their life, takes care of their physical wellbeing and has a sense of purpose, connection and belonging to a wider community. It is a fluid way of being and needs nurturing throughout life.

Self-care and wellbeing is a broad concept which also encompasses:

- hygiene (general and personal)
- nutrition (type and quality of food eaten)
- lifestyle (sporting activities, leisure, etc.)
- environmental factors (living conditions, social habits, etc.)
- socioeconomic factors (income level, cultural beliefs, etc.)
- self-medication.

Core principles: Fundamental principles for self-care include aspects of the individual (e.g. self-reliance, empowerment, autonomy, personal responsibility, self-efficacy) as well as the greater community (e.g. community participation, community involvement, community empowerment).



Included are two toolkits that can be used to support the wellbeing of everyone involved within the organisation. These toolkits are:

- The Spark Toolkit
- A Self-Assessment toolkit

*** The National Youth Health Programme would like to acknowledge IDEA (Improving Decisions through Empowerment and Advocacy) specifically Dr Kenneth Burns, Dr Conor O'Mahoney and Dr Elaine O'Callaghan for the development of The Spark Toolkit.*

A Self-Care Tool for Professionals - SPARK

The SPARK tool is a self-reflective evaluation tool for professionals, supporting them to develop a tailored self-care plan. It aims to prevent excessive stress and burnout by encouraging practitioners to reflect on distinct areas in their personal and professional lives. Using evidence-informed prompts, practitioners can assess, what, if any, changes are necessary to improve their welfare. This tool aims to build personal resilience in practitioners as an ongoing process. It provides a reminder that kindness and compassion towards ourselves and others are essential components in our personal and professional satisfactions.

Being exposed to stressful workplaces and trauma cases can have a cumulative negative impact on practitioner's well-being. Developing and implementing a plan can help to express and process feelings, recover, re-energise, promote physical and mental health, develop a workers resilience and ultimately improve practitioners work. In essence, self care helps to keep the SPARK alive, or rekindles it when energies run low

S: Self-Reflection
P: Prevention
A: Assessment
R: Resilience
K: Kindness

The SPARK tool

Instructions: SPARK is best used as a reflective tool, rather than focusing on a total result.

On a scale of 1-10, where 1 is weak and 10 is strong:

- Where would you rate yourself in each domain in terms of self-care?
- Why are you placing yourself at each point?
- What could you do to move 1-2 points higher?

The prompts in each domain are suggestions only and are not a list of everything you could be doing. Completing this tool may take time: allow as much time as is necessary to make this a meaningful process for you. If you find yourself avoiding a prompt or question, try and explore why this might be. If you feel overwhelmed with the breadth of prompts overleaf, try and focus on a few small changes. Small changes in your life can make a big difference.

On a scale of 1 – 10, where 1 means that you are exhausted, tired and stressed and 10 means that you are energised, feel healthy and are not stressed today, where would you rate yourself on this scale?

The SPARK tool



PROMPTS

Work (support and environment)

Supportive supervisor/colleagues: friendships through work: professional supervision (supervisor, peer or group): peer mentoring (being a mentor or a mentee): workplace morale: debriefing opportunities: noticing and valuing small successes: developing a continuing professional development (CPD) plan: attending CPD events: learning opportunities and being open to learning: developing your ability to receive critical feedback: identifying what is positive in your work environment.

Work (Conditions)

Sufficient resources to complete the work: manageable workload: participating in a project that has a start, middle and end: taking your annual leave: job rotation: sufficient resources: employment contract conditions: salary and benefits: security of tenure: induction, mentoring and protected workload for new and newly qualified staff: quality of the physical environment: learning to say no to unreasonable requests: working a reasonable amount of hours: family-friendly employment policies: access to useful human resource and employee support services.

Sleep

Quality and sufficient sleep (8 hours is recommended): turning off your mobile/screens while sleeping: taking a screen break one hour before bedtime: avoiding stimulants: exercise before bedtime: keeping a consistent sleep schedule: if you are worried about something, write it down and come back to it when you wake up.

Technology

Turning off your work phone at the end of the working day: evaluate your overall time spent on screens: keeping screens out of places of sleep and rest: examine the positive or negative impact of social media on your welfare: assess the impact on your leisure time of regularly checking work emails and working late.

Emotional/Psychological

Being mindful: sense of humour and having fun: access to and quality of professional supervision: talking with a trusted person: counselling: keeping a reflective journal: developing a clear understanding of your needs: investing time and energy into relationships that are rewarding and energy-giving: rest and relaxation: expressing your emotions: identifying what gives you comfort.

Support Networks (family, friends and colleagues)

Willingness to ask for support, being a support/peer mentor to others: volunteering and contributing to your local community: developing your work and non-work support networks: joining a support group: making sufficient time for leisure: investing time in and nurturing relationships with friends and family: external professional supervision: participating in your professional association: participating in campaigns for community/issue-based/political reform.

Physical and Mental Health

Assess your alcohol/substance consumption: looking after your physical, dental and mental health: exercising: talking with a supportive person: quality of food and eating schedules: sexuality, intimacy and sexual health: time and animals/pets: trying out or rekindling your interest in hobbies, activities, social events or sport: keeping a journal: fostering your creative and artistic self.

Leisure and Relaxation

A mix of active leisure (e.g. physical activities) and passive leisure (e.g. watching a box set): time to relax: having fun: participating in activities that give you energy and where you meet people in person: developing your social network outside of your work peers: eating meals with family and friends: trying out new activities: participating in cultural events

Compassion and Kindness

Being compassionate and kind to yourself: treating yourself: not taking responsibility for things outside of your control: demonstrating compassion and kindness in your work: reflecting on what initially drew you to this work: rekindling/reconnecting with your sense of meaning from this work.

Spirituality

Being part of a spiritual or religious community: yoga: mindfulness: prayer: gratitude journal: forgiveness for yourself and others: time in nature/outdoors: reading: finding something to be hopeful about: reflection: mediation: looking at the 'bigger picture': focusing on what is positive in your life and community.

Reflective questions

1. Now that you have completed the tool, what surprised you about your answers?
2. What three things would you like to improve that are within your control? How exactly will you make these changes (personal and professional?)
3. What, through trial and error, have you found works for you to promote your health and welfare?
4. What sources of support do you find most helpful?
5. What coping mechanisms are you using that are harmful/not working? (e.g. smoking, gambling, excessive alcohol use, over-eating)
6. Reflect on what drew you to this work: do you still get a sense of satisfaction and/or meaning from this work? Why/why not?
7. What are the personal warning signs when you start to feel like your self-care is slipping?
8. What is not within your control and will require structural changes to the workplace/policies/resources/management/etc?

Record your new daily/weekly self-care plan here

- 1.
- 2.
- 3.
- 4.
- 5.

Date: _____

Review Date (≤6 months): _____

Self-Care Assessment Worksheet



(Source: *Transforming the Pain: A Workbook on Vicarious Traumatization*.
Saakvitne, Pearlman and Staff of TSI/CAPP (Norton, 1996))

This assessment tool provides an overview of effective strategies to maintain self-care. After completing the full assessment, choose one item from each area that you will actively work to improve. Using the scale below, rate the following areas in terms of frequency:

- 5 = Frequently
- 4 = Occasionally
- 3 = Rarely
- 2 = Never
- 1 = It never occurred to me

Physical Self-Care

- Eat regularly (e.g. breakfast, lunch and dinner)
- Eat Healthy
- Exercise
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when needed
- Massages
- Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- Take time to be sexual – with yourself, with a partner
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips or mini- vacations
- Make time away from telephones
- Other:

Psychological Self Care

- Make time for self-reflection
- Notice your inner experience – listen to your thoughts, judgements, beliefs, attitudes and feelings
- Have your own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not expert or in charge
- Decrease stress in your life
- Let others know different aspects of you
- Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, theatre performance
- Practice receiving from others
- Be curious
- Say 'no' to extra responsibilities sometimes
- Other:

Emotional Self-Care

- Spend time with others who company you enjoy
- Stay in contact with important people in your life
- Give yourself affirmation, praise yourself
- Love yourself
- Re-read favourite books, re-view favourite movies
- Identify comforting activities, objects, people, relationships, places and seek them out
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in social action, letters and donations, marches, protests
- Play with children
- Other:

Workplace or Professional Self-Care

- Take a break during the workday (e.g. lunch)
- Take time to chat with co-workers
- Make quiet time to complete tasks
- Identify projects or tasks that are exciting and rewarding
- Set limits with your clients and colleagues
- Balance your caseload so that no one day or part of a day is 'too much'
- Arrange your work space so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs (benefits, pay rise)
- Have a peer support group
- Develop a non-trauma area of professional interest
- Other:

Balance

- Strive for balance within your work-life and workday
- Strive for balance among work, family, relationships, play and rest

Healthy Meeting Guidelines

Healthy Ireland, an initiative led by the Department of Health (ROI) aiming to create a society where everyone can enjoy physical and mental health, launched healthy meeting guidelines as part of the Healthy Workplace Framework.

These guidelines can help you prepare for meetings and offer practical suggestions on providing healthy food options and physical activity. Activity breaks and healthy food options in meetings can increase productivity and creativity.

Planning your meeting

- Consider the length of the meeting when deciding what food or drink to provide
- If some people have to travel a long distance to the meeting, consider having food and refreshments available on arrival

Food and Drink

	Water freely available	Fruit- easy to peel	Healthy lunch
Less than 2 hours	✓	✓	
2 to 4 hours	✓	✓	
All day	✓	✓	✓

Avoid foods high in fat, sugar and salt, like pastries, biscuits and crisps. Include healthy sandwich fillers, a vegetarian option and low-fat dairy options. If you normally provide scones at breakfast time meeting, consider smaller wholemeal scones. Avoid large portions, serve food in easy to eat servings. If using a caterer specify your requirements clearly.

Activity

	Standing breaks	Stretch breaks	Walking breaks
Less than 2 hours	✓	✓	
2 to 4 hours	✓	✓	
All day	✓	✓	✓

Always encourage activity, and plan activity breaks into the agenda, regardless how long the meeting is. Be sensitive to ability and disability levels. Consider standing meetings for shorter, less formal meetings. Think about a walking meeting for meetings where only two people are taking part. Use signs to encourage use of the stairs instead of the lift. Provide directions to the meeting promoting active travel, for example give walking cycling routes. Identify and offer secure bike parking facilities.

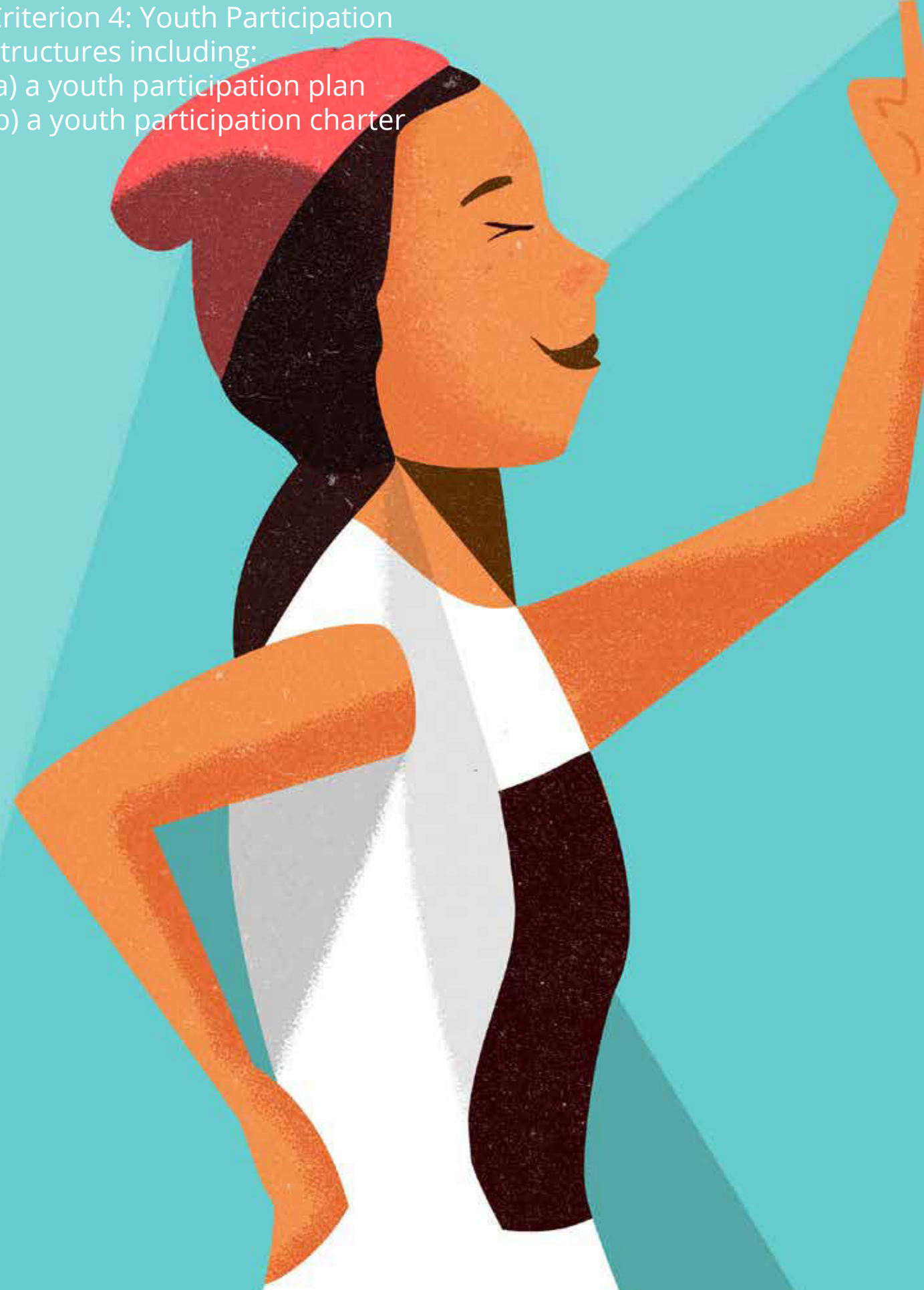
Health promotion strategy template


Key Strategy Areas	Identified need	Goal (what do you aim to achieve?)	Priority Actions (to meet health needs identified)	Resources required	Who needs to be involved?	Who is responsible for this action?	Who is responsible for this action?	Proposed timeframe	Monitoring / evaluation measures
Developing Personal Skills through Health Education Programmes/ Training									
Policy Development									

Key Strategy Areas	Identified need	Goal (what do you aim to achieve?)	Priority Actions (to meet health needs identified)	Resources required	Who needs to be involved?	Who is responsible for this action?	Who is responsible for this action?	Proposed timeframe	Monitoring/ evaluation measures
Developing Personal Skills through Health Education Programmes/ Training									
Policy Development									

Criterion 4:

Criterion 4: Youth Participation Structures including:
 (a) a youth participation plan
 (b) a youth participation charter



 Evidence for Portfolio: Copy of documents which highlight youth participation in action. This can also be through media showcasing examples of youth participation

Introduction

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

Youth participation ‘involves recognising and nurturing the strengths, interests and abilities of young people through the provision of real opportunities for youth to become involved in decisions that affect them at individual and systemic levels’ (Canadian Mental Health Association (CMHA), 1995 cited in ‘Why Don’t We? Youth Participation Resource Pack’ (NYCI, 2007)²⁵.

