

**School of Public Health  
Western Australian Centre for Health Promotion Research**

**An Evaluation Framework for Peer-Based Youth Programs**

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**This thesis is presented for the Degree of  
Doctor of Philosophy  
of  
Curtin University of Technology**

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## Declaration

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgment has been made.

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

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## **ABSTRACT**

The aim of this research study was to develop a theory-based and practice-based evaluation framework and evaluation approaches for peer-based youth programs (such as drop-in spaces and after school programs) which target young people aged 12-24 years at risk of poor mental health outcomes.

The study used a participatory action research design and qualitative inquiry methods. The methodology was informed by two pilot studies and required the collaboration of eight youth service provider organisations and four Curtin University research centres. Staff, volunteers and young people from 12 peer-based youth programs participated in the study. The research was conducted in three stages.

The first stage of the research collected data from practitioners concerning program objectives, the features of programs they considered important for program effectiveness, and their experience of program evaluation including the barriers and enablers associated with evaluating programs for high risk youth populations. The data were used to generate keywords for an analysis of the published literature to identify sources of literature that would support or refute the data from practitioners, including relevant theories, models and evaluation tools and methods. A draft conceptual model for peer-based programs resulted from Stage 1 and provided the basis for the final evaluation framework.

Stage 2 of the research was a participatory action research process resulting in the development of an evaluation framework for peer-based youth programs informed by theory and practice. A second output was a range of qualitative and quantitative evaluation approaches developed in conjunction with the participating practitioners and five young people recruited as peer research assistants. The evaluation framework and selected evaluation approaches were tested in three programs with limited support from the researcher. In Stage 3, the data were consolidated to identify implications for practice, policy and future research.

The study identified 11 barriers to program evaluation mainly related to practitioners' limited skills and knowledge in evaluation and limited capacity to implement evaluation activities. Inadequate program funding and the flexibility required within programs to be

responsive to the needs of at risk youth contributed to unclear objectives and low levels of evaluation.

The study contributed to the literature by identifying seven additional features of effective programs that may be particularly relevant for at risk youth populations. Previous studies have not focused on at risk youth populations. The focus of previous research has also centred on programs which promoted academic and employment outcomes rather than early intervention for mental health and wellbeing.

In addition, the study articulated theory-based and practice-based evaluation parameters (the evaluation framework) which could be used to measure the effectiveness of peer-based programs and piloted 23 evaluation approaches. The evaluation approaches that were piloted included both traditional methods (such as questionnaires) and innovative methods (such as arts-based methods). Evaluation approaches which could be integrated into normal program activities and achieved high levels of youth engagement were found to be particularly effective and sustainable.

The evaluation framework and evaluation approaches are now available to be tested in other types of peer-based programs and contexts. Evaluation of informal social programs is challenging and further efforts will be needed to build capacity within the youth sector to fully translate the outputs of this research into practice. Recommended strategies to achieve this goal could include advocating to funding bodies for alternative systems of measuring the effectiveness of peer-based programs, the development of standard indicators for measuring mental and social wellbeing in young people, and building evaluation capacity within the youth sector.

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I dedicate this thesis to  
my loving husband  
Steve

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# CHAPTER 1

## Introduction

### **1.1 Background**

Poor mental health is a major health issue affecting young Australians aged 12-25 years and accounts for 50% of the disease burden in this age group. One in four young Australians aged 12-25 years will experience a mental health problem, typically substance abuse or dependency, depression, anxiety and eating disorders (Australian Institute of Health and Welfare, 2007).

Mental health problems during adolescence can impact academic success and have longer term quality of life issues for adults (Wang, Sherril, & Vitiello, 2007). Untreated early mental health problems can become chronic, disabling, serious mental health conditions, sometimes resulting in death. Suicide is the second leading cause of death for young people in Australia (Centre for Adolescent Health, 2010). In 2008, suicide accounted for 19.7% of all deaths for males and 13.7% of all deaths for females in young people aged 15-19 years. For young people aged 20-24 years, suicide accounted for 26.4% of all deaths for males and 19.5% of all deaths for females (Australian Bureau of Statistics, 2010). Early intervention for youth at risk of developing mental health problems is considered critical in preventing the development of chronic and serious mental health problems (McGorry, Parker, & Purcell, 2006).

Peer-based programs are early intervention strategies which have been used to support high risk youth populations who may have reduced access to or who are fearful of accessing mainstream health services and those who may feel more comfortable asking a peer for support (Brown, Lobo, Maycock, & Burns, 2007; McDonald, Ashenden, Grove, Bodein, Cormack, & Allsop, 2000). Peer-based programs for mental health promotion have been implemented by government and non-government organisations, charitable organisations and education providers in community and school settings. Programs are diverse and include drop-in services, online peer support, youth camps and retreats, peer education activities and after school programs (see for example, Hallett, Brown, Maycock, & Langdon, 2007; Hargreaves, O'Brien, Bond, Forer, Basile, & Davies, 2005; Meade, Rowel, & Barry, 2008; Pitman & Matthey, 2004; Sachmann, 2007).

## **1.2 Statement of the problem**

Evidence supporting the effectiveness of peer-based programs is still unclear (Harden, Oakley, & Oliver, 2001; Milburn, 1995). Defining program effectiveness can be challenging since programs are accountable to a range of stakeholders. For example, young people may assess a program based on its content, staffing and atmosphere while funding bodies may be more interested in measures associated with impact, cost effectiveness and program reach (Rixon, 2007).

The diversity of peer-based programs, the limited evaluation capacity of service providers and a lack of suitable evaluation approaches for use in peer-based program settings have presented challenges for program evaluation (Crosby, Salazar, DiClemente, & Lang, 2005; Parkin & McKeganey, 2000). Furthermore, theory development in relation to peer-based programs is limited and there are few empirical studies to support commonly cited theories (Burmester, 2002; Turner, 1999).

There has been no further substantial development of the theoretical foundations for peer-based programs in the last decade, particularly those programs aimed at improving young people's mental health and wellbeing. The main focus of previous studies has been peer education programs for enhancing young people's knowledge in areas such as sexual health or drug prevention (Backett-Milburn & Wilson, 2000; Cuijpers, 2002; Family Health International/YouthNet, 2005; McDonald, Roche, Durbridge, & Skinner, 2003; Mellanby, Rees, & Tripp, 2000; UNESCO, 2003) .

Decoding the "black box" of peer-based programs – i.e. knowing why programs work and what elements are required to make programs effective - would have many benefits. Firstly, scarce resources could be directed more efficiently towards activities known to be effective. Secondly, theory-driven or evidence-based interventions may have more credibility when competing for limited funding opportunities. Thirdly, a clear program rationale would enable services to remain consistent despite staffing or other organisational changes. Fourthly, clearly defined evaluation parameters would help improve evaluation of peer-based programs and access to evidence of program effectiveness. Finally, the sustainability of programs would be improved through a shared understanding of how and why programs work.

### **1.3 Research aim and objectives**

The purpose of the research was to develop and test a theory-based and practice-based evaluation framework and evaluation approaches for measuring the effectiveness of peer-based programs in high risk youth populations. The research was funded by a three year Health Promotion Research Training scholarship which was awarded to the author in 2007 by the Western Australian Health Promotion Foundation (referred to as 'Healthway' henceforth).

The research had four main objectives:

- To identify barriers and enablers associated with evaluating peer-based programs for at risk youth in community settings
- To assess the usefulness of existing theories, models and evaluation approaches for peer-based youth programs
- To develop an evaluation framework containing evaluation parameters, outcomes and indicators, grounded in theory and practice, that would be relevant and useful to a range of peer-based youth programs
- To pilot test a range of evaluation approaches that would be suitable for different types of peer-based youth programs.

Reporting on the effectiveness of individual programs was not the primary purpose of the research. Therefore, any data collected on program effectiveness were only used in the context of showing which evaluation approaches and methods were useful, acceptable or sustainable.

### **1.4 Definition of terms**

The diversity of peer-based programs is reflected in the range of terms used to describe these programs. There is no consistent use of terms such as peer support, peer education, peer mentoring, peer leadership, peer tutoring, peer mediation and peer counselling in the academic literature (Brown, Lobo, Maycock, & Burns, 2007; Milburn, 1995). *Peer education* is commonly used as an umbrella term to describe a range of peer-based interventions with different goals (education, support) and different program strategies (adult-led, peer-led).

For the purposes of this thesis, the terms *peer-based programs*, *peer-based approaches*, *peer-based services* or *peer-based interventions* will be used to describe programs which

achieve their objectives through strategies based in the active participation, involvement and influence of individuals who recognise one another as 'peers'. However, as Shiner (1999) noted, defining 'peerness' is not straightforward:

Within the literature the term [peer] is applied to describe close friends, habitual associates or relative strangers who just happen to be involved in the same activity in the same setting (Shiner, 1999, p.10).

While a person's 'peer group' is usually taken to mean other people of similar age or gender, individuals may also identify their peers according to socioeconomic status, religion, ethnicity, culture, education, place of residence, disease status or health stressor (Doull, O'Connor, Robinson, Tugwell, & Wells, 2005). The most important factors are that peers are determined by an individual and there is no power imbalance within a peer relationship (UNAIDS, 1999).

The terms *high risk youth populations* and *at risk youth* are also associated with numerous definitions depending on the populations to which they are applied. These terms will be used in this thesis to describe young people who are at most risk of developing mental health problems including depression, anxiety, suicidal ideation and self harming behaviours. The following groups of young people are some examples of high risk youth populations: teenage mothers, same sex attracted youth, socially isolated youth, culturally isolated youth, youth involved in drug or alcohol abuse, and young people who are bullied.

Organisations offering peer-based programs will be referred to as *youth service providers*, *practitioners* or *community agencies* in this thesis. The term *evaluation framework* will be used to refer to parameters for measuring program effectiveness including inputs, outputs, program activities and features of settings which contribute to program effectiveness.

## **1.5 Timeline and research design**

The present research study was undertaken between June 2008 and June 2011 and built on the findings of two pilot studies (Brown, Lobo, Maycock, & Burns, 2007; Brown, Lobo, Maycock, McManus, & Burns, 2008). The author co-facilitated the first pilot study and was project manager for the second pilot study.

The present research design was a participatory action research study using qualitative inquiry methods. The intent was to observe and record the experiences of practitioners involved in program evaluation and to compare these with knowledge from the published academic literature. The consolidated data were used to develop a theory-based and practice-based evaluation framework and evaluation approaches for peer-based programs working with high risk youth populations and with access to limited resources.

The outputs of the pilot work and the early findings of the present research study were used to secure funding for the My-Peer project - good practice guidelines for designing, implementing and evaluating peer-based youth programs. The major project output was the *My-Peer Toolkit [1.0]* [www.mypeer.org.au](http://www.mypeer.org.au) which was launched in March 2010 to provide a freely accessible web-based resource for all youth service providers that were involved in, or interested in, implementing a peer-based youth program.

The present research study was conducted in parallel with the My-Peer Project. The researcher was a project manager on the My-Peer Project. The My-Peer Toolkit [1.0] was used to disseminate selected findings of the present research study and contains content from the thesis in the following areas:

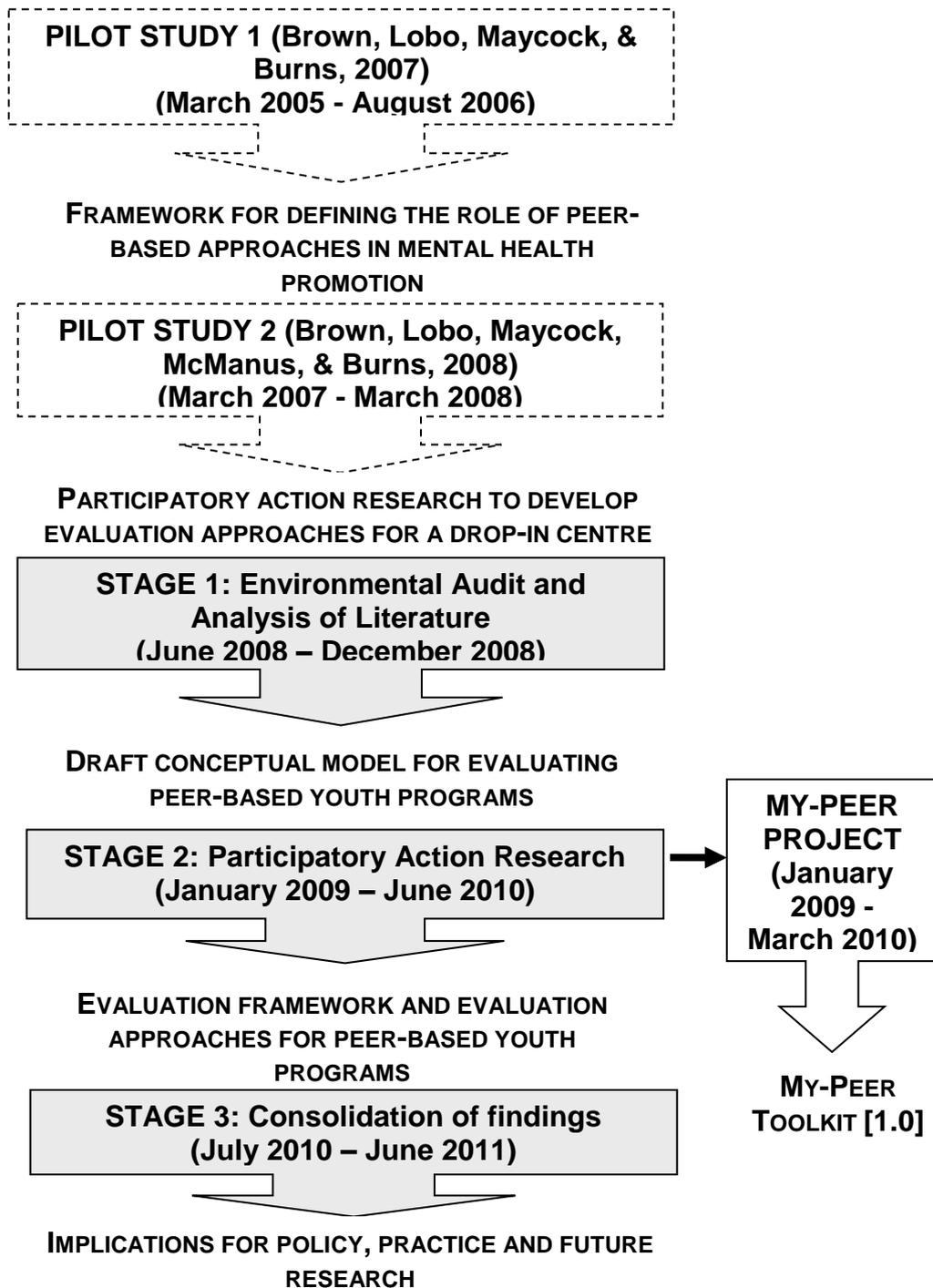
- Theories underlying peer-based youth programs
- Evaluation framework for peer-based youth programs
- Evaluation tools and approaches
- Four case studies testing evaluation approaches within peer-based youth programs.

The present research study was conducted in three stages:

- **Stage 1 – Environmental audit and Analysis of literature.** During Stage 1, the practice-based knowledge and theory derived from the academic literature were compared and consolidated to develop a draft conceptual model for evaluating peer-based programs.
- **Stage 2 – Participatory action research.** The purpose of Stage 2 was to develop and test an evaluation framework and evaluation approaches in a range of peer-based programs.
- **Stage 3 – Consolidation of findings.** The results across different types of peer-based programs and different service providers were consolidated in Stage 3 to develop recommendations for future research, policy and practice.

Figure 1.1 provides a summary timeline of the pilot work, the present research study (shaded boxes) and the My-Peer project. The major outputs at each stage are shown in UPPER CASE text.

Figure 1.1: Summary timeline for pilot work, present research study and My-Peer Project



## **1.6 Significance of the study**

The present research study involved the collaboration of seven youth service providers, the Youth Affairs Council of Western Australia and four Curtin University research centres. As shown in Figure 1.1, the evaluation framework, evaluation approaches and recommendations resulting from this study built on pilot work and were based on more than five years of research (2005-2011). Three of the community agencies and all of the research centres that participated in the present research study were also involved in the pilot studies and the My-Peer project. Relationships were sustained throughout despite staffing and organisational changes.

Strong partnerships between researchers and practitioners were important to document and analyse why programs work, for whom and in what contexts. This so-called 'wisdom literature' developed from the knowledge of practitioners provides practice-based evidence for programs and is currently sparse in relation to the implementation of mental health promotion programs (Barry, Domitrovich, & Lara, 2005).

The evaluation framework and evaluation approaches developed as a result of this research study will enable community agencies to evaluate the effectiveness of peer-based youth programs using pragmatic methods informed by theory and practice. Improved evaluation enabled service providers to ensure that programs remained relevant for the populations they served and did not become outdated as the issues facing young people were constantly changing. The evaluation framework and evaluation approaches have assisted community agencies to collect practice-based evidence and to reference evidence-based practice, increasingly important when funding is limited.

The research findings had significant benefits for both program staff/volunteers and the young people who participated in the peer-based programs. Benefits for staff/volunteers reported during the participatory action research process and field testing included the availability of simple and practical evaluation resources which did not place a burden on already stretched resources, methods for collecting evidence that could feed into funding applications, raised awareness of what programs were trying to achieve, and opportunities to boost staff morale through demonstrating program effectiveness. Benefits for high risk youth populations were also reported by program staff/volunteers and included the availability of more sustainable programs, opportunities for increased involvement and

participation and opportunities for recognition of personal development. Additional follow up would be required to ascertain the extent to which the reported benefits were sustained.

### **1.7 Limitations of the study**

The limitations of the study were mainly associated with the sampling criteria and the participatory action research process. These limitations are summarised here and discussed more fully in subsequent chapters.

The sampling inclusion criteria selected programs providing early intervention mental health services. The resulting evaluation framework would likely be most relevant for peer-based youth programs which promoted social and emotional mental wellbeing. Additional evaluation parameters may be needed for peer-based youth programs aimed at sexual health promotion for example, and for other types of peer-based youth programs that were not primarily early intervention mental health services, for example, peer mentoring programs.

The evaluation framework and evaluation approaches were developed for peer-based youth programs within community settings. Peer-based programs are also common in schools and some clinical settings. Evaluation studies had previously been conducted in school and clinical settings and therefore these settings were not the focus of the present research study (Buchanan & Bowen, 2008; Cho, Hallfors, & Sánchez, 2005; Cuijpers, 2002). However, the resources developed here for community-based programs may also be relevant for evaluating peer-based programs in other settings.

A further limitation of the study was the lack of resources and time available to engage more program coordinators of regional, rural or remote peer-based youth services as research participants. It is acknowledged that the evaluation framework and tools developed in this study would require further validation in programs based in regional, rural and remote areas.

The evaluation framework and approaches were tested within a range of high risk youth populations. However, the identification of evaluation parameters for particular groups of at risk youth were outside the scope of this thesis. The evaluation framework and

evaluation approaches are now available to be tested in other settings in which peer-based programs are implemented and with other high risk youth populations, for example Indigenous and other minority cultural groups, children of parents with a mental illness (COPMI), children who have siblings with cancer, children with a chronic illness, and young carers. The relevance of the evaluation framework and tools for programs targeting other groups of at risk youth not included in this study, remains to be validated.

The extent of testing the evaluation framework was limited by the capacity of the research participants to engage in the participatory action research cycles. In some cases, practitioners were only able to participate in a single action research cycle. Furthermore, the evaluation framework was primarily tested by youth service providers who were involved throughout the study. This involvement is likely to have provided opportunities for increased familiarity with the contents of the evaluation framework which may have influenced practitioners' perceptions of its usability. Further testing would be required to validate the usability of the evaluation framework and tools within the wider youth sector and evaluation community.

## **1.8 Organisation of the thesis**

The organisation of the thesis reflects the scale and complexity of the participatory action research study undertaken. Given the cyclical and iterative nature of participatory action research, the structure of the thesis reflects the main research activities and the key outputs of the study, rather than a chronological sequence of events. The thesis structure is intended to help the reader navigate through the complex sequence of research activities while keeping sight of the overall research objectives and outputs.

The thesis contains 10 Chapters and 15 Appendices. Chapters 1-3 provide an overview of the study including a review of the published literature and the methodology. The results of the study are presented in Chapters 4-9. This includes the development of the draft evaluation framework and evaluation approaches and the results of field testing. A discussion of the results and conclusions concerning the implications of the findings for research, policy and practice are presented in Chapter 10 followed by the Appendices.

### **1.8.1 Summary of chapters**

A brief summary of each chapter is provided below:

**Chapter 1 - Introduction** (this chapter) provided a background to the study, a statement of the problem, the research aim and objectives, definition of key terms, the research design and timeline, significance of the study, limitations of the study, and organisation of the thesis.

**Chapter 2 - Literature review and background** contains a review of the literature, primarily articles sourced prior to the project commencing, as background and justification for the study. The findings of this literature review were used to identify the focus and parameters of the study.

**Chapter 3 - Methodology** describes the methodology used for the research, including the reasons for choosing a participatory action research approach, research participants, sampling criteria, peer-based programs involved, data collection and data analysis processes, involvement of peer research assistants, research ethics and the methodological strengths and limitations of the study. The cyclical and iterative methods and processes associated with the participatory action research design used to develop the evaluation framework and evaluation approaches are detailed further in the Results chapters 4-9.

**Chapter 4 - Results: Environmental audit** presents the findings of the **Environmental audit** including perceived benefits of evaluation, barriers to program evaluation, characteristics of the target groups, current evaluation approaches in use, program objectives and example indicators of change, features of programs which may contribute to effectiveness, and the development of the draft conceptual model which was the precursor to the final evaluation framework. The findings of the **Environmental audit** relating to the barriers and enablers to evaluating peer-based programs were published in 2010. The article is included at the end of this chapter (Lobo, R., A. McManus., J. Hildebrand, G. Brown., and B. Maycock. 2010. Evaluating peer-based youth programs: barriers and enablers. *Evaluation Journal of Australasia* 2010, 10(1): 26-43).

**Chapter 5 - Results: Analysis of literature** presents the findings of a literature review undertaken as part of the action research process to identify theories which may be relevant for peer-based programs, features of effective programs, existing evaluation frameworks and approaches, strengths and limitations of existing evaluation tools, and barriers and enablers to program evaluation.

**Chapter 6 - Results: Development of draft evaluation framework** describes in detail the process of validating the draft conceptual model in order to develop the draft evaluation framework.

**Chapter 7 - Results: Development of evaluation framework** describes the iterative processes and results involved in refining the draft evaluation framework in order to produce the final evaluation framework. The major iterations to the draft evaluation framework are explained, including the reasons for making significant changes.

**Chapter 8 - Results: Development and piloting of evaluation approaches** describes how suitable evaluation approaches were identified using the draft evaluation framework. The methods used to develop and pilot the evaluation approaches are also detailed.

**Chapter 9 - Results: Field testing** describes the experiences of three service provider organisations that used the evaluation framework to develop an evaluation plan and that trialed selected evaluation approaches. The results are presented as three case examples.

**Chapter 10 - Discussion and conclusions** summarises the key findings presented in Chapters 4-9 and presents implications for further research, policy and practice.

The **Appendices** are listed below:

- Appendix 1**     **Research participants - Service provider organisations**
- Appendix 2**     **Research participants - Peer-based programs**
- Appendix 3**     **Semi-structured interview protocol**
- Appendix 4**     **Workshop agenda Youth Focus**
- Appendix 5**     **Assessment of evaluation tools**
- Appendix 6**     **Inventory of evaluation resources**
- Appendix 7**     **Conceptual model (Versions 1, 2, 3, 4)**
- Appendix 8**     **Evaluation framework for peer-based youth programs**
- Appendix 9**     **Tool evaluation questionnaire**
- Appendix 10**    **Case examples**
- Appendix 11**    **Piloted tools considered unsuitable**
- Appendix 12**    **Expression of interest – Peer research assistant**
- Appendix 13**    **YPAVE permission**

**Appendix 14** Consent form

**Appendix 15** Field testing interview schedule.

## CHAPTER 2

### Literature review and background

#### **2.1 Purpose**

The purpose of this chapter is to review the literature which contributed to the development of this research study. The chapter provides background information on youth mental health and help-seeking behaviour, describes the role of peer-based youth programs in mental health promotion and explores the challenges associated with evaluating peer-based youth programs. The findings of the two pilot studies preceding this research (Pilot study 1 and Pilot study 2) will also be described.

This literature review is divided into the following sections:

- Youth mental health and help-seeking behaviour
- Early intervention services
- Peer-based programs
- Role of peer-based programs in youth mental health
- Pilot study 1
- Evaluating peer-based youth programs
- Evidence of program effectiveness
- Pilot study 2.

A further comprehensive literature review was undertaken as part of the participatory action research process to identify information that would support or refute the practice-based knowledge and to identify theories, models and evaluation resources that might be relevant for peer-based youth programs. The protocols and findings of the second literature review will be presented in **Chapter 5 - Analysis of literature**.

#### **2.2 Search criteria**

The ProQuest, PubMed, ScienceDirect, Medline and Web of Science databases were searched using keywords in the following five areas: peer-based programs, youth, community, evaluation, and mental health promotion (see Table 2.1).

**Table 2.1: Search areas and keywords**

<b>Search area</b>	<b>Keywords</b>
<b>Peer-based programs</b>	Peer/peer program/peer support/peer education/peer mediation/peer-led/peer leaders
<b>Youth</b>	Adolescents/young people/youth/at risk/marginalised
<b>Community</b>	Non-profit organisations/community-based/drop-in
<b>Evaluation</b>	Evaluation/assessment/evidence/effectiveness/monitoring/challenges
<b>Mental health promotion</b>	Mental health promotion/wellbeing/social support/early intervention

In addition, key authors were identified by reviewing the reference lists of relevant articles and further searches were undertaken using the author last names as keywords. The literature review was limited to articles published in the English language and included 70 articles, two thirds of which were published prior to 2007. Since 1995, peer-based approaches grew rapidly in popularity as effective health promotion strategies. The natural networking, communication and peer support occurring between adolescents was recognised as a powerful vehicle for transmitting positive health promotion messages and influencing young people, including hard-to-reach populations, to adopt healthy lifestyles and behaviours and seek help early.

The rapid growth and interest in peer-based health promotion resulted in a wide diversity of programs coupled with a myriad of terminology associated with the field. The lack of consistency in the use of different peer-related terms such as peer education, peer mediation, peer leadership, peer support and peer mentoring, has become problematic for knowledge sharing and for conducting comparative evaluation studies to determine the effectiveness of peer-based approaches.

This literature review will provide a discussion of the most influential literature associated with the field of peer-based health promotion and evaluating peer-based health programs, primarily concentrating on articles published before 2007. The purpose is to provide background and justification for the present research study. The analysis of literature presented in Chapter 5 was conducted as part of the participatory action research phase of the study and included additional articles, in particular more recent literature published after 2007.

### **2.3 Youth mental health and help-seeking behaviour**

The prevalence of symptoms leading to serious mental illness is known to be highest among young people aged 16-25 years (Department of Health and Ageing, 2004). More than three quarters of adults with a diagnosed mental disorder experienced its onset before age 24 years. However, opportunities for early intervention were often missed (McGorry, Purcell, Hickie, & Jorm, 2007) or there were barriers to young people engaging in ongoing support (Department of Health and Ageing, 2004).

Many young people did not seek help, particularly those with non-psychotic disorders such as anxiety and depression or substance use problems (McGorry, 2010). One study showed that more than two thirds of young people experiencing mental health problems did not access professional help services in a 12-month period (Sawyer, Arney, Baghurst, Clark, Graetz, Kosky, & al, 2000). There was also evidence to suggest that many young people had poor help seeking skills including not recognising that they needed help, not knowing what help was available, and being unsure how and where to access help (Jorm, Korten, Jacomb, Christensen, Rodgers, & Pollit, 1997). The stigma associated with accessing a mental health care facility could also influence if and when a young person sought help. More youth friendly service models were needed including community-based mental health models (McGorry, Parker, & Purcell, 2006).

The 2007 National Survey of Mental Health and Wellbeing reported that 160,000 young people aged 16-24 years were living with depression and one in 25 teenagers aged 13-17 years experienced anxiety in a 12 month period (Australian Bureau of Statistics, 2007). Anxiety and depression contributed to 17% of the disease burden for males and 32% of the disease burden for females aged 12 to 25 years. Young people who experienced a mental health disorder could also have poor physical health, achieve lower academic outcomes and be unable to find employment. These conditions could also contribute to poor mental health (Department of Health and Ageing, 2004).

Research studies have shown that the risk of poor mental health outcomes was higher for marginalised youth populations including teenage mothers (Jolley & Masters, 2004), same-sex attracted youth (Bos, Sandfort, de Bruyn, & Hakvoort, 2008), young people living with a chronic illness (Surís, Parera, & Puig, 1996), and young carers (Pitman & Matthey, 2004).

Aboriginal youth were also known to be at higher risk of mental ill health than non-Aboriginal youth (Australian Institute of Health and Welfare, 2007).

## **2.4 Early intervention services**

The importance of early intervention services for young people to prevent the onset of mental illness has been supported by a growing evidence base and global interest (Department of Health and Ageing, 2004). However, service delivery has not matched need and service inequities for young people exist across the Australian states and territories. Mental health advocates have argued that further reform and investment in early intervention mental health services for young people aged 12-25 years was still needed to reduce the burden of disease caused by untreated mental health problems (McGorry, Purcell, Hickie, & Jorm, 2007).

Early intervention may prevent the onset of more serious mental health problems including self harming behaviour, suicidal ideation and psychotic disorders. More targeted and 'youth friendly' interventions were needed such as the Early Psychosis Prevention and Intervention Centre (EPPIC) in Melbourne, Australia, for young people with emerging psychotic disorders, and *headspace* centres (see [www.headspace.org.au](http://www.headspace.org.au)) which provided a 'one-stop-shop' for young people to access help in a safe and youth friendly environment (McGorry, Purcell, Hickie, & Jorm, 2007). *headspace* centres were implemented by the government-funded National Youth Mental Health Foundation and included general health services, mental health and counselling, education, employment and other services, and alcohol and other drug services. The first *headspace* centre was launched in 2006 and there were now 30 *headspace* centres across Australia.

An independent evaluation of *headspace* showed that since its launch, the initiative had provided services to 14,000 young people who, on average, had accessed a *headspace* centre 6.8 times each (Muir, Powell, Patulny, Flaxman, McDermott, Oprea, Gendera, Vespignani, Abello, & Katz, 2009). Of these clients, 47% experienced high levels of distress. In addition, there were high levels of co-morbidity with nearly 50% of clients having more than one mental health diagnosis. The results also indicated that young people came to *headspace* because of the non-clinical environment, accessible location, access to practitioners that were non-judgmental, the sense of control they had over services

accessed, low or no cost services, and appointment reminders (Muir, Powell, Patulny, Flaxman, McDermott, Oprea, Gendera, Vespignani, Abello, & Katz, 2009).

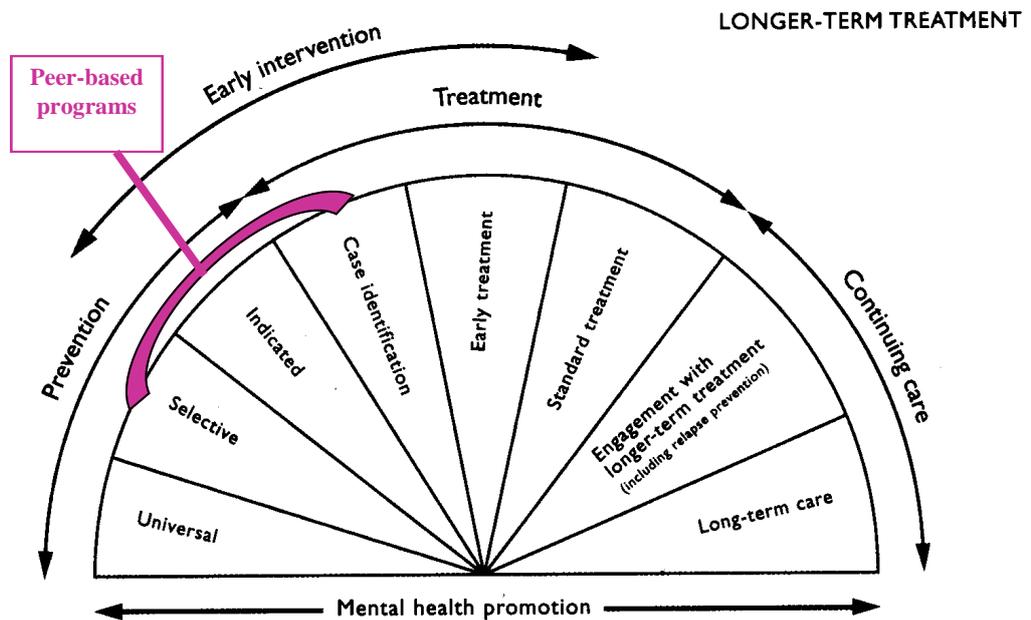
The *headspace* evaluation findings indicated that demand for youth friendly early intervention mental health services in Australia was high and illustrated that community programs had the potential to provide support for the most vulnerable and marginalised youth. However, programs implemented by small, non-government, not-for-profit organisations have struggled to secure continuous funding and obtain adequate resources. Available funds have primarily been directed to evidence-based national initiatives (National Research Council and Institute of Medicine, 2002).

In a discussion of appropriate levels of public health intervention, McKinlay (1996) noted the normal distribution of risk in a population. Consequently, public health interventions which delivered even small health benefits for the majority would improve the overall health of our society more than interventions which delivered very significant gains for minority, high risk groups (McKinlay, 1996). Given limited resources for health care, if preventative services targeting minority groups were to receive ongoing funding, improved evaluation was needed to demonstrate their effectiveness and justify expansion of services (Buckelew, Yu, English, & Brindis, 2008).

## **2.5 Peer-based programs**

Within the spectrum of mental health promotion strategies, peer-based programs were early intervention strategies which helped to prevent the onset of mental health problems for individuals showing early indications of poor mental health (see Figure 2.1).

**Figure 2.1: National Action Plan for Promotion, Prevention and Early Intervention for Mental Health**



Reprinted with permission from *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*, (1994) by the National Academy of Sciences, Courtesy of the National Academies Press, Washington, D.C. (Commonwealth Department of Health and Aged Care, 2000)

As shown in Figure 2.1, peer-based programs were located between ‘selective’ and ‘case identification’ strategies. Peer-based services were not suitable as universal health promotion interventions and they did not offer treatment but they could provide a setting in which to develop trusting relationships with at risk youth and facilitate referrals to more specialist health services as necessary. By promoting self-esteem, self-efficacy and locus of control, known to be important for young people’s health, peer-led initiatives may provide an effective health promotion strategy for achieving positive youth health outcomes (Turner, 1999).

Rather than empirical evidence or theory, the widespread implementation of peer-based initiatives has been based on several assumptions or working hypotheses (Harden, Oakley, & Oliver, 2001; Milburn, 1995). Firstly, peers who share experiences, culture, status or behaviours may provide a more accessible and acceptable source of information than health professionals who do not have this shared experience. As such, peer-led programs could provide an alternative health promotion strategy to professional, ‘top-down’ service delivery models. Secondly, adolescents were increasingly influenced by their peers. This ‘peer pressure’ was not always negative but could have protective effects within social

groups when associated with positive attitudes and lifestyles, e.g. peer pressure to avoid smoking. Thirdly, the natural interactions that occurred between peers provided ongoing opportunities for modelling social skills and to influence and reinforce key messages. Fourthly, peer-based programs may be more effective at engaging with 'at risk' or hard-to-reach populations to increase their referral and access to professional support when required. Finally, training young people to educate and support their peers has been considered more cost effective than adult-led services for young people although there is recognition that a trained adult should always be available to support young peer educators. Further theoretical development and improved evaluation is needed to validate these assumptions and to substantiate the claims associated with the benefits of peer-based programs or justify further investment (Harden, Oakley, & Oliver, 2001).

## **2.6 Role of peer-based programs in youth mental health**

Several authors have contributed to our understanding of the role of peer-based approaches in promoting youth health (Milburn, 1995; Parkin & McKeganey, 2000; Shiner, 1999; Turner & Shepherd, 1999). Much of this early work was based on studies of school-based peer education programs for sexual health, and alcohol or drug prevention rather than community-based programs for mental health promotion. The theoretical foundations for peer-based approaches have not developed much further in the last decade.

The lack of clarity in defining peer-based interventions and their implementation has been central in the limited development of peer-based approaches as credible, sustainable health promotion strategies. Milburn (1995) suggested that the plethora of terms used in the field - including 'peer tutor', 'peer counsellor', 'peer educator' - resulted from the lack of a strong theoretical basis for peer education. According to Milburn, application of theory to practice would make transparent the nature of peer education programs. It would also ensure real ownership and involvement by young people thus reducing the potential to manipulate young people to serve adult agendas (Milburn, 1995).

These views were also supported by Turner and Shepherd (1999) who described peer education over 10 years ago as "*a method in search of a theory*" (Turner & Shepherd, 1999, p.235). Turner and Shepherd examined the explanatory power of a range of theories against 10 claims commonly associated with peer-based approaches. These claims were 1) cost effectiveness of peer-based approaches compared with other strategies, 2) peers as

credible sources of information, 3) programs provide opportunities for involvement and empowerment of young people, 4) programs build on existing social networks for sharing information, 5) peers are more effective messengers than professionals because they share common experiences with message recipients, 6) peers provide positive role models, 7) benefits for young people involved as peer educators or supporters as well as program participants, 8) education may be more acceptable coming from peers, 9) peer-based approaches are more effective in hard-to-reach populations than using traditional health promotion strategies, and 10) peer-based approaches provide opportunities for ongoing peer influence and reinforcement of changes in knowledge, attitudes and behaviours (Turner & Shepherd, 1999).

According to Turner and Shepherd (1999), the theories with the most explanatory power for peer-based programs were Social Learning Theory, Social Inoculation Theory, Role Theory, Differential Association Theory, Subcultural Theory and Communication of Innovations Theory. However, while all of these theories contributed some understanding to individual claims, there was limited evidence available to validate these conclusions. Further development of the theoretical rationale for peer-based approaches was needed (Turner & Shepherd, 1999).

Other commonly cited theories in relation to peer-based initiatives were Social Cognitive Theory (Bandura, 1986), the Diffusion of Innovations Theory (Rogers, 1983), Social Identity Theory (Tajfel & Turner, 1979) and Attachment Theory (Bowlby, 1969/1982). According to these theories, the key rationale behind the effectiveness of peer-based programs was the active involvement of peers influencing peers through mechanisms including positive role modelling, adopting peer group norms, developing a personal identity that was consistent with the identity of the group one wished to belong to and establishing caring and supportive relationships with peers and adults.

Much of the existing theoretical framework for peer-based programs has been developed for peer education programs in school-based settings and for mainstream, Caucasian, middle-class youth populations (Burmester, 2002; Shiner, 1999; Turner & Shepherd, 1999). According to Main (2002), it would be incorrect to assume that all peer-based approaches worked in a similar way and shared a common theoretical foundation. The goals of different peer-based programs were likely to be associated with different theories and models (Main, 2002). An in-depth discussion of the possible theories and models

underpinning peer-based programs and their implications for evaluation of peer-based programs will be included in **Chapter 5: Analysis of literature**.

Shiner (1999) attempted to provide more definitional clarity by: creating a distinction between programs which focused on 'peer delivery' e.g. sessions delivered, and those more focused on 'peer development' e.g. developing and involving young people in program delivery; recognising that 'peerness' was defined not just by age but also potentially by other factors such as experience, ethnicity, sexuality or gender; and by suggesting that different peer-based approaches were suited to particular clients and locations. For example, community-based programs placed more emphasis on 'peer development' and empowerment of marginalised or vulnerable youth while school-based interventions were more focused on 'peer delivery' and peer educators involved in these programs had relatively less influence on decisions about program content or delivery. Shiner further argued that being clear about the nature of peer involvement was crucial to understanding what programs were trying to achieve and how they should be evaluated (Shiner, 1999).

'Peer education' has been used as an umbrella term for a range of peer-based initiatives, not all of them focused on education, and views have been expressed that 'peer support' may be a more accurate description of peer-based programs which focus on empathy and understanding rather than knowledge exchange (Parkin & McKeganey, 2000). Parkin and McKeganey (2000) also made the distinction between 'formal' and 'informal' peer education, the main difference being the absence of an adult authority figure within informal approaches, thus removing any power imbalance between program participant and program facilitator (Parkin & McKeganey, 2000).

The potential role of peer-based programs for promoting youth mental health was described by Turner (1999) who highlighted the association between low self-esteem and health issues faced by young people such as drug misuse, unwanted pregnancy and self-harming behaviours. According to Turner (1999), involvement in peer support programs could help improve self-esteem through developing skills and providing opportunities for personal development and increased social support. Programs could also influence levels of self-efficacy (a young person's belief in their ability to achieve goals) and internal locus of control or recognition that personal circumstances could be influenced by the individual and were not solely predicted by external factors (Turner, 1999).

Adolescents were known to spend more time with their peers than parents or other adults and support from peers became increasingly important during adolescence (Feldman & Elliot, 1990). Several authors have agreed that peer-based approaches simply formalised what young people were motivated to do naturally – help their friends - by giving them the necessary skills, information and support that they needed to offer help safely (Burmester, 2002; Milburn, 1995; Turner, 1999). Peer-based programs aimed to harness the power of peer influence or ‘peer pressure’ that occurred naturally in adolescent social networks to achieve positive outcomes, e.g. improved self-esteem through peer acceptance, rather than negative outcomes, e.g. engaging in risk behaviours (Milburn, 1995).

Turner (1999) noted that an important distinction between peer support programs and more formal counselling relationships was that young people were empowered and active participants in the process and the focus was on enhancing ‘wellness’ not fixing a mental health problem. Peer support programs could thus reduce the stigma associated with help-seeking by normalising the process of asking for support. Early identification of potential problems during adolescence could subsequently influence healthy lifestyle choices as adults (Turner, 1999).

## **2.7 Pilot study 1**

In 2005, a pilot study funded by Healthway, (referred to as ‘Pilot study 1’ henceforth), was conducted to define the role of peer-based approaches in mental health promotion. The study was co-facilitated by the author at the Western Australian Centre for Health Promotion Research (WACHPR), Curtin University, and focused on one peer-based program – a drop-in centre for same sex attracted youth (SSAY) in Perth, Western Australia. Data collection consisted of a) three group interviews lasting one hour with staff and volunteers (n=11) from the drop-in centre, b) interviews lasting one to two hours with staff (n=9) from other agencies who were also working with SSAY or marginalised youth, c) a one hour discussion with parents and friends of SSAY (n=5), and d) interviews and focus group discussions with SSAY (n=41).

### **2.7.1 Results of Pilot study 1**

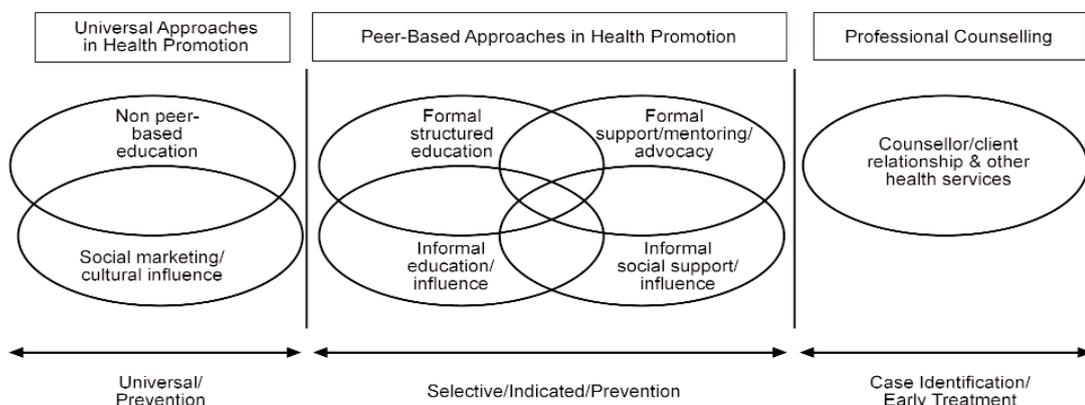
Pilot study 1 identified clear differences in the expectations of the program staff/volunteers, agency staff and young people. Agency staff expressed concerns that young people in peer supporter roles were not skilled or knowledgeable enough to help

their peers and may offer inappropriate advice based on personal experiences. By contrast, the program staff and volunteers asserted that the main role of the program was not to offer advice but to offer peer support, improve help-seeking behaviour and reduce the sense of isolation experienced by the program participants through realising that others had experienced similar issues. The main reason for attending the program noted by young people was to socialise with like-minded peers.

The findings of Pilot study 1 suggested that the role of the drop-in centre was to provide a safe environment and opportunities for social interaction and peer support. In addition, the centre provided opportunities for young people to develop problem-solving skills and to get involved in community projects and events. Visitors to the drop-in centre described the program as a confidential source of information and support where they did not feel judged and could remain anonymous if they chose. The findings concluded that informal peer-based services may be able to engage with at risk youth more successfully than conventional health or support services such as a General Practitioner (GP), school counsellor or psychologist and recommended further investigation to validate this hypothesis (Brown, Lobo, Maycock, & Burns, 2007).

Pilot study 1 resulted in the development of a framework which identified four different types of peer-based approaches: formal structured education, formal support/mentoring/advocacy, informal education/influence and informal social support/influence (Brown, Lobo, Maycock, & Burns, 2007).

**Figure 2.2 Framework for defining the role of peer-based approaches in mental health promotion**



**Source: (Brown, Lobo, Maycock, & Burns, 2007)**

The overlapping circles in the model shown in Figure 2.2 reflected the potential overlap between these four types of approaches. For example, some programs had both an educational component and a social component or included both formal and informal activities. The framework asserted that different types of peer-based programs were associated with different competencies, training and supervision needs for staff and volunteers and therefore varying resource and funding requirements. For example, programs facilitated by skilled youth workers would have different aims to programs facilitated by young people trained as peer leaders or peer educators.

The framework supported the view that parameters for evaluating different types of peer-based programs were also likely to vary. For example, formal or informal peer education programs include a significant knowledge component with associated attitudinal and behavioural changes. By contrast, peer support programs which promote social and emotional wellbeing focus more on participation, the development of personal and social skills and providing opportunities for young people to experiment with new roles and responsibilities (Parsons & Blake, 2004).

## ***2.8 Evaluating peer-based youth programs***

Evaluation has been reported by some youth service providers to be a time consuming activity that detracted limited resources from the core business of providing critical services for the most vulnerable young people (Rixon, 2007; Spence, Devanney, & Noonan, 2006). However, in order to secure funds for program implementation, providers of community youth programs were increasingly required to collect evidence to demonstrate program effectiveness and include plans for program evaluation in funding proposals (Buckelew, Yu, English, & Brindis, 2008; National Research Council and Institute of Medicine, 2002; Rixon, 2007).

The availability of evaluation data ensured relevant, safe, better quality programs and could be used to justify continuous funding or inform program expansion in additional sites. Furthermore, evaluation data increased the capacity to feedback to young people about the effectiveness of programs that they were accessing or volunteering in. Required changes to programs could also be more easily justified by effective evaluation (National Research Council and Institute of Medicine, 2002).

### **2.8.1 Evidence-based practice or practice-based evidence**

Evidence-informed or evidence-based practice is becoming increasingly widespread in all sectors yet what constitutes credible evidence continues to be debated (Donaldson, Christie, & Mark, 2009). While experimental evaluations have long been considered to be the 'gold standard' for obtaining conclusive evidence of program effectiveness, these designs were not always appropriate for evaluating community youth programs from both a cost perspective and in terms of what would be ethical or acceptable for the target group (Crosby, Salazar, DiClemente, & Lang, 2005).

Quantitative studies, for example those which compared measures before and after a program, indicated whether any change had occurred. Traditional quantitative evaluation approaches, including pre- and post- testing of participants or use of questionnaires which required statistical analysis skills, were often inappropriate or unsustainable within community agencies operating with limited resources, reliant on variable volunteer skills and working with high risk youth. Achieving the participation and engagement of high risk youth in programs could be difficult owing to related health issues, unstable home environments, distrust of authority figures and low literacy levels within the target groups (Brown, Lobo, Maycock, McManus, & Burns, 2008).

Qualitative studies could offer insights about how and why an effect was observed (or not), for whom, under what conditions and in what contexts. This was crucial information when making decisions about whether or not a program should be replicated and what program features were critical for success (Donaldson, Christie, & Mark, 2009). There was now increasing recognition that both qualitative and quantitative approaches had merit in evaluating youth programs based on the evaluation questions under investigation.

### **2.8.2 How should peer-based programs be evaluated?**

The wide diversity of peer-based programs and inconsistent use of terminology in the field have led to some confusion over what specific programs could realistically achieve, how programs work and what parameters (inputs, program activities, outputs and outcomes) should be monitored to evaluate program effectiveness. Unclear aims and objectives against which program outcomes can be evaluated, limited funding to support evaluation activities, and a lack of control or comparison groups presented particular challenges for evaluating peer-based initiatives (Goren & Wright, 2006).

Defining how programs should be evaluated and developing evaluation approaches which were suitable for peer-based programs working with limited resources and at risk groups would help increase the evidence base for these initiatives. Improved access to evidence would also support the development of stronger funding proposals and, as a result, help to improve program sustainability (Brown, Lobo, Maycock, & Burns, 2007). Pilot study 1 underlined the importance of tailoring evaluation to different types of peer-based programs. The study noted that while programs targeting similar groups had similar aims and objectives, the operational program model and the level of impacts and outcomes achieved were influenced by the skills and knowledge of the program staff/volunteers and the resources available (Brown, Lobo, Maycock, & Burns, 2007).

It was clear that no single method of evaluation was suitable for all program types. The goal was to implement the most rigorous evaluation design possible given the particular characteristics of a program and the requirements of the stakeholders (Nutbeam & Bauman, 2006). Selection of appropriate evaluation methods may be influenced by a range of factors including the maturity of the program (established or new), the evaluation capacity of the organisation (skills, knowledge and resources), the goals and objectives of the program (measurable or unclear), the characteristics of the target group (age, gender, ethnicity), patterns of program access (drop-in or structured) and the purpose of the evaluation (process, impact or outcome evaluation).

### **2.8.3 What do we mean by program ‘effectiveness’?**

There were mixed views in the literature on what constituted ‘success’ or ‘effectiveness’ of programs and to whom service providers should be accountable for the quality of their programs – the funding bodies, the young people who accessed the services or both? (Rixon, 2007). For example, the benefits for young people trained as peer leaders or facilitators in peer support programs had been well documented yet were not always reflected in the stated outcomes and objectives on which these peer-based programs were evaluated (McDonald, Roche, Durbridge, & Skinner, 2003).

A study by Spence, Devanney and Noonan (2006) in the United Kingdom, entitled ‘*An Everyday journey: the meaning and value of youth work*’ conducted fieldwork within 15 youth projects over 17 months. The projects included peer-based programs such as drop-in services, theatre-based arts programs, summer activity programs, personal development

programs and targeted work with groups such as young mothers and lesbian, gay, bisexual and transsexual youth. The study recorded 51 directed discussions with youth workers and interviews or group discussions with 105 young people aged 12-22 years (Spence, Devanney, & Noonan, 2006).

One of the study's conclusions was that effective youth programs were characterised by a 'person-centred' or 'relational' approach rather than a 'problem-centred' or 'issue-focused' stance. The informal education and communication that occurred during everyday youth work was considered valuable even if targets were not achieved. For example, making a difference for two young people was considered more valuable than having 100 young people turn up and doing nothing with them.

However, the informal aspects of youth work were often not reflected in the quantitative measures and statistics used to measure program effectiveness. As Spence, Devanney and Noonan (2006) reported:

The antipathy which many youth workers have to 'measurement' and 'statistics' expresses their belief that such approaches cannot fully account for the creative and dynamic richness of practice. Whilst quantitative measures are indicative of the impact of youth work in terms of specified foci and concrete outcomes, and they do give a rough indication of numbers of young people reached, they are unable to capture the value of the developmental, social and informal education approaches (Spence, Devanney, & Noonan, 2006, pp. 121-122).

Furthermore, the focus on targets and outcomes could actually be detrimental to youth work when it reduced the time available for face-to-face practice with the most vulnerable young people. For example, workers under pressure to meet quantitative targets could become focused on 'performing' and 'finding' young people or examples of practice that satisfied required outcomes. According to Spence, Devanney and Noonan (2006), there was limited evidence to suggest that funding bodies would be unwilling to accept qualitative evidence of program effectiveness. Youth workers had a role in promoting the use of qualitative approaches to reflect the real value of their professional work:

Rich qualitative evidence is not necessarily an alternative to statistics. It can be additional...youth workers themselves need to promote the value of such evidence and to discover ways of recording their practice which can be incorporated into

everyday work without diverting attention from face-to-face practice...stories offer one source of evaluating the contribution of youth work to the lives of young people but they can only be admitted formally into processes of accountability if they are considered and promoted by workers in these terms (Spence, Devanney, & Noonan, 2006, p. 123-124).

Spence et al. (2006) also recognised that the “*language of youth work practice is currently underdeveloped*” (Spence, Devanney, & Noonan, 2006, p. 137), a deficit that had significant implications for evaluation. Much of youth work practice could not be perceived as an ‘outcome’, as defined by traditional evaluation measures. There was significant value in the everyday, informal processes of youth work, yet these were difficult to articulate by both youth workers and young people. In essence, there was a need to better articulate the everyday realities of youth work practice in order to identify suitable evaluation parameters and to develop effective evaluation approaches that could elicit feedback from young people. The authors of *An Everyday journey* put it succinctly:

The ordinary cannot be evaluated like the extraordinary (Spence, Devanney, & Noonan, 2006, p. 39).

#### **2.8.4 Indicators for youth development**

The view that evaluations of program effectiveness should consider process indicators as well as performance against targets or impacts/outcomes within target populations is well established (McKinlay, 1996). However, the appropriate level of measurement for evaluation has been challenged. McKinlay (1996) has argued that evaluating impacts and outcomes at an *individual* level may not be appropriate for program interventions that have been implemented for *groups* of users. It may be more accurate to assess changes in skills and behaviours in the group as a whole rather than for individuals per se (McKinlay, 1996).

Indicators for child and youth development have become increasingly available (Australian Research Alliance for Children and Youth, 2009; Dukakis, London, McLaughlin, & Williamson, 2009; Sabatelli & Anderson, 2005, September; Search Institute, 2006) but standardised measures for social and emotional wellbeing, one of the goals of peer support programs, still needed to be developed (Australian Institute of Health and Welfare, 2008; Australian Research Alliance for Children and Youth, 2009; Redmond, 2010). Evaluation tools used to measure social and emotional wellbeing included the *Strengths and Difficulties Questionnaire*, *General Health Questionnaire* and *Child Behaviour Checklist*

(Redmond, 2010). However, the administration and costs of some of these instruments precluded their use in informal community youth program settings working with high risk populations and limited resources.

### **2.8.5 Gap between theory and practice**

The lack of an evaluation framework and suitable evaluation approaches for measuring the effectiveness of peer-based youth programs has created a gap between theory and practice and threatened the continued funding and sustainability of peer-based initiatives (Turner & Shepherd, 1999). Further knowledge of the theories underpinning peer-based programs would contribute insights regarding how and why programs were effective and therefore what parameters should be monitored and evaluated.

These ideas were consistent with realist evaluation principles (Pawson & Tilley, 1997). Adopting a realist evaluation approach required evaluators to focus on why a program was effective and the context and mechanisms which contributed to program effectiveness. The rationale was that programs that were effective for one population were not necessarily effective for other similar populations. Proponents of realist evaluation recognised that contextual factors (for example, buildings, location, skills of staff, organisational capacity) may also influence program effectiveness. Realist evaluation approaches sought to determine the elements of successful programs that could be transferred to other programs. In effect, to deconstruct elements of practice to develop a theory of change which could be applied to other programs (Pawson & Tilley, 1997).

## **2.9 Evidence of program effectiveness**

Identifying studies which reported on program effectiveness was difficult as a result of the range of terminology used in the field and the lack of clarity surrounding terms such as 'social and emotional wellbeing'. For example, keywords for literature searches included process-based terms such as 'youth participation' programs, or outcome-based terms such as 'resilience' or 'life skills' programs. Furthermore, young people were referred to as 'youth', 'teens' or 'teenagers', or by certain risk attributes, for example, 'teenage parents', 'same sex attracted youth' (Hildebrand, Lobo, & Brown, 2009).

The diverse terminology used in the field has also made comparative studies difficult between peer-based programs, and with other health promotion initiatives. There was no

conclusive evidence to support claims that peer-based approaches were more effective than adult-led or other health promotion initiatives (Mellanby, Newcombe, Rees, & Tripp, 2001; Shiner, 2000).

A systematic review of peer-delivered health promotion for young people funded by the Department of Health in England, United Kingdom, identified 430 relevant reports comprising 210 evaluation reports of which only 64 met the inclusion criteria and only 12 outcome evaluation reports were considered methodologically sound. Five of these sound studies compared the effects of peer-delivered interventions to teachers delivering the same intervention with inconsistent findings. Process evaluations using qualitative methods were very positive compared to the unclear findings of the outcome evaluations. The review concluded that the evidence for program effectiveness was unclear and improved program evaluation and comparative studies were needed to develop the field further (Harden, Oakley, & Oliver, 2001). The review also recommended the development of standards for assessing qualitative process evaluations before drawing conclusions about program effectiveness (Harden, Oakley, & Oliver, 2001).

The majority of evidence for effectiveness of peer-based programs that was available related to school-based programs with a strong peer education focus, such as drug prevention programs, HIV/AIDS prevention programs and sexual health education (Cho, Hallfors, & Sánchez, 2005; Hampton, Jeffery, Fahlman, & Goertzen, 2005; McDonald, 2004; McDonald, Roche, Durbridge, & Skinner, 2003; Mellanby, Newcombe, Rees, & Tripp, 2001; Moody, Childs, & Sepples, 2003; Parkin & McKeganey, 2000; Phelps, Mellanby, Crichton, & Tripp, 1994; Shiner, 2000; Webster, Hunter, & Keats, 2002).

After school programs for youth in the United States promoted a range of outcomes, including social and emotional wellbeing, and were well documented (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004; Scott-Little, Hamann, & Jurs, 2002). However, evaluations focused on improved academic outcomes and reduced levels of juvenile delinquency associated with standardised measures rather than improved social and emotional wellbeing for which standard measures still needed to be defined (Apsler, 2009). Only isolated evaluation studies of peer-based programs which promoted youth mental health had been published (Hargreaves, O'Brien, Bond, Forer, Basile, & Davies, 2005; Jolley & Masters, 2004; Mercier, Piat, Peladeau, & Dagenais, 2000; Sachmann, 2007; Sidhu, 2006;

Truman, Rankin, Backett-Milburn, & Platt, 2007). Additional studies were needed to validate these findings.

Evidence of program effects on peer educators was more readily available than evidence of effects on service users (Parkin & McKeganey, 2000). Program effects were harder to isolate for the target group which may be exposed to a range of influences including family, mass media and school. Moreover, tracking program participants to assess the duration of any program-related effects was not straightforward (Milburn, 1995). Taking a systems view rather than a program view may be more appropriate in assessing acceptable levels of change and prevailing social norms which influenced behaviour (McKinlay, 1996).

The reliability of self-reported data was questioned in relation to the effects of programs on reduced drug, alcohol and tobacco consumption by youth (Milburn, 1995). For example to what extent were given responses 'socially desirable', driven by perceived image or status associated with the responses or influenced by wishes that the program be continued? The most consistent finding that emerged from evaluation studies of the effects of peer education programs on target groups was that young people preferred to hear health promotion messages from their peers (Goren & Wright, 2006).

Methodologically sound evaluations have focused more on program processes than outcomes (Goren & Wright, 2006; Harden, Oakley, & Oliver, 2001). Process evaluation data were important since the quality of program implementation could dramatically affect program outcomes (Barry, Domitrovich, & Lara, 2005). Evidence-based guidelines for youth peer education (the *Y-Peer Toolkit*) are now available based on a decade of research involving the United Nations Population Fund and Youth Peer Education Network (Family Health International, 2010; United Nations Population Fund, 2005).

The *Y-Peer Toolkit* is a resource for program managers involved in implementing peer education programs for adolescent sexual and reproductive health. The toolkit contained three resources: *Training of Trainers Manual*, *Standards for Peer Education Programmes*, and *Theatre-Based Techniques for Youth Peer Education*. The *Y-Peer Toolkit* was designed to increase the capacity of service providers to design and implement effective sexual health peer education programs for at risk youth. Similar guidelines for planning, implementing and evaluating peer-based programs for mental health promotion would help to ensure that safe, effective, high quality intervention programs were implemented.

## **2.10 Pilot study 2**

In 2007-2008, WACHPR received additional funding from Healthway to conduct a follow-on project to Pilot study 1, in which the author was Project Manager. The purpose of this second pilot study (referred to as 'Pilot study 2' from this point forward) was to trial the development of good practice guidelines and evaluation approaches for peer-based drop-in services using a participatory action research design (Brown, Lobo, Maycock, McManus, & Burns, 2008). However, owing to a limited budget and since the programs were under increasing pressure to demonstrate effectiveness, the drop-in programs' staff requested that available resources were mainly directed towards the development of effective evaluation approaches.

Pilot study 2 was a participatory action research study that required the active involvement of young people (n=50) and program staff and volunteers (n=20) associated with two agencies, the Western Australian AIDS Council (WAAC) *Freedom Centre* and Uniting Care West *True Colours*. These agencies provided drop-in peer support services for youth of diverse sex, sexuality and gender in metropolitan and regional areas of Western Australia.

Action research has been defined as:

A systematic investigation which aims to contribute to knowledge as well as solve a practical problem (Ovretveit, 1998, p.14).

Engaging people in the program or organisation to study their own problems in order to solve those problems is a core component of action research (Whyte, 1989). Two young people working as peer volunteers in one of the programs were employed as peer research assistants (PRAs) and were closely involved in the design and development of a range of qualitative and quantitative evaluation approaches and approaches. The involvement of the PRAs was critical in developing youth friendly evaluation strategies.

### **2.10.1 Results of Pilot study 2**

Pilot study 2 highlighted several barriers to evaluation:

- Lack of simple, practical and validated evaluation approaches and instruments
- Focus on service uptake and financial inputs and outputs rather than effectiveness of programs relating to process or outcomes

- Limited understanding within agencies of what evaluation means beyond traditional evaluation approaches involving labour-intensive pre- and post-testing or lengthy surveys
- Perception that evaluation can only be done by researchers or individuals with specialist skills and knowledge
- Agencies being unsure how to use evaluation data to identify service improvements.

