



Are we doing a good job?

**Providing evidence of the effectiveness of Youth One Stop Shops:
the development of self-evaluation capacity and an evaluation
framework.**

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This report was prepared by Youthline Auckland for Counties Manukau District Health Board.

Youthline is a regionally focused, nationally linked service promoting community-based youth development. Youthline operates from an integrated model of evidence-based practice within a community development, training and youth development, and clinical services framework. Youth development is about being connected, having quality relationships, fostering participation and being able to access good information.

Counties Manukau District Health Board (CMDHB) was established on 1 January 2001 under the provisions of the New Zealand Public Health & Disability Act (2000). CMDHB is responsible for the funding of health and disability services and for the provision of hospital and related services for the people of Counties Manukau (Manukau City, and Franklin and Papakura Districts) as set out in the DHB functions and objectives in the Act. CMDHB's shared vision is to work in partnership with our communities to improve the health status of all, with particular emphasis on Māori and Pacific peoples and other communities with health disparities. Child and Youth health is one of the development areas the CMDHB will be focusing on over the next three years.

Disclaimer

This review was commissioned to guide development of self-evaluation capacity and an evaluation framework for Youth One Stop Shops. The opinions expressed in this document do not necessarily reflect the official views of Counties Manukau District Health Board, nor Youthline.

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EXECUTIVE SUMMARY

Introduction and methods

The marginalised position of many youth health services and Youth One Stop Shops (YOSS)¹, that provide essential health and social services to our most in-need young people, makes it imperative that these services gather information about what they do sufficiently well to enable them to demonstrate their effectiveness.

Building evaluation capacity by improving internal structures of management and service delivery and data gathering processes is core business in the quest for sustainable funding which is currently far from being assured for these services. The purpose of the research was to scope:

- 1. *What are useful self-evaluation practices for demonstrating the effectiveness of YOSS?***
- 2. *What evaluation data are currently collected in NZ to show the effectiveness of YOSS?***
- 3. *An evaluation model for YOSS that establishes:***
 - *what evidence on the effectiveness of YOSS would be most useful to collect?*
 - *how evaluation capacity of YOSS can be built?*
 - *what an evaluation framework might look like that would establish the effectiveness of YOSS?*

The information gathered in this research project was used to develop an effective (easy to collect) evaluation framework fitting best practices for the evaluation of YOSS and using a youth development framework. From these data an evaluation framework was built that established ways to increase the evaluation capacity of these organisations and demonstrate good outcomes for young people using these services.

The literature review involved a national and international literature search of effective evaluation practices and a scoping with a sample of YOSS in New Zealand to establish what evaluative material is currently collected, using what processes and to gather their perspectives on evaluation. As noted previously (Youthline, 2006), YOSS are often unevaluated and even undocumented. However, systematic principles were applied to the literature review with priority given to collating findings from comprehensive and large-scale evaluations. Information on current practices and theoretical bases was provided by seventeen semi structured interviews/discussions with managers and staff of a range of youth health and YOSS service providers and other key stakeholders in NZ.

Participants from a selection of YOSS contributing to this research included:

- Centre for Youth Health (Manukau)
- Youth One Stop Shop (Palmerston North)
- Kapiti Youth Support (Paraparaumu)
- Otago Youth Wellness Centre (Dunedin)
- 198 Youth Health Otautahi (Christchurch)
- Evolve (Wellington)
- Rotovegas (Rotorua)

¹ YOSS will refer to all youth health services as well as Youth One Stop Shops.

- Vibe (Lower Hutt)
- Youth Advice Centre (Whanganui)

A national and international review of evaluation literature exploring what frameworks and tools would be useful for YOSS

Even if we think we are doing a good job it is increasingly important that we are able to show other people, especially funders that our service is having successful outcomes. There are a number of factors that impede evaluations of children and young persons' services that are important to note as they are relevant to the findings from discussions with key informants as part of this research (Axford and Berry, 2006).

- Vagueness about the desired outcomes and how services should contribute towards them.
- A lack of clarity about the intended programme recipients and a subsequent mismatch between needs and services.
- Inconsistent delivery of the intervention that does not allow a single model to be identified and a resistance by practitioners to do so.
- Insufficient epidemiological need data with services driven more by political concerns or patterns of existing provision than by demand.
- A tendency to collect too much information and do too little with it (Axford and Berry, 2006).

Evidence-based practice

Evidence-based practice (EBP) originates from traditional quantitative scientific research methods of medicine. The power and influence of this model of practice, largely established in a 'hierarchy of evidence' model of what 'best' practice might be, concluded that randomised controlled trials (RCTs) provide the 'best' quality evidence (Long, 2006). The work of the Cochrane Collaboration established 1993 and later the Campbell Collaboration (social interventions) in 2001 are examples of these methods however, in the process, the credibility of other methods was reduced.

While RCTs have significant strengths it is also a problematic method. The sometimes inappropriate application of RCT to complex social interventions has led to some resistance from social practitioners who can see the necessity of including professional practitioner and user experiences to show the effects of a 'treatment' or intervention. The growth of 'quasi-experimental' methods was a response to the problems of RCTs for social programmes that were less predictable. The greater the complexity of a project, the more problems this makes for the application of RCTs.

Following the requirements of EBP would place an extreme amount of pressure on youth health service providers and managers and EBP could be seen as the antithesis of innovation and responsiveness, key factors in the development of projects relevant to young people (NSW CAAH, 2006). These authors contend that EBP ignores health and social professionals' expertise, experience and judgments. Hence the use of the concept of 'better' practice rather than 'best' and evidence 'informed' practice or 'best available' evidence (Regehr et al., 2007), which implies the additional input from workers on the ground who through their practice also have a contribution to make to what might be defined as 'better' practice and what works. While evidence sourced from the literature is essential it is also drawn from a broader understanding that includes not only evaluations but also values the reflective contribution practitioners and young people, as users of these services, can make to improving interventions and subsequently outcomes for young people.

This requires that special attention is paid to the meticulous recording of results of interventions in an organisational environment of reflective practices. Wadsworth (1997) does note that record keeping needs to be “systematic, comprehensive and rigorous” however, she also emphasises that if they are going to be kept that they need to be kept properly and examples should not be missed or forgotten. If this is too hard she suggests keeping records for a sample of time rather than forever or reducing the volume of data collection (Wadsworth, 1997, 26).

The limited availability of information on youth health services and YOSS needs to be addressed. As early as 1998, in a formative evaluation of YOSS in central North Island, it was noted that there was a gap in available information that would support evaluation. These deficiencies in evaluation material included:

- Information on needs assessments.
- Results of local evaluations/surveys.
- Information validating/discussing the YOSS service.
- What service delivery works?
- Information on different models of service delivery, interventions and programmes.
- Information on outcomes (Central Health, 1998).

NSW CAAH (2006), in a recent study of youth health services, supports this position by saying that there is inconsistent communication and knowledge sharing between health related services especially those working with young people’s health and wellbeing.

Barriers to evaluation recorded by NSW CAAH (2006) included:

- Workers not being skilled.
- Having to use scarce resources (time and money) for evaluation.
- Difficulty establishing base lines and outcomes measures (due to the individualised and relative nature of young people’s development).

The Foundation for Young Australians (1996) recommends that ‘what works’ should be analysed according to **efficiency, effectiveness and appropriateness**. These are important components of **evaluation readiness**.

Evaluation capacity building is an essential prerequisite for evaluation. Evaluation readiness is the end product in the development of evaluation capacity building. Critical components of this process are, what is termed ‘becoming a learning organisation’, the processes that enable this to happen and the systematic collection and recording of information that shows outcomes of services, programs and interventions.

Reflection is another word for evaluation and a less formalised but not necessarily unstructured concept. The ability to reflect on completed projects and allowing the time for this activity enhances the possibility of developing a reflective and learning organisational culture and is evidence of a more mature organisation.

Participation of young people

Participation of young people in evaluation is an essential part of the development of a youth project. Engaging young people as participants in evaluation and project development work can be challenging, illustrating the power dynamics in many areas of their lives, where they are disempowered, ignored or regarded as disruptive (Walker, 2007).

Youth participation can strengthen the social development of young people in various ways by increasing their individual involvement, their organisational development and their ability to create community change (Checkoway and Richards-Schuster, p 23). They are a service's 'critical reference group' (Wadsworth, 1997). When young people are able to work in these ways they develop a consciousness of youth development (Checkoway, 2003). Appropriate participation has significant outcomes for young people:

- Participation is a legitimate way to develop knowledge for social action.
- Participation in evaluation research can enable young people to exercise their political rights.
- Youth participation can allow young people to share in the democratisation of knowledge.
- Youth participation in evaluation can prepare young people for active participation in a democratic society.

Literature based on consultation with young people (Youthline, 2006, NSW CAAH, 2006) indicates that participation needs to be meaningful and empowering and have real outcomes. It is more effective when it is relevant, carried out in a safe environment, engaging and interesting for young people and offers them clear roles. Importantly, it may also involve reconciling 'wants' with what can realistically be achieved. Advisory groups which have a traditionally adult structure can be developed by young people to work in ways that match young people's needs.

The Urge/ Youthline Advisory Group is a good example of participation in development, evaluation and research. A number of the YOSS are exploring ways of working with young people. Their experience is a valuable resource for all YOSS and needs to be shared.

Evaluation frameworks

The collection of evidence on effective outcomes for services like YOSS demands a multi-method approach that reflects service complexity. However, any evaluation framework needs to be simple and easy to use as YOSS programme goals, atmosphere and activities are less formalised, often underfunded and over worked with most managers and workers not only delivering services but also expected to turn their hand to evaluation.

Sharp (2000) suggests that the impact of a project on outcomes for young people can be assessed using the five 'C's':

- confidence
- character
- connection
- competence
- contribution

This list is an appropriate match for a youth development framework.

Ideally an evaluation framework or plan should be in place before a programme is initiated (Winnard, 2005) as early evaluation planning will ensure that a programme logic is in place, relevant criteria for success are established, focus areas are identified and useable methods developed so that appropriate and relevant evaluation data is collected. It is essential that these data are analysed on a regular basis as part of performance improvement practices and used to review and enhance service provision (Winnard, 2005). This author also favours user self reports implemented at the beginning and end of an intervention.

Indicators and measures

Indicators are things that tell us whether what we are doing on a particular project is working or not. There are both positive and negative indicators. Traditionally, negative outcome indicators have been used as these are often more readily available and positive indicators are more challenging to measure, are usually qualitative and it is harder to reach agreement on definitions. However positive youth development is not just the absence of negative factors (NSW CAAH, 2006).

Better practices for evaluation

Establishing what 'best' practice or 'better' practice means for a project, programme or intervention is an essential component of initial planning and forms the basis of any evaluation. Evaluation has been frequently associated with service efficiency and 'bangs-for-your-buck'. While these things are important, in the context of youth and family services and interventions, quality of life changes have a higher priority, the conundrum being how to effectively measure these things and attribute effects.

While a number of YOSS are developing consistent evaluation capacity and understood the audit trail required many were inadequately prepared for evaluation. The gaps identified in the early evaluation of some YOSS in 1998 mentioned above still applied for some YOSS. This was largely due to the time required to develop this capacity as well as the resources required which in most cases were not there. Much development in this area was being done voluntarily although those who had signed up to the Te Wana process of Health care Aotearoa seem to have built or were growing the sort of information required as this is a planning and capacity building process and supports the essential components of an evaluation ready organisation. Both the informants and literature emphasised the necessity of baseline, intermediary and outcome data being systematically collected for all young people entering a service. The pressures brought to bear on these services with their inadequate funding and lack of evaluation information are significant. There is a high need for funding and support in this area where services are expected to have these things in hand.

A number of the YOSS felt isolated and ill-equipped to develop appropriate evaluation framework for their service. The visits to YOSS as part of this project, in a number of instances were often used to share information about the services and then to discuss possible evaluation frameworks that might work for the particular service. Any evaluation framework introduced would benefit from the support of a capacity building advisor who can suggest practical responses tailored to the needs of the individual services.