Youth participation is often youth led and must include high levels of youth involvement, as well as youth/adult partnerships.

Rationale for youth participation

It is Government policy to promote the participation of children and young people in civic society. This commitment is in line with Article 12 of the United Nations Convention on the Rights of the Child (1989). The National Strategy on Children and Young People’s Participation in Decision-Making 2015 – 2020 (DCYA, 2015)²⁶ has a number of objectives that aim to facilitate youth participation:

1. Children and young people will have a voice in decisions made in their local communities.
2. Children and young people will have a voice in decision-making in early education, schools and the wider formal and non-formal education systems.
3. Children and young people will have a voice in decisions that affect their health and well-being, including on the health and social services delivered to them.
4. Children and young people will have a voice in the Courts and legal system.

Youth participation structures

DCYA has worked to ensure the establishment or consolidation of key structures to support children and young people’s participation:

- Comhairle na nÓg (local youth councils)
- Dáil na nÓg (national youth parliament)
- Student councils
- Young Voices
- UN Youth Delegate programme

In considering youth participation it is important to remember that:

1. Young people have a right to participate: The right of young people to participate in decisions that affect them has been firmly endorsed through the United Nations Convention on the Rights of the Child (1989).

2. Participation promotes positive attitudes: The emphasis on youth development needs to be on potential rather than on problem solving. Youth participation promotes positive attitudes toward young people by building on their strengths, including energy, enthusiasm and creativity.

3. Participation reduces risks: Research shows that involvement with a social environment of family, parents, school and community, has an influence on promoting health and protecting young people from risky behaviour.

4. Participation is central to positive youth development: During adolescence, young people begin to define their own self-worth in terms of their skills and their capacity to influence the environment. It follows that in order for young people to make a healthy and effective transition to adulthood, there needs to be opportunities to demonstrate that they are capable of being responsible, caring and participating members of society.

Benefits of youth participation

Youth participation:

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

(Devine, 2002; DCYA, 2015; NYCI, 2007; Partridge, 2005)^{25,26,27,28}

Principles for best practice in youth participation

- **Visibility:** There should be commitment at the highest level to the principles and practice of involving children and young people.
- **Recognising diversity:** Young people are not a homogenous group. Their involvement in decision-making is more likely to succeed when the diversity of their circumstances, ethnicity, background, interests, skills and needs are recognised and respected.
- **Equality:** All young people should have the opportunity to be involved in policy development and planning. An inclusive approach pays particular attention to ensuring that young people who might be at risk of being left out are actively involved.
- **Honesty, transparency and accountability:** Young people must be treated honestly. They should be made aware of the purpose of the work and why they are involved. They should be involved in ways that are appropriate to their age and stage of development and they should know what level of influence they will have.
- **Building capacity:** It is essential to invest in building the capacity and readiness of both young people and adults to work together in this process.
- **Empowerment:** The ways in which young people are involved should be empowering and should increase their sense of self-esteem and confidence. The methods of participation should promote skills such as decision-making, problem solving and negotiation.
- **Choice:** Young people should 'opt in' to being involved and should know they have the right to choose when, how and whether to be involved.
- **Safe practice:** The safety and wellbeing of young people is a top priority. It is essential to have a clear code of practice for protecting their safety and welfare and for ensuring that child protection requirements are met.
- **Continuously improving:** The involvement of young people is a new venture for many organisations. It is important to develop mechanisms for monitoring and evaluating activities and progress.
- **High quality:** Arrangements for involving young people must be of a high quality, otherwise they may at best, be tokenistic or at worst, make for a bad experience for adults and young people.
- **Respect and partnership:** In participatory work, young people and the adults should work in partnership with each other, in a way that is respectful to both partners.

(‘Why Don’t We?’, NYCI, 2007)

These principles echo the WHO global consensus statement on meaningful adolescent and youth engagement. This statement lays out the following principles for engaging with young people: show that their expertise, work and input are valued, nurture their talent and achieve their potential: be rights-based, transparent and informative, be voluntary and free from coercion, be respectful of young people’s views, backgrounds and identities and be safe (WHO, 2018)²⁹.

Guidelines for ensuring and demonstrating youth participation in action

The voluntary engagement of young people in youth work is already at an advanced level. Many youth organisations have existing structures where young people actively participate. These may be internal, for example, youth fora, junior youth club/group committees, participation of young people in staff/volunteer/management committees, consultation and advisory fora. Additionally, young people from youth organisations frequently participate in external structures such as Comhairle na nÓg, Dáil na nÓg, Young Voices and other local, regional and national representative structures.

For the purposes of the HQM it is important that an organisation can demonstrate how youth participation happens in action. As outlined in the NQSF (3.2.1), some practical ways in which the organisation can ensure youth participation include:

- Involvement of young people in systematic needs assessment
- Provision of services, programmes and structures which are responsive to the requirements of young people and promote their strengths
- Involvement of young people in the design, delivery and evaluation of services, programmes and structures
- Any other clear examples of voluntary participation. (NQSF, 2010).

Additionally, an organisation may have developed a youth participation charter or policy. Guidance for developing a charter or policy is provided in ‘Why Don’t We?’ (NYCI, 2007).

Models of participation

There are many different models of participation. This is due to the fact that different levels of participation are valid for different groups of children and young people at different stages of a youth organisations development.

Three models of participations include:

[Lundy’s Model of Participation](#)
[Treseder’s Model of Participation](#)
[Shier’s Model of Participation](#)

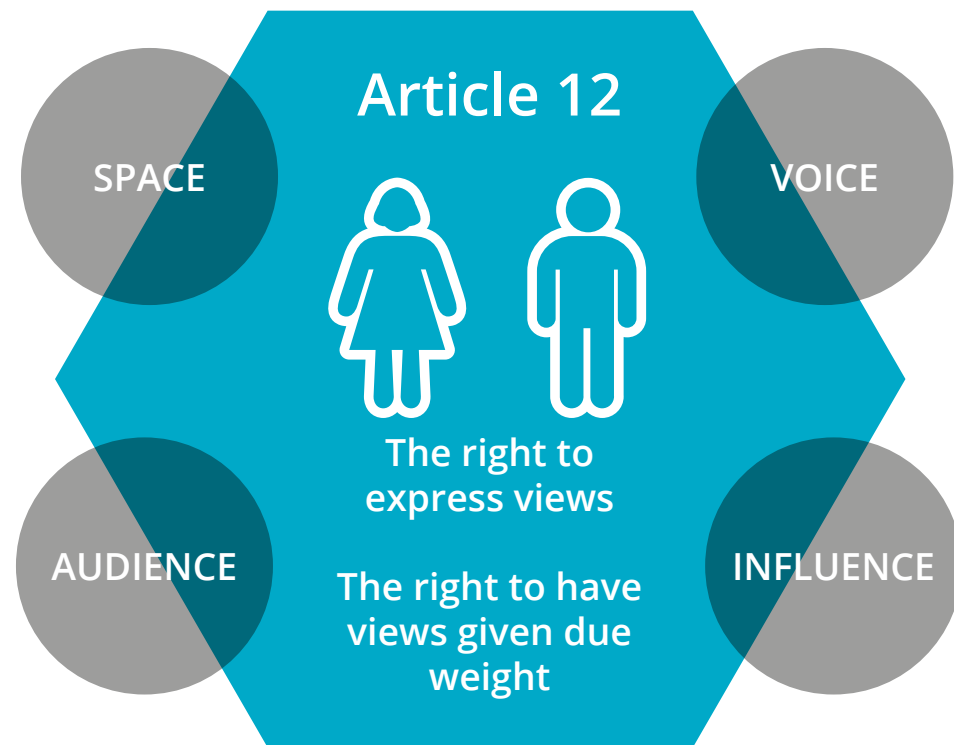
Ireland’s National Strategy on Children and Young People’s Participation in Decision Making (2015-2020)²⁶ is underpinned by Lundy’s model of participation.

Lundy's model of participation

Lundy's model of participation is grounded in the United Nations Convention on the Rights of the Child (UNCRC) and focuses on a rights-based approach to involving children in decision making. The four elements of the model include:

- **Space:** Children must be given safe, inclusive opportunities to form and express their views
- **Voice:** Children must be facilitated to express their views
- **Audience:** The view must be listened to
- **Influence:** The view must be acted upon, as appropriate

In addition to the model of participation, there is also Lundy's voice model checklist for participation. The checklist aims to support organisations working with and for children and young people, to ensure that children have the space to express their view, their voice is enabled, they have an audience for their views and their views will have influence. Lundy's model and checklist are applicable to participation of young people up to the age of 24.



Lundy's Voice Model Checklist for Participation

SPACE
 How: Provide a safe and inclusive space for children/young people to express their views

- Have children's/young people's views been actively sought?
- Was there a safe space in which children/young people can express themselves freely?
- Have steps been taken to ensure that all children/young people can take part?

VOICE
 How: Provide appropriate information and facilitate the expression of children's/young people's views

- Have children/young people been given the information they need to form a view?
- Do children/young people know that they do not have to take part?
- Have children/young people been given a range of options as to how they might choose to express themselves?

AUDIENCE
 How: Ensure that children's/young people's views are communicated to someone with the responsibility to listen

- Is there a process for communicating children's/young people's views?
- Do children/young people know who their views are being communicated to?
- Does that person/body have the power to make decisions?

INFLUENCE
 How: Ensure that children's/young people's views are taken seriously and acted upon, where appropriate

- Were the children's/young people's views considered by those with the power to effect change?
- Are there procedures in place that ensure that the children's/young people's views have been taken seriously?
- Have the children/young people been provided with feedback explaining the reasons for decisions taken?

Treseder's model of Participation

Treseder's model of youth participation provides a basis for moving towards a shared understanding of the different degrees of involvement. Each level of participation has the potential to be the most appropriate under a given set of circumstances. As such, it emphasizes that in some cases, it may be more appropriate for adults to be less directive and in other cases to be more directive. There may well be occasions when young people are either not ready or do not have much interest in higher levels of participation. What is vital is that groups are flexible and are aware of the needs of the young people they are working with and are prepared to adapt to meet these needs.

5 Degrees of Participation

Adults initiate, share decisions with youth. Adults have the initial idea, but young people are involved in every step of the planning and implementation. Not only are their views considered, but young people are also involved in making the decisions.

Youth initiated and directed. Young people have the initial idea and decide how the project is to be carried out. Adults are available to assist when necessary but do not take charge.

Youth initiated and share decisions with adults. Young people have the ideas, set up projects and come to adults for advice, discussion and support. The adults do not direct but offer their expertise for young people to consider. Final decisions are negotiated consulted and informed. The project is designed and run by adults, but young people are consulted. They have a full understanding of the process and their opinions are taken seriously.

Assigned but informed

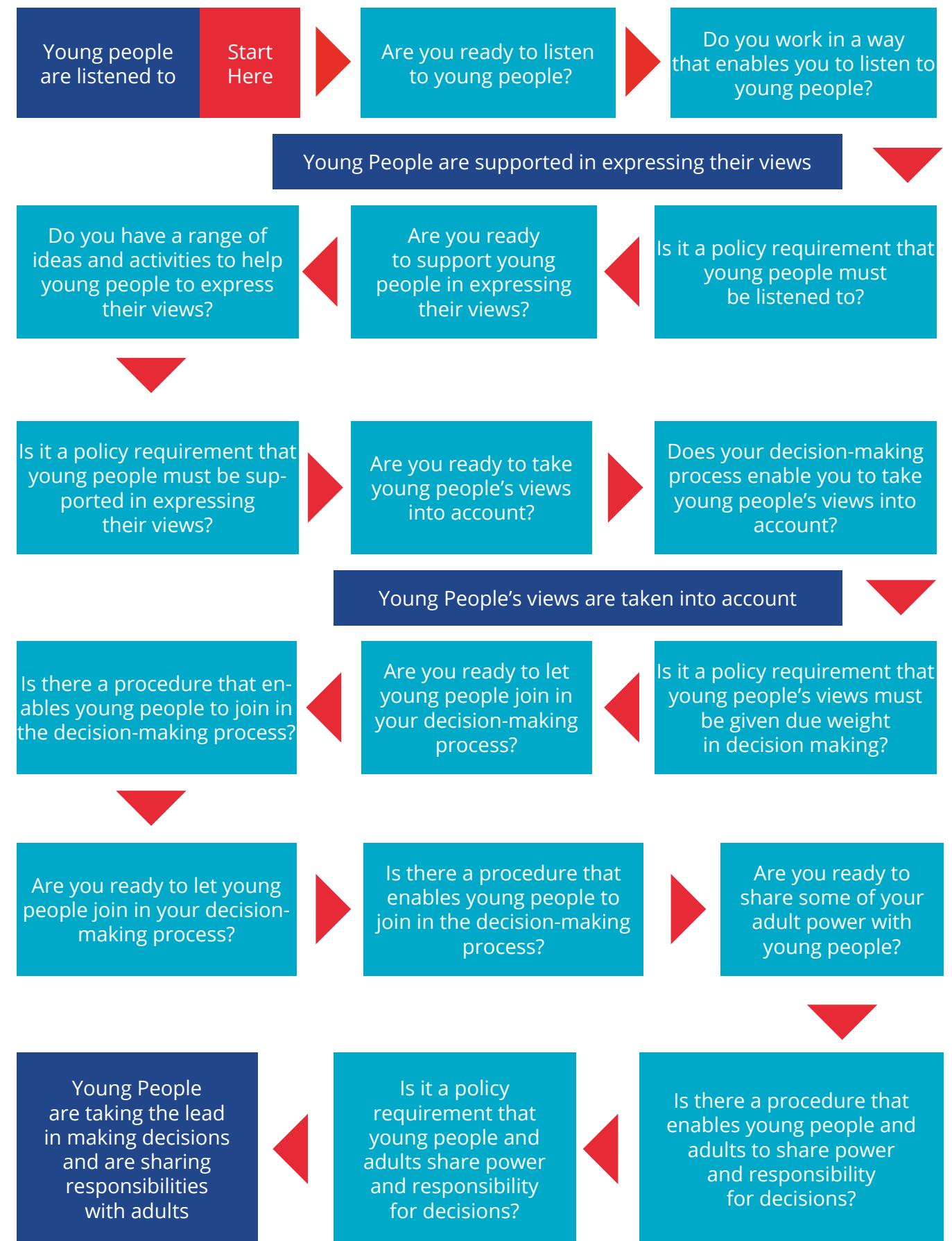
Adults decide on the project and young people volunteer for it. Young people understand what it is about, who involved them in it and why? Adults respect young people's views.