The agencies involved in Pilot study 2 reported that low effort evaluation strategies that were quick to implement as part of normal program activities were more sustainable and easier to implement than methods where evaluation was an additional task to do with already stretched resources. Focus group discussions and brief indicator questionnaires were strategies that worked particularly well. There was also high engagement by young people in fun, novel and creative evaluation strategies and anonymous evaluation methods, e.g. a 'graffiti closet', online surveys, and a 'lucky dip' question and answer. Incentives may also have influenced youth participation.

Overall, Pilot study 2 demonstrated that a participatory action research process was an effective design for developing practical, reliable, validated and youth friendly evaluation strategies and approaches in drop-in spaces. Pilot study 2 recommended that the participatory action research should be extended to develop comprehensive guidelines for planning, implementing and evaluating peer-based programs which promote youth mental health in a range of contexts (Brown, Lobo, Maycock, McManus, & Burns, 2008). These recommendations supported a successful funding submission to Lotterywest for the My-Peer project resulting in the development of the *My-Peer Toolkit [1.0]* (Hallett, Lobo, Brown, McManus, Maycock, & Hildebrand, 2010). The final project reports for Pilot study 1, Pilot study 2 and the My-Peer Project can be downloaded from the WACHPR website <http://wachpr.curtin.edu.au/index.cfm>.

## **2.11 Chapter summary**

The gap between theory and practice associated with peer-based programs has become increasingly unacceptable with community organisations under pressure to evaluate the effectiveness of their programs in order to secure continuous funding and improve program sustainability (Rixon, 2007).

Peer-based youth programs for mental health promotion reviewed were diverse but shared many similar objectives and outcomes associated with improving self-esteem, improved self-efficacy and increased internal locus of control (Turner, 1999). These findings supported the view that a common evaluation framework could be developed to assist practitioners in evaluating the effectiveness of peer-based programs.

A more participatory approach to service evaluation with active involvement of young people may provide a means of ensuring services remain responsive to the changing social contexts for youth without compromising the trusting relationships that services have established with service users (Rixon, 2007). The findings of Pilot study 2, described earlier, to develop evaluation approaches for drop-in services using a participatory action research process supported this view (Brown, Lobo, Maycock, McManus, & Burns, 2008). Participatory research methods were also consistent with the objectives of national initiatives such as *headspace*<sup>™</sup> which aimed to involve young people in the design of more accessible, youth-friendly and youth-oriented mental health services (Headspace, 2006).

Resource limitations and the pressure to justify resources required knowing which programs were effective and for whom. The growing interest in early intervention youth mental health services included efforts to determine which types of services were most effective for which populations and the range of interventions which may be required to increase the accessibility of services for culturally and linguistically diverse populations. A 'one size fits all' approach to improving youth mental health was unlikely to work (Weisz, Sandler, Durlak, & Anton, 2005). Evaluation of early intervention programs was also likely to require a tailored approach. This perspective was consistent with a realist approach to program evaluation (Pawson & Tilley, 1997).

Evaluation of school-based and community-based programs was also likely to differ based on opportunities for collecting data and available resources. For example, attendance at a school-based program may be more regular than attendance at a community-based drop-in service thus enabling pre- and post-testing of school-based participants. Evaluation of community-based health promotion programs may also be associated with unique issues including working with high risk groups and fewer resources (Brown, Lobo, Maycock, McManus, & Burns, 2008).

Overall, the currently limited theoretical base and lack of information concerning effective program implementation coupled with inadequate evaluation of peer-based programs had resulted in limited evidence to support the effectiveness of peer-based health promotion initiatives for young people. Further development of the theoretical rationale for peer-based programs and identification of the program features which contributed to outcomes would help to clarify the evaluation parameters which were relevant for measuring the effectiveness of peer-based programs and further develop the 'language of youth work practice' (Spence, Devanney, & Noonan, 2006). The availability of evaluation approaches which were suitable for community-based programs and further definition of outcome measures such as social and emotional wellbeing would also contribute to improved evaluation of peer-based programs by service providers with limited evaluation capacity.

## **CHAPTER 3**

### **Methodology**

#### ***3.1 Purpose***

The purpose of this chapter is to explain the methodology used in this study. The chapter will begin by restating the research aims and go on to explain the theoretical and researcher perspectives influencing the research. The rationale for choosing a participatory action research design, the roles of the researcher and research participants, and the sample and selection of research participants will also be explained. An overview of the study will then be provided followed by a discussion of the data collection methods, data analysis methods, strengths and limitations of the methodology and ethical issues.

#### ***3.2 Research aims***

The overall aim of the study was to develop and test a theory-based and practice-based evaluation framework and evaluation approaches for measuring the effectiveness of peer-based programs in high risk youth populations.

The research had four main objectives:

- To identify barriers and enablers associated with evaluating peer-based programs for at risk youth in community settings
- To assess the usefulness of existing theories, models and evaluation approaches for peer-based youth programs
- To develop an evaluation framework containing evaluation parameters, outcomes and indicators, grounded in theory and practice, that would be relevant and useful to a range of peer-based youth programs
- To pilot test a range of evaluation approaches that would be suitable for different types of peer-based youth programs.

#### ***3.3 Theoretical perspective***

The theoretical perspective underpinning a study makes explicit the grounds on which the findings may be interpreted or used by others. In qualitative research, the term 'rigour' is used to assess the quality of a study or the 'trustworthiness' of the findings. Rigour is equivalent to the terms 'reliability' or 'validity' in quantitative research. Studies which are

based on a strong theoretical perspective are considered to be more rigorous and trustworthy than studies which are not (Liamputtong, 2010).

Epistemology and ontology are philosophical terms used to explain the theoretical perspectives associated with a study. These terms refer to the assumptions human beings make about the nature of the world and how we know what we know (Denzin & Lincoln, 2005). A constructivist (or interpretivist) epistemology is consistent with the ontological position that there are multiple realities in the world. A constructivist epistemology assumes that knowledge is a fluid, dynamic entity that is created subjectively by human beings as they interact with their environment. This knowledge is not measurable since different interpretations of reality are possible according to an individual's personal values and experiences at any point in time. By contrast, a positivist epistemology assumes the ontological position that there is a single, permanent, measurable objective reality that exists independently of human beings (Liamputtong, 2010).

A constructivist epistemology influenced the development of the evaluation framework and evaluation approaches in this study with the following implications for sampling, data collection and data analysis. Firstly, purposive sampling was used to select practitioners and programs which would be representative of the diversity of peer-based programs and to identify "*information-rich cases*" (Patton, 2002, p.230). The sample selection is described further in **Section 3.8 Sample**. Secondly, qualitative data were collected to understand the factors influencing program effectiveness and evaluation in sufficient depth. Thirdly, data were analysed inductively which involved interpreting meaning from the data itself, rather than comparing data with previously cited hypotheses, theories or assumptions. Fourthly, views from the practitioners involved in the study and the published literature were all considered valid and were reflected in the evaluation framework and evaluation approaches that were developed. Finally, the researcher's background, experiences and personal biases could influence interpretation and analysis of the data and therefore needed to be made explicit and understood. The researcher perspectives are described next.

### **3.4 Researcher perspectives**

The researcher was a married woman aged 40 years with tertiary qualifications in health psychology and work experience in corporate change management consultancy (1990-

2000) and mental health intervention research for marginalised youth populations (2003-2011). Her motivation for the research study stemmed primarily from her involvement in the formative pilot work (Brown & Lobo, 2005; Brown, Lobo, Maycock, McManus, & Burns, 2008). As a mother of three children aged 10-12 years, the researcher also had a personal interest in exploring the factors influencing mental health in early adolescence. Having migrated to Perth from the United Kingdom in 2003, the researcher placed a high value on access to social support and a sense of belonging.

The researcher had evaluated community health interventions before but had not implemented mental health promotion interventions for at risk youth herself. She also had no personal experience of marginalisation or the programs or issues experienced by the young people involved in the study. Her understanding of early intervention peer-based programs for at risk youth was based on knowledge gained during the pilot work from two peer-based programs, both targeting same sex attracted youth. This lack of shared experience and limited knowledge of peer-based programs allowed the researcher to remain emotionally detached and open to new knowledge during the study. However, it may also have contributed to a reduced or heightened sensitivity of the researcher to the underlying issues. These limitations were mediated by the participatory action research design, described next, which provided frequent opportunities for the researcher to experience the program contexts directly.

### ***3.5 Participatory action research (PAR)***

Participatory action research (PAR), like action research, involves continuous cycles of planning, acting, observing, reflecting and re-planning until a solution to a problem is found that is acceptable to all stakeholders (Kemmis & McTaggart, 2000).

PAR is characterised by the active involvement of those who will be affected by the outcomes of the research. As stated by Pyett, Waples-Crowe, & van der Sterren (2010):

Such research approaches do not seek to discover widely generalisable findings, but rather to generate understandings specific to particular contexts, and to produce actions and outcomes that are relevant and of benefit to local communities (Pyett, Waples-Crowe, & van der Sterren, 2010, p.346)

PAR projects are diverse but according to McIntyre (2008), most PAR projects share some common features:

- A collective commitment to investigate an issue or problem
- A desire to engage in self and collective reflection to gain clarity about the issue under investigation
- A joint decision to engage in individual and/or collective action that leads to a useful solution that benefits the people involved
- The building of alliances between researchers and participants in the planning, implementation and dissemination of the research process (McIntyre, 2008, p.1).

Kemmis and McTaggart (2000) also identified seven key features of PAR, summarised in Table 3.1.

**Table 3.1: Seven features of PAR**

Seven features of PAR	Description
Social process	Explores relationships between individuals and their environment
Participatory	The research participants are actively engaged in the research process
Practical and collaborative	The interactions between individuals and within groups are explored and may be reconstructed to address a problem
Emancipatory	Explores the cultural, economic and political structures which shape people's lives and helps them identify ways to release themselves from these social structures
Critical	Focuses on rejecting or reconstructing existing social constraints to identify solutions to real problems
Recursive	Reflexivity and self-reflection are used to explore why reality is the way it is and to explore alternative realities and ways of being. Subjective and objective realities are considered.
Transformational	New theory and practices may emerge from PAR resulting in transformational changes to social interactions and social structures

Source: (Kemmis & McTaggart, 2000)

In a PAR study, the research process is guided by those who will be affected by any changes that are implemented. Importantly, key stakeholders identify the problem, decide on strategies for resolving the problem, and implement and refine plans according to results. The PAR method recognises that those affected by a problem may be in the best position to resolve it. A high value is therefore placed on local knowledge and practitioner experience (Kemmis & McTaggart, 2000).

Building the knowledge and capacity of stakeholders to resolve real-world problems is a primary outcome of a PAR study. Increased knowledge and insights about a specific context developed by the researcher may also help to inform future research. PAR is particularly suited to research with practitioners since it requires community involvement and has a focus on practical problem solving. The collaboration between researchers and practitioners with first-hand knowledge of a local context can also contribute to more creative ways of resolving real-life problems. Merging the two different perspectives can be complementary and productive (Stringer, 2007).

PAR is also useful for investigating complex problems which have no clear line of enquiry. Peer-based programs are characteristically flexible and responsive to local needs, contexts, and community circumstances. Program objectives and outcomes are therefore not always clearly defined and may be open-ended and evolving. This can be problematic for other methods of research inquiry.

Mayurama (1996) identified four reasons why PAR may be particularly attractive to practitioners in an educational setting. These reasons are equally applicable to PAR in healthcare settings:

- **Ownership.** Practitioners are less interested in developing solutions that can be generalised to other settings. By developing solutions for their own problems, there is more ownership of the outputs.
- **Research as part of practice.** Practitioner skills and knowledge can actively contribute to the research process.
- **Practical theory.** Practitioners are less interested in developing a theoretical framework to interpret results. They want solutions that allow them to deliver service improvements in practice.
- **Control.** Practitioners retain control of the research process and are able to develop solutions to practical problems they face. By being engaged in the process more actively, practitioners are less likely to become dependent on the researcher (Mayurama, 1996).

The focus on delivering solutions to real-world problems by particular practitioners in particular settings has raised methodological concerns that PAR may not represent high quality research. However, while the outputs of a PAR process may not be generalisable or objective and may be considered 'low-tech' in terms of research methods and techniques,

these outputs have high face validity for practitioners in that they are meaningful and practical and may result in transformational changes to practice.

Kemmis and McTaggart (2000) argued that PAR should not be evaluated according to methodological criteria only. Since research is also a 'social practice' (Kemmis & McTaggart, 2000, p.593), the extent to which PAR can achieve transformational changes may be a more meaningful way of evaluating the quality of PAR research. As Kemmis and McTaggart stated:

The inevitability – for participants - of having to live with the consequences of transformation provides a very concrete 'reality check' on the quality of their transformative work, in terms of whether their practices are more efficacious, their understandings are clearer, and the settings in which they practice are more rational. For participants, the point of collecting compelling evidence is to achieve these goals. Evidence sufficient for this kind of 'reality checking' can often be low-tech. But it may still be 'high fidelity' evidence from the perspective of understanding the nature and consequences of particular interventions and transformations made by participants, in their own contexts (Kemmis & McTaggart, 2000, p.592).

### **3.6 Rationale for PAR and use of PAR in this study**

Pilot Study 2 (Brown, Lobo, Maycock, McManus, & Burns, 2008) had already shown PAR to be an effective method for developing evaluation approaches and building the evaluation capacity of staff/volunteers in a drop-in centre for high risk youth. A PAR approach was selected for the present study for the following main reasons:

- To build stakeholder capacity for program evaluation through developing evaluation skills, knowledge and resources
- To increase ownership and likely use of new evaluation approaches by involving key stakeholders throughout
- To test and refine evaluation approaches within real-life settings
- To avoid placing unrealistic demands on service providers' time and resources
- To increase the potential usability of the resulting evaluation framework and evaluation approaches by a broad range of peer-based programs through direct participation and involvement by a diverse sample of service providers and programs.

The main features of a PAR process, as noted by key authors in the field, were described in Section 3.5. Four of these features were evident in this study. These were:

- *Active involvement by those who will be affected by the outcomes of the study* (Liamputtong, 2010). The staff/volunteers and young people of peer-based youth programs, for which the evaluation framework and approaches were intended, were research participants in the study.
- *A commitment to the collective investigation of, reflection on, development and implementation of solutions to a problem in partnership with researchers* (McIntyre, 2008). The facilitators of the peer-based programs in this study participated in regular 1:1 meetings and group meetings with the research team to develop the evaluation framework and evaluation tools, provided peer research assistants and opportunities for the researcher to observe programs.
- *A participatory, collaborative, recursive, critical and reflective stance to develop practical, emancipatory and transformational solutions to the problem of evaluating peer-based programs* (Kemmis & McTaggart, 2000). The staff and volunteers of the peer-based youth programs in this study participated in an iterative action research process to develop an evaluation framework and innovative approaches to peer-based program evaluation.
- *Placing a high value on local knowledge and practitioner experience* (Kemmis & McTaggart, 2000). The researcher collected information from practitioners before reviewing the literature for evidence to support and complement current practice.

### **3.7 Roles of researcher and research participants**

In traditional research, the researcher has an active role in planning and managing the research project and collecting and analysing the data and is able to maintain tight control of the process. A distinguishing feature of PAR is the shift in 'power' or control of the research process (Fox, Martin, & Green, 2007). In a PAR study, the research participants and the researcher are equally responsible for discussing and agreeing how the project will be implemented and what the project activities will be.

In the current study, the youth service providers were actively involved in identifying the features of programs and settings which may contribute to intended results and in selecting which evaluation approaches would be trialed within their peer-based programs. My role as the researcher was to facilitate and guide this process by providing research skills and

offering ideas and suggestions that I had collected from other service providers or the published literature. I was also responsible for analysing, synthesizing and consolidating the data collected to construct the evaluation framework. This process involved mapping theory to the emerging evaluation framework, developing and testing theories which could offer explanations of the mechanisms underpinning peer-based approaches, and reflecting on and interpreting the results of testing to identify modifications. Additionally, my role was to guide and facilitate processes of reflection and interpretation by the youth service providers and to support providers by making suggested modifications to the evaluation approaches before they were trialed again.

### **3.7.1 Peer research assistants**

The present research study employed five young people as peer research assistants (PRAs) to assist with the design and development of evaluation approaches. The involvement of PRAs had previously been trialed in Pilot Study 2 (Brown, Lobo, Maycock, McManus, & Burns, 2008) with positive results for the research project team, the program staff and the young PRAs. No formal training was provided for the PRAs since each PRA had different training needs and would be involved in different tasks. On the job training was provided as required by the author acting as a dedicated supervisor for the PRAs.

Benefits for PRAs included opportunities to get involved in the research study in a meaningful way, opportunities to develop skills and knowledge in research and evaluation, teamwork, communication, leadership and organisation skills and increased confidence and self-esteem through participation. The researchers were able to obtain young people's perspectives on how and why programs may work and gain increased access to service users. There was also improved communication between the research project team and the program staff and increased engagement of service users in research activities through the influence and encouragement of the PRAs. Finally, involving PRAs was a cost effective method for researchers to understand programs and to implement and trial possible solutions to program problems. The program staff time required to liaise with researchers was also minimized (Brown, Lobo, Maycock, McManus, & Burns, 2008).

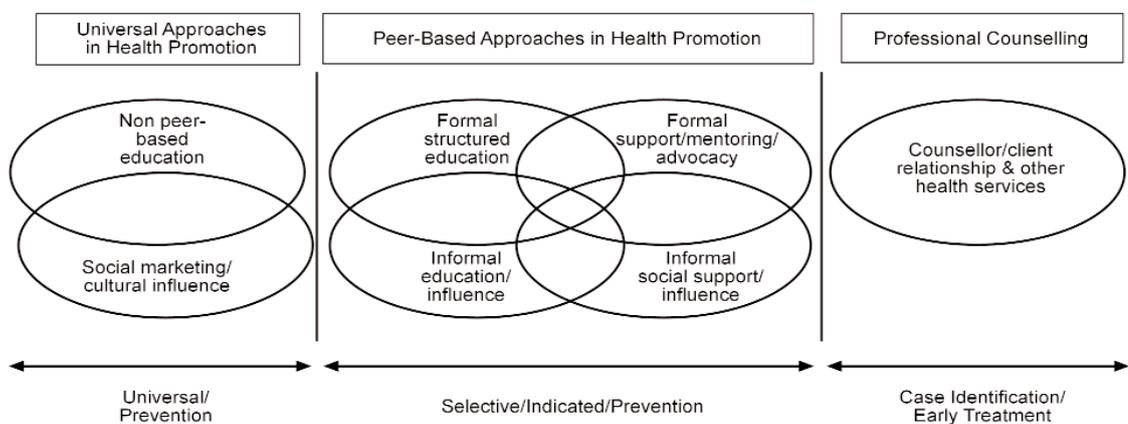
### **3.8 Sample**

Purposive sampling was used to select research participants for the study. Purposive sampling is a form of non-random sampling in which participants are strategically selected

to match the purpose and aims of the study (Walter, 2010). The aim of the present research study was to develop an evaluation framework and evaluation approaches for peer-based programs in high risk youth populations. It was therefore considered important to select research participants which represented the wide diversity of peer-based programs and a range of high risk youth populations.

The framework for defining the role of peer-based programs in mental health promotion, which was developed during Pilot Study 1 (Brown, Lobo, Maycock, & Burns, 2007), was used to assist with participant selection (see Figure 3.1).

**Figure 3.1: Framework for defining the role of peer-based approaches in mental health promotion**



**Source: (Brown, Lobo, Maycock, & Burns, 2007)**

The Brown et al. (2007) framework was used to select peer-based programs for the study which were examples of informal education/influence, informal social support/influence or formal support/mentoring/advocacy. These programs were mainly delivered in community settings and often targeted marginalised youth who were at risk of poor mental health outcomes.

The specific inclusion and exclusion criteria that were used to select service providers and peer-based programs are described below.

### 3.8.1 Inclusion criteria

Service providers were selected if they delivered peer-based programs that:

- Targeted youth aged 12-25 years who were considered at risk of developing mental health problems

- Focused on early intervention for mental health promotion
- Aimed to build supportive peer networks, reduce social isolation, increase resilience and coping skills, improve self confidence and self-esteem, or improve help-seeking behaviour
- Represented different types of agencies including government organisations and community non-government organisations
- Represented the diversity of peer-based approaches, for example drop-in centres, camps, peer education programs, after school programs and peer support groups
- Had been established for at least 12 months
- Had secured funding for the period of the research study and were likely to have adequate capacity to be able to participate in the research study at the level of commitment required.

### **3.8.2 Exclusion criteria**

The specific exclusion criteria used when selecting agency partners were:

- Peer education programs focused solely on transfer of knowledge including adolescent peer education programs for sexual health education or prevention of drug use since substantial evaluation resources already existed in these areas
- Peer-based programs in school settings since these programs were likely to have access to a wider range of evaluation opportunities and resources owing to larger sample sizes, lower program attrition and access to mainstream youth
- Therapeutic peer-based programs including self-help groups for addiction or group counselling which were not preventative but treatment-focused
- Peer mentoring programs, buddy programs, peer leadership programs and peer mediation programs that targeted mainstream youth
- Peer-based programs focused on Indigenous youth since these programs may have been subject to unique constraints regarding community protocols or access to technology.

### **3.9 Selection of research participants**

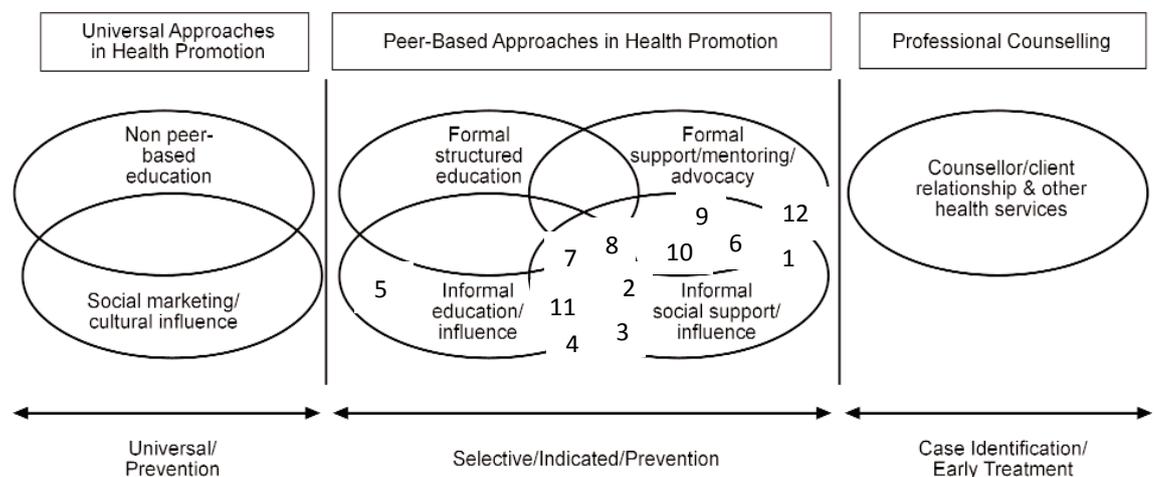
Eight service providers and 12 peer-based programs were identified using the inclusion and exclusion criteria listed above. These were:

- Challenger Institute of Technology *Young Parenting and Very Excited (YPAVE)*
- City of Mandurah Billy Dower Youth Centre *Young Men's Program*

- City of Mandurah Billy Dower Youth Centre *Young Women’s Program*
- City of Rockingham Youth Services *Peer Support Program*
- City of Rockingham Youth Services *Gone Fishing*
- Inspire Foundation *ReachOut.com*
- Uniting Care West *Talking Realities* Peer Education program
- Uniting Care West *True Colours*
- Western Australian AIDS Council *Freedom Centre drop-in sessions*
- Western Australian AIDS Council *Freedom Centre Forum*
- Youth Affairs Council of Western Australia *Youth Educating Peers*
- Youth Focus *Peer Support Program*.

The service providers positioned their programs on the Brown et al. (2007) framework to assess the representativeness of the sample and to determine if additional programs should be recruited. Figure 3.2 shows where the selected programs were positioned on the Brown et al. (2007) framework by service providers.

**Figure 3.2: Mapping of programs to Brown et al. (2007) framework**



**KEY**

- |   |                       |    |                                  |
|---|-----------------------|----|----------------------------------|
| 1 | YPAVE                 | 7  | Talking Realities Peer Education |
| 2 | Young Women’s Program | 8  | True Colours                     |
| 3 | Young Men’s Program   | 9  | Freedom Centre Forum             |
| 4 | Gone Fishing          | 10 | Freedom Centre Drop-in sessions  |
| 5 | Peer Support Program  | 11 | Youth Educating Peers            |
| 6 | ReachOut.com          | 12 | Youth Focus Peer Support Program |

Based on the mapping process and the resources available for the study, the research team decided that there was adequate representation of a range of peer-based approaches which promoted mental health promotion through informal, formal or a mix of formal and informal strategies. Formal structured education programs were not selected for the study since these programs focused on knowledge transfer, generally targeted mainstream youth and were delivered in school or primary care settings rather than community settings.

No further service providers or programs were therefore recruited.

### **3.9.1 Settings**

The service providers were government and non-government organisations, faith-based and charitable organisations, and a Technical and Further Education (TAFE) organisation. **Appendix 1 – Research participants – Service providers** provides a summary of the service providers involved in the study including their mission and vision statements (where available).

Eleven of the peer-based programs involved in the study were located in Perth and the surrounding metropolitan suburbs of Rockingham, Kwinana and Mandurah. One program, *ReachOut.com*, was located in Sydney, New South Wales. *ReachOut.com* had been selected to provide another example of an online peer support program. The inter-state location of *ReachOut.com* was not relevant for the purposes of the study. Two of the programs had also been involved in the pilot studies undertaken between 2005-2008 (Brown & Lobo, 2005; Brown, Lobo, Maycock, McManus, & Burns, 2008). These programs were Western Australian AIDS Council *Freedom Centre Drop-in sessions* and Uniting Care West *True Colours*.

The peer-based programs were diverse and included a youth camp, two online peer support programs, three after-school programs, three peer education programs, and three drop-in peer support groups. A range of high risk youth populations were also involved. These groups were: teenage parents, same sex attracted youth, youth at risk of depression, self harm or suicide, youth experiencing mental health difficulties, and socially isolated youth. **Appendix 2 – Research participants – Peer-based programs** provides a summary of the 12 peer-based programs involved in the study.

### **3.9.2 Research centres**

Researchers from four Curtin University research centres were also involved in the study. The researchers were identified through their interest or expertise in peer-based programs or their research interests involving youth populations at risk of poor mental health outcomes. The four research centres were:

- Western Australian Centre for Health Promotion Research (WACHPR)  
<http://wachpr.curtin.edu.au/index.cfm>
- National Drug Research Institute (NDRI)  
<http://ndri.curtin.edu.au/>
- Curtin Health Innovation Research Institute (CHIRI)  
<http://healthsciences.curtin.edu.au/research/chiri.cfm>
- Research Centre for Applied Psychology (ReCAP)  
<http://psych.curtin.edu.au/research/recap.cfm>.

### **3.9.3 Consortium group and interest group**

The research participants comprising 10 practitioners and six researchers formed a consortium group which met twice a year to review project progress, provide comments on the research outputs, discuss any issues arising, and to share experiences of the PAR process. An interest group comprising 30 practitioners, policy makers and researchers in the youth sector was also established. The interest group included the research participants and additional members who were mainly recruited after conference presentations. Interest group members received regular project bulletins and invitations to community networking forums.

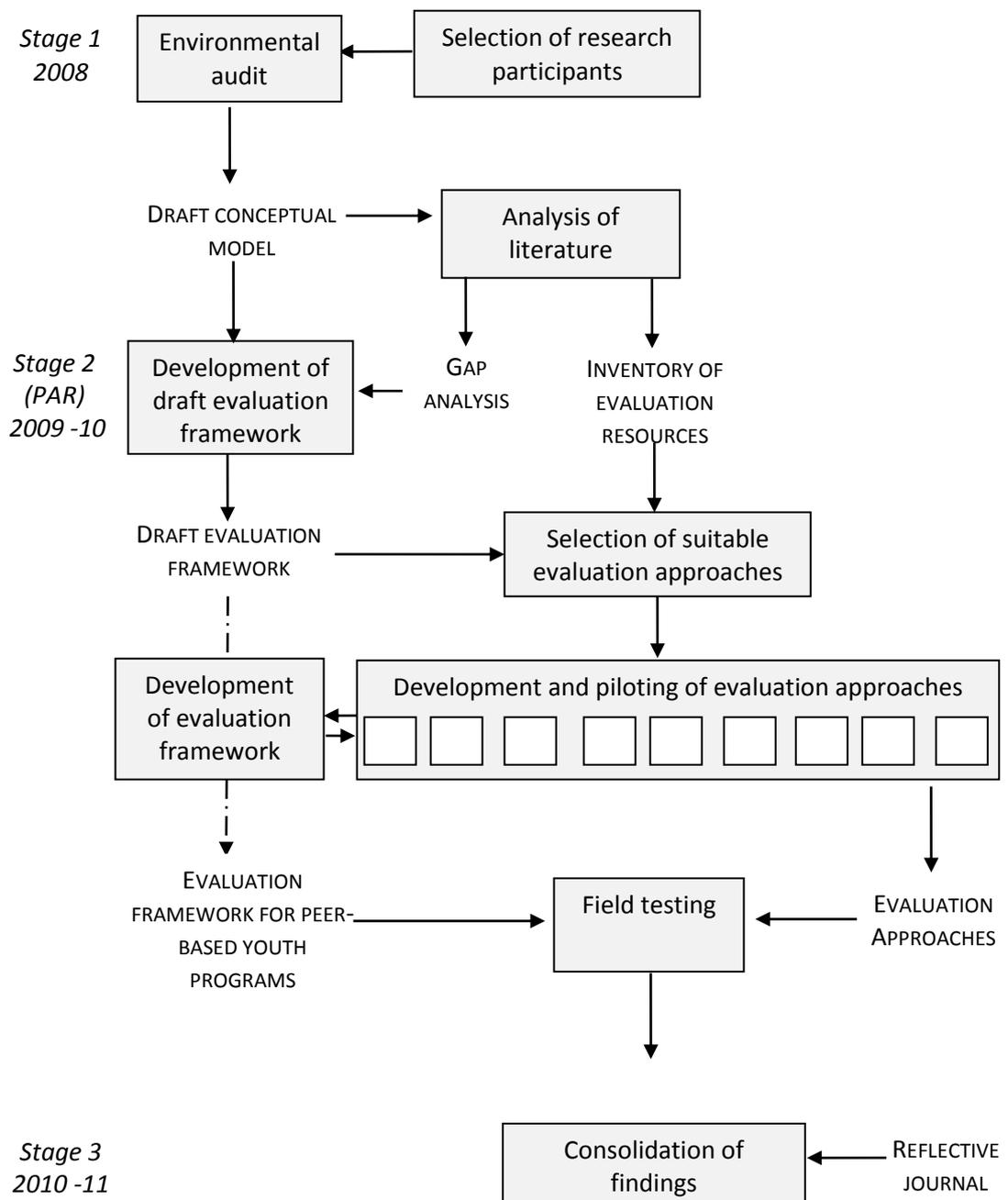
### **3.10 Overview of study**

The present research study comprised three stages. Stage 1 consisted of the selection of research participants, an environmental audit and a comprehensive analysis of literature. The participatory action research (PAR) phase of the study (Stage 2) comprised the development of the draft evaluation framework, the selection, development and piloting of evaluation approaches and the development of the final evaluation framework. In Stage 3, the results of the PAR phase and field testing were consolidated to identify implications and recommendations for practice, policy and further research.

This section of the thesis provides a high level overview of the three stages in the research process. The cyclical nature of the action research study design necessitated ongoing changes to the methods, informed by each stage. Consequently, the detailed methods and results associated with each stage of the research process will be discussed in Chapters 6-8.

Figure 3.3 provides an overview of the three stages of the present study. The main research activities are depicted by shaded boxes and the major research outputs are shown in UPPER CASE.

**Figure 3.3 Overview of study**



The schematic in Figure 3.3 will be used throughout the remainder of the thesis to provide the reader with a 'roadmap' for the complex and iterative journey that was characteristic of the PAR process undertaken in this study.

As discussed earlier, the research was implemented in three stages: Stage 1 – Environmental audit and analysis of literature, Stage 2 – Participatory action research, and Stage 3 – Consolidation of findings. A brief summary of each stage follows.

### **3.10.1 Stage 1 – Environmental audit and Analysis of literature**

Stage 1 of the research focused on collecting qualitative data from a range of practitioners concerning their views on evaluation of peer-based youth programs and the program features which contributed to program effectiveness. The data collected from practitioners were used to inform literature searches to identify sources of information which would support or refute the practitioner views and information that would contribute further to our understanding of how peer-based programs work and how programs should be evaluated. A draft conceptual model reflecting the logic underlying peer-based programs resulted from Stage 1.

### **3.10.2 Stage 2 – Participatory action research (PAR)**

In Stage 2, the draft conceptual model was refined through an 18 month PAR process to develop a draft evaluation framework. This draft framework was used to select or develop qualitative and quantitative evaluation approaches for trialing within a range of peer-based youth programs. The intent was to determine which evaluation approaches were most suitable for peer-based programs working with high risk youth and operating on limited resources. Feedback collected during the PAR process was used to refine the evaluation framework and approaches further and to develop user guides and illustrative case examples reflecting the service providers' experiences of trialing the evaluation approaches. The evaluation framework and selected evaluation approaches were also trialed by three service providers over a period of six months with limited support from the researcher.

### **3.10.3 Stage 3 – Consolidation of findings**

In the final stage of the study the experiences of all the service providers involved in the PAR process were consolidated and compared. Recommendations on what evaluation

approaches work in community settings, why they work, and implications for policy, practice and future research were also developed.

### **3.11 Data collection**

The study used a range of data collection methods. These were semi-structured interviews, program observation, review of program documentation, literature searches, community networking forums, workshops, meetings with program coordinators and researchers, and a reflective journal. The mix of methods used in this study was consistent with a qualitative action research methodology and improved the rigour of the study. The methods were selected for their effectiveness in obtaining the required data, compliance with the level of ethical approval obtained for the project, minimising the burden on the research participants and providing opportunities to build the research and evaluation skills of the research participants.

Consistent with a PAR methodology, the results at each stage of the research were used to continually refine the process of developing the evaluation framework and approaches. Consequently, presenting the detailed methods with the results was considered to be more meaningful for the reader. The reader is provided with a summary of each data collection method below. Further details of the data collection methods will be included in the **Results Chapters 4-9**.

#### **3.11.1 Semi-structured interviews**

The researcher conducted a semi-structured interview with each of the program coordinators using a standard interview protocol (see **Appendix 3 – Semi-structured interview protocol**). A digital recorder was used to record interviews. Manual notes were also taken by the researcher and/or a research assistant. The purpose of the interviews was to collect detailed background information about their peer-based program and the role of peer influence, and information about current evaluation activities. The interviews also served as an initial opportunity to develop rapport and a working relationship between the researcher and the program coordinators.

#### **3.11.2 Program observation**

A simple observation schedule was used to standardise the collection of program observation data. The schedule was based on Stringer's six questions for 'Building the

picture' in an action research study (Stringer, 2007, p.84): Why – Reasons for observation; What – Program features, curriculum, schedule and activities; How – Impacts on participants, vibe, peer interactions; Who - Description of program participants and program facilitator(s); Where - Description of program setting; and When – Timing of program.

The schedule was generally completed immediately after observing sessions to encourage a relaxed, informal atmosphere during the program sessions and to reduce any participant anxiety about why the researcher was present. After completing the schedule, the researcher reflected on the overall process and noted down any additional questions she wanted to ask.

### **3.11.3 Youth sector forums**

Three youth sector forums were held at Curtin University for the interest group associated with the study. These events provided opportunities for practitioners implementing peer-based programs to share experiences, exchange ideas and provide feedback on the early findings of the research. The forums also facilitated shared best practice and extended the breadth of practitioner input to the research study beyond the research participants.

### **3.11.4 Review of program documentation**

Program documentation, where available, was reviewed by the researcher and included program brochures, pamphlets, DVDs, training documentation and procedure manuals. The *Youth Focus Peer Support Program* and the *Uniting Care West Talking Realities* peer education program had previously commissioned formal evaluation studies using external evaluators. The researcher was given access to these evaluation reports in order to extract any relevant data.

### **3.11.5 Literature searches**

Chapter 2 discussed the scope and findings of the literature review undertaken at the start of the research. The purpose of the review was to provide background and justification for the research, to summarise what was already known about evaluating peer-based programs and to indicate the gaps in knowledge which the research study would seek to address.

A second literature review was conducted during the PAR process using keywords generated from the data collected from practitioners. This second literature review (referred to as **Analysis of literature** going forward) searched for theories or models that would support or refute the data collected from practitioners and identified evaluation resources (tools, methodologies) that might be useful for peer-based programs. Data were collected from practitioners prior to conducting the **Analysis of literature** to avoid the researcher introducing a bias by 'leading' service providers towards responses that were consistent with the published literature.

### **3.11.6 Workshops**

Workshops were conducted with staffing teams from each program to discuss their evaluation priorities and questions and to select a range of evaluation approaches which could be tested within their programs. The workshops were tailored for each service provider organisation (see **Appendix 4 – Workshop Agenda Youth Focus** for an example workshop agenda). The researcher facilitated the workshops and a research assistant took detailed notes and created transcripts from tape-recordings of the workshops.

With one exception, the workshops were conducted at the program sites. According to Stringer (2007), familiarity of the program environment is more empowering for research participants since it reinforces participants' ownership of the research, neutralizes any power imbalance between researcher and research participants, reduces disruption to normal activities and triggers recall of significant events and information (Stringer, 2007). The workshop with Challenger Institute and City of Rockingham Youth Services was conducted at Curtin University at the request of the research participants since meeting space was not available at their program sites.

### **3.11.7 Meetings with program coordinators and researchers**

Face-to-face, telephone or Skype™ meetings with the program coordinators and the researchers collaborating on the study were also conducted at regular intervals throughout the study. These meetings were an important mechanism to maintain a strong relationship between the researcher and the research participants. The meetings were used to capture reflections on the PAR process and for the researcher to remain up to date with changes to the program context. These changes included staffing or organisational changes and changes in funding resulting in different stakeholder requirements and priorities.

### **3.11.8 Reflective journal**

Throughout the study the researcher maintained a reflective journal. The journal consisted of a Microsoft Word document in which all major decisions relating to the direction of the project, reflections on the PAR process, issues, concerns, outstanding questions, assumptions, and sources of potentially useful literature or other resources were recorded. The researcher created entries in the journal when there were significant events, information or decisions to report or to record reflections on particular research activities. Observations recorded also included what worked well and what could be done differently if the study was to be repeated.

### **3.12 Data analysis**

In qualitative research, data analysis involves a process of 'constant comparison' (Glaser & Strauss, 1967) between data that has already been analysed and new data in order to identify similarities and differences, emerging patterns, any anomalies or exceptions and issues which require further investigation. Early data analysis informs subsequent data collection in a continuous cyclical process until 'data saturation' has been reached. At data saturation point, no new information can be gained from any additional data and data collection can stop (Miles & Huberman, 1994). The interactive model for qualitative data analysis proposed by Miles and Huberman had four components: *data collection*, *data reduction*, *data display*, and *conclusion drawing and verification* (Miles & Huberman, 1994). The model provided a generic framework for analysing qualitative data.

The application of the Miles and Huberman (1994) model to the data analysis processes in this study is summarised next and described in further detail in the **Results Chapters 4-8**.

The methods used for *data collection* were described above in Section 3.11. *Data reduction* was achieved using thematic analysis (Boyatzis, 1998; Braun & Clarke, 2006; Ryan & Bernard, 2003). This process involved creating data transcripts of the data collected and reviewing the data transcripts several times to identify meaningful codes or labels which represented the data. Similar data were grouped together. As new data were collected, the codes were continually revisited to verify accurate representation of the whole dataset. Relationships between different codes were also explored and codes were combined or added to eliminate ambiguity or overlap.

Eventually, consistent patterns emerging in the data (themes) could be identified by the researcher as important. Once these themes appeared stable (data saturation point), tables and spreadsheets were created to summarise the data across different types of programs and for different service providers and program participants (*data display*). Finally, a draft conceptual model for peer-based youth programs was developed. The draft conceptual model represented a consolidated summary of the data collected and was the primary input to the development of the evaluation framework and evaluation approaches for peer-based youth programs. The draft conceptual model was validated through extensive consultation with the research participants and through a comprehensive review of the published literature (*conclusion drawing and verification*).

Thematic analysis draws on elements of a grounded theory approach to data analysis, in particular the process of constant comparison of data collected with new data to identify similarities and differences (Glaser & Strauss, 1967). Both thematic analysis and grounded theory are widely used methods in qualitative research. However, while the process of grounded theory is well documented, there is currently no consensus on how thematic analysis should be done. Ryan and Bernard (2003) recorded 12 ways of identifying themes in qualitative data. These included repetition of words or phrases, use of metaphors and transitions (e.g. tone of voice, pauses), omissions (what was not said), and the use of 'local', colloquial or unfamiliar terms that were particular to the group of respondents. The authors further recommended that the reliability and validity of the process of thematic analysis could be increased by clearly documenting the process for selecting themes, using strategies such as member checking, involving more than one researcher (inter-coder reliability), and using multiple techniques for identifying themes (Ryan & Bernard, 2003).

Braun and Clarke (2006) proposed a six phase guide to thematic analysis including the features of good thematic analysis, strengths and weaknesses of the method and pitfalls to avoid. The authors considered a major benefit of thematic analysis to be its flexibility since it was not attached to a particular theoretical framework or epistemology. Examples of both inductive and deductive thematic analysis techniques could be identified in qualitative research depending on the topic of investigation. Furthermore, thematic analysis could be conducted at a semantic level, confined to the organisation of themes, or at an interpretative level, involving theory-building (Braun & Clarke, 2006). This study was initially

characterised by an inductive semantic approach to thematic analysis. A deductive, interpretative perspective was adopted during subsequent stages of the study.

### **3.13 Strategies used to increase study rigour**

Liamputtong (2010) discussed the strategies which could be used to increase the rigour of a qualitative study (Liamputtong, 2010). Several strategies were implemented to increase the rigour of the study and enable triangulation. Some of these strategies concerned the development of the evaluation framework while others were related to the development and testing of the evaluation approaches. The strategies used to increase study rigour are summarised below and will be described further in **Results Chapters 4-9**. Cross-references to the relevant sections in the thesis are provided in brackets.

#### **3.13.1 Rigour in developing the evaluation framework**

The following strategies were implemented to improve the authenticity and credibility of the evaluation framework:

- *Respondent validation (member checking)*. All transcripts were validated by the program coordinators involved to ensure there was no misrepresentation of their comments (see Sections 4.2, 6.3)
- *Rich (thick) description*. The range of data collection methods employed (for example observation, interviews, workshops, community forums) enabled comprehensive and in-depth documentation of the settings, the evaluation challenges facing practitioners and the features of programs considered important for achieving desired outcomes (see Sections 4.2, 7.4)
- *Prolonged fieldwork and engagement*. The three year study required the researcher to develop strong partnerships with the research participants involving frequent consultation and opportunities to see programs in situ. These partnerships were sustained despite program staffing changes. The high level of contact reduced the likelihood that 'desirable' responses would be given by practitioners to make themselves 'look good' (see Sections 6.3, 7.2, 9.1)
- *Triangulation of methods*. The range of data collection methods employed increased the credibility of the data by providing opportunities to collect similar data through different methods (see Sections 4.2, 7.4)
- *Audit trail*. All group discussions were recorded and data transcripts were stored securely to enable inspection of the raw data by individuals other than the

researcher and to source verbatim quotations from practitioners. The research process was documented carefully to make transparent how the raw data had been used to develop the final evaluation framework (see Sections 3.12, 6.5)

- *Reflexivity.* The reflective journal maintained by the researcher was used for the purposes of self-reflection. The researcher used the journal to ensure personal biases or perspectives were not influencing interpretation of the data. Reflexivity was further enhanced and facilitated during meetings between the researcher and her supervisory team held every six to eight weeks (see Sections 4.2, 4.8, 5.12.1, 6.3, 8.4.3).

### **3.13.2 Rigour in developing the evaluation approaches**

The following strategies were implemented to ensure the development of the evaluation approaches followed a systematic and rigorous process:

- *Content validity.* Existing scales with pre-determined reliability and validity for constructs including resilience, loneliness, self-esteem, social support and coping were examined when selecting evaluation approaches for trialing. Evaluation approaches for particular constructs were comprehensive in that they covered all aspects of that construct as informed by appropriate conceptual models where these existed (see sections C1.4, C2.6.2 in Appendix 10 – Case Examples).
- *Intra-rater reliability/stability.* Evaluation approaches implemented by program staff or volunteers were subject to test-retest procedures to check results remained consistent even when the evaluation approaches were implemented by the same person at two different times (see Appendix 10 – Case Examples)
- *Inter-rater reliability.* Different individuals may rate the same event/experience differently. Therefore evaluation approaches were implemented by more than one individual to determine the extent to which responses/experiences differ (see Appendix 10 – Case Examples)
- *Triangulation of data.* Where appropriate, the same evaluation approaches were trialed in more than one program to identify similarities and differences in the implementation process (see Appendix 10 – Case Examples)
- *Triangulation of methods.* A range of evaluation approaches were implemented in each setting to ensure that any differences attributable to the way in which data were collected were minimized (see Sections C1.5, C2.5, C3.5 and C4.5 in Appendix 10 – Case Examples)

- *Face validity.* Peer research assistants were employed to comment on the design of evaluation approaches intended for their peers. Comments were sought concerning appropriateness of language used, visual format, acceptability of approaches, and suitability of response options given (see Sections 3.7.1, 3.14.3, 8.6.2).

### **3.14 Methodological strengths and limitations**

This section describes the methodological strengths and limitations of the research design. The reasons for rejecting other methods of inquiry are also explained.

#### **3.14.1 Strengths**

The study had several major strengths. These were building on three years of formative pilot work, using a collaborative PAR approach, the participation of eight youth service providers and 12 peer-based programs, involving young people as peer research assistants, testing a range of qualitative and quantitative evaluation approaches within real program settings, and the range of strategies which were implemented to increase study rigour.

The development of resources which had the potential to transform current practice in a practical and meaningful way was also a particular strength of the PAR process. Involving stakeholders who would be responsible for implementing the changes to evaluation practice allowed the development of an evaluation framework and approaches which were meaningful, usable, acceptable to practitioners and sustainable in the long term given the constraints of limited time and resources and working with at risk youth.

A further strength of the study was the opportunities created for knowledge exchange between practitioners and between practitioners and researchers. The development of the evaluation framework and evaluation approaches was the primary goal. However, the PAR process also enabled capacity building within the community health promotion workforce and opportunities for the researcher to gain insights concerning the implementation of peer-based programs.

#### **3.14.2 Limitations**

The study had two main limitations. Firstly, the length of involvement of service providers (at least six months and up to five years for some service providers) could have introduced a familiarity bias which may have influenced review comments and the usability of the

evaluation framework and evaluation approaches. The service providers working in partnership with the researcher had frequent opportunities to clarify their understanding of the research outputs. Their ability to understand the final evaluation framework and use the evaluation approaches effectively may have been influenced by having access to this additional support. Consistent with a constructivist epistemology, it is possible that different results may have been obtained with a different group of practitioners.

Secondly, the extent of testing was limited by the capacity of the research participants and the time available to conduct the study. As a result, program staffing and organisational changes or changes in program priorities which might affect the PAR process could not be predicted. Additional funds would be necessary to enable further testing and to further validate the research outputs within the wider youth sector.

### **3.14.3 Reasons for not using other methodologies**

As discussed earlier, the researcher had less control of the research process than would have been possible with other methods of inquiry. However, the PAR approach allowed practitioners to actively guide the research process and helped to create ownership of the final resources. Involving young people as peer research assistants further ensured that the evaluation approaches used to collect data from young people would be acceptable. The PAR process also allowed the resources to be tested and refined within real program settings.

Creating ownership and developing practical resources that were acceptable to practitioners and young people would not have been possible with other methodologies, for example a researcher-led qualitative study or a case study approach. Such methodologies would likely have necessitated the involvement of fewer, and consequently a less diverse range of, peer-based programs. The PAR process enabled testing of the resources within real programs which helped to increase the credibility and acceptability of the evaluation framework and evaluation approaches. Adopting a mixed methods approach also improved the richness of data while minimising the demands on practitioners' time and resources to participate in the study. Reflections on the use of a PAR methodology, including limitations of the study, will be included in the final chapter of this thesis.

Experimental designs were not feasible given the characteristics of the peer-based approaches involved in this study including a diversity of program types, small numbers of participants, at risk or vulnerable populations and limited resources. These features would have presented methodological issues concerning sampling, establishing control or comparison groups and ethical issues. Purely quantitative methods of inquiry (e.g. surveys) were also not considered owing to challenges in obtaining a statistically significant sample of respondents. Such methods would also have been unable to provide adequate insights concerning why certain program features were considered important or what evaluation approaches were preferred and why.

This study was exploratory. Limited information on best practice implementation of mental health promotion programs exists currently (Barry, Domitrovich, & Lara, 2005). Therefore, documenting 'practice wisdom' was an important component of the study. The availability of qualitative data as a result of this study could be used to inform the design of experimental or quantitative methods in future studies.

### ***3.15 Ethical issues***

The major ethical concerns for this study centred on gaining consent for young people's participation, data confidentiality and placing the needs of the at risk young people accessing the programs before the needs of the research. In practice, these concerns required the researcher to be sensitive to conflicting priorities faced by program staff/volunteers and program participants. Flexibility in the research schedule was essential such that planned research activities could be postponed or modified to accommodate the changing context if required.

Marginalised groups, such as those young people involved in this study, are at risk of being over-researched, disempowered and unheard. The PAR process allowed the groups to participate under their own terms and to the extent they felt comfortable. Participants could also withdraw from the research at any time giving no reason. Informed consent was obtained from program staff/volunteers and the young people who were involved in the research to explain the purpose of the research, confidentiality of the data and how the data would be used. Early findings were communicated to the research participants during the PAR process. The research received approval from the Curtin University Human Research Ethics Committee (approval number: SPH – 0003 –2008).

At each stage of the PAR process, the proposed data collection methods were reviewed by a reference group to ensure that the methods remained consistent with the ethics approval obtained and were not likely to cause any distress to the young people involved. The project reference group included the following staff from the four Curtin University research centres participating in the study: Associate Professor Clare Roberts, Research Centre in Applied Psychology; Dr Graham Brown and Professor Bruce Maycock, Western Australian Centre for Health Promotion Research; Associate Professor Alexandra McManus, Curtin Health Innovation Research Institute; and Dr Susan Carruthers, National Drug Research Institute.

### ***3.16 Chapter summary***

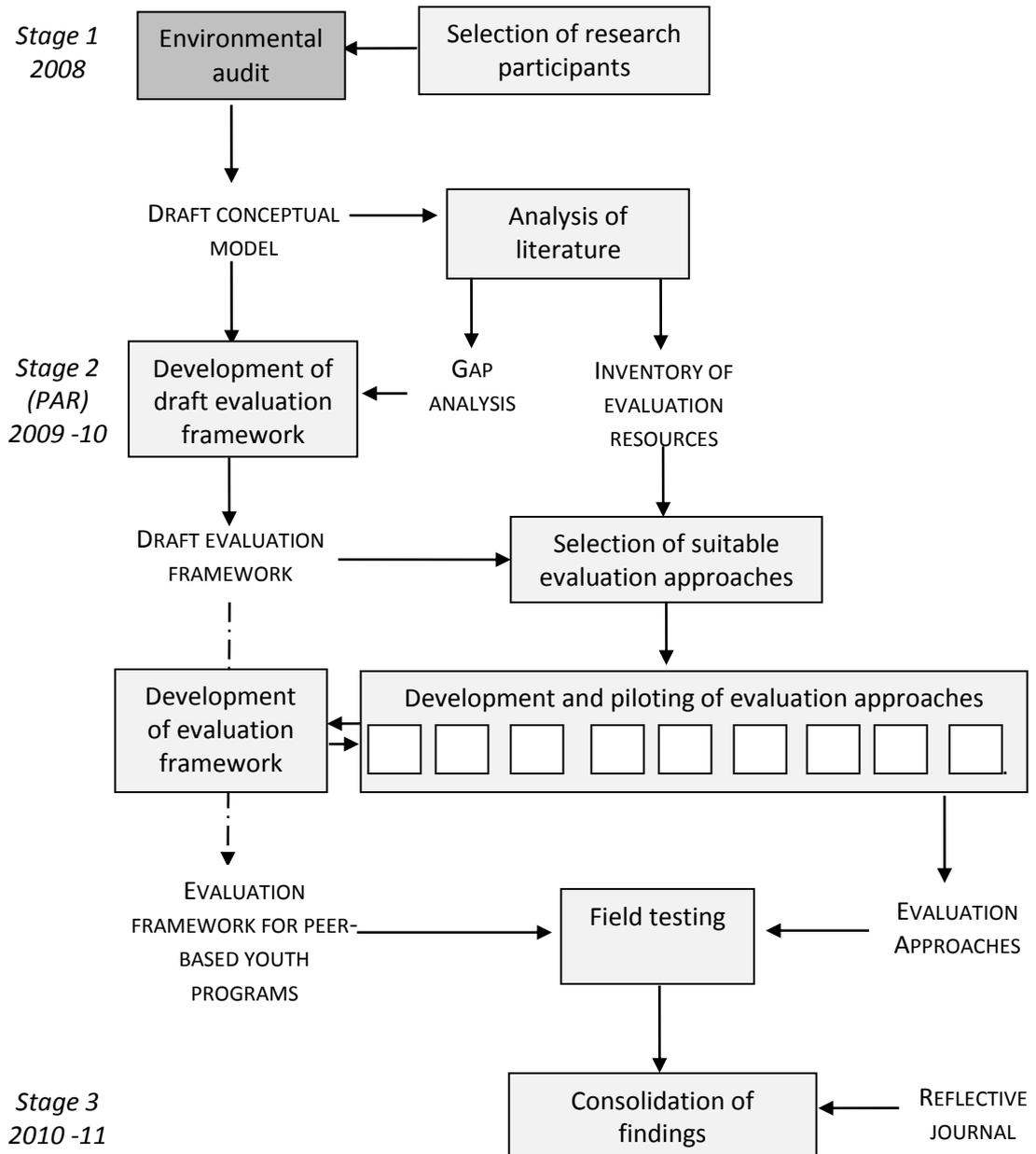
This chapter explained the rationale for the chosen methodology – participatory action research – and the mixed methods employed in the study. A discussion of the constructivist theoretical perspective informing the participatory action research design and the selection of research participants was provided. An overview of the study was presented before discussing the diverse data collection methods and the process of thematic analysis used to analyse the data. The chapter concluded by summarising the strategies that were implemented to increase study rigour, explaining the strengths and limitations associated with the chosen methodology, and highlighting the major ethical concerns and how these were addressed.

# CHAPTER 4

## Results - Environmental Audit

The **Environmental audit** was the first activity in the research process following the selection of research participants (see Methods flowchart Figure 4.1).

**Figure 4.1: Methods flowchart - Environmental Audit**



## **4.1 Purpose**

The purpose of this chapter is to present the results of **Stage 1 -Environmental audit** in the research process. The overall intent of the **Environmental audit** was to collect data from practitioners concerning the characteristics of target groups, program objectives and example indicators, and features of effective programs. Barriers and enablers for program evaluation and current evaluation approaches in use were also identified. Quotations from the service providers involved in the **Environmental audit** are shown in *italics* and used to illustrate specific points throughout the chapter.

The objectives of the **Environmental audit** were:

- To understand the participating programs, create rapport and establish trusting, open relationships with practitioners in preparation for the PAR process
- To identify practice-based parameters for evaluating program effectiveness including program objectives, key performance indicators and features of effective programs
- To identify similarities and differences across different settings
- To identify evaluation approaches currently in use by practitioners
- To identify barriers and enablers for evaluating peer-based programs
- To present a draft conceptual model for evaluating peer-based youth programs.

## **4.2 Main activities**

The **Environmental audit** involved collecting data using a range of methods. The data collection methods were semi-structured interviews and group discussions with program coordinators, observation of programs, a youth sector forum for service providers, and a review of relevant program documents e.g. procedure manuals, previous evaluation reports. The researcher also documented field notes, observations and any issues or concerns in a reflective journal.

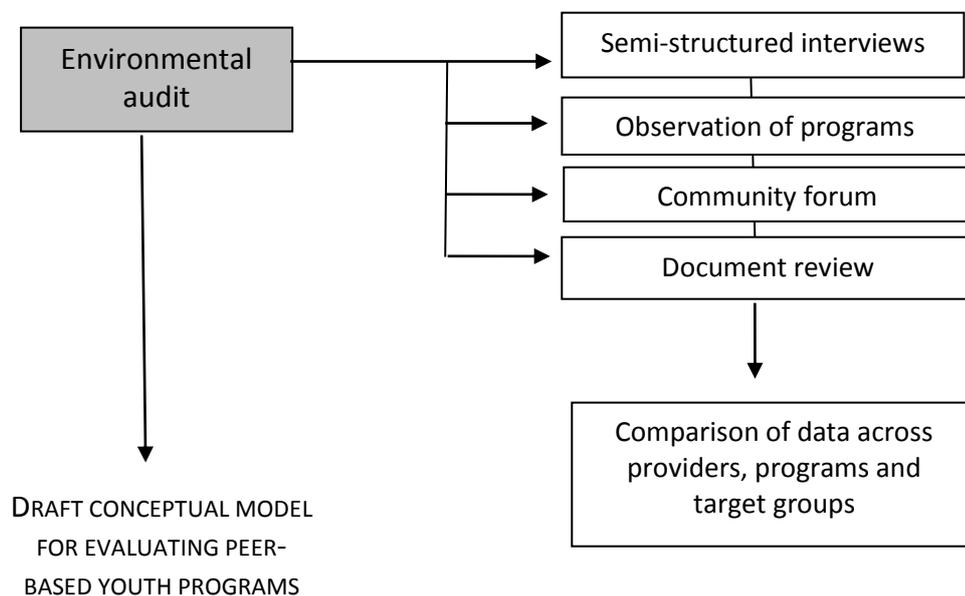
Semi-structured interviews and group discussions lasted between 45 minutes and one and a half hours and were conducted with 40 staff and volunteers from 16 peer-based youth programs in Western Australia and one program from New South Wales. Four programs were observed in situ. This provided an opportunity to discuss informally with staff and participants the factors influencing program evaluation.

The data from the interviews and discussions were analysed thematically to identify common categories (themes) using a process of constant comparison consistent with qualitative data analysis techniques. The categories were only considered stable when they emerged as clear recurrent themes across the dataset. The data were also compared to identify similarities and differences across programs, service providers and target groups.

The data were used to develop a draft conceptual model for evaluating peer-based youth programs. This model was reviewed by the research participants to collect feedback on the extent to which the model represented the original data collected (member checking). There was extensive collaboration and consultation with the research participants to discuss and agree the changes required to the model to best reflect all participants' feedback. The draft conceptual model provided the major input for the development of the evaluation framework and the research participants were given further opportunities to give feedback on the emerging model during the course of the study.

The main activities associated with the **Environmental audit** are summarised in Figure 4.2.

**Figure 4.2: Main activities - Environmental audit**



The results of the **Environmental audit** are presented under the following headings: characteristics of target groups, program objectives and example indicators, features of effective programs, comparison of data across settings, current evaluation approaches in use, barriers to program evaluation, enablers for program evaluation, and draft conceptual model.

### **4.3 Characteristics of target groups**

The peer-based programs involved in the research targeted at risk youth. As discussed previously, the term 'at risk' has not been used consistently in the published literature. Service providers in this study appeared to use the term 'at risk youth' to mean *young people who were at increased risk of poor developmental or mental health outcomes*.

According to service providers, peer-based programs could directly influence certain characteristics commonly seen in at risk youth. These were:

- Lack of knowledge and skills: lack of social skills, coping skills, problem solving skills, literacy skills, help-seeking skills, sexual health knowledge and awareness of available support services
- Lack of social support: lack of supportive peers or friends, isolation of living in a rural or regional location or being part of a marginalised or minority group, lack of community involvement
- Lack of positive influences: lack of positive adult or peer role models, involvement in high risk behaviours, e.g. alcohol or substance abuse, delinquency
- Poor mental health: low self-esteem and confidence, affective disorders, e.g. suicidal ideation, self harm, depression, anxiety, hopelessness.

Youth mental health issues were a particular concern:

*There's a range of problems including post natal depression or a history of treated depression. One in three adolescent parents suffers depression and is disengaged from their baby. There's a history of drug and alcohol misuse or parents with AOD [alcohol and other drug] problems, they might be a carer of a mentally ill parent, have intellectual disabilities or be self harming [YPAVE].*

Service providers also noted other characteristics of the target groups which peer-based programs could not directly influence or change. These were:

- Negative life experiences e.g. bullying, abuse, violence, previous trauma, harassment, homophobia, racism, unwanted pregnancy
- Domestic situation including lack of family support, low socio-economic status, homelessness, unstable housing, carer for sibling or parent
- Mental health disorders e.g. personality disorders, schizophrenia or family history of mental health problems

- Physical health issues e.g. disability, chronic illness
- Exposure to negative peer groups or negative peer pressure, promiscuity
- Disengagement from school.

Service providers suggested these additional attributes influenced how effective a peer-based program was for any single individual and therefore acted as ‘moderating factors’. Change was incremental and occurred at different rates for different individuals depending on the presence or absence of moderating factors.

As a result, programs had variable effects on individuals:

*We try to create links and identify opportunities for girls to get involved in community activities. It can take a long time, 12-18 months for some girls to develop confidence/interest to do this... It's not all positive – one individual for example is having her third child, is in an unstable relationship and seems to be becoming more isolated [YPAVE].*

Program effectiveness was defined in different ways by service providers. For some program participants, ‘no change’ was a good result – for example, after attending a program, a young person may still have felt depressed and suicidal but did not actually attempt suicide. For others, some ‘movement’ was important, even if the context in which this happened was not ideal:

*Not everyone will come back on a high, but there needs to be some movement. The worst camps are where nothing happens. There can also be a number of campers that don't progress from camp to camp. Even for someone who played up on camp that could be a pivotal moment for that person. Even if it becomes necessary to tell a client they can't go on the next camp, it means there has been a shift and that they will be working on something [YOUTH FOCUS].*

The existence of multiple attributes was common and service providers agreed that giving young people access to a range of services was important:

*The program works well located in youth service centres where young women have access to other related services including counselling and sexual health [YPAVE].*

*Co-location of agencies is considered a best practice model for youth services. Headspace is trying to achieve what BDYC [Billy Dower Youth Centre] has but through GPs/primary care providers [BILLY DOWER].*

Finally, programs serving youth populations with low literacy levels needed to be mindful of the language used for program or evaluation activities.