Axford and Berry's comments (2006) on the barriers to evaluation for young people's services mentioned in the literature review are also very pertinent. Issues raised by YOSS providers included:

- Data produced is not standardised across similar services.
- Electronic systems and databases that are not flexible enough for the needs of the services and are better fitted to collect demographic data rather than qualitative outcomes from programmes/services.
- Lack of detailed record keeping that identifies baseline, interim and outcome data
- Many services are aware of the need to have a reflective culture that supports organizational learning but this practice takes time and resources.
- How a service establishes a reflective culture was a key question.

Developing an evaluation framework for YOSS

Some guiding principles and better informed practices

The literature indicates that a notion of 'better' and evidence 'informed' practices needs to reflect the YOSS ideology where the holistic integration of both health and social arenas is an established practice (NSW CAAH, 2006). While evidence sourced from the literature is essential it is also drawn from a broader understanding that includes not only evaluations but also values the reflective contribution practitioners and young people, as users of these services, can make to improving interventions and subsequently outcomes for young people. Becoming a reflective and learning organisation is a necessary pre-condition for successful evaluation. An essential component in this process is strong leadership from management in this matter.

A process that has proven to be well suited to community based projects especially those working with marginalised minorities is the **action research cycle** (Reason & Bradbury, 2001; National Resource Centre for Consumer Participation in Health, 2002). This process of **planning, acting, reflecting** and then **doing** again should be applied systematically to a projects development and outcomes should be carefully recorded. This process can enhance the services delivered, build evaluation and organizational capacity and knowledge and provide opportunities for professional development.

Developing a programme logic

The development of a logic model that rationalises why a project or intervention should have the intended effect and produce desired outcomes is an important starting point in the building of evaluation capacity.

Developing a programme/intervention logic includes:

1. Recipients of the programme or intervention are being identified.
2. Criteria for access to the service are established.
3. Interventions or programme are defined.
4. Short, medium and long term outcomes are identified.

Evaluation readiness can be summarised in the following processes (Rogers and Williams, 2006).

1. Programme logic or theory of change is developed.
2. An audit of the service or intervention (like Te Wana or NSW CAAH) completed using a set of indicators (as in the table below) as a guide to establish what current management and delivery levels of service (base-line information) might include.
3. Programme objectives and anticipated outcomes are established.
4. A strategic plan is developed and areas of development needing a special focus and development are identified.
5. Operational or action plan is developed for each key objective
6. An evaluation plan is developed based on the operational or action plan.

The development of focus areas or objectives that are reviewed on a regular basis and are evaluated as part of an ongoing evaluation plan is an essential part of planning. Reporting on activities at the start, middle and end of an intervention provides a strong evidential trail.

Evaluation as a simple user-friendly framework

In an ideal world all aspects of a project would be thoroughly evaluated but in the real world of scarce resources both monetary and in terms of people's time 'good enough' evaluation is a more realistic goal. As one of the key informants consulted said "no one evaluation can measure everything".

Essential criteria for evaluation that matches the needs of small community based organisations such as YOSS demand that any evaluation process or tool reflects YDSA. The following PERFECT principles are a useful summary:

- Participatory and youth-friendly
- Evolves through feedback (formative)
- Robust
- Flexible
- Encourages reflection
- Confidential
- Targets are achievable

Evaluations should also:

- Not get out of touch with the situation
- Do justice to everyone's views and ideas
- Provide learning and break new ground
- Be useful
- Takes time (Wadsworth, 1997, p 31-33)

Evaluation results need to be integrated into a planned response as part of the action research model described above. Ideally young people are active participants in all stages of planning and evaluation defining the problem rather than working on those identified by adults, designing youth friendly methods, gathering the results in youth appropriate ways and converting this knowledge into community action rather than knowledge for academics to use for their own purposes.

The following table of seven better practice principles is a framework of principles that NSW CAAH developed with an accompanying framework of reflective questions. It is a useful guide when developing indicators that can be measured as part of an evaluation of services.

Youth Health: Seven Better Practice Principles

(NSW CAAH, 2006, NSW CAAH, 2005 - includes capacity building process and information)

Better Practice Principle	Relating to:
1 <i>Accessibility</i>	Service policies and practices ensuring effective service promotion, confidentiality, physical accessibility, youth-friendliness, affordability, flexibility, appropriate staff knowledge/attitudes/skills
2 <i>Evidence informed approach</i>	The sources, quality and range of information/data used when planning and designing services/programs.
3 <i>Youth participation</i>	Mechanisms and processes for ensuring young people's active involvement in service planning, decision-making, implementation and evaluation.

4	Collaboration & Partnerships	Processes and actions for building and maintaining positive collaborative partnerships with other services and sectors.
5	Professional Development	Staff induction and development processes for ensuring knowledgeable, competent and confident workers/teams.
6	Sustainability	Longer-term vision, strategies and actions for creating sustainable change and positive outcomes in youth health.
7	Evaluation	Design, monitoring and evaluation of services and programs against aims and measurable objectives; organizational learning processes; beneficiary/target audience participation and feedback.

This indicator framework identified in the main part of the report (Table 3) needs further development and it is suggested that a combination of the seven better practice principles above and the Draft Standards for Youth Health Services could be used to develop the indicator framework in more detail.

Evaluation tools

Wadsworth (1997, 56) emphasises using every day activities in evaluative ways. Taken as a group of activities and if well recorded they could serve as an adequate evaluation

Daily informal personal reflections

- Weekly reviews
- Special evaluations of internal practices of activities
- Monthly collective problem solving meetings
- Annual 'what have we achieved' and 'where are we going next' workshops
- Comprehensive programme 'stocktakes' every 3 to 10 years

Evaluation methods for youth health services need to be fun and participatory. Some possibilities include:

- Focus groups, as developed by Youthline.
- Hosting client feedback hui.
- Video diaries as used by Vibe.
- Quick client feedback tools such as tokens and interactive electronic methods used by YOSS in Palmerston North.
- Client feedback surveys as developed and delivered by Kapiti Youth Support and YOSS.
- Photo voice

Other data could include:

- Statistical data from databases
- Group discussions and meetings
- Key informant and partner feedback interviews/discussions
- Written questions and answers
- Observations and agendas, work portfolios
- Existing documents, for example, diaries, phone logs, reports, newsletters, room bookings, articles and papers, annual reports, appointment books, oral histories, photos, records of requests and lectures/talks.

A sample of sources of evaluation resources mentioned in this report	
<ul style="list-style-type: none"> • NSW Centre for the Advancement of Adolescent Health http://www.caah.chw.edu.au/resources/ • Centre for Innovation: http://www.theinnovationcenter.org/r_research.asp • Wadsworth, Y. (1997) <i>Evaluation on the run</i> (2nd edition). Allen & Unwin, Australia • SHORE Evaluation training resources for health professionals and handbook (Waa et al., 1996) This research and evaluation centre also offers evaluation training to community based projects. http://www.shore.ac.nz/workforcr_dev.html • The Foundation for Young Australians (START Do-it-yourself-manual (1996): http://www.youngaustralians.org/library/publications.shtml 	

The following framework summarises the evaluation process discussed in the report.

Summary of evaluation capacity building and evaluation and planning process – Evaluation Framework

(all stages involving young people and staff)

Stage (Based on action research cycle)	Development Tasks
1. PLANNING <i>Evaluation Capacity Building</i>	Project objectives identified and reflection and planning processes established Programme Logic developed Strategic Plan developed Action Plans ² developed for all key service objectives Identification of particular aspects (focus) of programme/ service/ intervention to be evaluated for a specific time period Indicators/Measures for each focus area identified Evaluation Data collection processes and systems identified
EVALUATION READY	
2. ACTION	Implementation of services (ongoing and including new activities) Data collection - ongoing Areas for evaluation confirmed and evaluation plan written Methods established
3. OBSERVE <i>Evaluation</i>	Base line information collected Interim information collected Outcome information collected Analysis
3. REFLECT	Analysis/ review / discussion Changes implemented and new areas for development identified
ACTION EVALUATION RESEARCH CYCLE COMPLETE	
NEW CYCLE 1. PLANNING	New action and evaluation plans established

² A simple template of both an action plan and an evaluation plan can be found in the appendices

As noted, this evaluation framework needs to be developed by all staff and young people associated with the YOSS enabling the building of a framework that matches the specific needs of individual YOSS.

Conclusion

It is essential that one generic tool is developed rather than the current proliferation of tools. The Draft Standards for youth health services is an attempt to address this problem. The standardisation of tools is important for the cohesiveness, collation and rigor of outcome material and any conclusions drawn. Whichever tools are finally used, the gathering of data for YOSS needs to be comparable, rationalized, fit for purpose and developed by young people with practitioners as part of a bottom up consultative design exercise rather than top down application.

The recommended evaluation framework reflects a pragmatic approach for **better** and **evidence informed** practice that would build on the current evaluation capacity of YOSS and provide ways to incorporate worker's experience and young people's feedback alongside evidence from other sources.

The proposed evaluation framework addresses key concerns expressed by the managers and workers of YOSS and is not intended to be the final expression of an evaluation framework. Further research is required. Any evaluation framework designed for YOSS needs to be flexible and transferable but recognise that the core values of an organisation are an important part of the uniqueness of an organisation. The evaluation framework outlined in this report encourages discussion that will incorporate each service's unique identity as part of an evaluation process and the development of meaningful indicators. It is anticipated that this evaluation framework would be a starting point in developing an easy to use and standardised evaluation framework for YOSS.

RECOMMENDATIONS

1. A sector-wide, generic evaluation tool be developed and applied to YOSS to investigate the largely unexplored effectiveness of their services. The evaluation framework should be standardised and developed in conjunction with young people and YOSS staff. It must be able to demonstrate YOSS service effectiveness and support the building of sustainable services able to consistently deliver to our most in-need young people.
2. The NSW CAAH model of research and evaluation and capacity building tools, the Draft Standards for Youth Health and the youth friendly evaluation framework being developed by Healthcare Aotearoa should inform the development of a similar appropriate evaluation framework and tools for YOSS so that work is not duplicated from limited funds.
3. Funding must reflect the costs of implementing an evaluation framework for YOSS.
4. YOSS need to be supported to have robust and consistent planning and evaluation processes that are part of normal service operation. Simple, frequent and participatory reflection and planning processes need to be established practice as part of an ongoing action research and evaluation cycle. The development of these processes needs strong leadership from management.
5. Baseline, interim and outcome data should be collected using a variety of youth friendly tools and synthesised with longer term statistics and information to form the basis of service delivery evaluation.
6. Any evaluation framework introduced would benefit from the support of a **capacity building advisor** who can suggest practical responses tailored to the needs of the individual YOSS services.
7. A number of YOSS are exploring ways of working with young people and methods for evaluation. Their experience is a valuable resource for all YOSS and forums are needed where this information can be shared and developed.
8. A plan needs to be developed to address inconsistent communication and knowledge sharing between YOSS and other health related services working with young people's health and wellbeing about evaluation. Training as suggested in the report provides both information and networking opportunities.
9. 'Better practice' principles should be applied, from the basis of an 'evidence-informed' platform, incorporating suggestions from literature with the expertise of staff and workers.
10. Consistency of information/data across YOSS is a critical issue and a priority consideration that would enable the extrapolation of data and outcomes not only within but across all YOSS enabling significant learning to be made.
11. Any evaluation framework used in New Zealand must be based on the principles of the Youth Development Strategy Aotearoa, to be participatory and produce strengths-based, youth development outcomes.

INTRODUCTION

The marginalised position of many youth health services and Youth One Stop Shops (YOSS), that provide essential health and social services to our most in-need young people, makes it imperative that these services gather information about what they do sufficiently well to enable them to demonstrate their effectiveness.

Building evaluation capacity by improving internal structures of management and service delivery and data gathering processes is core business in the quest for sustainable funding which is currently far from being assured for these services. This research explored what might be required and what is possible in building evaluation capacity and making youth health services and YOSS evaluation ready.