Consulted but Informed

The project is designed and ran by the adults but young people are consulted throughout the process. The young people have full understanding of the process and their opinions are taken seriously

Shier's Model of Participation³⁰

Shier's model of participation can be useful in assisting organisations to assess where they are in terms of attitude and approaches to youth participation in current work practices. It is also helpful in providing concrete examples of ways and structures in which to include young people.



Adapted from Shier, H, Pathways to participation: Openings, opportunities and obligations. Children and Society, vol 15, no 2, pp 107-117 (2001)

Youth Participation Quiz

Are you already participating without even knowing it?

Many young people are getting involved in all kinds of participation activities all the time but just don't connect these experiences with the term 'youth participation'. Take a few minutes to complete the following quiz to find out if you are already participating and just don't use the term

	Have you ever....	Yes	No
1	Got involved in organizing or helping out in running activities for yourself, your friends or your community?		
2	Signed a petition?		
3	Taken part in a demonstration/protest?		
4	Been involved in a school's council?		
5	Been involved in a youth group?		
6	Contacted your local council by phoning or writing a letter about something you cared about?		
7	Been involved in a Youth Forum?		
8	Spoken up on behalf of a cause?		
9	Campaigned on behalf of a cause?		
10	Volunteered in any way?		
11	Got involved in any community/school/youth group fund raising etc.?		
12	Done any charity work?		
13	Written an article for your youth club newsletter?		
14	Been involved in making a video, writing a song or making a poster about something important to you?		
15	Voted for something?		

An example of an implementation tool

(adopted by Sheir's model of participation)

Below is a template for an implementation tool which could be used to clearly map and monitor the realization of youth participation initiatives. It provides a logical follow on step from Shier's model of participation and assessment. Again, this is an activity which could be completed with the assistance of young people in the youth organisation.

Opportunity	Is this being done?	How is this (doing to be) done?	Who does (is going to do) it?	How often (By, when)?	Success measurement
Young People's views are listened to					
Young people are supported to enable them to express their views					
Young people's views are taken into account					
Young people are a part of the decision-making process					
Young people are taking the lead in making decisions and are sharing responsibilities with adults					

- Please note that it is likely that most youth organisations are already carrying out many of these tasks and that much of the youth participation opportunities mentioned here are inherent in the work being carried out. It is, however, important to acknowledge this work, along with identifying further opportunities. This helps in identifying an organisations strengths and weaknesses in terms of capacity, skills etc.

(B) Youth Participation Charter

 Evidence for Portfolio: A copy of the youth participation charter

A youth participation charter is a document which assists organisations in fulfilling their commitment to involving young people in decision-making processes. The charter highlights what the organisations or youth groups beliefs and values are in terms of youth participation and outlines how adults and young people will work together. The goal of the charter is to ensure that young people have a role in decision making and receive feedback about the outcomes or impact of their participation. Implementing the charter requires the commitment of staff at every level within the organisation. The charter should be clearly displayed for all to see as young people, youth workers and volunteers need to be familiar with it and understand if, it is to be effective.

The youth participation charter should support engagement and participation that is:

- **Voluntary:** Youth participation must be, in essence, a voluntary arrangement if it is to be of any value to the young people involved
- **Informed:** Young people should be made aware of what they are getting involved in and what their rights and responsibilities are
- **Relevant:** Young people should be able to input into the development of initiatives which should aim to address their needs and deal with relevant issues of importance to them
- **Enjoyable:** Young people need to have fun and feel valued, therefore, all youth participation initiatives, no matter how intense, need to be implemented in a way that is enjoyable
- **Developmental:** Young people should be given the opportunity to explore issues relating to the society in which they live and be empowered to become active citizens
- **Educational:** Youth participation projects should provide young people with opportunities for learning in both formal and informal settings
- **Supported:** Youth participation initiatives and activities should be supported as appropriate, whether that involves training, advice or guidance
- **Resourced:** Activities and initiatives also need to be adequately resourced in terms of staff, support, access to information, funding, time span and space to carry out activities
- **Valued:** Young people should feel that they are valued and are being taken seriously, as is their work, in order to avoid tokenism
- **Owned:** Activities and initiatives should be youth led and young people involved should feel that they have ownership
- **Flexible:** In order to meet the changing needs of young people and allow for personal and other work obligations, there needs to be a certain amount of flexibility build into youth participation initiatives
- **Diverse:** It is important that all young people are afforded the opportunity to participate and that diversity in groups is not only respected, but sought after
- **Monitored and Evaluated:** In order to ensure that initiatives are meeting the changing needs of the young people involved and to promote innovative youth participation activities, it is vital that all such initiatives and activities are monitored and evaluated on an ongoing basis.

Below outlines an example and a template of a youth participation charter.

NYCI Youth Participation Charter

Statement of Commitment

Through adopting the Youth Participation Charter, NYCI acknowledges that young people have a right to be active citizens. It also shows that NYCI is committed to involving young people in decision-making in appropriate areas of work such as relevant policy development, youth related programmes, activities and services

Purpose

The NYCI charter outlines the values and principles of NYCI regarding youth participation 'NYCI believe that better outcomes are achieved when young people are involved in making decisions that affect them'.

Youth Participation Charter Values

Young people:

- Have the right to be involved in making decision that affect them
- Have the right to be treated with respect and dignity
- Have unique insights and perspectives on matters that affect them
- Have the right to be treated equally
- Have the right to express their views and be heard
- Have the right to freedom of expression and access to information and ideas

	Obstacles	Enables
1	Lack of trust or belief in the benefits of youth involvement	Sign up to the charter and principles of youth participation
2	Lack of preparation for how to go about involving young people	Develop a participation strategy
3	Not listening to young people	Ensure that processes for young people to be heard are developed
4	Underestimating young people's capabilities and levels of interest	Sign up and agree to abide by youth participation values
5	Making false or unrealistic promises	Review resources and plan achievable activities together with young people
6	Lack of training for youth workers and young people	Carry out a group assessment to identify training needs and access relevant training
7	Lack of adequate resources allocated, both financial and other	Develop an action plan for how to go about supporting youth participation strategy
8	Unwillingness to change structures and methods of working. It may be felt that it is easier to let things continue as they are, the 'if it's not broken, why fix it? Attitude	Review the aims of the organisation. Consult with young people you are working with. Make decisions based on young people's needs
9	Wariness on behalf of young people due to previous unsuccessful experiences	Involve young people from the start and show them that you are committed to the values and principles
10	Fear of unknow by organisations, workers and young people	Feel the fear and do it anyway! Youth work is all about taking risks and trying new things. Try to make the experience fun for all
11	Lack of interest/desire from young people to be involved	That's ok too! Start off where young people are at. Identify those who are interested to begin with. The rest may become involved when they are ready

Criterion 5: Peer Health Promotion Initiative



 Evidence of Portfolio: evidence of needs assessment, copy of plan and examples of implementation

Introduction

This criterion provides an opportunity for young people to have a clear and explicit involvement in the HQM process. Therefore, this criterion and how it is implemented should be entirely at the discretion of the young people.

Step-by-step guidelines for facilitating young people to develop a health promotion initiative

Step 1	Identify a group of young people within the organisation with an interest in developing a peer health promotion initiative.
Step 2	Facilitate the group to identify a specific health issue, policy issue, lobbying issue of relevance and interest to them and their peers (e.g., this might relate to mental health, physical health, sexual health or to a specific issue such as smoking, alcohol, drugs, stress, or to accessibility of youth friendly health services).
Step 3	Build the capacity of the group to undertake this initiative. This may include training for the group in areas such as: <ul style="list-style-type: none"> • How to conduct a needs assessment with their peers • How to develop a project plan for the initiative • How to resource the project/initiative • How to implement the initiative and who to involve in same • How to evaluate the project/initiative • How to feed this learning back into the organisation.

Template for planning the peer health promotion initiative

Title of Peer Health Promotion Initiative: _____

Target group for this initiative:

Aim and objectives:

Sample action planning template

What are we going to do? (Actions)	Who will do what?	How?	When?	What are the resources required?	How will we evaluate it?	What will we do with the evaluation results?
1.						
2.						
3.						
4.						
5.						
6.						

Criterion 6: Organisational Health Related Policies'



Introduction

The everyday work of supporting young people is continuously challenged by a broad range of factors relating to young people's health and wellbeing. To support young people in promoting their health and wellbeing, organisations, in line with good practice, should develop health related policies.

Over the past number of years, the area of policy has developed significantly within youth organisations. There has been a growing recognition of the importance of the role that policy plays in the planning and delivery of safe and effective youth work services. Increased demands have been made on youth organisations in relation to policy development in recent years. Legislative requirements, changes to programmes and the complex social issues that organisations must face have driven these.

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

Policy development is necessary for several reasons:

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

Criteria 1 (Health Promotion Policy) outlines guidelines for developing a health promotion policy. The guidelines and approach can be used for the development of any health-related policy and are repeated below.

There are 5 dimensions of health which include:

- Physical Health.
- Sexual Health.
- Mental Health.
- Emotional Health.
- Spiritual Health.

Within each of these dimensions, there are elements which promote, prevent and intervene to support a person's overall health and wellbeing.

Listed below are policies which organisations should strive to develop and implement.

This is not an exhaustive list therefore, organisations may have existing policies not mentioned. Some policies may not be relevant to some organisations.

Health related policies include:

- Anti-bullying policy
- Sexual Health policy
- Healthy Eating policy (guidelines)
- Critical Incident Management
- Smoking Policy
- Substance use (to include alcohol and drugs)
- Breastfeeding Policy
- Physical Activity Policy
- LGBTI+ (could be incorporated into a sexual health policy)

The National Youth Health Programme support organisations develop policies by delivering whole organisations training on policy development. Organisations should avail of this training to support the implementation of criteria 6.

Guidelines for developing a policy

This section aims to provide a step-by-step framework for organisations to follow, or adapt where appropriate, when developing their own health-related policy. The process outlined can be followed at all levels within an organisation (i.e., at local, regional and national level). Organisations should take a whole organisational approach when developing policies. This approach has been designed to encourage the development of a comprehensive policy that has been contributed to and is therefore supported by the whole organisation.

A step-by-step process for developing policy

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

Step	Action
Step 4 Write the policy	<ul style="list-style-type: none"> • Agree the target audience for the policy • Agree the content and format for the policy (see the Framework for Policy below) • Assign roles and responsibilities regarding the writing of the policy • Following completion of the first draft, circulate to relevant stakeholders for comment and feedback • Ensure that the policy has been gender- and equality-proofed at each stage <p>There will be a range of views represented in the feedback and a simple comment form with a selection of questions may help with this task. The feedback you receive may be conflicting, but you should be able to assess:</p> <ul style="list-style-type: none"> • If the policy covers what they expected • Whether it will be effective in supporting workers in the organisation • Whether it will be effective in supporting practice with young people • Whether anything important is missing • What needs to be made clearer • Whether the format and structure work well • If there is a problem with the tone of the language, and • Whether there are any errors (e.g., spelling, grammar). <p>The next step is to complete a revised draft taking into account any feedback. It may be necessary to repeat this process to arrive at an agreed final draft.</p>
Step 5 Pilot the policy	<ul style="list-style-type: none"> • Following agreement on final draft of the policy, disseminate as appropriate for comment on its usefulness • Pilot the policy using relevant case studies/scenarios to test its usefulness • Make any changes necessary to improve its effectiveness, and • Ensure that any legal implications of the policy have been approved.
Step 6 Ratify the policy	<ul style="list-style-type: none"> • Senior management/Board of Management within the organisation should officially sign off on the policy. Some organisations may wish to publish and formally launch the policy at this stage
Step 7 Implement the policy	<ul style="list-style-type: none"> • Identify who needs to be involved in the implementation process • Identify who will take responsibility for co-ordinating implementation • Identify strategies (taking account of resource implications) for implementation including: <ul style="list-style-type: none"> - Dissemination to relevant stakeholders both within and outside the organisation - Briefing sessions for relevant stakeholders as appropriate - Training courses on the use of the policy for relevant personnel - Identify how the implementation of the policy will be reviewed.
Step 8 Monitor and evaluate the policy	<ul style="list-style-type: none"> • Appropriate monitoring and evaluation measures should be in place to support the implementation of the policy • Monitoring is an on-going process measuring how the policy is impacting on the development of worker's practice and ultimately how it impacts on young people.

Policy Framework

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

1. Policy statement	<ul style="list-style-type: none"> • Provide a statement on the organisation's position in relation to the issue in question. In this case two or three sentences outlining the beliefs and approach to health promotion.
2. Aims and objectives	<ul style="list-style-type: none"> • The aim of the policy sets out clearly what the policy is intended to achieve. • The objectives of the policy set out clearly how this aim will be actioned.
3. Scope of the Policy	<ul style="list-style-type: none"> • Who it covers (e.g., staff, volunteers, management) • What settings it covers (e.g., projects, clubs)
4. Clarification of the role of Health Promotion within the organisation	<ul style="list-style-type: none"> • The organisation's definitions of health promotion and health education (see The Ottawa Charter, WHO, 1986). • Links between the principles of health promotion and the core principles or ethos of the organisation.
5. Health promotion in action – Guidelines for good practice	<ul style="list-style-type: none"> • Guidelines for management, staff and volunteers in planning, implementing and evaluating health promotion programmes/practice.
6. Specific roles and responsibilities	<ul style="list-style-type: none"> • Indicate the specific roles of all those involved in health promotion work within the organisation, including the health promotion team.
7. Staff/volunteer training, support and supervision	<ul style="list-style-type: none"> • Outline how the organisation will provide for the information/education/support and supervision needs of staff and volunteers for health-related work.
8. The organisation's Health Promotion work in a community context	<ul style="list-style-type: none"> • Outline the main services and supports available to the organisation within the community.
9. Dissemination of the policy	<ul style="list-style-type: none"> • Describe how the organisation will disseminate the policy to workers, young people and parents and others as relevant.
10. Monitoring and review of the policy	<ul style="list-style-type: none"> • Describe how and when the organisation will monitor and review the policy and when the organisation expects to update the policy.

Criterion 7: Training Plan for Staff, Volunteers and Management



 Evidence for Portfolio: Copy of training plans. Evidence of improved work practice

Introduction

To support the successful achievement of the Health Quality Mark, it is important that staff, volunteers and management (as relevant) receive appropriate training. Training is vital in building capacity within organisations and in providing the skills and competencies to promote health throughout the organisation. Good practice indicates that youth work providers must ensure the effective performance of both paid staff and volunteers, and offer appropriate support, supervision and development opportunities wherever possible.

Relevant training can be developed and delivered in-house (e.g., by the Health Promoter) or accessed externally. In order to meet the requirements of this criterion, a training plan should be developed which details the training being provided either on an in-house and/or an external basis. Following training, a record sheet should be submitted by the individual in receipt of training to the health promotion team to enable the team to maintain up-to-date records of the range and nature of training availed of across the organisation, particularly in health-related areas.

Staff and volunteer training are essential for the promotion and sustainability of quality. Staff and volunteer development include personal development, team development and organisational development. It serves a number of major functions:

- It enhances the personal and professional lives of staff.
- It enhances the personal and voluntary experience of volunteers.
- It provides for improved practice.
- It lays the groundwork for implementing organisational aims.
- It is a means of promoting organisational mission, vision and shared values.
- It facilitates the introduction and management of change.