#### **4.4 Program objectives and example indicators**

The service providers were asked to state the overall objectives of their programs. Two examples of the responses given are provided below:

*To reduce isolation in young people in the target group and assist them to develop positive attitudes towards their sexuality and/or diverse gender, improve resiliency and coping strategies, and to increase their capacity to engage with their community [FREEDOM CENTRE].*

*To empower young parents, give them a voice. Help young mums recognize their own strengths/abilities. Help them access employment or study options. Provide peer support to reduce isolation amongst teenage mums [TALKING REALITIES].*

Seven broad objectives for peer-based youth programs could be identified in the dataset. These were: 1) build self-esteem/confidence, 2) reduce isolation/provide peer support, 3) improve mental and physical wellbeing, 4) improve resilience and coping skills, 5) promote community engagement, 6) develop knowledge and skills, and 7) facilitate referrals for young people to specialist services when required.

The service providers were also asked to identify example indicators that could be used to measure performance against the program objectives. Firstly, service providers reviewed their own data to confirm that it accurately reflected their peer-based programs. Changes were made by the researcher to reflect review comments. Service providers were then given the opportunity to review a summary spreadsheet showing data consolidated across all service providers. This process prompted some service providers to select additional objectives and indicators for their own programs.

Further example indicators were also generated through this review process as service providers became more familiar with the task and improved their understanding of what

was meant by an 'indicator'. The researcher updated the spreadsheet to reflect this second round of review comments. The final consolidated data from service providers showing the seven program objectives and example indicators that were identified by service providers is presented in Table 4.1. The following acronyms have been used in the table for the peer-based youth programs:

*YFPSP – Youth Focus Peer Support Program*

*FC – WA AIDS Council Freedom Centre Drop-in Sessions*

*TC – Uniting Care West True Colours program*

*TR – Uniting Care West Talking Realities Peer Education program*

*YPAVE – Challenger Institute of Technology Young Parenting and Very Excited*

*GF – City of Rockingham Youth Services Gone Fishing*

*PSP – City of Rockingham Youth Services Peer Support Program*

*YWP – City of Mandurah Billy Dower Youth Centre Young Women's Program*

*YMP – City of Mandurah Billy Dower Youth Centre Young Men's Program.*

**Table 4.1: Objectives and example indicators - consolidated data from service providers**

<b>PEER-BASED YOUTH PROGRAMS</b>	<b>YFPSP</b>	<b>FC</b>	<b>TC</b>	<b>TR</b>	<b>YPAVE</b>	<b>GF</b>	<b>PSP</b>	<b>YWP</b>	<b>YMP</b>
<b>PROGRAM OBJECTIVES (1-7)</b>	Y = Yes, indicator identified by service providers as relevant for their programs. Blank = not relevant								
<b>1 BUILD SELF-ESTEEM/ CONFIDENCE</b>									
Attends/completes program	Y	Y	Y	Y	Y			Y	Y
Discloses on emotive topics	Y	Y	Y	Y	Y				
Assertive/speaks up/gives opinions	Y	Y	Y	Y	Y	Y	Y	Y	Y
Realises change is a choice/up to self	Y			Y	Y			Y	Y
Shows independence/self sufficiency				Y	Y			Y	Y
Trusts others	Y	Y	Y	Y	Y			Y	Y
Increased tolerance/flexibility		Y	Y			Y	Y	Y	Y
Engages in training/further education				Y	Y				
Experiments with personal image		Y						Y	Y
Manages coming out about sexuality		Y	Y					Y	Y
Able to move out of comfort zone	Y	Y	Y	Y	Y			Y	Y
Shows willingness to try new things	Y	Y	Y		Y	Y	Y	Y	Y
<b>2 REDUCE ISOLATION/PROVIDE PEER SUPPORT</b>									
Friendships within group	Y	Y	Y	Y	Y	Y		Y	Y
More peer interactions	Y	Y	Y	Y	Y	Y		Y	Y
Seeks feedback from peers		Y	Y	Y	Y				
Provides peer support	Y	Y	Y	Y	Y	Y		Y	Y
Defends others' rights, peer advocacy		Y	Y	Y	Y				
Builds relationships with facilitators	Y	Y	Y	Y	Y	Y		Y	Y
Participates in group activities	Y	Y	Y	Y	Y	Y		Y	Y
Suggests ideas for group activities		Y	Y		Y			Y	Y
Self identifies with group		Y	Y	Y	Y	Y		Y	Y
Takes pride in group achievements	Y	Y	Y	Y	Y	Y		Y	Y
Builds networks outside group		Y	Y	Y	Y	Y			

<b>PEER-BASED YOUTH PROGRAMS</b>	<b>YFPSP</b>	<b>FC</b>	<b>TC</b>	<b>TR</b>	<b>YPAVE</b>	<b>GF</b>	<b>PSP</b>	<b>YWP</b>	<b>YMP</b>
<b>PROGRAM OBJECTIVES (1-7)</b> Example indicators	Y = Yes, indicator identified by service providers as relevant for their programs. Blank = not relevant								
Finds a partner or is in a stable relationship		Y	Y						
Participates in other programs				Y		Y			
Enjoys being with 'mates'	Y	Y	Y		Y	Y		Y	Y
Reaches out to new group members	Y	Y	Y	Y	Y	Y		Y	Y
Builds a peer group with shared interests	Y	Y	Y	Y	Y	Y	Y	Y	Y
Less self focused/aware of others	Y	Y	Y	Y	Y	Y		Y	Y
<b>3 IMPROVE MENTAL/PHYSICAL WELLBEING</b>									
Displays hope/sense of possibility	Y	Y	Y	Y	Y			Y	Y
Able to put own issues in context	Y	Y	Y	Y	Y				
Has a positive attitude	Y	Y	Y	Y	Y	Y		Y	Y
Self-acceptance, no self blame/hate	Y	Y	Y	Y	Y			Y	Y
Less depressed/anxious	Y	Y	Y	Y	Y			Y	Y
Stops self harming/suicidal ideation	Y	Y	Y	Y	Y			Y	Y
Stops smoking, alcohol or other substance abuse				Y	Y			Y	Y
Enjoys being physically active						Y		Y	Y
<b>4 IMPROVE RESILIENCE/COPING SKILLS</b>									
Has a sense of agency in own future	Y			Y	Y			Y	Y
Makes positive life changes	Y	Y	Y	Y	Y			Y	Y
Deals with rejection better	Y	Y	Y					Y	Y
Vents rather than dwells on issues		Y	Y					Y	Y
Positive conflict resolution skills	Y	Y	Y	Y	Y	Y		Y	Y
Fewer confrontational episodes	Y					Y		Y	Y
Peer collaboration/peer sharing	Y	Y	Y	Y	Y	Y		Y	Y
Practises new skills	Y	Y	Y	Y	Y	Y		Y	Y
Displays health literacy		Y	Y	Y	Y		Y	Y	Y

<b>PEER-BASED YOUTH PROGRAMS</b>	<b>YFPSP</b>	<b>FC</b>	<b>TC</b>	<b>TR</b>	<b>YPAVE</b>	<b>GF</b>	<b>PSP</b>	<b>YWP</b>	<b>YMP</b>
<b>PROGRAM OBJECTIVES (1-7)</b> Example indicators	Y = Yes, indicator identified by service providers as relevant for their programs. Blank = not relevant								
Becomes linked in with other services		Y	Y	Y	Y	Y		Y	Y
Willingness to seek help	Y	Y	Y	Y	Y			Y	Y
Asks for help	Y	Y	Y	Y	Y			Y	Y
<b>5 PROMOTE COMMUNITY ENGAGEMENT</b>									
Takes on mentoring roles		Y	Y	Y	Y	Y	Y	Y	Y
Interest in volunteering		Y					Y	Y	Y
Involvement in community activities		Y	Y		Y		Y	Y	Y
Interest in advocacy roles		Y	Y				Y		
Interest in leadership roles				Y			Y	Y	Y
Helps mediate conflicts						Y			
Acts as positive role model	Y	Y	Y	Y	Y	Y	Y	Y	Y
Employment				Y	Y				
Recognises seniors in the community						Y			
<b>6 INCREASE KNOWLEDGE/SKILLS</b>									
Parenting skills				Y	Y			Y	Y
Child development				Y	Y		Y		
Nutrition/food preparation				Y	Y	Y	Y	Y	Y
Physical health				Y	Y	Y	Y	Y	Y
Gay community services		Y	Y				Y	Y	Y
Sexual health		Y	Y	Y	Y		Y	Y	Y
Anger management	Y						Y	Y	Y
Relationships	Y	Y	Y	Y	Y	Y	Y	Y	Y
Knowledge of diversity		Y	Y			Y	Y	Y	Y
Communication	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mental health	Y	Y	Y	Y	Y	Y	Y	Y	Y
Personal safety	Y	Y	Y	Y	Y	Y	Y	Y	Y
Citizen and consumer rights		Y	Y	Y	Y		Y	Y	Y
Available services/resources	Y	Y	Y	Y	Y	Y	Y	Y	Y
Leadership skills				Y			Y	Y	Y
Fishing skills						Y			
Respect for environment						Y	Y	Y	Y
<b>7 FACILITATE REFERRALS TO OTHER SERVICES</b>									
Mental health		Y	Y	Y	Y	Y	Y	Y	Y

PEER-BASED YOUTH PROGRAMS	YFPSP	FC	TC	TR	YPAVE	GF	PSP	YWP	YMP
<b>PROGRAM OBJECTIVES (1-7)</b> Example indicators	Y = Yes, indicator identified by service providers as relevant for their programs. Blank = not relevant								
Crisis		Y	Y	Y	Y		Y	Y	Y
Employment	Y	Y	Y	Y	Y	Y	Y	Y	Y
Education	Y	Y	Y	Y	Y	Y	Y	Y	Y
First Aid training				Y	Y		Y	Y	Y
Sexual health services		Y	Y	Y	Y		Y	Y	Y
General practitioner	Y	Y	Y	Y	Y	Y	Y	Y	Y
Counselling		Y	Y	Y	Y	Y	Y	Y	Y
Eating disorders				Y	Y		Y	Y	Y
Baby and child services				Y	Y		Y	Y	Y
Housing	Y	Y	Y	Y	Y		Y	Y	Y

Note: The *Freedom Centre Forum*, *Reachout.com* and *Youth Educating Peers* programs were not shown in Table 4.1 since these programs joined the research study during the participatory action research phase (Stage 2) and therefore did not participate in the **Environmental audit**.

## **4.5 Comparison of data across settings**

Table 4.1 presented the consolidated data from service providers relating to program objectives and example indicators that were relevant for their peer-based programs. The next step in the data analysis was to compare the objectives and example indicators selected by each program in order to identify any similarities and differences related to program type or target group. The results of these comparative analyses are discussed in the following sections.

### **4.5.1 Similarities and differences related to program type**

The research question was ‘Do similar program types have similar objectives and example indicators?’ The available dataset enabled comparisons between four peer support programs, three after school programs and two peer education programs.

The four peer support programs that were compared were *Freedom Centre*, *Young Parenting And Very Excited*, *True Colours* and the *Youth Focus Peer Support Program*. The *Young Parenting And Very Excited* program had similar objectives and example indicators to the *Freedom Centre* and *True Colours* programs. The *Youth Focus Peer Support Program*

included many similar indicators to the *Freedom Centre*, *True Colours* and *Young Parenting And Very Excited* peer support programs for objectives 1, 3, 4 and 6 but fewer indicators were selected for the other objectives. This may reflect the fact that the *Youth Focus Peer Support Program* was an intensive peer support camp, not a drop-in peer support program like the other programs, and therefore longer term changes such as community engagement were less of a focus. Referrals were also less likely since the camp was a therapeutic intervention itself.

The after school programs were *Young Women's Program*, *Young Men's Program* and *Gone Fishing*. The results for the *Young Women's Program* and *Young Men's Program* were the same and this was expected since the *Young Men's Program* targeting at risk young males was modeled on the *Young Women's Program* for at risk young females and coordinated by the same service providers. The example indicators selected for objective 2 'reduce isolation/provide peer support' and objective 6 'promote community engagement' were similar for all three after school programs. However, the *Gone Fishing* program identified fewer relevant example indicators for other program objectives. This finding may reflect the primary focus of the *Gone Fishing* program (developing fishing skills) with peer support as an indirect outcome.

The two peer education programs were *Talking Realities* and *Peer Support Program*. The *Talking Realities* and *Peer Support Program* were very similar for objective 7 'facilitate referrals to other services', objective 6 'increase knowledge/skills' and objective 5 'promote community engagement'. These similarities were not surprising since peer education programs have a strong educational and community focus and rely on effective collaborations and partnerships between community organisations. However, there were few similarities between the two peer education programs in other program objective areas. These differences were not considered significant since the *Peer Support Program* was undergoing re-planning at the time of data collection.

Overall, the comparative analysis of the data by program type indicated that peer support programs and after school programs had similar program objectives and associated indicators of program effectiveness. The differences were mainly associated with program duration and program-specific (rather than generic) objectives. For example, short intensive programs were focused more on short term effects and learning fishing skills was specific to the *Gone Fishing* program only. Peer education program shared similar objectives in the

areas of knowledge development and community engagement but there were insufficient data to establish how consistent peer education programs were across all objectives.

#### **4.5.2 Similarities and differences related to target group**

The research question was ‘*Do different types of program for similar target groups have similar program objectives and example indicators?*’ The available dataset enabled comparisons between programs for two target groups: young mothers and same sex attracted youth. The sample did not include more than one program for other target groups to enable comparisons.

The programs for young mothers were *Young Parenting And Very Excited* and *Talking Realities*. The results for the *Young Parenting And Very Excited* and the *Talking Realities* programs were similar across all program objectives and showed no inconsistencies related to program type. These results may also reflect the dual foci of the *Talking Realities* program – both peer education and peer support. There were two programs for same sex attracted youth in the sample: *Freedom Centre* and *True Colours*. The results for the metropolitan-based *Freedom Centre* program and the regional-based *True Colours* programs were similar across all program objectives and showed no inconsistencies related to location.

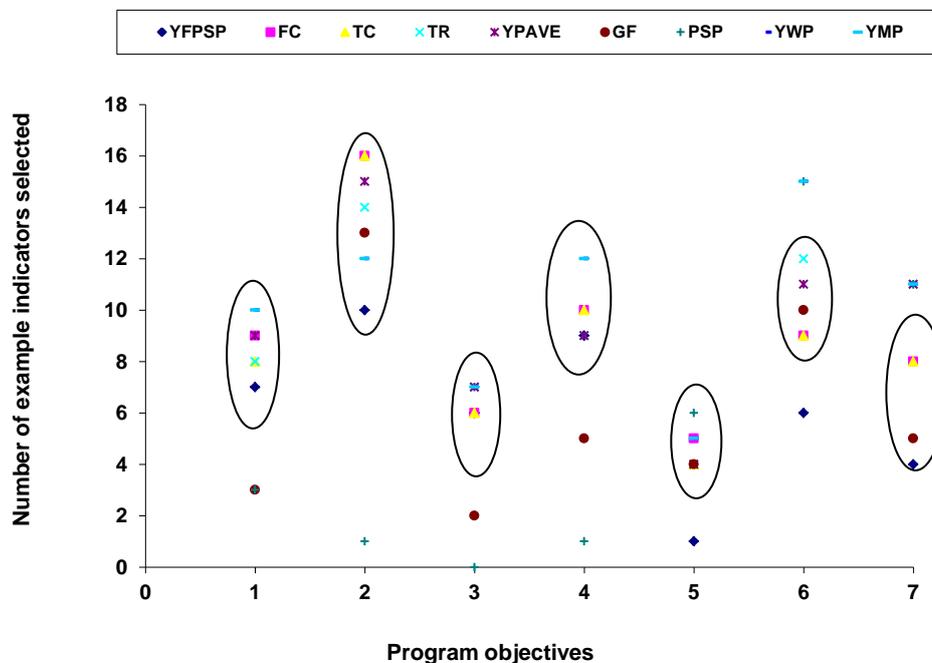
Overall, the findings indicated that different types of program (drop-in services, peer education programs) for the same target group had similar program objectives and associated example indicators, regardless of location. This finding was not surprising since it reflected the use of different program strategies to address similar needs. Young mothers, for example, may have similar needs but factors including funding, resources and skills available could dictate how these needs were addressed.

#### **4.5.3 Scatter plot illustrating similarities and differences**

A scatter plot was created to illustrate the similarities and differences across settings (see Figure 4.2). The numbers of example indicators that were selected for each program objective were plotted for each of the participating programs. The consistency across programs was more important than the number of indicators available for each objective since some objectives e.g. objective 2, had more available indicators than other objectives e.g. objective 5.

The scatter plot illustrated a high degree of consistency in the number of example indicators selected for each program objective across programs. Overall, the findings indicated that despite the diversity of peer-based programs (drop-in services, peer education, camps, after school programs) and the range of target groups (young mothers, same sex attracted youth, youth at risk of depression, self harm or suicide), there were similarities in the program objectives and associated example indicators of program effectiveness. The accuracy and correctness of the example indicators had not been validated at this stage of the research. However, the findings arising from the comparative analyses provided support for developing a universal evaluation framework for peer-based approaches to mental health promotion in high risk populations.

**Figure 4.3: Scatter plot: program objectives and example indicators across settings**



## 4.6 Features of effective programs

Having identified common program objectives and example indicators for peer-based youth programs, the next step of the **Environmental audit** was to identify the features of effective peer-based programs. The research questions were *‘What makes peer-based programs effective? What program strategies or features are important to deliver intended outcomes?’*

Service providers were asked to describe the features of their programs which they believed may contribute to program effectiveness. Thematic analysis was used to analyse

the data. The first step was to assign short, meaningful labels (or 'codes') to the data. The codes were continually revisited and refined as further data were collected to ensure they remained representative of the whole dataset. Once data saturation point had been reached, service providers reviewed the consolidated features of effective programs to ensure accurate meaning had not been lost in the coding process (respondent validation). The review process resulted in further refinement of the codes. Two examples of applying thematic analysis to the data to create meaningful codes follow.

Example 1:

*Group dynamics and desire to be accepted and part of the group may influence changes in young people's behaviour, thoughts and attitudes [BILLY DOWER].*

This example identified program processes (*group dynamics*) and attributes of the individual (*desire to be accepted and part of the group*) as factors which may have influenced change in program participants. Possible theories which could be used to explain any changes in young people were also indicated: Social Identity Theory (adopting group norms), Diffusion of Innovations theory (peer influence) and Social Cognitive Theory (learning by observing others). The following codes were created to represent the data: **positive group dynamics, group norms, peer influence, role modeling.**

Example 2:

*Hearing others face common challenges is comforting. Hearing different viewpoints from their peers opens up other options for them personally [TALKING REALITIES].*

This example identified program processes (*hearing others, peers*) and content (*different viewpoints*) as factors which may have contributed to intended program outcomes. Indicated theories in this example were Hope theory (*comforting*) and the Youth Empowerment Model (*opens up other options*). The following codes were created to represent the data: **peer validation, exposure to positive peers, provides hope/sense of possibility, alternative perspectives.**

The coding process illustrated above was applied to all the data transcripts to develop a list of codes which represented the whole dataset. The next step of the thematic analysis process involved grouping similar codes together to identify 'themes'. The themes which

emerged from the practitioner data were process features, environment features, and content features of effective programs.

**Process features** were associated with *how* a program was delivered. Examples included strategies for communicating and interacting with young people and rules concerning behaviour management. For example:

*Use of text messaging is in synch with how young people communicate. Coordinator texts the day before sessions to ask if anyone needs a lift/help [YPAVE].*

*There is flexibility in the program to provide tailored support for young mums. Staff do not just tell girls what to do – they ask them questions to help them to get to a solution themselves, one that they have ownership of [TALKING REALITIES].*

*Staff don't intervene too quickly, give youth a 'long rope' and allow natural interactions to occur to resolve conflicts. Demonstrate/model appropriate behaviours [GONE FISHING].*

**Environment features** were associated with *where* a program was delivered. Examples included providing a safe space, establishing strong inter-agency partnerships and creating an environment that facilitated normal social interactions. For example:

*We feel we are doing a good job just by providing a safe place for young women for two hours, knowing their own homes are not very safe places e.g. drunken or abusive parents [BILLY DOWER].*

*Program allows natural groups to form based on personality matches between peers and seniors – young people naturally gravitate to particular seniors/peers [GONE FISHING].*

**Content features** were associated with *what* a program included. These program features related to the program schedule and activities. Examples included providing opportunities to for young people to practise new skills, promoting peer group cohesion and challenging negative social stereotypes. For example:

*We try to give young women exposure to life opportunities that are available to everyone regardless of their home context or whether they are disadvantaged. Show them opportunities they could enjoy if they complete their education and gain employment. Break down social stereotypes – you are your own agent in your*

*future, it doesn't matter that your mum was a teenage parent, or your dad was a drug user, you don't have to follow those paths. Improve social capacity of young women: raise awareness of issues around health and safety, feel part of community through participating in activities e.g. Christmas pageant, get young women linked into other services and agencies as needed [BILLY DOWER].*

*It's different from playgroups which focus more on mother and child relationships. Women attending YPAVE get personal support, for themselves [YPAVE].*

*Preferable to programs focused on 'building life skills' – young people resent the one-on-one focus. See it as intrusive, testing [GONE FISHING].*

Tables 4.2, 4.3 and 4.4 list the codes and a brief description created by the researcher for the process features, environment features and content features of effective programs.

**Table 4.2: Process features of effective programs**

CODES FOR PROCESS FEATURES	DESCRIPTION
Strengths-based Relationship management Role modeling Exposure to positive peers Peer influence/ peer support Positive group dynamics Group norms Goal-based, self-paced learning Experiential informal learning Responsive to changing needs Transition support Continuity of service Clear professional boundaries Peer validation	Focused on building assets not fixing problems Strong rapport between program staff and youth Young people learn by observing staff/peers Program peers have positive behaviours/attitudes Participants give or receive emotional support Group cohesion, teamwork, peer interactions Group rules for acceptable behaviour are evident Young people learn/develop at own rate Learning by doing, limited formal learning Flexibility in program to address specific needs Support to access opportunities after program Reliability, low staff turnover Clearly defined roles for staff/volunteers Participants have shared experiences

**Table 4.3: Environment features of effective programs**

CODES FOR ENVIRONMENT FEATURES	DESCRIPTION
Safe space Balance of power Youth friendly setting Diversity of staff Strong inter-agency partnerships Corporate sponsorship Emulates natural environment Service not offered in isolation	No harassment allowed, zero tolerance policy Non-punitive, group establishes rules/norms Non-institutional, community based Program can be inclusive to diverse youth Effective referral processes/relationships Program is supported by corporate funding Program aims to create a 'normal' environment E.g. co-located youth services model

**Table 4.4: Content features of effective programs**

CODES FOR CONTENT FEATURES	DESCRIPTION
Opportunities to practise new skills Develops problem solving skills Personal development opportunities Awareness of services/ resources Develops self-efficacy Promotes positive thinking Promotes peer group cohesion Provides hope/ sense of possibility Guidance/navigation Behaviour substitution Alternative perspectives Social stereotypes challenged	Program activities encourage skills development Opportunities to develop problem solving skills Program promotes personal development Program content includes available services Youth have skills/knowledge to seek help Belief in self, opportunities for positive feedback Program activities encourage teamwork Youth have access to positive peer role models Program facilitates youth development Alternatives to risk behaviours encouraged Youth see problems/issues in a different way Access to positive role models

## **4.7 Current evaluation approaches in use**

The previous sections described the data collected from practitioners concerning characteristics of the target groups, program objectives and example indicators, and the features of effective programs. This section summarises the data from service providers relating to evaluation approaches currently in use.

Five main evaluation strategies were identified: 1) reporting on key performance indicators, 2) end-of-sessions evaluations, 3) pre- and post- program surveys, 4) formal evaluation studies, and 5) awards for program excellence. Each of these evaluation approaches is described below.

### 4.7.1 Reporting on key performance indicators

Reporting against key performance indicators (KPIs) and targets agreed with the funding source was in place for some programs. Table 4.5 lists examples of KPIs which were common across programs in the sample.

**Table 4.5: Common key performance indicators (KPIs) for peer-based programs**

EXAMPLES OF COMMON KEY PERFORMANCE INDICATORS (KPIs)
Numbers enrolled Number of withdrawals Number of consumers Hours of service Total full time equivalents (FTEs) FTEs by type of work (service, support, administration) FTEs by payment category (paid, unpaid, volunteer) Number of service contacts Number of service contacts by type (phone, email, internet, in person, sessions)

There were some noticeable differences in the KPIs associated with different funding sources. For example, programs funded by the Department of Education were required to report on parameters such as numbers finishing school and numbers enrolling in further education. KPIs for programs funded by the Department of Health included parameters such as number of service contacts with other health professionals and aspects of care associated with a mental health care facility.

The current KPIs in use were input and output measures used to calculate the cost effectiveness of services, justify current resource levels and monitor changes in supply and demand. However, some service providers felt current KPIs provided a limited picture of their programs and did not provide a real reflection of program effectiveness. For example, fewer service contacts could be due to seasonal fluctuations rather than a lack of demand for the program. Service providers appeared to use other informal measures indicating program effectiveness. For example:

*The fact we have a 50% retention rate and 2-3% is probably average for at risk populations makes us feel we are doing something right. Hearing them question their peers the way the facilitator questions them - what options do you think you have? What could you do about that? Etc. Seeing the girls start making better decisions, having better self-esteem and more confidence. Not afraid to share their*

*opinions. Less afraid to be different – or to speak out knowing others may not share your viewpoint [TALKING REALITIES].*

*We know YPAVE helps to reduce isolation based on anecdotal evidence from participants who say things like ‘I don’t have any friends unless I come to the group [YPAVE]’ and ‘I look forward to group – it gets me out of the house’ [YPAVE].*

Service providers also expressed an interest in reporting on evaluation parameters relating to the longer term impacts of a program on young people, group norms and the duration of program effects:

*For TAFE [Technical And Further Education] it must relate to the bottom line – how many go on to engage in further education or training. We’d like to know does YPAVE help break the cycle and impact on others including partners, mothers or fathers. Is the group becoming entrenched and not inclusive – need to be able to detect when this is happening or can have a situation where new girls who really need help do not feel welcome, group becomes exclusive with its own agenda [YPAVE].*

*Why do people leave the group? Does it have a positive effect on their lifestyle? Are social skills translated outside the program? [GONE FISHING].*

*We need to be measuring to what extent young people feel empowered to negotiate safe sex, find info about gay community, avoid peer pressure to take drugs etc. [FREEDOM CENTRE].*

#### **4.7.2 End-of-session evaluations**

The Uniting Care West *Talking Realities* Peer Education Program and the Youth Focus *Peer Support Program* had a fairly stable membership and a structured curriculum. These programs conducted short end-of-session evaluations using a variety of methods including brief questionnaires, or ‘caucusing’ (verbal feedback collected from each member of the group as they sat in a circle). Participants were asked what they had liked about the session, what they had learned, and what they had found challenging or would suggest changing.

Card resources available through [www.innovativeresources.org](http://www.innovativeresources.org) were also used. For example, participants might be asked to select a ‘Stones card’ or a ‘Bears card’ which best

represented how they were feeling after a session. Card resources were also used to help participants reflect on their personal strengths or the strengths of others.

These end-of-session evaluations were sometimes conducted at the program coordinators' discretion based on time available and the events of the session. The data were not recorded or analysed formally but was used by the program facilitators as a measure of youth engagement and also provided a useful reflective tool for the program participants.

### **4.7.3 Pre- and post- program surveys**

The Uniting Care West *Talking Realities* Peer Education Program implemented a pre- and post- questionnaire at the start and end of the program each year. The data were not used by the service providers but were collected mainly for participants' use. The intention was to enable participants to see how they had developed in a range of areas such as personal confidence, knowledge and skills.

Participants of the Challenger Institute of Technology *YPAVE* program were required to complete a student survey. The same survey was completed by all students attending Challenger Institute of Technology and contained some questions that were not relevant for the program participants since they were not completing a formal accredited course of study or attending one of the Challenger Institute of Technology campuses, e.g. questions about course materials or campus facilities. The data were not used by the *YPAVE* facilitators but were consolidated with data from other courses run by the Challenger Institute of Technology and analysed by a central administration department.

### **4.7.4 Formal evaluation studies**

The Youth Focus *Peer Support Program* had commissioned a university research centre to conduct a formal evaluation of its program (Sachmann, 2007). The evaluation study had employed an action research design. Some changes were made to the *Peer Support Program* to address feedback from program participants including more unstructured time available for participants to reflect on previous sessions. The evaluation report was subsequently used to strengthen funding proposals for the program.

The Uniting Care West *Talking Realities* Peer Education Program had also been formally evaluated by a university research centre (Jolley & Masters, 2004). The evaluation study

provided evidence that the program increased the knowledge and awareness of high school students concerning sexual health and pregnancy. The study did not, however, collect much data on the impacts and outcomes for the young women who were training to be *Talking Realities* peer educators.

#### **4.7.5 Awards for program excellence**

The Billy Dower Youth Centre *Young Men's Program* was a finalist in the 2005 Community Services Industry Awards in the 'Working Creatively to Make a Difference' category. The process of applying for the award required the program staffing teams to demonstrate that the program was having a positive impact. Being selected as a finalist was considered to be a type of evaluation and formal recognition of the quality of the program and its contribution to the community. The nomination was also found to strengthen funding proposals.

Overall, formal and consistent evaluation approaches currently in use were limited to reporting against KPIs measuring program inputs and outputs, pre- and post- program surveys, and one-off evaluation activities such as applying for an award for program excellence or commissioning an evaluation study by an external evaluator. Informal measures of program effectiveness and end-of-session evaluations were also used at the discretion of the program facilitator but the data were not recorded or analysed. Group discussions and journals maintained by program participants provided additional sources of data. However, these were not used for formal evaluation purposes. They were mainly used as tools for encouraging participants to reflect on their program journeys.

#### **4.8 Benefits and barriers to program evaluation**

Before exploring the barriers to evaluation, service providers were asked about the benefits of evaluation and why evaluation was important. The service providers perceived four main benefits of evaluation:

- Increased confidence in programming which helped to boost staff morale
- Quality assurance to inform decision-making on required service improvements
- Doing more of what works and sharing that knowledge within the youth sector
- Creating validated data to support funding proposals, which in turn improved program sustainability.

The service providers were then asked what barriers they faced when evaluating programs. One discussion on barriers to program evaluation lasted nearly two hours. An excerpt from the researcher's reflective journal described the researcher's observations during this session:

*Looking back, I'm not sure how productive the question 'what stops you doing program evaluation' was. It seemed to generate a cascade of responses, everyone had something to contribute and with each comment there was agreement or new examples which reinforced others' comments. What we ended up with was a long list of reasons why service providers found it difficult to evaluate their programs. As someone trying to improve levels of program evaluation, I think this 'list' made my job very difficult. For service providers, it appeared to justify why they did not (and could not) do more program evaluation. The list was both motivating – this was a significant problem that needed to be addressed – and de-motivating - no evaluation framework would be able to address all of these barriers to program evaluation. I had the impression that service providers had not had the opportunity to talk about this issue to this extent before. Having opened it up, I now felt ethically compelled to offer service providers some sort of solution [Reflective journal, April 2010].*

Service providers identified eleven main barriers to program evaluation, described below.

**1. Limited evaluation capacity.** A lack of suitable evaluation tools and approaches, limited knowledge of evaluation, a lack of evaluation skills, and uncertainty about how to use evaluation data presented significant barriers to evaluation. Service providers did not have extensive experience of evaluation and few providers collected evaluation data on a regular basis unless required to do so by their funding body or parent organisation.

**2. Inadequate funding.** Service providers commented on finding it difficult to allocate limited and already stretched resources away from service delivery to evaluation. This was particularly the case for programs with staffing shortages, well established programs which were not required to report on results and programs that already appeared to be delivering benefits. During the program observations the limited staffing and resources available for peer-based programs was very evident. In one case, owing to staff shortages, the program facilitator was also required to become acting manager of the service. Remaining objective and using already scarce resources for evaluation was difficult under these circumstances.

**3. Reliance on volunteers.** Some peer-based programs were implemented out of office hours. Program facilitators were not paid to run these programs but volunteered their services because they were committed to helping the young people who relied on the services. For such volunteers, service delivery (not evaluation of service delivery) was the primary focus.

Other peer-based programs relied on one or two paid staff members and the involvement of a core group of volunteers (often peers of the target group) to deliver services. The volunteer pool could change frequently owing to young volunteers engaging in full time employment or study and being no longer able to commit to program sessions. Concerns were expressed that asking volunteers to implement or facilitate evaluation activities may further increase the burden on volunteers and lead to volunteer 'burn out' or attrition. A high level of volunteer turnover also created challenges for measuring changes over time. For example, if data had not been recorded it was difficult to obtain from volunteers who had left the organisation.

**4. Impact on program participants.** Evaluation processes were sometimes perceived to be distracting for program staff, taking them away from their focus of supporting at risk youth. The need to develop trusting relationships with young people was not always consistent with evaluation activities. Some young people had fears about confidentiality and how personal information may be used. Young people could also be reluctant to divulge sensitive or personal information. Those young people who saw the program as a form of respite and an opportunity to escape daily stressors resented having to engage in structured evaluation activities or expressed frustration at having to complete forms that repeatedly asked them to specify information like their age, ethnicity and education level. Recalling difficulties or negative aspects of their lives, sometimes several times without debriefing, could also be distressing and counterproductive.

**5. Current reporting requirements.** Service providers were typically required by their funding bodies to maintain records about how many young people attended the program, levels of attrition, and hours of service delivered. Service providers who already spent significant hours preparing reports on these key performance indicators did not have additional capacity to conduct more rigorous evaluation activities. Thinking more laterally and creatively about what constitutes 'evidence' of program success was suggested. One program facilitator felt that being nominated for a community award should be considered

'evidence' that the program was meeting community expectations. In another example, the facilitator of a theatre-based program for sexual health education felt that the production created by the young people was the best way of demonstrating youth had learned the intended information. A DVD could be sent to funding bodies if they were unable to visit the program to watch the production.

**6. Working with at risk youth.** The target populations accessing the programs were generally characterised by low literacy levels. Therefore questionnaires and other evaluation approaches involving written text could be challenging to implement. Service providers also experienced difficulties keeping at risk youth engaged.

**7. Working with transient populations.** High levels of participant attrition presented barriers to using traditional methods of evaluation such as measurements before and after the program activities. A young person could attend once or come consistently for a period then stop coming giving no reasons. Follow up was time-consuming and not considered a valuable use of resources. Program activities were targeted to the needs of the current participants. Differing program evaluation requirements associated with the variety of program activities available was not always possible given limited time and resources.

**8. Beliefs associated with evaluation and lack of 'evaluation culture'.** Program providers generally accepted the increasing need to collect evidence of program effectiveness to secure continued funding. However, doubts about the value of evaluation in relation to the effort involved were also expressed:

*Evaluation just confirms what we already know [BILLY DOWER].*

*What's the point? Young people just give silly answers or fill in questionnaires incorrectly [YPAVE].*

*Not sure how useful this data is. The skills and knowledge demonstrated within a 'safe' peer program setting may not be realistic of how a young person would behave in the 'real world' which is generally less tolerant or safe for the groups we are dealing with [FREEDOM CENTRE].*

There was a common belief that evaluation was only done at the end of a program to assess program impacts and outcomes and that specialist skills and resources were required to conduct evaluation appropriately. There was a limited understanding of using

evaluation for needs assessment, quality audits, program monitoring or to ensure programs do no harm and remain safe for all participants.

Service providers associated evaluation with developing lengthy, time consuming reports and expressed frustration that the information reported did not reflect the complexity of their programs or the efforts involved. There was also a concern that evaluation may be unable to show that the program was effective owing to small numbers of participants, small incremental changes and being unable to generalise results. This was related to fears that failure to demonstrate effectiveness may lead to the program being discontinued and young people who rely on the program suffering as a result.

Overall, there was a lack of an 'evaluation culture' amongst service providers, i.e. evaluation activities were generally only done to meet reporting requirements and not perceived to be a useful or essential component of day-to-day activities. Service providers reported knowing instinctively what was working and what was not, and changing programs accordingly. Providers did, however, express an interest in having access to data that may improve or support their decision-making.

**9. Heterogeneity of target groups.** The diversity of young people attending a particular program required a high degree of flexibility in program delivery which could be problematic for evaluation. For example, in one program the differences between a 15 year old teenage mother and 17 year old teenage mother were dramatic in terms of their confidence levels, knowledge and ability to cope with their situation. Both young women experienced the same program very differently and the expected impacts and outcomes of the program for each young woman were also quite different. In this case, program effectiveness could be interpreted differently for each user. This diversity, common across youth at-risk, contributed to increased difficulty in applying consistent indicators for program effectiveness.

**10. Managing unforeseen events.** Programs needed to be responsive and address individual issues and concerns as they arose. There was an associated drain on time and resources as a result. It was not uncommon for a participant to come into the program facing a serious dilemma, needing immediate support or having had an experience they needed to discuss.

Seeking advice about emergency contraception or seeking help in relation to an abusive partner for example, were not problems that could 'wait until next time'. Unless these events were acknowledged by the facilitator and resolved at some level, program delivery could not continue as planned. If time was running short owing to such unforeseen incidents, it appeared to be more acceptable to leave out evaluation activities than program content. Given the need to keep participants safe by providing them with the support and information they needed immediately, this attitude was not surprising. In these contexts, completing session evaluation questionnaires, for example, may have seemed trivial compared to discussions about where to seek information and support.

Service providers and young people reported that the flexibility and capacity of programs to deal non-judgmentally with critical incidents in young people's lives and access to a safe space were important features of peer-based programs that helped to reduce program attrition. The nature of the work - being a positive role model, offering information and advice, and supporting young people through difficult and emotional issues - was noticeably draining for some staff. Conducting evaluation activities at the end of a program session was not always possible owing to flagging energy levels or tasks that required immediate follow-up. For example, staff often had to engage in a one-to-one discussion with a troubled young person, provide transport home or investigate a suitable referral service.

**11. Reliability of data.** Participants' reliance on programs for support was evident and could present a barrier to effective evaluation since participants may provide 'socially desirable' responses i.e. information that they think will be required to help programs continue, rather than a true reflection of how a program is working or how they are developing.

The barriers to evaluation identified in the **Environmental audit** were consistent with the pilot work preceding this research study (Brown, Lobo, Maycock, McManus, & Burns, 2008) which had identified similar barriers to program evaluation:

- The lack of simple, practical and validated evaluation approaches
- A focus on service uptake and financial inputs and outputs rather than effectiveness of programs relating to process or outcomes
- A limited understanding within agencies of what evaluation means beyond traditional evaluation approaches involving labour-intensive pre- and post-testing or lengthy surveys

- A perception that evaluation could only be done by researchers or individuals with specialist skills and knowledge
- Agencies being unsure how to use evaluation data to identify service improvements.

#### **4.9 Enablers for program evaluation**

Service providers were also asked what would assist them in undertaking program evaluation and identified five strategies which may enable increased evaluation of peer-based programs. Each of these strategies is described below.

**1. Access to simple evaluation tools.** The availability of simple, practical evaluation tools, that did not always require high levels of literacy, would help to address barriers including low literacy levels in the target groups and limited resources for evaluation.

**2. More knowledge and skills in evaluation.** Service providers felt most comfortable implementing traditional evaluation activities such as survey tools or questionnaires but realised these approaches were not always suitable for at-risk youth with low literacy levels and low levels of engagement. Training opportunities for service providers to increase knowledge and skills in other evaluation approaches were suggested. Service providers also expressed interest in learning about creative evaluation strategies including digital storytelling, group artwork, journal writing and games which may promote increased youth engagement and participation.

**3. Opportunities to share experiences with other service providers.** Hearing about evaluation strategies that had been used successfully by other programs and sharing tips for engaging at risk youth in evaluation activities were considered beneficial. Resources were scarce and needed to be directed wisely with a focus on service delivery. Service providers would prefer to implement evaluation strategies that had already been shown to work with at risk youth and not waste time and resources on strategies that were not suitable.

**4. Program budget to include time for evaluation activities.** Current program plans generally did not factor in adequate time and resources for evaluation. Additional resources

and recognition by the parent organisation and/or funding bodies of the efforts associated with evaluation activities were considered important.

#### **5. New evaluation reporting systems that reflect what programs are actually doing.**

Current reporting systems focused more on quantifiable indicators rather than quality indicators. How and why programs achieved results and the changes in attitudes, behaviours, knowledge and skills of participants were not reported. These types of data would be very beneficial to decision-making for service improvements.

The findings of the **Environmental audit** relating to the barriers and enablers to evaluating peer-based programs were published in 2010. The full text of this article is included at the end of this chapter (Lobo, R., A. McManus., J. Hildebrand, G. Brown., and B. Maycock. 2010. Evaluating peer-based youth programs: barriers and enablers. *Evaluation Journal of Australasia* 2010, 10(1): 26-43).

### ***4.10 Working principles for peer-based youth programs***

The findings from the **Environmental audit** were consolidated to develop working principles for developing, implementing and evaluating peer-based youth programs. The working principles included:

- Characteristics common to all peer-based programs
- Assumptions relating to peer-based youth programs
- Requirements for evaluation approaches
- Positive indicators and warning signs
- Impact and outcomes assessment.

These principles were subsequently used to generate keywords for an analysis of the published literature and as inputs to the development of the evaluation framework and evaluation approaches for peer-based youth programs. Each of the above areas is discussed below.

#### **4.10.1 Characteristics common to all peer-based programs**

The following characteristics were found to be common to all of the peer-based programs involved in the study:

- Early intervention

- Preventative
- Asset-building or strengths-based approach
- Provided a safe space (free from harassment, from violence, from abuse, to learn and practise new skills)
- Increased protective factors: social connectedness, social capital (both competence and support systems available), self-esteem, confidence, help-seeking self-efficacy, positive attitude, resilience and coping strategies, youth participation and community engagement
- Reduced risk factors: lack of support, lack of peer relationships, lack of positive role models, lack of personal safety, lack of awareness of services.

#### 4.10.2 Assumptions relating to peer-based programs

The following assumptions relating to peer-based youth programs were noted by service providers:

- Many other **mediating and contributing factors** were present including: maturation, media, school, family, location, accessibility of services, religiosity, family history, life experiences and opportunities, socio-economic status, relationships, use of therapeutic services, personal safety, mental and physical health status, cultural group, peer group, access and exposure to positive role models, community engagement, personal resilience, support.
- **Difficult to isolate contribution of peer-based programs** therefore the evaluation framework will be used to assess the extent to which the peer programs promote protective factors and reduce risk factors for vulnerable youth populations.
- **Different outcomes will be observed at different time periods** – short term, medium term, long term. Evaluation strategies need to reflect what is realistically possible (and by when) recognising that some desired changes require more time.
- **Definitions of success and program value will vary by stakeholders** – funding bodies focus on cost effectiveness while service users may be more interested in processes and accessibility and academics may wish to prove effects of program.
- **Different types of tools** will suit different contexts and target groups. A range of tools (qualitative and quantitative) will be required.
- Participants' **developmental stage, age and readiness for change** will be important factors influencing change will be important factors influencing tool design. Age of

participants can be 12 years and their cognitive capacity will be different to older teenagers.

- **Gender and culture** may also influence design of evaluation approaches.
- Tools will have **common and unique components** depending on context and target group.

#### **4.10.3 Requirements for evaluation approaches**

The following types of evaluation approaches were identified by service providers as important for measuring the effectiveness of peer-based youth programs:

- **Process evaluation tools** – to compare program design and implementation against best practice standards in order to maintain fidelity of implementation
- **Monitoring evaluation tools** – to include positive and negative indicators to assess the extent of program delivery against what was intended
- **Impact assessment tools** - to identify short term program impacts on participants, in particular changes in knowledge, skills, motivations, behaviour, discourse, and attitudes
- **Outcomes assessment tools** – to assess duration of program effects on participants and long term pathways taken by participants.

#### **4.10.4 Positive indicators and warning signs**

Discussions with service providers identified positive indicators and warning signs for monitoring the effectiveness of peer-based youth programs (see Table 4.6).

#### **4.10.5 Impact and outcomes assessment**

The consolidated data from the **Environmental audit** also identified short term impacts and long term outcomes for peer-based youth programs (see Table 4.7).

**Table 4.6: Positive indicators and warning signs for measuring program effectiveness**

POSITIVE INDICATORS	WARNING SIGNS
Skills/assets are also applied outside of program setting Professional boundaries were adequate and maintained Peer support and peer influence evident Group cohesion evident Pathways taken by young people – e.g. leadership and advocacy roles Positive feedback from youth/no complaints Disclosure on emotive topics Development of social networks within and outside group Interest in group, ownership of group rules	Staff exhaustion and stress Staff resignations Inability to attract or retain suitable staff Poor attendance Poor numbers Complaints Inability to secure funding – may reflect unclear program goals and objectives Poor community engagement Blurred boundaries Goals not achieved by young people Disciplinary issues and group conflicts Group becoming entrenched and exclusive Program is creating dependency – no evidence of translation of skills/knowledge outside group, long term participants do not demonstrate appreciable change towards desired outcomes

**Table 4.7: Impacts and outcomes for peer-based programs**

SHORT TERM IMPACTS	LONG TERM OUTCOMES
Self-esteem – self acceptance, self respect Social skills – friendliness, confidence Problem solving skills Friendships and supportive social networks available Resiliency – help-seeking self-efficacy, knowledge of services, ability to manage rejection better Positive attitudes/future thinking Community engagement Emotional control.	Mental health status – mental health problems overcome Community engagement – participation in community activities Service utilisation – accessing services to address specific needs Leadership –youth advisory council member, mentor for peers, program facilitator Training and employment Relationships – stable, normal, healthy Support networks – family, peer Self-esteem and confidence

### **4.11 Draft conceptual model**

The data collected from the **Environmental audit** were consolidated to develop a draft conceptual model for peer-based youth programs. The draft conceptual model was the primary input to the development of the final evaluation framework for peer-based youth programs and included six main domains which are described in Table 4.8.

**Table 4.8: Domains of draft conceptual model for peer-based youth programs**

<b>DOMAINS</b>	<b>DESCRIPTION</b>
<b>Exposure to risk factors</b>	Young people may be exposed to a range of risk factors including social factors, demographic factors, community attributes and public health policy
<b>At risk youth</b>	Young people who access peer-based programs may be considered 'at risk youth' if they have attributes in one or more areas including isolation, poor mental health, marginalised, poor health literacy
<b>Peer-based program</b>	Peer-based programs are characterised by program features which may be classified as process attributes, content attributes and environment attributes.
<b>Intermediate outcomes</b>	Peer-based programs are associated with short term or intermediate impacts for program participants in their attitudes/beliefs/emotions/discourse, knowledge/skills, and behaviours/actions.
<b>Long term outcomes</b>	Peer-based programs contribute to longer term outcomes such as mental wellbeing, physical wellbeing, health literacy, community involvement, education/employment, revised social norms/public health policy.
<b>Moderating factors</b>	The impact of a peer-based program will vary according to the presence or absence of moderating factors such as age, gender, personality, lifestyle, mental and physical health status, maturity/developmental stage, life experience, school connectedness, education, social marketing media, social networks, family support/connectedness.

The draft conceptual model was presented on two pages:

- Figure 4.4 shows page 1 of the draft conceptual model - a summary level view of the data. The blue shaded area indicates the scope of peer-based youth programs and the intermediate outcomes associated with peer-based youth programs.
- Figure 4.5 shows page 2 of the draft conceptual model - a detailed view of the data presented in Figure 4.4 for all domains except Moderating factors and Long term outcomes.

Figure 4.4: Draft conceptual model for peer-based youth programs– Summary level view of the data

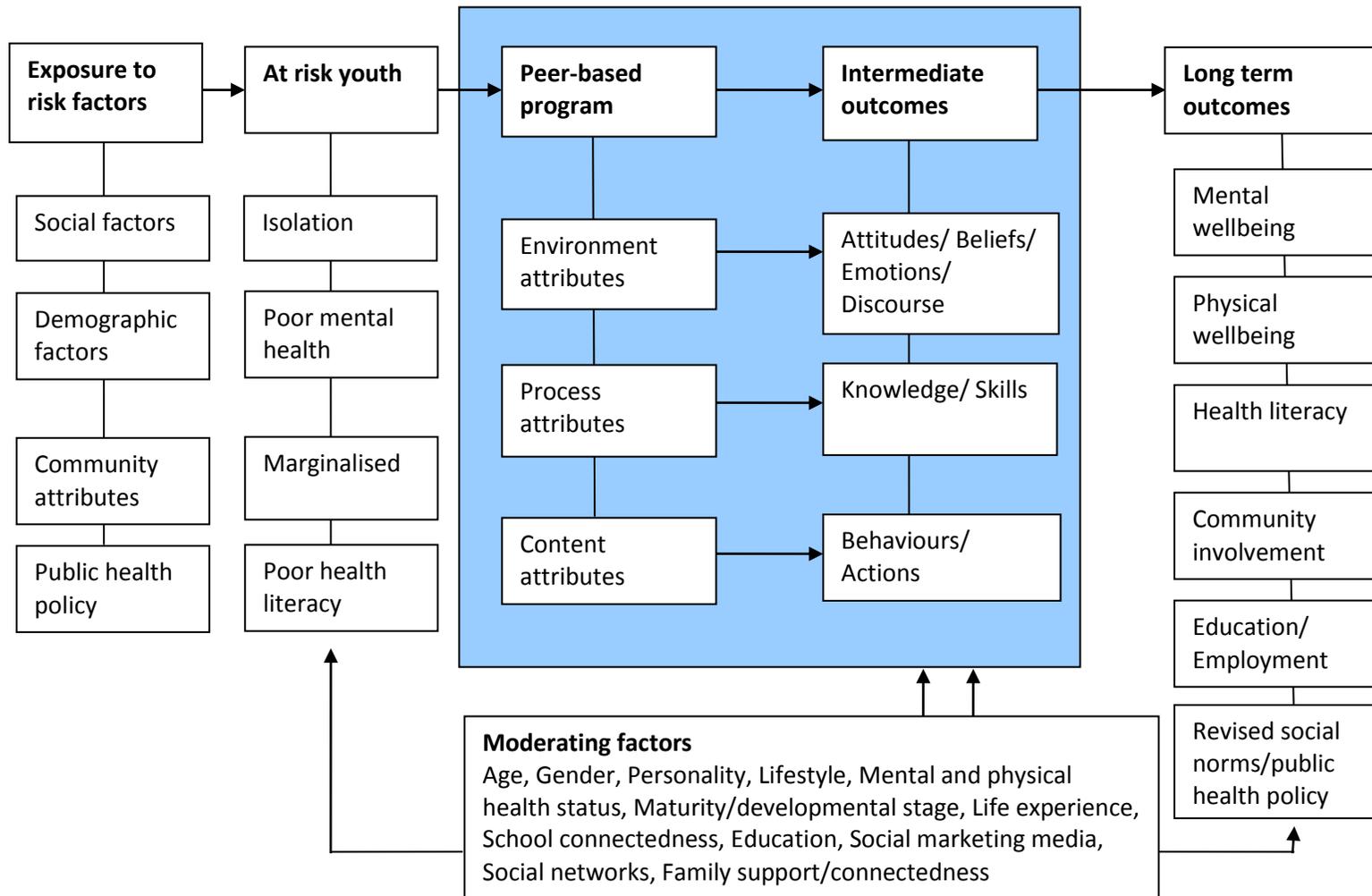
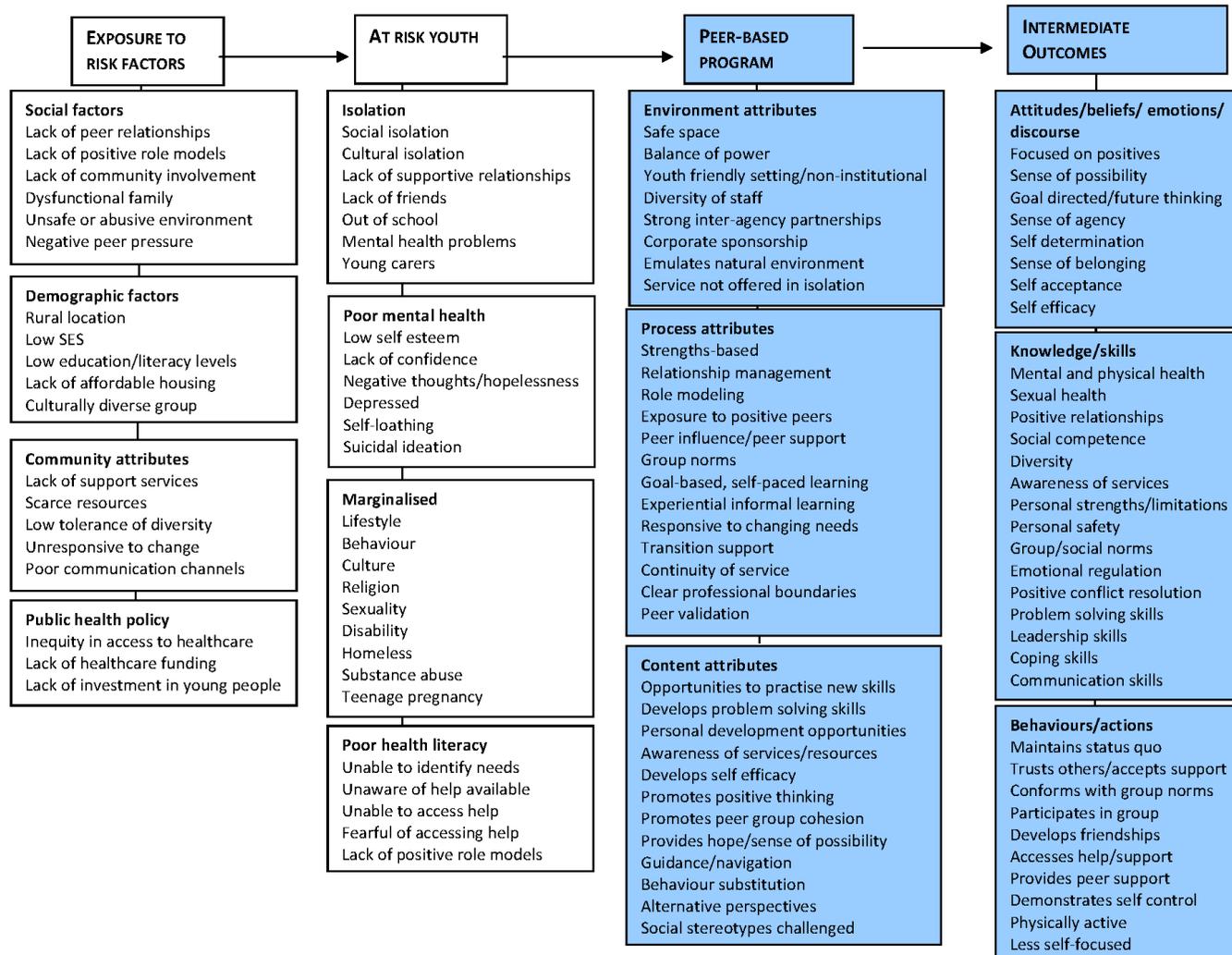


Figure 4.5: Draft conceptual model for peer-based youth programs– Detailed level view of the data



## **4.12 Chapter summary**

This chapter reported on the qualitative data collected from practitioners concerning the characteristics of target groups, program objectives and example indicators, features of effective programs and current evaluation approaches in use. The barriers and enablers to evaluating peer-based youth programs were also discussed and full text of the published refereed article reporting on these findings is included at the end of this chapter:

Lobo, R., A. McManus., G. Brown., J, Hildebrand., & B. Maycock. 2010. Evaluating peer-based youth programs: barriers and enablers. *Evaluation Journal of Australasia* 10(1):36-43.

Seven broad objectives for peer-based programs were identified by the service providers who participated in the study. These were common across the different program types and target groups in the sample and supported the hypothesis that a common evaluation framework could be developed for peer-based youth programs despite the diversity of program types. The program objectives did not aim to 'fix' problems. The objectives were focused on empowering young people to improve mental wellbeing by becoming more involved in the community and by developing supportive peer relationships and life skills.

Working principles for evaluating peer-based programs were developed by consolidating the data from the **Environmental audit**. A draft conceptual model for peer-based youth programs resulted and provided a primary input to the development of the evaluation framework and evaluation approaches for peer-based youth programs.

The next chapter describes the **Analysis of literature** that was undertaken to source information in the published literature that would support or refute the findings of the **Environmental audit**.

**Refereed article (full text):**

Lobo, R., A. McManus., G. Brown., J. Hildebrand., & B. Maycock. 2010. Evaluating peer-based youth programs: barriers and enablers. *Evaluation Journal of Australasia* 10(1):36-43.

***Evaluating peer-based youth programs: barriers and enablers***

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***Abstract***

Peer-based programs are increasingly used by community organisations to support vulnerable youth who are at risk of developing mental health problems. Such programs are as diverse as the populations they support and include drop-in services, peer education, camps and online discussion forums for hard-to-reach populations that may not access more conventional forms of support owing to issues of stigma or accessibility (for example,

same-sex-attracted youth and teenage parents). There has been limited evaluation of peer-based community programs. Therefore, the lack of evidence of program effectiveness makes it difficult for service providers to secure continuous funding and threatens program sustainability. This article reports on a study designed to investigate barriers and enablers associated with evaluating peer-based youth programs. The resulting implications for policy, practice and research are discussed.

This article was written towards completion of a PhD in Public Health by the principal author, Roanna Lobo, at Curtin University, Perth.

## ***Background***

Peer-based programs provide an important early intervention strategy for young people who may be at greater risk of developing mental health problems, including depression, anxiety, self-harm and suicidal ideation, than other young people of the same age. This includes groups such as teenage parents, same-sex-attracted youth, socially isolated youth, homeless and young people who do not access support in school or primary care settings, for fears over data confidentiality or perceived stigma, or those who do not have supportive family or peer relationships (Brown et al. 2007). A great diversity of peer-based programs exist, including drop-in spaces, peer education activities, camps and online discussion forums. The appeal of such programs for vulnerable youth includes: a safe space where young people do not experience harassment or judgement; opportunities to learn and practise skills by observing positive peer and adult role models; and access to peer support from others experiencing similar issues (Shiner 1999; Stanton-Salazar & Spina 2005; Turner 1999).

Youth workers can provide numerous anecdotes describing the positive changes seen in young people's confidence, attitudes, sense of belonging, knowledge and skills during the course of a peer-based program. However, few evaluation studies have been conducted to collect evidence of the benefits of these programs for young people or the features of programs that contribute to their effectiveness (Olsson et al. 2005; Sachmann 2007; Truman et al. 2007). The potentially negative impacts of peer-based programs for program participants also require further investigation. For example, social capital may have both positive and negative consequences and, as Maycock and Howat (2007) concluded, is not always health enhancing and can promote undesirable behaviours. It is possible that the

social capital that develops as a result of participating in peer-based programs (e.g. peer support, sense of belonging and social validation) could also be potentially harmful if not monitored; for example, creating unrealistic expectations or dependency issues, and for young people involved in program delivery, issues associated with managing personal and professional boundaries. Therefore, more evaluation studies are needed to ensure programs are doing no harm, facilitate continuous service improvements, and enable service providers to compete successfully for available funding.

This article presents the results of a study conducted by the Western Australian Centre for Health Promotion Research at Curtin University in consultation with 11 community youth service providers, to identify barriers and enablers associated with evaluating peer-based youth programs. The implications for policy, practice and research are then discussed.

### **Limited evidence base associated with the effectiveness of peer-based youth programs**

A literature review was conducted to consolidate the available evidence for effectiveness of peer-based youth programs. First The Medline, ProQuest, Science Direct and Web of Knowledge databases were searched using a combinations of keywords, such as 'program', 'youth', 'peer', 'evaluation', 'challenges', 'barriers', 'evidence', 'effectiveness', 'impact' and 'outcomes'. The review concluded that there was a limited evidence base for effectiveness of peer-based programs and highlighted four main reasons for this, outlined in the following section: inconsistent theory and definitions, lack of consensus on relevant indicators, the level of evaluation rigour required, and lack of evaluation resources.

#### **Inconsistent theory and definitions**

There appears to be a limited theoretical understanding of how peer-based programs work. Programs are continually evolving but theoretical assumptions are not always articulated. Service providers may not have the expertise, time or resources to develop a rigorous program model fully and program objectives may be unclear (McDonald 2004). The diversity of program elements (that is, inputs, activities, aims, target groups and program settings) creates difficulties for developing a universal theoretical model for evaluating peer-based programs, and the inconsistent use of terminology and definitions does not allow for comparisons and generalisations across programs (Turner & Shepherd 1999).

### **Lack of consensus on relevant indicators**

Social and emotional development indicators generally focus on reduction of deficits, for example delinquency, substance abuse or mental health problems, rather than on increasing positive youth development attributes that promote competence and success in coping with life challenges (Dukakis et al. 2009). Indicators that are currently available to assess the performance and outcomes of community-based youth programs tend to place a strong emphasis on improving and measuring academic achievement, and/or decreasing risk-taking behaviour, such as reducing the numbers of teen pregnancies, high school dropouts, and rates of drug abuse. Furthermore, researchers and evaluators are increasingly moving towards a positive youth development approach (Catalano et al. 2004; Surko et al. 2006), but at present, no standardised categories exist to measure socio-emotional variables associated with peer-based programs, such as mental wellbeing and social connectedness.

### **Levels of evaluation rigour required**

Evaluating peer-based programs can be problematic owing to small numbers of participants, high program attrition, low literacy levels in the target groups, difficulties engaging at-risk youth, and limited program resources (Chaskin 2009; Parkin & McKeganey 2000). The inability to apply probability sampling techniques and having to rely on small sample sizes limit the statistical power and generalisability of research findings. Concerns with disclosing personal information that could compromise anonymity is also a consideration when using survey techniques. Yet evaluation rigour must be achieved without compromising the very nature of programs for hard-to-reach populations (Crosby et al. 2005). Informal and flexible program structures (such as drop-in services) are often effective in engaging with at-risk populations but present a challenge to assessing and retaining participants for evaluation purposes. Providing incentives to increase participation and retention is generally not feasible due to limited program resources (Parkin & McKeganey 2000).