The purpose of the research was to scope:

- 1. What are useful self-evaluation practices for demonstrating the effectiveness of YOSS?**
- 2. What evaluation data are currently collected in NZ to show the effectiveness of YOSS?**
- 3. An evaluation model for YOSS that establishes:**
 - **what evidence on the effectiveness of YOSS would be most useful to collect?**
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 - **what an evaluation framework might look like that would establish the effectiveness of YOSS?**

The information gathered in this research project was used to develop an effective (easy to collect) evaluation framework fitting best practices for the evaluation of YOSS and using a youth development framework. From these data an evaluation framework was built that established ways to increase the evaluation capacity of these organisations and demonstrate good outcomes for young people using these services.



Terms used in this report

Health: While many of the journal articles cited in this report discuss health of young people, this is often from a medical perspective whereas the authors adhere to a notion of health that is holistic. A holistic notion of health is the most appropriate for young people as this approach addresses the young person as a whole, not merely as a set of risk factors, acknowledging that risk and protective factors are interrelated and should be addressed in relation to each other (NSW CAAH, 2006). Te Whare Tapa Wha (Mason Durie) is an accepted Māori definition of holistic health, encompassing Te Taha Hinengaro (mental health), Te Taha Wairua (spiritual health), Te Taha Tinana (physical health) and Te Taha Whānau (family health).

Youth One Stop Shops: These are youth specific health centres that provide wrap-around health, social and others services for young people from one site. There are more youth health services in NZ than YOSS and the number and nature of the services differ widely depending on the needs of their client population.

Evaluation: a process that reviews the results of a service or programme using methods that best suit the needs of who and what is being evaluated. It examines what was done, how well it was done and identifies what changes or results were achieved (NSW CAAH, 2006).

Evidence-based practice: derived from traditional quantitative scientific research framework and usually referring to 'gold standard' randomised control trials (RCT). Some social practitioners have expanded the concept to meet the needs of social interventions and included qualitative data and evidence, making the sources of evidence broader in scope and flexible in method and including professional and user perspectives.

Strengths-based practice: This approach identifies young people's strengths and attempts to build on these as a means of increasing resilience (Shaw et al., 2006). It is also based on a respectful relationship with clients and third parties.

Indicators: aspects of service delivery that if evaluated would show measurable outcomes and answer the question "how would we know we were doing a good job?" Measures is another term used.

Sustainability: The continuance of programmes after initial funding has stopped that requires long term vision and the identification of alternative funding sources, investing in strategic advocacy, adopting better practice and developing partnership capacity (NSW CAAH, 2006). Seen as an essential strategy for NGOs.

Formative evaluation: *Improving programme planning and development*

Formative evaluation is gathering information in order to plan, refine and improve a programme. Ideally this should begin as the programme is being developed. An important part of formative evaluation is developing clear programme goals, objectives and strategies and the development of programme logic.

Process evaluation: *Documenting programme delivery*

The purpose of a process evaluation is to document what a programme consists of in practice and helps understand why a programme produces the results it does. Process evaluation can also be used for formative evaluation purposes, by providing information to further refine and improve a programme.

Impact/outcomes evaluation: *Measuring programme effects*

Impact (immediate or short term effects) and outcome (overall longer term effects) evaluations measure the effects of a programme and can help guide decision-making on the future directions of a programme. It can answer questions such as 'was it worth doing?' and 'should it be repeated?' (Waa et al., 2000).

RESEARCH METHODS

The objectives of this research were achieved through a national and international literature search of effective self-evaluation and evaluation practices and a scoping with a sample of YOSS in New Zealand to establish what evaluative material is currently collected, using what processes and to gather their perspectives on evaluation.

Literature review

A literature search that initially canvassed school-based youth health services and evaluation journals and then focused on supplementary services was employed. As noted in a literature review of One Stop Shops recently completed by Youthline for Counties Manukau DHB, *Pacific Youth One Stop Shop: a review of research, best evidence and youth opinion* (Youthline, 2006), YOSS are often unevaluated and even undocumented.

“Currently, there are limitations in terms of available evidence on the effectiveness of ‘one stop shops’. There are few comprehensive evaluations using proven and robust methods such as randomised controlled trials (RCTs). This is because the services provided by ‘one stop shops’ are extremely varied and many young people access the services in a ‘drop-in’ manner. This means that there would need to be large numbers of young people surveyed to make randomisation effective.

The second limitation is that most of the research surrounding ‘one stop shops’ is currently in an exploratory stage. The main forms of literature on ‘one stop shops’ were found to be standards for care, retrospective short-term evaluations of existing approaches and recommendations for ‘one stop shop’ approaches. There are no published long-term evaluations of existing ‘one stop shops’. Many of the evaluations were retrospective and qualitative or descriptive in design”. (Youthline, 2006, p 18)

However, systematic principles were applied to the literature review with priority given to collating findings from comprehensive and large-scale evaluations. While every effort was made to make the literature review comprehensive there is little information available on evaluation methods for YOSS. There are a reasonable number of evaluations of school-based health services and other youth health services in the international literature that have commonalities with YOSS. This literature and relevant quality assurance tools formed the literature review. Many evaluation reports that might have been useful were part of an extensive but difficult to access grey literature. This provided a barrier to the identification of methods and those evaluations found were not ‘gold standard’ RCTs.

The literature review was sourced from the main data bases namely:

- PSYCHinfo,
- ERIC,
- EMBASE,
- Medline
- CINAHL,
- Australian Education Index,
- British Education Index, and
- Index to New Zealand Periodicals.

In addition, references from the literature were also utilised. With a few exceptions, material canvassed was mainly confined to research, literature reviews and evaluations dated from 2000. Exceptions were made for critical evaluation and research papers known to be influential and those mentioned in the more recent literature.

An initial group of keywords was developed. These were identified using those provided in the report mentioned above (Youthline, 2006). Keywords from this source include, “one stop shop”, “youth centre”, “integrated care”, and “drop in centre.” Further development of keywords derived from this first level search included evaluation/assessment/review of YOSS and other wrap-around health and social services for young people. Due to the limited quantity of information this included school based health centres of which there are many in the US. The words ‘youth friendly services’ was also a productive search phrase. The Manukau Youth Development Model (Youthline, 2006) and the Youth Development Strategy Aotearoa (Ministry of Youth Affairs) were used as frameworks for the analysis of the project.

Key informant interviews

Information on current practices and theoretical bases was provided by seventeen semi-structured interviews/discussions with managers and staff from a range of YOSS service providers and other key stakeholders in NZ. These YOSS were identified through Youthline and Centre for Youth Health (CfYH) staff who have expertise in this area, Google and literature. There was some snowballing from those people interviewed to establish appropriate representation and expertise. These interviews were face-to-face and included in some cases other members of staff as well as the manager of the service.

Participants from a selection of YOSS contributing to this research include,³.

- Centre for Youth Health (Manukau)
- Youth One Stop Shop (Palmerston North)
- Kapiti Youth Support (Paraparaumu)
- Otago Youth Wellness Centre (Dunedin)
- 198 Youth Health Otautahi (Christchurch)
- Evolve (Wellington)
- Rotovegas (Rotorua)
- Vibe (Lower Hutt)
- Youth Advice Centre (Whanganui)

³ The scope of this research project did not allow for all youth health services to be consulted. Those services contacted were selected on the basis of their proximity to a major centre and to a current research project based in Whanganui.

PART 1: A NATIONAL AND INTERNATIONAL REVIEW OF EVALUATION LITERATURE EXPLORING WHAT FRAMEWORKS AND TOOLS WOULD BE USEFUL FOR YOSS

1.1 Introduction

Even if we think we are doing a good job it is increasingly important that we are able to show other people, especially funders that our service is having successful outcomes. This requires regular reflection on services, interventions and programmes and the careful recording of the results of these processes and outcomes for young people using these services.

Wadsworth (1997) identifies two types of evaluation, the big 'E' evaluation and the little 'e' evaluation and suggests that we 'e'valuate every day. We are constantly evaluating our world, whether we buy a coat or a cooking utensil or car? Do we go by product reviews, what the pleasant retailer advised or a friend's experience? Larger pieces of evaluation at an organisational or programme level happen less frequently but the processes, in their simplest form are similar.

Health service evaluation has a long history in the US, dating back as far as 1910 when an American surgeon recommended that all patients be recalled after a year to see if their treatment had been successful (Long, 2006). This author identified four themes in the health evaluation literature.

1. A **'what works' agenda** involving the synthesis of literature, mainly RCTs, to inform practice and policy decisions and often promoted by policy concerns for efficiency and cost effectiveness. However, today people are increasingly asking 'who says'? In other words who decides what counts as evidence?
2. An **empirical rather than theoretical approach** where programme content and practice is evaluated with little attention paid to the theoretical basis of a programme. However, evaluation is theory testing and there is an increasing awareness and use of programme logic or theory of change as part of evaluations to see if the theory matches the outcomes.
3. **Consumer/citizen/user movement** encouraging user participation in the form of patient-centred care and patient involvement in decision-making. 'Giving voice' and establishing what works for users becomes the focus. This also raises the question of 'whose voice?' and argues for the need to include the perspectives of all significant stakeholders especially when part of a formative evaluation with implications for the whole organisation and there is potential for evaluations to effect transformation.
4. **Evaluation for learning** that emphasises not just what worked, how and for whom but also identifies what can be learned from interventions thereby informing the further development of a programme or intervention. This is used in new developments and ideally implemented at the start of a new development. It is based on the principle that involving those being evaluated more enhances the usability of the evaluation (Long, 2006).

The last two points are relevant to YOSS and understanding what might be needed in an evaluation framework for YOSS. In New Zealand, the latter approach (#4) is central to what is termed formative evaluation and is occasionally funded as a stand-alone evaluation or implemented alongside process, impact and outcome evaluations.

There are a number of factors that impede evaluations of children and young persons' services that are important to note as they are relevant to the findings from discussions with key informants as part of this research (Axford and Berry, 2006).

- Vagueness about the desired outcomes and how services should contribute towards them.
- A lack of clarity about the intended programme recipients and a subsequent mismatch between needs and services.
- Inconsistent delivery of the intervention that does not allow a single model to be identified and a resistance by practitioners to do so.
- Insufficient epidemiological need data with services driven more by political concerns or patterns of existing provision than by demand.
- A tendency to collect too much information and do too little with it (Axford and Berry, 2006).

1.2 Evidence based practice

Evidence-based practice is one of a number of terms used as a sort of gold standard. "It is a seductive term based on the simplistic notion of 'what works'" (Murray Saunders in a presentation at the Australasian Evaluation Society Conference, 2002). Evidence-based practice (EBP) originates from traditional quantitative scientific research methods of medicine, evidence-based medicine (EBM), usually referring to 'gold standard' RCTs.

The key components of EBP are:

- Converting the information needs into answerable questions.
- Searching for the best evidence to answer questions from the literature, clinical examination and other sources.
- Appraising evidence for its validity and clinical applicability.
- Applying the results of this application.
- Evaluating performance.

This appraisal is achieved through the use of a hierarchy of *levels of evidence* that is regularly revised (Kang, 2005) in preferred order.

1. Systematic review comparing randomised trials.
2. Systematic review comparing cohort studies (involves pre and post measures).
3. Well designed non-experimental studies from more than one research group or centre.
4. Opinion of well-respected authorities based on clinical evidence, descriptive studies or reports from experts (pp 32-33).

Consistency of results across disciplines presents ongoing problems. The main reasons for developing an evidence-based approach include:

- As a strategy to promote quality and consistency across the healthcare system - especially important in the growing area of youth health.
- As a strategy to protect consumers and health service providers alike by minimising preventable adverse events – many practices have been altered or abandoned as useless or harmful through applying EBP
- As a strategy to promote efficiency in healthcare funding – however many beneficial approaches and interventions do not have evidence to support them (Kang, 2005).

The power and influence of this model was largely established in a 'hierarchy of evidence' model of what 'best' practice might be and it was concluded that RCT provides the 'best' quality evidence (Long, 2006). The work of the Cochrane Collaboration established 1993 and later the Campbell Collaboration (social interventions) in 2001 are examples of these methods however, in this process the credibility of other methods was reduced.