Guidelines for developing a training plan

Identification of training needs

The first step in developing a training plan is to identify the training needs of the relevant personnel. Training needs can be identified through:

- A review of the organisation's service provision in relation to meeting the needs of the young people
- A review of developments in both the internal and external environment, which may indicate the emerging need for new skills
- Evaluations conducted on particular work areas or the organisation as a whole which may reveal areas where additional capacity or expertise is required
- Staff/volunteers/management reflection on their own work, which may lead them to identify strengths on which they would like to build or challenges that need to be addressed
- The completion of training needs analysis for individuals, teams and the organisation as a whole, and
- The accompanying development of training and development plans.

Content for the training plan

The training plan should address all core competencies (knowledge, skills and attitudes) that you need your team to have. You could also add in a broad overview of why training in the organisation is important. This should clearly state the reasons for training various personnel and the anticipated impacts and outcomes. In addition to this, you could indicate who is to take (deliver/facilitate) the training, when it is to occur, how long each session should be and where it is to take place. Where known you should also include any external consultants or training providers that might be employed to facilitate the training and how to engage them for the training sessions you require.

A selection of templates are provided below which may be useful in planning and documenting training. These can also be included in the portfolio of evidence.

Checklist for training and development

	Yes/No
Does the organisation complete training needs analyses for everyone?	
Does the organisation have a system in place to prioritise identified training needs?	
Does the organisation maintain a record of training completed on an individual, team or organisational basis?	
Does the organisation respond to identified training needs by organising relevant in-house training/accessing external training?	
Has the organisation identified appropriate training programmes/events?	
Is the trainer competent and/or qualified in the respective areas?	
Has the training been gender and equality-proofed?	
Does the training provided enhance the competencies (knowledge, skills and attitudes) of staff/volunteers/management?	
Is evaluation of training opportunities provided for?	
Are staff/volunteers facilitated to avail of development and training opportunities?	
Does the organisation complete training needs analyses for staff/volunteers/management?	
Does the organisation have a system in place to prioritise training needs?	
Are training records maintained on a regular basis?	
Does the organisation respond to identified training needs by organising relevant in-house training/accessing external training?	
Has the organisation identified appropriate training programmes/events?	
Is the trainer competent and/or qualified in the respective areas?	
Has the training been gender and equality-proofed?	
Does the training provided enhance the competencies of staff/volunteers?	
Is evaluation of training opportunities conducted?	
Are the impact and outcomes of training identified and implemented?	

Sample INDIVIDUAL Training Needs Analysis

Name	Job/Role Title	Training Needed			Priority level 1 (low) - 5 (high)
		Knowledge	Skills	Attitudes	

Template for an INDIVIDUAL Training and Development Plan

Name: _____ Role: _____ Date: _____

Training and Development: Priority Area: Core competences:		Training and Development Programme/ Activity/Event	Provider	Timeframe	Cost (if relevant)
Knowledge	Attitude				

Template for an TEAM Training and Development Plan

Name: _____ Role: _____ Date: _____

Training and Development: Priority Area: Core competences:		Training and Development: Programme/ Activity/Event	Provider	Timeframe	Cost (if relevant)

Template for an ORGANISATIONAL Training and Development Plan

Name: _____ Role: _____ Date: _____

Training and Development: Priority Area: Core competences:		Training and Development: Programme/ Activity/Event	Provider	Timeframe	Cost (if relevant)

Sample Organisational Training Report

Name of attendee	
Title of training event	
Date(s) of training event	
Brief outline of training content	
Impact of learning	
Materials/resources available from the training	
Attendee's comments/evaluation of the training event	

Criterion 8: Intersectoral Working and Partnerships



Introduction

Partnership working provides valuable and worthwhile opportunities for organisations to come together to address issues in which partner organisations have a vested interest. Partnerships offer the potential for a range of organisations to collectively respond to identified needs.

Rationale

In considering the Determinants of Health (Marmot & Wilkinson, 2005; Viner et al., 2016)^{31&32}, it is clear that health services alone cannot address the broad range of factors that affect health. The benefits of working across organisational boundaries in jointly addressing the broad determinants of health have been recognised for some time. This is particularly recognised in both youth work and health promotion policy and strategy documents and is translated into the strategic plans of many statutory, voluntary and private sector organisations.

While extremely worthwhile, the reality of working in partnership is also challenging as well as time and resource intensive, placing demands on partner organisations. It is important that organisations, whether convening partnerships or invited to participate in partnerships, consider carefully whether or not their involvement will support and further enhance their own agendas while at the same time achieving the expected outcomes from the partnership work. Essentially, partnerships need to be productive (i.e., progressing actions in line with objectives and achieving outcomes). Partnerships cannot be a product or an outcome in and of themselves.

Definition of partnership

Partnership is defined as: "... a working relationship that is characterised by a shared sense of purpose, mutual respect and a willingness to negotiate. This implies sharing of information, responsibility, skills, decision-making and accountability" (Pugh, 1989)³³.

The term 'partnership' is used as the umbrella term to describe the following:

- **Networks:** loose-knit groups of individuals or organisations.
- **Alliances:** unions of interests that have similar character, structure, or outlook.
- **Coalitions:** temporary alliances of parties for some specific purpose.
- **Consortiums:** associations; groups of similar interests.
- **Collaborations:** joint efforts that represent the most intense way of working together while still retaining the separate identity of participating organisations.

Types of partnerships

Partnerships come in all shapes and sizes. They can differ according to their:

- **Purpose:** Partnerships may be created for the purpose of strategic planning, service co-ordination, information sharing, service or programme delivery, or capacity building.
- **Focus:** Some partnerships focus on a sector such as health, education, or youth justice. In others, representatives from Government, local government, and community groups come together to work collectively on broad themes such as safer cities/communities, healthy cities/communities, and strengthening families.
- **Governance:** The possible governance structures for partnerships range from simple, informally constituted collectives to formal legal entities such as charitable trusts, charitable companies and incorporated societies. Partners may also have contractual arrangements between them.
- **Range of participants:** Participants can be drawn from central and local Government, the community and voluntary sector, business or industry groupings, or other key interest groups.
- **Timeframes:** Partnerships can be formed to undertake short-term, once-off projects, or they can be the basis of an ongoing relationship between two or more parties, who subsequently undertake a range of projects over the long term.
- **Funding arrangements:** Partnerships may be funded by central or local government, co-partner funded, or non-partner funded.

Communication

Effective partnerships are based on communication. Communication skills are required to set-up a partnership, to make sure every partner is clear on what the partnership aims to achieve and what is required from them. "Communication is a fundamental part of health promotion ... It can be used in individual, group and team settings and is a core competency needed to work with other health promotion practitioners as well as patients, clients and the general public" (Dempsey et al., 2011)¹².

Guidelines on establishing effective partnerships

There is a vast amount of literature on the 'how' of partnership working. However, the basics include the following:

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

Managing the partnership process effectively

1. Ensure active participation of all partners	<ul style="list-style-type: none"> Encourage and support all partners to contribute and make suggestions Do not assume that everyone knows how to work in partnership Take adequate time to understand the other partners Capacity building and training to facilitate all partners to participate fully Build consensus - clarifying the agenda and strengthening a common vision and commitment Clarify 'jargon' and ensure that everyone understands the language being used Use problem solving methods to facilitate people to work out solutions Help partners to appreciate the possible outcomes of the work Help partners to clearly articulate what they can contribute Ensure collective agreement on principles to ensure that the process of power sharing works effectively.
2. Ensure effective communication	<ul style="list-style-type: none"> Establish formal communication processes between members (i.e., share phone, and e-mail details) Use simple, clear language that is commonly understood by all partners Consider how decisions will be recorded; remember the 'power of the pen' is a reality Informal networking and communication are also essential for 'off the table' discussions and explorations Agree a communication protocol to ensure that: <ul style="list-style-type: none"> Information is circulated within the partnership (i.e., minutes, agendas, discussion papers) Relevant information is circulated to those not involved in the partnership (i.e., media, other local and national organisations where relevant) Use communication technologies in line with the capacity and resources of partners.
3. Roles	<ul style="list-style-type: none"> All partners should play an active, rather than passive, role in the partnership. This means keeping oneself informed, being prepared and being willing to challenge and support others so that issues are thoroughly explored and resolved Be prepared to share leadership with others so that work can advance through sub-groups or specific interest groups Ensure that all partners are engaging to the maximum in negotiations and decision-making.

Managing the partnership process effectively

4. Build trust	<ul style="list-style-type: none"> • Investing time in trust and team building • Performing competently • Establishing consistency • Communicating accurately, openly and transparently • Sharing and delegating control • Showing concern for others.
5. Actively address resistance and conflict	<ul style="list-style-type: none"> • Expect conflict and differences of opinion in a partnership, people are human and will gradually change in their relationship with one another • Consensus is something you arrive at after negotiation • Accept that everyone who enters a partnership has their own agenda and has a right and responsibility to put this on the agenda for discussion • Valuing difference and diversity is at the heart of effective partnership working. • Recognise it as a strength and core principle • Invest time in exploring different perspectives and in learning what each other brings to the table – this will promote openness, honesty and trust • Conflicts should be dealt with openly and transparently; have mechanisms in place to deal with conflict established at start of the partnership • Skills are required to deal with conflict; does the partnership require training for this? • Imposing solutions will create disharmony • Collective solutions are more effective.

Evaluating partnerships


People often assume that partnership and collaboration will be more effective than efforts planned and carried out by the organisation on its own. This may not always be the case, particularly if the partnership has lost its focus. Evaluating partnerships is difficult for various reasons such as the long timescales for achieving impact, different perspectives on what success means, the complexity and variability of partnership interventions, and the different contexts within which partnerships work. It is good practice for organisations to evaluate the effectiveness of the various partnership working arrangements in which they are involved. The following is a set of reflective questions to enable organisations to consider the usefulness of and outcomes from their involvement in partnerships.

Sample framework for evaluating partnerships

What is the aim of this partnership?	
Who is involved?	
How long has the partnership been in operation?	
How often does the partnership meet?	
What is our organisation contributing to this partnership?	
What are other members contributing to the partnership?	
What is our organisation gaining from this partnership?	
What are other members gaining from the partnership?	
Does the purpose and outcomes from this partnership working arrangement still fit with our organisation's strategic priorities? If yes, how?	
If no, what does our organisation need to do in order to address this situation?	

Criterion 9: Model of Good Practice for Health Promotion Activities



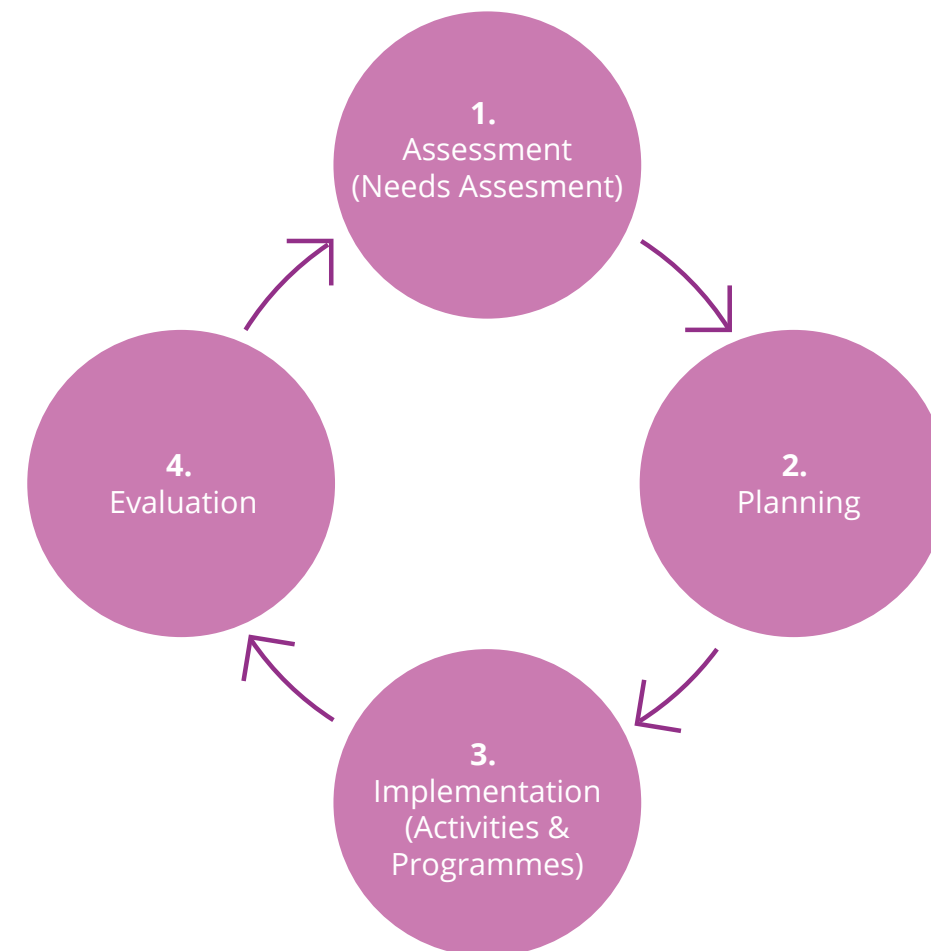
 Evidence for Portfolio: Copies of completed needs assessments, programme implementation e.g. programme records with accompanying aims and objectives completed evaluations. Copies can be in paper or virtual format

Introduction

All health promotion activity within an organisation (including programmes, events and interventions) should be underpinned by a model of good practice. The use of such a model is now commonplace. A good practice model should include a process for:

- Needs assessment
- Planning (including aims and objectives)
- Implementation (methodologies)
- Evaluation (methodologies)

Assessment, Planning, Implementation and Evaluation (APIE) – A Basic Good Practice Model³⁴



It is important that everyone tasked with planning and implementing health promotion activities is familiar with this model and integrates it into their work.

Elements of the APIE model

Needs assessment

Needs assessment or needs clarification is the examination of the varying needs that emerge from consultation with stakeholders. Health needs are understood as being those states, conditions or factors in the community that, if absent, will prevent people from achieving physical, mental and social health. This would include such things as minimum provision of basic health services and information, a safe physical environment, adequate food and housing, productive work and activity along with a network of emotionally supportive and stimulating relationships. Needs can be classified under the following headings:

- **Normative needs:** These are based on opinions and experiences according to current research. They are presented as norms (e.g., health experts state that excessive exposure to the sun, can lead to skin damage, therefore there may be a need to introduce a skin cancer awareness programme).
- **Felt Needs:** These are based on what the individual or group perceives, feels or states (e.g., a number of families in an urban area suggest that the waiting lists to access drug clinics are too long, therefore there may be a need to introduce a satellite clinic in the area).
- **Expressed Needs:** Expressed needs are those that are literally expressed by the target group/service user (e.g., there is a consistently low rate of attendance at social and health education group work activities, therefore a service may change its focus to include a health café as an access point prior to any planned group work).
- **Comparative Needs:** These are clarified by comparing the needs of one group towards another. This may include exploring the transferability of certain initiatives from one group/location to another (e.g., a healthy eating campaign in one service indicated very positive results, therefore, a similar initiative is planned for the local service).
- **Emergent Needs:** Emergent needs are those, which arise or follow on from the initial specified needs during an assessment process (e.g., a mixed gender health and fitness programme has a low rate of female participation, therefore, a separate programme specifically for young women is set up to address gender specific health issues).