### **Lack of evaluation resources**

Practitioners are frequently unable to locate valid and reliable scales or indices that can be used in small-scale community programs. Moreover, existing measurement tools are often too lengthy and/or too costly to administer on a regular basis (Dukakis et al. 2009).

## ***Study overview***

The aims of the study were to:

- understand barriers to evaluating peer-based youth programs
- identify enablers that could help improve evaluation of peer-based services
- identify consistencies and inconsistencies in the data collected from program facilitators and the findings of the literature review
- develop recommendations for policy, practice and further research and evaluation to increase the evidence base for peer-based youth programs.

Semi-structured interviews and group discussions lasting between 45 minutes and one-and-a-half hours were conducted with 40 staff and volunteers from 16 peer-based youth programs in Western Australia and one program based in New South Wales. The peer-based programs were implemented by government and non-government organisations, charitable organisations, and a Technical and Further Education institute. The programs supported a range of at-risk youth including: teenage mothers; youth at risk of depression, self-harm or suicide; socially isolated youth; and youth of diverse sexuality and gender (see Table 1).

The questions asked included:

- What key performance indicators or targets do you have for your program?
- Who is interested in this data?
- What other data do you collect about your program?
- What do you use this data for?
- What other data would you find useful?
- What stops you collecting this data?
- What do you understand by program evaluation?
- What challenges do you face when evaluating your program?
- How could these barriers to program evaluation be addressed?

The data from the interviews and discussions were analysed thematically to identify common categories (themes) relating to barriers and enablers associated with program evaluation. The categories were modified during this process using a constant comparison approach consistent with qualitative data analysis techniques (Miles & Huberman 1994) and only considered stable when they emerged as clear recurrent themes across the data

set. Four peer-based programs were also observed in situ. This provided an opportunity to discuss informally with staff and participants the factors influencing program evaluation.

**Table 1: Characteristics of research groups and participants**

Service provider and program or service	Program type	Target group
Challenger Institute of Technology: Young Pregnant Parenting and Very Excited program	Access and participation engagement program	Pregnant or parenting girls aged 14–24
City of Mandurah Billy Dower Youth Centre: Young Women's Program Young Men's Program	After-school programs	Youth aged 12–17, especially socially isolated youth
City of Rockingham Youth Services: Gone Fishing program	After-school program	Youth aged 14–17, especially socially isolated youth
City of Swan Youth Services: Young men's group Young women's groups	Peer leadership program After-school programs	Aboriginal boys aged 14–17 Females aged 16–17
Dungeon Youth Centre	After-school peer education program	Youth aged 14–17
Inspire Foundation: Reach Out	Web-based mental health information and support	Youth aged 14–25
Metropolitan Migrant Resource Centre	After-school peer education program	Youth aged 15–20
Mission Australia: Youth Accommodation Support Service	Life skills program	Youth aged 15–18
Uniting Care West: Talking Realities program True Colours program	Peer education program Drop-in peer support	Pregnant and parenting teens Same-sex-attracted youth in regional areas of Western Australia
Western Australian AIDS Council: Freedom Centre Freedom Centre Forum	Drop-in peer support Online discussion forum	Sexually, sex and gender diverse young people
Youth Focus: Peer Support Program	Group sessions and weekend camp	Youth aged 14–18 at risk of self-harm, depression or suicide

## ***Barriers to program evaluation***

The study identified 11 barriers to evaluation of peer-based programs. These were:

- limited evaluation capacity
- working with at-risk youth
- working with transient populations
- inadequate funding
- reliance on volunteers
- impact of program evaluation on participants
- current reporting requirements
- beliefs associated with evaluation
- heterogeneity of target groups
- managing unforeseen events
- reliability of data.

### **Limited evaluation capacity**

A lack of suitable evaluation tools and approaches, limited knowledge of evaluation, a lack of evaluation skills, and uncertainty about how to use evaluation data presented significant barriers to effective evaluation. Service providers did not have extensive experience of evaluation and few providers collected evaluation data on a regular basis unless required to do so by their funding body or parent organisation.

### **Working with at-risk youth**

The target populations accessing the programs were generally characterised by low literacy levels. Therefore, questionnaires and other evaluation approaches involving written text could be challenging or time-consuming to implement. Service providers also experienced difficulties keeping at-risk youth engaged in formal or 'classroom' style activities. Data confidentiality could also be of particular concern to at risk groups, that is, knowing who will have access to information and for what purposes. Teenage mothers, for example, feared their children would be removed by child protection services if they admitted needing help. This fear may deter young parents from seeking the help they need.

### **Working with transient populations**

High levels of participant attrition also presented barriers to using traditional methods of evaluation, such as measurements, before and after the program activities. A young person

could attend a program once or come consistently for a period, then cease coming, giving no reasons. Following up previous participants was time-consuming and not considered a valuable use of resources. Therefore, program activities were targeted to the needs of the current participants.

### **Inadequate funding**

Service providers commented on finding it difficult to allocate limited and already stretched resources away from service delivery and towards evaluation. In one case, owing to staff shortages, the program facilitator was also required to become acting manager of the service. Remaining objective and using already scarce resources for evaluation was difficult under these circumstances.

### **Reliance on volunteers**

Program facilitators were generally not paid to run peer-based programs that were implemented out of office hours. For such volunteers, service delivery (rather than evaluation of service delivery) was the primary focus. Other peer-based programs relied on one or two paid staff members and the involvement of a core group of volunteers (often peers of the target group) to deliver services. The volunteer pool could change frequently. Concerns were expressed that asking volunteers to implement or facilitate evaluation activities may accelerate volunteer 'burn out'. A high level of volunteer turnover also created challenges for measuring changes over time. For example, if data had not been recorded, it was difficult to obtain this data from volunteers who had left the organisation.

### **Impact of program evaluation on participants**

Evaluation processes could be distracting for program staff. The need to develop trusting relationships with young people was not always consistent with evaluation activities. Furthermore, young people could be reluctant to divulge sensitive or personal information. Those young people who saw the program as a form of respite and an opportunity to escape daily stressors, resented having to engage in structured evaluation activities or expressed frustration at having to complete forms that repeatedly asked them to specify information such as their age, ethnicity or education level. Recalling difficulties or negative aspects of their lives, sometimes several times to different people without debriefing, could also be distressing and counterproductive.

## **Current reporting requirements**

Service providers associated evaluation with developing lengthy, time-consuming reports. Keeping records on how many young people attended the program, levels of attrition, and hours of service delivered was a requirement of the funding bodies. These providers, who already spent a significant number of hours preparing reports on these key performance indicators, did not have additional capacity to conduct more rigorous evaluation activities. Frustration was expressed that the information reported neither reflected the complexity of their programs fully nor the efforts involved.

## **Beliefs associated with evaluation**

There was a common belief that evaluation was only carried out at the end of a program to assess program impacts and outcomes, and that specialist skills and resources were required to conduct an evaluation appropriately. As a result, evaluation activities were generally only undertaken to meet reporting requirements and were not perceived to be a useful or essential component of day-to-day activities. Consequently, service providers reported knowing instinctively what was working and what was not, and changed programs accordingly.

In addition, the topic of program evaluation aroused significant tension amongst service providers and there were frequent doubts about the value of evaluation, for example:

‘Evaluation just confirms what we already know.’ (Service provider)

‘What’s the point? Young people just give silly answers or fill in questionnaires incorrectly.’ (Service provider)

‘I’m not sure how useful this data is. The skills and knowledge demonstrated within a “safe” peer program setting may not be realistic in relation to how a young person would behave in the “real world” which is generally less tolerant or safe for the groups we are dealing with.’ (Service provider)

A concern was also raised that evaluation may be unable to show that the program was effective owing to small numbers of participants, small incremental changes and being unable to generalise results. This was related to fears that a failure to demonstrate effectiveness may lead to the program being discontinued and young people who rely on the program suffering as a result.

## **Heterogeneity of target groups**

The diversity of young people attending a particular program required a high degree of flexibility in program delivery, which could be problematic for evaluation. For example, in one program the differences between a 15-year-old teenage mother and a 17-year-old teenage mother were dramatic in terms of their confidence levels, and knowledge and ability to cope with their situation. Both young women experienced the same program in quite different ways and program success could also be interpreted very differently for each user. This heterogeneity within the target groups contributed to increased difficulty in applying consistent indicators for program effectiveness.

## **Managing unforeseen events**

Programs needed to be responsive and address individual issues and concerns as they arose. There was an associated drain on time and resources as a result. Within the drop-in services, for example, it was not uncommon for a participant to come into the program facing a serious dilemma, needing immediate support or having had an experience they needed to discuss urgently. Seeking advice about emergency contraception or seeking help in relation to an abusive partner, for example, were not problems that could 'wait until next time' and there was no-one else to refer the young person to within the program. Thus, program facilitators were often required to 'wear several hats'. Unless these events were acknowledged by the facilitator and/or resolved at some level, program delivery could not continue as planned. If time was running short owing to such unforeseen incidents, it appeared to be more acceptable to leave out evaluation activities than program content.

Service providers and young people reported that the flexibility and capacity of programs to deal non-judgementally with critical incidents in young people's lives and access to a safe space were important features of peer-based programs that helped to reduce program attrition. The nature of the work, that is, being a positive role model, offering information and advice, and supporting young people through difficult and emotional issues, was noticeably draining for some staff. Conducting evaluation activities at the end of a program session was not always possible because of flagging energy levels or tasks that required immediate follow-up. For example, staff often had to engage in a one-to-one discussion with a troubled young person, provide transport home or investigate a suitable referral service

## **Reliability of data**

Participants' reliance on programs for support and the commitment of young people involved in program delivery was evident and could present a barrier to effective evaluation if 'socially desirable' responses were collected, that is, information that young people think will be required to help programs continue, rather than a true reflection of how a program is working. However, youth ownership of programs could also be seen as an enabler to conducting evaluations of programs, since there is genuine interest in collecting data that will help ensure program sustainability.

## ***Enablers to improve evaluations of programs***

Service providers identified five enablers to improve program evaluation. These were:

- access to simple evaluation tools
- more knowledge and skills in evaluation
- opportunities to share experiences with other service providers
- program budget to include time for evaluation activities
- new evaluation reporting systems that are more relevant for peer-based programs.

## **Access to simple effective evaluation tools**

Service providers identified a need for simple, practical evaluation tools that did not require high levels of literacy within the target group or substantial resources. Importantly, these tools should provide useful data about program effectiveness, not just efficiency as measured by attendance counts or program costs. The involvement of young people in developing and implementing suitable evaluation approaches may help ensure that the language used in evaluation tools is appropriate for the literacy levels of the target group and that activities are of an acceptable length. Collecting data that may improve or support decision-making for service improvements was considered beneficial.

## **More knowledge and skills in evaluation**

Service providers felt most comfortable implementing traditional evaluation activities such as survey tools or questionnaires, but realised that these approaches were not always suitable for at-risk youth with low literacy levels and low levels of engagement. Training opportunities for service providers to increase knowledge and skills in other evaluation approaches were suggested. Service providers also expressed interest in learning about

creative evaluation strategies, including digital storytelling, group artwork, journal writing and games that may promote increased youth engagement and participation.

### **Opportunities to share experiences with other service providers**

Hearing about evaluation strategies that had been used successfully by other programs and sharing tips for engaging at-risk youth in evaluation activities were considered beneficial. Resources were scarce and needed to be directed wisely with a focus on service delivery. Service providers would prefer to implement evaluation strategies that have been shown to work with at-risk youth and not waste time and resources on strategies that are unsuitable.

### **Program budget to include time for evaluation activities**

Current program plans generally did not factor in adequate time and resources for evaluation. Additional resources and recognition of the efforts associated with evaluation activities by the parent organisation and/or funding bodies were considered important.

### **New evaluation reporting systems that are more relevant for peer-based programs**

Current reporting systems focus on quantifiable indicators including levels of program attrition and service hours delivered. Changes in the attitudes, behaviours, knowledge and skills of young people were not reported. These types of data would help inform decision-making for service improvements. Thinking more laterally and creatively about what constitutes 'evidence' of program success was suggested. For instance, one program facilitator suggested that being nominated for a community award should be considered evidence that the program was meeting community expectations. In another example, the facilitator of a theatre-based youth peer program suggested that the production created by the young people constituted evidence that the youth had learned the intended information. In this case, a DVD could be sent to funding bodies as evidence of the program's positive outcomes.

## ***Discussion***

The barriers to evaluating peer-based youth programs identified by the study show some consistency with the themes evident in the literature—in particular, the lack of evaluation resources and the challenges of conducting rigorous evaluation studies of small, community-based programs and hard-to-reach populations. In addition, the findings

identified organisational and cultural barriers influencing the evaluation of peer-based youth programs, most notably inadequate funding, a reliance on volunteers, the absence of evaluation activities within day-to-day program activities, and frustrations associated with current reporting requirements. The heterogeneity of the target groups and the need for programs to be flexible and responsive to individual needs were also highlighted.

The enablers associated with evaluating peer-based youth programs identified by the study were focused on increasing evaluation capacity of service providers. Simple evaluation resources are needed that are suitable for peer-based program settings and that do not put unrealistic demands on service providers. Increased knowledge and skills in evaluation, access to best practice, additional budget for evaluation activities, and more relevant reporting systems were also suggested as key enablers for improving evaluation practice.

### **The implications of the findings for policy, practice and further research**

The findings presented above have implications for policy, practice and research.

#### **Implications for policy**

Service providers involved in the study were required to report on key performance indicators that they felt did not fully reflect the impact of their programs or their efforts. While quantitative data may be useful, collection of some qualitative data would give a fuller picture of how, and why programs are working for various target groups. Practitioners and funding bodies need to establish a common understanding of program objectives and what counts as evidence of program effectiveness, so that limited evaluation capacity can be targeted to generate the most useful data. Funding bodies need to recognise that small, incremental changes for at-risk youth may be significant precursors to larger outcomes and represent important milestones of progress. As such, they should be considered as positive outcomes. Related to this is increased recognition that successful outcomes will be different for every service user and that program evaluation systems should reflect the heterogeneity of their target groups. Bodies operating on behalf of the youth sector (such as Youth Affairs Councils throughout Australia) and research organisations could help advocate for changes to current reporting systems on behalf of time-pressured practitioners.

An increase in evaluation skills and knowledge is also needed if service providers are expected to undertake more extensive program evaluation work. This could be achieved

through the provision of training workshops and manuals or facilitating partnerships with researchers or evaluation consultants. Additional funding for evaluation activities should be provided in budgets.

### **Implications for practice**

Lack of knowledge about evaluation leads to misconceptions about what evaluation is and how it can be used. There are differences between: 1) evaluating a program rigorously to prove its long-term effectiveness or to enable the results to be generalised to other settings, target groups and program types; 2) providing evidence that a program is delivered as intended; and 3) providing evidence that a program is contributing to positive short-term or immediate changes in a particular group of participants. There are also limitations to what sort of evaluation will be possible given a particular program context. Ethical practice must also be addressed when considering evaluation designs that involve control or comparison groups.

Evaluation activities need to become commonplace in program delivery as a means of collecting data for continuous service improvement and to secure project funding. The findings revealed a limited understanding of using evaluation for needs assessment, quality audits, program monitoring or to ensure programs do no harm and remain safe for all participants. Some of the current activities within youth programs, such as group discussions, role-plays and journal writing, could be used for evaluation by adding some simple measures to increase the reliability of the data and to comply with ethical practice. Examples include collecting video or audiotape recordings of program activities and asking group members to sign a consent form assuring anonymity and confidentiality of data when appropriate. Using more creative evaluation strategies that increase youth engagement is also recommended.

### **Implications for future research**

Service providers in this study reported difficulties in determining realistic outcomes for programs and how program effectiveness should be measured, given the heterogeneity of the target groups and variable outcomes that could be expected. A theory and practice-based evaluation framework for peer-based youth programs would help to demystify the process of program evaluation for practitioners. The diversity of programs and target groups coupled with less tangible outcomes for socio-emotional development have also

created a need for developing commonly understood indicators and evaluation tools in this field.

While efforts were made to consult a range of youth service providers and peer-based programs, resources did not permit data collection in all types of peer-based programs or potential target groups.

The following peer-based programs and target groups could be considered for future research studies in this field:

- peer-mentoring programs
- peer-based programs for other socially isolated youth, including those in rural or remote communities, children who have parents with a mental illness, young carers, and young people who have a mental or physical disability
- outdoor-based or adventure programs for at-risk youth
- peer support groups for young people experiencing a chronic condition, young people who have siblings or parents with cancer or a chronic condition, young people who have experienced trauma or violence, and young people who are HIV positive
- programs for refugee youth, migrants or culturally and linguistically diverse populations.

## ***Conclusion***

In summary, a limited theoretical framework for peer-based programs and a lack of suitable indicators and measurement tools create challenges for evaluating peer-based community youth programs that have limited resources and target hard-to-reach groups. Increasing the evidence base to demonstrate that peer-based youth programs are effective will require a multifaceted approach to overcome barriers to program evaluation. Critical success factors include: finding ways that make it feasible for service providers to evaluate their services in terms that are relevant for them; developing evaluation methods that are acceptable to young people; and being realistic about what can be evaluated, how it can be evaluated and what the results can be used for.

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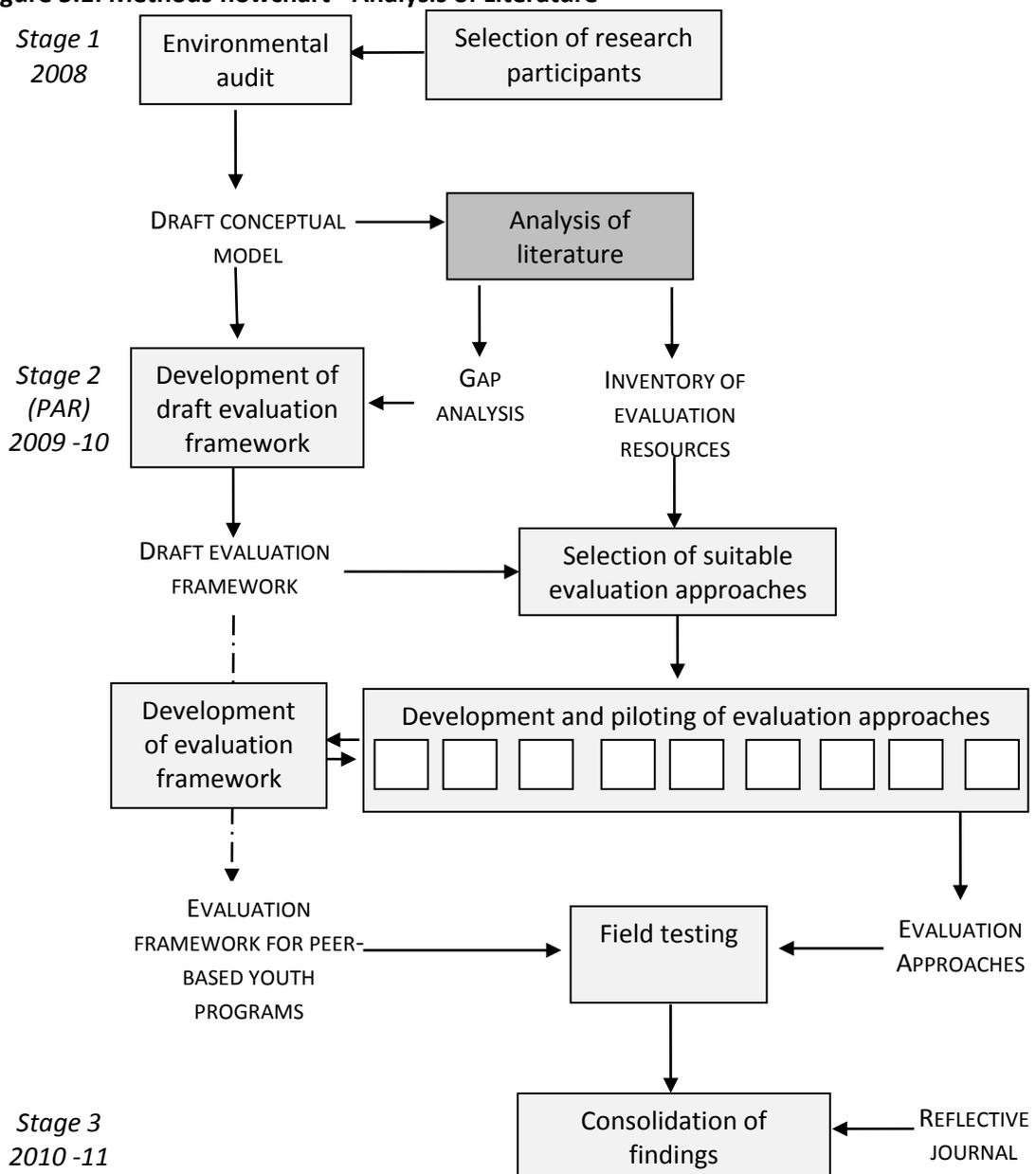
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# CHAPTER 5

## Results - Analysis of literature

The previous chapter described the **Environmental audit** and discussed the data collected from practitioners concerning the characteristics of target groups, program objectives and example indicators, features of effective programs, and the barriers and enablers associated with evaluating peer-based youth programs. This chapter describes the next step of the research process – **Analysis of literature** (see Methods flowchart Figure 5.1).

**Figure 5.1: Methods flowchart - Analysis of Literature**



## 5.1 Purpose

The purpose of the **Analysis of literature** was to identify sources of published literature which would support or refute the findings of the **Environmental audit** and to identify resources that may be useful for evaluating peer-based programs.

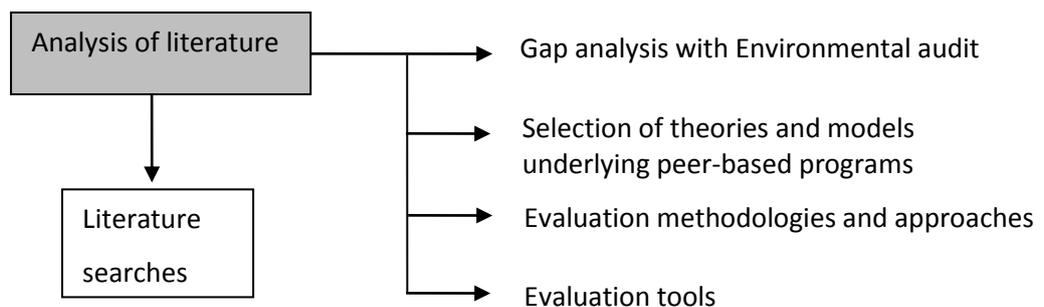
The **Analysis of literature** had the following objectives:

- To review the published literature for information to support or refute the data collected from service providers
- To identify aspects of current practice that were not supported by existing research (or are yet to be tested)
- To identify best practice for peer-based youth programs that had not been highlighted specifically by service providers
- To identify existing evaluation frameworks, methods and tools that may be relevant for peer-based programs
- To explore theories that may be relevant for peer-based approaches.

## 5.2 Main activities

The main activities and outputs associated with the **Analysis of literature** are summarised in Figure 5.2.

**Figure 5.2: Main activities – Analysis of literature**



The gap analysis with the **Environmental Audit** mirrored specific literature searches undertaken during the **Analysis of literature** and was conducted in four stages to investigate 1) features of effective programs, 2) key performance indicators, 3) barriers to evaluation and 4) enablers for evaluation. The purpose of each gap analysis was to compare the data collected during the **Environmental Audit** with information found in the published literature. Consistencies and inconsistencies between the two sources of data were

identified and the results of each gap analysis were tabulated (see Tables 5.2-5.5 in this chapter).

### 5.3 Literature searches

The **Analysis of literature** involved literature searches in five main areas: evaluation, young people, at risk youth, programs, impacts and outcomes, and theories. The literature review was limited to English language. Much of the work in this area has been dominated by work in the United States of America (U.S.A.). The keywords used for the literature searches (see Table 5.1) were generated by the researcher, research colleagues and from the data collected from service providers in the **Environmental audit**.

**Table 5.1: Keywords used for Analysis of literature**

SEARCH AREA	SEARCH TERMS/KEYWORDS
Evaluation	outcome measures, program evaluation/assessment/observation/measurement, process/outcome evaluation, tools/instruments/questionnaires/surveys, frameworks/models, approaches/strategies, barriers/challenges, evidence
Young people	youth/adolescents/teens/teenagers/high school students/K-12, peer groups
At risk youth	at risk/vulnerable/marginalised/risk-taking; teenage parents/young mothers, same sex attracted/gay/lesbian/bisexual/transsexual/GLBTQ, depressed youth/suicidal/self harm, socially isolated, bullying/abuse, low socio-economic status, trauma
Programs	community agencies, after school settings/after-school programs/out-of-school, safe space, flexibility, boundaries, positive role model/role modeling, strengths-based, youth involvement/participation, socio-emotional learning, social influence/ peer influence, group norms/rules/culture, early intervention, mental health promotion
Impacts and outcomes	resilience, social support/peer support, self-efficacy, personal/group identity, social connectedness/sense of belonging/isolation, self-esteem, confidence, help-seeking skills, coping skills, social skills, communication skills, optimism/future thinking/hopefulness, personal agency, leadership, education/literacy, empowerment/knowledge/skills/roles, developmental stage/maturity, mental wellbeing, personal development
Theories	social network theory, social cognitive theory, social identity theory, developmental assets, protective and risk factors, psychosocial factors, positive youth development, diffusion of innovations theory

Keywords were initially used to search the ProQuest, PubMed, Medline, and Web of Science databases for relevant peer-reviewed journal articles, books and theses. However, the results of these searches were limited. Therefore, research colleagues were consulted

to identify key authors working in the area of research and relevant journals. Targeted searches were undertaken for these authors/journals. Combinations of keywords were also used to search Google and Google Scholar for other relevant sources of information.

These searches identified 32 websites of national and international centres of excellence in adolescent research and development in which further keyword searches were undertaken (see Box 5.1).

**Box 5.1: Websites searched**

4H Centre for Youth Development <http://cyd.ucdavis.edu/>

Act for Youth [www.actforyouth.net](http://www.actforyouth.net)

Advocates for Youth <http://www.advocatesforyouth.org>

AfterSchool.org <http://www.afterschool.org/home>

Australian Clearing House for Youth Studies <http://acys.info/>

Australian Research Alliance for Children and Youth (ARACY) [www.aracy.org.au](http://www.aracy.org.au)

Building Partnerships for Youth <http://cals-cf.calsnet.arizona.edu/fcs/bpy/index.cfm>

Child Trends [www.childtrends.org](http://www.childtrends.org)

Children, Youth & Families At-Risk <http://www.reeusda.gov/4h/cyfar/cyfar.htm>

Connections [http://www.buildassets.org/connections/connections\\_colorado.htm](http://www.buildassets.org/connections/connections_colorado.htm)

Family Health International [www.fhi.org](http://www.fhi.org)

Forum for Youth Investment [www.forumforyouthinvestment.org](http://www.forumforyouthinvestment.org)

Foundations Inc. <http://qas.foundationsinc.org/start.asp?st=1>

Harvard Family Research Project [www.hfrp.org](http://www.hfrp.org)

High/Scope Educational Research Foundation <https://secure.highscope.org/index.asp>

Massachusetts Department of Elementary Education <http://www.doe.mass.edu/21cclc/ta/>

National Clearinghouse on Families & Youth <http://www.ncfy.com>

National Institute of Out-of-School Time <http://www.niost.org/>

National Network for Youth <http://www.nn4youth.org/>

National Recreation & Park Association <http://nationalyouthcongress.org>

National Youth Advocacy Coalition <http://www.nyacyouth.org/>

National Youth Agency [www.nya.org.uk](http://www.nya.org.uk)

National Youth Development Center <http://www.nydic.org>

New York State Afterschool Network – NYSAN <http://www.nysan.org/>

Perspectives on Youth <http://www.perspectivesonyouth.org/>

Planning & Evaluation Resource Center <http://www.evaluationtools.org/>

Search Institute <http://www.search-institute.org/research/>

The After School Corporation (TASC) [www.tascorp.org/](http://www.tascorp.org/)

The Innovation Centre for Community and Youth Development  
<http://www.theinnovationcenter.org/>

University of California <http://groups.ucanr.org/assets/>

William T. Grant Foundation [www.wtgrantfoundation.org](http://www.wtgrantfoundation.org)

Y-Peer Youth Peer Education Network [www.youthpeer.org](http://www.youthpeer.org)

### 5.3.1 Terminology issues

Early in the **Analysis of literature** it became clear that terms such as ‘peer-based’, ‘peer-led’ or ‘peer’ programs were too narrow when searching for relevant information in the published literature that would support or refute the data collected from service providers. Literature was, however, more readily available using the umbrella term ‘peer education’.

Literature searches using broader terms including ‘youth development programs’ and ‘community youth programs’ were also more successful. However, these search terms identified more than 150 articles and reports relating to a large diversity of youth programs, not all of them ‘peer-based’. While service providers involved in the study had not always used the term ‘peer-based’ to describe their programs, their discussions had focused on active youth involvement and the role of peer influence and peer support in achieving program outcomes. The researcher therefore decided to maintain the distinction between peer-based youth programs for high risk youth populations and more general community-based youth programs.

Strategies were employed to assist in identifying literature that was most relevant to the evaluation of peer-based services and reducing the volume of the search results. These strategies included targeted searches for programs directed at particular youth populations known to be at risk of poor mental health outcomes e.g. teenage parents, targeted searches for particular types of peer-based programs e.g. drop-in centres, and by combining peer-related search terms with the more generic youth development search terms. The definition of peer-based youth programs given in Chapter 1 - *programs which achieve their objectives through strategies based in the active participation, involvement and influence of individuals who recognise one another as ‘peers’* - was used to identify literature related to peer-based youth programs.

As a result, half of the articles and reports were excluded for one or more of the following reasons:

- Focused on therapeutic or clinical peer-based services
- School-based programs (rather than community services)
- Problem-focused (rather than strengths-based) programs
- Not related to mental health promotion but focused on a particular field e.g. HIV prevention, sexual health education

- Focused on program efficiency (cost : benefit) rather than program effectiveness (effects on peer educators or program participants)
- Focused on general youth programs rather than peer-based programs
- Focused on a particular ethnic group
- Relevant to programs based in a particular country only e.g. U.S.A.

### **5.3.2 Data management**

A dedicated Endnote library was created to store the results of the literature searches. Electronic and hard copies of literature were maintained in files. An annotated bibliography was created to document the key findings from each source of literature. Feeds were also set up to assist the researcher in identifying any new journal articles or resources which were published during the data collection stages of the research study.

### **5.3.3 Presentation of results**

The results of the **Analysis of literature** will be presented in the sections which follow under the following headings:

- Features of effective programs
- Gap analysis – features of effective programs
- Key performance indicators
- Gap analysis - Key performance indicators
- Barriers to program evaluation
- Gap analysis - Barriers to program evaluation
- Enablers for program evaluation
- Gap analysis - Enablers for program evaluation
- Theories underlying peer-based programs
- Evaluation methodologies
- Evaluation resources
- Evaluation tools
- Evaluation approaches.

## **5.4 Features of effective programs**

The literature searches identified several resources which discussed the features of effective community programs for particular target groups such as young offenders and young people at risk of suicide (see for example, Bean & Baber, 2011; Mason & Prior,

2008) or particular types of programs including youth arts-based programs, sports-based programs or structured youth development programs such as cadet training (see Heath, Soep, & Roach, 1998; Holdsworth, Lake, Stacey, & Stafford, 2005; Morris, Sallybanks, Willis, & Makkai, 2003). Space limitations in this thesis did not permit a full review of the many and diverse youth programs which were outside of the main inclusion criteria.

There were no documents found which presented common features of effective programs specifically for *at risk youth*. This was not surprising given the diversity of groups that could be described by the term 'at risk'. Access to hard-to-reach populations, ethical issues and other methodological issues have also limited the research available concerning at risk populations (Crosby, Salazar, DiClemente, & Lang, 2005). However, the literature searches identified four resources which summarised *common* features or good practice standards of effective community youth development programs in the U.S.A, the United Kingdom (U.K.) and Europe. These resources, summarised below, were published by the National Research Council and Institute of Medicine (U.S.A.), the Forum for Youth Investment (U.S.A.), the National Youth Agency (U.K.) and the United Nations Population Fund (U.S.A.).

#### **5.4.1 National Research Council and Institute of Medicine**

The National Research Council and Institute of Medicine report *Community Programs to Promote Youth Development* (National Research Council and Institute of Medicine, 2002) was prepared by the Committee on Community-Level Programs which was established by the Board on Children, Youth, and Families and the Committee on Adolescent Health and Development. The findings of the report were based on multiple sources of information and investigation of a broad range of community programs.

The report identified eight features of positive developmental settings for young people: 1) physical and psychological safety, 2) appropriate structure, 3) supportive relationships, 4) opportunities to belong, 5) positive social norms, 6) support for efficacy and mattering, 7) opportunities for skill building, and 8) integration of family, school and community efforts. The program features were identified as necessary for healthy physical, intellectual, psychological, emotional and social development in young people.

The report concluded that programs with more features were likely to provide the best environment for healthy youth development. However, limited funding and the

heterogeneity of youth made it unrealistic that one program could include all recommended features or meet the needs of all youth. Programs needed to be flexible enough to adapt to local contexts and be focused on meeting local needs (National Research Council and Institute of Medicine, 2002).

#### **5.4.2 Forum for Youth Investment**

Quality assessment was another method used to measure program effectiveness. The Forum for Youth Investment developed a guide to assessment tools for measuring youth program quality (Yohalem, Wilson-Ahlstrom, Fischer, & Marybeth, 2009). The guide was directed at practitioners, researchers and policy makers and compared the attributes of nine program quality assessment tools. In reviewing the tools, the authors concluded that program quality (effectiveness) could be defined by a common set of constructs (features).

Firstly, opportunities for positive relationships, safety and belonging, exploration and skill building, meaningful involvement, expression/reflection, service and work. Secondly, staff practices and supports which promoted youth as partners, safe, fair environments, supportive relationships, personalized participation, learning opportunities/intentional skill building, and continuity within program and across settings. Thirdly organizational policies and structures that promoted consistent, safe, inviting environments, high quality staffing, effective leadership and management, a range of diverse, interesting, skill-building activities, meaningful linkages with community, and youth involvement (Yohalem, Wilson-Ahlstrom, Fischer, & Marybeth, 2009).

#### **5.4.3 National Youth Agency**

The National Youth Agency (NYA) published a literature review of the evidence available for the effectiveness of the youth development model in the U.K. The model was based on the ideas of the positive youth development (PYD) movement, originating in the U.S.A., which espoused strengths-based approaches, long-term supportive adult and peer relationships, skills-building, and a safe, supportive environment as key elements of youth program effectiveness. These ideas contrasted with previous deficit-based youth program models and preventative interventions which aimed to 'fix' young people's problems or reduce problem behaviours (Pittman, Irby, & Ferber, 2000).

The NYA literature review provided a concise summary of the PYD. The review included papers from key authors in the PYD field (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004; Damon, 2004; Lerner & Galambos, 1998; Roth & Brooks-Gunn, 2000) and the findings of evaluations of well established PYD programs such as the youth mentoring program Big Brothers, Big Sisters in the U.S.A. (Tierney, Grossman, & Resch, 1995).

The review concluded that the key difference between a PYD program and other youth development programs was the focus on increasing positive assets (not reducing problems or deficits) in order to achieve risk reduction outcomes. Other features of effective PYD programs noted were programs which targeted protective factors such as social competencies, positive identity, positive values, and a commitment to learning. Programs which promoted active youth participation, ownership and belonging in the setting rather than just attendance and programs which recognised and rewarded positive, prosocial behaviours exhibited by young people also represented effective PYD approaches (Schulman & Davies, 2007).

#### **5.4.4 United Nations Population Fund (Y-Peer)**

The Youth Peer Education Network (Y-Peer) was a youth-led peer-based initiative which involved more than 200 organisations in Eastern Europe, Central Asia, Middle East, North Africa and East Africa (United Nations Population Fund, 2005). Major program sponsors were the United Nations Population Fund (UNFPA), Family Health International/YouthNet and the United Nations Children's Fund (UNICEF). The overall aim was to promote youth participation in sexual and reproductive health issues. The main focus of the Y-Peer project was to pool and consolidate experience and knowledge in adolescent sexual health peer education programs into a core resource.

Y-Peer facilitated partnerships between adults and youth to enable advocacy for national youth development strategies, standards of practice, improved training resources for peer educators, and dissemination of best practice, lessons learned and knowledge on adolescent sexual and reproductive health. The Y-Peer Toolkit contained standards for recruitment, retention, training and supervision of peer educators.

Key strategies identified by the Y-Peer project for planning effective peer education programs were mobilizing program stakeholders, understanding needs of the target

audience, focusing on issues that were currently relevant for youth, setting clear objectives, setting milestones, establishing monitoring, evaluation and feedback mechanisms, establishing linkages with other services for consistent programming and developing a long term funding strategy to ensure sustainability (United Nations Population Fund, 2005).

The Y-Peer resource was primarily focused on knowledge and behaviour outcomes rather than broader outcomes of peer-based programs such as peer support and the development of resilience and coping skills. The toolkit was also focused on sexual and reproductive health programs but many of the standards may also be relevant for peer education programs in other application areas.

### **5.5 Gap analysis – Features of effective programs**

A gap analysis was conducted to compare the features of effective programs identified in the literature with those highlighted by service providers in the **Environmental audit** to identify consistencies and discrepancies. Almost all of the features of effective programs in the literature were also highlighted by service providers with two exceptions. These were: *Integration of family, school and community efforts* and *Effective leadership and management*.

Possible explanations for these findings were that many of the young people participating in peer-based programs were disengaged from school, came from dysfunctional families, or belonged to communities in which they experienced marginalisation. As a result, the peer-based programs may have had limited contact with participants' families or local schools. In addition, peer-based programs were typically small-scale, one site interventions run (in the main) by one or two staff members and a pool of volunteers. The small size and informal nature of peer-based services may have reduced the need for formal organisation structures to achieve effective leadership and management.

The gap analysis also searched for literature that was consistent with the features of effective programs identified by service providers. Most of the environmental, content and process attributes of programs identified in the **Environmental audit** also appeared in the literature reviewed by the author. However, the gap analysis highlighted seven features that were identified by service providers only. These seven features, outlined below, may have particular significance for high risk youth populations.

**1. Diversity of staff (as a means of engaging youth).** At risk youth could be hard to engage. A diverse staff, who related to at risk youth on common ground in terms of their ethnicity, sexuality or other experiences, may have helped to improve levels of youth engagement.

**2. Strong inter-agency partnerships for boundary management.** At risk youth could present with multiple issues. Strong inter-agency partnerships enabled programs to facilitate effective referrals for young people to specialist support services and allowed better management of program boundaries and parameters.

**3. Simulates natural environment.** Some youth were at risk of poor mental health outcomes because they felt disconnected from their peers. Programs which created informal opportunities for youth to meet like-minded peers through shared experiences and common interests could help reduce isolation.

**4. Role modeling (as a means of teaching new skills).** Role modeling as a strategy to enable at risk youth to develop effective skills including social skills, coping skills, and problem solving skills was not discussed explicitly in the literature. The focus of the literature was mainly on knowledge and behaviour outcomes and therefore did not engage explicitly with the development of social and coping skills although programs were likely to contribute to these outcomes also. Role modeling was discussed in the literature as a means of validating or reinforcing existing or learned behaviours or in the context of adults as role models.

**5. Raises awareness of services and resources.** Developing health literacy (knowledge of available help services) and improved help-seeking behaviour may be more important for at risk youth who were disengaged from school or unlikely to access conventional help services including a General Practitioner. Peer referrals could also facilitate awareness of and access to support.

**6. Challenges negative social stereotypes.** Teenage mothers and same sex attracted youth are two examples of at risk groups that are often labeled with negative stereotypes. Programs which challenged negative stereotypes by providing meaningful roles for young people as peer educators, peer facilitators, peer mentors and peer supporters could also create opportunities to build self-esteem and optimism for these young people and for older peers.

**7. Transition support (roles/support beyond program).** The role of programs in relation to supporting at risk youth who could no longer attend the program because their age was outside the age range allowed, but who still needed support and opportunities for meaningful roles presented issues of ethical practice that required consideration by program providers.

Two explanations could be proposed for these findings. Firstly, the absence of these features in the literature may reflect the limited research that has been done to understand which features of programs contribute to positive youth development across diverse groups. Secondly, programs supporting youth at most risk were unlikely to have had the resources needed to conduct rigorous evaluation studies (National Research Council and Institute of Medicine, 2002).

Table 5.2 presents a summary gap analysis of the features of effective programs identified by service providers in the Environmental audit and those identified in the Analysis of literature.

**Table 5.2: Gap analysis - features of effective programs**

FEATURES OF EFFECTIVE PROGRAMS	GAP ANALYSIS	
	IDENTIFIED BY SERVICE PROVIDERS	IDENTIFIED IN LITERATURE
<b>Environmental attributes (identified in Environmental audit)</b>		
Safe space	Yes	Yes
Balance of power/non-punitive	Yes	Yes
Youth friendly setting/non-institutional	Yes	Yes
Diversity of staff (as a means of engaging youth)	Yes	-
Strong inter-agency partnerships for active referrals	Yes	-
Sponsorship/private funding	Yes	Yes
Simulates natural environment	Yes	-
Service not offered in isolation	Yes	Yes
<b>Process attributes (identified in Environmental audit)</b>		
Strengths-based	Yes	Yes
Relationship-based/case management	Yes	Yes
Role modeling (as a means of teaching new skills)	Yes	-
Exposure to positive peers	Yes	Yes
Peer influence/peer validation	Yes	Yes
Peer support	Yes	Yes
Group dynamics establish group norms	Yes	Yes
Goal-based, self-paced learning	Yes	Yes
Experiential informal learning	Yes	Yes
Responsive to changing needs	Yes	Yes
Continuity of service	Yes	Yes
Clear professional boundaries	Yes	Yes
<b>Content attributes (identified in Environmental audit)</b>		
Opportunities to practise new skills	Yes	Yes
Develops problem solving skills	Yes	Yes
Personal development opportunities	Yes	Yes
Increases awareness of services/resources	Yes	-
Develops help-seeking self-efficacy	Yes	Yes
Promotes positive thinking	Yes	Yes
Facilitates peer group cohesion	Yes	Yes
Provides hope/sense of possibility	Yes	Yes
Provides guidance/navigation	Yes	Yes
Behaviour substitution	Yes	Yes
Promotes alternative perspectives	Yes	Yes
Challenges negative social stereotypes	Yes	-
Transition support (roles/support beyond program)	Yes	-
<b>Other features (identified in Analysis of literature)</b>		
Integration of family, school and community efforts	-	Yes
Effective leadership and management	-	Yes

## **5.6 Key performance indicators**

Several authors have indicated an urgent need to collect standardised and robust data at a national and state level to assist with research and policy-making decisions and the ability to monitor child and youth health and wellbeing (Brindis, Cagampang, & Oliva, 2003; Lippman, Moore, & McIntosh, 2009). The current lack of standardised output measures and measurement instruments for youth development does not allow comparisons between programs (Scott-Little, Hamann, & Jurs, 2002).

As Brown and Moore have stated “*what gets measured gets done*” (Brown & Moore, 2009, p.2). The review of the positive youth development (PYD) literature by the National Youth Agency (NYA) also cautioned that PYD approaches could not be fully functional until evaluation measures reflected the positive development outcomes of programs:

Unless we are able to measure positive youth outcomes, positive youth development practice will likely look quite similar to preventative, risk-reduction practices. That is because the way in which we measure programme success influences service providers’ behaviour. When service providers are on the line for achieving a reduction in adolescent smoking rates, they understandably will be heavily focused on behavioural change. When service providers are on the line for improving young people’s sense of self-efficacy and positive identity, their focus will likely shift towards relationship building (Schulman & Davies, 2007, p.29).

The NYA review also noted that evaluation tools and resources were not always available to assist service providers in measuring positive developmental outcomes in young people. The lack of suitable indicators acted as a barrier to evaluation and the NYA review advocated for prioritizing investment in indicator development (Schulman & Davies, 2007).

Developing a standardised and common framework of positive indicators for youth development was, however, associated with several methodological challenges. These challenges included cross-cultural validity of measures, defining age-appropriate measures, developing brief but robust measures to reduce the burden on respondents, and the need to involve children and young people in identifying the factors that contribute to their health and wellbeing (Lippman, Moore, & McIntosh, 2009).

## 5.7 Gap analysis – key performance indicators

Table 5.3 presents a gap analysis of the key performance indicators for youth development programs identified in the literature and those identified by service providers.

**Table 5.3: Gap analysis - key performance indicators for youth development programs**

KEY PERFORMANCE INDICATORS FOR YOUTH DEVELOPMENT PROGRAMS	GAP ANALYSIS	
	IDENTIFIED BY SERVICE PROVIDERS	IDENTIFIED IN LITERATURE
Good mental health	Yes	Yes
Good school performance	-	Yes
Good peer relations	Yes	Yes
Good problem solving skills	Yes	Yes
Low levels of problem behaviours	-	Yes
Finishing school	Yes	Yes
Completing higher education	Yes	Yes
Obtaining and keeping a job	Yes	Yes
Staying out of prison	-	Yes
Avoiding drug and alcohol abuse	-	Yes
Supportive and stable intimate relationships	Yes	Yes
Involvement in civic and community activities	Yes	Yes

As Table 5.3 shows, there was consistency across most indicators. However, service providers in this study did not identify *good school performance*, *low levels of problem behaviours*, *staying out of prison*, and *avoiding drug and alcohol abuse* as important indicators of program effectiveness.

These differences may reflect the different objectives of youth development programs internationally. Youth development programs in the U.S.A. were mainly set up to reduce increasing levels of delinquent behaviour in out of school hours and to improve academic outcomes for all young people (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004). In the U.K., the Young People’s Development Project piloted 27 high intensity PYD programs (six to ten hours contact per week) targeting young people aged 13-15 years at risk of teenage pregnancy, substance abuse and school exclusion (Schulman & Davies, 2007).

Australian youth development programs included informal, low intensity early intervention peer-based services for mental health promotion such as drop-in spaces (Brown, Lobo, Maycock, & Burns, 2007) and more structured cadet-style programs (Holdsworth, Lake, Stacey, & Stafford, 2005). Australian programs for at risk youth appeared to be focused on ‘getting the basics in place’ such as belonging to a supportive peer group, building help seeking skills, and feeling good about themselves, before helping young people to develop

further e.g. to finish school, engage in training or employment or reduce drug or alcohol abuse (Brown, Lobo, Maycock, & Burns, 2007).

## **5.8 Barriers to program evaluation**

Literature searches were undertaken to identify the reasons for the limited evidence base for peer-based youth programs. A report commissioned by the Australian Research Alliance for Children and Youth to investigate measurement of outcomes by community organisations highlighted the following barriers to program evaluation associated with the complexity of community-based youth services:

- Varied range of clients, programs and services influencing outcome measurement and achievement
- Range of complex social issues was being addressed
- System that was in a constant state of change
- Culture of non-measurement within many community organisations which reduced their motivation and capacity to measure outcomes and other organisation issues such as size and specificity of focus
- Evidence base about 'what works' for the Australian community sector was lacking
- Many outcomes were evidenced only in the long term
- Links between intervention and outcome and impact were not always straightforward or definitive (Australian Research Alliance for Children and Youth, 2009, p. xi-xii).

These findings were consistent with the views of other authors who noted that the diversity of programs, the heterogeneity of the target groups, the range of possible impacts, the informal or drop-in nature of programs, and unclear objectives had made formal evaluation of peer-based programs particularly problematic (Mercier, Piat, Peladeau, & Dagenais, 2000; Parkin & McKeganey, 2000).

Evaluation of peer-based initiatives has mainly focused on sexual health education and alcohol and drug prevention programs (Hampton, Jeffery, Fahlman, & Goertzen, 2005; Webster, Hunter, & Keats, 2002). There were few studies available which assessed the effectiveness of programs which promoted mental health and wellbeing in young people from high risk groups (Hillier, 2007; Sachmann, 2007; Truman, Rankin, Backett-Milburn, & Platt, 2007). Available evaluation data has generally indicated a positive impact on program

participants. However, a review by Apsler (2009) of evaluation research on after-school programs for adolescents suggested these results should be treated with caution. Methodological issues which could influence the results achieved by programs included high program attrition, ethical barriers to establishing control groups, sample selection biases, infrequent attendance, lack of clear objectives and unstructured programming (Apsler, 2009).

Child Trends, a non-profit organisation in the U.S.A. focused on child and youth development research, conducted a series of roundtable discussions with practitioners and consolidated the findings in a report '*What program providers want funders to know*' (Moore, 2009). The report highlighted further barriers to program evaluation:

- Inadequate funding available to recruit and retain staff. Reliance on volunteers is not always easy
- Competition for funding meant programs felt pressured to 'make promises' they struggled to deliver in order to secure funds
- Lack of recognition by funding bodies that small changes were significant within at risk groups and were more realistic for brief interventions
- Lack of evaluation skills and knowledge and lack of resources to increase evaluation capacity (Moore, 2009).

## **5.9 Gap analysis – barriers to program evaluation**

All of the barriers to program evaluation identified during the **Environmental audit** were echoed in the literature. There were also three barriers to program evaluation highlighted in the literature that were not discussed by service providers. These were the *limited theoretical development associated with peer-based youth programs*, *unclear objectives*, and the *lack of evaluation tools for measuring positive youth development outcomes*. This finding likely reflects the evolutionary nature of the programs involved in the research study and the lack of theory informing these initiatives or the limited skills and knowledge of some service providers in setting clear program objectives.

Table 5.4 presents a gap analysis of the barriers to program evaluation reported by service providers and those identified in the literature.

**Table 5.4: Gap analysis - barriers to program evaluation**

BARRIERS TO PROGRAM EVALUATION	GAP ANALYSIS	
	IDENTIFIED BY SERVICE PROVIDERS	IDENTIFIED IN LITERATURE
Limited evaluation capacity	Yes	Yes
Working with at-risk youth	Yes	Yes
Working with transient populations	Yes	Yes
Inadequate funding	Yes	Yes
Reliance on volunteers	Yes	Yes
Impact of program evaluation on participants	Yes	Yes
Current reporting requirements	Yes	Yes
Beliefs associated with evaluation	Yes	Yes
Heterogeneity of target groups	Yes	Yes
Managing unforeseen events	Yes	Yes
Reliability of data	Yes	Yes
Limited theoretical development of peer-based youth programs	-	Yes
Unclear objectives	-	Yes
Lack of evaluation tools for measuring positive youth development outcomes	-	Yes

## **5.10 Enablers for program evaluation**

The literature searches for enablers to program evaluation of youth services in community settings highlighted five enablers. These were non-experimental qualitative techniques, capacity building, involvement of young people in evaluation activities, theory-driven approaches to evaluation, and development of positive youth development indicators. Each of these enablers is discussed below.

### **5.10.1 Non-experimental qualitative evaluation techniques**

McKinlay (1996) highlighted the value of using non-experimental qualitative techniques to assist in identifying reasons for inconclusive results from quantitative evaluations of large-scale community interventions. These techniques included interview, observation and reflection for process evaluation (McKinlay, 1996).

According to McKinlay (1996), non-experimental qualitative techniques could be used to determine inconsistencies in program implementation and quantitative assessment techniques. For example, the program may have been experienced differently by individuals owing to high staff turnover or significant heterogeneity within the target group. McKinlay (1996) further argued that monitoring program implementation may be as important as measuring program impacts and outcomes in order to understand why programs worked or did not work and under what conditions. Given the typically small

numbers involved in community peer-based programs, population-level measures were not available. More in-depth information was required and qualitative evaluation techniques may therefore be particularly significant for peer-based programs.

Understanding *why* youth programs work rather than *if* they work has continued to be the focus of research on after school programs as illustrated by a special issue of the American Journal of Community Psychology devoted to after school programs (Pyett, Waples-Crowe, & van der Sterren, 2010). Qualitative inquiry methods were recognised as having an important role in developing theory-based explanations for why programs work and exploring difficult issues in youth programming. For example, Larson and Walker (2010) interviewed the program leaders of 12 after-school programs in Illinois, U.S.A., several times over a period of 2-9 months and identified 250 dilemmas practitioners faced which challenged program quality. The strategies used by practitioners to manage these dilemmas were also discussed (Larson & Walker, 2010). The authors argued that identifying the features of effective programs was not enough to assure program quality; practitioners also needed training to equip them to manage challenging situations.

### **5.10.2 Capacity building**

A qualitative study by Lamaro (2009) analysed data from mental health promotion practitioners to explore the status of current evaluation of interventions for improving mental wellbeing and social connectedness and to identify barriers and enablers for effective evaluation in this area. The study highlighted difficulties in evaluating programs owing to limited skills, knowledge, time, financial resources and lack of a suitable definition or tools for measuring mental wellbeing and social connectedness.

Lamaro (2009) concluded that intra-sector and inter-sector partnerships could help improve evaluation capacity through increased information and skill sharing, dissemination networks, additional organisational and management support, and access to resources for comprehensive data collection. However, leadership, capacity building opportunities, resources for evaluation and practice-based research would be needed to overcome the challenges associated with establishing effective partnerships and to improve evaluation of community mental health promotion programs (Lamaro, 2009).

A recent report by Public/Private Ventures (2011), a not-for profit organisation in the U.S.A., advocated for further capacity building within the sector that was no longer focused on the development of evaluation resources but on translating these resources into effective practice:

Confronting [social] problems on this scale calls not just for tested models and proven services. It calls for organizations that can reliably deliver those models and services to the huge population that needs them. The evaluation field has produced a substantial toolkit for gathering information and assessing programs. But we are now faced with the far grittier issue of how to actually improve program effectiveness (Public/Private Ventures, 2011, p.2).

The Public/Private Ventures (P/PV) report made several recommendations for improving program effectiveness 'on the ground'. For example, the development of common measures to enable comparative evaluation studies, providing evaluation resources that could be implemented at low cost, and more training for practitioners on types of evaluation, what to evaluate and when to evaluate. Such training would avoid programs being evaluated for impact too early. In addition, the P/PV report also recommended the collaboration of researchers, funding bodies and practitioners in the design of new program models, setting evaluation targets and agreeing on suitable evaluation activities, and the consolidation of lessons learned and knowledge for the sector as a whole (Public/Private Ventures, 2011).

### **5.10.3 Involving young people in evaluation activities**

The rise in positive youth development approaches has seen increasing levels of youth participation in planning, implementing and evaluating programs in recent years (Brown, Lobo, Maycock, McManus, & Burns, 2008; Innovation Center for Community and Youth Development, 2005; Powers & Tiffany, 2006; Ryan & Bernard, 2003). An example of both capacity building and involving young people in evaluation activities was illustrated by the Y-Peer (Youth Peer Education Network) initiative described earlier in this chapter (United Nations Population Fund, 2005).

Involvement of young people in research on issues which affect them has also shown promise in developing and assessing effective interventions for particular groups. For example, the Youth Action Research for Prevention (YARP) project was a multi-level

intervention for high risk urban youth in Hartford, Connecticut, U.S.A., which aimed to reduce risk and problem behaviours and increase youth efficacy and empowerment. The YARP intervention employed a participatory action research (PAR) approach. The evaluation design for the study measured change at an individual, group and community level (Ryan & Bernard, 2003). The study design was resource intensive but provided valuable information about how to effect change through a youth PAR model and a multi-level approach.

Pilot study 2, preceding this research, conducted by Brown et al. (2008) identified trade-offs associated with involving young people in implementing evaluating activities. Adequate investment was required to provide youth with the necessary skills and knowledge. Processes for mentoring, supporting and debriefing young people were also required to assure data reliability and ethical practice including data confidentiality. Adults partnering with youth in implementing evaluation activities also needed to relinquish some control over the process in order to demonstrate to young people that their contributions were valued (Brown, Lobo, Maycock, McManus, & Burns, 2008). These findings were consistent with the findings of a report by Advocates for Youth in the U.S.A. *Youth Involvement in Prevention Planning* which warned against 'tokenism' and 'insufficient preparation' when involving young people in prevention planning (Klindera & Menderweld, 2001).

The Advocates for Youth report also identified many benefits to involving young people in program implementation including increased self-esteem through recognition by others, improved skills (e.g. leadership, time management) and improved future career choices. Other authors have echoed these benefits for young people, in particular, reinforcing the meaningful roles young people can play to improve community services, the development of skills, knowledge and leadership experiences, and opportunities for young people to influence services which affect them. For marginalised groups, these outcomes may be particularly important since the perspectives of marginalised groups are not always captured (Powers & Tiffany, 2006).

Finally, there were benefits for organisations from involving youth in program planning and evaluation. These benefits included additional manpower, access to peer-to-peer data, more effective programs, higher levels of participant engagement and retention, and increased credibility (Klindera & Menderweld, 2001). For research studies, the involvement of young people could improve the validity of the data and provide access to hard-to-reach groups (Brown, Lobo, Maycock, McManus, & Burns, 2008; Powers & Tiffany, 2006).

#### **5.10.4 Theory-driven approaches to evaluation**

Our understanding of how community peer-based youth programs may work has been developed mainly from school-based programs and peer education initiatives, often with mainstream youth. The extent to which the mechanisms in these initiatives apply to peer-based youth programs in community settings is unclear, due in part to the limited theory development available for community youth programs (Chaskin, 2009; Mercier, Piat, Peladeau, & Dagenais, 2000; Parkin & McKeganey, 2000; Turner & Shepherd, 1999).

An article by Sampson (2007) '*Developing robust approaches to evaluating social programmes*' recommended a theory-driven approach to evaluating social programs. According to Sampson, clarifying the assumptions underlying programs would assist practitioners to address the challenges faced in evaluating complex programs which continually evolved as a result of a changing political and financial context. The paper concluded that the focus of evaluation should not be whether or not a program was successful or should be replicated but on what good practice principles could be transferred to other programs (Sampson, 2007). This conclusion was consistent with a realist approach to evaluation (Pawson & Tilley, 1997).

Realist evaluation is a form of theory-based evaluation with its origins in the U.K. (Pawson & Tilley, 1997). The goal of realist evaluation was to articulate and test the program theory by examining which groups were likely to benefit most from a program, including how and why. In realist evaluations, efforts were made to identify the program mechanisms (i.e. activities, features) that contributed to program results. For example, why was the program working, what was essential to deliver change, what was not essential? In this way, resources could be targeted more wisely.

Realist evaluation did not aim to generalise findings such that large scale implementation of 'successful' programs was possible. The intent was to identify effective program mechanisms which could be useful and transferrable to programs with similar objectives and target groups in other settings (Pawson & Tilley, 1997).

In their review of articles associated with improving the quality of youth programs, Hirsch and colleagues (2010) noted the lack of theory development in many research studies investigating the relationships between program features and outcomes:

...we were struck by the general absence in several of the articles of clearly articulated theoretical frameworks...Further research is needed not only to identify the nuanced relationships between features and outcomes, but also to explain the mechanisms through which such relationships operate, which can better facilitate the design of more targeted and effective programs (Braun & Clarke, 2006, p.450).

#### **5.10.5 Development of positive youth development indicators**

As discussed previously, standard indicators were lacking for positive youth development, particularly measures for social capital, knowledge of essential life skills, career and technical knowledge, and existence of community, religious, and civic institutions. However, the last two decades have seen significant development in the field of positive youth development indicators for child and youth health and wellbeing building on the perspective that *'problem free is not fully prepared'* (Pittman & Cahill, 1991) and a recognition that measuring basic needs and deficits was insufficient.

There are now frameworks developed nationally and internationally which include positive indicators of youth development (Dukakis, London, McLaughlin, & Williamson, 2009; Lippman, Moore, & McIntosh, 2009). However, there is still no common framework for monitoring healthy youth development. Further, the available measures were mainly from research studies conducted in the U.S.A. and there may be differences for psychological/emotional development and social development/behaviour indicators in other countries (Lippman, Moore, & McIntosh, 2009). The availability of standard indicators for positive youth development would facilitate program evaluation.

Surko et al. (2006) reported on a process to develop statewide indicators for positive youth development programs in New York State in an effort to promote consistent programming and information exchange. The study involved 91 young adults aged 18-21 in addition to 121 service providers and 50 attendees at a symposium for youth development. A concept mapping process was employed which identified nine clusters of youth development indicators. These were: prosocial values and skills, positive use of time, physical health, risk behaviours, safety, family connections, community and peer relations, school climate and educational achievement. Participants rated 91 indicators which were then reduced to a shortlist of 15 core indicators by selecting those with the highest mean ratings. The shortlist contained six items from the prosocial values and skills cluster and indicated the perceived

importance of this area for positive youth development programs (Surko, Pasti, Whitlock, & Benson, 2006). Further research is needed to develop common indicators for youth development to facilitate program evaluation.

Brown Cross and colleagues (2010), and other authors, have discussed the relationship between program implementation quality and program effectiveness. These authors have argued that identifying measures of high quality program implementation will also be important for achieving positive youth development outcomes. Program implementation is multidimensional in nature and therefore multidimensional measures are likely to be required, for example measures associated with staffing, management, program participants and program ambience (Brown Cross, Gottfredson, Wilson, Rorie, & Connell, 2010).

### ***5.11 Gap analysis – enablers for program evaluation***

At first glance, the data on enablers for program evaluation collected from service providers and the literature appeared to be quite different. A closer look at the results indicated that these differences were more related to language. For example, in discussing the need for new reporting systems which more accurately reflected practice, service providers did indirectly refer to the need for qualitative evaluation techniques. Similarly, service providers addressed capacity building in terms of program budget available for evaluation activities, access to simple and effective tools and increased knowledge and skills.

Table 5.5 presents a gap analysis of the enablers for program evaluation identified in the literature and by service providers.

**Table 5.5: Gap analysis - enablers for program evaluation**

ENABLERS FOR PROGRAM EVALUATION	GAP ANALYSIS	
	IDENTIFIED BY SERVICE PROVIDERS	IDENTIFIED IN LITERATURE
Access to simple and effective evaluation tools	Yes	-
More knowledge and skills in evaluation	Yes	Yes
Opportunities to share experiences with other practitioners	Yes	-
Program budget to include time for evaluation	Yes	-
New reporting systems	Yes	Yes
Qualitative evaluation techniques	Yes	Yes
Capacity building	Yes	Yes
Involving young people in implementing evaluation activities	-	Yes
Theory-driven approaches to evaluation	-	Yes
Development of standard indicators for youth development	-	Yes

It was unsurprising that, with generally limited skills, knowledge and experience in evaluation, service providers did not mention the need for theory-driven approaches and the availability of standard indicators. The results indicated that improving evaluation of community youth programs will require improved evaluation resources (funding, tools, and indicators).