EBP initially evolved from an accepted need to base interventions on evaluations that proved what worked and what did not. As the source of this movement was medicine, the type of evaluations considered as providing acceptable evidence were 'gold standard' RCTs which may have been appropriate in these cases. However, even doctors have felt that the well intentioned principles of EBP have been applied in ways that have ignored their experience and observations as physicians (Regehr et al., 2007). Hence the development of what has been termed CSM or common sense medicine. Thus while RCTs have significant strengths they are also problematic.

The sometimes inappropriate application of RCTs to complex social interventions has led to some resistance from social practitioners who see the necessity of including professional practitioner and user experiences to show the effects of a 'treatment' or intervention. The greater the complexity of a project, the more problems this makes for the application of RCTs. The growth of 'quasi-experimental' methods was a response to the problems of RCTs for social programmes that were less predictable.

It can be seen from the formidable requirements of EBP in its most pure form above that these practices would place an extreme amount of pressure on youth health service providers and managers. The problem with services that have a social component and that are currently under development is that there is little evidence of their effectiveness and outcomes available – let alone RCTs to demonstrate their effectiveness. Some have argued that an approach that was initially liberating and exciting has quickly become a rigid dogma and the 'mindless' application of EBP in many cases is inappropriate (Regehr et al., 2007). Concerns have been raised by practitioners, about the random transfer of this concept from medicine to the social health arena, questioning whether an EBP approach on its own can address the complexity and context of these sorts of clients (Lipman, Webb & Witkin *in* Regehr et al., 2007). In addition, just because an article appears in a professional journal does not mean the information it contains is of high quality or even relevant to everyday practice settings, clients and practitioners. Critical appraisal skills that systematically assess and interpret existing evidence are an absolute necessity (Grinnell & Unrau, 2008⁴).

EBP can be seen as the antithesis of innovation and responsiveness, key factors in the development of projects relevant to young people (NSW CAAH, 2006). These authors contend that EBP ignores [health and social professionals] expertise, experience and judgments. Hence their use of the term 'better' practice rather than 'best' and evidence 'informed' practice or 'best available' evidence (Regehr et al., 2007), which implies the additional input from workers on the ground who through their practice also have a contribution to make to what might be defined as 'better' practice and what works.

⁴ This chapter contains a list of tasks required in completing a review of a journal article and including an evidence hierarchy (Grinnell and Unrau, 2008, p484 and 491)

Barriers to the use of evidence

Barriers to meeting the demand for evidence-informed practice recorded in the literature include: the lack of current information on similar community-based projects, time available to search for information (government funded clearing houses, more available in Australia, are a significant help in this area), a reluctance by agencies to share information and the cultural context of the evidence may be very different from the local environment. An important comment to note was the observation that evidence based options did not necessarily match political agendas and therefore funding priorities (NSW CAAH, 2006).

In this contentious area, the voice of the New South Wales Centre for the Advancement of Adolescent Health (NSW CAAH) has a measured tone and reflects the sector discussed in this report. They say (2006) that better practice is defined as any process or evidence-informed approach which results in positive outcomes. Further, the authors state that where the knowledge is based on current research, evaluation and experience, good practice benchmarks are likely to change over time.

The limited availability of information on YOSS needs to be addressed. As early as 1998, in a formative evaluation of YOSS in central North Island, it was noted that there was a gap in available information that would support evaluation. These deficiencies in evaluation material included:

- Information on needs assessments.
- Results of local evaluations/surveys.
- Information validating/discussing the YOSS service.
- What service delivery works?
- Information on different models of service delivery, interventions and programmes.
- Information on outcomes (Central Health, 1998).

NSW CAAH (2006), in a recent study of youth health services, supports this position by saying that there is inconsistent communication and knowledge sharing between health related services especially those working with young people's health and wellbeing. Online websites and databases have been suggested as a useful tool for this purpose but there is little research that establishes whether this would make any difference.

Other barriers to evaluation recorded by NSW CAAH (2006) included:

- Workers not being skilled.
- Having to use scarce resources (time and money) for evaluation.
- Difficulty establishing base lines and outcomes measures (due to the individualised and relative nature of young people's development).

The nature of learning is context-driven and the replication of services and programmes is not that simple. Evaluators are increasingly aware of the need to match evidence required and methods to the evaluation questions needing a response. This development has been supported by the need for an evidence base for social services where there are few if any evaluations.

The Foundation for Young Australians (1996) recommends that 'what works' should be analysed according to ***efficiency, effectiveness and appropriateness***. These are important components of evaluation readiness. *Efficiency* is a measure of outputs as compared to inputs in both human effort and budgetary terms and *effectiveness* is the extent to which a project or programme achieves its objectives. Outcomes for recipients are explored and the

performance of a project is assessed. *Appropriateness* addresses whether the programme or project is accurately matched to the needs of the community and recipients of the service.

1.3 Building evaluation readiness: planning, recording, reflection and becoming a learning organisation

Evaluation capacity building is an essential prerequisite for evaluation. Evaluation readiness is the end product in the development of evaluation capacity building. Critical components of this process are, what is termed 'becoming 'a learning organisation', the processes that enable this to happen and the systematic collection and recording of information that shows outcomes of services, programs and interventions.

Reflection is another word for evaluation and a less formalised but not necessarily unstructured concept.

A study of Australian organisations exploring the concept of reflection found that informants considered 'reflection' in the following ways (*in* Rogers, 2006, p 82):

- *A luxury which "gets in the way of work".*
- *Something to be done in your own time and not work time.*
- *Not relevant as the [organisation] is in perpetual chaos.*

These views were based on the ideas that:

- *People weren't permitted to admit their ignorance and were pressured into providing quick fixes.*
- *People were not confident about being reflective.*
- *There was no place for formalised learning processes (as opposed to technical training.)*
- *Reflection tended to be an off site personal activity.*
- *The business must keep running at all costs.*

The ability to reflect on completed projects and allowing the time for this activity enhances the possibility of developing a reflective and learning organisational culture and is evidence of a more mature organisation.

Participation of young people

There are many examples of successful models of participation of young people in all aspects of the development of services (Lerner, 2005; Mandel and Qazilbash, 2005; London et al., 2003). There are a growing number of adolescent health researchers who actively align their practices with community participatory research and action research with a special emphasis on community partnership in all aspects of the research (Resnick, 2007). The participation of young people in evaluation is an essential part of the development of a youth project. Engaging young people to participate in evaluation and project development work can be challenging, illustrating the power dynamics in many areas of their lives, where they are disempowered, ignored or regarded as disruptive (Walker, 2007). Organisations can negotiate ways of participating with young people rather than presenting them with predetermined options. (NSW CAAH,2006). "Planning has to be with youth at heart – not as an afterthought" (NSW CAAH,2006,9)

Literature based on consultation with young people (Youthline, 2006, NSW CAAH, 2006) indicates that participation needs to be meaningful and empowering and have real outcomes. It is more effective when it is relevant, carried out in a safe environment, engaging and interesting for young people and offers them clear roles. Importantly, it may also

involve reconciling 'wants' with what can realistically be achieved. Advisory groups which have a traditionally adult structure can be developed by young people to work in ways that match young people's needs.

The flexibility required in encouraging the full participation of young people could include, as in one example (Mandel & Qasilbash, 2005), allocating time to discuss the academic, personal and social development of the young people involved in a project. This acknowledgement and support can enable the young people to stay engaged with the project⁵. In another example, the Youth in Focus, a US based project, young people evaluated the effects of San Francisco's Juvenile Justice Action Plan. They undertook a needs assessment of young people in the target neighbourhoods and developed indicators for measuring the success of the action plans projects. The team worked alongside adult evaluators, policymakers and advocates. Their recommendations substantially influenced the Justice project and other city policies (London et al., 2003).

The Manukau Youth Development Model (available online at <http://manukau.youthline.co.nz>) was developed from the Youth Development Strategy Aotearoa (YDSA) and includes six key principles which form a foundation for evaluation practices relevant to YOSS:

- Youth development is shaped by the "big picture".
- Youth development is about young people being connected.
- Youth development is based on a consistent strengths based approach.
- Youth development happens through quality relationships.
- Youth development is triggered when young people fully participate.
- Youth development needs good information.

Youth development can be approached from two directions:

1. Individual: a young person's internal process of preparation for adulthood
2. Social or systemic: an external process involving a number of agencies or stakeholders (e.g. Schools, families, communities) who together support and empower young people's development (NSW CAAH, 2006).

The Counties Manukau District Health Board Youth Advisory Group and the Urge Youth Advisory Group are good examples of participation in development, evaluation and research. A number of the YOSS are exploring ways of working with young people. Their experience is a valuable resource for all YOSS and needs to be shared.

1.4 Evaluation frameworks

Health and wellbeing in a holistic sense goes beyond merely physical health to a concept of health that wraps around all areas of a young person's life including mental, emotional and social health as well as whānau. It includes social issues encompassing areas such as violence, abuse, bullying, sexual behaviour, risk taking, family situation,

⁵ An example of a work plan developed by these young people that included both the project work and personal development can be found in this paper (Mandel and Qazilbash, 2005, 241).

employment prospects, gang behaviour, driving behaviour interpersonal relations and social support and so on (Raeburn and Sidaway, 1996). Spiritual health is also an important area for consideration.

The collection of evidence on effective outcomes for services like YOSS demands a multi-method approach that reflects service complexity. However, a simple easy to use framework is also required for these services as YOSS programme goals, atmosphere and activities are less formalised, often underfunded and over worked with most managers and workers not only delivering services but also expected to turn their hand to evaluation.

Sharp (2000) suggests that the impact of a project on outcomes for young people can be assessed using the five 'C's:

- confidence
- character
- connection
- competence
- contribution

This list is an appropriate match for a youth development framework.

Ideally an evaluation framework or plan should be in place before a programme is initiated (Winnard, 2005) as early evaluation planning will ensure that a programme logic is in place, relevant criteria for success are established, focus areas are identified and useable methods developed so that appropriate and relevant evaluation data is collected. It is essential that these data are analysed on a regular basis as part of performance improvement practices and used to review and enhance service provision (Winnard, 2005). This author also favours user self reports.

Te Whare Tapa Wha (Durie, 1994 in Weld and Greening, 2004) is a Māori model of health which draws on concepts of resilience theory, solution-focused theory and strength-based practice including the "signs of safety framework". Questions asked of young people include:

1. What makes their house strong?
2. What makes this vulnerable?
3. What are their hopes for their house?
4. What is happening both within and around a person that keeps them safe from, and also vulnerable to, danger and harm?
5. What goals or aspirations do they have for themselves and their families?
6. What would they like to be different in their lives?

This assessment framework could also be used as a simple client self-assessment and evaluation tool using pre and post intervention tests.

Indicators and measures

Indicators are things that tell us whether what we are doing on a particular project is working or not. There are both positive and negative indicators. Traditionally, negative outcome indicators have been used as these are often more readily available and positive indicators are more challenging to measure, are usually qualitative and it is harder to reach agreement on definitions. However positive youth development is not just the absence of negative factors (NSW CAAH, 2006).

The use of both positive and negative indicators is recommended. The difference between indicators that are reductionist and those developed from a positive and strength-based perspective are illustrated in the following lists of positive and negative indicators (Chiang et al., 2006).

Positive Indicators

- | | |
|--------------------------------------|-------------------------------|
| • Regular exercise | • Greater self control |
| • Healthy diet | • Assertiveness |
| • Safe sex | • Coping skills |
| • Positive relationships/friendships | • Engagement in the workforce |
| • School attendance | • Income |
| • Academic performance/achievement | |

Negative indicators

- | | |
|-------------------------------------|---------------------------|
| • Youth suicide | • Smoking |
| • Unemployment | • Early pregnancy |
| • Mental illness | • Crime rates |
| • Drug use/dependence | • Domestic violence/abuse |
| • Sexually transmittable infections | • Truancy |

Best practices for evaluation

Establishing what 'best ' practice or 'better' practice means for a project, programme or intervention is an essential component of initial planning and forms the basis of any evaluation. Evaluation is a source of accountability, development and knowledge and should be regarded as a tool kit where methods are matched to the needs of the user.