All information gathered requires identification of the various needs being expressed and analysing these specified needs. This information should be shared with all stakeholders at the earliest possible point to inform them of the stated rationale, proposed response and desired result of the health promotion initiative. These needs along with other relevant information can inform the baseline data for planning a health promotion initiative.

Summary of possible methodologies for carrying out a needs assessment

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

Planning

Comprehensive planning is the essential foundation for any health promotion initiative or programme. It is the process of defining the programme, articulating the rationale, establishing measurable aims and objectives, identifying the process, selecting appropriate strategies and defining specific actions for implementation.

Definition of planning

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

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

Rationale for health promotion planning

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

Objectives for programme planning:

- To provide operational and strategic direction to health promotion programmes and initiatives
- To devise a programme appropriate to the identified health issue and the specific target group which will result in the desired outcome
- To design and implement a programme which is targeted, efficient and cost effective
- To develop and adhere to identified good practice models and evidence-based initiatives
- To satisfy the requirements of relevant stakeholders.

Selecting a specific planning model should be based on:

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

Methodologies for health promotion planning

Aims and objectives

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

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

Objectives are statements that elaborate the aims in operational terms. These are the specific steps through which the aims will be achieved. Objectives are generally short-term outcomes, which include measurable improvements. When formulating objectives for a health-related programme or initiative targeting young homeless men, the specific objectives could include the following:

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

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

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

- **Specific:** The aim of the issue, target group, process and positioning of the programme must be specific.
- **Measurable:** The objectives must be concise and able to be measured.
- **Achievable:** The aim and objectives of the programme or initiative must be achievable rather than aspirational, taking account of all available and accessible resources.
- **Relevant:** Objectives need to relate to and be relevant to the goals, while the goals themselves require relatedness to the programme or initiative.
- **Time bound:** All programmes and initiatives need to be time related, providing a timeframe through which the planning, design, implementation and evaluation will be achieved.

Steps for programme planning

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

Evaluation

Evaluation means assessing the extent to which goals have been achieved. It is the systematic and structured process of anticipating, appraising and reviewing a plan or initiative. Evaluation involves measurement, observation and comparison with some criterion or standard. It compares the actual results of the programme/initiative with what was expected to happen. Evaluation tries to answer the following questions:

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

Rationale for evaluation

Evaluation is essential to ensure an effective appraisal of a plan or initiative. However, evaluation in itself requires efficiency. Initiatives are often not evaluated appropriately, and in some cases they are over-evaluated. In the latter, the process can be more time consuming and labour intensive than the initiative itself. If this is the case, it points to an imbalance of interests. It is therefore crucial that prior to evaluation, active consideration is given to the rationale for evaluation. A number of key questions should be considered:

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

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

- **Process Evaluation:** This explores the process of how the initiative is organised, delivered and received, assessing inputs, activities and outputs. It tends to be more concerned with operational factors than outcomes.
- **Impact Evaluation:** This measures the short-term effects of the initiative and examines whether objectives have been achieved.
- **Outcome Evaluation:** This form of evaluation occurs at the final stages of an initiative. Outcomes are measured against the stated objectives and targets that were agreed at the beginning.

Evaluation methodologies

In evaluation, a dual approach is often required, using both qualitative and quantitative methods. Qualitative methods are concerned with gathering information regarding the individual's and group's experience of a specific programme or initiative. They can include creative evaluations, case studies, focus groups, content analysis, ethnography and unstructured interviews. Quantitative methods focus on the collection of measurable data to quantify aspects of a group or a programme/initiative. Quantitative methods place emphasis on the objective aspects of the study as opposed to the subjective ones. Examples of quantitative methods include structured interviews, questionnaires and surveys (Community Tool Box, 2019)

Checklist for the APIE (Assessment, Planning, Implementation and Evaluation)
Model of Good Practice

Needs assessment	Yes/No/Comment
<ul style="list-style-type: none"> • Are needs assessments conducted with the young people on a regular basis? • What methodologies are used? • Do the methodologies used take account of the young people's abilities, diversity? • Are the results of the needs assessment used to inform the development of programmes, initiative and activities? 	
<p>Planning</p> <ul style="list-style-type: none"> • Has the planning process identified and prioritised the health issue(s) to be identified? • Have aims and objectives been formulated for the initiative? • Have mechanisms for evaluation been developed? • Have the relevant stakeholders been consulted with? • Have the necessary resources (including funding) been identified and accessed? 	
<p>Implementation</p> <ul style="list-style-type: none"> • What programme/activity/initiative will be implemented in response to the identified need and subsequent planning process? • How will we implement this response? • Who will be involved in the implementation? • Do they have the necessary skills/training to implement this response? • Where is this response going to take place? • When will the response start (and if applicable when will it finish)? 	
<p>Evaluation</p> <ul style="list-style-type: none"> • Has thorough consideration been given to the rationale for evaluation? • Have the relevant stakeholders been informed and included in the evaluation process? • Have those who are carrying out the evaluation received the necessary training to do so? • Are all the methodologies age, developmentally and culturally appropriate to the specific target group? • Is there an active and effective communication system between all stakeholders to ensure proactive participation in the evaluation process? • Are clear and consistent processes and procedures in place for the compilation, publication and dissemination of the evaluation? • Have all stakeholders been informed on the composition, completion and outcomes of the evaluation? • Has sufficient organisational support been provided in resource allocation to ensure appropriate responses to the evaluation findings? • Has the evaluation process adhered to the agreed timetable? • Have the results of the evaluation been used to inform future work in this area? 	

Template for application of Model of Good Practice to Health Promotion Programmes

Title of the programme
Description of target group
<p>Needs Assessment</p> <p>Description of needs assessment conducted</p> <p>Outcomes from needs assessment(s)</p>
<p>Planning</p> <p>Aim(s) and objectives of the programme</p> <ul style="list-style-type: none"> • • •

Implementation

Methodologies

Staff/volunteers involved in delivery (roles, levels of training in relation to this programme)

Resources (programme materials, equipment, funding)

Time frame: Start Date End Date (if relevant) Frequency of delivery

Evaluation

Description of evaluation methodologies

Brief description of formal evaluation of programme (if any)

Any evidence of unplanned learning?

Procedure for recording results of evaluation:

Details of changes made to programme on basis of evaluation results:

Criterion 10: Planetary Health



Introduction

Planetary Health recognizes that human health and the health of our planet are inextricably linked, and that our civilization depends on human health, flourishing natural systems, and the wise stewardship of natural resources. With natural systems being degraded to an extent unprecedented in human history, both our health and that of our planet are in peril.

Young people across Ireland (and the world) have become instrumental and a leading voice in taking action against climate change and for climate justice. Young people want progress and want a say on how we treat our environment, to protect the future of the planet and ultimately humanity itself.

With this in mind, it is crucial that we do not forget that it is the choice we make that will determine the planet's future and consequently, our own. Planetary health needs to be at the center of these choices.

Criteria 10 aims to support HQM organisations gain knowledge and confidence to avail of opportunities that promote sustainable change that will have an impact on the environment (local environment, community etc.) In addition, with support of NYCI and the National Youth Health Programme, training opportunities are available to support this criterion.

The Art of Change

** NYHP would like to thank the Development Education Programme within NYCI for permission to use activities and toolkits from their resource, 'Climate Revolution: How Dare Youth'

The Art of Change is a tool which you can use within your organisation to provide opportunities for sustainable change. In addition, it can be used by young people in their activism work.

The Art of Change reminds us that change is a journey, a process with stages, a set of signposts for how we might best attempt to do something about the issues that are causing harm to our communities, our society and the world as a whole. The Art of Change is a tool, it challenges us to be prepared for change making, to be conscious of the journey at all stages, to commit to a process and to accept that it may take time.

The Art of Change is an invitation to start something, it's a reason to gather the combined energy and the collective imagination of a group of people who see the necessity of change making and the responsibility of being a change maker as fundamentally linked.

Here is a step by step illustration of the power and value of the Art of Change process.

1. I see something that is wrong.

Within the avalanche of what 'wrongs' we see every day, which one is your priority?

2. I find others who agree that something is wrong.

You are not alone! You have put yourself out there, others have responded, friends, classmates, family, clubmates..... These people might just be on the same page as you?!

3. We decide to organise as a group and DO something.

The move beyond talking about it! Big step! The intention to DO something requires the forming of the group. Momentum is good here.

4. We share our values and vision for change.

Now this is important. Sharing values, what IS important to each of us in terms of the thing that is wrong and the wider world of social justice? What IS our vision for change? This can be a tricky moment but an important one because some people for example might think fundraising for a charity is their vision for change while others might want to organise direct action..... it is important to get this stuff out there.

5. We do our research and analysis

Before we start diving into pursuing our vision for change we should have a look at the issue and really give our attention to what is at the root of it, what is already happening in the world of activism, what stories already exist about the attempts to do something about this issue. This stuff is critical if you REALLY want to have an impact and create change.

6. We define the problem together

This is about identifying the area that your group will focus on. What is the thing that you will do? What aspect of the overall issue will you tackle? E.g. A beach full of plastic is not the overall problem causing the Climate Crisis BUT it is a problem within the Climate Crisis and therefore worthy of an Art of Change journey! Do not think that your problem has to be huge, it just has to be relevant and require change.

7. We formulate a solution together

What needs to be done to solve the problem? What will our group do that contributes to that solution? Be specific, be realistic, be true to the capacity of your group.

8. Make a plan

What will we do? What do we need to do it? Who do we need? When will we do it? Where will we find resources to do it? WHY are we doing it?! All of these related planning questions are relevant and worth the time and effort. They are so linked to the potential for an impact that creates change.

9. WE TAKE ACTION

We do it! But let's pause for a moment and recognise that 8 STEPS happened before we took action. This is absolutely critical to the Art of Change! We always get to see the action, on TV, on social media, in person, through photos/videos in WhatsApp groups. We rarely get to see the work that goes in before the Action. We take the action, we commit to it, we give it our best, we believe in the purpose.



10. We evaluate the results of the action

How did the 'action' go? What happened on the day? What were the results of the action? Are they obvious? Are they what we hoped or expected? Any surprises?

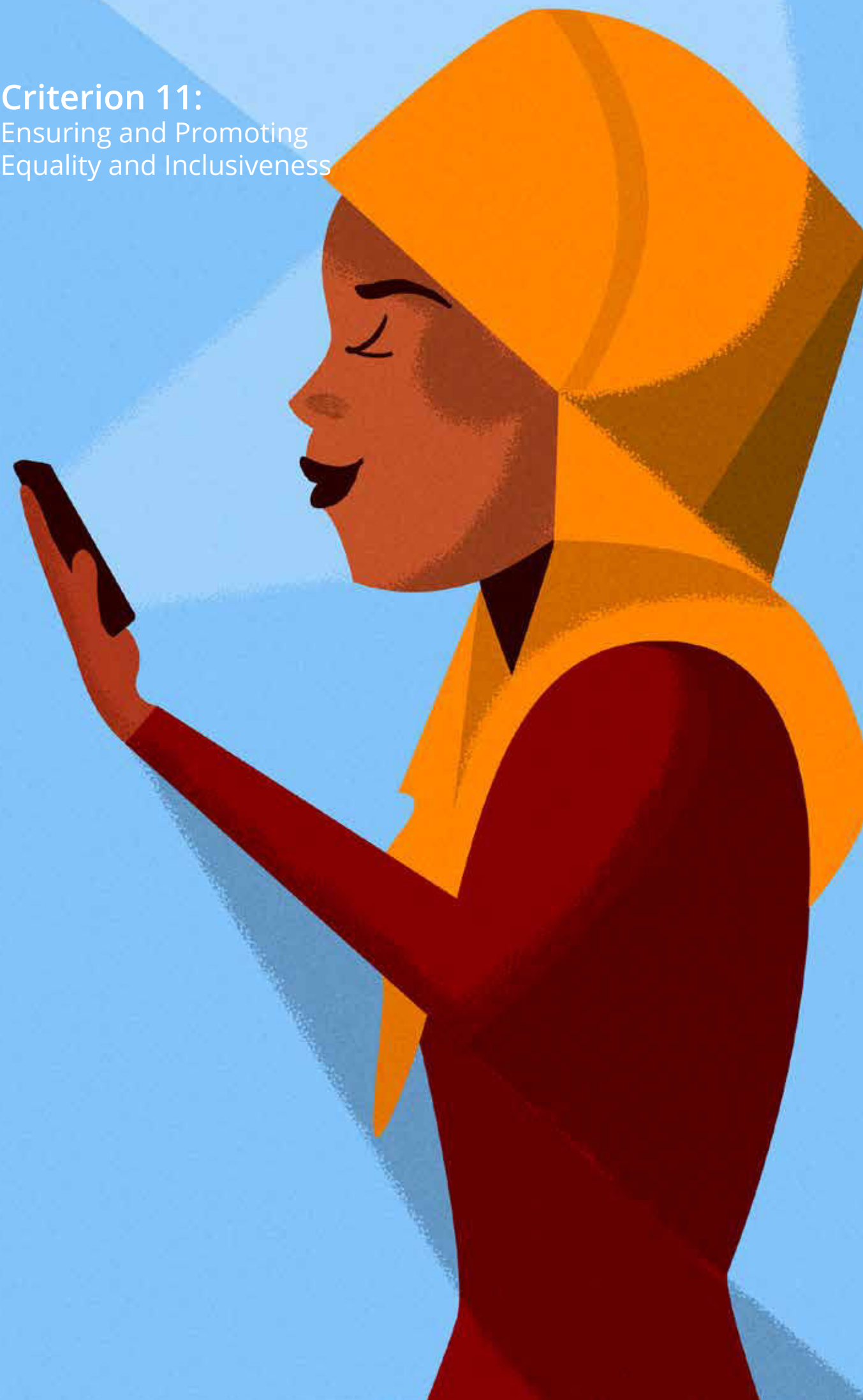
11. We analyse the level of change achieved


Ultimately this is the most important question of all. What change happened as a result of what we did? The change is the most relevant part of the Art and it deserves its moment no matter how significant or insignificant. Don't be afraid to notice unintended changes and to recognise changes to people as well as systems, structures and institutions.

12. Tell the story of the change

This is VERY VERY important. We often fall into the trap of focussing on telling the story of the action and not paying enough attention to the story of the change. The action is the exciting moment, the climax of the hard work and planning but let us not forget that the action only exists to serve the drive for change. When we tell the stories of change we remind people that change is the important part and also that change is possible

Criterion 11: Ensuring and Promoting Equality and Inclusiveness



 Evidence for Portfolio: Copy of equality statement. Evidence of actions taken to enhance and promote equality and inclusiveness (accessibility of buildings, programme material in a variety of formats) Examples of equality and inclusiveness practice (e.g. cultural and social events celebrating equality and diversity).