The literature also recommended development of theory-driven approaches to evaluation, use of qualitative data, effective partnerships, and the involvement of young people in designing and implementing acceptable evaluation activities as key enablers for improved program evaluation. Service providers highlighted networking as an important enabler for program evaluation. The need for new reporting systems which reflected practice was discussed in the literature and by service providers as an enabler for program evaluation. The results indicated that attention to language will be important when developing resources for service providers.

### ***5.12 Theories and models underlying peer-based programs***

The purpose of the analysis of literature in relation to theories and models was to identify the most relevant theories and models which could be used to explain the emerging evaluation framework and the likely theoretical basis (if any) underpinning current practice. The study did not seek to test or validate the relevance of particular theories and models.

Literature searches for relevant theories and models underlying peer-based youth programs were conducted using the keywords and methods described at the beginning of this chapter. Theories and models were identified which explained:

- The role of peer-based programs in providing a safe environment in which young people could observe, learn and practice social skills, problem-solving skills, coping skills, communication skills and help-seeking skills
- The role of peer and social influence in skills development
- The role of peer groups, social connectedness and peer support in healthy adolescent development
- The service delivery models evident within peer-based programs including active youth involvement, partnerships, and a focus on asset-building rather than deficits.
- The role of peer-based programs in establishing and maintaining positive attitudes and beliefs about the self, the future and one's ability to influence one's future.
- The different outcomes achieved by different young people attending the same program.

Following this initial review, an extensive review of the 25 theories and models identified was conducted by the researcher, and counter-checked by peer reviewers, to select the most relevant theories and models. This process is explained in **Section 5.12.1 Selection of most relevant theories and models**. Developing an integrated theoretical model for peer-based youth programs was outside the scope of the study. Indeed, it would have been counter to the PAR process which sought to put theory and practice on an equal footing. A 'theoretical model' is associated with specific expectations in terms of testing and validation and this was outside the scope of the study. Given the diversity of peer-based programs, a single universal theoretical model would be unlikely and might imply the need to 'force-fit' programs to such a model.

The selection of the most relevant theories and models was based on the emerging evaluation framework. Further theory development for peer-based youth programs will be important to ensure effective and sustainable programs are implemented and this would be a useful piece of follow-on research.

Two tables of results (Table 5.6 and Table 5.7) are presented next:

- **Table 5.6: Theories and models which may be relevant for peer-based youth programs** (two pages). The initial review identified 25 theories and models which could be relevant for peer-based youth programs. Table 5.6 summarised the possible application of these theories and models to peer-based youth programs. The theories and models are presented alphabetically.
- **Table 5.7: Initial mapping of most relevant theories/models to components of peer-based youth programs.** An initial mapping of the 25 theories and models identified against the program objectives, processes, impacts and outcomes of peer-based youth programs was completed by the researcher. Table 5.7 indicated which of the 25 theories and models were relevant for explaining different aspects of peer-based youth programs such as program rationale, moderating factors, programming and behaviour change.

**Table 5.6: Theories and models which may be relevant for peer-based youth programs**

<b>NO.</b>	<b>THEORY OR MODEL</b>	<b>AUTHOR(S)</b>	<b>POSSIBLE APPLICATION TO PEER-BASED YOUTH PROGRAMS</b>
1	Alternative Education Model	(Lange & Sletten, 2002)	Strengths-based and flexibility, learner-centred, experiential learning
2	Attachment Theory	(Bowlby, 1969/1982)	Social connectedness and belonging, peer support
3	Child development theories	(Piaget, 1983)	The role of peer and social interaction in cognitive development
4	Community organisation models	(Bracht, 1990)	Changing social norms and social support to improve health
5	Developmental assets	(Search Institute, 2006)	41 external and internal assets which promote healthy youth development and reduce deviant behaviour
6	Differential Association Theory	(Sutherland & Cressey, 1966)	Deviant behaviours are learned through interaction with others
7	Diffusion of Innovations	(Rogers, 1983)	Peer influence/role modeling, skills building, healthy norms/beliefs
8	Ecological Model	(Bronfenbrenner, 1979)	Variable impacts and outcomes, role of family/community
9	Health Belief Model	(Rosenstock, 1974)	Role of attitudes and beliefs in influencing healthy behaviours
10	Hope Theory	(Snyder, 1994)	Hope, optimism and personal agency
11	Inoculation Theory	(McGuire, 1961)	Youth resist peer pressure if they have knowledge/skills to do so
12	Maslow's hierarchy of needs	(Maslow, 1943)	Human behaviour is motivated by unsatisfied needs
13	Positive Youth Development	(Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004)	Safe space, asset-building, increased protective factors
14	Resilience Theory	(Rutter, 1985)	Increasing protective factors, reducing risk factors for poor outcomes
15	Role Theory	(Sarbin & Allen, 1968) (Biddle, 1979)	People play different roles in different settings. Creating meaningful social roles and role expectations can influence desired behaviours

<b>NO.</b>	<b>THEORY OR MODEL</b>	<b>AUTHOR(S)</b>	<b>POSSIBLE APPLICATION TO PEER-BASED YOUTH PROGRAMS</b>
16	Social Cognitive Theory	(Bandura, 1986)	Positive role modeling, positive peer group rules/norms. Reciprocal influence (or determinism) and expectations
17	Social Identity Theory	(Tajfel & Turner, 1979)	Positive self concept and increased self-esteem
18	Social Integration Theory	(Durkheim, 1897/1997)	Social connectedness and belonging, access to increased social support through networks, can improve mental health outcomes
19	Social Network Theory	(Cotterell, 1996)	Peer relationships and social networks in adolescence help develop social competencies required for adulthood
20	Solution-focused brief therapy	(de Shazer, 1985)	Focus on goals and aspirations rather than problems and deficits
21	Stages of Change theory	(Prochaska, DiClemente, & Norcross, 1992)	Behaviour change depends on an individual's readiness to change
22	Theories of group relations	(Freud, 1922; Le Bon, 1896)	Individuals may behave differently in a group setting. Group can compensate for individual areas of weakness
23	Theory of Planned Behaviour	(Ajzen, 1991)	Influence of attitudes, norms and perceived behavioural control on intentions to behave in a particular way
24	Theory of Reasoned Action	(Fishbein & Ajzen, 1975)	Links between beliefs, attitudes, norms, intentions, and behavior
25	Youth Empowerment Model	(Hart, 1992)	Opportunities for meaningful involvement of young people in developing support services

**Table 5.7: Initial mapping of most relevant theories/models to components of peer-based youth programs**

<p><b>ROLE OF PEER-BASED YOUTH PROGRAMS</b></p>	<p><b>PROGRAM OBJECTIVES:</b></p> <p><b>INCREASE PROTECTIVE FACTORS</b>                  Self-esteem                  Sense of attachment and belonging                  Positive coping skills                  Social competence                  Social support                  Opportunities for control                  Positive peer influences                  Positive role models</p> <p><b>REDUCE RISK FACTORS</b>                  Social isolation                  Self-loathing                  Hopelessness                  Lack of positive role models                  Negative peer influences                  Lack of control                  Negative thinking</p>	<p><b>BY:</b></p> <p><b>SUPPORTIVE ENVIRONMENT</b>                  Safe space/refuge                  Continuity of service                  Youth friendly setting                  Supportive adults                  Positive role models                  Positive peer influences                  Balance of power</p> <p><b>CORE PROCESSES</b>                  Voluntary participation                  Strengths-based                  Experiential learning                  Guidance (not direction)                  Clear boundaries                  Relationship-based                  Skills practice                  Transition support</p>	<p><b>RESULTING IN:</b></p> <p><b>INDIVIDUAL IMPACTS AND OUTCOMES</b>                  Positive thinking                  Positive self concept                  Positive coping strategies                  Health promoting behaviours                  Reduced risk/problem behaviours                  Social skills                  Self-efficacy                  Maintained/improved mental health status</p> <p><b>GROUP IMPACTS AND OUTCOMES</b>                  Perceived safe space                  Peer group social norms/group identity                  Youth engagement                  Social networks                  Tolerance/acceptance of diversity                  Peer support                  Group resilience                  Community engagement</p>
<p><b>MOST RELEVANT THEORIES AND MODELS</b></p>	<p><b>PROGRAM RATIONALE</b>                  Attachment theory                  Resilience theory                  Social network theory                  Developmental assets framework                  Positive youth development</p> <p><b>MODERATING FACTORS</b>                  Ecological model                  Child development theories</p>	<p><b>PROGRAMMING</b>                  Maslow’s hierarchy of needs                  Attachment theory                  Alternative education model                  Theory of participatory action                  Differential association theory                  Solution-focused therapy                  Community organisation models                  Youth empowerment model</p>	<p><b>BEHAVIOUR CHANGE</b>                  Social cognitive theory                  Social identity theory                  Social integration theory                  Inoculation theory                  Theory of planned behaviour                  Diffusion of innovations                  Social network theory                  Theories of group relations                  Theory of planned behaviour</p>

### 5.12.1 Selection of most relevant theories and models

The initial review of theories and models was extended to select the theories and models which had the *most* utility in explaining the draft conceptual model. This selection was a complex process which required several rounds of analysis in parallel with the development of the evaluation framework. The selection of the most relevant theories and models involved deconstructing elements of practice to identify possible theoretical explanations. This method reflected a process of using theory to *explain* practice with a view to ultimately using theory to *guide and inform* best practice in future. The emerging evaluation framework was also modified to reflect the selected theories and models, e.g. employing consistent language.

It was considered particularly important to distinguish between theories and models which explained the nature of youth programs generally and theories and models that were most useful in explaining the nature of *peer-based programs for at risk youth in community settings*. Three criteria were used to select the most relevant theories and models for peer-based youth programs. These criteria were:

- The extent to which the theories and models could explain the draft conceptual model for peer-based youth programs
- Additional insights provided by theories and models that were relevant for peer-based youth programs in community settings (rather than school, primary care or therapeutic settings)
- The level of robustness of theories and models (evidence base available, theory testing completed).

As theories and models were provisionally selected according to the criteria above, validation was sought through discussions with the other researchers and during meetings with service providers as part of the participatory action research process to develop the draft evaluation framework. The discussions with service providers helped them understand how their practice was supported by theory.

There was more interest in the theoretical underpinnings of peer-based programs than the researcher had anticipated as the following excerpt from the reflective journal illustrates:

*Practitioners were more interested in the theoretical underpinnings of their programs than I had anticipated. In developing the evaluation framework I had*

*explained that their role was to help me understand what was happening in their programs and what they believed they were trying to do for young people. My role would then be to review the literature to locate information that would support, refute or enhance current practice models. I had assumed that practitioners perceived this analysis of literature as 'academic stuff' that they need not be concerned with. I was wrong. A strong theoretical explanation strengthened the rationale for peer-based models. Practitioners could see the benefits of this for stronger (and hopefully more successful) funding submissions. Having access to information about which theories and models supported which aspects of their practice was considered very valuable by practitioners [Reflective Journal, September 2010].*

The discussions with researchers and service providers also helped to identify gaps in the theory development and aspects of practice which still required explanation. The process of identifying the most relevant theories and models underlying peer-based programs was iterative and two-way. As new information came to light in discussions with the research team and the service providers, theories and models were added or removed to the provisional selection. In addition, as detailed analyses of the theories and models were completed, modifications were made to the emerging evaluation framework.

The process of theory selection took place over a period of 14 months, spanning Stage 1 and Stage 2 of the research. Eventually, 12 theories and models were selected which appeared to be representative of the whole dataset. These were: Alternative Education Model, Attachment Theory, Diffusion of Innovations Theory, Ecological Model, Hope Theory, Positive Youth Development framework, Resilience theory, Role theory, Social cognitive theory, Social Identity Theory, Social integration theory and Youth empowerment model.

Of these, Attachment Theory, Diffusion of Innovations Theory, Role Theory, Social Cognitive Theory and Social Identity Theory had previously been cited to explain the theoretical rationale for peer-based approaches (McDonald, Roche, Durbridge, & Skinner, 2003; Turner & Shepherd, 1999). To the author's knowledge, based on consultation and a rigorous review of literature, the Alternative Education Model, Hope Theory, the Positive Youth Development framework, Resilience Theory and the Youth Empowerment Model had not previously been cited directly in relation to peer-based health promotion. There was

significant overlap between theories and models and it is acknowledged that other theories and models may have provided equally plausible explanations with a different dataset.

Table 5.8 provides a brief overview of each of the 12 selected theories and models and their potential relevance for peer-based youth programs. The theoretical basis for the draft conceptual model will be developed further in **Chapter 6: Results – Development of draft evaluation framework.**

**Table 5.8: Brief overview of selected theories and models and their potential relevance for peer-based youth programs**

THEORY/MODEL AND AUTHOR(S)	BRIEF OVERVIEW	RELEVANCE FOR PEER-BASED YOUTH PROGRAMS
<p>Alternative Education Model (Lange &amp; Sletten, 2002)</p>	<p>Common characteristics of alternative education models include: an emphasis on maintaining a small size/small groups, close one-one-one relationships between participants and facilitators, a supportive environment, the use of democratic decision-making, and a focus on what is relevant for an individual’s future. There is flexibility within the program to meet individual needs. Effective alternative education models have the following elements: learner centred, autonomy, setting clear goals, staff training and support, links to multiple agencies (Lange &amp; Sletten, 2002).</p>	<p>Peer-based programs use alternative strategies to engage at risk youth and are often learner-centred, flexible programs based in community settings. The following features of peer-based programs are consistent with an alternative education approach: youth friendly; rules/norms established by group; balance of power; voluntary participation/self-paced learning; variable outcomes acceptable; and flexibility.</p>
<p>Attachment Theory (Bowlby, 1969/1982) (Baumeister &amp; Leary, 1995) (Smith, Murphy, &amp; Coats, 1999)</p>	<p>Strong, secure attachments formed in the early years are associated with an individual’s ability to form intimate, trusting and emotionally secure relationships in adulthood through feelings of high self worth and the ability to trust others (Bowlby, 1969/1982). Closeness and belongingness are thought to be an important human need (Baumeister &amp; Leary, 1995). Acceptance by others leads to feelings of warmth and security. Rejection by others can cause feelings of shame or anxiety. Social validation by a group can promote increased feelings of self-esteem, self worth and beliefs that trusting others are available for support (Smith, Murphy, &amp; Coats, 1999).</p>	<p>At risk youth who lack the social skills needed to develop friendships or supportive peer networks may experience feelings of social isolation, loneliness, failure, low self-esteem and the possible onset of mental health problems including anxiety, depression, self harm, and suicidal ideation. Participating in a peer-based program may increase the level of social support available to socially isolated youth through the development of attachments with supportive adults and peers.</p>

THEORY/MODEL AND AUTHOR(S)	BRIEF OVERVIEW	RELEVANCE FOR PEER-BASED YOUTH PROGRAMS
<p>Diffusion of Innovations Theory (Rogers, 1983)</p>	<p>Adoption of new or innovative practices or behaviours can be influenced by various factors including 1) a perception that the new behaviour is superior to current behaviour 2) ease of learning the new behaviour 3) perceived risks associated with adopting the new behaviour 4) alignment with cultural values and 5) opportunities to observe what happens when others adopt the new behaviour (Rogers, 1983) .</p> <p>The rate of adoption within a group is shown to vary and includes <i>'innovators'</i> who are quickest to adopt (2-3%), <i>'early adopters'</i> who are able and willing to change (10-15%), <i>'early majority'</i> who are willing to change and have been persuaded of the benefits (30-35%), <i>'late majority'</i> who are skeptics and reluctant to adopt new ideas (30-35%) and <i>'laggards'</i> who are resistant to change, most conservative or lack resources to make changes (10-20%).</p>	<p>Young people in leadership roles can be very influential within the peer group and their associated networks.</p> <p>Their attitudes and behaviours can 'diffuse' through the peer group and be adopted by group members, particularly if the young leaders are also perceived by the peer group as credible and knowledgeable peer role models. This theory may be particularly relevant for peer-based programs in which young people take leadership roles such as peer education programs.</p> <p>'Late majority' and 'laggards' will only be influenced if they feel the majority of their peers have adopted the practice before they will look to solutions for their specific barriers, and that they are likely to be distanced from the peer group if they do not adopt. Basically the concept that there has to be a demonstrated visible momentum</p>

THEORY/MODEL AND AUTHOR(S)	BRIEF OVERVIEW	RELEVANCE FOR PEER-BASED YOUTH PROGRAMS
Ecological Model (Bronfenbrenner, 1979)	Bronfenbrenner’s Bio-ecological Systems Theory of child development highlights the interactions between a child’s maturing body, a child’s immediate family/community, the society and the environment in which a child grows up as important influences in how a child develops (Bronfenbrenner 1979)	Observed changes may result not only from intrapersonal factors such as personality and motivation but also interpersonal influences from family, school, peers, community and other subsystems including religious, cultural, political or economic influences. Given the varying influences for each individual, the impacts and outcomes are likely to differ too.
Hope Theory (Snyder, 1994)	Hope has both cognitive and affective elements (Snyder, 1994). There are three components associated with hope: 1) having goal-oriented thoughts, 2) developing strategies to achieve goals, and 3) being motivated to expend effort to achieve goals. An individual’s belief in their ability to realise these components determines the likelihood they will develop a sense of hope.	Marginalised youth can feel a sense of hopelessness related to their situation. By engaging at risk youth in activities and situations that they would not normally experience, peer-based programs can help to change beliefs held about what is possible for young people and promote feelings of hopefulness and optimism.
Positive Youth Development (National Research Council and Institute of Medicine, 2002) (Search Institute, 2006)	The National Research Council and Institute of Medicine (2002) identified 5 personal and social assets and 8 features of positive developmental settings considered most important for healthy youth development. The Search Institute (2006) has also identified 40 developmental assets for youth within six broad categories. Providing a physically and psychologically safe environment is one of the key features of settings that promote positive outcomes for young people (National Research Council and Institute of Medicine, 2002).	Access to a safe space may be particularly significant for at risk youth who may be subject to abuse and bullying or who may lack supportive and positive family or peer influences. The safe space provided by peer-based programs for at risk youth may provide an important ‘life line’ or coping strategy that ‘gets them through’ and keeps them safe during periods of vulnerability.

THEORY/MODEL AND AUTHOR(S)	BRIEF OVERVIEW	RELEVANCE FOR PEER-BASED YOUTH PROGRAMS
Resilience Theory (Resnick, 2000)	<p>Exposure to adversity does not necessarily result in negative outcomes for young people. The presence of one or more protective factors can reduce the effects of exposure to adversity. The more protective factors (or “assets”) available, the more resilient a young person will be.</p> <p>Resilience is not a stable construct. Levels of resilience may vary with context or situation, while assets may remain the same. Excessive and prolonged exposure to negative life events, dangerous settings and inadequate schooling are likely to undermine young people’s life chances despite their assets. Young people need continued exposure to positive experiences, settings and people as well as abundant opportunities to gain and refine their skills (Resnick, 2000).</p>	<p>Peer-based programs increase protective factors and promote personal resilience for at risk youth through: access to positive role models; a safe space; knowledge of help services; opportunities to learn and develop skills; peer support/shared experiences; access to help services; and building a sense of attachment/belonging.</p> <p>Participation in a peer-based program increases the exposure of young people to consistent and positive experiences and people which helps promote skill development and resilience.</p>
Role Theory (Biddle, 1979)	<p>Role theory refers to a set of theories concerning the patterns of behaviour and attitudes related to social ‘roles’ or social positions adopted by individuals.</p> <p>Social norms and expectations of the self or others in relation to particular roles can influence behaviour/attitudes.</p> <p>Individuals typically occupy multiple roles. As a result, consensus, conformity, role transition, role overload, and role conflict are common issues in role research.</p>	<p>Peer programs create social roles which give youth opportunities for meaningful involvement and participation e.g. peer supporter, peer educator and peer facilitator roles.</p> <p>These roles provide opportunities to receive positive feedback from others and experience a sense of mastery on succeeding in a challenge. Opportunities to help self and others may lead to increased self-esteem and the development of a positive self-identity.</p>

THEORY/MODEL AND AUTHOR(S)	BRIEF OVERVIEW	RELEVANCE FOR PEER-BASED YOUTH PROGRAMS
<p>Social Cognitive Theory (Bandura, 1986)</p>	<p>Social Cognitive Theory (SCT) underlines the influence of <b>social</b> modeling and personal agency in human behaviour. Expectations, observational learning, behavioural capability, self-efficacy, reciprocal determinism and reinforcement are six major concepts within SCT (Nutbeam &amp; Harris, 2001):</p> <ul style="list-style-type: none"> <li>Expectations –beliefs concerning the likely outcomes of actions</li> <li>Observational learning – individual beliefs based on observing peers and the consequences of their behaviours</li> <li>Behavioural capability – required knowledge and skills to influence behaviour</li> <li>Self-efficacy – individual beliefs in personal ability to change and maintain new behaviour</li> <li>Reciprocal determinism – interactions between individual and environment influence bi-directional changes in behaviour</li> <li>Reinforcement – factors which support or inhibit behaviour changes e.g. constructive feedback (Bandura, 1986)</li> </ul>	<p>Peer-based programs give young people an opportunity to observe how others' behaviour is accepted or rejected by the peer group or staff/volunteers.</p> <p>Expectations and value judgments are created in relation to the perceived benefits of behaving in ways that are acceptable to the group.</p> <p>This can build young people's self confidence in their ability to adopt new behaviours and ultimately create a sense of 'personal agency' or confidence in their ability to influence personal circumstances.</p>
<p>Social Identity Theory (Tajfel &amp; Turner, 1979)</p>	<p>An individual's self concept is influenced by the "<i>ingroups</i>" he or she belongs to.</p> <p>Individuals are motivated to attach positive evaluations to their ingroups when compared with "<i>outgroups</i>" with whom they do not have a relationship.</p> <p>Positive associations one attaches to an ingroup may then extend to having a positive self concept and high self-esteem.</p>	<p>A sense of belonging and acceptance by a valued peer group appears to be particularly significant during adolescence when young people spend more time in the company of their peers compared with their family.</p> <p>While most adolescents report belonging to a peer group, at risk youth may not have a peer group with whom they can identify.</p> <p>Peer-based programs create opportunities for socially isolated adolescents to meet like-minded peers with common interests and facilitate the development of a positive personal identity.</p>

THEORY/MODEL AND AUTHOR(S)	BRIEF OVERVIEW	RELEVANCE FOR PEER-BASED YOUTH PROGRAMS
<p>Social Integration Theory (Durkheim, 1897/1997)</p>	<p>Socially isolated individuals have been shown to be at higher risk of mental disorder.            Suicide was found to be more prevalent in individuals who were not married or who had no involvement in the church or community (Durkheim, 1897/1997).            Higher levels of social integration were associated with fewer depressive symptoms possibly because relationships with others increase the opportunities for social support during times of adversity (Cohen &amp; Syme, 1985).</p>	<p>Peer-based programs can facilitate social integration in several ways:            1) Participants have shared experiences/common issues which may be associated with reduced odds of peer rejection within a group,            2) Programs provide a common focus e.g. skills development or a group activity which gives young people a reason to interact with other peers. This may be less intimidating for at risk youth who may lack social skills to make friends by themselves            3) Programs provide an alternative peer group which may be particularly important if an individual's current peer group is rejecting or provides a negative influence.</p>
<p>Youth Empowerment Model (Hart, 1992; Mueller, Wunrow, &amp; Einspruch, 2000).</p>	<p>Youth empowerment approaches involve adult-youth partnerships and a democratic decision-making process (Hart, 1992; Mueller, Wunrow, &amp; Einspruch, 2000).            Youth empowerment approaches include strategies which give young people opportunities for meaningful involvement and participation in their education or support services.            A program that is labeled 'youth friendly' is associated with high levels of active youth involvement.</p>	<p>The active involvement of young people as program participants, peer supporters, peer educators or peer leaders is characteristic of peer-based programs.            Peer-based programs may empower youth through providing involvement opportunities, access to positive role models, knowledge and skills development and/or building a sense of personal agency or self-efficacy.</p>

### **5.13 Evaluation methodologies**

The methods and keywords described earlier in the chapter were used to conduct literature searches to locate evaluation methodologies or frameworks that had been used to evaluate peer-based youth programs in community settings.

Several reviews and meta-analyses of evaluation studies of mental health promotion programs were available but many were focused on school-based programs rather than community programs and the results were not always transferrable to community programs where participation was voluntary. Non-experimental, experimental, quasi-experimental and qualitative designs have all been used to evaluate the effectiveness of community youth programs with various levels of rigour and success (National Research Council and Institute of Medicine, 2002). The most appropriate evaluation methodology depended on the questions that needed to be answered, available skills and resources and the accessibility of the target group to participate in evaluation activities. Overall, the results of the literature review indicated the lack of a universal evaluation framework for peer-based youth programs in community settings (National Research Council and Institute of Medicine, 2002).

A report published by the Australian Research Alliance for Children and Youth (ARACY), '*Measuring outcomes of community organisations*', summarised the use and effectiveness of different evaluation frameworks within community organisations in Australia and overseas (Australian Research Alliance for Children and Youth, 2009). The following types of evaluation frameworks were identified: input and output focused, objective focused, social return on investment, results-based accountability, logic models, program logic approaches, and realist evaluation (Australian Research Alliance for Children and Youth, 2009).

The report concluded that *input and output focused* measurement (process evaluation) was used most frequently by community services organisations. Measures included monitoring participant numbers and service usage to provide information about program efficiency but little information about program effectiveness. The report also concluded that the use of program logic approaches coupled with realist or theory-based approaches may address the complexity of community youth services and help to increase the data available on program effectiveness (Australian Research Alliance for Children and Youth, 2009). Program logic approaches and theory-based or realist evaluation are described next.

### **5.13.1 Program logic approaches**

A program logic model is a way of articulating a program's theory (Birckmayer & Weiss, 2000). Constructing a logic model is a way of summarising the assumptions underlying a program and typically includes program inputs, activities, outputs, outcomes and impacts as well as a description of the program context and the health problem or issue the program is trying to address. A program logic model diagram is read through a series of "if...then" statements. For example, '*certain resources are needed to operate your program. If you have access to them, then you can use them to accomplish your planned activities*' (Kellogg Foundation, 2004).

The Precede/Proceed model of health program planning and evaluation represented an expanded version of program logic that incorporated theories of change (Green & Kreuter, 1991). Consistent with program logic approaches, the Precede/Proceed model encouraged users to focus on outcomes before inputs. The voluntary behaviours of individuals and the role of the environment in achieving outcomes were also recognised. Using a logic model or the Precede/Proceed framework could be useful to practitioners of peer-based programs during program planning and evaluation in defining program activities and suitable outcomes.

### **5.13.2 Theory-based or realist evaluation**

Proponents of theory-based evaluation (TBE) or realist evaluation included Chen and Weiss in the U.S.A. (Chen, 1990; Weiss, 1997) and Pawson and Tilley in the U.K. (Pawson & Tilley, 1997). TBE or realist evaluation may have relevance for peer-based youth programs since it is apparent that the impact of a program for individual program participants will differ based on a range of factors such as the presence or lack of family support, level of school connectedness, program strategies, or funding available. Developing a program 'theory of change' explaining why a program works, under what circumstances and for whom could be a useful starting point for developing an evaluation plan or strategy for a program (Sampson, 2007).

According to Weiss:

Theory-based evaluation examines conditions of program implementation and mechanisms that mediate between processes and outcomes as a means to understand when and how programs work (Weiss, 1997, p.41).

Green (2000) also described the role of theory in evidence-based health promotion practice. Program theory provided a means of assessing program effectiveness since the program theory stated that the program will only work if certain elements were in place and thus provided a checklist for program evaluators to monitor program implementation (Green, 2000). Theory-driven evaluation could provide a more robust way of evaluating social programs when experimental approaches involving control and comparison groups were not feasible, ethical or practical or to develop hypotheses for experimental research designs (Sampson, 2007).

Theory-based evaluation has been used as an effective strategy in community health promotion settings for young people as the two examples which follow illustrate.

### **1. Evaluation of a drop-in centre**

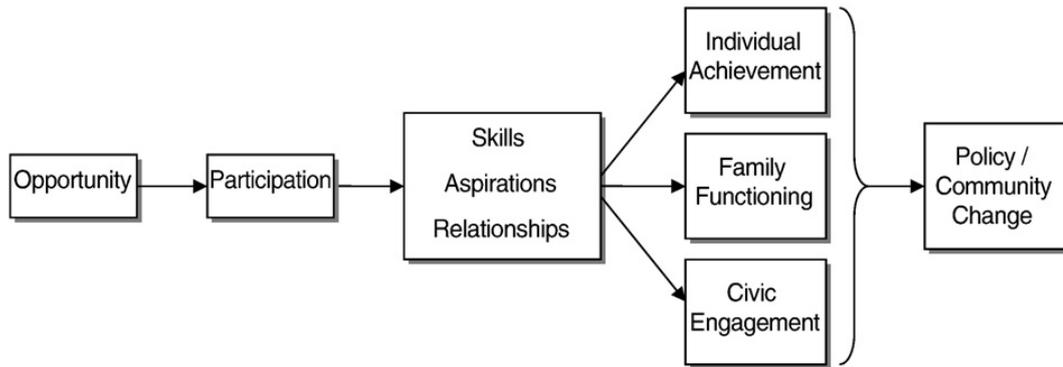
A theory-driven approach was used to evaluate a YMCA drop-in centre for young people aged 10-17 (Mercier, Piat, Peladeau, & Dagenais, 2000). The study used a mixed methods approach and involved a comparison of the data collected from staff, the published literature and the young people using the centre. There was high concordance across the three sources of data. The results of the study were used to clarify the essential elements of the program and helped to increase understanding of the relationship between the program objectives and the program activities.

### **2. Theory of change for a youth organisation**

A case study exploration developed a theory of change for a youth organisation in Chicago, U.S.A. which provided a range of activities and programs for young people in partnership with other institutions to advocate for change to community and social policies which affected youth. The inputs, outputs and expected outcomes of the program were identified through semi-structured interviews, program observations and a review of documents produced by the organisation.

A preliminary operating theory-of-change model (Chaskin, 2009) was produced as a result, see Figure 5.3 below.

**Figure 5.3: Preliminary operating theory-of-change model for a youth organisation (Chaskin, 2009)**



Birckmayer and Weiss's (2000) review of six theory-based evaluations of large-scale community programs concluded that TBE could have benefits for even small programs which may be based on practitioner experience and have limited funding. TBE could be used to show where the assumptions underlying a program broke down. This was a form of process evaluation and could be useful before programs undertook impact or outcome evaluation since a lack of effects could be linked to the way the program had been implemented rather than an ineffective program model (Birckmayer & Weiss, 2000).

In summary, the principles of TBE may be an effective way of articulating the theory or logic underlying a youth program and to develop hypotheses which could be tested and incorporated into a program evaluation plan.

### **5.14 Evaluation resources**

The literature searches identified several evaluation resources which may provide useful inputs to the development of evaluation approaches for peer-based youth programs. The most comprehensive resources were:

- Assessing Outcomes in Child and Youth Programs: A Practical Handbook (Sabatelli & Anderson, 2005, September)
- C.A.R.T Compendium of Assessment and Research Tools for Measuring Education and Youth Development Outcomes <http://cart.rmcdenver.com/>
- Measuring Youth Program Quality: A Guide to Assessment Tools (2<sup>nd</sup> edition) (Yohalem, Wilson-Ahlstrom, Fischer, & Marybeth, 2009)
- Out-of-School Time Evaluation Snapshot. Measurement Tools for Evaluating Out-of-School Time Programs: An Evaluation Resource (Wimer, Bouffard, & Little, 2005, November ).

- Tools, Instruments, & Questionnaires for research & evaluation of intervention programs [www.wilderdom.com/tools](http://www.wilderdom.com/tools)
- Reflect and Improve: A Toolkit for Engaging Youth and Adults as Partners in Program Evaluation (Innovation Center for Community and Youth Development, 2005)
- Project Cornerstone Evaluation Toolkit based on monitoring asset development (Becker, Koff-Ginsborg, Flores, Hanson, Harlan, Kane, Lee, Liebig, Niklauss, Okano, & Sarvey, 2008)
- Y-Peer Toolkit (United Nations Population Fund, 2005) - Training, standards and theatre-based techniques for youth peer education programs to prevent HIV/AIDS and improve reproductive health [www.youthpeer.org](http://www.youthpeer.org).

### **5.15 Evaluation tools**

The literature searches identified 61 evaluation tools that had been used to measure social and emotional wellbeing in adolescents or to measure the effectiveness of out-of-school programs for youth. These tools were reviewed and a subset of the most relevant tools for peer-based youth programs was selected using the following criteria:

- Tools which were free or low cost
- Tools with proven validity and reliability
- Tools which could be applied to small-scale programs in community settings
- Tools which required limited staff/resources to implement
- Tools which required limited or no evaluation skills and experience
- Tools which required limited or no training to use
- Tools which measured impacts/outcomes associated with peer-based programs.

A series of tables was produced summarising key features of the 61 evaluation tools, including any strengths and weaknesses. A sample table is included in **Appendix 5 – Assessment of Evaluation Tools**.

The most relevant tools according to the above criteria were compiled as an Inventory of Evaluation Resources for peer-based programs (see **Appendix 6 – Inventory of Evaluation Resources**). The purpose of the inventory was to provide a starting point for practitioners to select tools which may be appropriate for their settings, not to provide an exhaustive list of evaluation tools.

## **5.16 Evaluation approaches**

Some peer-based programs were focused on behavioural or attitudinal change whilst others were focused on skills-building or increasing knowledge. Programs also differed by promoting change at either an individual level or a community or peer group level. Evaluation approaches and outcome measures for peer-based programs needed to reflect these differences (Parkin & McKeganey, 2000).

Still other programs adopted a multi-faceted approach and attempted to deliver change in multiple areas including capacity building, skill development and social action. Multiple methods were therefore likely to be needed to collect data on the range of program activities and to inform ongoing programming decisions (Barry, Domitrovich, & Lara, 2005).

A comprehensive review of evaluation data available for after-school programs up to a decade ago (Scott-Little, Hamann, & Jurs, 2002) indicated use of a range of evaluation approaches to assess program effectiveness. These approaches included direct observation (though this was very limited), demonstration of skills, individual interviews, group interviews, document review, cognitive measures, affective measures, surveys, and self reports of behaviour (Scott-Little, Hamann, & Jurs, 2002).

The use of creative evaluation strategies was also well documented, in particular, to assist data collection within hard-to-reach populations. Creative strategies for evaluation included arts-based techniques, visual methods, and photo voice. Each of these approaches is described briefly below.

### **5.16.1 Arts-based techniques**

Drawings or visual 'metaphors' created by arts-based evaluation techniques could provide further data about the impact of a program that numbers, interviews or survey data could not provide. The techniques were also useful when asking participants to comment on areas of their lives that were sensitive or difficult to articulate (Charlton, 2008). This may be particularly relevant when working with at risk youth. In addition, arts-based evaluation techniques such as drawing, writing, drama, games and movement may be useful when evaluating arts-based program activities since the evaluation process was consistent with the art activity, encouraged expression and promoted group interaction (Charlton, 2008).

Interview contexts could be stressful for young people, especially those with low literacy levels. The use of games and stories in eliciting responses could be very productive with such groups. For example, a study investigating adolescent hopefulness in Tanzania achieved good levels of engagement from street youth by using a sentence completion task, presented as a game (Nalkur, 2009).

### **5.16.2 Visual methods**

Graphical methods could also be used to elicit more reflective and imaginative data during an interview. Bagnoli's (2009) research with young people used self-portraits, relational maps and timelines to enable a broader interpretation of the interview questions (Bagnoli, 2009). According to Bagnoli, visually representing one's thoughts and feelings could enable participants to make sense of questions, formulate considered answers and articulate their responses more meaningfully. The process was also more enjoyable and less formal than other data collection methods. For children and groups with low literacy levels the use of graphical data collection methods could be particularly productive (Bagnoli, 2009).

### **5.16.3 Photo voice**

Language could present barriers to data collection. In a study in Lao People's Democratic Republic, school children in Grade 5 (aged 9-10 years) were asked to take photographs of aspects of their school that they valued the most. The children then selected the five photographs which best represented what they valued about school and wrote a caption for each photograph explaining why.

The authors reported that the photos and captions provided a key source of data and while time consuming, the experience was fun and rewarding for all concerned (Rhodes & Macdonald, 2009). This method could be adapted to program evaluations involving young people from different cultural backgrounds where language may be a barrier to evaluation or for young adolescents who may be uncomfortable with more formal evaluation processes.

## **5.17 Chapter summary**

This chapter presented the findings of comprehensive literature searches to source information on the features of effective community youth programs, key performance indicators, theories underlying peer-based programs, barriers and enablers associated with

program evaluation, evaluation methodologies, resources, tools and approaches. The purpose of these searches was to source information that would support or refute the findings of the **Environmental audit** and data collected directly from service providers.

A gap analysis compared the findings of the literature searches to the data collected from service providers and highlighted both similarities and differences. In particular, service providers identified seven additional features of effective programs which were not discussed in the literature and which may be particularly significant for at risk youth populations. Furthermore, program outcomes identified by service providers did not include improved academic outcomes or reduced delinquent behaviour but were more focused on skills building and youth empowerment.

Developing a theory of change for peer-based programs was advocated by several authors in the literature. The researcher identified 12 theories and models which appeared to have the most utility in explaining community peer-based programs for at risk youth. The 12 theories and models reflected the diversity of peer-based approaches and the range of program strategies, impacts and outcomes. It was acknowledged that alternative theories and models could have been selected with a different dataset.

The process of mapping theories to practice strengthened the rationale for peer-based services by providing an explanation for why particular program strategies and features were effective. A strong theoretical rationale for peer-based programs would also provide a structure for implementing rigorous evaluation designs to enable the collection of evidence to demonstrate program effectiveness.

An inventory of evaluation resources was produced. Overall, there was prolific information associated with implementing quality after-school and positive youth development programs as well as tools and resources for monitoring and evaluating programs. The volume and scope of resources reflected the recent growth in the field of community-based youth programs and the huge diversity of youth interventions. However, evaluation resources considered suitable for peer-based services targeting high risk youth and working with scarce resources in community settings were limited owing to the costs and resources associated with implementation. Many of the evaluation resources available were more relevant for educational and school-based youth interventions or mainstream (not at risk) youth populations. There were many examples in the literature of using more creative and participatory approaches to evaluation. For example, photo-voice, arts-based strategies and

sentence completion tasks had been shown to be effective in engaging at-risk youth in evaluation activities.

It is likely that a range of evaluation strategies may be needed to maximise the engagement and active participation of diverse groups. The implications of this finding for practice may be challenging. Community service providers who struggled to implement even one evaluation approach may find it difficult to implement more than one approach although the data collected may be more reliable. Increased involvement of young people in designing evaluation tools and in program delivery showed promise as a strategy for improving capacity of service provider organisations to undertake evaluation activities that were acceptable within program settings whilst also creating opportunities for young people to adopt meaningful roles which contributed to their personal development and overall program goals.

Barriers to program evaluation identified in the literature ranged from inadequate funding and limited resources to working in an environment that was constantly changing (youth culture, staff turnover, participant needs). Opportunities to measure certain outcomes such as community engagement and mental wellbeing were also not possible in the short term. The lack of standardised indicators for outcomes such as social and emotional wellbeing also inhibited measurement. Perhaps most significant, however, was the *'culture of non-measurement in many community organisations'* identified in a report commissioned by ARACY (Australian Research Alliance for Children and Youth, 2009). Community organisations were time pressured and appeared to place a high value on service delivery rather than measurement of service delivery. Belief in the value of evaluation as a worthwhile activity beyond meeting the requirements of funding bodies would be needed for service providers to increase the level of program evaluation.

The need for evidence of program effectiveness was increasingly important to enable programs to secure continuous funding and be sustainable. Implementation knowledge was very limited for peer-based programs which promoted social and mental wellbeing in Australia and elsewhere. The lack of implementation best practice or *'wisdom literature'* available for mental health promotion programs (Barry, Domitrovich, & Lara, 2005) could reflect the scarce resources that community organisations had available to document best practice or to undertake evaluation activities. Adopting a realist approach to evaluation may be more relevant for community-based youth programs which work with diverse

groups who have different needs and who may be influenced by a program differently depending on moderating factors such as age, maturity, social support or co-morbidity. Realist evaluation asks *how*, *when* and *why* programs are effective and *for whom* and may therefore be more useful than asking *if* a program is effective.

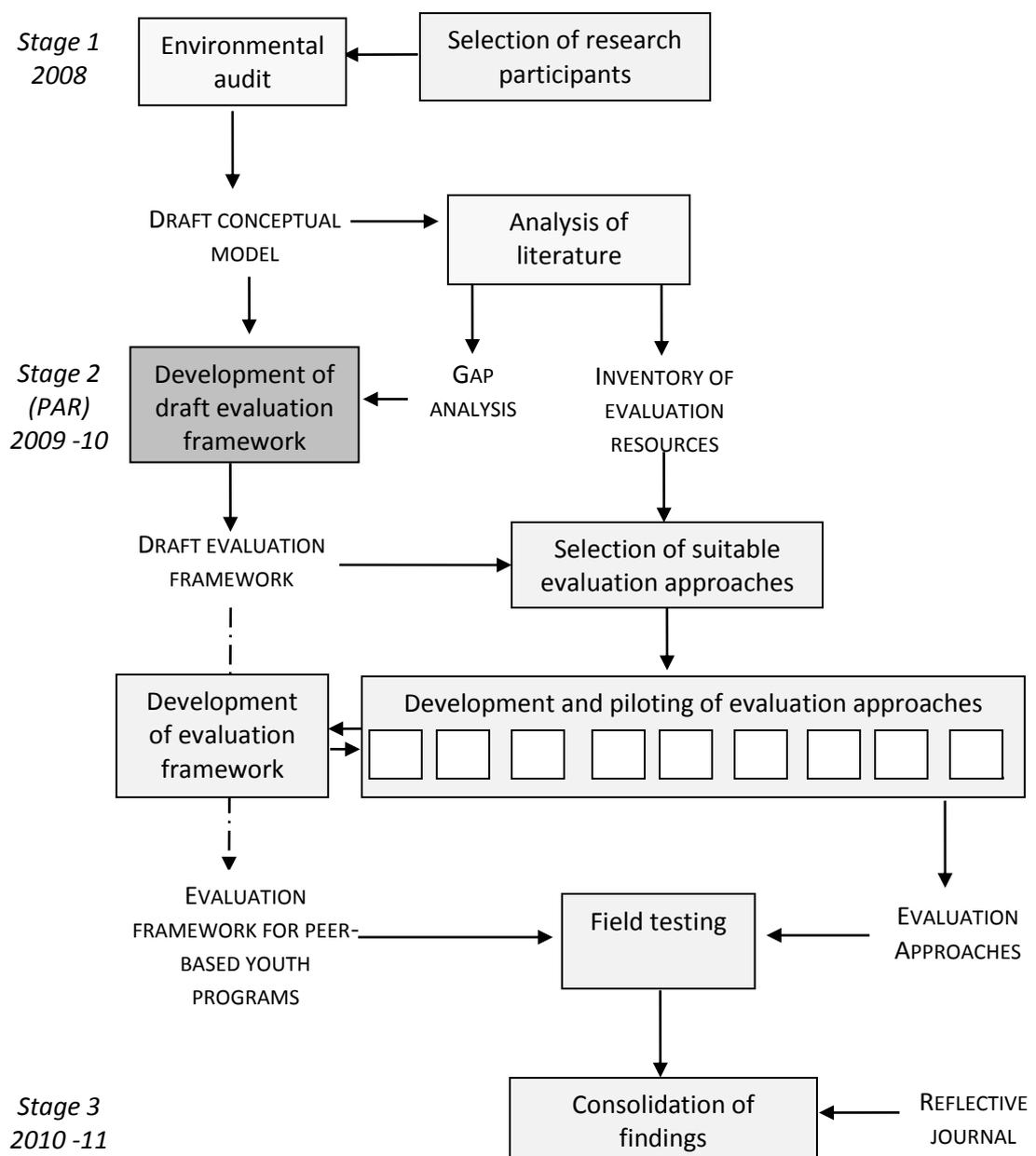
The next chapter explains the development of the draft evaluation framework and further development of the theoretical basis for peer-based youth programs.

# CHAPTER 6

## Development of draft evaluation framework

Chapter 5 presented the findings of the **Analysis of literature** including a gap analysis which compared the data collected from service providers with the published literature. This chapter describes the development of the draft evaluation framework using a participatory action research process (see Methods flowchart in Figure 6.1 below).

**Figure 6.1: Methods flowchart – Development of draft evaluation framework**



## 6.1 Purpose

The overall aim of the research was to develop a theory-based and practice-based evaluation framework and evaluation approaches for peer-based programs in high risk youth populations. **Stage 1 – Environmental audit** of the research had produced a draft conceptual model that summarised the characteristics of the target groups, program objectives and example indicators, the features of effective programs and intended program impacts and outcomes. The draft conceptual model consolidated the data collected from service providers and a gap analysis compared the findings of the **Environmental audit** with the published literature (**Analysis of literature**).

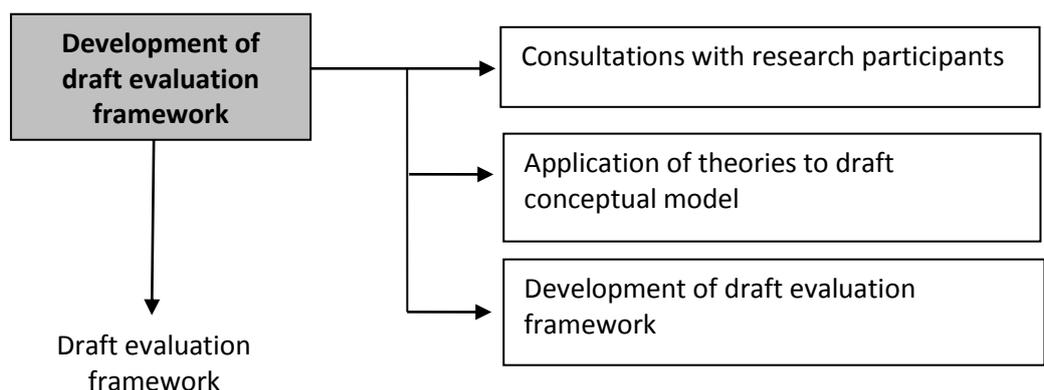
The purpose of this chapter is to describe the participatory action research (PAR) process used to develop the draft evaluation framework. Specific objectives were:

- To refine the draft conceptual model developed in Stage 1
- To propose a theoretical basis for peer-based youth programs.

## 6.2 Main activities

The main activities of the PAR process were consultations with research participants, application of theories to the draft conceptual model and development of the draft evaluation framework. These activities are summarised in Figure 6.2.

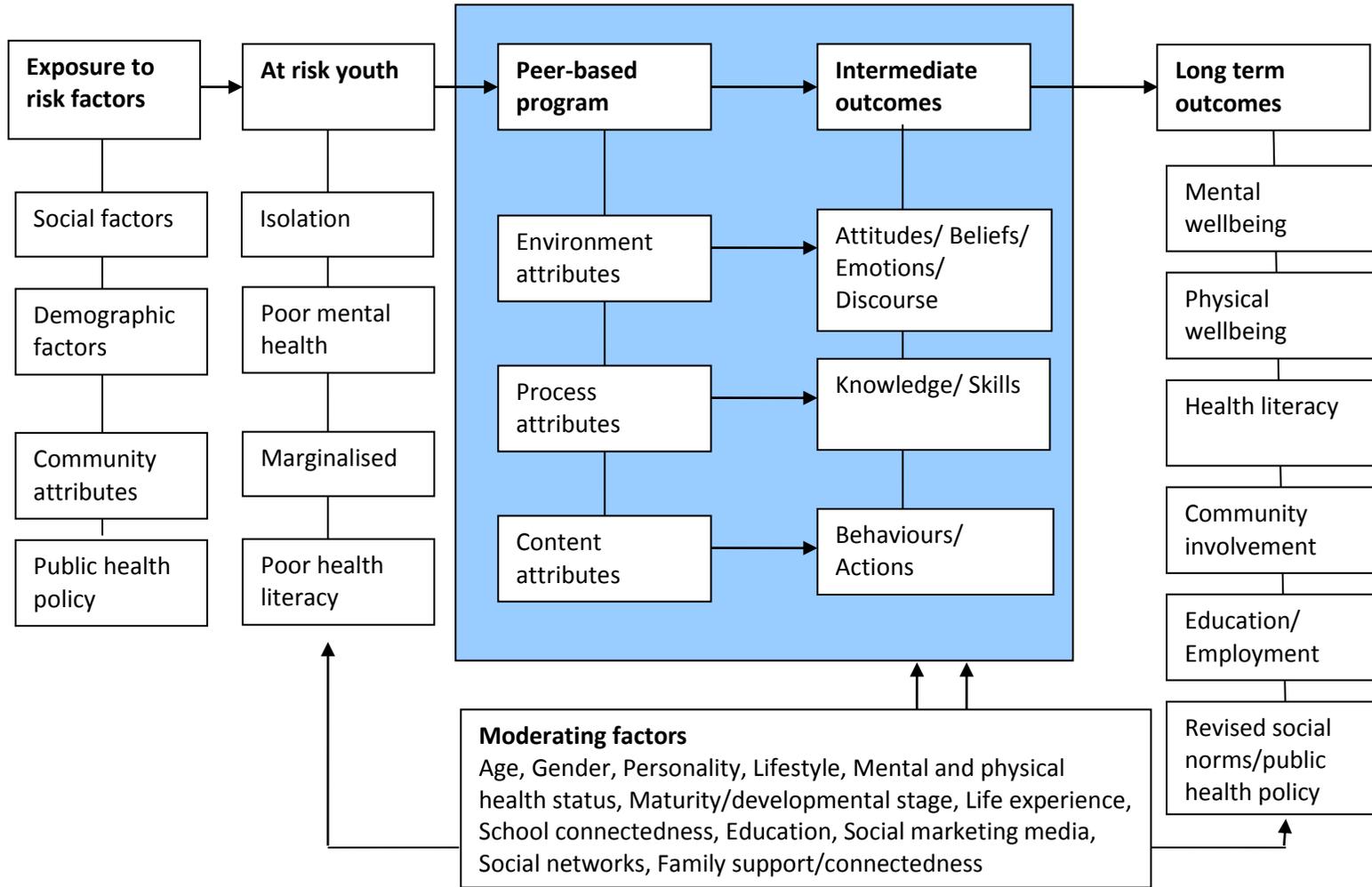
Figure 6.2: Main activities - Development of draft evaluation framework



## 6.3 Consultations with research participants

A series of one-to-one or small group meetings were conducted with the research participants (n=16) to collect feedback on the draft conceptual model (Version 1) shown in Figure 6.3.

Figure 6.3: Draft conceptual model (Version 1) for peer-based youth programs developed during Environmental audit



The discussions were undertaken by the researcher and lasted up to an hour. Manual written notes were recorded by the researcher and returned to the research participants for member checking. The research participants were asked to comment on the strengths and limitations of the draft conceptual model. The researcher was interested in the extent to which the model was effective in communicating and representing the role of peer-based youth programs, as understood by the service providers; also the clarity, completeness and meaningfulness of the model.

The consultation process was cumulative and iterative. In practice, this meant that comments made by the first research participant were communicated to subsequent research participants by the researcher and new comments were also shared with the earlier research participants via follow-up meetings or via telephone or email contact. This process was necessary, though time intensive, since it was not possible, nor time efficient, for the research participants to meet as a group.

Overall, there was agreement that the draft conceptual model (Version 1) encapsulated the role of peer-based youth programs. However, four limitations to the model were also noted:

1. Use of a linear model suggested a causal progression from left to right and did not reflect the complex inter-relationships between attributes. For example, achieving intermediate outcomes such as increased confidence may have pre-requisites such as the creation of a safe space. Similarly, creating a safe space may depend on group rules/norms being established and positive role modeling taking place.
2. Intermediate outcomes could be observed at both an individual level (such as increased self-esteem), and a peer group level (such as group cohesion). These different types of impacts needed to be reflected in the model in some way.
3. The process attributes included both program strategies implemented by staff and volunteers (such as creating a youth friendly environment), and factors specific to the peer group (for example, peer support). The specific role of peer and social influence in peer-based youth programs needed to be reflected in the model.
4. The content attributes listed (such as awareness of services and resources, develops self-efficacy, opportunities to practise new skills) did not really reflect the content of peer-based programs which supported a range of groups with different needs. The content attributes related more to the intermediate outcomes that

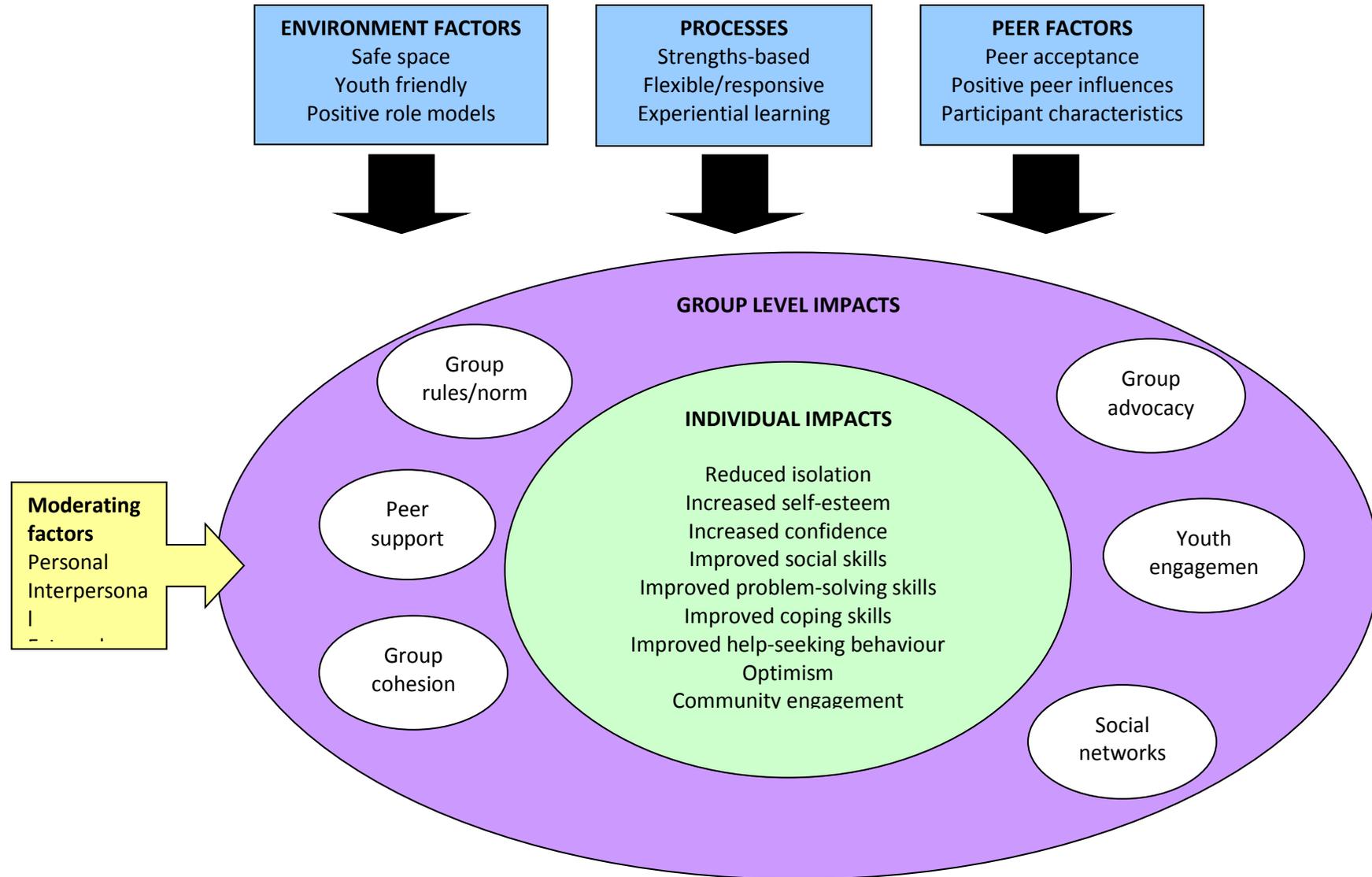
programs were aiming to achieve and the way in which outcomes would be achieved. Feedback from the research participants suggested that the content attributes should be amalgamated with the process attributes and the intermediate outcomes.

A revised draft conceptual model (Version2) was produced to address the feedback outlined above.

The draft conceptual model (Version 2) comprised six major **Domains**. These were Environment factors, Processes, Peer factors, Moderating factors, Individual impacts and Group impacts. Major **Components** within each domain were identified based on feedback from the research participants. For example, the Environment domain contained three domains (safe space, youth friendly and positive role models). Concentric circles were used to differentiate between **Individual impacts** and **Group level impacts** and to indicate that Individual impacts (for example increased social connectedness) may not be observable until Group level impacts (for example group cohesion, peer support) had been achieved. Finally, additional colours were introduced to improve usability of the model.

Figure 6.4 presents the draft conceptual model (Version 2) for peer-based youth programs.

Figure 6.4: Draft conceptual model (Version 2) for peer-based youth programs



A second round of meetings to collect feedback from the research participants on the revised conceptual model identified two additional limitations. Firstly, the complexity and inter-relationships between attributes was difficult to represent in two dimensions. For example, **Group level impacts** could influence both the environment (creating a safe space through establishing positive group rules/norms) and impacts at the individual level (increased social connectedness) yet the arrows on the model did not reflect these relationships. Secondly, the original draft conceptual model included the attributes of at risk youth and relationship of peer-based programs to long term outcomes. These components had been removed to simplify the model but research participants indicated that these components were useful and should be reinstated.

As the reflective journal entry below indicated, the conceptual model provided a simple way of communicating the complexity of informal peer-based programs. However, the model was constantly changing as the research participants became more familiar with it and applied it to their own settings:

*Aspects [of the model people seem to like are the use of colour and simplicity and the unpacking of what they do instinctively as something that seems to be a bit more theory-based and more of a science. However, language and definitions continue to be updated – to ensure all views and interpretations are included and reflected accurately in the language used [Reflective journal 9 May 2009].*

The researcher and the research participants agreed that modifying the conceptual model any further at this stage would be non-productive since many equally plausible options were possible. Efforts needed to focus on further defining the components of the model and understanding the inter-relationships between components before deciding on how best to present the data visually. Efforts were therefore directed to developing the theoretical basis for peer-based youth programs, described next.

#### **6.4 Theoretical basis for peer-based youth programs**

The 12 theories and models identified during the **Analysis of literature** that had the most relevance for peer-based youth programs were the Alternative Education Model, Attachment Theory, Diffusion of Innovations Theory, Ecological Model, Hope Theory, Positive Youth Development, Resilience Theory, Role Theory, Social Cognitive Theory, Social Identity Theory, Social Integration Theory, and the Youth Empowerment Model.

The researcher mapped the 12 theories and models onto the six domains of the revised conceptual model. The mapping process involved the following steps:

- Detailed review of the 12 theories and models which had been identified as most relevant for peer-based programs
- Documentation of bullet points listing the key points relating to each theory/model
- Comparison of bullet points with domains in the conceptual model
- Linking particular theories and models to particular domains in the conceptual model based on their utility in providing explanations of the data.

Table 6.1 summarises the results of the mapping process.

**Table 6.1: Mapping selected theories and models to domains of revised conceptual model**

<b>DOMAINS OF REVISED CONCEPTUAL MODEL</b>	<b>MAJOR COMPONENTS</b>	<b>RELEVANT THEORIES AND MODELS</b>
<b>Environment factors</b>	Safe space	Positive Youth Development
	Youth friendly	Alternative Education Model
	Positive role models	Social Cognitive Theory Diffusion of Innovations Theory
<b>Processes</b>	Strengths-based, flexible/responsive, experiential learning	Alternative Education Model Positive Youth Development
<b>Peer factors</b>	Positive peer influences	Social Cognitive Theory Diffusion of Innovations Theory
	Peer acceptance	Social Identity Theory
	Participant characteristics	Diffusion of innovations Theory
<b>Individual impacts</b>	Reduced social isolation, increased social skills	Social Integration Theory Attachment Theory
	Increased self-esteem, increased confidence, community engagement	Social Identity Theory Role Theory
	Optimism	Hope theory
	Improved problem solving skills, coping skills and help-seeking behaviour	Social Cognitive Theory Diffusion of Innovations Theory
<b>Group level impacts</b>	Group rules and norms	Social Cognitive Theory Social Identity Theory
	Peer support, social networks	Resilience Theory Attachment Theory
	Youth engagement, group cohesion, group advocacy	Alternative Education Model Diffusion of Innovations Theory
<b>Moderating factors</b>	Personal, Interpersonal and External factors	Ecological Model

As Table 6.1 show, there were variations in the number of domains to which individual theories and models could be mapped. Social Cognitive Theory and Diffusion of Innovations Theory could provide explanations for four domains of the conceptual model. Social Identity Theory and the Alternative Education Model could provide explanations for three domains of the conceptual model. The other theories and models could only be mapped onto one or two domains of the conceptual model. The variations may have reflected the level of relevance or importance of particular theories and models. Another explanation was that the multidimensional nature and complexity of certain domains required more than one theory or model to explain the underlying mechanisms of change.

The relationships between the theories and models and the domains of the revised conceptual model are explained in the following sub-sections 6.4.1 – 6.4.15.

#### **6.4.1 Safe space**

The **Environmental audit** had indicated that the concept of a safe space had different meanings for at risk youth depending on their individual circumstances. For young people who lacked social skills, a safe space was somewhere they could learn and practise new skills and receive constructive feedback. For young people who were subject to bullying, abuse, harassment or negative and unsupportive peer and adult influences, a safe space equated to a type of refuge where they could be assured of physical and psychological safety. Finally, for young people who were fearful of accessing ‘mainstream’ support services, for example a General Practitioner or school counsellor, a safe space was somewhere they could access information and support without fear of being judged or having to face any negative consequences of disclosure. This fear could be based on their own or others’ negative experiences or inaccurate perceptions and beliefs of what they might encounter.

Providing a physically and psychologically safe environment was discussed in the literature on Positive Youth Development and was listed as one of the key features of settings that promoted positive outcomes for young people (National Research Council and Institute of Medicine, 2002).

### **6.4.2 Personal, Interpersonal and External factors**

A lack of youth friendly services presented barriers to help-seeking by young people including perceived stigma, access to support (transport, internet availability), availability of support (service hours), and location of support. Providing information through channels which addressed these barriers was critical. For example, being able to ask a peer for information, support or being able to access information online appeared to be more youth friendly and less intimidating for young people. Delivering youth friendly support services was consistent with an Alternative Education Model (Lange & Sletten, 2002). Characteristics of youth friendly services included non-institutional settings, e.g. community youth services, and the active participation of youth in design and implementation.