Evaluation has been frequently associated with service efficiency and 'bangs-for-your-buck'. While these things are important, in the context of youth and family services and interventions, quality of life changes have a higher priority, the conundrum being how to effectively measure these things and attribute effects. Life change for young people is about gaining skills, knowing how to get a job, adequate housing, meeting personal needs, feeling part of a community, developing respect for oneself and trust in others and generally making a difference. Central to this is social justice and relationship building for which 'doses' are not easily identified or can differ according to need and these things are difficult to quantify.

PART 2: CONSULTATION WITH YOSS AND OTHER YOUTH HEALTH SERVICES IN NEW ZEALAND: EVALUATION ISSUES ARISING FROM CONSULTATION

A selection of youth health services including One Stop Shops contributed to this research through semi structured interviews or conversations. Included in the following table is a description of their services and evaluation tools⁶ are identified for each youth health service consulted.

Table 1: Key Informant descriptions of services and current evaluation practices for YOSS

Service	Key service characteristics	Monitoring and evaluation status
Centre for Youth Health	<ul style="list-style-type: none"> • Offers specialist clinics to young people 12 – 22 years who have complex health needs, attend alternative education, are in youth justice residence or have diabetes • Promote young people's health and wellbeing alongside family/whānau • Provide young people with a holistic clinical service - with comprehensive youth health assessments and interventions • Advocacy and support for other professionals around adolescent health • Collaboration with researchers • Promote and support policy and legislation • Education and training of other health professionals • Resources and information 	<ul style="list-style-type: none"> • Statistics generated from patient records are analysed. These are manually recorded but currently being moved to computer and database will be more flexible. • Time and motion study • Quality audit – initially of aspects of the process of assessment and intervention (Confidentiality discussed, numbers of sexual abuse survivors, BMI calculated, urinary Chlamydia done for sexually active, intervention offered for smokers, and non attendance rates for second appointments. Data to be analyzed, feedback given and re- assessed 1 year later • Client focus groups • Consumer satisfaction surveys • Ongoing research identifying health needs by survey and focus groups for several different groups of young people • Evidence and Journal club • Weekly professional development session including feedback on courses/conferences. Special weekly focus topic

⁶ The scope of this research project did not allow for all youth health services to be consulted. Those services contacted were selected on the basis of their proximity to a major centre and to a current research project based in Whanganui.

Youth One Stop Shop Palmerston North	<ul style="list-style-type: none"> • Governance Team is comprised of strategically useful people and a balance of community, business/industry and Hapu • Health focused service working off site with some young people including schools – • Huge capacity issues in delivering to all the young people the DHB wants them to. • Work with 2 Alt Ed units – Highbury and Kelvin Group 	<ul style="list-style-type: none"> • They have their own young people's advisory group – try to keep them task focused but not easy with a regular turnover. Hard to get participation. • Sometimes use the Council advisory group but not representative. Mostly fairly articulate young people. • Smiley colour coded disks in pipes - consumer satisfaction • Computer based client satisfaction programme using a touch screen developed from Bloms SCG, • Focus groups • Doing Te Wana (12 months) and SCOPE – have to insert youth perspective.
Kapiti Youth Support	<ul style="list-style-type: none"> • Health service with GPs • Nurses • Counselling • Relationships issues • Sexual health • Alcohol and Drug advice • Sports injuries • Mentoring • Health Promotion • Education programs 	<ul style="list-style-type: none"> • Medtech for statistics • Consumer satisfaction surveys
OYWC – Dunedin	<ul style="list-style-type: none"> • Full time service – Nurse 2 FTE, 6 counsellors, social worker and 2 peer support workers – appointment panel has client reps • Governance level – young people participating (2 <18 and 2 <25) 	<ul style="list-style-type: none"> • Client satisfaction annually • Suggestion Box • Focus groups – offer vouchers
198 Youth Health Otautahi (Christchurch)	<ul style="list-style-type: none"> • 10-20 years, 30 hours per week • General health provided by GPs and practice nurses • Sexual Health ditto • Mental/spiritual/emotional Health provided by GPs, practice nurses, youth workers and counsellors • Social health including assistance with 	<ul style="list-style-type: none"> • Quality audit tool used is Te Wana through Healthcare Aotearoa • Occasional customer satisfaction surveys and a suggestion box. • Focus groups with our clients to gain more information. • Audited by the DHB twice.

	<p>housing, access to benefits, food, employment, training and education courses, provided by youth workers</p> <ul style="list-style-type: none"> • Young parents group and we house antenatal care now as well • Health promotion runs throughout • We link with adventure therapy, recreation services and agencies who assist in terms of Social needs, (as in list above) and secondary health care • Outreach clinic just started to our local youth justice residence and the care and protection residence • We would like to be funded to provide outreach services to alternative education providers <p>Services are provided for young people aged 10-25 and they must leave on their 26th birthday. We endeavour to provide a transition to their next primary care health worker.</p> <p>Parents of young people are seen either with or separately from young people provided we have their permission. Phone information for parents who ring up is provided in general but no specific information is given out without the permission of the individual young person</p> <p>Youth worker includes the young people also called peer or youth support workers</p>	
Evolve	<ul style="list-style-type: none"> • Primary health services including a GP, nurses, sexual health, counselling and social support. • Peer support, • Information, • Referrals, • A hang out space with free pool table, foosball & internet and activity based projects. 	<ul style="list-style-type: none"> • Evaluation of statistical data pertaining to client visits (demographical data on clients and clinical data on visit types) on a 3 monthly basis • A yearly client satisfaction feedback survey (this year by a University master student on our behalf) • Contracted an independent organisation evaluate our responsiveness to Māori in 2007

		<ul style="list-style-type: none"> • A yearly very comprehensive financial audit carried out • First TAS Audit on behalf of DHB in 2008 • A member of the Te Wana Quality Programme • Yearly strategic planning and annual planning process with the Trust Board and staff
Rotovegas	<ul style="list-style-type: none"> • Free service for 15-24 year olds • Outreach to young people – High Schools <p>Doctor and Nurse Services include:</p> <ul style="list-style-type: none"> • Sexual health • STI checks • Contraception • Pregnancy testing • Smears • Stress problems • Injury and ACC • General Health Problems 	<ul style="list-style-type: none"> • Consumer satisfaction surveys only <p>Staff at Rotovegas have an evaluation strategy that is limited by what they can afford.</p>
Vibe	<ul style="list-style-type: none"> • Health services including a youth health specialist, GP, 3 nurses and Youth Health Nurse Specialist • Youth Transition Team • Four school-based health clinics situated in four secondary schools in the Hutt Valley area. These clinics provide general health services and health promotion, with each school receiving both Nurse and General Practitioner services. • Six Peer Support Workers • Health information and advice • Comprehensive social support service that provides social work, group work, • Workshop based education services for groups of young people on issues relating to well-being and development. 	<ul style="list-style-type: none"> • Video diaries used for programmes • Smiley colour coded disks in pipes • Doing Te Wana • Focus groups • Developing database for evaluation purposes • Consumer satisfaction surveys

While a number of the services were developing consistent evaluation capacity and understood the audit trail required many were inadequately prepared for evaluation. The gaps identified in the early evaluation of some YOSS in 1998 still applied for some YOSS. This was largely due to the time required to develop this capacity as well as the resources required which in most cases were not there. Some were working with youth advisory groups. Much development in this area was being done voluntarily although those who had signed to the Te Wana process of Health care Aotearoa seem to have built or were growing the sort of evaluation information required as this is a capacity building and planning tool that provides the essential components of an evaluation ready organisation.

One of the YOSS is currently working on building a broader evaluation component to their database having finally got permission from the software provider to manipulate it. They are expanding the system to not only record the usual statistics but also other more qualitative data. This is an issue common to many projects and which in terms of rigorous evaluation outcomes, needs urgent attention. Consistency of information/data across YOSS is a critical issue that would enable the extrapolation of data and outcomes not only within but across all YOSS enabling significant learning to be made.

Assessment was identified by most informants as an area needing information support and resourcing. Adolescent self-reports on their care have been shown to be moderate or highly sensitive and specific compared to recorded interviews and a valid method of assessing provider services. Both the informants and the literature emphasised the necessity of baseline, intermediary and outcome data being systematically collected for all young people entering a service. One suggestion discussed with a key informant was the possibility of using a youth friendly version of the HEADDSS assessment for this purpose. This is being developed as an idea by the Otago Youth Wellness Centre (OWYC).

The sharing of information on evaluation by these services would be a useful and relevant exercise across all YOSS. The OYWC also notes that the assessment process can be a way of enhancing young people's perceptions of their health as well as meeting the need for quality improvement information that will improve service provision. Results need to be fed back to service staff in ways that encourage reflection and within a professional development framework. Self assessments such as HHEADSSS are used by some services and where developed to be youth friendly as done by the OYWC are well received tools that could be used as a pre and post test for evaluation purposes as suggested above.

"In the absence of resources to formally evaluate the service, we have an informal process of frequently ask our clients for their opinions about the positive and negative aspects of the service, and remaining responsive to this feedback" (Key informant).

Te Wana, developed by Healthcare Aotearoa and used by some of the youth health services consulted as part of this research, is a review of all aspects of management and service delivery that builds the capacity of a project or programme for evaluation but is not an evaluation tool. Capacity building is a complementary process that enhances the evaluability of a project or programme by engaging staff in a process of reflection and assessing the level of development in a range of service areas. Te Wana is regarded by some YOSS as a complex and expensive process although those who have joined and are currently participating in the Te Wana process have found it useful and satisfying. There was some suggestion that a step up process for Te Wana would be helpful, enabling some services to have an initial introductory level membership. The need for an advisory and support position associated with this tool was identified by some informants.

The pressures brought to bear on these services with their inadequate funding and lack of evaluation information are significant. The visits to YOSS as part of this project, in a number of instances were often used to share information about the services and then to discuss possible evaluation frameworks that might work for the particular service. There is a high need for funding and support in this area where services are expected to have these things in hand.

It was also apparent from conversations with key informants that evaluation and capacity building for these services needs urgent attention and support from funders. Any evaluation framework introduced would benefit from the support of a capacity building advisor who can suggest practical responses tailored to the needs of the individual services. A number of the YOSS felt isolated and ill-equipped to develop appropriate evaluation framework for their service. Axford and Berry's comments (2006) on the barriers to evaluation for young people's services mentioned in the literature review are also very pertinent. Issues raised by YOSS providers included:

- Data produced is not standardised across similar services.
- Electronic systems and databases that are not flexible enough for the needs of the services and are better fitted to collect demographic data rather than qualitative outcomes from programmes/services.
- Lack of detailed record keeping that identifies baseline, interim and outcome data
- Many services are aware of the need to have a reflective culture that supports organizational learning but this practice takes time and resources.
- How a service establishes a reflective culture was a key question.

All services consulted in this research had established reflective cultures to various degrees but struggled to access adequate information and support for evaluation. The nature of this work means that reflection is more likely to happen although robust processes for doing this are sometimes lacking.

PART 3: DEVELOPING AN EVALUATION FRAMEWORK FOR YOSS

3.1 Approaches to evaluation

Some guiding principles and better informed practices

The literature indicates that a notion of ‘better’ and evidence ‘informed’ practices needs to reflect the YOSS ideology where the holistic integration of both health and social arenas is an established practice (NSW CAAH, 2006). While evidence sourced from the literature is essential it is also drawn from a broader understanding that includes not only evaluations but also values the reflective contribution practitioners and young people, as users of these services, can make to improving interventions and subsequently outcomes for young people. This requires that special attention is paid to the meticulous recording of results of interventions in an organisational environment of reflective practices. Wadsworth (1997) does note that record keeping needs to be “systematic, comprehensive and rigorous” however, she also emphasises that if they are going to be kept that they need to be kept properly and examples should not be missed or forgotten. If this is too hard she suggests keeping records for a sample of time rather than forever or reducing the volume of data collection (Wadsworth, 1997, 26).