** The information within this criterion has been sourced from NYCI's Toolkit 'Access All Areas: A Diversity Toolkit for the Youth Work Sector'***³⁶

Introduction

Equality is the notion that everybody is of equal value and deserves equal respect, dignity and opportunity. It is based on four key objectives:

1. Access to services
2. Inclusion in decision making and shaping one's own community
3. Relationships based on love, care, respect and solidarity
4. Acknowledgement of diversity and the right to social status

Inclusion is identifying, understanding and removing barriers that exist to ensure participation and belonging. It focuses on allocating resources to achieve equality of outcome for all.

Inclusive youth work is responsive to the needs of all young people. It involves:

- Openness and dialogue
- A willingness to change
- A commitment to equality

Equity, similar to inclusion, ensures that young people have equality of outcome regardless of background. It is about making sure children and young people are not directly or indirectly excluded and that positive steps are taken to include those who might otherwise feel excluded.

Diversity encourages respect for and expression of the range of identities represented by children and young people involved in youth work and those who work them.

Diversity encourages respect for and expression of the range of identities represented by children and young people involved in youth work and those who work with them.

What does an inclusive group look like?

Creating a service based on equality and inclusion means asking if projects, programmes and activities are based on the norms and values of the majority group or do they include the needs of young people from diverse living circumstances and identities? An inclusive service is one that reflects the range of diversity within a community. In a mainstream, volunteer or universal service this will mean engaging with the young people in the community in a way that is responsive to the numbers of young people from diverse backgrounds that live within that community. Sometimes services work exclusively with marginalized and diverse young people and may not see how, or why, they might become even more inclusive. However, diversity is never a single identity issue. All young people have multiple identities and all aspects of exclusion should be addressed even in specialized services. For example, a person with a disability will have a sexual orientation, a gender and an ethnicity etc. some of these aspects of identity will sometimes put them into other minority groups. An inclusive service challenges prejudice and looks at what diversity is not represented or included in the group. This may involve looking at more invisible diversities such as sexual orientation, early school leaving or mental health or it may involve looking at more obvious diversities such as ethnicity, disability, young parenthood etc. and find ways to address these.

The principle of equality and inclusion needs to be firmly embedded in our society and prompted from an early age. Youth work is an ideal setting for working towards this goal by exploring issues and developing awareness with young people.

How do we ensure equality?

Equality means that everybody should have equal prospects of well-being, having their needs met, and to develop themselves. Resources should be distributed in such a way to provide for this. Therefore, equality means asking if your service offers the same level of outcomes to all young people in your community.

- Do some young people feel intimidated by the dominance of the majority groups?
- Is it harder for some young people to physically access and participate in your project or group?
- Is there racism or homophobia in the project or group which makes it difficult for young people from diverse backgrounds to participate?
- Does your service accommodate the various learning needs of young people?

How do we ensure inclusion?

Inclusion is a process that is relevant to all young people but particularly focuses on those groups who have historically been marginalized or at risk. It involves a process of identifying, understanding and breaking down barriers to participation and belonging. It recognises the need to involve parents/careers in its practices and decision-making processes. It also asserts that inclusion is not possible without those being 'included' playing a full part in the process.

Inclusion is about the quality of young people's experience: how they are supported to learn, achieve and participate fully in the life of the youth service. In essence it involves adapting policies and practices within youth services to removed barriers to learning so that nobody is marginalized. Inclusion moves away from labeling young people, towards creating an appropriate learning environment for all.

In the context of health promotion, the HQM process recognises that significant health inequalities exist, particularly for those who are most marginalized in our society. This includes many of the young people, and their families, in communities within which many youth organisations work. Therefore, it is important that organisations pursuing the HQM make every effort to ensure equality and inclusiveness in service development and delivery.

Legislation that aims to ensure equality and inclusion in youth work

Equal Status Act (2000) and the Equality Act (2004) prohibit services from discriminating and harassment on nine grounds. 'Services' includes all youth services, whether they are run by volunteers or paid staff or whether fees are paid by participants or not.

The nine grounds are:

- Age
- Gender
- Religion
- Disability
- Family Status
- Sexual Orientation
- Civil/Marital Status
- Membership of the Traveler Community
- Race (Ethnicity, Skin Color or National Origin)

Guidelines for organisations in addressing the issues of equality and inclusiveness

To address the issues of equality and inclusiveness, it is not sufficient that an organisation develop an isolated policy on equality. Rather, all organisational policies should be equality-proofed (i.e., the issues of equality and inclusiveness should be an integral aspect of these policies).

Equality proofing a policy involves

- Ensuring the initial research that is carried out when the policy is at the design stage addresses equality issues and consults with relevant groups to ascertain their views
- Considering how the proposed objectives of the policy contribute to the promotion of equality and inclusion, assessing the differential impact that the policy may have on particular groups and ensuring that the policy encompasses those needs, and
- Ensuring the success criteria of the policy are compatible with equality criteria, involving representatives of particular groups in the design of the policy, where appropriate.

A Master Checklist for Equality Proofing

This checklist allows you to assess how well your service is doing in offering equality of outcome to young people who have diverse lives in the local community. There are self-assessment exercises that can be repeatedly used by all members of the organisation in ongoing monitoring and evaluation. The checklist is framed under a proofing model referred to as the 5 P's which are outlined here:

- **Participation:** Making sure the voice all young people at all levels in the service is included
- **Policies and Procedures:** Written commitment to deliver an equal and inclusive service
- **Public Image:** How the organisation presents the service to the community – to young people, their parents and other community services
- **Professional Development:** Are staff and volunteers provided an opportunity to develop their skills to support the delivery of an inclusive youth service
- **Programme Planning and Delivery:** Ensuring all programmes are designed and delivered to consciously include the diverse needs of all young people in the community. Encompassing these five criteria at all times is the question of practice. Practice is about looking beyond the practical application of youth work to the values and attitudes that pervade the youth service. It is crucial that this is fully considered in all youth work provision.

*** The master checklist is not an exhaustive list, to access the entire master checklist devised by the Equality and Intercultural Programme in NYCI please visit www.youth.ie*

Participation	Yes/No/Comment
To be effective in developing relevant, useful services, it is necessary to consult with diverse communities and young people (even if you do not provide direct work). How do you make sure your organisations include the voices of young people at all levels of your youth organisation?	
The management committee of our group/organisations includes members from a diverse range of backgrounds	
Our group/organisation has young people from a range of backgrounds involved in making decisions (including minority ethnic young people, LGBTI+ young people, those from the Traveler Community, young people with disabilities, young parents/careers, young homeless)	
Our group/organisation provides a range of informal ways for young people to have a say about the group/organisation (advisory groups, forums, group contracts, surveys, consultations, reviews, evaluations etc.)	

Policies and Procedures	Yes/No/Comment
Our group/organisation has a written commitment to deliver an equal and inclusive service?	
Our group/organisation has a written commitment to equality and inclusion (charter, code of practice, mission statement, policy etc.)	
Our service has clear policies and procedures in relation to our work with young people who are referred to our project	
Our group/organisation provides a range of informal ways for young people to have a say about the group/organisation (advisory groups, forums, group contracts, surveys, consultations, reviews, evaluations etc.)	
Staff and Volunteers understand what equality, interculturalism and inclusion mean	
We put what is written about equality and inclusion into practice (e.g. we model inclusive language, we address homophobic, transphobic bullying, harassment name calling, racism, sexism, ageist comments etc.)	
Mechanisms are in place that protect participants from racism and discrimination etc.	
Our service has a critical incident plan	
We have an equal opportunity statement referring to young parents/careers	
Our service has clear guidelines and protocol with our local school(s) relating to truancy and behaviour codes for school related programmes	

Public Image	Yes/No/Comment
To be successful in making people from diverse backgrounds feel included they need to be visible in our organisation, even if we do not work directly with young people. How do we present our services to young people, their parents and other community services?	
A range of diverse young people are visible, or are specifically mentioned, in advertising, promotional material, publications and photos of our organisation	
Promotional material about our group? Organisation (flyers, posters, news articles, newsletters etc.) is inclusive: <ul style="list-style-type: none"> We use simple English to describe our programmes and activities We use visual images to show what we do and where we meet We have a disability accessible website (a blind person can use a voice activated screen reader to access the content) Our material is available in the different languages most commonly used in our community We state that we are accessible and inclusive of all people 	
Promotional material use a text and background that contrasts in color and use a plain font with font size large enough to accommodate the needs of people with low vision	
There are lots of ways to get in contact with our organisation/group. You can: <ul style="list-style-type: none"> Phone the youth organisation/leaders Text the youth organisation/leaders Email the organisation/leaders Drop into the youth organisation/group Communication through social networking sites 	
The building(s) where we meet are accessible for wheelchair users, those who have sight loss or are deaf	
Staff, volunteers and young people are open to and welcoming of all members of the community: <ul style="list-style-type: none"> Young people from minority ethnic background Young people who are LGBTI+ Young Travellers Young People with a disability Young people with mental health issues Young people who have been involved with the juvenile justice system Young parents/carers Young people who have left school early Young people who are, or at the risk of homelessness 	

Public Image	Yes/No/Comment
The group/organisation have information and a list of services we can refer young people to	
We take part in meetings and network with other community groups (e.g. health professionals, community Gardaí, schools, social workers, community workers, specialist organisations)	
We tell all young people in our community about our youth group and encourage them to join. <ul style="list-style-type: none"> We ask the members to invite their friends We tell all the schools in the area about our group/organisation We put up notices throughout the community 	
We seek to meet all parents in our community, tell them about our youth group/organisation and reassure them about concerns they have about their children joining the youth group	
We display information and awareness raising material (LGBTI+ information, disability awareness etc.)	
We use warning signs for entertainment events where there will be strobe lighting or smoke machines	
Our service promotes a positive image of parenting, through literature, posters etc.	
Activities/events which include young parents/families are provided and promoted	
Our organisation knows the contact details for the local Schools Completion officer	

Professional Development	
<i>Our staff and volunteers are trained and supported to deliver an inclusive youth service?</i>	
Our youth group/organisation applies equality principles and legislation (e.g. staff and volunteers come from diverse backgrounds, are committed to equality etc.)	
Job description/volunteer roles require staff and volunteers to have awareness of equality and inclusion issues	
Staff and volunteers receive training on equality and inclusion issues and working with specific groups of people. <ul style="list-style-type: none"> Young people from minority ethnic background Young people who are LGBTI+ Young Travellers Young People with a disability Young people with mental health issues Young people who have been involved with the juvenile justice system Young parents/carers Young people who have left school early Young people who are, or at the risk of homelessness 	
Staff, volunteers and young people address racist, homophobic/transphobic, sexist comments or behaviours and model inclusive language	
Staff, volunteers and young people actively promote a service environment that is respectful of all cultures and values interculturalism	

Programme Planning and Delivery	Yes/No/Comment
<i>To be successful in addressing current issues faced by young people and youth workers, youth groups need to be aware of who young people are and how they live. How to we ensure our programmes are designed and delivered to consciously include the diverse needs and identities of all young people in the community of homelessness</i>	
Our group/organisation has up to date information about the ethnicity of young people in our local areas, and the numbers of Traveler families in the area	
Our group/organisation collects information on the cultural or ethnic background of young people who take part	
Our group/organisation collects information on requirements in relation to disabilities	
Our group/organisation has the information on the gender breakdown of those involved	
We compare the makeup of our local area with the people who attend our group and identify groups of young people who are under-represented	
Our group/organisation considers the needs of all young people in our community when planning programmes (cultural, religious, mobility, literacy, family responsibilities, diverse abilities, educational etc.)	
We ask a broad range of young people including those who do not attend what they would like to get involved in	
We run programmes or activities on diversity and equality that challenge prejudice and promote inclusion of: <ul style="list-style-type: none"> • Young people from a minority ethnic background • Young LGBTI+ people • Young Travellers • Young people with a disability • Young people with a mental health issue • Young parents/carers • Youth homelessness • Young people involved in the juvenile justice system • Gender roles and stereotypes are explored and challenged 	

Public Image	Yes/No/Comment
Our programme is responsive to the specific needs, issues and experiences of young people from minority ethnic background	
Our programme is considerate of different religious needs	
We provide anti-racism, equality, inclusion and intercultural programmes for all young people	
Our group celebrates cultural days of significance to our members	
Our programmes are designed and delivered to include the diverse needs and identities of LGBTI+ young people	
Our programmes are designed and delivered to include the diverse needs and identities of young people with a disability. <ul style="list-style-type: none"> • Our service has transport arrangements for young people who have difficulty in getting to our service • There are designated accessible car spaces located close to the entrance of our venue • People can be dropped off and picked up close to the entrance of our venue • There is a clear level pathway, from the car park or the street approach, to our venue, which is well maintained, free of hazards and lit at night • There are no overhead hazards such as low awnings, low signs or overhanging branches • Where the approach to the venue is not level, ramps and stairs are provided • There are designated wheelchair accessible toilets 	
Our programmes are designed and delivered to include the diverse needs and identities of young people with a mental health issue <ul style="list-style-type: none"> • Our service is flexible to accommodate the needs of young people with mental health issues • We have a mental health promotion programme in place • Our service has youth mental health promotion material available and on display • Our service has identified local mental health services and support 	

Additional resources/training

Additional resources and training on equality and inclusion issues can be sourced from the following:

- NYCI training, including 'Developing Intercultural Policies and Implementation Plans'
- NYCI 'Access All Areas' Diversity Toolkit for the youth sector
- NYCI: 8 Steps Towards Inclusive Youth Work
- NYCI: Make Minority a Priority

Criterion 12:

A Safe Environment

- (a) Safeguarding and Child Protection Policy and Procedures
- (b) Workplace Health and Safety



Introduction

All youth organisations have a responsibility and a duty of care for the protection and wellbeing of the young people with whom they work. There are a number of measures that youth organisations must put in place to safeguard children from harm. Specifically, The Children First Act 2015³⁹ places obligations on organisations which provide services to children and young people, including the requirement to:

- Keep children safe from harm while they are using the service
- Carry out a risk assessment to identify whether a child or young person could be harmed while availing of the service
- Develop a Child Safeguarding Statement that outlines the policies and procedures which are in place to manage the risks that have been identified
- Appoint a relevant person to be the first point of contact in respect of the organisation's Child Safeguarding Statement.

Below is an organisational audit tool that encompasses the measures that are considered best practice for youth organisations to put in place to safeguard children from harm.

Requirement	Yes	In Progress (partially completed)	No
A robust risk assessment			
An appropriate child safeguarding statement			
Child protection policy and procedures			
Code of behaviour for staff and volunteers			
Job description for the 'designated liaison person (DLP)', support, reporting procedures and training			
Child protection awareness training for staff and volunteers			
Safe recruitment and selection			
Garda vetting			
Staff support and supervision			
Complaints/disciplinary procedure			
Do we consider the rights of young people?			
Anything else relevant to your organisation?			