### **6.4.3 Positive role models**

Both adults and peers involved in a peer-based program could be positive role models who provided knowledge or demonstrated effective communication skills, problem solving skills, coping skills, help seeking skills and tolerance of diversity. As such, peer-based programs could play a corrective role for at risk youth who may have a distorted perception of what was 'normal' as a result of unsupportive relationships, negative peer influences, years of negative conditioning, or as victims of violence and/or abuse.

The modeling of desirable behaviours by competent role models, learning through observation, opportunities to assess the outcomes of others' behaviour, and the chance to learn and practise new skills and receive constructive feedback in a safe environment were central elements of Social Cognitive Theory (Bandura, 1986). The process of adopting positive attitudes and behaviours observed in positive role models could also be explained by Diffusion of Innovations Theory (Rogers, 1983). The factors which influenced the likelihood of adopting new behaviours included credibility of the role models, perceived risks and benefits of changing behaviour, ease of changing behaviour, alignment with cultural values, and opportunities to observe the outcomes for others who had previously adopted the behaviour (Rogers, 1983).

### **6.4.4 Strengths-based, flexible/experiential learning**

Peer-based programs used a strengths-based model which was focused on the development of 'assets' as opposed to a deficits model which was focused on problems, skills deficits or therapeutic needs. Peer-based programs were often learner-centred,

flexible programs using informal and participatory methods of instruction. These strategies were very consistent with a Positive Youth Development (Search Institute, 2006) approach and an Alternative Education Model (Lange & Sletten, 2002).

#### **6.4.5 Positive peer influences**

Exposure to a range of perspectives on a problem and a range of positive coping strategies adopted by credible and positive peer role models could help change long standing or negative attitudes, thinking and beliefs. According to Diffusion of Innovations Theory, change was likely when the new behaviour was perceived to be superior to the current behaviour, easy to learn, low risk, consistent with cultural values and there were opportunities to observe the consequences for others who had adopted the behaviour (Rogers, 1983) . Opportunities for at risk youth to observe positive behaviours by credible peer role models facilitated the development of new skills and was consistent with Social Cognitive Theory (Bandura, 1986).

#### **6.4.6 Peer acceptance**

A sense of belonging and acceptance by a valued peer group appeared to be particularly significant during adolescence when young people spent more time in the company of their peers compared with their family. Consistent with Social Identity Theory (Tajfel & Turner, 1979), young people who wanted to be part of a peer group may be motivated to adopt the norms and behaviours of that group in order to gain peer acceptance.

#### **6.4.7 Participant characteristics**

Participant characteristics that needed to be balanced within the group included individual needs, cultural diversity, age and gender differences, personality differences and mental and physical health status. Balancing these factors would help to ensure that the peer group was exposed to a range of perspectives and experiences and that the program was inclusive and likely to appeal to a wide range of young people.

#### **6.4.8 Group rules/norms**

Respect for one another, not being judgmental, being inclusive, no bullying, harassment or violence, and no alcohol or drug use were examples of group rules/norms within peer-based programs. According to Social Cognitive Theory (Bandura, 1986), group rules/norms

were established and maintained through interactions between the environment and individuals.

The process of observational learning described by Social Cognitive Theory was particularly relevant for peer-based programs which provided opportunities for young people to observe how others' behaviour was accepted or rejected by the peer group or staff/volunteers. Expectations and value judgments were created in relation to the perceived benefits of behaving in ways that were acceptable to the group.

According to Social Identity Theory (Tajfel & Turner, 1979) young people's need to be accepted by their peers could also help change risk behaviors where these were not acceptable to the peer group.

#### **6.4.9 Peer support, social networks**

Adolescents increasingly turned to their peers (if available) for social and emotional support during periods of conflict, confusion and help-seeking. According to Resilience Theory, access to social support was a protective factor for mental wellbeing (Rutter, 1985). At risk youth who lacked a supportive social network could feel socially isolated and were at higher risk of developing mental health problems including depression, anxiety and suicidal ideation. Peer-based programs facilitated the development of supportive social networks with like-minded peers facing similar issues.

#### **6.4.10 Youth engagement, group cohesion, group advocacy**

The group dynamics within a peer-based program were an important factor influencing the uptake of desirable behaviours and attitudes. Positive group dynamics were associated with good teamwork, inclusivity, few cliques or solitary individuals, positive conflict resolution, group resilience and peer support. Lack of group cohesion, silos, lack of youth involvement or engagement, frequent group conflict, absenteeism or withdrawals from the program were signs of poor group dynamics. Individual differences could have a significant impact on group dynamics.

Involving young people in service delivery as peer educators, peer leaders or peer supporters helped create a more youth friendly service, improved engagement of at risk youth and promoted positive group dynamics. Participating in a peer program also provided a vehicle for experimenting with and changing social stereotypes, ethnic controls, and/or

legislation affecting the freedom and rights of group members. These strategies were very consistent with a Youth Empowerment Model (Hart, 1992).

Diffusion of Innovations Theory (Rogers, 1983) also explained why recommendations and encouragement from credible peers to participate in a program may be more successful in engaging program participants than referrals from mainstream services such as a General Practitioner, teacher or counsellor.

#### **6.4.11 Reduced isolation**

Young people who lacked social skills to develop friendships or supportive peer networks, or who did not have access to a peer group with common interests/concerns, or those who felt 'different' in some way from the majority of their peers (e.g. cultural differences, sexuality, teenage parents) could experience feelings of social isolation, loneliness, failure, and low self-esteem. Early Social Integration theorists noted that socially isolated individuals were at higher risk of mental disorder, in particular suicide (Durkheim, 1897/1997). Higher levels of social integration appeared to be associated with fewer depressive symptoms (Cohen & Syme, 1985).

Participation in a peer-based program could increase the level of social support available to socially isolated youth. This could be particularly important for at risk youth who did not have support from parents or other non-family adults outside the program and who lacked the social skills and confidence needed to develop supportive peer relationships.

Closeness and belongingness were thought to be important human needs. According to Attachment Theory, social validation by a group could promote increased feelings of self-esteem, self worth and beliefs that trusting others are available for support (Bowlby, 1969/1982; Smith, Murphy, & Coats, 1999). For at risk youth who had few or no close friends or those who did not have a peer group with whom they associated, feeling accepted and part of a group could be very important and one of the main motivations for continued participation in a program. The development of at least one caring supportive relationship with an adult was also characteristic of resilient youth (Resnick, 2000). Facilitators of peer-based programs often provided this role where supportive family members or other adults were unavailable or unable to support at risk youth.

#### **6.4.12 Increased self-esteem, increased confidence, community engagement**

According to Social Identity Theory (Tajfel & Turner, 1979), an individual's self concept was influenced by the groups he or she belonged to. The need for recognition and acceptance by a peer group could influence the development of personal identity and high self-esteem. Those adolescents lacking a peer group could feel confused, isolated and anxious. Peer-based programs created opportunities for socially isolated adolescents to meet like-minded peers with common interests and facilitated the development of a positive personal identity and increased confidence levels when interacting with peers.

According to Role Theory (Thoits, 1983), people's identities were tied up with their social roles. Peer-based programs created meaningful roles and opportunities for young people to meet others' expectations of them and receive positive feedback which could help improve self-esteem. Peer-based programs also improved self-esteem and confidence by creating opportunities for young people to gain a sense of mastery and control by acquiring new skills, adopting desirable behaviours or resisting risky behaviours.

In addition, peer-based programs facilitated and encouraged young people's involvement in community initiatives which helped improve services for themselves or their peers. These social roles provided opportunities for personal development, increased self-esteem and gave young people a sense of purpose, known to be an integral component of psychological wellbeing (Thoits, 1983).

#### **6.4.13 Optimism**

Hope has been consistently identified as a protective factor for psychological wellbeing in at risk youth (Snyder, 1994). Seginer (2008) noted the importance of future orientation for adolescents who were faced with threats and challenges during times of political violence. According to Seginer, hope mediated the effects of threat or challenge on future orientation and the extent of hope was moderated by four factors: intrapersonal and interpersonal relationships, cultural orientations and developmental period (Seginer, 2008).

Hope Theory (Snyder, 1994) posited that having goal-oriented thoughts, developing strategies to achieve goals and being motivated to achieve goals determined the likelihood that individuals would develop a sense of hope. At risk youth appeared to focus on the

present rather than thinking about their future. Peer-based programs helped at risk youth set personal goals for their future and develop strategies that would help them achieve personal goals.

Providing a safe environment, opportunities to practise new skills, exposure to positive role models, and opportunities to receive positive, constructive feedback and encouragement all contributed to the sense of personal agency that was important for achieving goals. This 'agentic' perspective was also a feature of Social Cognitive Theory (Bandura, 1986).

#### **6.4.14 Improved help-seeking, problem solving and coping skills.**

Poor help-seeking behavior was characteristic of at risk youth and led to increased risk of mental health problems. A lack of problem solving skills and poor coping skills increased risk further. Improved help-seeking behaviour firstly involved reducing any perceived stigma associated with help-seeking - e.g. 'it's not cool to need help'. Young people then needed to develop knowledge and skills to assess what help they needed, how to access help and where to access help.

Young people also needed to believe that appropriate help was available and feel confident in their ability to access help. Peer-based programs played an important role in helping at risk youth improve help-seeking behaviour. Programs could also help young people to be persistent when solving problems (i.e. not to give up when an initial help-seeking attempt failed) and to improve coping skills by providing opportunities to observe positive role models using productive coping strategies to address similar issues. These strategies were consistent with the learning by observation described by Social Cognitive Theory (Bandura, 1986) and Diffusion of Innovations Theory (Rogers, 1983).

#### **6.4.15 Personal factors, interpersonal factors and external factors**

A range of factors influenced the extent of the impacts achieved by a peer-based program. Personal factors were socio-demographic factors such as age, education, culture and socio-economic status. Interpersonal factors included connectedness with school or home. External factors included the dosage or intensity of program received.

The non-homogeneous nature of any group of program participants was associated with variable outcomes at an individual level. Therefore, programs benefited some individuals more than others and it was unlikely that one program could meet the needs of all participants. These findings were consistent with Ecological Theory (Bronfenbrenner, 1979) which proposed that individuals were influenced by the social systems in which they existed including family, school, community, culture and religious affiliations.

## **6.5 Development of the draft evaluation framework**

As shown in the sections above, the theoretical basis for the revised conceptual model appeared to be reasonably robust in that theories and models could be identified which supported each of the components of the model. The next step in the research process was to develop a draft evaluation framework using the revised conceptual model as a key input.

The development of the draft evaluation framework involved four main activities:

- **Sub-components** were defined for components of the revised conceptual model which had multiple dimensions. For example, three subcomponents (program model, location and staffing) were defined for the component ‘Youth friendly’
- The defining characteristics of each component and sub-component were written in a **Description** column. Descriptions were standardised and rewritten where necessary, e.g. to use a consistent tense
- **Example indicators** were defined for each component where possible. These included examples given by the service providers or identified in the literature of ‘best practice’ which should be evident if the components and sub-components had been implemented effectively e.g. one feature of a ‘safe space’ was having suitable ‘participants’ and an indicator might be ‘a lack of crisis situations associated with unsuitable participants.’
- Components and sub-components were reviewed to check they were unique and did not overlap.

The definition of components, sub-components and indicators was achieved in three ways. Firstly, the transcripts of all discussions held with service providers were reviewed again to extract any additional information that would assist. Secondly, the results of the **Analysis of literature** were also revisited to identify any further components or sub-components and appropriate indicators. Thirdly, meetings were held with the service providers and

researchers involved in the study as research participants (n=16) to discuss the meaning of specific components or language used to describe certain components that had not been used consistently by service providers or in the published literature. For example, terms such as 'youth engagement' and 'youth participation' were sometimes used interchangeably. For the purposes of this study, youth participation was defined as a sub-component of youth engagement.

As a result of the processes described above, a draft evaluation framework was constructed in a tabular format (see Table 6.2, presented over nine pages). The draft evaluation framework provided descriptions of the domains, components and sub-components for evaluating peer-based youth programs and identified example indicators where available. Gaps were left in the **Indicators** column of the table if no example indicators had been identified in the dataset. Colours were used to differentiate between the sections of the table corresponding to different domains of the draft conceptual model. The colours used for each domain are shown below:

<b>Environment, Processes and Peer factors domains</b>	Blue
<b>Group level impacts domain</b>	Purple
<b>Individual impacts domain</b>	Green
<b>Moderating factors domain</b>	Yellow

**Table 6.2: Draft evaluation framework for peer-based youth programs**

DOMAIN Component	SUB-COMPONENT	DESCRIPTION	EXAMPLE INDICATORS (WHERE AVAILABLE)
ENVIRONMENT			
Safe space	Location	Safe neighbourhood Adequate security Supervision and maintenance of property	
	Refuge	Safety from domestic violence, harassment, bullying	
	Participants	Screening/assessment of all program participants	Lack of crisis situations owing to poor assessment procedures
	Staff/volunteers	Trained staff/facilitators/moderators Professional supervision at all levels Stringent selection and screening procedures Clear expectations of staff/volunteers inside and outside program	
	Boundary management	Policies exist and are enforced for managing emotional and physical boundaries between peers, between staff/volunteers, between staff/volunteers and peers	Boundary management issues limited or resolved quickly and completely
	Ethical practice	Referrals to specialist services when needed Duty of care policies exist and are enforced Confidentiality of personal data Age-appropriate program content	
	Group rules/norms	Respect for others Constructive feedback Inclusive Culturally sensitive Non-judgmental Attempts to compromise safe space dealt with promptly e.g. exclusion	Program appeals to a diverse range of youth Perceived safe space reported by participants Participants experiment with personal identity/image Participants practise new skills

DOMAIN Component	SUB-COMPONENT	DESCRIPTION	EXAMPLE INDICATORS (WHERE AVAILABLE)
<b>Positive role models</b>	Attitudes/behaviours/ lifestyles	Staff/volunteers role model healthy lifestyles Staff/volunteers use pro-social and positive language Staff/volunteers challenge negative stereotypes Staff/volunteers reinforce group rules/norms	Young people adopt desirable attitudes/behaviours displayed by staff/volunteers/peers Young people replace non-productive coping strategies with positive coping strategies Young people adopt healthy lifestyles/reduce risk behaviours
	Peers	Display positive coping strategies Adopt healthy lifestyles/avoid risk behaviours Role model desirable attitudes/behaviours	
<b>Youth friendly</b>	Location	Out of school/community settings	Active involvement of young people in the selection and/or design of the space
	Program model	Group rules/norms established and enforced by group Active involvement of young people Non-punitive Balance of power (staff and young people) Fun and informal learning approach	Young people as program facilitators
	Staffing	Staff display genuine care and commitment to participants Passionate and committed staff Guidance and facilitation, non-directive	Low staff turnover

DOMAIN Component	SUB-COMPONENT	DESCRIPTION	EXAMPLE INDICATORS (WHERE AVAILABLE)
<b>PROCESSES</b>			
<b>Strengths-based</b>	Program model	Focus is on developing assets rather than fixing deficits Emotional and physical challenges to help identify personal potential Protective factors enhanced to reduce impact of risk factors	Personal development opportunities Meaningful youth participation opportunities Sense of mastery and accomplishment
<b>Flexible/responsive</b>	Program model	Program can be tailored to address individual needs Diversity of staff/agencies involved Flexible enrolment options	Participants treated as individuals with individual needs
	Autonomy	Voluntary participation Self-paced learning Participants have 'freedom to pass' on activities if desired	Participants have autonomy in their level of participation including disclosure of personal information
	Target group	Different learning styles/rates can be accommodated Recognition of diversity in target group	Program model/content adapted to address local needs of target group
	Diversity of staff	Diverse culture, backgrounds, gender, etc	
	Relationship-based	Strong rapport established between staff and participants Single positive relationship may enhance resilience in other settings	First (early) point of contact for assistance or to confide personal/emotive information
<b>Experiential learning</b>	Informal learning	Non-classroom based Learning occurs indirectly through informal non-directed discussions e.g. during breaks, during journeys, during non-related activities	Changes in attitude/behaviour which reflect ideas expressed during informal learning opportunities
	Learning through observation	Adopting positive behaviours and attitudes of staff/volunteers/peers	Positive changes in attitude or behaviour

<b>DOMAIN Component</b>	<b>SUB-COMPONENT</b>	<b>DESCRIPTION</b>	<b>EXAMPLE INDICATORS (WHERE AVAILABLE)</b>
<b>PEER FACTORS</b>			
<b>Peer acceptance</b>	Peer validation	Peers understand and confirm importance of issues Opportunity to meet peers facing similar issues	Group may discuss an issue and offer suggestions for tackling problems
	Group cohesion	New members welcomed Group is inclusive of all members, however diverse Group identity	No solitary individuals Mentoring of new members
	Social integration	Program provides a reason to interact with peers Brings together like-minded peers with similar issues Reduces chances of peer rejection	
<b>Positive peer influences</b>	Social support	Opportunities to gain socio-emotional support from peers Opportunities to seek feedback from supportive peers Opportunities to provide peer support to others	Evidence of peer support behaviours
	Group context	Acts as a shelter or protective environment when faced with adversity	
	Alternative perspectives	Challenges existing and negative beliefs Provides positive alternatives Questions perceptions of what is 'normal' Exposure to positive peer role models	Positive beliefs and behaviours adopted by program participants
	Social networking	Opportunities to network with like-minded peers Opportunities to network with peers facing similar issues	Friendships/social networks established
<b>Participant characteristics</b>	Needs	Very needy individuals can change dynamics of program Balance of gender, needs, issues, stage of change	
	Level of engagement and participation	Critical mass needed for peer factors to influence change at an individual or group level	

DOMAIN Component	SUB-COMPONENT	DESCRIPTION	EXAMPLE INDICATORS (WHERE AVAILABLE)
<b>GROUP LEVEL IMPACTS</b>			
<b>Group rules/norms</b>	Behaviour management	Reinforcement of acceptable behaviours Recognition of unacceptable behaviours Enforcement of sanctions/consequences	Respect for other group members
<b>Group cohesion</b>	Tolerance of diversity	Inclusion of all group members Acceptance of diversity	
	Social integration	Peer interactions Social networks established Effective teamwork	Absence of or low levels of conflict Lack of silos/cliques
	Group identity	Development of a group identity e.g. name, image Members take pride in group achievements	
<b>Youth engagement</b>	Participation	Regular attendance Participation in group activities Active involvement of youth in program implementation	Lack of disruptive behaviours Evidence of knowledge transfer through observable changes in behaviour/lifestyle
	User satisfaction	Member referrals/recommendations High user satisfaction ratings Re-enrolments Access to new experiences and opportunities	
<b>Peer support</b>	Appraisal	Peer group validation of issues as important/difficult Shared experiences/similar issues Providing constructive feedback to peers Social belonging and acceptance especially where current networks may be unsupportive/dysfunctional	

DOMAIN Component	SUB-COMPONENT	DESCRIPTION	EXAMPLE INDICATORS (WHERE AVAILABLE)
	Emotional	Showing empathy Reduced isolation Opportunities to feel loved/valued Friendships Indirect benefits for peer volunteers/helpers	Reaching out to others Confiding in peers/asking peers for assistance Peers learn positive coping strategies from each other Encouraging others
	Informational	Opportunities to learn and practise social skills or to develop/experiment with self identity in a safe space Opportunities to identify needs and seek help	
	Instrumental	Offers of assistance, e.g. accompanying to a counsellor Respite Refuge Source of help	
<b>Social networks</b>	Friendships	Supportive peer-peer relationships	Friendships/supportive relationships established and maintained
	Social capital	Diversity of networks increases capacity to cope Peer group influences level of individual change	
<b>Group advocacy</b>	Advocacy	Willingness to share testimonials of positive experiences Advocacy and support for program/service Vehicle for experimenting/changing social stereotypes, legislation, etc	Defending/promoting rights of group members Program promotion/recommendations Nominating for youth leadership roles within program
	Altruism	Desire to prevent peers suffering similar distress Desire to help peers facing similar issues	

DOMAIN Component	SUB-COMPONENT	DESCRIPTION	EXAMPLE INDICATORS (WHERE AVAILABLE)
<b>INDIVIDUAL IMPACTS</b>			
<b>Reduced isolation</b>	Level of engagement	Regular attendance Participation in group activities More peer interactions	
	Feeling alone with issues	Ability to put own issues in perspective Realisation others share similar issues Less self-focused	
	Loneliness	Finding a partner/being in a 'stable' relationship Establishing peer networks	
	Sense of belonging/ connectedness	Adopting group norms/behaviours Taking pride in group achievements Acceptance by peers	Less time spent in solitary pursuits Less self-focused Increased social networking
<b>Increased self-esteem</b>	Positive self concept	Self acceptance Feeling 'normal', questions stereotypes of 'normal' Accepting diversity	Absence of/reduced mental health problems Increased self care
	Relationships with others	Feeling accepted and valued by others Receiving positive feedback from others	
	Self care	Concern with presenting a positive personal image Avoidance of/reduced risk behaviours, e.g. substance abuse	
	Self worth	Investment in youth/access to new experiences leads to high self worth	
	Benefits of helping others	Feeling needed and good about helping others Positive feedback as a result of helping others boosts self-esteem	

DOMAIN Component	SUB-COMPONENT	DESCRIPTION	EXAMPLE INDICATORS (WHERE AVAILABLE)
<b>Increased confidence</b>	Communication skills	Speaking up/voicing opinions Using assertive language Articulating feelings/needs clearly	Increased peer interactions Less shy/withdrawn Increased participation in group Positive lifestyle changes
	Behaviour	Willingness to try new things, move out of comfort zone Acting as a positive role model for others	
	Leadership skills	Enforcing group rules/norms Nominating for youth leadership/advocacy/mentoring roles	
	Impetus for change	Intensity of program experience provides a reason to make changes	
<b>Improved social skills</b>	Need for peer acceptance	Wanting to 'fit in' and be accepted by peers Behaviour modification in line with group rules/norms	Positive conflict resolution
	Emotional regulation	Appropriate management of emotions	
	Conflict resolution	Awareness conflicts can be resolved without violence/anti-social behavior	
<b>Improved problem-solving skills</b>	Positive conflict resolution	Selection of pro-social options	Lack of or reduced negative conflict resolution e.g. anger, fighting
	Use of effective problem solving strategies	More awareness of consequences of different problem solving approaches	Ability to handle and resolve problems
<b>Improved help-seeking behaviour</b>	Self-efficacy	Belief in personal ability to access help/resolve problems	Reduced/lack of self harming behaviour Reduced/lack of suicidal ideation Reduced depression/anxiety symptoms Supportive social networks Accessing help services

DOMAIN Component	SUB-COMPONENT	DESCRIPTION	EXAMPLE INDICATORS (WHERE AVAILABLE)
	Empowerment	Belief that support is available Knowing when to seek help Ability to ask for help Awareness of help services available Knowing how to access help Effective problem solving skills Knowledge and skills to avoid risk/problem behaviours	
<b>Improved coping skills</b>	Positive coping strategies	Establishing and maintaining social support networks 'Acting on' not 'reacting to' issues 'Venting' not 'dwelling on' issues Provides positive alternatives to non-productive coping strategies Exposure to a spectrum of adversity and range of coping skills shown by others	Lack of or reduced self harm or suicidal ideation Lack of or reduced incidence of mental health problems
<b>Optimism</b>	Future thinking	Showing interest in opportunities for personal development Showing interest in employment/preparing for employment Displaying hope/sense of possibility	Improved academic outcomes Finishing school Engaging in training/further education Reduced/lack of suicidal ideation Positive attitude/focused on positives
<b>Community engagement</b>	Behaviour	Participation in community events Pro-social and moral behaviours and values	Youth advocacy roles e.g. youth advisory council Youth leadership roles Employment Reduced involvement in/lack of antisocial or problem behaviours

DOMAIN Component	SUB-COMPONENT	DESCRIPTION	EXAMPLE INDICATORS (WHERE AVAILABLE)
	Pathways	Seeking employment Nominating for volunteering roles Nominating for youth mentoring roles Nominating for youth leadership roles Nominating for youth advocacy roles	
DOMAIN Component	SUB-COMPONENT	DESCRIPTION	EXAMPLE INDICATORS (WHERE AVAILABLE)
<b>MODERATING FACTORS</b>			
Personal		Age/Developmental stage Gender Education level Mental and physical health Life experience Culture Religiosity Individual differences e.g. personality	
Interpersonal		Family support School connectedness	
External		Social marketing Access/use of services	

## **6.6 Chapter summary**

This chapter described the process of developing a draft evaluation framework for peer-based youth programs using a participatory action research process. The draft evaluation framework was informed by the draft conceptual model (Version 1 and Version 2) produced in consultation with service providers and researchers during Stage 1.

The draft evaluation framework identified six domains for evaluating peer-based youth programs. These were Environment, Processes, Peer factors, Individual impacts, Group level impacts and Moderating factors. Within these domains there were 27 components and 67 sub-components. Descriptions and example indicators were defined for each component and sub-component.

The domains, components and sub-components provided a comprehensive list of evaluation parameters, based on theory and practice, which could be used to evaluate peer-based youth programs. The draft evaluation framework assumed that the domains for evaluating any peer-based youth program were the same. It was at the level of components and sub-components where programs differed.

The draft evaluation framework reflected the diversity of peer-based programs and supported the view that evaluation needed to be tailored to each program since program strategies and program effects were influenced by a host of factors such as local context, resources available, and organisation culture. Example indicators provided for each domain could be used as a basis for developing locally relevant and context specific indicators for a program. The draft evaluation framework also highlighted the diversity of areas in which peer-based youth programs *could* have an impact. The range of possible outcomes provided insights to the difficulties program providers had in clearly stating program objectives and outcomes.

Evaluation of peer-based programs should be simple and practical for service providers to be able to collect evidence of program effectiveness without adverse effects on either program participants or available resources. However, the preliminary findings of this study indicated that evaluation of flexible, informal, constantly evolving programs was necessarily complex in order to be responsive to the changing needs of the target groups and a shifting organisational context in terms of available funding, resources and staffing.

These attributes of the program and target group did not sit comfortably alongside conventional planning and evaluation methodologies. An evaluation framework that offered some flexibility to service providers in terms of what needed to be evaluated at different stages in the life-cycle of a program or in the development of a particular cohort of young people would have the benefit of improving the rigour of evaluation of peer-based services and enable service providers to collect more meaningful data about their services and the effects on young people.

Developing standard indicators for evaluating peer-based programs was necessary to build the evidence base. Understanding the theoretical basis for why programs were effective was critical to developing relevant indicators for evaluation. Knowing why programs worked and what effects were likely to be associated with programs provided the inputs needed to develop a rigorous evaluation design.

The 12 theories and models identified in Stage 1 of the research were mapped onto the revised conceptual model. Resilience Theory and Attachment Theory were used to explain the attributes of youth most at risk including lack of positive role models or social support. Social Cognitive Theory and Diffusion of Innovations Theory explained the processes and peer factors domains including positive role modeling, establishing positive group norms and developing critical skills. These theories were also associated with creating a safe space for personal development using strategies articulated in Resilience Theory, Positive Youth Development, the Youth Empowerment Model and the Alternative Education Model.

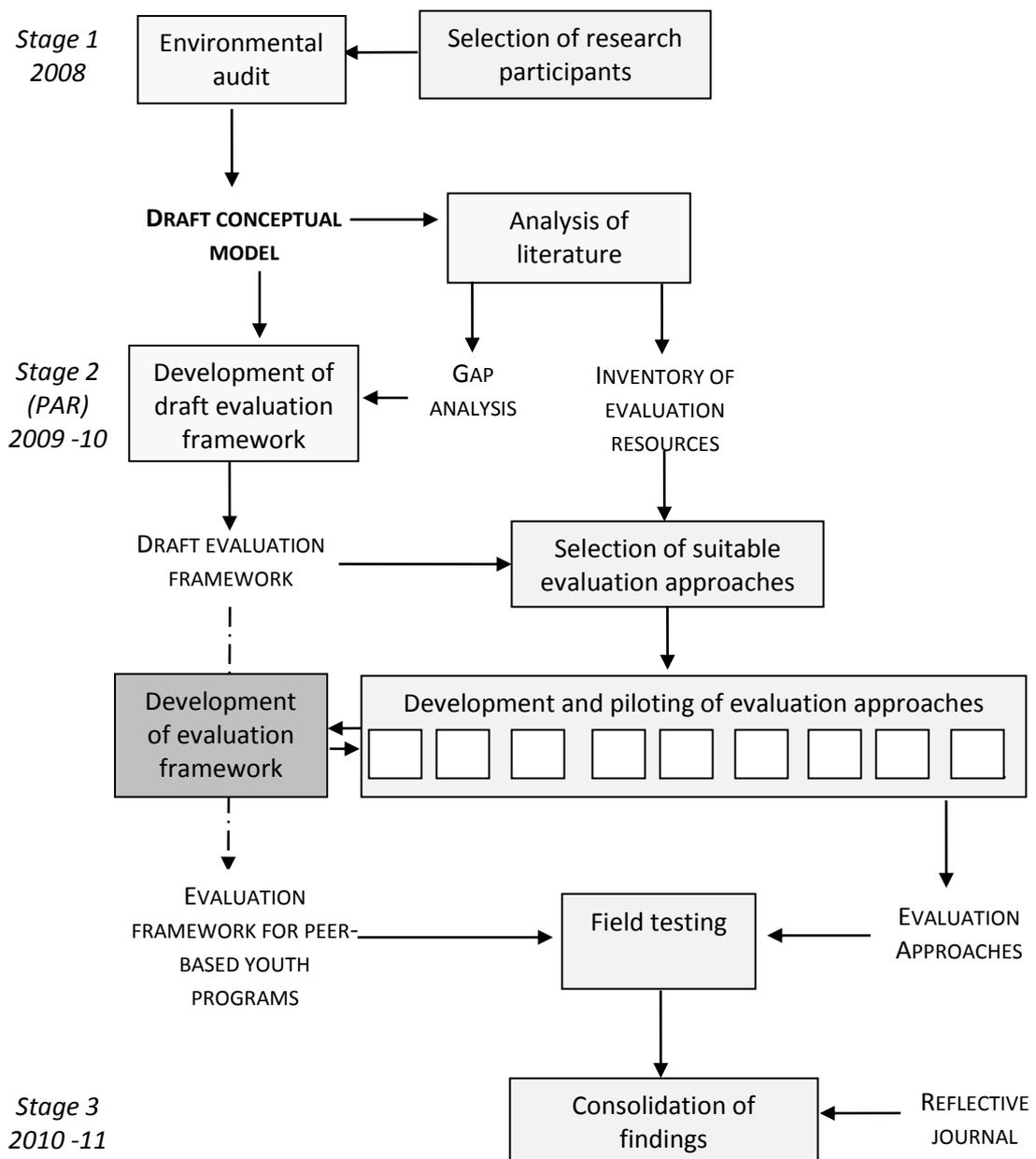
Social Identity Theory, Social Integration Theory, Hope Theory and Role Theory were used to explain how peer-based programs could reduce isolation and improve self-esteem, confidence and future optimism. Finally, the Ecological Model was useful to understand the range of moderating factors which influenced why the same program could have different outcomes for different individuals. It is worth noting that there is often overlap between theories and models and several theories and models could have been cited as alternatives to those identified in this study. The next chapter describes the process of validating the draft evaluation framework to develop the final evaluation framework for peer-based youth programs. Validation was achieved by revisiting the draft evaluation framework in the light of the theoretical basis for peer-based youth programs proposed in this chapter, consultation with the wider youth sector to collect feedback on the draft evaluation framework, and further consultations with the research participants.

# CHAPTER 7

## Results - Development of evaluation framework

Chapter 6 described the process of consolidating the results of the **Environmental audit** and **Analysis of literature** to develop a draft evaluation framework for peer-based youth programs. This chapter describes the participatory action research (PAR) process used to develop the final evaluation framework (see Methods flowchart - Figure 7.1).

**Figure 7.1: Methods flowchart - Development of evaluation framework**



## 7.1 Purpose

The purpose of this chapter is to describe the development of the final evaluation framework that is to be presented in this thesis. The development of the final evaluation framework continued the PAR process and involved building on and further developing the draft evaluation framework presented in the previous chapter.

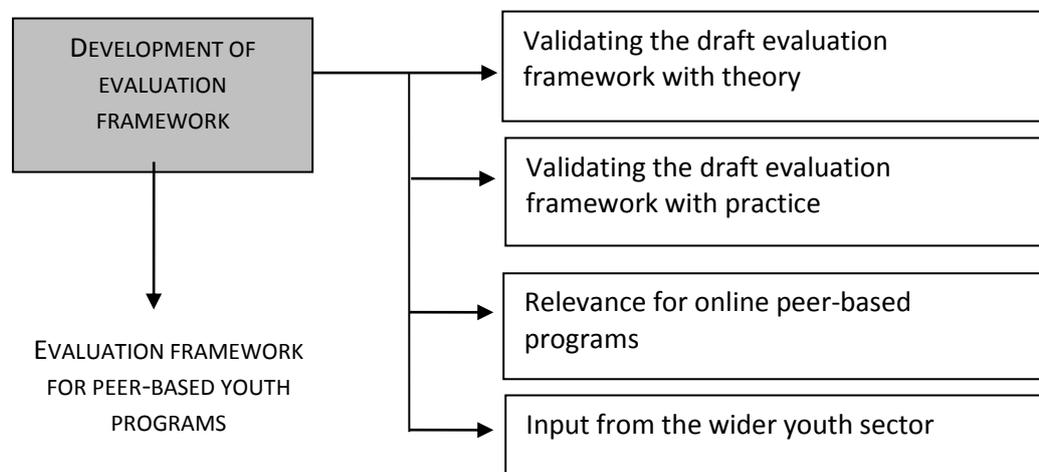
Specific objectives were:

- To validate the draft evaluation framework with theory and practice
- To assess the relevance of the framework for online peer-based programs
- To obtain feedback on the framework from the wider youth sector
- To develop an evaluation framework that was suitable for a wide range of peer-based youth programs, including online peer-based programs.

## 7.2 Main activities

The main activities in the PAR process used to develop the final evaluation framework are summarised in Figure 7.2 and described in the sections which follow.

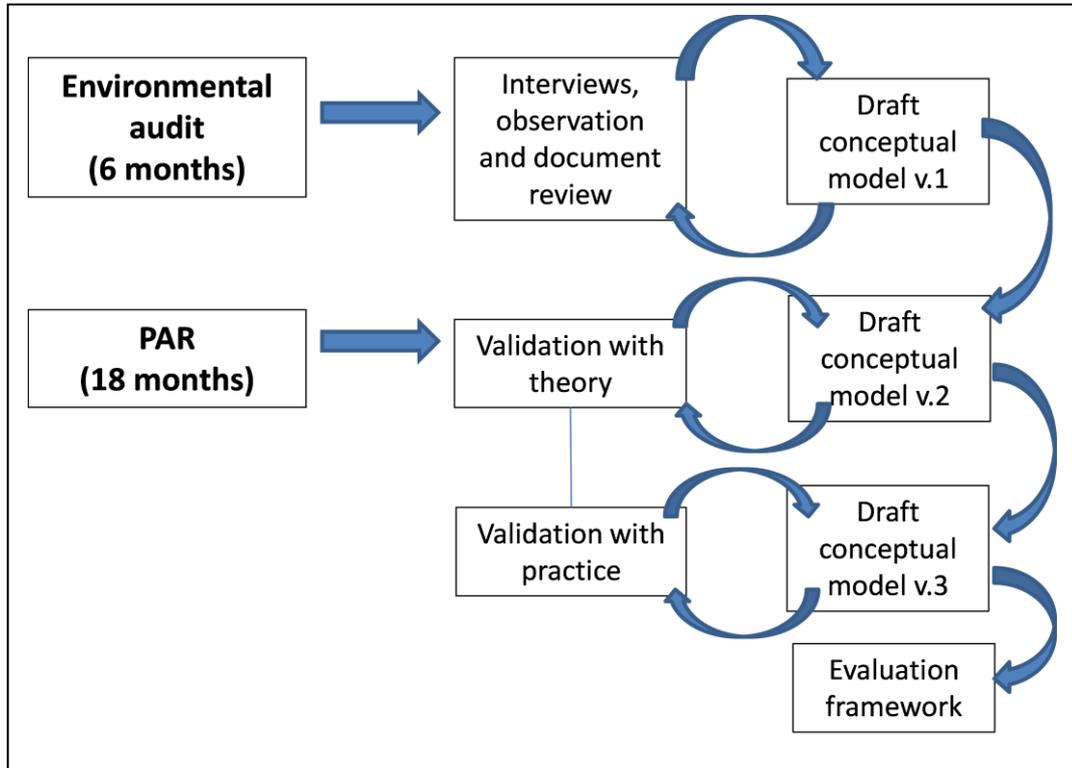
**Figure 7.2: Main activities - Development of evaluation framework**



The conceptual model (version 2) was validated with theory by conducting a comprehensive analysis of the literature to identify supporting theories and models, features of effective programs, program objectives and checking the model reflected best practice. As a result, a third version of the conceptual model was produced and validated with a practice through a final process of collecting feedback from all partner agencies. The

final evaluation framework resulted. The iterative PAR process used to develop the final evaluation framework is illustrated in Figure 7.3.

**Figure 7.3: Iterative PAR process to develop final evaluation framework**



### **7.3 Validating the draft evaluation framework with theory**

Chapter 6 described the process of selecting the theories and models which had the most utility in explaining the domains of the draft evaluation framework for peer-based youth programs. Twelve theories and models were selected. The next step was to further validate the draft evaluation framework with theory by ensuring that all relevant evaluation parameters that were suggested by the 12 selected theories and models were also reflected in the draft evaluation framework. This review process was undertaken by the researcher over a period of four months in parallel with the development of the evaluation approaches described in the following chapter (**Chapter 8**).

The validation process involved reviewing each of the selected theories and models to identify any additional components, sub-components and example indicators that were relevant for the draft evaluation framework. As a result of this review, the researcher identified two additional components and six additional sub-components. The two new

components were increased knowledge and positive role model for peers. The six additional sub-components were empowerment through education, behaviour, positive reinforcement, range of service delivery options, ownership of program, and positive coping strategies.

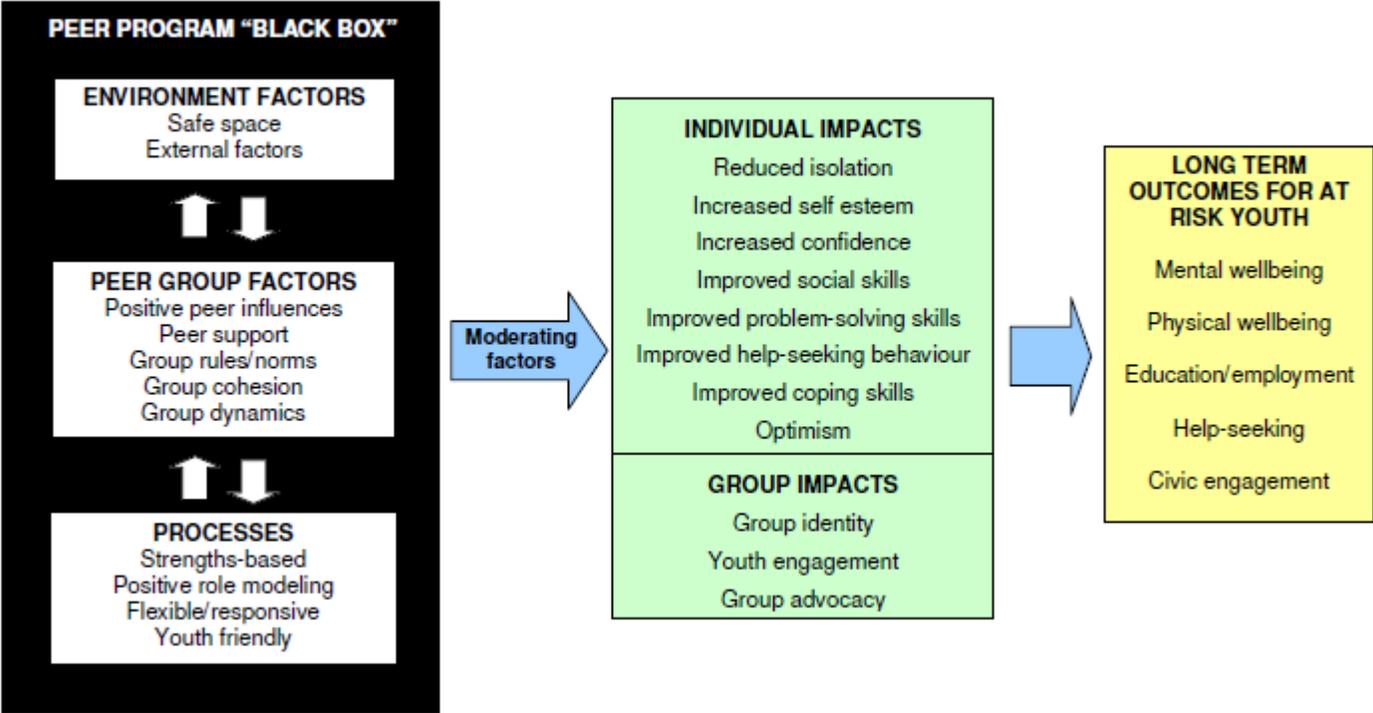
The new components and sub-components were identified by the researcher during a detailed review of the published literature relating to the 12 theories and models. A comparison with the draft conceptual model indicated these components and sub-components were not represented. Meetings were held with the research participants to discuss the additional components and sub-components that had been identified in the published literature and to collect feedback on the relevance of these items for peer-based youth programs. The research participants agreed that the two components and six sub-components were relevant; the components and sub-components were subsequently added to the draft conceptual model (Version 3). Table 7.1 summarises these modifications and the associated theories, models and domains.

**Table 7.1: Additional components and subcomponents (shaded cells) resulting from validating the draft evaluation framework with theory**

ASSOCIATED THEORIES AND MODELS	COMPONENTS (ASSOCIATED DOMAIN)	SUB-COMPONENTS
Youth Empowerment Model	Increased knowledge (Individual impacts domain)	Empowerment through education
	Youth engagement (Group level impacts domain)	Ownership of program
Diffusion of Innovations Theory Social Cognitive Theory	Positive role model for peers (Individual impacts domain)	Behaviour
	Improved coping skills (Individual impacts domain)	Positive coping strategies
Alternative Education Model	Strengths-based (Processes domain)	Positive reinforcement
	Flexibility (Processes domain)	Range of service delivery options

The researcher's review of the 12 selected theories and models also helped to further develop and clarify the descriptions and example indicators for each of the components and sub-components in the draft evaluation framework. Feedback from the research participants indicated a summary diagram was useful to visualise the whole framework. Therefore, a new draft conceptual model (Version 3), shown in Figure 7.4, was developed by the researcher.

Figure 7.4: Draft conceptual model (Version 3)



The draft conceptual model (Version 3) shown in Figure 7.4 was added to the draft evaluation framework and summarised the program features and the impacts and outcomes associated with peer-based programs. The underlying theories were omitted to reduce complexity. The differences between the draft conceptual model (Version 3) and the draft conceptual model (Version 2) are explained in the following sections.

### **7.3.1 Return to a linear model**

General feedback from the research participants on the draft conceptual model (Version 2) had indicated that the use of concentric circles was too ambiguous and still did not communicate the complex relationships between the domains and components. A linear model with the inclusion of bidirectional arrows was preferred by the research participants and was consistent with program logic modeling approaches and the development of a theory of change for peer-based youth programs.

### **7.3.2 Peer Group Factors**

The original 'Peer factors' domain was renamed 'Peer Group Factors' and given a more central position in the draft conceptual model (Version 3) to emphasise the particular role of peer and social influences that were unique to peer-based programs (e.g. not generally included in youth programs). Some of the items originally appearing under 'Group Level Impacts' (such as group rules/norms, group cohesion and group dynamics) were moved to the Peer Group Factors domain since these components related to the peer group and could influence Environment Factors and Processes as well as Individual Impacts.

### **7.3.3 Group Impacts**

The original Group Level Impacts domain in the draft conceptual model (Version 2) was renamed 'Group Impacts' in the draft conceptual model (Version 3) to be more concise. In addition, 'Group Identity', previously considered a sub-component of Group Cohesion, was defined as a component of Group Impacts. Achieving a positive group identity was considered to be an impact of Peer Group Factors such as good group cohesion rather than a feature of effective peer-based programs.

The component 'Social Networks' was removed from the Group Impacts domain. The definition of this component related to positive peer influences and friendships and appeared to be covered by other components within the Peer Group Factors. Also, the term

'social networks' had strong connotations with Social Network Theory (SNT) which had been excluded from the list of most relevant theories and models for peer-based programs. As discussed in Chapter 5, the relevance of SNT for peer-based youth programs needed to be explored further.

#### **7.3.4 External factors as a component of Environment Factors**

External factors, such as funding and community support for the program, were previously identified as one of the Moderating Factors in the draft conceptual model (Version 2). In draft conceptual model (Version 3), 'External Factors' was moved to the 'Environment' domain since it related to the program environment rather than the variable impacts of the program on participants.

#### **7.3.5 Introduction of the 'black box' concept**

The researcher and colleagues agreed that the complex interplay between Environment Factors, Peer Group Factors and Processes and their influence on Individual Impacts was not represented effectively by the draft conceptual model (Version 2). Consequently, the 'black box' concept was introduced to the revised draft conceptual model (Version 3) to communicate the complexity of peer-based youth programs.

Yohalem et al. (2004) had described '*getting inside the black box*' to underline the importance of naming and defining program features which could be used to measure program quality (Yohalem, Pittman, & Wilson-Ahlstrom, 2004). Other authors had also discussed '*unpacking the black box*' (Wight & Obasi, 2003) and '*a look inside the black box*' (McCreary, Kaponda, Kafulafula, Ngalande, Kumbani, Jere, Norr, & Norr, 2010) in the context of process evaluations of sexual health interventions.

Using realist evaluation terminology (Pawson & Tilley, 1997), the black box represented the results of deconstructing elements of practice that were effective to reveal the 'mechanisms' and 'context' of programs which contributed to 'outcomes'. This knowledge helped improve service providers' ability to consistently deliver quality programs notwithstanding a changing environment (staffing, youth culture, stakeholders, etc.). The black box of peer-based youth programs comprised three domains within the draft conceptual model (Version 3). These were the Environment Factors, Peer Group Factors and Processes domains which were grouped together by a larger box, shaded black.

### **7.3.6 Reintroduction of long term outcomes**

Early feedback on the draft evaluation framework from the research participants had recommended re-introducing the long term outcomes which peer-based programs may contribute to. The underlying rationale was to make clear the boundaries of peer-based youth programs and what these programs could realistically achieve in the short term (less than 12 months). The research participants agreed it was important to show the types of long term outcomes peer-based programs were thought to contribute to even though this was difficult to validate.

For example a long term outcome such as mental wellbeing could not be measured by most peer-based youth programs except subjectively owing to difficulties following up participants and lack of continuous funding for many programs. Also, given the range of moderating and external factors which could influence mental wellbeing, it would be difficult to isolate the particular impact of peer-based youth programs. Furthermore, attributes such as resilience and self-esteem which contributed to mental wellbeing were subject to change over time.

## ***7.4 Validation of draft evaluation framework with practice***

The validation of the draft evaluation framework with theory resulted in two additional components, six sub-components, revised descriptions and example indicators and the draft conceptual model (Version 3) shown in Figure 7.4. The next step was to validate the theory-based version of the draft evaluation framework with practice.

The researcher obtained feedback on the draft evaluation framework from all the research participants (n=16) using a range of data collection methods to suit respondents. These methods were telephone interviews, formal face-to-face meetings, informal discussions and written feedback from the research participants on paper copies of the draft evaluation framework. The research participants were asked to review the draft conceptual model and identify corrections, information gaps and suggestions to improve the accuracy, relevance, and presentation of the model.

The researcher made minor modifications to the draft evaluation framework immediately, e.g. changes to language. Suggestions for more significant or conceptual changes were discussed with the other research participants first to obtain consensus or alternative

perspectives. The range of feedback collected from the research participants and the reasons for the decisions taken regarding changes to the framework are summarised in the following sub-sections 7.4.1-7.4.9. These sub-sections include details of conflicts of opinion/contradictions and how these were handled, also the criteria used to filter or discard suggestions. **Appendix 7 – Conceptual model (Versions 1, 2, 3, 4)** includes all versions of the conceptual model that were developed for the reader to reference easily.

#### **7.4.1 Attributes of Youth Most at Risk**

The original draft conceptual model produced during the **Environmental Audit** (refer to **Appendix 7 – Conceptual model (Versions 1, 2, 3, 4)**) had included the domain 'At Risk Youth' with the following characteristics: isolation, poor mental health, marginalised, and poor health literacy. One of the service providers involved in the project suggested that this domain be reintroduced since it highlighted the needs of the target groups involved and would enable service providers to quickly decide whether the evaluation framework was relevant for their program and target group. The 'At Risk Youth' domain would also help service providers to develop targeted program objectives.

However, other service providers observed that not all of their programs targeted 'at risk youth' using the definition employed in this thesis i.e. *youth at risk of poor mental health outcomes*. One of the research participants suggested that the domain name could be changed to 'Attributes of Youth Most at Risk' and this suggestion was accepted by all of the research participants. However, the research participants agreed that the current list of attributes of youth most at risk was incomplete. Consequently, the research participants identified eight attributes of youth at most risk: lonely or isolated, abused or victimised, poor mental health, poor help-seeking skills, poor coping skills, lack social skills, risk taking, and lack positive role models. These attributes were also consistent with the risk factors highlighted by Resilience Theory (Resnick, 2000) and increased the likelihood that the attributes were applicable to a broad range of programs working with young people at risk.

#### **7.4.2 External Factors**

Further development of the External Factors component included features of the environment that were *outside* the peer-based program, for example attributes of the community and the host organisation. There was general agreement from the research

participants that 'External Factors' was included in the framework as a separate domain and not a component of the 'Environment Factors' within the black box.

### **7.4.3 Environment Factors**

With the addition of External Factors as a separate domain, the Environment Factors domain now included only one component, the safe space. The safe space component contained nine sub-components: location or setting, refuge, anonymity allowed, other participants, staff/volunteers, boundary management, ethical practice, behaviour management and group rules/norms in place.

During the **Environmental audit**, the service providers had commented that creating a safe space was one of the most critical factors for engaging at risk youth. The prominence given to the safe space component within the draft evaluation framework was consistent with this finding.

### **7.4.4 Peer Group Factors**

The development of the Peer Group Factors domain was one of the most challenging to define in a way that was acceptable to all the research participants, service providers and researchers. The Peer Group Factors domain described how peer and social influence contributed to program outcomes. The draft evaluation framework initially included only three components within Peer Group Factors. These were peer acceptance, positive peer influences and participant characteristics. The service providers were not in disagreement with these components but the researchers involved in the project agreed that these components did not fully represent the role of peer and social influence within peer-based programs, based on their knowledge of peer and social influence. The research team recommended two major changes to the Peer Group Factors domain, outlined below, which were accepted by the service providers.

Firstly, 'Group dynamics' was specified as a new component within the Peer Group Factors domain and included six sub-components: needs of group, group membership, group size, group stability, cliques, and individual differences. Factors such as individual needs, cultural diversity, age and gender differences, personality differences and mental and physical health status all needed to be considered when enrolling program participants. Actively managing the peer group factors helped ensure that the peer group was exposed to a range

of perspectives and experiences and that the program was inclusive and likely to appeal to a wide range of young people. These views were expressed by both the service providers and the researchers involved in the study.

Example indicators for positive group dynamics identified by the research participants were good teamwork, inclusivity, few cliques or solitary individuals, positive conflict resolution, and evidence of peer support. The service providers also indicated that lack of group cohesion, silos, lack of youth involvement or engagement, frequent group conflict, absenteeism or withdrawals from the program could indicate poor group dynamics.

Secondly, the Group Impacts domain was removed and all of its sub-components were included within the Peer Group Factors domain. With the addition of the 'Group dynamics' component to the Peer Group Factors domain, there was significant overlap between the Peer Group Factors and the Group Impacts domains. The sub-components within Group Impacts were: group rules/norms, group cohesion, youth engagement, peer support, social networks and group advocacy.

The research participants agreed that the Group Impacts did not correspond to the primary objectives of peer-based programs, which were focused on changing *individual* attitudes, knowledge/skills and behaviours. There was also general agreement that the Group Impacts were not the effects that peer-based programs aimed to achieve but were required for the optimal functioning of programs *in order to achieve desired impacts*.

#### **7.4.5 Program Factors**

The original Processes domain was renamed 'Program Factors'. The term 'Processes' caused confusion, for example, some service providers assumed that the components of the draft conceptual model (Version 3) within Processes were those corresponding to process evaluation in the same way that the components within 'Individual impacts' corresponded to impact evaluation. In fact process evaluation also included the components within 'Environment' and 'Peer Group Factors'. Use of the term 'factors' created some consistency in the framework showing that there were three types of factors which needed to be monitored – Environment Factors, Peer Group Factors and Program Factors.

The research participants acknowledged that the components ‘Youth friendly’ and ‘Positive role models’ in the Environment Factors domain could be considered as both factors influencing the environment and desirable features of the environment. There was general consensus to moving these components from the Environment Factors domain to the Program Factors domain.

The positioning of ‘Youth participation’ in the framework was also debated by research participants. The research participants agreed that ‘Youth participation’ was distinct from ‘Youth engagement’. The definitions of these terms were originally sourced from the literature and during the feedback process the research participants offered their own interpretation of what the terms meant. According to the research participants, youth participation referred to the numerous ways of involving young people in the processes of program planning, needs assessment, program implementation and decision making. Two sub-components were identified for youth participation: ownership of program (previously included within youth engagement) and youth involvement.

By contrast, youth engagement described the strategies used by peer-based programs to engage at risk youth who were often disengaged from, or who had difficulties accessing, mainstream education and support services. Youth engagement strategies included learner-centred, flexible programs based in community settings. These views were addressed by including youth participation within the Program Factors domain as a unique component and including ‘Level of youth engagement’ as a component of Peer Group Factors.

#### **7.4.6 Normative socialisation**

Service providers had mentioned the role of peer-based programs in providing normalising social and emotional experiences for young people. These data were not reflected within the draft conceptual model (Version 3). Consequently, the term ‘normative socialisation’ was introduced by the researcher and is described next.

Normative socialisation occurred as a result of the behavioural and role expectations and the safe, stable and predictable environment for young people within peer-based programs. Significantly, this was often in great contrast to the unstable and stressful family and school environments that some at risk youth usually experienced. At risk youth could have a distorted perception of what was ‘normal’ as a result of unsupportive family and

peer relationships, negative peer influences, years of negative conditioning, or as victims of violence and/or abuse.

The process of normative socialisation occurring within peer-based programs was consistent with a symbolic interactionist perspective in which meaning was socially constructed as a result of the interactions between individuals and their environments. The sociological perspective of symbolic interactionism has been used to explain human social interactions. According to symbolic interactionism, individual behaviour was not solely a reaction to the actions of others, for example behaviour motivated by reward or punishment. The interpretations and meanings that human beings attached to others' actions also influenced human behaviour. These meanings or 'symbols' (group rules/norms) emerged from the social experiences one had with others (Blumer, 1969).

Group rules/norms were established and modified through a constant interaction between the individual and their environment. Young people learned the 'code of conduct' through interacting with and observing others' behaviour. They quickly learned what behaviours and attitudes were acceptable and unacceptable within the peer group and adjusted or modified their behaviour accordingly.

The concept of normative socialisation was supported by Social Cognitive Theory (Bandura, 1986), Role Theory, Diffusion of Innovations Theory (Rogers, 1983) and Social Identity Theory (Tajfel & Turner, 1979). Social Cognitive Theory discussed the process of reciprocal determinism in developing and maintaining group rules/norms. Role Theory explained role expectations and how fulfilling or exceeding others' expectations could influence an individual to continue desirable behaviours. Diffusion of Innovations Theory described the transmission of positive cultural norms through adopting the behaviours of credible peer role models. Finally, Social Identity Theory explained the influence of group behaviours on an individual and the adoption of group rules/norms by an individual in order to gain acceptance from a peer group.

#### **7.4.7 Short term impacts on individual**

The domain 'Individual Impacts' was renamed 'Short term impacts on individual' to distinguish short term impacts from long term outcomes. In addition, two new components were added. These were 'increased knowledge' and 'positive role model for peers'. Peer-

based programs empowered young people through informal education and awareness of available resources and services. By participating in a peer-based program older members of a group could also act as positive role models for new or younger peers through their attitudes and behaviours. Service providers considered this an important impact of peer-based programs, e.g. a young person reducing their risk taking behaviour in order to be more accepted by the peer group.

#### **7.4.8 Impacts on others**

The service providers described the benefits of peer-based programs for many people not only the program participants, facilitators, educators or supporters. As a result, a new domain 'Impacts on others' was added. Components of this domain were improved relationships through enhanced communication and social skills, positive influence on networks (e.g. positive lifestyle choices), leadership within the community (e.g. participating in a Youth Advisory Council) and leadership within the program (e.g. becoming a program volunteer). While these impacts were not associated with the primary objectives of peer-based youth programs, they represented important secondary benefits of peer-based programs.

#### **7.4.9 Long term outcomes**

The term 'civic engagement' within Long Term Outcomes was changed to 'Community engagement' to be more consistent with the existing program objectives and terminology used by the majority of service providers.

#### **7.4.10 Changes to language used in framework**

The language used by service providers was generally consistent with that used in the published literature. For example, service providers' use of the term 'safe space' as a multi-dimensional concept (e.g. refuge, safe learning environment, group rules established) was very similar to the way this term was used in the published literature. However, there were also some notable differences in the way language was used.

For example, service providers talked about the role of peer-based programs in *reducing the sense of isolation* felt by some young people. By contrast, the positive youth development literature described youth experiencing *increased feelings of belonging or connectedness* through participating in programs. Table 7.2 compares the language used by

service providers and the language used within the published literature and highlights a degree of disparity between research and practice.

**Table 7.2: Comparison of language used by service providers and the published literature**

LANGUAGE USED BY SERVICE PROVIDERS	LANGUAGE USED IN THE PUBLISHED LITERATURE
Reduced isolation	Increased social connectedness, increased sense of belonging
User satisfaction, participation	Youth engagement
Changes in attitude, knowledge, skills and behaviours	Impacts, outcomes, evaluation parameters
Improved help-seeking behaviour	Self-efficacy, health literacy
Young people, young women, young men	Teens, (at risk) youth, adolescents, clients
Coping skills, life skills, social skills	Resilience, competencies
Peer support, mentoring	Social support, social capital
Relationships (family, school, peer)	Meso-systems
Mental health	Mental, social and emotional wellbeing
Hope	Optimism, future-thinking
Youth camps, peer support programs, peer education programs, support services, group	Early intervention services, peer-based programs, out-of-school time programs
Program plan/curriculum	Program logic model, program design
Evaluation questionnaires, surveys, forms	Evaluation instruments, scales, measures
Measures of success, key performance indicators (KPIs)	Outcomes measures, evaluation parameters, indicators

The language differences highlighted the need to educate the wider youth sector in some of the common terms used in the literature and to consider bringing more practice-based terminology into the academic literature. Adopting a common language would facilitate service providers' use of resources in the published literature and also make it easier for service providers to reference the theory underlying practice when preparing funding submissions to support their programs. Developing partnerships between researchers and service providers when conducting research could also help facilitate the translation of research into practice.

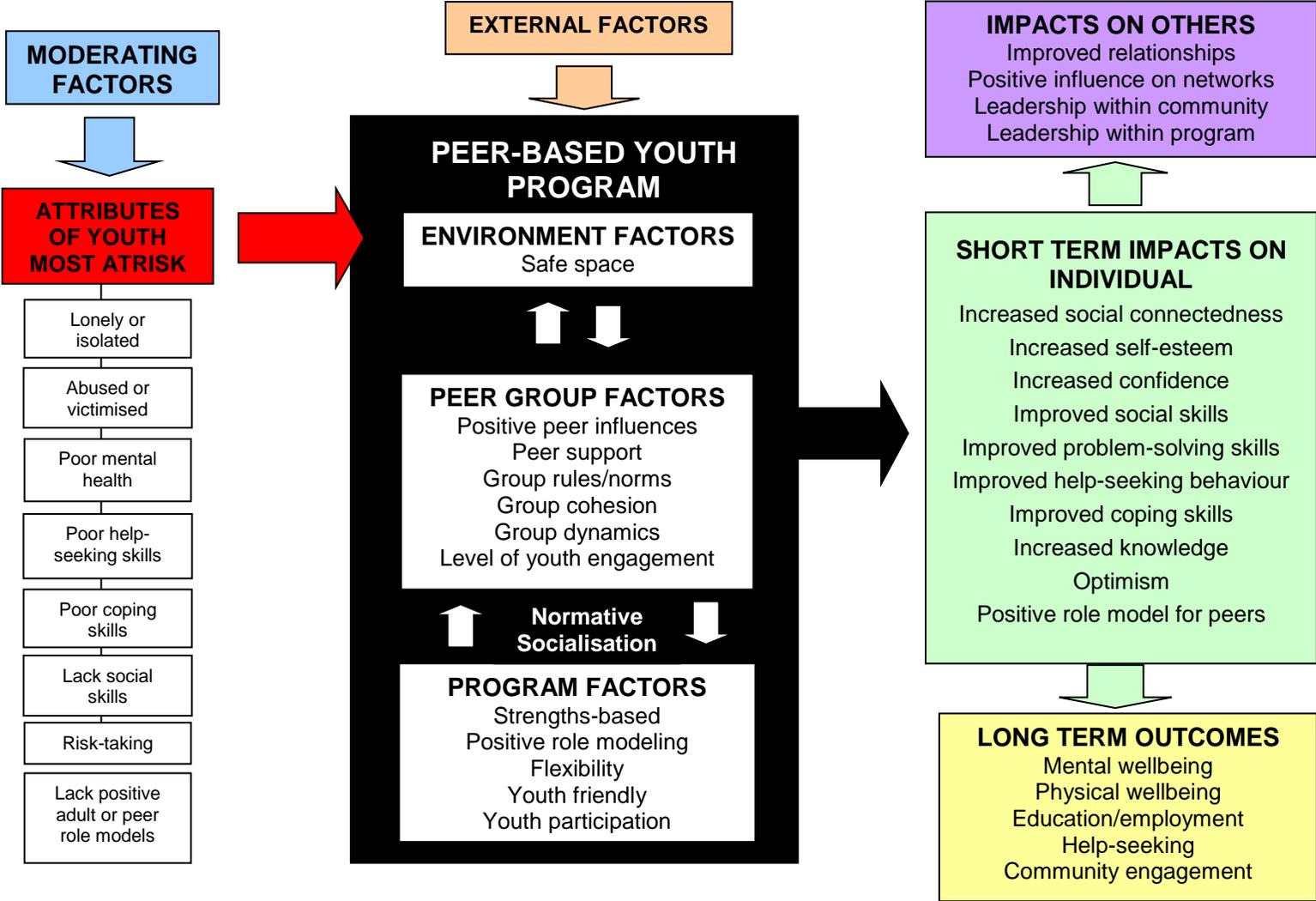
The research participants reached a consensus to modify the draft evaluation framework to include commonly used terms in the published literature that were relevant for peer-based youth programs. These terms were impacts and outcomes, increased social connectedness, increased self-efficacy, peer-based programs, at risk youth, and indicators. The language modifications were consistent with a Positive Youth Development perspective since peer-based programs were strengths-based initiatives.