A code of ethics⁷ applies to all evaluations and if the evaluation planned involves young people and other stakeholders in principle ethics approval should be sought. There are a range of evaluation training providers and there is value in seeking this support to establish evaluation frameworks for YOSS⁸.

3.2 Developing a culture of evaluation: evaluation readiness and capacity building

Becoming a reflective organisation

“One of the misconceptions of the performance movement is the notion that organizations are transformed by having information on how well they are doing. This optimism is rarely justified...It requires sustained political and managerial will to reorient an organization in response to information on what it is doing or hopes to accomplish. In fact genuine organizational change may be a pre-condition for effective use of performance information”(Schick, in Rogers et al., 2006).

Becoming a reflective and learning organisation is a necessary pre-condition for successful evaluation. An essential component in this process is strong leadership from management in this matter. A process that has proven to be well suited to community based projects especially those working with marginalised minorities is the action research cycle (Reason and Bradbury, 2001, National Resource Centre for Consumer Participation in Health, 2002,2). This process of planning, acting reflecting and then doing again when applied systematically to a projects development and outcomes are carefully recorded, can enhance the services delivered, build evaluation and organizational capacity and knowledge and provide opportunities for professional development.

⁷ See <http://www.anzea.org.nz/>

⁸ See SHORE Centre, Massey University, Auckland. http://www.shore.ac.nz/workforcr_dev.html

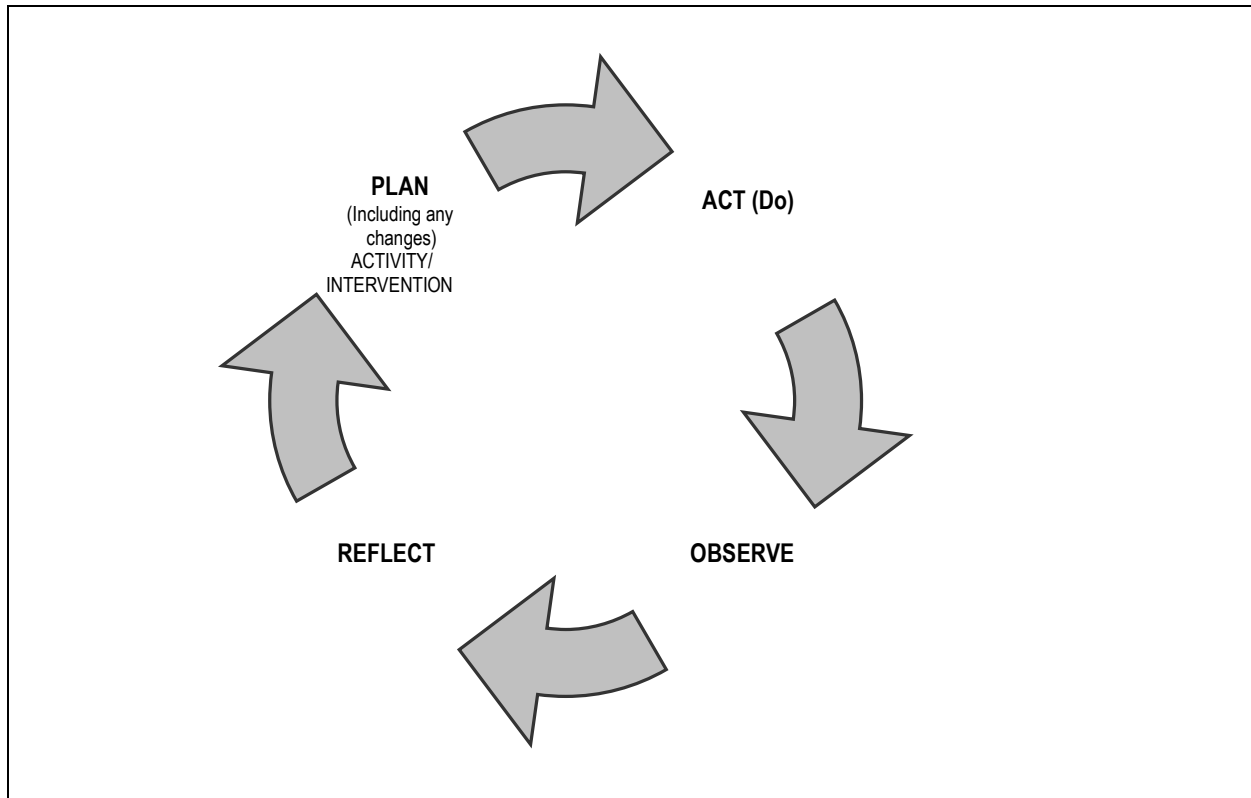


Figure 1: Action research cycle (Wadsworth, 1997⁹, Commission for Health Improvement, 2002).

Features of this cyclical and spiral model include the following:

1. It is about action *and* research.
2. It is *cyclical* and it *evolves* (cycles can be very short or long and the purpose of the cycle can change offering the sort of flexibility demanded by community projects) .
3. Each stage of the cycle is *rigorous*. The process has a definite structure – a beginning and an end.
4. It tends to be *collaborative*.
5. It often starts with an *engaging* question (Rogers and Williams, 2006, p 83).

This model was derived from developing practical tools to support community development principles which are often regarded as somewhat nebulous concepts.

Developing a programme logic

The development of a logic model that rationalises why a project or intervention should have the intended effect and produce desired outcomes is an important starting point in the building of evaluation capacity. To do this, the target recipients and their characteristics need to be identified, including what criteria they need to meet to be part of the particular service. Then what the project intends to do and why (the evidence) and the outcomes they expect as a result of this programme or intervention needs to be developed as a whole service activity.

⁹ For a more detailed process see “The Action Evaluation Research Process” (Wadsworth, 1997)

To summarise, developing a programme/intervention logic includes:

1. Recipients of the programme or intervention are identified.
2. Criteria for access to the service are established.
3. Interventions or programmes are defined.
4. Short, medium and long term outcomes are identified.

Planning processes

“The sins of the program are often visited on the evaluation...when the programmes are disorganised, beset with disruptions, ineffectively designed, or poorly managed, the evaluation falls heir to the problem of the setting” (Rogers, 2006, p 76).

Evaluation is strongly linked to robust planning processes ensuring the results of the evaluation are addressed. Plans should be realistic and strategically reflect the current policy and political context and be connected to important policy documents. Leadership in this area is critical as any weakness can fail to embed any changes made as a result of evaluation. Hence the need to be evaluation ready as noted in the following processes (Rogers and Williams, 2006).

1. Programme logic or theory of change is developed.
2. An audit of the service or intervention (like Te Wana or NSW CAAH) completed using a set of indicators (as in Table 2) as a guide to establish what current management and delivery levels of service (base-line information) might include.
3. Programme objectives and anticipated outcomes are established.
4. A strategic plan is developed and areas of development needing a special focus and development are identified.
5. Operational or action plan is developed for each key objective
6. An evaluation plan is developed based on the operational or action plan.

The development of focus areas or objectives that are reviewed on a regular basis and are evaluated as part of an ongoing evaluation plan is an essential part of planning. Reporting on activities at the start, middle and end of an intervention provides a strong evidential trail.

3.3 Evaluation as a simple user-friendly framework

What’s important?

In an ideal world all aspects of a project would be thoroughly evaluated but in the real world of scarce resources both monetary and in terms of people’s time ‘good enough’ evaluation is a more realistic goal. As one of the key informants consulted said “no one evaluation can measure everything”.

Essential criteria for evaluation that matches the needs of small community based organizations such as YOSS demand that any evaluation process or tool reflects YDSA. The following PERFECT principles are a useful summary:

- Participatory and youth-friendly
- Evolve through feedback (formative)
- Robust
- Flexible
- Encourages reflection

- Confidential
- Targets are achievable

Evaluations should also:

- Not get out of touch with the situation,
- Do justice to everyone's views and ideas,
- Provide learning and break new ground,
- Be useful, and
- Takes time (Wadsworth, 1997, pp 31-33).

Evaluation should be meaningful and purposeful and those being evaluated need to know why they are being evaluated, how it will impact on them. They need to receive the results of any evaluation. Evaluation results need to be integrated into a planned response as part of the action research model described above.

We need also to be alert to the over evaluation of young people. Clarity of purpose and exactly what is being evaluated and how should be established at the start of the evaluation. Establishing objectives and measures or indicators from the start ensures the evaluation stays on track. Where possible, a mix of qualitative and quantitative data should be collected. Recording all outcomes from project activities cannot be over emphasised.

Participation of young people has been discussed previously but needs a special emphasis. Ideally young people are active participants in all stages of an evaluation defining the problem rather than working on those identified by adults, designing youth friendly methods, gathering the results in youth appropriate ways and converting this knowledge into community action rather than knowledge for academics to use for their own purposes. They are a service's 'critical reference group' (Wadsworth, 1997). When young people are able to work in these ways they develop a consciousness of youth development (Checkoway, 2003). Appropriate participation has significant outcomes for young people:

- Participation is a legitimate way to develop knowledge for social action.
- Participation in evaluation research can enable young people to exercise their political rights.
- Youth participation can allow young people to share in the democratisation of knowledge.
- Youth participation in evaluation can prepare young people for active participation in a democratic society.
- Youth participation can strengthen the social development of young people in various ways by increasing their individual involvement, their organisational development and their ability to create community change (Checkoway and Richards-Schuster, p 23).

"In contrast to young people who are alienated or withdrawn from the community, participation promotes their personal and social development, including their sense of efficacy, their interpersonal competencies, their social connectedness with other youth and adults" (Checkoway and Richards-Schuster, p 30)

Should an external evaluation be necessary, a participatory and empowerment model of evaluation (Suarez-Balcazar & Harper, 2003; Sullins, 2003) or similar should be considered as the most appropriate for these sorts of services. Empowerment evaluation uses evaluation concepts, techniques and findings to foster service improvements and self-determination. It is designed to increase staff's evaluation capacity so the projects work outcomes are documented

and the impacts of the project can be assessed. The Te Wana process (Healthcare Aoteroa) replicates this approach as does the NSW CAAH (2005, 2006) processes and tools referred to in this report. Stakeholder input can be total or partial involvement. The health problems and challenges facing young people are too complex and multi-dimensional to be left to the efforts of any one group (Resnick, 2007).

The value of an inside or an outside evaluation is another factor to be assessed. Expense can be a deciding factor but there are other considerations. Wadsworth identifies a number of requirements for outsiders and insiders that are worth considering¹⁰.

Indicators

Good practice standards for **organisational processes** include:

- Accessibility
- Evidence informed approach
- Youth participation
- Collaboration and partnerships
- Professional development
- Sustainability
- Evaluation (NSW CAAH, 2005)

Good practice standards of a **project or intervention** include:

- Accessibility
- Population focused (clear identification and targeting of specific groups or sub groups)
- A focus on well being rather than simply problem modification
- Prevention and early intervention strategies
- Minimal disruption/flexibility
- Participation (Chiang et al., 2006)

Better practice principles

The following table of seven better practice principles is a framework of principles that NSW CAAH developed with an accompanying framework of reflective questions. It is a useful guide when developing indicators that can be measured as part of an evaluation of services and complements Table 3 below alongside the deeper questions posed as part of the Draft Standards for Youth Health.

¹⁰ See "Pros and cons of external and internal evaluation" (Wadsworth, 1997, 20)

Table 2: Youth Health: Seven Better Practice Principles (NSW CAAH, 2006, NSW CAAH, 2005- includes capacity building process and information)

Better Practice Principle		Relating to:
1	Accessibility	Service policies and practices ensuring effective service promotion, confidentiality, physical accessibility, youth-friendliness, affordability, flexibility, appropriate staff knowledge/attitudes/skills
2	Evidence informed approach	The sources, quality and range of information/data used when planning and designing services/programs.
3	Youth participation	Mechanisms and processes for ensuring young people's active involvement in service planning, decision-making, implementation and evaluation.
4	Collaboration & Partnerships	Processes and actions for building and maintaining positive collaborative partnerships with other services and sectors.
5	Professional Development	Staff induction and development processes for ensuring knowledgeable, competent and confident workers/teams.
6	Sustainability	Longer-term vision, strategies and actions for creating sustainable change and positive outcomes in youth health.
7	Evaluation	Design, monitoring and evaluation of services and programs against aims and measurable objectives; organizational learning processes; beneficiary/target audience participation and feedback.