Safeguarding Best Practice Procedures for Organisations

All organisations working with children and young people need to create a culture of safety that promotes the welfare of children and young people availing of their services. All organisations that provide services to children should develop specific policies and procedures on how to create a safe environment and should consider the need to have detailed policies and procedures in place on the following:

- Dealing with child protection concerns
- Reporting child protection concerns
- Working safely with children
- Recruiting and managing staff
- Child safeguarding awareness and training
- Involving parents and children
- Implementing and reviewing the safeguarding strategies

Advice, information and training for staff and volunteers in organisations.

It is the responsibility of youth organisations and Youthreach's to identify what training staff and volunteers need and to ensure that they receive adequate and appropriate child welfare and protection information and training. NYC's Child Protection Programme provides a suite of training for youth organisations in relation to safeguarding, child protection and Websafety.

Túsla has worked with the DCYA and HSE to develop a universal e-learning training programme called 'Introduction to Children First'. The programme has been written to support people of all backgrounds and experience in recognising concerns about children and reporting such concerns if they arise. It covers topics including:

- Recognising and reporting child abuse;
- The role of mandated persons;
- The responsibilities of organisations working with children to safeguard children;
- The role of designated liaison persons.

Túsla employs Children First Information and Advice Officers who are available to liaise with voluntary and community organisations and provide advice and guidance on Children First 2017. They can also help with any queries about child protection and welfare training. Contact details for your local Children First Information and Advice Officer can be found at www.tusla.ie

Appointing a Designated Liaison Person

Organisations that are providing services to children should consider appointing a designated liaison person in keeping with best practice in child safeguarding. This person will be the resource person for any staff member or volunteer who has child protection concerns and will liaise with outside agencies. The designated liaison person should be knowledgeable about child protection and should be provided with any training considered necessary to fulfil this role.

The designated liaison person is responsible for ensuring that reporting procedures within the organisation are followed, so that child welfare and protection concerns are referred promptly to Túsla.

The name and contact details of the designated liaison person should be made available to all staff and volunteers working within the organisation. It may also be useful to appoint a deputy designated liaison person who will assume responsibility when the designated liaison person is not available or on leave.

Designated Liaison Persons and Mandated Persons

Some designated liaison persons will be working in organisations where mandated persons are also employed. It is important to note that a mandated person is responsible for fulfilling their obligations under the Children First Act 2015. This cannot be done on their behalf by the designated liaison person.

If you are a mandated person and also have the role of designated liaison person in your organisation, you must fulfil your statutory obligations as a mandated person. If, as a designated liaison person, you are made aware of a concern about a child that meets or exceeds the thresholds of harm for mandated reporting, you have a statutory obligation to make a report to Túsla arising from your position as a mandated person.

While mandated persons have statutory obligations to report mandated concerns, they can make a report jointly with another person. This means that a mandated person can make a joint report with a designated liaison person.

Addendum to Children First: National Guidance for the Protection and Welfare of Children Online Safety Action Plan for Online Safety

The Government's Action Plan for Online Safety notes that "it is now almost impossible to imagine a world without the internet or to imagine a future where the internet has less of a role in our lives than it does today."

It is important that we acknowledge the central role of the internet in all of our lives and that we support young people to take advantage of all of the unprecedented opportunities to learn, discover, create and communicate that new technologies provide. However, while they are often confident and competent users of new technologies, young people may be less aware of the inherent risks involved. Children's First operates on the premise that it is the responsibility of everyone in society to keep children and young people safe from harm. This responsibility includes keeping young people safe from harm online.

Young People should be supported and encouraged to develop safe and responsible online behaviours. If a relevant service is allowing young people access to the internet where they could become exposed to harm, including harm of assault or sexual abuse (as set out in Section 2 of the Act), there is an obligation on the service provider to ensure that the risk is identified and that the policies and procedures that are in place to manage the risk are set out in the Child Safeguarding Statement.

The Importance of Online Safety in Youth Work

New technologies have increasingly become integral to all of our lives and particularly in the lives of young people. The internet and other digital information and communications technologies are powerful tools, which open up new opportunities for everyone.

The youth work environment is ideally placed to use these tools to stimulate discussion, promote creativity and create learning opportunities for young people. Technology also creates opportunities for youth workers to be more creative in their work. As with any work with young people, awareness of potential risks is an important consideration. Youth work organisations and youth leaders have a responsibility to proactively address these potential risks. Online risks for young people must be considered in the same way as offline risks are.

It is important to embrace the opportunities offered by these new technologies. Youth services must decide on the right balance between controlling access to the internet and technology, setting rules and boundaries and educating young people and leaders about responsible use. Youth services must be aware that children and leaders will never be completely prevented from being exposed to risks both on and offline. The important role of youth services is in empowering and educating young people so that they are equipped with the skills to make safe and responsible decisions as well as to feel able to report any concerns.

It is the responsibility of every organisation to have in place, safe and effective policies, procedures and practice to address these risks and allow the safe use of internet and emerging technologies. If your youth work service incorporates online work with young people, then the Child Safeguarding Statement Risk Assessment process needs to assess the risks that may emerge from that work and implement control measures to minimise the risks that are identified.

The table below provides a sample risk assessment that can be used to identify the control measures that organisations can implement to reduce harm to a young person while they are using the internet in the youth service.

Risk	Young person accessing inappropriate content while surfing the internet at the Youth Service
Control Measures	Agreements in place with young people that they agree not to search for inappropriate content. Code of behaviour for young people. Firewalls in place to minimize risk.
Likelihood Score Indicate the likelihood of any of the potential risks of harm occurring by rating them low/medium/high	Consider the young people you work with, the environment that they have internet access in and what level of supervision that you have in place
Impact Score Indicate the impact of any of the potential risks occurring by rating them low/medium/high	Consider the type of content that they may be exposed to, what their age is and how getting access to inappropriate content may impact them individually or collectively. Consider their ability to be able to ask for help if they access inappropriate content for their age and stage of development
Risk Owner	Youth Worker
Future Action Required	Review the Code of Conduct with young people to ensure they are aware of the agreed behaviour when online and that they know who to report any difficulties or concerns to that they may experience. Seek advice from the DLP and Tusla if required.

Safe use of Social Media

The use of social media in youth work presents many opportunities to engage with young people where they are interacting with others, sharing information and seeking advice and guidance. It also may present some challenges and risks that need to be managed. There are specific issues that need to be considered by youth leaders when using social media in youth work.

Boundaries:

- The use of social networking sites (SNS) and in particular personal profiles can breach the boundaries between a youth leader's personal and professional life. Accepting young people in to a personal network can lead to various problems.
- It is advisable that if you intend to utilise SNS to work with young people that you explore what options are possible for you to have an organisational profile/identify that will enable you to engage with young people while maintaining professional boundaries.

Policy:

- Check your organisation's policy to ensure that you know how you are allowed to use social media in your work with young people.
- Agree a system with your management for monitoring how you use social media in your work with young people.
- Agree a system for reporting any concerns to your DLP that may arise from using social media in your youth organisations.

Principals to Remember:

- Avoid sharing personal or revealing information to young people you work with.
- You are responsible for what you do online.
- Keep your anti-virus software up to date.

Top tips for organisations using social media

- Ensure current practice is in line with the organisation's latest AUP (acceptable usage policy).
- Include the use of SNS in your AUP ensuring that all personnel are informed and know what the rules are surrounding this.
- Ensure your practice is in line with Data Protection Policy and Data Retention Policy.

Monitor

- Agree a system for monitoring the organisation's SNS. Monitor all live comments if the SNS allows them.
- Set up a notification system within the organisation that sends alerts when certain inappropriate content is posted.

Report

- Agree a system for reporting any concerns that may arise from using the internet in your youth organisation.
- If there is a suspicion of any illegal or criminal activity being perpetrated by the use of the internet in your organisation this should be reported to the statutory authorities without delay and managed in line with your organisation's policies and procedures.

Organisation Checklist

HAVE YOU?	POSSIBLE ACTIONS
Have you an Acceptable Usage Policy (AUP) governing the use of the internet in your youth organisation?	<ul style="list-style-type: none"> • Review the current AUP to ensure it is up to date and covers the way the internet is being used in your youth organisation. • If you have no AUP in place then refer to the www.youth.ie/childprotection. • Utilise the various sections of this resource to plan and implement the process for developing your AUP and ensure it is in line with the other policies in your organisation.
Have you training planned to ensure that all personnel can monitor internet use and respond when issues arise with young people?	<ul style="list-style-type: none"> • Review training provided to-date to staff and volunteers. • Carry out a training needs analysis among staff and volunteers to identify the training that is required to support them to utilise the internet in the course of their work with young people. • Work with training providers to plan training to be delivered. • Review the competencies of staff and volunteers after the training is provided to ensure that training needs were met. • Plan further training to address any further gaps that may exist. • Monitor training needs particularly to keep up to date on the changing environment that is the internet. • Explore training needs with the young people to incorporate their needs to ensure they are informed and equipped to stay safe online. Plan any training that is required as a result.
Have you resources in place to inform staff, volunteers and young people on how to use the internet safely?	<ul style="list-style-type: none"> • Create awareness posters and display them in the youth service premises particularly where there is internet access promoting good usage policy • Provide access to guidance resources such as booklets and websites that give advice for staying safe online e.g. webwise.ie • Support safe internet usage at home as well as at the youth service


Organisation Checklist

HAVE YOU?	POSSIBLE ACTIONS
<p>Have you involved the relevant stakeholders when planning the use of the internet in your youth organisation?</p>	<ul style="list-style-type: none"> • Young people involved in developing a code for using the internet • Staff and volunteers consulted to identify how they use the internet in the course of their work. Utilise this information to shape the AUP and resources required to create safe internet practice and culture across the organisation. • Discuss the use of Social Network Sites with staff and volunteers and ensure that all risks are identified and reduced where possible. • Work with Parents/Guardians to inform them of the AUP and how it is implemented within the youth organisation. This may involve meetings and involving them in agreeing some elements of this that involve the use of personal hand held devices that the young people have. • Youth services will also have to make provision for the young peoples' smart phones, games consoles and all their personal devices or "the internet in their pocket" which won't be part of the youth centre's network or filtering.
<p>Have you installed appropriate software to protect and monitor the internet usage in your organisation?</p>	<ul style="list-style-type: none"> • Review current software such as fire walls, virus protection product and monitoring packages ensuring they are up to date and are not breached. • Seek advice on the best package for your organisation. Particular attention to be given to how you can include hand held devices under your software

Further resources:

Children First: National Guidance for the Protection and Welfare of Children [DCYA 2017]
 Guidance on Developing a Child Safeguarding Statement [Tusla 2017]
 Child Safeguarding: A Guide for Policy, Procedure and Practice [Tusla 2017]
 Be Safe Online: Ireland's Official Online Safety Hub [Government of Ireland]
www.webwise.ie
www.hotline.ie
www.watchyourspace.ie

12 (b) Workplace Health and Safety

 Evidence for Portfolio: Evidence of health and safety audit. Evidence of any risk assessments completed (if relevant). Copy of health and safety policy and procedures. Health and safety statement publicly displayed. Evidence of fire drills and first aid training. Identification of health and safety officer.

Introduction

The Safety, Health and Welfare at Work Act 2005⁴⁰ sets out the main provisions for securing and improving the safety, health and welfare of people at work. The law applies to all places of work regardless of how many workers are employed. The 2005 Act replaces the Safety, Health and Welfare at Work Act 1989 and sets out:

1. The requirements for the identification of hazards and the control of safety and health at work
2. The management, organisation and the systems of work necessary to achieve those goals
3. The responsibilities and roles of employers, the self-employed, employees and others, and
4. The enforcement procedures needed to ensure that the goals are met.

(Irish Statute Book, 2005)

It is necessary for an employer to have a safety statement, where 1, 2 and 3 are described.

Employer Duties

Employers (including self-employed persons) are primarily responsible for creating and maintaining a safe and healthy workplace. Employers are required to do what is 'reasonably practicable' to ensure the safety, hazards and welfare in their workplace (i.e., take reasonable precautions to prevent foreseeable incidents). An employer's duties include:

- Managing and conducting all work activities so as to ensure the safety, health and welfare of people at work
- Designing, providing and maintaining a safe place of work that has safe access and egress, and uses plant and equipment that is safe and without risk to health
- Providing information, instruction, training and supervision regarding safety and health to employees
- Providing and maintaining welfare facilities for employees at the workplace
- Preventing risks to other people at the place of work including, for example, visitors, customers, suppliers and sales representatives.

Employee Duties

Employees, including those employed on a part-time or temporary basis, also have duties including:

- Complying with relevant laws and protecting their own safety and health, as well as the safety and health of anyone who may be affected by their acts or omissions at work,
- Ensuring that they are not under the influence of any intoxicant to the extent that they could be a danger to themselves or others while at work
- Co-operating with their employer with regard to safety, health and welfare at work
- Participating in safety and health training offered by their employer, and
- Not engaging in any improper conduct that could endanger their safety or health or that of anyone else.

The safety statement

All workplaces are required to have a safety statement. A safety statement represents a commitment to the safety, health and welfare of employees and volunteers while at work and other visitors to the workplace including young people, parents and visitors. The safety statement should be based on the identification of the hazards and risk assessments carried out. The safety statement should include the following:

1. Health and safety policy
2. Organisation profile
3. Resources for safety and health in the organisation
4. Roles and responsibilities for safety and health
5. Risk assessment
6. Emergency procedures, fire safety, first-aid, accidents and dangerous occurrences
7. Instruction, training and supervision
8. Communication and consultation.

In order to introduce a system to manage safety, health and welfare, a simple five-step process should be followed:

1. Identify the hazards (i.e., anything that could cause harm)
2. Assess the risks (i.e., the likelihood of the harm occurring and the severity or the consequences if it does)
3. Select the control measures (i.e., measures to eliminate or reduce the hazards)
4. Write the safety statement (i.e., a written outline of the control measures identified above and details re whoever is responsible for implementing them).
5. Record the findings and review (i.e., the safety statement should be updated as circumstances change, and existing risks diminish, or new risks emerge).

The Safety, Health and Welfare at Work (General Application) Regulations, 2007 to 2016 also places specific requirements on both employers and employees and apply to all workplaces where work is occurring. They stipulate requirements concerning the workplace and work equipment, electricity, work at heights, physical agents, sensitive risk groups (e.g., young people, pregnant employees), safety signage, first aid, and so on. Please see Health and Safety Authority Website for more information (www.hsa.ie; HSA, 2007; 2016)⁴¹.

Components of a Health and Safety Statement

1. Health and Safety policy

The Health and Safety policy is the first section of the safety statement. It should outline a commitment on behalf of the employer to ensure that the organisation is as safe and healthy as is reasonably practicable and that all relevant statutory requirements will be complied with. It may include commitments from the employer to:

- Manage and conduct organisational activities so as to ensure the health, safety and welfare of all those in the organisation
- Prevent improper conduct or behaviour likely to put staff/volunteers/young peoples or others Health and Safety risk at work
- Provide safe means of access and exit
- Provide safe plant and equipment
- Provide safe systems of work
- Provide appropriate information, instruction, training and supervision
- Prepare, review and revise emergency duties
- Provide and maintain welfare facilities
- Appoint a competent person to advise and assist in securing the safety, health and welfare of those in the organisation.