#### **7.4.11 Feedback from trialing evaluation approaches**

The evaluation framework was developed in parallel with the development and testing of evaluation approaches for peer-based youth programs described in the following chapter: **Chapter 8: Results – Development of evaluation approaches**. An iterative approach was used such that the content of the emerging framework informed the design of the evaluation approaches. In turn, the results of trialing the evaluation approaches were used to refine components of the evaluation framework. This iterative process continued until the components of the framework were considered ‘stable’ – i.e. feedback from service providers was addressed and no further changes were needed. This process is described further in Chapter 8.

The validation of the draft evaluation framework with feedback from the service providers who were involved in the study resulted in the final conceptual model (Version 4) shown in Figure 7.5.

Figure 7.5: Conceptual model (Version 4)



## 7.5 Relevance for online peer-based programs

During the PAR process, the Inspire Foundation (referred to as ‘Inspire’ going forward) expressed interest in the draft evaluation framework. Inspire was involved in delivering peer support services for young people using technology (see [www.ReachOut.com](http://www.ReachOut.com)) and was particularly interested in how to evaluate such programs. The relevance of the evaluation framework for a range of peer-based programs was important and its relevance in online settings had only been tested with the WA AIDS Council *Freedom Centre Forum*. Therefore, Inspire formally joined the project as a research participant in August 2009 with the specific goal of providing feedback on the evaluation framework and testing evaluation approaches in their online forum *Reachout.com*.

The feedback on the draft evaluation framework from Inspire was consolidated with the data from the *Freedom Centre Forum*. As a result, five new sub-components were identified. These were anonymity, service accessibility, service availability, reach, use of IT, and reduced stigma associated with mental health. Descriptions and example indicators for the new sub-components were developed in conjunction with Inspire and the *Freedom Centre* and were included in the final evaluation framework (see **Appendix 8 – Evaluation Framework for Peer-Based Youth Programs**). In addition, some minor changes to existing component descriptions were made to increase their relevance for online settings. Table 7.3 lists the sub-components for online settings that were added to the draft evaluation framework and their associated components and domains.

**Table 7.3: Added sub-components (shaded cells) to the draft evaluation framework for online settings**

ADDED SUB-COMPONENTS	COMPONENTS	ASSOCIATED DOMAIN
Anonymity	Safe space	Environment Factors
Service accessibility	Flexibility	Program Factors
Service availability		
Reach		
Use of IT	Youth engagement	Peer Group Factors
Reduced stigma associated with mental health	Improved help-seeking	Short Term Impacts on Individual

## **7.6 *Input from the wider youth sector***

Further modifications were made to the draft evaluation framework based on input from the wider youth sector collected through a youth sector forum and four conference presentations.

### **7.6.1 Youth sector forum**

In May 2009, a youth sector forum was organised at Curtin University to discuss ethical practice dilemmas (and possible solutions) associated with peer-based programs. Twenty three people participated in the forum including service providers, policy makers and researchers within the youth and education sectors. School-based programs, community programs and regional services were all represented.

During the forum, feedback was generated on the features of programs which supported appropriate ethical practice within peer-based program settings. The information collected was particularly relevant to the Environment Factors, Peer Group Factors and Program Factors domains of the draft evaluation framework. Descriptions and example indicators for sub-components within these domains were refined to reflect the feedback.

Programming strategies and solutions to the ethical practice issues were also discussed. These included 'living' policies that evolved as the program evolved, procedure manuals, professional supervision of young people in peer support roles and staff, debrief and evaluation procedures, training for staff, training for peer supporters in boundary management, reinforcement of boundaries over time, code of conduct information for new participants, universal consequences and penalties for breach of rules, exclusion policy, and transition procedures as young people matured.

Another suggestion was to create a repository in which policy documents across agencies could be shared. The forum participants acknowledged there may be different requirements for non-government, government and education organisations. Smaller agencies would benefit from having access to how others had approached ethical issues.

The main ethical practice issues highlighted by the forum participants are summarised in Table 7.4. As the table shows, many of the concerns were centred on staff and young people in leadership roles managing effective boundaries with program participants,

training, supervision and debriefing processes, issues of data confidentiality and disclosure and managing ethical practice issues in a changing program environment.

**Table 7.4: Summary of ethical practice dilemmas from community forum**

<b>YEAR 11 STUDENTS IN 'BUDDY' ROLES FOR YEAR 7 STUDENTS</b>
Being objective, managing boundaries Issues of disclosure within the peer group, education institutional requirements
<b>DROP-IN SUPPORT SERVICES</b>
What if peer supporter is unable to provide support? Monitoring developing relationships between peer supporters and those they support Does giving young people formal roles exclude them in some way from their peer group? How to reinforce the boundaries over the time as 'peers' become 'friends' Managing boundaries – peer role creep Impact of changing relationships on other group members Managing risk behaviours while keeping youth engaged
<b>YOUNG PARENTING GROUP</b>
Issues of trust Differences in moral compass of facilitator and participants – being non judgmental Opportunities for debriefing limited when there are 15 toddlers and young parents
<b>PEER EDUCATION PROGRAMS</b>
Limitations of knowledge of peer educators and training requirements Discounting serious issues, not recognising warning signs How to debrief peer educators and support them How to screen peer educators ethically – e.g. those with mental health issues After the program where does the facilitators' responsibility for young people end?
<b>REGIONAL PEER SUPPORT PROGRAM</b>
Small community, issues of dependence, facilitator becomes young people's 'friend', blurred boundaries result
<b>ONLINE PROGRAMS</b>
Online environment has boundary issues. Being 'friends' on facebook not the same as being 'friends' in real life
<b>PEER SUPPORT PROGRAMS</b>
Potential for 'contagion' effects – what if the respected peer supporter starts using drugs? Does it make it ok for other peers?

## 7.6.2 Conference presentations

There were opportunities for the wider youth sector and evaluation community to comment on the emerging framework at four national and international conferences during 2009-2010. These were:

- Australian Health Promotion Association, *go West* conference 2009, Perth
- Youth Affairs Council of Western Australia, *Fairground* conference 2010, Perth
- Headspace *heads up* 1<sup>st</sup> International Conference for Youth Mental Health 2010, Melbourne

- Australasian Evaluation Society *Reflecting on Evaluation* international conference 2010, Wellington, New Zealand.

Acceptance of the conference abstract submissions indicated interest in evaluation and peer-based programs for at risk youth within the youth sector and the evaluation sector. The researcher estimated a total of approximately 270 people attended the four conference presentations. Attendees included youth service providers and policy makers, evaluation service providers, researchers and others working with youth or interested in evaluation of youth services. Conference participants came from Western Australia, other states in Australia and other countries. The feedback was documented by the researcher during question time at the end of the presentations. The researcher also noted down comments received informally during networking breaks at the end of each day.

Rather than a process of formal triangulation, the conference feedback was an opportunity to ascertain the usefulness and meaningfulness of the evaluation framework and tools within the wider youth sector and evaluation community. The feedback received was overall positive and included the following comments:

*Thank you for doing this research, we definitely need to find more relevant ways of evaluating our programs and we need more resources like this.*

*The framework looks extremely comprehensive. I like the way you have gone to the practitioners first and then looked for theory to support what's happening in practice.*

*I cannot wait to download the framework and see how it can be applied to my own program.*

*The framework formalizes what we do instinctively as youth workers. I think it will be very useful for developing funding submissions.*

*I like the black box – it's very difficult trying to explain to funders what we are doing in these programs which are very informal and affect young people in very different ways depending on their needs. [Conference attendees]*

The conference feedback also identified the need to test the evaluation framework in additional settings which experienced similar challenges to program evaluation. These included peer mentoring programs, youth detention services, programs for Indigenous and

culturally diverse youth, and other types of youth programs which use peer and social influence to effect changes in young people's knowledge, behaviour, attitudes and skills.

One of the conferences also introduced the researcher to the visual program logic modeling software DoView™ (see [www.doview.com](http://www.doview.com)). DoView™ appeared to have the potential to create a web-based version of the evaluation framework in which users could select domains, components or sub-components of interest and drill down to read descriptions and access example indicators. A web-based version would shield users from the length and comprehensiveness of the framework without losing any of the complexity required for the framework to be relevant within a broad range of peer-based programs. Such a tool would be worth exploring in follow-on research and may facilitate uptake of the evaluation framework by practitioners.

## **7.7 Final evaluation framework**

The previous sections described the validation of the draft evaluation framework with theory and practice to develop the final evaluation framework. The validation processes resulted in two further iterations of the conceptual model (Version 3 and Version 4). The purpose of the draft conceptual models was to provide a one page diagram which summarised the scope of the 10-page draft evaluation framework. The linear conceptual model (Version 4) was consistent with program logic modeling approaches.

The final evaluation framework for peer-based youth programs comprised three sections. Firstly, a narrative overview setting out the common objectives for peer-based youth programs and a description of the way peer-based programs work. Secondly, the final conceptual model (Version 4) identified seven major domains for program evaluation. These were Attributes of youth most at risk, Moderating factors, External factors, Peer-based youth program (Environment factors, Peer group factors and Program factors), Short term impacts on individual, Impacts on others, and Long term outcomes. Thirdly, the draft evaluation framework contained detailed tables with descriptions and example indicators for each component and sub-component within the seven domains. Sections of the table were also colour coded to correspond to the colours used in the final conceptual model (Version 4).

The complete evaluation framework for peer-based youth programs is included in **Appendix 8 – Evaluation framework for peer-based youth programs.**

## **7.8 Chapter summary**

The development of the final evaluation framework was completed during the iterative PAR process over a period of nine months. The process involved validating the draft evaluation framework with theory and practice, modifying the framework to be more relevant for online peer-based programs and incorporating feedback from the wider youth sector.

An inherent difficulty in developing the final evaluation framework was creating a practical resource which practitioners could use but which also reflected the complexity of the underlying theories and models. The final conceptual model (Version 4) did not explicitly state the supporting theories and models. However, the theories and models were reflected in the domains, components and sub-components of the final conceptual model (Version 4). Adding information about the underpinning theories and models would have increased the complexity of an already complex diagram but the absence of this information may also be considered a limitation of the final conceptual model (Version 4), in particular by practitioners who had been involved in developing the model and who had expressed interest in the underlying theories and models. For practitioners who had not been research participants, adding the theoretical dimension may have rendered the evaluation framework too complex to be useful in practice. Time and resources did not permit the development and testing of a conceptual model which combined theory and practice more explicitly and evaluation of such a combined model would be recommended in any follow-on research.

Defining components and sub-components and their complex interactions was a challenge. In particular, consolidating the views of both service providers (practice-based) and researchers (theory based) to develop a parsimonious model that was acceptable to all. While the final evaluation framework did not explicitly show the underpinning theories and models on which it was based, the content and linking of the domains within the framework were validated by theory as previously explained.

There were some notable differences in the language used by service providers and within the published literature. The research participants reached a consensus to replace some of

the practice-based terms with some of the more commonly stated terms in the literature. In particular, concepts from the strengths-based Positive Youth Development literature were included, e.g. 'increased social connectedness' rather than 'reduced social isolation'. The language differences also highlighted the need for researchers to be cognisant of different terminology used in research and practice and to offer translations of unfamiliar terms where necessary. Such measures could facilitate effective translation of research into practice.

Drawings in Microsoft Word were used to generate the final evaluation framework. It is clear that the complex interactions between the various domains and components could not be fully represented using this software. The length of the framework could also be overwhelming for users according to feedback received from both service providers involved in the study and conference delegates. However, the comprehensiveness of the framework was also recognised and appreciated by potential users of the framework and all the stated domains, components and sub-components were considered necessary.

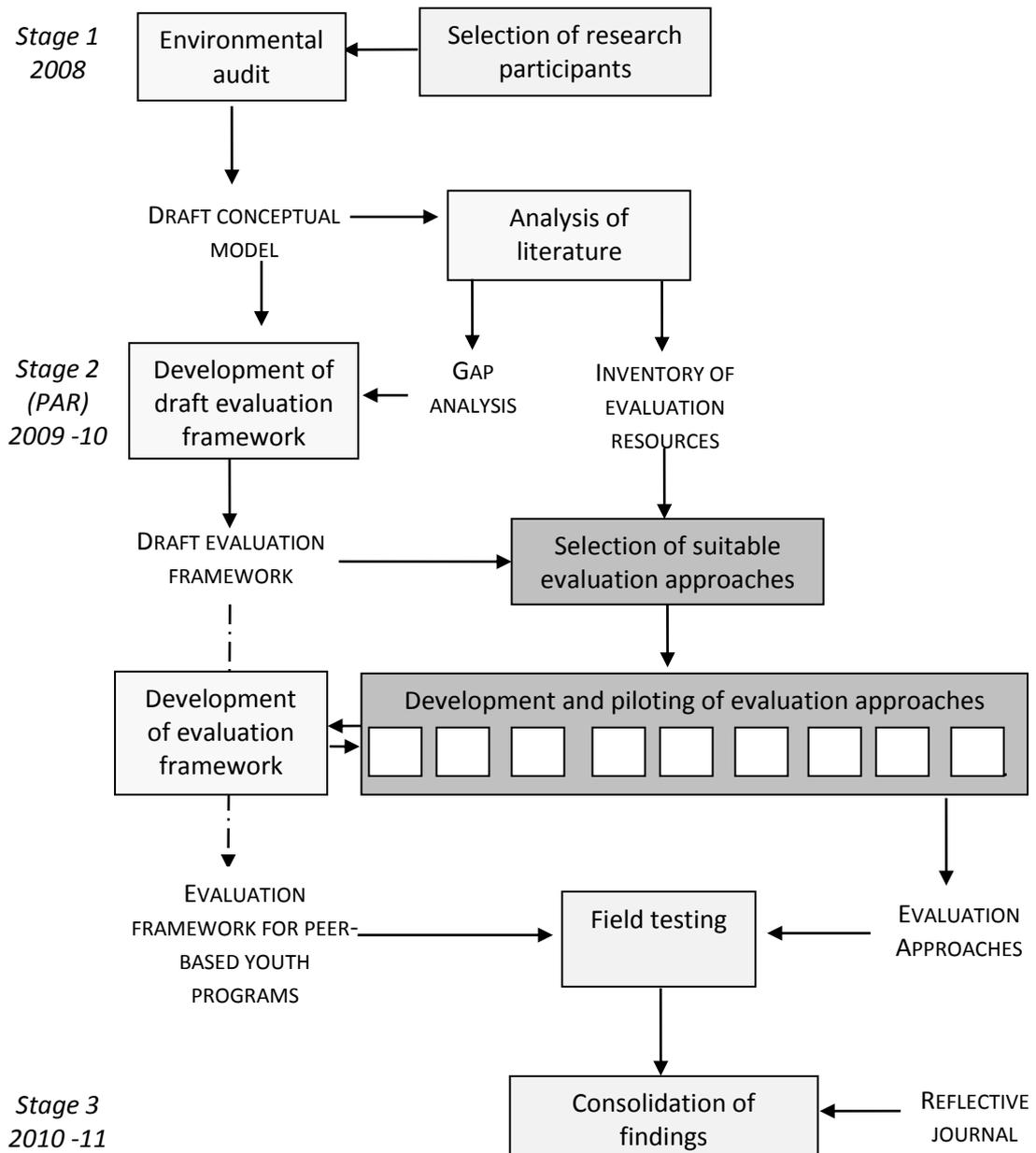
Creating a web-based version of the evaluation framework using software such as DoView™ was worthy of further investigation. Using such a resource, service providers would be able to 'drill down' on detail that was relevant for them and generate a customised evaluation framework for their particular program.

# CHAPTER 8

## Results - Development and piloting of evaluation approaches

Chapter 7 described the process of validating the draft evaluation framework with theory and practice to develop the final evaluation framework for peer-based youth programs. This chapter describes the selection of suitable evaluation approaches and the development and piloting of evaluation approaches to determine which evaluation approaches were most suitable for peer-based programs (see Figure 8.1).

**Figure 8.1: Methods flowchart - Development and piloting of evaluation approaches**



## 8.1 Purpose

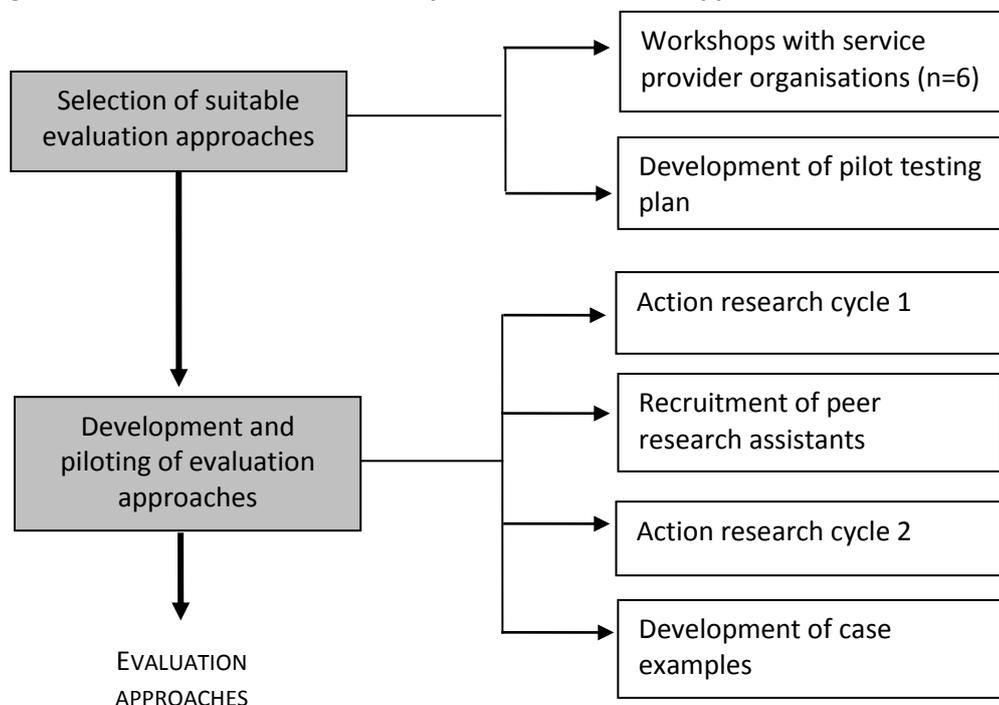
The purpose of this chapter is to describe the participatory action research (PAR) process used to select, develop and pilot a range of evaluation approaches within the peer-based programs participating in the study. The selection, development and piloting of evaluation approaches were completed between January 2009 and December 2009.

As discussed in Chapter 7, the evaluation framework was developed in parallel with the selection, development and piloting of the evaluation approaches. The PAR approach used an iterative approach such that the content of the emerging framework informed the design of the evaluation approaches. In turn, the results of piloting the evaluation approaches were used to refine components of the evaluation framework.

## 8.2 Main activities

The main activities were workshops with service provider organisations (n=6), development of pilot testing plan, action research cycle 1, recruitment of peer research assistants, action research cycle 2, and development of case examples (see Figure 8.2). Each of these activities will be described in the sections which follow.

**Figure 8.2 - Main activities in development of evaluation approaches**



### 8.3 Workshops with service provider organisations

The researcher facilitated workshops with each of the service provider organisations involved in the study (n=6)<sup>1</sup> to discuss the development and piloting of evaluation approaches within their programs. Between two and 12 staff or volunteers from the service provider organisations attended each workshop (see Table 8.1).

**Table 8.1: Number of staff/volunteers who attended workshops**

SERVICE PROVIDER ORGANISATION	NUMBER OF ATTENDEES AT WORKSHOP
Challenger Institute of Technology	1
City of Mandurah Billy Dower Youth Centre	2
City of Rockingham Youth Services	1
Uniting Care West	2
WA AIDS Council	12
Youth Focus	6

The workshops were each scheduled for half a day and typically lasted between two to three hours. The objectives of the workshops were to:

- Provide a brief overview of evaluation for service providers including types of evaluation, reasons for evaluation, different data collection methods and strategies for increasing data reliability and validity
- Use the draft evaluation framework to identify evaluation priorities for each service provider
- Assess the feasibility of using existing evaluation instruments and approaches
- Brainstorm other methods of data collection which may be appropriate
- Identify potential opportunities for evaluation within programs based on level of contact with participants, program schedule and type of evaluation undertaken
- Discuss actual capacity of service providers for evaluation (skills, knowledge, resources) to be involved in the PAR process
- Agree on evaluation approaches to be piloted and a draft timetable.

During the workshops, the service providers agreed on their evaluation priorities and preferences for evaluation approaches. The workshops followed a similar protocol but were

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<sup>1</sup> The Inspire Foundation *Reachout.com* forum and the YACWA *Youth Educating Peers* project joined the study at a later time and were not involved in the workshops.

tailored by the researcher for each service provider organisation See **Appendix 4 – Workshop Agenda Youth Focus** for an example of a workshop protocol used. The draft evaluation framework was used to identify areas which needed to be monitored or evaluated. For example, the framework was used to determine which features of the program may contribute most to achieving intended results and therefore should be monitored and which impacts the program was most likely to have on its target group.

The **Inventory of Evaluation Resources** (see **Appendix 6**) developed during the **Analysis of literature** was reviewed by the service providers to identify evaluation tools which might be suitable for piloting within their programs. Requirements for new evaluation approaches were also identified if existing evaluation tools were not considered suitable or if there were no tools available.

## **8.4 Summary of outputs from workshops**

This section provides a summary of the outputs from the workshops with service providers.

### **8.4.1 Evaluation priorities**

The following evaluation priorities were identified by all service providers:

- **Current status of individual mental wellbeing** - including self-esteem, coping skills, social support, connectedness, feeling accepted and valued
- **Individual attitudinal change** - including positive self concept, acceptance of diversity, future thinking, awareness of others, self determination, confidence
- **Longitudinal changes within the group** - including reduced risk behaviours, healthy lifestyle, community engagement, training/employment, leadership/advocacy roles, attitudes
- **Duration of effects** and whether effects are transferred to other settings
- **Peer support/influence** between program participants
- **Environment** - including safe space, youth friendly, group norms/rules, positive role modeling, group culture (negative or positive reinforcing)
- **Program quality** based on best practice/theory.

There were three additional evaluation priorities identified but these were not mentioned by all service providers. Firstly, **self-efficacy** defined by problem solving skills, awareness of services and resources, confidence to access support and good communication skills. All

service providers except for the City of Rockingham Youth Services *Gone Fishing* program identified self-efficacy as an evaluation priority. One explanation for this finding may be that the *Gone Fishing* program was focused primarily on building social networks and leisure skills for socially isolated youth rather than improving help-seeking behaviour.

Secondly, **individual knowledge** defined as knowledge specific to a target group or program, such as parenting skills, gender issues, fishing skills. All service providers except for the Youth Focus *Peer Support Program* identified individual knowledge as an evaluation priority. This finding may be explained because the program was focused on providing opportunities for peer support rather than building specific areas of knowledge.

Thirdly, **patterns of service utilisation** (including user preferences, profiles of users of face to face and virtual services, factors influencing transition from virtual services to face to face services) were only mentioned by the drop-in services. An explanation for this finding may be that maintaining sustainable numbers accessing drop-in services was important for reporting purposes, managing staff and volunteer rosters and ensuring programs were reaching individuals most in need.

#### **8.4.2 Preferences for evaluation approaches**

Having identified their evaluation priorities, the service providers were asked to consider which evaluation approaches and tools would be most suitable for collecting data in their programs. Sixteen evaluation approaches were considered and the evaluation methods of most interest were grouped in three categories. These were: tools for collecting feedback from staff or volunteers, tools for collecting feedback from young people and other tools e.g. tools for assessing the safe space.

The service providers' preferences for evaluation tools are summarised in Table 8.2.

**Table 8.2: Evaluation preferences of service providers**

EVALUATION TOOLS	NUMBER OF SERVICE PROVIDERS EXPRESSING INTEREST IN TOOLS			
	4+	3	2	1
<b>Tools for collecting feedback from staff</b>				
Session debrief tool	Yes			
Peer support measurement tool			Yes	
Structured observation tool		Yes		
Reflection sessions		Yes		
Social network analysis tools	Yes			
<b>Tools for collecting feedback from young people</b>				
Focus group	Yes			
Reflective journal/diary room/blog	Yes			
Program/service evaluation questionnaire	Yes			
Self-report questionnaire	Yes			
Semi-structured interview schedule				Yes
Discussion forum analysis tool				Yes
Creative strategies, e.g. artwork, collage, digital story	Yes			
Online polling/SMS polling			Yes	
Online simulation tools, e.g. Reach Out Central		Yes		
<b>Other tools</b>				
Environment evaluation	Yes			
Parent/teacher feedback		Yes		

### 8.4.3 Reflections on workshops

The efficiency of the workshops increased over time. Analyses of data from the first workshop were used to refine and inform subsequent workshops. This process was consistent with the qualitative method of inquiry selected for this study. Two entries from the researcher's reflective journal, recorded after the workshops, described the process further:

*Need to be more realistic about what can be achieved in one session – discussion provokes thoughts and ideas and needs some time to 'settle' before decisions can be made on the outputs. The participating agencies are going on a journey of discovery through the action research process. It focuses them to consider areas they haven't considered before. It raises questions about other services they provide and new services they may need to provide or fundamental changes to existing services that are needed. The challenge is to continue amidst this change and try not to get side-tracked by internal agency issues that are not the remit of the*

*project. It's about being very clear about what the project will and will not address for agencies [Reflective journal entry 13 February 2009].*

*The process of working with multiple agencies is honed over time. Someone has to go first, someone comes last. What effect does this have? How much do you start to lead agencies by sharing information supplied by other agencies? Do you summarise the process, make more assumptions as time goes on, because you as a researcher have a better understanding of what you're trying to achieve, what you could achieve and what might be the most acceptable method of reaching desired outcomes based on what other agencies have found useful or difficult to understand? [Reflective journal entry 17 February 2009].*

The workshop outputs appeared to vary according to numbers of staff/volunteers attending the workshops, their existing knowledge of evaluation, prior involvement (if any) in pilot work preceding the research study, the number of workshops the researcher had already conducted (if any), and the background of participants who included social workers, youth workers, educators, counsellors and psychologists.

Early workshops helped the researcher recognise that decisions about evaluation take time, perhaps because of the resources required to implement evaluation activities but also because service providers were embarking on a process of organisational and cultural change. The workshops acted as a catalyst for thinking about change, not purely focused on evaluation, and a way of empowering service providers to implement changes they had been contemplating for some time. Participants therefore required time for reflection and discussion after the workshops. Follow-up meetings with staffing groups and with the researcher were also necessary before any decisions were made.

### **8.5 Development of pilot testing plan**

The researcher used the results of the workshops with service provider organisations to develop a plan for piloting the evaluation approaches of most interest to service providers.

Action research questions included: *Which methods are acceptable to staff and young people? Which evaluation approaches are unsuitable and why? How much time and resources are required to implement particular approaches? Is the data collected useful?*

*How can the data be used to deliver service improvements? What changes are needed to evaluation tools to increase usefulness? Challenges associated with implementing tools?*

The researcher had anticipated that the involvement of four service providers would be adequate to develop and pilot a range of evaluation approaches. However, following the evaluation workshops, *all* of the service providers expressed an interest in being involved with at least one of their programs. Since the intent of the research was to create a resource that would improve program evaluation, it seemed inappropriate (and perhaps unethical) to discourage the enthusiasm of service providers to engage in evaluation activities. The experience highlighted the relative lack of control of the researcher in an action research study that is truly practice-led. In the interests of maintaining good relationships with the research participants, building increased ownership of the final resources and 'giving something back' by providing an opportunity to increase evaluation capacity, none of the service providers were eliminated from the PAR process.

In total, there were six service providers and seven peer-based programs involved in the PAR process. In order to make the process manageable for the researcher and to enable all service providers to participate, two action research cycles were planned, each lasting 8-12 weeks. Cycle 1 took place between April and June 2009 and Cycle 2 took place between August and November 2009. The timing of the cycles was aligned to the school semesters since some of the programs ran only during semesters. Service providers selected which action research cycle(s) they wanted to participate in based on available resources and program schedules. Three programs were able to participate in both Cycle 1 and Cycle 2 which provided opportunities to refine tools and re-test.

Table 8.3 shows the service providers and programs that participated in the PAR to develop and pilot suitable evaluation approaches for peer-based youth programs.

**Table 8.3: Service providers and programs involved in PAR**

SERVICE PROVIDER	PROGRAMS INVOLVED IN PAR	ACTION RESEARCH CYCLE
Youth Focus	Peer Support Program	Cycle 1 and Cycle 2
Uniting Care West	Talking Realities Peer Education program	Cycle 1 and Cycle 2
Challenger Institute of Technology	Young Pregnant and Very Excited	Cycle 1 and Cycle 2
City of Mandurah Billy Dower Youth Centre	Young women's program Young men's program	Cycle 1
City of Rockingham Youth Services	Gone fishing!	Cycle 2
WA AIDS Council	Freedom Centre Forum	Cycle 2

### 8.5.1 Validation of evaluation tools

Feedback on piloting the evaluation tools was collected from service providers during face to face meetings held with each service provider organisation after each action research cycle. The discussions were structured using a simple *Tool evaluation questionnaire* (see **Appendix 9 - Tool Evaluation Questionnaire**).

Four criteria were used to validate the evaluation tools. These were:

- **Usability** - how easy the tool was to use and how easily the evaluation approach could be integrated with usual program activities
- **Usefulness** - perceived value of the data collected and how data would be used
- **Acceptability** - the time, resources and skills required by staff to implement the evaluation approach and the impact of the evaluation approach (positive or negative) on the program environment or participants
- **Sustainability** - the likelihood that the evaluation approach would continue to be used and suggestions for improving the evaluation approach further (if appropriate).

Feedback and comments from service providers were also analysed to identify any further modifications to the emerging evaluation framework, in particular changes to language and terminology.

### 8.5.2 Tools library

The evaluation tools that were piloted in this study and considered to be suitable for peer-based programs are not included in this thesis document owing to space limitations.

However, the validated evaluation tools can be downloaded and viewed by accessing the 'Tools Library' of the *My-Peer Toolkit [1.0]* at [www.mypeer.org.au/tools](http://www.mypeer.org.au/tools). The *My-Peer Toolkit [1.0]* (Hallett, Lobo, Brown, McManus, Maycock, & Hildebrand, 2010) was launched in March 2010 as an online resource for youth workers involved in planning, implementing and evaluating peer-based youth programs. The 'Tools Library' contains generic versions of the evaluation tools that were trialed during this study and which service providers considered suitable as a result of piloting. In addition, user guides were developed by the researcher for each tool to assist other service providers to improve evaluation of their peer-based youth programs.

The sections which follow describe action research cycle 1, the recruitment of peer research assistants, action research cycle 2, and the development of case examples.

## **8.6 Action research cycle 1**

The service providers involved in action research cycle 1 (referred to as 'AR1' in future) were Youth Focus, Uniting Care West, Challenger Institute of Technology and City of Mandurah Billy Dower Youth Centre. The evaluation tools that were piloted during AR1 were focused on collecting feedback from program staff and volunteers using 'traditional' methods such as questionnaires and observation tools. An online questionnaire and an online journal/blog for collecting feedback from program participants were also trialed.

Eleven different evaluation tools were piloted during AR1. The majority of tools were only trialed within a single program owing to the uniqueness of each program context. For example, the camp evaluation tools were only relevant for the Youth Focus *Peer Support Program (YFPSP)* and could not be trialed in any of the other participating programs. However, the 'Short Term Impacts' tool and the 'Weekly Monitoring Tool' were piloted in both the programs for young mothers (*Talking Realities* and *YPAVE*). In addition, customised versions of the 'Session Debrief Tool' were piloted in the Billy Dower Youth Centre *Young Women's Program* and the Challenger Institute of Technology *YPAVE* program.

Table 8.4 summarises the evaluation tools that were piloted in AR1.

**Table 8.4: Evaluation tools piloted in Action Research Cycle 1**

SERVICE PROVIDER EVALUATION TOOLS PILOTED	TYPE OF TOOL AND INTENDED USER
<b>YOUTH FOCUS</b> Daily Assessment Tool Peer Support Monitoring Tool Camp Evaluation Questionnaire Camp Feedback Tool Camp Participants Monitoring Tool	Observation tool for staff Observation tool for staff Questionnaire for young people Questionnaire for staff Debrief tool for staff to provide feedback on individual campers
<b>UNITING CARE WEST</b> Weekly Monitoring Tool Short Term Impacts Long Term Outcomes Journal Writing	Observation tool for staff Online questionnaire for young people Online questionnaire for peer educators Online blog for young people
<b>CHALLENGER INSTITUTE OF TECHNOLOGY</b> Short Term Impacts Session Debrief Tool Weekly Monitoring Tool	Online questionnaire for young people Structured debrief tool for staff Observation tool for staff
<b>CITY OF MANDURAH BILLY DOWER YOUTH CENTRE</b> Session Debrief Tool Collaborator Feedback Tool	Structured debrief tool for staff Online questionnaire for external program facilitators

### 8.6.1 Findings from action research cycle 1 (AR1)

Four case examples included in **Appendix 10 – Case examples** present the detailed results of piloting the evaluation approaches. The six main findings from AR1 are summarised below.

Finding 1: Difficult to collect data on individual participants during program sessions

Collecting data on individual program participants using observation tools like the ‘Daily Assessment Tool’ and the ‘Peer Support Monitoring Tool’ was difficult during structured program sessions. The camp component of the Youth Focus *Peer Support Program (YFPSP)* in which the tools were piloted was an intensive program operating over 48 hours. With 15-20 high risk young people attending the camp, staff and volunteers had limited time to collect data on individuals during program sessions. The trials in the *YFPSP* concluded that the ‘Daily Assessment Tool’ and the ‘Peer Support Monitoring Tool’ were unsuitable owing to time and resource limitations. These tools were therefore not included in the *My-Peer*

*Toolkit [1.0]*. Copies of the tools can be viewed in **Appendix 11 – Piloted tools considered unsuitable**.

**Finding 2: Reflective tools were easier to implement than in-session tools**

Observation tools completed reflectively after program sessions could be implemented more easily than tools which needed to be implemented during sessions owing to time and resource restrictions. The Uniting Care West *Talking Realities* program piloted the ‘Weekly Monitoring Tool’ to monitor changes in individuals as well as group trends. The tool was particularly useful if more than one observer completed the tool and differences in responses were compared and discussed. However, it proved difficult for program facilitators to find time to meet as a group to compare their observations. Staff still reported benefits from having a structured method to reflect on program participants.

**Finding 3: Even simple tools required resources for implementation and data analysis**

The time and resources needed to implement tools, analyse and report on evaluation data was significant, however simple the evaluation tools. The most acceptable tools for the practitioners involved in the study were tools which enabled automated reporting of results and tools which did not require specialist data analysis skills. Having access to templates for data entry and reporting was also suggested to reduce the time required to analyse data.

**Finding 4: Online tools generally facilitated data collection**

The capacity of online survey tools using software such as SurveyMonkey™ to automate data entry of responses and generate summary reports enabled program staff to focus on interpreting data. Collecting feedback from multiple agency collaborators was also simpler through the use of the online ‘Collaborator Feedback Tool’. The online ‘Camp Evaluation Questionnaire’ was found to be more appealing and easier to use for young people than the previous paper-based questionnaire. However, the online ‘Short Term Impacts’ tool was found to be unsuitable in the *YPAVE* program for young mothers which had limited access to computers and young children present.

**Finding 5: Customisation of tools was desirable**

Generic questionnaires and evaluation tools could be used by different programs seeking to deliver similar impacts. However, the ability to customise tools e.g. to include the agency name or program name, add/remove relevant questions or include other program specifics was considered desirable by service providers.

### **Finding 6: Recording data for evaluation purposes required a change in practice**

Encouraging staff to keep notes or maintain a journal required a change in everyday practice. However, service providers agreed that keeping good records would be useful from a transition perspective when staff were on leave, sick, or had left the program.

### **8.6.2 Recommendations for action research cycle 2**

There were five recommendations arising from AR1 for action research cycle 2 (referred to as 'AR2' in future). Firstly, the continued involvement of AR1 service providers during AR2 to further refine evaluation tools. Secondly, a review of program strategies such as group discussions, group artwork, photo language, scenario discussions and role plays which contributed to delivering individual and group impacts including youth engagement, confidence, communication and social skills. With some modifications, e.g. an independent observer recording interactions during a role play, these strategies could also be used to collect data for evaluation purposes. Thirdly, the inclusion of evaluation tools for analysing online support services. Given the increasing interest and use of online support services such as *ReachOut.com* and the *Freedom Centre Forum*, tools for analysing the content of discussion forums and usage of forums were required. Fourthly, further investigation of options for customising evaluation tools was recommended. Finally, involving peer research assistants (PRAs) in the design of evaluation tools to refine language, length, and content and to encourage other members of the peer group to participate in evaluation activities. The PRA role had been trialed successfully in the pilot work preceding the study with beneficial outcomes for both the young people involved and the overall project (Brown, Lobo, Maycock, McManus, & Burns, 2008). The recruitment of PRAs for the second action research cycle is discussed next.

### **8.7 Recruitment of peer research assistants (PRAs)**

The service providers involved in the study were asked to encourage experienced participants or peer facilitators/leaders from their programs to consider employment with the project as PRAs. The main purpose of the PRA role was to assist the researcher in developing and piloting suitable evaluation approaches for collecting feedback from young people. An expression of interest form for the PRA position was created to provide further information for young people (see **Appendix 12 – Expression of Interest Peer Research Assistant**).

Five young people self-nominated for the PRA roles or were nominated by a service provider. All of them were recruited. The five PRAs were:

- A recently graduated peer educator from the *Talking Realities* program
- Two young mothers from the *YPAVE* drop-in support group who had been attending the group for 2-4 years
- Two experienced moderators from the online *Freedom Centre Forum*.

The three programs that provided PRAs were those with the highest levels of engagement in the project as influenced by organisational resources and capacity rather than motivation. For example, another program had expressed interest in identifying young people for the PRA role but was unable to follow through owing to staffing changes in the organisation. The process of recruiting PRAs emphasised the very limited extra capacity that service providers had for evaluation activities and how this affected their ability to fully engage in the participatory action research process.

### **8.7.1 Peer research assistant role**

Brief meetings were organised to introduce the PRAs to the researcher, explain the PRA role in more detail, answer any questions, discuss working hours and provide assistance with paperwork for payroll, employment and consent. Working hours were negotiable but generally equated to half a day per week or one day per week for a period of 4-6 months.

The researcher met the young mothers from *YPAVE* at the same site where their children attended crèche rather than have them travel to Curtin University and organise separate child care. This arrangement was suggested by the young mothers who felt better able to participate in the research knowing their children were happy and familiar with their carers. Orientation visits to Curtin University were arranged for the other three PRAs.

The PRAs were only involved in developing evaluation resources for programs they were familiar with. The PRAs were able to provide the researcher with basic program information e.g. hours of service, numbers of participants, program activities or curriculum. PRAs were also instrumental in encouraging their peers to participate in evaluation activities and in collecting direct feedback from their peers concerning evaluation tools and approaches. In return, PRAs were paid hourly and given opportunities to develop skills and knowledge in

research processes and work alongside academics, thus gaining valuable work experience and improved communication skills and confidence.

### **8.7.2 Consent and confidentiality**

PRAAs were asked to sign a consent form to enable the information they provided to be used for the purposes of the research project on the understanding that they could withdraw consent at any time. In addition, PRAAs were required to sign a form stating they would maintain confidentiality of any data they were given access to and would not discuss data with anyone except the researcher.

### **8.7.3 PRA employment and supervision**

The PRAAs were employed by Curtin University on a casual basis and supervised by the researcher, equating to 50 hours supervision over a period six months. The number of PRAAs recruited and the required hours of supervision exceeded plans. However, the involvement of the PRAAs increased the likelihood of developing effective evaluation resources by providing the researcher with 'insider knowledge' about how programs worked and what evaluation approaches may or may not be acceptable to program participants. Therefore the increased workload for the researcher in the short term was considered worthwhile in the interests of improving overall project outcomes in the longer term.

## **8.8 Action research cycle 2 (AR2)**

The service providers involved in AR2 were WA AIDS Council and three of the service providers involved in AR1: Youth Focus, Uniting Care West and Challenger Institute of Technology. The City of Rockingham Youth Services was undergoing changes in staffing at the time of AR2 and therefore withdrew from participation.

Four tools trialed in AR1 were refined, where necessary, and continued to be piloted in AR2. These were the 'Weekly Monitoring Tool', 'Short Term Impacts' tool, 'Journal Writing' tool and 'Camp Evaluation Questionnaire'. Ten additional evaluation tools were also trialed in AR2 including more creative evaluation strategies such as digital storytelling and group artwork. These creative evaluation strategies were characterised by high levels of youth participation and engagement and could be incorporated into everyday practice.

Agencies had also expressed an interest in monitoring the peer program environment to ensure it was a safe space for all participants. As a result, three tools were developed but could not be included in AR2 owing to resource limitations. These tools were ‘Safe Space Guidelines and Monitoring Tool’ for young people and staff, a ‘Program Monitoring Tool’ for staff and a ‘Program Monitoring Tool (online settings)’ for staff implementing online services. These tools were subsequently validated during field testing of the evaluation framework and evaluation approaches (see **Chapter 9 –Field testing**). Table 8.5 summarises the additional tools trialed in AR2.

**Table 8.5: Tools trialed in action research cycle 2 (AR2)**

SERVICE PROVIDER Evaluation tool	TYPE OF TOOL AND INTENDED USER
<b>UNITING CARE WEST</b> Digital Story Peer-Led Group Discussion	Short film made by young people Group discussion facilitated by a peer educator
<b>WA AIDS COUNCIL</b> Content Analysis Guide Most Significant Change Technique Discussion Threads Session Debrief Tool	Forum impact assessment tool for staff Impact assessment tool for staff/young people Feedback tool for young people Observation tool for staff
<b>CHALLENGER INSTITUTE OF TECHNOLOGY</b> Digital Story Group Artwork My Support Map What if...? Scenarios Focus Group Discussion	Short film made by young people Group activity to produce artwork Social network analysis tool for young people Knowledge assessment tool for young people Group discussion with young people

### 8.8.1 Findings from action research cycle 2 (AR2)

The four case examples in **Appendix 10 – Case examples** present the detailed results of piloting the evaluation approaches. The nine main findings from AR2 are summarised below.

#### **Finding 1: Draft evaluation framework and PAR process useful**

Service providers reported that the draft evaluation framework was particularly helpful to determine priority focus areas for program evaluation. The process of developing and piloting evaluation tools was also very beneficial since it provided opportunities for reflection which were morale boosting for staff and self-affirming for program participants.

**Finding 2: PRA involvement was very beneficial**

The PRAs were invaluable in generating momentum for the action research within their respective programs. It would have been difficult for the researcher to coordinate the amount of trialing that was achieved without PRA assistance.

**Finding 3: Monitoring tools were perceived to be useful**

Monitoring tools such as the 'Weekly Monitoring Tool' and 'Session Debrief Tool' provided ways of documenting information that was generally stored 'in the heads' of program coordinators. Sharing this information allowed better support from others and helped the coordinators to be more proactive e.g. organising activities to address particular skill shortfalls amongst young people, staff or volunteers. The *process* of using these tools appeared to be the most valuable. The opportunity to reflect on their program sessions and consider what had worked well was both motivating and productive for service providers.

**Finding 4: Evaluation tools must be suited to low literacy levels**

Use of simple language within evaluation tools was critical. Surveys could be very off-putting for young people with low literacy levels, particularly if lengthy. The use of sentence completion tasks such as '*I come here because...*' appeared to be easier for participants to respond to than open questions. Giving participants a pen and paper to write down responses was also effective. For example, some young people wrote down things they may not have disclosed in a group discussion e.g. the fact that they were dealing with depression. The notes also acted as a prompt and an opportunity to edit responses when participants were interviewed for the purposes of creating digital stories.

**Finding 5: Creative strategies worked well in peer-based program settings**

Creative strategies that involved group discussion and interaction were very popular with both staff and youth. Strategies which could be used for more than evaluation were found to be particularly successful. For example, digital storytelling promoted positive group interaction and opportunities for participants to reflect on where they had started and where they were now as a result of the program. Digital stories were created by young mothers in the *Talking Realities* peer education program and the *YPAVE* program.

The *YPAVE* digital story was reproduced with permission (see **Appendix 13 – Copyright permissions letters**). The *YPAVE* digital story (5.09 minutes) has subsequently been used to

promote the program to new teenage parents, increase awareness of the program in the community, promote knowledge exchange and improve funding.

Developing the group artwork (see Figure 8.3) as promotional material for the *YPAVE* group generated a great sense of pride and achievement within the group. A small group of young mothers and two local artists collaborated to produce artwork that was intended to illustrate why young mothers came to the drop-in support group. Photographs of the project were reproduced with permission (see **Appendix 13 – Copyright permissions letters**) and are included in the *YPAVE* case example (see **Appendix 10 – Case examples**). The artwork was subsequently used to support funding applications and was also incorporated into the graphics on the home page of the *My-Peer Toolkit [1.0]*, see [www.mypeer.org.au](http://www.mypeer.org.au).

**Figure 8.3: Group artwork created by *YPAVE* young mothers and local artists**



**Finding 6: Informal evaluation tools were more effective at engaging young people**

The use of a pre-questionnaire before a creative strategy needed further thought. It was not really possible to assess changes in young people before and after participating in creative tasks since the effects of participation could not be isolated easily. The formal

nature of a questionnaire also appeared to dampen creative energy, perhaps by putting thoughts in young people's minds that were distracting. Asking young people to complete a reflection after the creative task was more effective. Reflective feedback could also be collected via a group discussion. In general, less 'formal' tools appeared to work better for young people perhaps reflecting the informal program contexts in which they were implemented.

**Finding 7: Journal writing (online blog) required further testing**

The use of an online journal or blog by young mothers was not effective when piloted in the Uniting Care West *Talking Realities* peer education program. This finding was surprising since it was anticipated that writing online would be preferred to writing a paper journal. However, perhaps because the group already kept individual paper journals, the online blog was seen as duplication. The ability to personalise the blog was also not used, perhaps because the young mothers already maintained profiles on social networking sites such as Facebook™ or MySpace™. It was not possible to trial the journal writing approach in any of the other programs. The findings of AR2 concluded that online blogs warranted further testing given the increasing use of technology by young people.

**Finding 8: Confidentiality and consent were important considerations**

Consent from participants was required to address concerns relating to confidentiality, especially when developing promotional materials or digital stories which required the use of photographs and interview data. Some participants consented to using their voice but no image. Others consented to using their words but no voice or image. The consent form needed to reflect a range of preferences to ensure participants felt safe and understood how their personal information would be used (see **Appendix 14 – Consent form**)

**Finding 9: Developing procedures for managing distractions was essential**

It was difficult to run group activities in drop-in spaces especially if young children were present, e.g. young mothers' groups. Evaluation activities needed to be kept short and childcare organised if possible. Rules needed to be established by the program facilitator or whoever was implementing the evaluation activities, e.g. asking participants to stay on task and not take personal calls.

## **8.9 Development of case examples**

The previous sections summarised the scope of action research cycles 1 and 2 (AR1 and AR2) and the resulting findings and recommendations. The detailed results of piloting the individual evaluation approaches are presented as four illustrative case examples in **Appendix 10 – Case examples**. This section describes the development of the case examples.

Various options (other than case examples) were considered for presenting the results of the PAR process to develop and pilot suitable evaluation approaches. These options included by types of evaluation approaches (e.g. qualitative or quantitative), by types of program (e.g. formal or informal, structured or unstructured, educational or support), or by target groups (e.g. evaluation approaches that were suitable for teenage parents or same sex attracted youth). However, a case example approach was considered the most suitable for many reasons which are discussed next.

### **8.9.1 Reasons for using a case example approach**

Firstly, while all the research participants had an early intervention focus on mental health promotion and provided programs to support at risk youth, all of the programs had unique program strategies, target groups, demographic contexts, and program models. Consequently, the PAR process was unique for each agency involved. Different evaluation approaches were selected by different agencies or the implementation of similar tools required different levels of modification to meet the needs of the local context. These variations eliminated the possibility of constructing cross-agency comparisons for a single evaluation approach or tool.

Secondly, the most meaningful results were the service providers' *total* experiences and not the results of a particular action research cycle or the trial of a particular evaluation approach. For example, an approach that was unsuitable in one peer-based program may have worked very well in another peer-based program depending on the context or purposes for which it was used. A range of factors such as access to technology, levels of funding/resources, and the literacy levels or socio-economic characteristics of the target group could influence the suitability of an approach for a particular context. The case example approach reinforced the principle that the findings of the study were not intended to be generalised to other programs without further testing.

Thirdly, the evaluation approaches piloted by a service provider were selected to answer specific evaluation questions. The suitability of evaluation approaches was partly assessed on the extent to which they were able to generate the required data. Reviewing the results of piloting evaluation approaches in the context of the questions they were designed to answer was more meaningful than reviewing the results of the trials of individual evaluation approaches in isolation. The case examples illustrated more holistically the decision-making processes used by agencies to select suitable evaluation tools and the extent to which the data collected could answer their specific research questions.

Fourthly, three service providers were involved in both action research cycles and several evaluation approaches trialed in the first action research cycle were subsequently refined and trialed again in the second action research cycle. Presenting all the results for a particular service provider or a particular evaluation tool in one place was considered to be less confusing for the reader than presenting the results by action research cycle.

Finally, developing case examples increased the potential usability of the findings. Other service providers with similar target groups or programs would be able to reference the case examples and assess the potential usefulness of particular evaluation approaches in their own settings.

### **8.9.2 Limitations of case example approach**

Using a case example approach was also associated with some potential limitations. According to Merriam (1998), these were:

- **Biases** - sensitivity and skills of the researcher in collecting and interpreting data
- **Researcher ethics** - reporting of both positive and negative results, what to include and what to exclude
- **Validity** - what people say may not reflect reality. In addition, taking a constructivist perspective, different 'versions' of reality may co-exist depending on who you ask (Merriam, 1998).

Despite potential limitations, the case example approach still allowed the most flexibility in terms of presenting a holistic account of service providers' experiences in trialing the evaluation approaches.

### 8.9.3 Case example template

A review of texts by key authors in case study research (Merriam, 1998; Stake, 1995; Yin, 2009) indicated that there was no standard way of writing up a case example. The most important consideration was writing with the needs of the expected audience in mind, making explicit the researcher's role and explaining measures taken to reduce potential biases or triangulate data.

The template shown in Table 8.6 was devised based on the assumption that other service providers were the main audience for the case examples and their main requirements were to access information about the effectiveness of evaluation approaches that had been trialed in programs that were similar to their own. The program objectives, a program description, details of the target group, current evaluation activities, an overview of the action research and details of the trials were therefore identified as being the most important items to include.

**Table 8.6: Case example template**

<b>PROGRAM OBJECTIVES</b>	<b>SUMMARY OF PROGRAM OBJECTIVES</b>
<b>Program description</b>	Overview of program including context, activities, location, etc
<b>Target group</b>	Who the program is targeting, eligibility criteria
<b>Existing evaluation activities</b>	Current evaluation activities, key performance indicators and reporting requirements
<b>Overview of action research</b>	Evaluation questions and summary of evaluation approaches to be included in trials
<b>Details of trials</b>	Description of evaluation approaches, results of trials including benefits and limitations of each approach
<b>Summary</b>	Summary of results and conclusions

Four illustrative case examples were developed and are included in **Appendix 10 – Case examples**. These were: Case example 1 – Youth Focus *Peer Support Program*, Case example 2 – Uniting Care West *Talking Realities* Peer Education program, Case example 3 – WA AIDS Council *Freedom Centre Forum* and Case example 4 – Challenger Institute of Technology *YPAVE*.

### 8.10 Chapter summary

Service providers used the draft evaluation framework to identify evaluation priorities for their programs and to identify evaluation methods that might be suitable given available

resources, skills and knowledge, program schedules, and the characteristics of their target groups.

In total, 23 evaluation tools were developed and piloted in two action research cycles over a period of 12 months. Generic versions of tools that had shown to be suitable in peer-based settings were created and may be accessed through the *My-Peer Toolkit [1.0]* at [www.mypeer.org.au/tools](http://www.mypeer.org.au/tools). The piloted tools were qualitative tools and quantitative tools including tools for collecting feedback from staff/volunteers, tools for collecting feedback from young people, online tools, process evaluation tools and impact evaluation tools.

Tools for measuring longer term outcomes of peer-based programs, including duration of effects and stability of effects in other settings such as school or home could not be tested since these effects would have taken longer to observe than the duration of the action research cycles. Future action research efforts could look at coordinated efforts between providers of peer-based programs, families and schools to better understand the relationships between these contexts and how they affect the positive development of young people.

Overall, the number of evaluation tools piloted was far greater than anticipated. This reflected the number of service providers involved, the range of evaluation priorities, the diverse target groups and interest from service providers in piloting more than one tool. For example, where resources permitted, service providers were interested in collecting both process and impact evaluation data and looking for consistency in data collected from two different sources e.g. observations of staff corroborating with data collected from young people.

In addition, as the service providers' knowledge and skills in evaluation grew, they became more enthusiastic about the action research process and wanted to do more evaluation. This interest was in stark contrast to earlier comments made by service providers about the barriers to evaluation and the frustrations and difficulties they associated with evaluation. The increased interest of service providers in evaluation was an unexpected outcome and presented issues for the researcher in managing the scope of the project while maintaining the interest and engagement of service providers.

The researcher used several strategies to contain the project's scope. These were:

- Encouraging service providers to undertake further action research activities independently either alongside the project or at some future time
- Offering free consultancy to discuss additional evaluation methods that might be worth trialing but emphasizing that any further trials would need to be coordinated by the service providers
- Encouraging service providers working with similar target groups to collaborate and share resources where possible
- Encouraging service providers to review existing program activities to identify opportunities for collecting data that could be used as evidence of program effectiveness, e.g. recording or documenting informal discussions with young people.

The resulting evaluation tools from action research cycles 1 and 2 (AR1 and AR2) could be considered a 'work in progress'. As stated previously, the intention of the action research process was to determine which evaluation approaches were most suitable for peer-based program settings given the limited resources available and working with at-risk youth. The intention was not to develop reliable, validated evaluation approaches. Until it was established that a particular approach could even be implemented within the limitations of a particular program there would be no point in further developing the approach to ensure its reliability and validity. This would also have required significantly more time and resources than those available and a focus on one or two approaches at most.

The action research process was useful in changing the 'culture of non-measurement' within community organisations. Service providers learned that evaluation was a dynamic process that needed to reflect current program activities and stakeholder interests. The action research process highlighted, for example, that implementing a standard questionnaire after every session was not always the best use of resources. Clear evaluation questions were needed whenever evaluation activities were initiated and evaluation approaches should be selected based on their ability to answer these evaluation questions. A shift in focus from '*which evaluation tool, should we use?*' to '*what evaluation questions do we need to answer?*' was needed.

Several findings emerged from the development and piloting of evaluation tools concerning which approaches were best suited to peer-based program settings and why. Evaluation approaches which could be integrated easily into normal program activities e.g. group

discussions, activities requiring high levels of youth participation, and arts-based activities were associated with high levels of youth engagement and were most likely to be acceptable to both program staff and participants. The group artwork trial indicated that program participants enjoyed having a goal to work towards and the sense of belonging, pride and accomplishment associated with creating something as part of a group. The process of participating in the group artwork activity appeared to be as valuable as the resulting artwork. The interest in creative evaluation tools was consistent with the findings of the pilot work to this study conducted in 2007-2008 which showed popularity amongst young people for creative evaluation strategies like the graffiti closet (Brown, Lobo, Maycock, McManus, & Burns, 2008).

Time efficient evaluation tools which required minimal resources were found to be suitable, e.g. online questionnaires. The advantages of record-keeping and using a structured approach for debriefing and journaling activities e.g. the 'Session debrief tool' and the 'Most Significant Change Technique', were also noted by service providers as a means to improving program quality and sustainability. These tools provided a systematic way of recording 'small changes' that were significant for the young people involved but perhaps too specific to be included as key performance indicators for the program, e.g. shy young people who start speaking up in group sessions. These small changes did not provide compelling arguments for funding purposes but indicated to youth workers that the program was having positive effects. Finally, checklists for implementing best practice were found to be valuable e.g. the 'Safe space guidelines' tool.

Additional evaluation approaches may also be found to be suitable for peer-based program settings. For example, there are some excellent examples of simulation tools such as *Reach Out Central!*, a virtual reality game, (see [www.Reachout.com.au](http://www.Reachout.com.au)). Such tools recognised the continually changing youth culture and the changing way young people interacted with their environments, including an increasing interest in using technology to communicate with other people, e.g. through social networking media. There would be merit in investigating the opportunities that technology and social networking media may provide for evaluation of youth programs.

The approaches tested in this research study were particularly relevant for the participating programs. It is clear that even though these approaches were found to be suitable for these settings, they may not be suitable for similar programs in similar settings. The usability of

any evaluation approach was very much influenced by a range of factors including commitment of program staff/volunteers to implementing the tool, level of involvement of young people in the development of evaluation tools, associated training to use the tools, resources available, the characteristics of program participants, stakeholder requirements and potentially conflicting priorities for service providers.

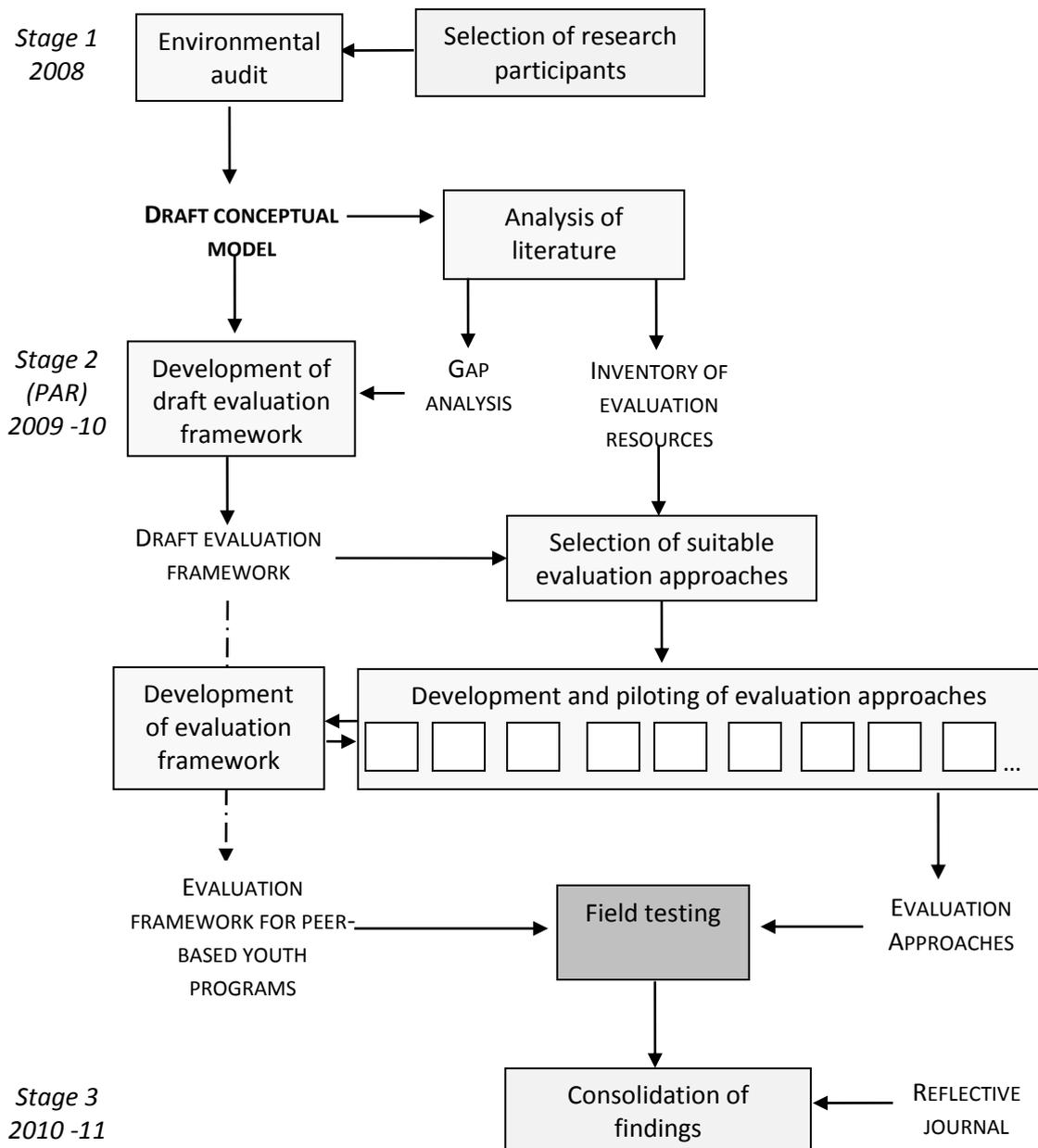
Use of the tools which have been developed herein comes with the proviso that some modification will still be required to meet local contexts and needs. An action research mindset should replace the 'culture of non-measurement'. Making available customisable templates for designing agency-specific tools should be considered in future research activities. To do this, however, would require the development of guidelines for customisation and some process for moderating the level of customisation to ensure that modified tools were able to collect reliable data.

# CHAPTER 9

## Field testing

The previous five chapters (Chapters 4-8) presented the findings of **Stage 1 - Environmental Audit and Analysis of Literature** and **Stage 2 - Participatory Action Research**. This chapter reports on the process of field testing the evaluation framework and evaluation approaches by three service providers (see Methods flow chart in Figure 9.1).