An example of the reflective questions asked for principle 1 (accessibility) includes the following:

What do we mean by accessibility?

#	Basic indicator check list	Yes	Partly	No
1	Does your service have a promotion strategy for targeting young people?			
2	Is there a confidentiality policy? Is this widely publicised to your target group?			
3	Does your service actively seek to understand young people's concerns and needs, and have the capacity to respond to their needs?			
4	Are services provided free, or at a cost affordable to young people?			
5	Can young people reach the service easily (e.g. by public transport)?			
6	Is the service open after hours when young people can get there?			
7	Is it possible for young people to drop in and use the service without having to make an appointment?			
8	Is there flexibility around consultation times, and the capacity to offer longer sessions to deal with complex issues that may arise?			
9	Are staff provided with training, supervision and support to maintain the knowledge and skills required for working with young people?			

This process is supplemented by relevant literature, discussion of the indicators and practical ideas and strategies.

A rating scale can be more complex than the NSW CAAH scale, for example the one used by the Commission for Health Improvement,(2002) as below.

Overall team rating

To what extent is this statement met in your team?					
Scarcely if at all	Slightly	Somewhat	Substantially	Strongly	Fully

How much influence do you have to improve this?					
None	Marginal	Some	De facto	Strong	Full

The best available evidence may include research, journal articles, audits, and learning from experience, amongst other sources (Commission for Health Improvement, 2002, 8). As for the NSW CAAH tool, the CHI tool includes a series of statements written to encourage people to reflect on how things actually happen within the service and the organisation overall, rather than focusing on the existence of formal structures, policies and processes. There are also guidance points to consider when reflecting on each statement. This tool is similar to Te Wana and can be used as part of evaluation capacity building and assist in the identification of focus areas for evaluation. The NSW CAAH better practice principles (Table 2) are used in conjunction with the following framework (Table 3).

Combined best practices indicator framework for YOSS

Table 3 (below) attempts to compare and mesh the focus areas and indicators of four identified frameworks, used in the development of youth services, into an indicator framework that can be used by YOSS. Additional source documents noted in this report can be used to add depth and definition to each indicator, in particular the Draft Youth Health Service Standards (CfYH)¹¹. The documents used for this purpose include:

- The Youth Development Strategy Aotearoa (MYA, 2002).
- Youth Health Service organisational indicators (NSW CAAH, 2005).
- Youth Health service *Intervention* Indicators (Chiang, NSW CAAH).
- Draft Standards for Youth Health Services (CfYH).
- Youth worker competencies (YWNA).
- Youth worker competencies (Youthline)
- Manukau Youth Development Model (Youthline)

¹¹ See Appendices for full comparison chart.

Youth Development Strategy Aotearoa (Ministry of Youth Affairs)	Manukau Youth Development Model outcomes (manukau.youthline.co.nz)	Service delivery activities (potential focus areas)	Summary description of service delivery activities for successful delivery of youth health services	Indicators What would this mean for young people? How would we know it is working for youth as users of YOSS?
<i>Is shaped by the big picture</i>	<p>Youth service collaborates with local groups and clubs to foster the development of young people</p> <p>Youth service offers pathways for young people to develop themselves as leaders within the service.</p>	Context and service delivery <ul style="list-style-type: none"> • Planning and budget allocation • Young people's involvement and representation • Comprehensive induction processes • Regular staff performance review and ongoing development • Collaboration with other agencies • Strong internal communication and knowledge transfer • Identified training outcomes and performance goals 	<ul style="list-style-type: none"> a) Evidence informed approach b) High quality clinical care and practice c) Holistic assessment and treatment approach d) Effective management of service provision e) Professional development – consistent and relevant f) Building evaluation capacity g) Health promotion and public health activities h) Population focused (clear identification and targeting of specific groups or sub groups) i) Understands the context of young people j) Understands the context of adolescent health k) Sustainable 	<ul style="list-style-type: none"> • Improved health and social outcomes for young people and their whanau improving (qualitative and quantitative) • Potential leaders identified • Youth friendly service provided
<i>Is about young people being connected</i>	<p>Young people are connected with community leaders and projects, and participate in community decisions and processes.</p> <p>Young people have a strong sense of self and are connected to their cultural identity.</p>	Accessibility <ul style="list-style-type: none"> • Effective service promotion • Confidentiality • Safety, respect and trust • Affordability • Physical accessibility and flexibility • Staff confidence, knowledge and skills. 	<ul style="list-style-type: none"> a) Accessibility of service b) Minimal disruption/flexibility for young people c) Builds connectedness d) Working within Youth Development framework, cross culturally and inclusively 	<ul style="list-style-type: none"> • Increasing numbers of high risk young people using service • Process established for post 16 young people • Effective process established for linking young people to their own GP
<i>Happens through quality relationships</i>	<p>Young people have positive and strengths-based relationships with peers, whanau/family, school, and the wider community.</p>	Relationship building <ul style="list-style-type: none"> • Setting collaborative goals • Identifying partners, roles and responsibilities • Planning and review • Including young people and 	<ul style="list-style-type: none"> a) Collaboration and partnership building b) Young person and whanau focused – wrap-around c) Community engagement d) Prevention and early intervention strategies in place and operational 	<ul style="list-style-type: none"> • Young people's awareness of other services in their community raised • Participation of young people engaged in political processes • Young people engaged in

		their organisations	e) Builds quality relationships f) Young people are safe (includes health and safety, first aid indoors/outdoors, code of ethics, risk management, accountability). g) Effective communication strategies, working cross culturally, supportive, relationship building, role modelling, working inclusively.	delivering health and social services to their peers as youth health workers
<i>Is based on a consistent strengths-based approach</i>	Young people have positive experiences of being themselves, and being welcomed and accepted as valued members of the community.	Strengths based (youth focused)	a) High quality clinical care and practice that exemplifies strengths-based approach b) A focus on well being rather than simply problem modification c) Practicing principles of youth development, assessing young people's strengths, building on those strengths, facilitating cooperative behaviour	<ul style="list-style-type: none"> • Youth focus on strengths rather than risks
<i>Is triggered when young people fully participate</i>	Young people are able to express their diverse and holistic needs and have these acknowledged and supported.	Participation <ul style="list-style-type: none"> • Policy and practice • Reviewing policy and practice • Supporting young people's development (YDSA) • Acknowledgement • Appropriate representation 	a) Youth focus and participation b) Inclusive, working cross culturally, advocacy, leadership, connecting with young people, working in a Māori context, role modelling, managing behaviour.	<ul style="list-style-type: none"> • Participation of young people and their full integration into the development and management of the service • Participation levels in youth development programmes increased • Leadership role uptake evident
<i>Needs good information</i>	Young people have accurate and unbiased information, resources, and support from peers, family/whanau, and significant others to assist in their decision-making.	Information and process	a) Evidence-informed approach b) Reflective practices	<ul style="list-style-type: none"> • Improved access to health and social service information for young people and their whanau

Sources: Ministry of Youth Affairs (MYA); New South Wales Centre for the Advancement of Adolescent Health; Kidz First Centre for Youth Health; Chiang et al (2006) *Good practice in youth development: perspectives from South East Sydney* NSW CAAH; Youth Workers Network Aotearoa; Youthline.

This indicator framework needs further development and it is suggested that a combination of Draft Standards for Youth Health Services and the NSW CAAH Better Practice Principles (as below) could be used to develop the framework in more detail.

Strategies for engagement

There are many ways of collecting data but the guiding principles as noted above apply. Methods required for internal evaluation purposes can be both qualitative and quantitative but information needs to be collected before (base line information), during and after an intervention. In simple terms this needs to include:

- Participant needs (qualitative data e.g. needs assessment).
- Outcomes for participants (qualitative e.g. focus groups and quantitative e.g.. Survey data).
- Attitudes or satisfactions of stakeholders (qualitative and/or quantitative) - (The Australian Youth Foundation, 1996).

Evaluation tools

Wadsworth (1997, 56) emphasises using every day activities in evaluative ways. Taken as a group of activities and if well recorded they could serve as an adequate evaluation

- Daily informal personal reflections
- Weekly reviews
- Special evaluations of internal practices of activities
- Monthly collective problem solving meetings
- Annual 'what have we achieved' and 'where are we going next' workshops
- Comprehensive programme 'stocktakes' every 3 to 10 years

Evaluation methods for youth health services need to be fun and participatory. Some possibilities include:

- Focus groups, as developed by Youthline.
- Hosting client feedback hui.
- Video diaries as used by Vibe.
- Quick client feedback tools such as tokens and interactive electronic methods used by YOSS in Palmerston North.
- Client feedback surveys as developed and delivered by Kapiti Youth Support and YOSS.
- Photo voice

Other data could include:

- Statistical data from databases
- Group discussions and meetings
- Key informant and partner feedback interviews/discussions
- Written questions and answers
- Observations and agendas, work portfolios

- Existing documents, for example, diaries, phone logs, reports, newsletters, room bookings, articles and papers, annual reports, appointment books, oral histories, photos, records of requests and lectures/talks.

A sample of sources of evaluation resources mentioned in this report

- NSW Centre for the Advancement of Adolescent Health <http://www.caah.chw.edu.au/resources/>
- Centre for Innovation: http://www.theinnovationcenter.org/r_research.asp
- Wadsworth, Y. (1997) *Evaluation on the run* (2nd edition). Allen & Unwin, Australia
- SHORE Evaluation training resources for health professionals and handbook (Waa et al., 1996) This research and evaluation centre also offers evaluation training to community based projects. http://www.shore.ac.nz/workforcr_dev.html
- The Foundation for Young Australians (START Do-it-yourself-manual (1996): <http://www.youngaustralians.org/library/publications.shtml>

Summary of evaluation capacity building and evaluation and planning process – Evaluation Framework

The following framework summarises the evaluation process we have discussed.

Table 4: Summary diagram of evaluation capacity building and evaluation and planning process (all stages involving young people and staff)

Stage ¹²	Development Tasks
1. PLANNING <i>Evaluation Planning Capacity Building</i>	<ul style="list-style-type: none"> • Project objectives identified and reflection and planning processes established • Programme Logic developed • Strategic Plan developed • Action Plans¹³ developed for all key service objectives • Identification of particular aspects (focus) of programme/ service/ intervention to be evaluated for a specific time period • Indicators/Measures for each focus area identified • Evaluation Data collection processes and systems identified
EVALUATION READY	
2. ACTION	<ul style="list-style-type: none"> • Implementation of services (ongoing and including new activities) • Data collection - ongoing • Areas for evaluation confirmed and evaluation plan written • Methods established
3. OBSERVE <i>Evaluation Implementation</i>	<ul style="list-style-type: none"> • Base line information collected • Interim information collected • Outcome information collected • Initial analysis
4. REFLECT	<ul style="list-style-type: none"> • Analysis/ review / discussion • Changes implemented and new areas for development identified
ACTION EVALUATION RESEARCH CYCLE COMPLETE	
NEW CYCLE 1. PLANNING	<ul style="list-style-type: none"> • New action and evaluation plans established

As noted, this evaluation framework needs to be developed by all staff and young people associated with the YOSS enabling the building of a framework that matches the specific needs of individual YOSS.

¹² Based on Action research cycle (Wadsworth, 1997; Commission for Health Improvement, 2002), see Figure 1.

¹³ A simple template of both an action plan and an evaluation plan can be found in the appendices

CONCLUSION

This report has examined the available literature on what evaluation frameworks and resources might best suit YOSS, what evaluations have been done for YOSS and other youth health services both internationally and nationally and extensive consultation with a variety of YOSS and youth health services. The evaluation literature available for this particular service is limited. However, drawing on what relevant literature there was and including the key informants' perceptions and the author's evaluation experience, a recommended evaluation framework was developed and discussed.