2. Organisational profile

A description of the organisation, its premises, staff/volunteers and service users and any associated programmes/activities, including provisions for persons with special needs

3. Resources for health and safety in the organisation

An outline of dedicated resources for health and safety in the organisation should be provided.

Checklist for Health and Safety

What resources are available for Health and Safety in the organisation?	
Are these resources addressing issues of prime concern (e.g., high risk hazards)?	
Is the allocation of resources, reviewed and amended as need arises?	
Is the use of resources consistent with the priorities of the organisations plan for maintaining Health and Safety?	

4. Roles and responsibilities for Health and Safety

The Safety, Health and Welfare at Work Act 2005, states that a safety statement should specify “the names and, where applicable, the job title or position held of each person responsible for performing tasks assigned to him/her pursuant to the safety statement” (Section 20).

Safety committee

A safety committee may be established which should be broadly representative of the organisation as a whole. Employers are required to consult with employees and volunteers in order to promote and develop safety, health and welfare at the place of work and to monitor the effectiveness of these procedures. A safety committee may facilitate the consultation process by assisting in drafting and/or reviewing the safety statement, risk assessments, policies and procedures relevant to the organisation.

Typical basic functions of a safety committee include:

- Review of safety audit reports (including feedback from an inspector)
- Seeking solutions to health and safety issues which arise
- Study of information relating to accidents, dangerous occurrences and instances of occupational ill-health at the place of work
- Development and implementation of safe systems of work
- Review of communication and employee training procedures relating to health and safety
- Consideration of reports presented by a safety representative.

The employer is obliged to consider any representations made by the employees regarding safety, health and welfare, and so far as is reasonably practicable, to take any appropriate or necessary action. In the interests of clarity and to improve communication, it would be helpful if any formal representations made to the employer were replied to in writing, stating any actions to be taken (or planned to be taken) to address the representation, or any reasons why it was not to be acted upon. The employer must give employees involved in the consultation sufficient time off from their duties, without loss of remuneration, for acquiring knowledge and for the purpose of enabling them to discharge their functions.

Safety representatives

Employees are entitled to select and appoint a Safety Representative or, by agreement with their employer, more than one to represent them in consultations with the employer on matters of safety, health and welfare at the place of work.

A Safety Representative, having given reasonable notice to the employer, has the right to inspect the place of work at a frequency or on a schedule agreed between him or her and the employer, based on the nature and extent of the hazards in the place of work. It may not be practical to conduct a single inspection of a large workplace, or for one representative to carry out the entire inspection. In such circumstances it may be advisable for the employer to agree a plan for undertaking inspections on a manageable departmental or sectional basis, or for different Safety Representatives to inspect distinct locations within the workplace.

Safety Representatives have the right to immediately inspect where an accident, dangerous occurrence or imminent danger or risk to the safety, health and welfare of any person has occurred or is present. They may also investigate accidents and dangerous occurrences, provided this does not interfere with another person carrying out statutory duties under safety and health legislation, such as an inspector authorized under Section 62. Investigations may include visual examinations and speaking to people who have relevant information on the matter at hand, but physical evidence must not be disturbed before an inspector has had the opportunity to see it.

After giving reasonable notice to the employer, the Safety Representative may investigate complaints relating to safety, health and welfare at work that have been made by an employee whom he or she represents.

Safety Officer

There is no mandatory legal requirement for an employer to appoint a Safety Officer. However, if appointed, they can help to support the implementation, review and maintenance of a safety statement. It is important to note that there is a legal obligation under the Safety, Health and Welfare at Work Act 2005 for the employer to “obtain, where necessary, the services of a competent person (when under a contract of employment or otherwise) for the purpose of ensuring, so far as is reasonably practicable, the safety, health and welfare at work of his or her employees” (i.e., If the employer does not know enough about controlling a particular hazard, then they are required to get competent advice on how to do so). For very small businesses that can't afford a consultant, the Health and Safety Authority's online safety statement and risk assessment tool is available at www.besmart.ie42.

5. Risk assessment

Risk assessment is fundamental to good Health and Safety practice and, in a typical small organisation it can be undertaken quickly and easily and without any specialist training or expertise (refer to www.besmart.ie for further information). Carrying out an assessment means you must carefully assess what in your organisation could cause harm to your employees/volunteers/young people and other people who may have a reason to be at your workplace including parents and visitors.

All employers, regardless of the size of the organisation, are required by law to carry out a risk assessment at their place of work and to keep a written record. In essence, it is simply a careful examination of work activities carried out at a workplace in order to:

- Identify hazards (i.e., potential for harm)
- Identify the level of risk for each hazard (i.e., the likelihood of harm occurring coupled with the potential severity of injury or ill health as a result)
- Identify the controls or improvements that need to be put in place to avoid or reduce the risk.

Risk assessments should be carried out for all work-related activities that occur both on-site, and on any trips away. Risk assessments conducted in relation to trips away should carefully consider the nature and variety of activities to be undertaken. Furthermore, the safety statement should take into account the competence of staff/volunteers in the planning of and participation in such trips. Youth organisations should ensure that an adequate process is in place to assess new or emerging risks as they arise during the course of activities (i.e., dynamic risk assessment).

The safety statement is the place to record the significant findings of any risk assessments. This means writing down the more significant hazards and the means of controlling the risk of harm occurring. The safety statement must be reviewed at least annually and, if necessary, amended when there has been changes in work practices such as the introduction of new equipment or systems.

The employer is required to bring the safety statement to the attention of the employees/volunteers and to any other persons at the place of work who might be exposed to the specific risks outlined in the safety statement. When bringing the safety statement to the attention of employees, it must be done so in a format that can be understood by employees.

6. Emergency procedures, fire safety, first-aid, accidents and dangerous occurrences

The Safety, Health and Welfare at Work Act 2005 requires that every employer shall “prepare and revise as appropriate, adequate plans and procedures to be followed and measures to be taken in the case of an emergency or serious and imminent danger” (section 8). Emergency procedures must be developed in advance, clearly communicated, understood and practiced on a planned basis.

Checklist for dealing with emergency situations

Does the organisation have formal procedures in place to deal with emergency situations (e.g. fire, flood, major incidents)?	
Does the procedure set out clearly what is to be done, who is to do it, who will liaise with families, who will co-ordinate actions on the day, such as follow-up care, emergency service details?	
Does the organisation have a critical incident management plan to assist in dealing with a major crisis or traumatic situation?	

Fire safety

Fire drills should be completed regularly by the organisation.

Does the organisation have an emergency evacuation plan?	
Has it been communicated to everyone involved and is it on display?	
Does it provide for those with disabilities and other special needs?	
Are fire assembly points identified?	
Are fire assembly points clearly marked?	
Are fire exits kept clear?	
Does the organisation hold a minimum of two fire drills per year?	
Are these drills timed?	
Are outcomes of fire drills recorded and actions taken where necessary?	
Is the emergency evacuation plan reviewed regularly?	
Is fire-fighting equipment (e.g., fire extinguishers, fire blankets) available?	
Are all fire installations and equipment inspected and serviced as per legal requirements?	

First aid

The General Applications Regulations 200743 sets out the first-aid requirements for workplaces “Employers have a duty to provide first aid equipment at all places of work where working conditions require it. Depending on the size or specific hazard (or both) of the place of work, trained occupational first-aiders must be provided” (Chapter 2, part 7). See the guide to the Safety, Health and Welfare at Work (General Application) Regulations 2007; Chapter 2; Part 7³:

Has the organisation trained an appropriate number of occupational first aiders based on a risk assessment?	
Is everyone aware of who the first aiders are?	
What equipment is available to the first aiders?	
Are first aid kits fully compliant with legislation and guidance?	
Who is responsible for checking them?	
Where is the equipment located?	
Are there agreed procedures about when first aid will be administered?	

7. Instruction, training and supervision

Section 8 and 10 of the Safety, Health and Welfare at Work Act 2005 require that every employer provide instruction, training and supervision in relation to safety, health and welfare at work.

Checklist for instruction, training and supervision

Has the organisation prepared an annual Health and Safety training plan?		
Does the training plan include?		
A	A formal process to identify the safety and health training needs of each group within the organisation	
B	The provision to all individuals of safety training necessary to enable them to carry out their duties as identified by the risk assessments and as set out in the safety statement	
C	Written records of all training, information and briefing sessions	
D	Written records of those in attendance at training sessions with signed attendance sheets	
E	A schedule of dates when refresher training falls due	

8. Communication and consultation

In accordance with Section 20(3) of the Safety, Health and Welfare at Work Act 2005 every employer must bring the safety statement, in a form, manner and, as appropriate, language that is likely be understood, to the attention of:

- His or her employees, at least annually and, at any other time, following its amendments
- Newly recruited employees upon commencement of employment
- Other persons at the place of work who may be exposed to any specific risk to which the safety statement applies (e.g., visitors)
- All young people, parents/guardians and visitors

Communication is central to the effective implementation of the safety statement. The communications process must also allow for and encourage employees/volunteers to bring safety, health and welfare matters to the attention of management

Sample Template for Risk Assessment

Programme/ Activity	Hazard	Risk rating H = High M = Medium L = Low	Action(s) required	Person responsible	Target date	Signature and date completed

Assessment and Action Plan prepared by: _____

Date: _____

Next Assessment due: _____

Signature: _____

Approved by: Name: _____

Signature: _____

Section 4:

Re-monitoring the Health Quality Mark

Re-monitoring occurs every three years involving a site visit and the production of an updated portfolio. During the site visit, the assessors will again interview representatives from management, the health promotion team and the designated Health Promoter. They will also interview other members of staff, volunteers and young people.

Support for the re-monitoring process is provided by NYHP at agreed intervals. Regardless of what level an organisation is working at (i.e., Bronze, Silver or Gold), an audit of activity in relation to the relevant criteria should be conducted on an annual basis. This ensures that quality is maintained, and that health promotion remains on the organisation's agenda. It also ensures that all new developments/changes are noted and form part of the evidence for the site visit and portfolio. The audit below can help with this process.

The Health Quality Mark Criteria: re-monitoring audit

Health Quality Mark Criteria	Evidence for Portfolio	Question	No	Just started	Making progress	Yes	Action(s) needed
1. Health Promotion Policy	Copy of policy document	Has the organisation reviewed the health promotion policy? Has the organisation updated the policy as a result? Have staff/volunteers/young people/management been updated on any changes?					
2 (a) Role description for Health Promoter	Copy of signed role description	Has the health promoter changed?					
2 (b) Terms of reference for Health promotion team	Copy of terms of reference for the team and identification of team members	Have any changes been made to the role description? Has the membership of the team changed? Have there been any changes to the Terms of reference for the health promotion team?					
2 (c) Resource bank for Health and Wellbeing	Physical or virtual display of resources Electronic descriptor of resources /catalogue available	Have any new materials been added to the resource bank and been catalogued?					
3 Organisational Health Promotion Strategy including: 3(a) A Youth Health Promotion Plan 3(b) A Workplace Health Promotion							

Health Quality Mark Criteria	Evidence for Portfolio	Question	No	Just started	Making progress	Yes	Action(s) needed
4. Youth Participation Structures including a youth participation plan	Copies of existing documents which highlight youth participation in action Multi-media evidence of youth participation structures Presentations by young people on an aspect of youth participation at site visits Example of the organisation Youth Participation Charter	Are there any new developments/ structures/ initiatives in relation to youth participation? Have you evaluated existing structures / initiatives in relation to youth participation?					
5. Peer Health Promotion Initiative	Evidence of needs assessment Copy of plan for the initiative Evidence of implementation of the initiative Young people present on the initiative at site visits	What new peer health promotion initiative(s) have the young people implemented and evaluated?					

Health Quality Mark Criteria	Evidence for Portfolio	Question	No	Just started	Making progress	Yes	Action(s) needed
6. Organisational health related policies	Copy of the organisations health related policies	Has the organisation reviewed the current health policies? Has the organisation updated the policies as a result? Have staff/volunteers/young people/management been updated on any changes?					
7. Training Plan for Staff/Volunteers/Management	Copies of training plan(s) Evidence how training has impacted on practice/policy, in the organisation (e.g., new initiatives implemented, discussion on training outcomes at staff/team meetings) Evidence of improved work practice as a result of training	Has a needs assessment been conducted as part of the updating of the plan? Have training records been maintained? Has evidence been collated regarding the impact of training on practice?					
8. Intersectoral Working and Partnerships including active community involvement	List the various partnerships and examples of interagency working Evidence of a review of the effectiveness of these working arrangements	Have there been any changes to the list of partnerships/interagency working? Has the effectiveness of these working arrangements been reviewed?					

Health Quality Mark Criteria	Evidence for Portfolio	Question	No	Just started	Making progress	Yes	Action(s) needed
9. Model of Good Practice for Health Promotion Activities (Needs Assessment, Planning, Implementation and Evaluation)	List the various partnerships and examples of interagency working Evidence of a review of the effectiveness of these working arrangements	Have there been any changes to the list of partnerships/interagency working? Has the effectiveness of these working arrangements been reviewed?					
10. Planetary Health	Evidence the organisation is carrying out activities in relation to planetary health. The evidence can be in word format, through pictures or through media versions	Has the organisations carried out any activities in relation to planetary health? Have the young people involved in identifying what they would like to do in relation to planetary health? Have the staff, management and/ or volunteers identified what they would like the organisation do, in relation to planetary health?					

Health Quality Mark Criteria	Evidence for Portfolio	Question	No	Just started	Making progress	Yes	Action(s) needed
11. Ensuring and Promoting Equality and Inclusiveness	Copy of equality statement Evidence of actions taken to enhance and promote equality and inclusiveness. Examples of equality and inclusiveness in practice	Has the equality statement been reviewed /updated? Have any new policy documents been developed and implemented in relation to equality and inclusiveness? Have any new programmes / initiatives/events been implemented? Has the organisation's response to addressing issues of equality and inclusiveness been evaluated?					

Health Quality Mark Criteria	Evidence for Portfolio	Question	No	Just started	Making progress	Yes	Action(s) needed
12.A Safe Organisations. (a) Child Protection Policy and Procedures	Copy of child protection policy and procedures Identification of Designated Person Attendance records for child protection training	Has the child protection policy and procedures been reviewed/updated? Who is the Designated Person? Is child protection training up to date?					
(b) Workplace Health and Safety	Evidence of health and safety audit. Evidence of any risk assessments completed (if relevant) Copy of health and safety policy and procedures. Health and safety statement publicly displayed. Evidence of fire drills and first aid training. Identification of Health and Safety Officer	Has the health and safety policy been reviewed and updated? Have fire drills been run? Is first aid training up to date? Who is currently responsible for health and safety?					

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