The NSW CAAH (2005, 2006) research and capacity building information and tools proved the most useful and applicable and most importantly were built on solid, participatory research with young people. As in New Zealand, they are still exploring and developing what participation with young people means but this work is a useful starting point in the development of an appropriate evaluation framework for YOSS. While there are cultural gaps in the NSW CAAH processes relating to the New Zealand context, New Zealand's comparative cultural competency can effectively supplement the NSW CAAH framework. The Draft Youth Health Standards (CfYH) also deserve a special mention and could be used as a complementary tool to add depth and descriptors to the indicator framework (Table 3) developed in this report. Healthcare Aotearoa are currently working on a similar task and have used the draft standards as a base.

The YOSS consulted were all reflective organisations and were consistently seeking improvement of service delivery and practices. However, they frequently expressed their frustration at the insufficient funding, information and support they received to improve their evaluation capacity despite increased pressure to show they are effective services.

It is essential that one generic tool is developed rather than the current proliferation of tools. The Draft Standards for youth health services are an attempt to address this problem. The standardisation of tools is important for the cohesiveness, collation and rigor of outcome material and any conclusions drawn. Whichever tools are finally used, the gathering of data for YOSS needs to be comparable, rationalized, fit for purpose and developed by young people with practitioners as part of a bottom up consultative design exercise rather than top down application.

The recommended evaluation framework reflects a pragmatic approach for **better** and **evidence informed** practice that would build on the current evaluation capacity of YOSS and provide ways to incorporate worker's experience and young people's feedback alongside evidence from other sources.

The proposed evaluation framework addresses key concerns expressed by the managers and workers of YOSS and is not intended to be the final expression of an evaluation framework. Further research is required. Any evaluation framework designed for YOSS needs to be flexible and transferable but recognise that the core values of an organisation are an important part of the uniqueness of an organisation. The framework encourages discussion that will incorporate each service's unique identity as part of an evaluation process and the development of meaningful indicators. It is anticipated that the evaluation framework discussed in this report would be a starting point in developing an easy to use and standardised evaluation framework for YOSS.

Following this report Youthline is developing an online assessment tool, with proposed indicators and measures of health and social outcomes for young people as a result of engaging with Youthline services. This will be available online www.youthline.co.nz and will be freely available for other services to utilise

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APPENDICES

1. Research questions
2. Information sheet
3. Simple Action Plan Template
4. Simple Evaluation Plan Template
5. Best practices indicator framework for youth health services (comparison)

Appendix 1: Draft Research Questions – One Stop Shop Assessment Tool

Field research (November – February 2008)

Key Informants/ Organisation – Six centres selected (Christchurch, Dunedin, Wellington, Palmerston North, Whanganui, Manukau) Phone plus site visits

1. How long has your organization been established?
2. What services are provided - who is involved and what are their roles?
3. How do you know what you are doing works? How do you evaluate your service? What evaluative processes do you have in place?
4. What information would you need to collect to demonstrate the effectiveness of your service for young people?
5. What might be effective and young person friendly ways to find out how your service is doing?

Appendix 2: Information Sheet



INFORMATION SHEET



Youthline Research Projects for Counties Manukau DHB

This research includes the scoping of a wrap around health and social services for Alternative education service users and the development of an evaluation tool for a One Stop Shop health and social service for young people. Results from this research will support Counties Manukau DHB infrastructure developments aimed at improving the health status of young people by reducing risk taking behaviours - one of the greatest causes of youth mortality. The One Stop Shop service will be for all youth health providers, young people to self refer, all interested child and adult services working with young people and youth workers and services that employ youth workers. The wrap around service for Alternative Education will be for users of that service and may overlap with the One Stop Shop services.

Research Project 1: Best Practice in wrap-around health and social services for Alternative Education young people using a Youth Development Model in conjunction with Centre for Youth Health.

The purpose of this research is to scope what data would need to be collected to demonstrate the effectiveness of One Stop Shops or youth health services. This will be achieved through a national and international literature search of effective self-evaluation practices and a scoping of what evaluative material is currently collected, and with what processes, by youth health services in New Zealand to demonstrate good outcomes for New Zealand adolescents using these services.

The information will be used to develop an effective (easy to collect) self-evaluation tool that fits best practice and youth development. This tool will then be tested using a representative cross section of these informants.

Research Project 2: Develop an assessment tool that will provide evidence of the effectiveness of One Stop Shops. The purpose of this research is to scope what data would need to be collected to demonstrate the effectiveness of One Stop Shops or youth health services. This will be achieved through a national and international literature search of effective self-evaluation practices and a scoping of what evaluative material is currently collected, and with what processes, by youth health services in New Zealand to demonstrate good outcomes for New Zealand adolescents using these services.

Information on current practices and theoretical bases will also be provided by semi structured interviews with a range of current service providers, users and key stakeholders in NZ. The information will be used to develop an effective (easy to collect) self-evaluation tool that fits best practice and youth development. This tool will then be tested using a representative cross section of these informants.

Invitation

As a young person who might use these types of services or as someone who works with young people you are invited to participate in this research. If you agree, you will be interviewed either face to face or by telephone or as part of a focus group. The interview will take approximately 1 hour and the focus group around 2 hours. All interviews will be recorded either manually or on audio tape.

The interviews will be summarized then analysed, coded and themed and a report prepared for Counties Manukau DHB. With the permission of each participant all data will be kept in secure files for a maximum time of one year after which time it will be shredded or if electronic data, deleted. The information you give will be confidential and used to develop effective and appropriate services for young people.

You are under no obligation to accept this invitation. If you refuse to participate, this will not in any way compromise any services you may receive from Youthline or Counties Manukau DHB. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study at any time before March 2008
- ask any questions about the research at any time during participation;
- ask for the audio/video tape to be turned off at any time during the interview.
- provide information on the understanding that your name will not be used unless you give permission to the researcher;
- be given access to a summary of the research findings when the project is concluded.

If you require any further information please contact,

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Appendix 3: Six monthly action plan & reporting template

(adapted from an original template developed by formative researchers at Centre for Social and Health Outcomes Evaluation (SHORE) Massey University) based on an action cycle of Plan, Act, Review and Do.

Dates from now..... to

OVERALL PROJECT/PROGRAMME GOAL What do you believe in?

SPECIFIC PROJECT/PROGRAMME GOAL: What do you want to achieve?

1.Outcome(s) for this (six-months): What do you want to achieve in the next 6 months?	2.Strategies – How are you going to get there? What is the best approach?
3.Activities – What are you going to do? Include timeframes, and who involved.	4.Measures or Indicators: How will you know you have succeeded? What will you look for? (Check against project indicators)
5.Reporting on outcomes - What happened?	
6.Reflection on outcomes – what have you learnt?	
7.Planning – what next?	

Appendix 4: Evaluation plan template

(adapted from an original template developed by formative evaluators at the Centre for Social and Health Outcomes Evaluation (SHORE) Massey University)

Other information required for evaluation:

1. Strategic Plan
2. Operational plan (informed by the Youth Development Strategy Aotearoa)
3. Action plans for each of the objectives in the Operational Plan

Organisation objectives - the overall purpose of the project	
What aspect or specific part of the project are you going to evaluate? <i>Eg A specific programme or service or a particular project objective from the Action Plan or more globally from the Operational plan.</i>	
The evaluation question - what do we want to know about this project?	
What competencies from the 'Best Practice for Projects' apply to this objective? <i>Reflect on these as part of developing the evaluation questions and analysis.</i>	
What standards from the Youth Health Standards apply to this objective? (Where appropriate) <i>Reflect on these as part of developing the evaluation questions and analysis.</i>	
Measures or Indicators - How will we know we have done a good job? (Should be part of the Operational Plan and Action Plan.):	Stakeholders – who will we ask?
Methods/measures (youth friendly) <ol style="list-style-type: none"> a) What is the best way to get this information? b) Possible questions to ask? 	
<i>Ethical issue: do you need approval from an ethics committee –(refer to</i>	

research policy) <i>Risk assessment: Identify all risks and responses</i>	
<i>Evaluation management: Who is responsible?</i> <i>Timeline</i> <i>Budget</i>	
<i>Dissemination/Reporting: who and how?</i>	

Notes on process:

- Be systematic in your evaluations and **record** all processes and results. Make sure someone is responsible for all stages.
- Where appropriate link to other evaluation activities and mandatory audits.

Other important considerations (Moullin, Max (2004) Eight essentials of performance management *International Journal of health care Quality Assurance* Vol. 17, No 3, p110-112)

- Make sure you use a balanced set of measures
- Make sure you measure what matters to service users and other stakeholders
- Involve *all* staff in determining the measures
- Include both external (stakeholder) and internal (organisation) measures
- Use a combination of process and outcome measures
- Be aware of the evaluation costs
- Have a clear process/plan for translating evaluation findings into your operational and action plans
- Make sure that the focus is service improvement and linked to fair and robust professional development not personal and blaming

Appendix 5: Best practices indicator framework for youth health services (Comparison)

#	Youth Development Strategy Aotearoa (MYA)	Youth Health Service Organisational Indicators (NSW CAAH)	Youth Health service Intervention Indicators (Chiang, NSW CAAH)	Draft Standards for Youth Health Services (CfYH)	Youth worker competency (YWNA)	Youth worker areas of work (YWNA)	Youth work descriptor (YWNA)
1	<i>Is shaped by the big picture</i>	i) Evidence informed approach ii) Evaluation a. Management of high quality clinical care, practice service delivery iii) Professional development	i) Population focused (clear identification and targeting of specific groups or sub groups) ii) High quality clinical care and practice	i) Health Promotion and Public health activities ii) High quality clinical care and practice	i) Understands the context of young people ii) Understands the context of youth work iii) Bicultural partnerships	i) Adolescent development, drugs and alcohol, youth context ii) Code of ethics, principles of youth development, self care/self awareness, accountability, social sector awareness, managing workloads, workplace skills, knowledge of own organization. iii) Treaty of Waitangi, working cross culturally, bicultural practice, working in a	Influences of the world that play a part in shaping young people - social, cultural, media, political, health, local context (community, school, family), adolescent development Understands the role and practice of a youth worker Nurturing and supporting the values and aspirations for both Māori and non-Māori.

						Māori context	
2	<i>Is about young people being connected</i>	i) Accessibility	i) Accessibility ii) Minimal disruption/flexibility		i) Builds connectedness	i) Adolescent development, working cross culturally, working inclusively	i) Build, strengthen or restore a young person's connectedness to their key social environments (whānau, education, community)
3	<i>Happens through quality relationships</i>	i) Collaboration and partnerships	i) Prevention and early intervention strategies	i) Engagement with Community	i) Builds quality relationships ii) Young people are safe	i) Communication skills, working cross culturally, helping skills, relationship building, role modelling, working inclusively ii) Health and safety, first aid indoors/outdoors, code of ethics, risk management, accountability	i) The ability to connect and work inclusively with young people from diverse backgrounds and cultures ii) Demonstrates and promotes safe practice
4	<i>Is based on a consistent strengths-based approach</i>	i) Professional development	i) A focus on well being rather than simply problem modification	i) High quality clinical care and practice	i) To work from a model of youth development	i) Principles of youth development, assessing youth people's strengths, building on those	i) Youth Development builds on strength, responds to need and fosters growth

						strengths, facilitating cooperative behaviour	
5	<i>Is triggered when young people fully participate</i>	i) Youth participation	i) Youth participation	i) Youth focus and participation	i) Facilitates youth participation	i) Communication skills, working cross culturally, advocacy, leadership style, connecting with young people, programme/event, working in a Māori context, role modelling, managing behaviour, working inclusively	i) Actively engages, involves and empowers young people
6	<i>Needs good information</i>	Evidence informed approach			Youth workers are reflective practitioners	Principles of youth development, self care/self awareness, reflective practice	The ability to reflect on own practice incorporating the needs of the young person and relevant research

Sources: Ministry of Youth Affairs (MYA); New South Wales Centre for the Advancement of Adolescent Health; Kidz First Centre for Youth Health; Chiang et al (2006) *Good practice in youth development: perspectives from South East Sydney* NSW CAAH; Youth Workers Network Aotearoa