**Figure 9.1: Methods flow chart - Field testing**



## 9.1 Purpose

The purpose of this chapter is to present feedback from three service providers that used the evaluation framework and selected evaluation approaches within their programs, with limited support from the researcher, for periods of between two months and one year. This field testing took place after the participatory action research (PAR) process was completed.

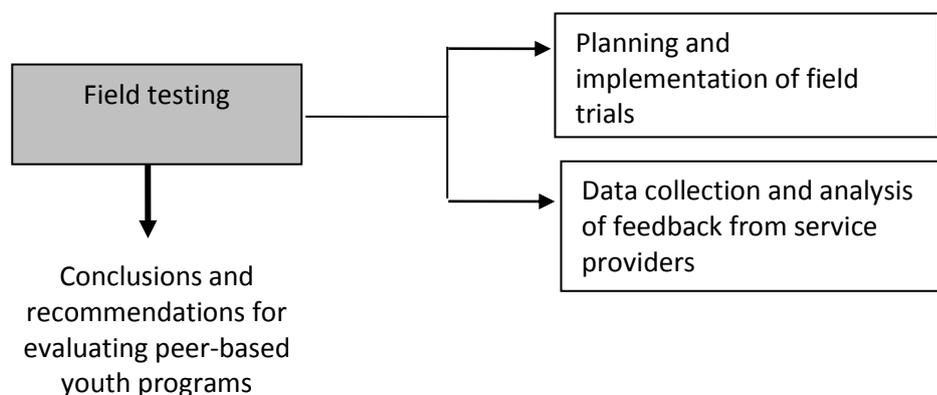
The objectives of the field testing were to:

- Understand how the evaluation framework was used by service providers
- Identify features of the evaluation framework and evaluation approaches that were most useful
- Identify any implementation challenges experienced by service providers when using the resources
- Assess the perceived value of the resources and the likelihood that they would continue to be used
- Identify any training and support needs that may increase the usability of the resources in practice.

## 9.2 Main activities

There were two main activities during the field testing: 1) planning and implementation of field trials and 2) data collection and analysis of feedback from service providers (see Figure 9.2). These activities are described in the sections which follow.

**Figure 9.2: Main activities - Field testing**



### **9.3 Planning and implementation of field trials**

Field testing of the evaluation framework and evaluation approaches was not planned at the start of the research project. However, an opportunity arose to collect some additional feedback from three service providers when the PAR phase had formally ended. The three service providers were the WA AIDS Council, *Freedom Centre Forum* and *Freedom Centre Drop-In Sessions*; the Inspire Foundation, *ReachOut.com*; and the Youth Affairs Council of Western Australia (YACWA), *Youth Educating Peers (YEP)* project.

The main purpose of the field trials was to see if the evaluation framework and evaluation approaches could be used to develop an evaluation plan that identified what aspects of the program would be monitored for evaluation at a process, impact or outcome level. The involvement of the researcher during the testing process was intentionally very minimal in order to assess the extent to which the evaluation framework and evaluation approaches were intuitive and easy to use when agencies had limited support from a researcher.

A user guide for the evaluation framework was produced by the researcher to support the testing process. The user guide provided step-by-step instructions for using the evaluation framework such as writing evaluation questions, selecting domains of most relevance and identifying black box components and short term impacts on individuals and others. A worksheet was included for users to document their responses. The user guide was trialed by Inspire and YACWA. These agencies were recruited later in the project and therefore were the least familiar with the evaluation framework. Their feedback was used to make adjustments to the user guide to improve its usability and clarity. The user guide can be downloaded from the 'Tools library' of the *My-Peer Toolkit [1.0]* website [www.mypeer.org.au/tools](http://www.mypeer.org.au/tools).

Details of the field trials completed by the participating service providers are outlined below.

#### **9.3.1 WA AIDS Council Freedom Centre**

The two peer research assistants from *Freedom Centre* who had been employed by the research project developed customised versions of the 'Evaluation framework', the 'Session debrief tool', and the 'Content analysis guide' for staff and volunteers of the *Freedom Centre (FC)* and *Freedom Centre Forum (FCF)*.

The modified version of the evaluation framework was a shorter version of the original framework and reflected the five *Freedom Centre* service delivery objectives: FC visitors presenting issues, FC peer group factors, impacts on social connectedness and community engagement, impacts on help-seeking, and impacts on mental and physical wellbeing. The components and sub-components included in the modified framework were focused on the impacts, outcomes and features of the programs that were considered most important for *Freedom Centre* to achieve.

**Type of programs:** Established, online forum and group drop-in sessions

**Tools tested:** Evaluation framework, Session debrief tool, Content analysis guide, Discussion threads

**Testing period:** November 2009 - November 2010 (one year).

### **9.3.2 Inspire Foundation ReachOut.com**

The Inspire Foundation wanted to evaluate their web-based mental health information and support service *ReachOut.com* at [www.ReachOut.com](http://www.ReachOut.com). The Inspire Foundation used the evaluation framework to review *ReachOut.com*, especially the impacts for young people participating in the forum. The 'Content analysis guide' was also used to review posts on the *ReachOut.com* forum. Feedback was collected after two months from the staff member involved in testing the evaluation tools. Feedback was also collected from the newly recruited Evaluation Manager at the Inspire Foundation after eight months to understand how the framework had generally influenced evaluation practice.

**Type of program:** Established, online peer-based service

**Tools tested:** Evaluation framework, Content analysis guide

**Testing period:** March 2010 - November 2010 (eight months).

### **9.3.3 YACWA Youth Educating Peers (YEP) project**

The YACWA Youth Educating Peers (*YEP*) project had not been involved in the development of the evaluation framework and evaluation approaches prior to the field testing. The focus of the *YEP* project was to determine the effectiveness of sexual health peer education programs in educating and empowering young people and changing negative social norms associated with sexual health.

A *YEP* project officer employed by YACWA worked with six youth service agencies in Western Australia to design, implement and evaluate sexual health peer education programs for young people aged 12-17 years. Target groups included Aboriginal boys and young women living in outer metropolitan areas with limited access to sexual health services.

The *YEP* project officer used the evaluation framework to work with the six agencies to plan objectives and identify program impacts, and to identify important peer group and program factors for the new peer education programs. Selected evaluation approaches were also trialed during the *YEP* project. This field testing provided an opportunity to assess the usefulness of the evaluation framework and evaluation approaches by agencies implementing new programs.

**Type of program:** Brand new, group peer education sessions

**Tools tested:** Evaluation framework, Journal writing, Session debrief tool, Creative evaluation strategies, Safe space guidelines and tools, Program monitoring tool, What if...? Scenarios

**Testing period:** June 2010 - November 2010 (five months).

#### ***9.4 Data collection and analysis of feedback from service providers***

Data collection consisted of monthly or bi-monthly face to face meetings between the researcher and the service providers to collect feedback on what aspects of the framework and evaluation approaches were user-friendly and to discuss any issues or challenges they had faced in using the tools. This relationship was very different to the researcher-service provider relationship during the PAR phase of the study when weekly or sometimes daily contact and support was required during pilot testing.

At the end of the field testing, the researcher collected feedback from each of the service providers using a semi-structured interview schedule to focus the discussions (see **Appendix 15 – Field testing interview schedule**). The discussions were recorded and transcribed to support the researcher's notes.

The data were sorted under headings corresponding to the overall objectives of the testing. These were use of evaluation framework, most useful features of evaluation framework, most useful evaluation approaches, implementation challenges, perceived value of resources, and training and support needs.

The feedback from the three service providers was consolidated and is presented in **Sections 9.5-9.10**. Key points are illustrated by quotations (shown in *italics*) from the service providers.

### **9.5 Use of evaluation framework**

The evaluation framework was mainly used by the service providers for planning and monitoring programs. The framework was used as a reflective tool to consolidate thinking about the focus of programs, what programs were trying to do, and what features of programs should be monitored to ensure programs met their objectives. The evaluation framework helped narrow down the key impacts and outcomes that service providers wanted the programs to achieve. This was true of both established programs such as *Freedom Centre* and new programs such as the *YEP* project:

*We have used the framework to collect evidence of what we're doing, increase our awareness of and focus on our objectives. It provides a process for consolidating thoughts and reflecting on sessions [FREEDOM CENTRE].*

*I think the whole process of using the framework is a reflective planning process. You start thinking in those sorts of terms... it naturally brings out what's working and what isn't [YEP PROJECT].*

The evaluation framework also provided a structured process for debriefing agencies or for discussing a program with colleagues in other parts of the organisation:

*I absorbed the information [in the framework] and used it to ask questions, so it was a prompt [YEP PROJECT].*

*It was a good communication tool to discuss the program with other teams in the organisation [INSPIRE].*

The common objectives for peer-based youth programs included in the evaluation framework provided a useful basis for developing or clarifying program objectives.

However, since the common objectives had been developed with mental health promotion programs, not all of them were relevant for the sexual health peer education programs associated with the YEP project. This was true of the 'Attributes of youth at most risk' domain too:

*Some of them [young people] lacked social skills some of them not, just that wanting to be part of something, not particularly high risk. Lacking positive role models - yes, but it still wasn't the target of the intervention so it wasn't what we focused on [YEP PROJECT].*

The use of the nine domains in the evaluation framework appeared to vary according to the type of program and whether it was established or new, short term or long term:

*We definitely used all the program ones (environment factors, peer group factors and program factors). We especially used short term impacts. Long term outcomes too since we see many young people for a long time, impacts on others less so. We didn't use external factors – these are things that don't need to be monitored from session to session, they're about the bigger picture. For established programs they're less relevant [FREEDOM CENTRE].*

*We looked a little bit at impact on others but not long term outcomes at all - maybe that's because they're new programs but in the longer term these things will become relevant [YEP PROJECT].*

The program context and the amount of information already known about the target group also influenced which domains were used:

*A decision had been taken to run with the programs, so we didn't need to consider external factors so much. If we get funding to run some more programs, we might look at this to determine our selection criteria. The moderating factors were not really used. In discussions with the youth workers - what are the issues, what are the contexts – these factors came out naturally [YEP PROJECT].*

## **9.6 Most useful features of the evaluation framework**

When asked the question 'what did you like most about the evaluation framework?' all the service providers liked the comprehensiveness of the resource:

*I really like the way it breaks down components from a high level (e.g. peer group factors) to every level below including detailed indicators. I find it's a good way to look at the different factors associated with our programs [FREEDOM CENTRE].*

*In essence it's like a literature review for me - this is the evidence of what you need to have in place if you had to set up a program, this is the wish list [YEP PROJECT].*

*It's an extensive document – evidence and practice-based. I like the flexibility at the organisation level – we can pick and choose components that are most relevant [INSPIRE].*

Service providers agreed that the conceptual model diagram in the framework and the use of colour throughout the document assisted navigation. The example indicators were also useful to understand the different components and sub-components. However, the length of the document could still be overwhelming:

*I think I had the time to look through the framework but it is huge. It's quite overwhelming and I still feel overwhelmed. I think everything that's in it is important though [YEP PROJECT].*

The YEP project coordinator's experience of helping agencies to set up peer education programs showed that providing a safe space for young people was particularly important. The detailed definition of what a safe space meant for young people provided in the 'Safe space guidelines and tools' and the 'Evaluation framework' were particularly useful:

*The whole thing around safe space we've found to be one of the most important things and that didn't come out in the peer education literature that I had read previously. Maybe because peer education generally means to train up a group of motivated, articulate young people to go out and inform others, not so much intense group sessions building self-esteem and communication skills [YEP PROJECT].*

## **9.7 Most useful evaluation approaches**

According to the service providers involved in the field trials, the most useful evaluation approaches were those that were interactive, stimulated discussion (either amongst young people or program staff/volunteers), were enjoyable for young people, and strategies which built on existing activities within the program:

*The type of evaluation we'd definitely keep doing are things which are also activities as well as evaluation e.g. the graffiti wall. Or it might be educational and a fun activity. The evaluation framework works because it can be integrated into our debrief processes which didn't have a structure before [FREEDOM CENTRE].*

*We looked at all the tools but we kept going back to the session debrief tool. Mainly because as youth workers they debrief anyway, whether it's just chatting or evaluation, so if that's what you're already doing let's **build on** that rather than try and introduce a whole new way of doing things [YEP PROJECT].*

The timing of implementing evaluation tools was important too:

*One agency hated the debrief tool with a passion, couldn't understand it, weren't recording any data, just were not thinking in those terms. But I think one of the reasons it wasn't working is that they didn't have any data to analyse, it wasn't really surprising that they didn't have any evidence of the things we were looking for [YEP PROJECT].*

The program coordinators found that young people did not respond well to broad questions like 'Tell me how you are feeling...' and preferred more specific, direct questions or sentence completion tasks such as 'I like coming to this program because...'. Program activities which gave the group a purpose and something to work towards were also important and stopped program participants from getting bored. Program participants appeared to enjoy the recognition associated with their achievements:

*We're doing a photography creative exhibition with one agency and the girls will take a photo and write a short piece on what they've learnt or how they feel about the program. They're hoping to publish it on the Tune in not out website [YEP PROJECT].*

Reference tools, such as the 'Content analysis guide', were also considered helpful:

*It was nice to be able to follow a process. An intern was able to pick up the guide having never done content analysis before and run with it. They were able to come on board very quickly [INSPIRE].*

However, the 'Program monitoring tool', 'Weekly monitoring tool' and 'Short term impacts' tools were not found to be suitable when developing new programs:

*I felt that if we just did that [Program monitoring tool] we'd miss so much - I wanted to know about the set up process, what's working, what isn't working, what are the issues. A rating scale didn't feel like it was getting the data I needed. The how and the why is so important for us when we're trying to develop a best practice model. So that's why those evaluation tools [Weekly monitoring tool, Short term impacts tool] didn't work for us at this time. They might be great on an ongoing basis once the programs are set up [YEP PROJECT].*

On the whole, survey-based tools were not as engaging for the target groups or considered an efficient use of resources:

*The online survey was not appropriate for these groups - the girls [program participants] wouldn't have come back if we'd asked them to do that. I think as well, some of the questions weren't as relevant to the programs. But even when we had a simple one page survey there were lots of blanks - they [program participants] didn't know what to do [YEP PROJECT].*

*I have not found survey tools very useful – quite easy to implement but the effort required analysing the data and the data resulting are not as useful as the qualitative data we are collecting from the forum and debrief log sheets [FREEDOM CENTRE].*

## **9.8 Implementation challenges**

The usability of the evaluation framework and evaluation approaches was associated with several implementation challenges. In particular, volume of data, lack of familiarity with the framework, adaptation of the framework to suit local contexts, limited knowledge and skills in evaluation, and language difficulties:

*We are collecting heaps of data and while this is a bonus there is also a downside – I don't have the time to consolidate the data to use in my reporting. Recently we collated three months of data from the debrief log sheets. The information was very useful but generally, there's no time to plough through the large volume of data [FREEDOM CENTRE].*

Finding ways to automate the data analysis and reporting aspects of evaluation were suggested as ways of addressing the volume of data:

*If we can find a way to automatically generate the data under categories e.g. most prevalent issues, risk factors they're facing or by individual that would be great. Giving each young person or component a code and then using the website software to generate a case study or summary of evidence for a particular code that would be really exciting. We're looking into this now and think it might just be possible [FREEDOM CENTRE].*

Familiarity with the evaluation framework and teamwork was considered important to avoid misrepresenting data during analysis. For the *Freedom Centre*, working as a team had helped to address data analysis errors associated with lack of familiarity:

*For new volunteers who lack familiarity with the framework there is a risk they will focus on individual terms and jump to conclusions about what the evidence relates to. Once you have the whole framework in your head these errors don't happen very often. It helps to do the content analysis of the forum posts as a team with a group of experienced and inexperienced volunteers [FREEDOM CENTRE].*

The above example illustrated how *Freedom Centre* had begun to institutionalise its usage of the evaluation framework as part of normal, everyday practice.

All of the service providers used the evaluation framework as a basis for creating their own evaluation framework that reflected their program service delivery objectives. Trying to fit program objectives to the evaluation framework was problematic where components and sub-components were related or inter-linked:

*I think for me safe space and peer group factors are all inter-linked [YEP PROJECT].*

*Many of the components are linked – confidence may result from increased self-esteem and then lead to increased self-efficacy [INSPIRE].*

*When we were adapting the framework, we needed to be cautious about not being limited by it too much. It was a really good starting point to help in our thinking and awareness of what we're trying to do....but we didn't want to get stuck by sticking to your headings, we needed to make it our own. Another challenge was trying to fit our objectives to the impacts on others, short term impacts on individuals, long*

*term outcomes. We ended up grouping some components together to reflect our service delivery objectives [FREEDOM CENTRE].*

The service providers' limited skills and knowledge in evaluation made using the evaluation framework and approaches more difficult. For the YEP project, taking the youth worker's perspective worked better than asking the youth workers to fit their programs to the evaluation framework and select suitable tools:

*I still remember the first meeting I had with the agencies when I got out the framework and all the tools. Everyone was just stressed thinking - what are we doing here! And I didn't understand it either. I didn't know what I was explaining. It was terrible. There needed to be more time explaining why do we need to evaluate, the youth workers setting their own objectives, what do they want to know about their programs and then that kind of directs everything else. Whereas I started at the wrong end - here's everything you can do, here are all the tools you can use - so that was a steep learning curve! [YEP PROJECT].*

Over time, the service providers' knowledge, skills and confidence in evaluation improved. The realisation that evaluation could be integrated easily into everyday program activities was particularly encouraging for program staff/volunteers:

*I've shifted my thinking and encouraged agencies to do the same - to not think of evaluation as something separate. They [agencies] now enjoy being told hey, what you're doing there, that's evidence of this factor. You're already doing evaluation. It's not a whole other thing [YEP PROJECT].*

Finally, there were some language difficulties associated with understanding and using the evaluation framework. These were mainly related to youth workers' unfamiliarity with terms that had been used in the published literature or confusion arising from the way in which youth workers used particular terms:

*We went through and 'colloquialised' or 'youth-anised' some of the language. Some of it we didn't change at all because it was self-explanatory. It was more giving FC-specific examples [indicators] of what we might see in our sessions. Now we tend to continuously update our FC framework as language-related issues arise [FREEDOM CENTRE].*

*Organisations may use certain terms differently to the way they are used on the evaluation framework. For example, Inspire focuses on self-efficacy, social connectedness and help-seeking behaviour but self-efficacy is a sub-component of help-seeking in the evaluation framework. Suggests we need to be more upfront about how some of the more ambiguous terms are defined to avoid confusion [INSPIRE].*

The two examples above provided further evidence of how service providers had begun to institutionalise the evaluation framework in ways which were meaningful to their practice.

## **9.9 Perceived value of resources**

The evaluation framework and evaluation approaches were developed for youth workers who may have limited skills and knowledge in evaluation. The perceived value of these resources varied depending on whether the program was new or established and what the service providers were using the resources for.

Building clarity and awareness around program objectives, both internally and externally, was particularly important for the *Freedom Centre* which runs established programs:

*I don't know how the service existed without it [evaluation framework]. Honestly it scares me how we did our services prior to having it [evaluation framework]. It has improved our actual focus on what we're trying to do. It's a peer-based program, a social context, unstructured. When you're getting peers to hang out with other peers in a social space it's easy to forget what you're really there to do. You can get caught up in the social aspect of it. We wouldn't have had the time to plough through the literature to work this stuff out.*

*It's given me the confidence or the validation to recognise our limitations and be really focused on what we are there to achieve. For example, we often have professional boundary issues e.g. young people turning up a half hour before the session finishes who are homeless – what do we do for them? It [the evaluation framework] gives us more assurance and license to say no, this is what we do, we cannot do that. We can be more objective and less emotional. It allows us to validate our decisions – just because we are referring someone on does not mean we are failing a young person – that young person still had peer validation of their issues while they attended the session even if the issue is still there.*

*I think our name has got out there and we are recognised as a valuable and trustworthy service. One of our partners gave us feedback that having seen the way we run our service [systematically using the evaluation framework] they feel really reassured in referring people to us. Too often they get to know services, refer people, and then have a panic attack about whether the young people will receive the service they need [FREEDOM CENTRE].*

For the *Freedom Centre*, using the framework was also perceived to have contributed to increased program sustainability:

*I honestly don't know how we did it [service delivery] before without it [the evaluation framework]. I think it was dependent on there being one consistent person here the whole time and that's not sustainable and it probably caused a lot of burnout in past coordinators.*

*It's just been so much better to really increase the awareness of the volunteer team. It's easy for the coordinator to have the big picture and awareness of service delivery objectives in mind because it's our full time job. But new people are coming in all the time and it means that it's much more sustainable to provide a high quality of service that is consistent and achieving what it's meant to achieve.*

*Without this [the evaluation framework] I would not have felt confident leaving for a month to go to America. That means that it's a sustainable service in many more ways than it ever was. When I was away I could check in on what happened in a specific area [FREEDOM CENTRE].*

The example above pointed to the increased sustainability of programs that were planned and implemented in a consistent and measurable way. The evaluation framework enabled the *Freedom Centre* coordinator to communicate service delivery objectives more clearly and delegate responsibilities in her absence more confidently. The *Freedom Centre* programs were also more resilient to staffing changes since they were based on a well communicated and understood model – the *Freedom Centre* evaluation framework, adapted from the original evaluation framework.

For the *YEP* project coordinator, the framework provided a valuable starting point to begin planning evaluation of the new peer education programs:

*I can't even remember what life was like without the [evaluation] framework. No seriously. I don't know what I would have done without it. I suppose I would have had to read some evaluation books and found something. Having limited knowledge of evaluation, it took out a lot of additional work I would have done to do evaluation properly. Also to not be missing important things. Like I may have missed some of those critical process factors [YEP PROJECT].*

The above example from the YEP project illustrated how familiarity with the evaluation framework had resulted in perceptions that the framework had always existed; a further example of the acceptance and institutionalisation of the evaluation framework into practice.

For the Inspire Foundation, there was perceived value in using the framework and tools to help increase the evidence base for peer-based programs:

*It will allow cross-program comparisons and the development of an evidence base for shared components [INSPIRE].*

When asked if they would continue to use the framework, there were mixed views from service providers based on what information was required:

*Definitely. Being able to draw on data/anecdotes as evidence to show what young LGBTIQ<sup>2</sup> people are actually facing. Being able to show more easily what we're doing, all this good work we're doing and doing well. And we can then use this data to show why we should continue to be funded [FREEDOM CENTRE].*

*I'll keep using it, absolutely. I'll probably refer to it a lot in my data analysis when we're reflecting on the project retrospectively. But the agencies are not doing research - they don't need to collect data on all these factors - they don't need to prove best practice all the time. It's more about knowing whether or not they're doing a good job [YEP PROJECT].*

The above examples indicated that the evaluation framework provided a mechanism for identifying the elements of best practice which related to program effectiveness. The

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<sup>2</sup> Lesbian, gay, bisexual, transsexual, intersex and queer

extent of usage of the framework might therefore depend on the extent to which an organisation was required to demonstrate best practice.

### **9.10 Training and support needs**

The service providers had commented that familiarity with the framework was important to be able to use it. When asked what would improve usability of the framework for other practitioners who were not familiar with it, the service providers had mixed views:

*I don't feel in a position to comment on this. I think the framework and tools are fairly explanatory but I have been involved for 5 years [FREEDOM CENTRE].*

*No matter what, it's not going to be an easy thing to get your head around. There needs to be some more clear instruction on what it's for and how you can use it [YEP PROJECT].*

Networking was felt to be important. The *Freedom Centre* coordinator had already been approached by two programs in the Eastern States of Australia asking for advice on setting up and evaluating a drop-in service for LGBTIQ young people. Service providers agreed that having access to experienced 'mentors' would be useful for other practitioners who were unfamiliar with the framework:

*I feel this project has given me a bit of a niche expertise for peer-based queer services. It's like 'peer support' for those implementing services [FREEDOM CENTRE].*

*You could maybe have a list of mentors of youth workers who are familiar with it [the evaluation framework] and can help tutor others [YEP PROJECT].*

The importance of networking and teamwork were also highlighted in discussions about training. Having more instruction on different types of evaluation and access to other youth workers' experiences with program evaluation were considered valuable:

*Creating a complete bank of indicators for every component would be very time-consuming and difficult. Building this database over time through contributions from service providers provides access to knowledge for non-research based practitioners. Can also provoke creativity – practitioners build on and adapt what others have done [INSPIRE].*

*It's now been a year since we first trained a group of volunteers to use the [evaluation] framework and we have not done training since – I think that shows*

*how user friendly it is. Maybe this is because we're doing it as a team, familiarity with the framework helps, makes it easier for someone new to FC to grasp when they're working with other more experienced volunteers. We have set up a private Facebook™ group for our staff and volunteers. The aim of it is to identify training needs and to share strategies that have worked or not worked with particular young people. It's not used much by those who are here frequently but I think it will be useful for those who have had a break. It allows them to get up to speed quickly [FREEDOM CENTRE].*

The YEP project coordinator considered it important to maintain the youth workers' perspectives in any training materials. Rather than developing training on how to use the framework, instruction could be focused more on what agencies wanted to achieve and what they needed to be in place to be effective. The framework could then be introduced as a reference to see if anything had been missed. The YEP project coordinator also warned against 'information overload' which could result in no program evaluation being done:

*Well you want to be able to consider everything but it's just not realistic. If I see too much stuff I tend to panic and not take in anything. With agencies that are pressed for time that is what could happen and that's unfortunate [YEP PROJECT].*

Distinguishing between different types of evaluation was also considered important:

*I think there are two sides of it. There's process evaluation for making sure the program is relevant, and monitoring it, keeping in touch with young people, best practice etc. and there's evaluation for proving effectiveness for funding submissions. I think it would be really useful to distinguish between those two [YEP PROJECT].*

Overall, there was agreement from the service providers involved in the field testing that some training and support would be needed by users who were unfamiliar with the evaluation framework and had not been involved in its development. In the above examples, the service providers identified a variety of training and support strategies which could facilitate use of the evaluation framework. These strategies included establishing experienced users or 'mentors' who were familiar with the evaluation framework and could assist others, taking a youth worker's perspective when producing user manuals, developing a database of shared information including additional indicators and evaluation

approaches that had been used by other practitioners, and networking with colleagues through Facebook™ or working in teams to facilitate peer learning.

### **9.11 Conclusions and recommendations**

The results of the field testing indicated that the evaluation framework was mainly used for planning and monitoring peer-based programs. The perceived value of the evaluation framework centred on its ability to improve program sustainability by increasing the awareness of staff, volunteers and other agencies about the goals and objectives of a program and the program features that were important to achieve objectives. Based in theory and practice, the credibility of the framework was high.

Another advantage of using the evaluation framework was the transparency and clarity of program processes and objectives that it afforded. The consistency of service delivery could be more reliable despite programs' reliance on volunteers and high staff turnover. The framework clarified what programs were trying to achieve and which strategies and program features contributed to intended outcomes. The evaluation framework was also used as an input to decision-making especially when considering new opportunities for program diversification or program development or when determining the professional boundaries of a program.

The most useful features of the evaluation framework were found to be its comprehensiveness and flexibility at an organisational level. However, the size of the evaluation framework could be overwhelming. Service providers suggested that other practitioners would benefit from short interactive training sessions on how to use the framework. Ideally these would be practitioner-focused identifying common evaluation questions practitioners needed to answer and showing them how to use the framework to develop an evaluation plan to collect the required data. Having access to mentors who were experienced in using the framework, networking, and developing instructional materials with a youth worker's perspective were also suggested as strategies that could help facilitate translation of this research into practice. More general information on evaluation was needed for practitioners with limited evaluation experience. This could include guidance on strategies to increase reliability and validity of data and guidelines for developing specific local indicators. A glossary of evaluation terms would also be helpful.

According to the service providers involved in the field trials, the most useful evaluation approaches were those that were interactive, engaging for young people and easily integrated into daily program activities. Survey-based tools were not found to be as useful as more creative and qualitative approaches. With one or two exceptions, all of the evaluation approaches that were tested required some modification to suit local contexts. This finding was not unexpected since the available tools were designed for particular programs. However, it does reinforce the view that even with access to evaluation tools known to work in peer-based settings, service providers will still need to expend resources to modify the tools to meet their specific needs. Adopting an action research process was recommended in order to refine tools or change tools to meet changing needs. A shift in culture would be required to achieve this where evaluation becomes an integral part of everyday program activities.

Implementation challenges in using the evaluation framework and approaches were mainly related to managing the volume of data collected, lack of familiarity with the framework, and difficulties adapting the framework to local contexts. Some of the language in the framework was also a source of potential confusion, particularly for components which were related or defined in different ways by practitioners.

Evaluation was seen as a complex activity that required specialist skills and knowledge. The field testing showed that the process of defining evaluation questions, selecting suitable evaluation approaches and developing relevant measures or indicators (targets) needed to be articulated more clearly for practitioners. Access to additional case examples, youth worker perspectives and opportunities to share experiences of effective evaluation approaches with other practitioners were recommended.

## **9.12 Chapter summary**

This chapter presented the results of field testing the evaluation framework and selected evaluation approaches by three service providers for periods of between two months and one year. The evaluation framework was shown to be valuable during program planning. Understanding the cyclical nature of program planning and evaluation was critical for program providers. There needed to be a shift away from evaluation as something that was done at the end of a program. Evaluation needed to be incorporated into everyday practice

and evident in planning a program, monitoring program activities for quality assurance or service improvements, and measuring the effectiveness of a program.

Overall, the field testing highlighted youth workers' limited skills and knowledge in evaluation and the need to have access to simple, practical and relevant evaluation resources for peer-based youth programs. The testing also indicated that familiarity with the evaluation framework and approaches was needed and would take time owing to the comprehensiveness of the resource. Establishing a network of experienced users or 'mentors' for new users was suggested. This strategy would promote networking and collaboration amongst service providers for increased evaluation capacity. The availability of the evaluation framework and approaches had contributed significantly to the resources available to practitioners for planning and evaluating peer-based programs. However, further efforts were needed to ensure uptake of the resources in practice to improve program sustainability and evaluation capacity.

## CHAPTER 10

### Discussion and conclusions

The purpose of the chapter is to revisit the research objectives, demonstrate the extent to which they were achieved and articulate the contribution of the findings to new knowledge. The research process, methodological issues and the study's limitations will also be discussed. In addition, the implications of the findings to practice and policy, current developments and further research in this field will be addressed.

A brief synopsis of the research context is provided first based on the literature review presented in Chapter 2.

#### ***10.1 Research context – a brief synopsis***

Peer-based services have been implemented as early intervention strategies to support young people at risk of poor mental health outcomes. However, the widespread implementation of peer-based services has been based on a series of assumptions about why programs are effective rather than evidence of program effectiveness (Parkin & McKeganey, 2000). For example, the rationale for the effectiveness of peer-based programs includes higher levels of youth engagement resulting from young people's preferences for learning from peers, access to a safe space, opportunities for youth participation, youth empowerment, an informal and flexible program delivery model and lower costs (Parkin & McKeganey, 2000).

The use of inconsistent terminology in relation to peer-based programs, unclear program aims and objectives, poor theory development and the diversity of peer-based services have made it difficult to validate these claims (Turner & Shepherd, 1999). There has been limited theory development in relation to peer-based programs in the past decade. There was also limited evidence available demonstrating effectiveness of peer-based programs. Reasons for this lack of evidence included difficulties in defining what is meant by 'effectiveness' since peer-based services may have multiple stakeholders who are interested in different areas, and a lack of knowledge about the features of programs which contribute to effectiveness (Barry, Domitrovich, & Lara, 2005; Rixon, 2007).

The requirement for evidence-based practice to secure funding and a focus on targets and outcomes has been particularly challenging for practitioners with limited evaluation skills and knowledge or limited capacity to implement evaluation activities (Banks, 2004; Rixon, 2007). The dynamic and responsive nature of 'relational' youth work practice, where young people have different start and end points when accessing services, was also inconsistent with measuring program effectiveness against rigid targets and outcomes (Spence, Devanney, & Noonan, 2006). However, by comparing different program models in a range of contexts, it may be possible to identify realistic impacts and outcomes for community-based intervention efforts (Chaskin, 2009).

The lack of suitable evaluation instruments for collecting data from at risk youth populations who may have low literacy levels and co-morbid issues has also contributed to low levels of program evaluation (Crosby, Salazar, DiClemente, & Lang, 2005). A lack of resources to conduct evaluation by small not-for-profit organisations and ethical issues concerning 'over-researching' vulnerable populations have also limited the number of evaluation studies relating to community programs for high risk youth (Crosby, Salazar, DiClemente, & Lang, 2005). Process data (inputs and outputs) is routinely collected by practitioners but few empirical studies are available demonstrating the effects of peer-based programs on young people's knowledge, skills and behaviour (Australian Research Alliance for Children and Youth, 2009). As a result, peer-based services are often inadequately resourced and struggle to secure continuous funding.

Finally, much of what we know about the features of effective community youth programs has been based on research studies in the U.S.A. and Europe. Further, resources have primarily been directed to understanding the knowledge and behaviour outcomes associated with peer education programs (Family Health International, 2010; National Research Council and Institute of Medicine, 2002). Isolated evaluation studies of programs promoting youth mental wellbeing are available in Australia but the literature searches identified no commonly agreed evaluation parameters for evaluating peer-based services. Overall, the literature review showed that in order to develop adequate, sustainable, safe and well-resourced early intervention services for adolescents at risk of poor mental health outcomes, improved program evaluation was needed (Buckelew, Yu, English, & Brindis, 2008).

## **10.2 Research aims and objectives**

The purpose of the present research study was to develop and test a theory-based and practice-based evaluation framework and evaluation approaches for measuring the effectiveness of peer-based programs in high risk youth populations. .

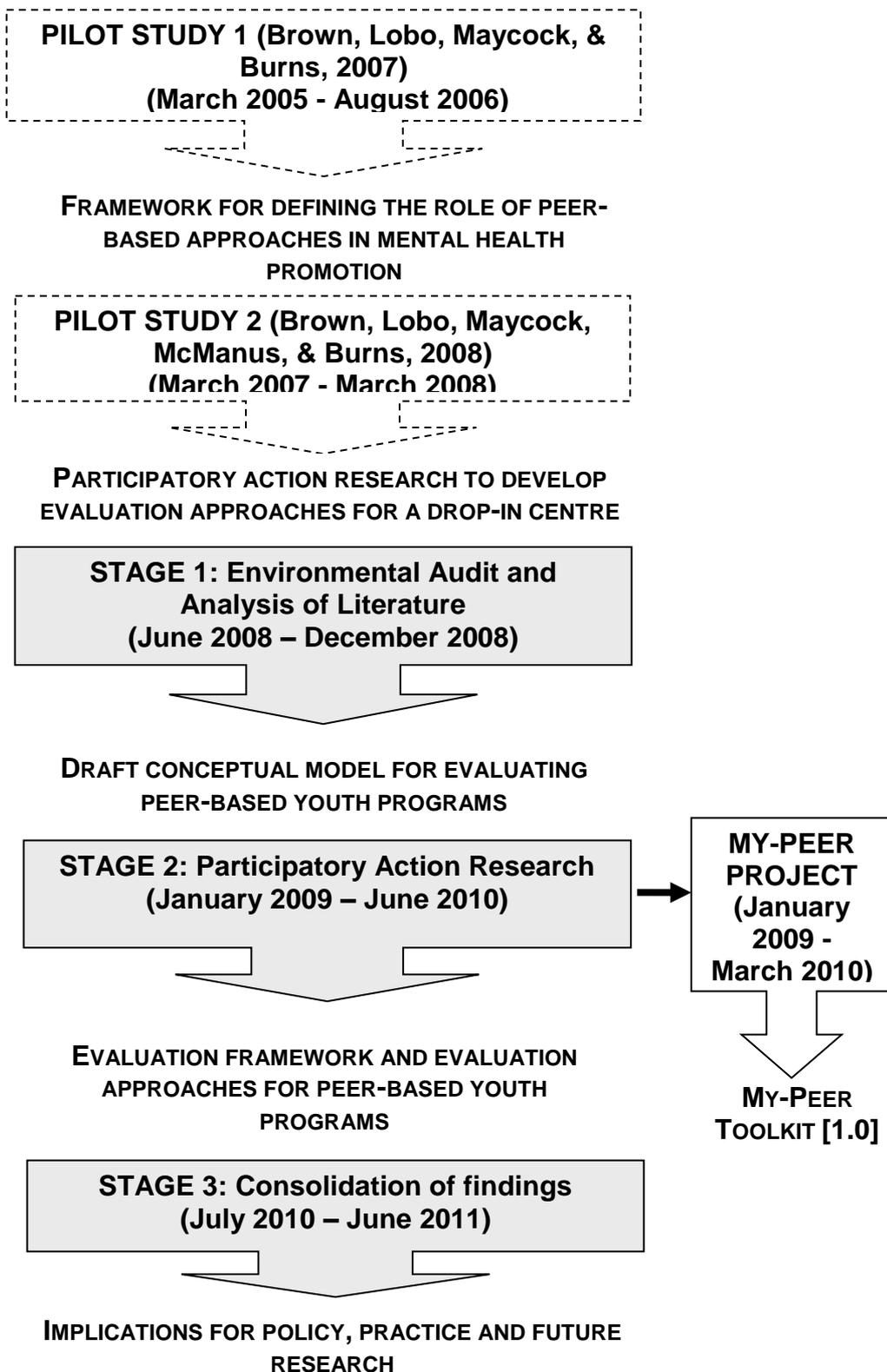
The research study had four main objectives:

- To identify barriers and enablers associated with evaluating peer-based programs for at risk youth in community settings
- To assess the usefulness of existing theories, models and evaluation approaches for peer-based youth programs
- To develop an evaluation framework containing evaluation parameters, outcomes and indicators, grounded in theory and practice, that would be relevant and useful to a range of peer-based youth programs
- To pilot test a range of evaluation approaches that would be suitable for different types of peer-based youth programs.

A participatory action research (PAR) methodology was employed to achieve the objectives, building on the findings of two pilot studies (Brown, Lobo, Maycock, & Burns, 2007; Brown, Lobo, Maycock, McManus, & Burns, 2008). The present research study was funded by Healthway and conducted between June 2008 and June 2011. The researcher was a member of staff at the Western Australian Centre for Health Promotion Research (WACHPR) at Curtin University in Perth, Western Australia.

Figure 10.1 (shown in Chapter 1) summarised the timeline for the pilot work, the present research study and the My-Peer project which was conducted in parallel with the present research study.

Figure 10.1: Summary timeline for pilot work, research study and My-Peer project



### **10.3 Findings related to research objectives**

The findings of the present research study in relation to the four research objectives are discussed next.

#### **10.3.1 Objective 1 - Barriers and enablers associated with evaluation**

Stage 1 - **Environmental audit** of this research study identified 11 barriers to program evaluation and five enablers which would facilitate program evaluation. For the youth service providers in this study, the lack of standard indicators for measuring mental wellbeing in young people and the short term focus of evaluation activities may have contributed to a 'culture of non-measurement' (Australian Research Alliance for Children and Youth, 2009) and uncertainty about the value of evaluation. Understanding the theories and models underpinning practice and access to relevant evaluation parameters contributed to improved levels of program evaluation.

Many practitioners felt quite isolated in their practice, often working as a single staff member assisted by a changing pool of volunteers. Opportunities to network with fellow practitioners and sharing information in the sector about effective evaluation methods were considered enablers for improved evaluation.

For the practitioners involved in this study, evaluation was associated with accountability to funding bodies and reporting on progress against targets. The uses of data to inform future service improvements and monitor service quality or consistency were less understood. The research indicated that much of what youth workers were already doing as part of normal program activities provided opportunities for collecting rich data e.g. group discussions, observations. However, methods to record and analyse this data in ways that were practical and acceptable to both staff and participants needed to be developed. The PAR process demonstrated that the use of innovative evaluation strategies involving high levels of youth engagement was effective in peer-based program settings working with at risk youth, for example digital stories and group artwork.

The barriers and enablers to evaluation were discussed in the journal article included at the end of Chapter 4: Lobo, R., A. McManus, J. Hildebrand, G. Brown & B. Maycock. 2011. Evaluating peer-based youth programs: barriers and enablers. *Evaluation Journal of*

*Australasia* 10(1): 36-43. Strategies to address these barriers and enablers will be outlined in later sections of this chapter (see Sections 10.8, 10.9 and 10.10).

### **10.3.2 Objective 2 - Theories and models underpinning peer-based services**

Previous discussions of theories and models underpinning peer-based programs in the literature had focused on peer education programs with a significant knowledge or education component. Peer-based programs which *promoted mental health and social wellbeing* had a wider range of possible impacts and outcomes. These included knowledge and skills development, but also social integration and the development of self-esteem, a positive self identity and optimism for the future. In addition, changes at an environmental and peer group level, e.g. establishing a safe space and positive peer influences, were sometimes pre-requisite before changes at an individual level were evident.

This study identified 12 theories and models as most relevant for peer-based youth programs. These theories and models included five commonly cited theories in relation to peer education programs: Social Cognitive Theory (role modeling, knowledge and skills development, safe space); Diffusion of Innovations Theory (positive group norms, reducing stigma associated with help-seeking, attitudinal and behavioural change); Social Identity Theory (positive self concept and self-esteem); Role Theory (improved self-esteem through meaningful roles); and Attachment Theory (connectedness, sense of belonging and support from a caring adult).

Consistent with a realist approach to evaluation, the dataset indicated that additional theories and models were needed to understand how and why peer-based programs worked. Three additional theories were identified. These were Hope Theory (future thinking and optimism), Social Integration Theory (peer acceptance, improved mental wellbeing), and Resilience Theory (increased protective factors, reduced risk factors). In addition, four models were found to be useful, particularly in relation to explaining the program factors which had been identified. These were the Youth Empowerment Model (youth participation), Alternative Education Model (youth friendly, safe space, program flexibility, and youth engagement), the Ecological Model (variable impacts and outcomes influenced by a range of moderating and external factors) and the Positive Youth Development framework (strengths-based, protective factors).

It was acknowledged that additional theories and models may also be relevant for understanding peer-based programs working with other target groups or in other contexts beyond the scope of this study.

### **10.3.3 Objective 3 - Evaluation framework for peer-based youth programs**

The availability of an evaluation framework that identified relevant evaluation parameters for measuring the effectiveness of peer-based youth programs and the features of programs which contributed to intended impacts and outcomes was needed to improve evaluation. The evaluation framework resulting from this study identified seven broad objectives for peer-based youth programs and a host of factors within seven domains which appeared to contribute to program impacts and outcomes. These domains were Attributes of youth most at risk, Peer-based youth programs, Moderating factors, External factors, Short term impacts on individuals, Impacts on others and Long term outcomes. Within the seven domains, 46 components, 83 sub-components and 315 example indicators were specified. See **Appendix 8 – Evaluation framework for peer-based youth programs** for the complete evaluation framework.

The evaluation framework resulting from this study was comprehensive and informed by theory and practice. Service providers implementing peer-based programs could select relevant evaluation parameters and indicators for their programs from the framework. As such, the framework aimed to help build evaluation capacity (knowledge, skills and resources) within community youth programs.

Consultations with the youth service providers during Stage 2 – **Participatory action research** indicated their recognition of the importance of evaluation and the desire to understand which features of programs were effective in order to improve program sustainability and access to funding. Yet, there was also uncertainty about how to evaluate peer-based programs.

As one service provider participant in this study commented *“I know we’re doing something right, we need to know what and why”*. According to the practitioners involved in this study, current key performance indicators (such as number of enrolments, number of withdrawals, and number of sessions) did not reflect the totality of practice. Practitioners

needed both statistics and qualitative information. More realistic and appropriate measures for evaluating peer-based youth programs needed to be agreed with funding sources. These findings were consistent with the comments from the authors of the *Everyday journey* project in the United Kingdom (UK), as described in Section 2.8.3 earlier in this thesis:

Meaningful youth work does not end when a target has been reached – or missed...The everyday of youth work is as much – if not more – of a location of meaning-making, boundary setting and development through listening and dialogue, as are those more readily defined aspects of youth work that attract and respond to formal scrutiny (Spence, Devanney, & Noonan, 2006, pp.38-39).

Practitioners also noted that appropriate evaluation parameters should somehow reflect the ‘small moments’ or significant changes for individuals which occurred as a result of their participation in peer-based programs. This finding was again consistent with the youth worker perspectives in the *Everyday journey* project conducted in the UK:

The numbers of participants and the worthy outcomes recorded in statistical evidence refer to problem-oriented interventions. They cannot evidence that aspect of youth work that talks about ‘happy things’ rather than problems, which promotes joy and friendship, which listens to silences and values small improvements. Yet these are the things which are not only important for youth workers, but also central to the value which young people accord it (Spence, Devanney, & Noonan, 2006, p.122).

It was not expected that a single program would find all of the evaluation parameters within the evaluation framework relevant for their context. Based on the experiences of the research participants, it was anticipated that service providers would select between two to four short term impacts at an individual level, and five to seven environment, peer group or program factors for the purposes of program monitoring or process evaluation. Other domains within the evaluation framework (Attributes of youth at most risk, Moderating factors, External factors) could be used to help clarify objectives and the context in which the program was operating. Evaluation of Impacts on others and Long term outcomes were unlikely to be within the scope of the evaluation resources available to community service providers.

Early dissemination of the evaluation framework to youth service providers at conferences has suggested that the comprehensiveness and flexibility of the framework at an organisational level were particularly important features (Lobo, Brown, Maycock, & McManus, 2010a, 2010b). Many programs appeared to require a degree of flexibility in their approach to program evaluation to reflect different stages of the program life cycle and a changing context (organisational and target group). Access to a range of validated evaluation strategies was also considered important to obtain different types of data.

#### **10.3.4 Objective 4 - Evaluation approaches for peer-based programs**

Practitioners involved in this study wanted to know which evaluation approaches worked. With limited time and resources available, practical, effective and time-efficient evaluation approaches were needed. In this research study, 23 evaluation approaches were piloted over a period of 12 months during Stage 2 – **Participatory action research**.

Key findings arising from the pilot testing were firstly, evaluation tools needed to be customised for the local context and practitioners needed guidance to do this without compromising the reliability and validity of evaluation tools. Secondly, evaluation needed to be engaging, interactive, simple and enjoyable for participants, provide learning opportunities, and ideally be integrated with usual program activities, not a diversion from the real focus of the program.

Thirdly, evaluating impacts and outcomes at an *individual* level was not appropriate for program interventions that had been implemented for *groups* of users. This finding was consistent with McKinlay (1996) who argued that, for group interventions, it may be more accurate to assess changes in skills and behaviours in the group as a whole than for individuals per se (McKinlay, 1996). Fourthly, the partnerships with researchers using an action research process compensated for practitioners' lack of skills in evaluation and should be ongoing.

Finally, service providers felt they knew instinctively what worked in their programs and did not always see the purpose of evaluation. This lack of belief in the value of evaluation and lack of time to implement evaluation activities meant that without the support of a research project, evaluation was not likely to be prioritised by practitioners. Youth workers

needed to see the value of evaluation for service improvements and successful funding submissions. Integrating evaluation with current activities and developing methods to record the ensuing data appeared to be particularly effective.

Evaluation needed to fit into the programs or there was a danger that programs would change to meet evaluation requirements. Processes of evaluation which engaged youth were very valuable since low engagement was common in at risk populations. The aim should be to have clear objectives and associated strategies and methods for evaluating objectives which were acceptable and practical in the program setting.

#### ***10.4 Reflections on research process***

This section will provide a critical review of the research process used in this study. Using a PAR process was a major strength of the study. The PAR process allowed practitioners to become active participants in the research process and to develop practical solutions to evaluation challenges that they were experiencing in their programs and target groups. Another major strength of the study was the excellent relationships established between the researcher and practitioners and the subsequent insights gained by the researcher.

The development of the evaluation framework and evaluation approaches was the primary goal of the research. However, the PAR process also enabled capacity building within the participating youth service provider organisations and opportunities for the researcher to gain insights concerning the design and implementation of peer-based programs. The availability of qualitative data as a result of this study could be used to inform the design of experimental or quantitative evaluation studies in future.

Participation in the action research process has provided opportunities for agencies to increase their skills and knowledge of program evaluation and evaluation resources; such increased evaluation capacity is likely to be of some benefit to organisations going forward. In addition, the experience of participating in the action research has provided a source of motivation for staff and volunteers involved in programs and helped boost morale. Program staff and volunteers have reported how exciting it has been to see how their work contributed to real outcomes for young people and how helpful it has been to evaluate program objectives in the context of an overall evaluation framework.

The PAR process was also associated with some limitations. Firstly, participating in the action research process improved practitioners' knowledge and skills in evaluation such that the final evaluation framework was very familiar and meaningful to the research participants. Further testing and validation of the framework is recommended to assess its relevance and usability by practitioners who were not involved in the study and to identify any training or support needs which might improve uptake of the framework by a wider audience.

Secondly, the project timeframes, data collection and validation processes were dependent on the resources and capabilities of the participating programs. The timeframe available for the PAR process and the schedules and capacity of the participating peer-based programs permitted only one or two action research cycles. The roles of partner agencies participating in a single action research cycle only were to develop and trial different evaluation approaches. Other agencies were able to participate in both action research cycles since their program schedules afforded opportunities to test and refine evaluation approaches over a longer period of time. For example, Youth Focus offered a quarterly peer support program in which evaluation tools could be tested and refined more than once.

Thirdly, the PAR process is characterised by a process of 'trial and error' to ascertain outcomes for each cycle that are used to inform the next action research cycle. For example, the need to trial suitable evaluation tools in online settings was not identified at the start of the project. However, different requirements for online peer-based services (compared with face-to-face services) were identified during the PAR process and two online peer-based services were subsequently recruited to participate in the study. The implications of joining the study at a later time were that the online services could either participate in one cycle of action research or undertake independent field testing.

Finally, the cumulative nature of the PAR process, where each cycle informs the next, may have influenced the degree to which some practitioners felt confident to 'take a lead' in directing the research. The nature of the feedback provided by practitioners, particularly those agencies that were involved in a single action research cycle, or those that were new to research, may have differed compared with those practitioners who were involved in both cycles of action research.

Alternative non-experimental methodologies were considered, for example, a researcher-led qualitative study using grounded theory or a comparison of multiple case studies. However, these methodologies would likely have necessitated the involvement of fewer, and consequently a less diverse range of, peer-based programs.

A review of evaluation of peer-based services was undertaken to identify the parameters typically used to measure the effectiveness of peer-based services. A systematic review was not considered appropriate since the resulting evaluation framework would not have been directly informed by practice, as much of the practice is not reflected in the literature.

There is a need to collect more empirical evidence of the effectiveness of peer-based programs through experimental evaluation studies. Developing and validating the suitability of fewer evaluation approaches in a wider range of peer-based services and contexts could also have been considered as an alternative to this study which tested more than 20 evaluation approaches and tools. However, as this study aimed to provide a range of evaluation tools for a very diverse range of possible peer-based programs, it was considered more important to develop and validate a wide range of tools in order to maximise the value of the research.

Finally, the objectives of peer-based programs in promoting mental and social wellbeing through improved self-esteem, peer support and positive self-concept aligned to some aspects of the objectives of more therapeutic and counselling services. While the evaluation framework was focused on best practice, early intervention and mental health promotion programs, it is possible that some relevant evaluation parameters could also have been identified through a more detailed review of the psychological and social work literature and may be worth exploring further.

### ***10.5 Methodological issues***

The key methodological issues in this study related to data collection, data management, data analysis, and ethical considerations. These issues and the strategies used to address them in this study are discussed next.

### **10.5.1 Data collection**

One of the advantages of using a PAR process was the reduced burden on service providers who participated in the study, compared to the requirements of other types of research. Some flexibility in the data collection processes was required to minimise the impact on service delivery such that 'real world' data could be collected. For example, some service providers were able to meet the researcher outside of the program's operational hours to provide both written and verbal feedback. Other service providers had very limited time and breaks during the program were the only opportunity to provide the researcher with feedback, usually in a verbal form only. The verbal feedback was subsequently documented by the researcher and returned to the service provider for validation. Still other service providers were unable to meet the researcher on a regular basis and so provided written feedback which was followed up by the researcher with a telephone call to confirm details and interpretation of the data.

It is clear that the variety of data collection processes used in this study may have resulted in variations in the quality, depth or types of feedback collected from service providers. This was evidenced when the researcher shared with service providers the consolidated data that was collected during the Environmental audit and asked service providers to check that the data they had provided had been represented accurately for their program. Having access to other service providers' data prompted a few service providers to add or refine components of their own data. This process illustrated the development of a shared understanding of the objectives of peer-based youth services and when managed in this way did not pose a threat to the reliability of the data.

### **10.5.2 Data management and analysis**

Like other qualitative studies, this study collected a large volume of data. Highly organized data management processes were required to manage the data collected from the eight service providers and 12 peer-based PAR programs. The parallel nature of the research activities – developing the evaluation framework, reviewing theories and models and developing and testing a range of evaluation approaches and tools - added further complexity. It was important to document the dates, times, content and attendees of all meetings, even very informal conversations, and maintain a log of all major decisions and the information contributing to those decisions. Peak periods of activity during the action research cycles made this record management process very demanding and time consuming for the

researcher. Using templates to record data in a standardised way and maintaining a detailed electronic and paper filing system organised by agency and by program worked well. The reflective journal was also used as a way of recording incomplete analyses of data and ideas which warranted further investigation when lower levels of activity permitted.

The different data collection methods employed and the range of terminology used to describe peer-based services also presented issues for data analysis. However, the iterative PAR process enabled the raw data to be re-categorised using consistent data labels. The process of asking service providers to review all data also ensured that the integrity of the data was preserved.

The reliability of the data was enhanced by inviting additional researchers to engage in thematic analysis of the data transcripts and minutes of meetings. This reliability check was achieved for a sample of the data but the volume of data and the requirement to analyse and interpret the data quickly to inform the iterative action research process did not permit a review of all data by two or more researchers. However, there were subsequent opportunities for other researchers and service providers to review the consolidated data and provide comments and suggestions.

### **10.5.3 Ethical considerations**

This research study involved collecting feedback primarily from service providers and the five young people involved as peer research assistants. The researcher also experienced the peer-based programs *in situ* which provided opportunities to collect additional data from young people who were participating in the programs.

The success of the PAR process was related to the development of open and trusting relationships between the researcher, the service providers and the program participants. The researcher was acutely aware of the privilege and opportunity to interact with the program participants and experience the peer-based programs first-hand at the discretion of the program facilitators. Some of these exchanges were confronting for the researcher in terms of the significant (but fairly typical) daily stresses experienced by the young people accessing the peer-based services. Many young people participating in the programs were considered 'at risk' or vulnerable and the value they attached to the availability of the peer-based services was often very evident. The significant personal investment by the program

facilitators in the success of the programs was also very evident. Requests for time from service providers were always considered carefully and data collection processes were modified as necessary to minimise the burden on already stretched resources.

The intensity and frequency of the contact between the researcher and the partner agencies reduced significantly as the PAR stage ended and the focus of the researcher moved to consolidation of the findings to produce the final thesis. The change in the level of support that would be available to partner agencies from the researcher was communicated early.

## ***10.6 Study limitations***

This section discusses limitations of the study, in particular sampling issues, project governance issues and the capacity to translate research into practice.

The aim of the study was to develop a universal framework for evaluating peer-based youth programs. The framework for defining the role of peer-based programs in mental health promotion, produced during Pilot Study 1, was used to identify programs which provided examples of different types of peer-based services (i.e. structured, semi-structured, formal, informal, educational, support/mentoring/influence/advocacy). Similar types of program (e.g. drop-in centres) targeting different populations of young people (e.g. teenage mothers, same sex attracted youth), were selected to enable some comparative analyses but this was not possible in all cases.

The sampling inclusion criteria selected programs providing early intervention mental health services. It was therefore likely that the resulting evaluation framework would be most relevant for peer-based youth programs which promoted social and emotional mental wellbeing. Additional evaluation parameters would likely be needed to develop a comprehensive program evaluation plan for peer-based youth programs which aimed to make positive changes in other areas, e.g. sexual health education, or reducing problem behaviours or substance misuse. Additional evaluation parameters would also likely be needed for other types of peer-based youth programs that were not primarily early intervention mental health services, for example, wilderness/outdoor programs, peer mentoring programs, peer education programs, and peer-based programs implemented in schools.

The identification of evaluation parameters for particular groups of at risk youth were outside the scope of this thesis. The evaluation framework and tools were designed to be universal resources suitable for different types of peer-based services supporting a range of young people. The relevance of the evaluation framework and tools for programs targeting other groups of at risk youth, not included in this study, remains to be validated. For example, populations such as Indigenous youth, young carers, children of parents with a mental illness (COPMI), young people with alcohol and substance abuse issues, homeless youth and children living with a disability or chronic illness, are also considered at higher risk of developing mental health problems than other groups of young people but programs targeting or working with these groups were not included in this study.

A further limitation of the study was the lack of resources and time available to engage more program coordinators of regional, rural or remote peer-based youth services as research participants. The coordinator of *True Colours*, a peer support program for young people of diverse sex, gender and sexuality, based in the regional town of Bunbury, Western Australia, was only able to participate in the Environmental audit stage of the project owing to small participant numbers and staffing changes. This short involvement highlighted some different challenges faced by regional programs, for example in relation to data confidentiality and program management. It is acknowledged that the evaluation framework and tools developed in this study would require further validation in programs based in regional, rural and remote areas.

The benefits of participating in the study, as reported by the partner agencies and peer research assistants, were significant. The author considered it a limitation of the study that the project plans did not include budget and resources to continue to monitor developments within the partner agencies for a period of time after the project had ended and strategies to build evaluation capacity within other youth service organisations, e.g. development of a training package and regional training events. Not having the resources to meet regularly with funders and maintain their active engagement in the project was also a limitation for the sustainability of the project outcomes. However, it was considered more important to maintain an independent and practitioner-driven PAR process. Resources were therefore primarily invested in meetings with the eight service providers to collect their feedback on the emerging framework and in providing support during the PAR process to develop and validate the 23 evaluation tools and approaches.

## **10.7 Contribution of the research to new knowledge**

This study contributed to new knowledge both in the wider context of the evaluation literature more generally, and in the context of peer-based youth programs in particular.

In relation to the evaluation literature, the findings of the study were most relevant in further understanding the challenges and enablers associated with evaluating peer-based youth programs in community settings. In particular, the project outputs contributed to developing suitable evaluation tools and resources, collecting evidence that more accurately reflected practice, building adequate evaluation capacity, and promoting service providers' beliefs in the value of evaluation.

The study's findings contributed to the literature relating to peer-based youth programs in four main areas. These were: program objectives and terminology; theory development for peer-based programs; features of programs for at risk populations; and defining the term 'effectiveness' in the context of peer-based youth programs. The contribution of the study to new knowledge in the above areas is summarised in the following sections.

### **10.7.1 Developing suitable evaluation tools and resources**

This study produced an inventory of evaluation resources including 20 tools which were piloted in drop-in centres, peer support programs, peer education programs, a youth camp, and online peer-based services, both metropolitan and rural programs. Evaluation approaches were also piloted with a diversity of target groups including teenage mothers, same sex attracted youth, socially isolated youth and youth at risk of depression, self-harm or suicide. User guides were developed for each of the validated tools and four case examples were documented to contribute to knowledge sharing amongst practitioners of peer-based youth programs.

The PAR process was successful in developing an evaluation framework and evaluation approaches that were meaningful and relevant to practitioners in a range of peer-based program settings, including online peer-based programs. The evaluation framework has demonstrated proven utility and acceptance by a wide range of youth workers. Field testing provided examples of how the evaluation framework and evaluation approaches have been institutionalised; the framework was integrated into practice and adapted to meet specific local requirements.

### **10.7.2 Evidence, evaluation capacity and belief in evaluation**

The study identified 11 barriers and five enablers that will need to be addressed in order to improve evaluation of peer-based programs significantly and increase the evidence available of program effectiveness.

Involvement of youth service providers in the PAR process helped to build evaluation capacity through developing skills and knowledge in evaluation and first-hand experience in implementing creative evaluation strategies which promoted youth engagement. The PAR experience also developed service providers' interest and motivation in evaluation that was not previously evident. The positive experiences of the youth service providers in this study lent further support to the view that participatory action research was an effective means of developing practical and sustainable solutions to programming issues and to facilitate 'cultural changes' in the youth sector associated with the value and purposes of evaluation.

The involvement and contribution of peer research assistants (PRAs) in this study supported the view that involvement of young people in program planning and evaluation activities can be mutually beneficial for service providers (through improving organisational capacity and relevance of programming) and for the PRAs (through opportunities for personal development). The study reinforced the need to forge partnerships between young people and service providers and also between researchers and service providers to further build evaluation capacity and program sustainability.

### **10.7.3 Program objectives and terminology**

The evaluation framework has provided a structure for practitioners in which to focus priorities and direct limited resources most effectively during planning. The framework identified seven broad objectives which appeared to be common to a range of peer-based youth programs working with diverse populations and in different settings. Practitioners were able to access information in the evaluation framework at different levels of complexity, depending on their requirements.

The evaluation framework has also provided a common language for researchers, practitioners and policy makers in relation to the design, implementation and evaluation of peer-based youth programs. The study indicated differences in language which may have previously presented a barrier to effective interdisciplinary communication.

#### **10.7.4 Theory development for peer-based programs**

There has been no significant theory development in the field of peer-based programs for more than a decade. This study identified 12 theories and models which demonstrated high utility in explaining how and why peer-based programs were effective. The practice-based components of the evaluation framework have contributed to our understanding of what makes early intervention programs effective for youth at risk of poor mental health outcomes, and why, using theory-based explanations. It was outside the scope of this study to develop and test an integrated theoretical model for peer-based programs. However, the theory-based hypotheses presented in this study are now available for validation by other researchers and within other peer-based services and contexts.

#### **10.7.5 Features of programs for at risk populations**

Seven additional features of effective programs, not previously discussed in the literature, were identified by the research. These features were: diversity of staff (as a means of engaging youth); strong interagency partnerships; simulates natural environment; role modeling (to teach new skills); raises awareness of services and resources; challenges negative social stereotypes; and transition support. These program features may be particularly significant when working with at risk groups.

The evaluation framework has highlighted the need for differences in programming for at risk youth. Outcomes such as reduced delinquency or improved academic outcomes were typical of many youth development programs identified in the literature but were not discussed by the practitioners involved in the study. A focus on skills-building and youth empowerment, consistent with a positive youth development perspective, were evident in the current dataset.

#### **10.7.6 Defining 'effectiveness' for peer-based youth programs**

The evaluation framework resulting from this study presented a set of core evaluation parameters and 315 example indicators for measuring the effectiveness of peer-based youth programs. These indicators were identified by practitioners or sourced from the published literature. The indicators will provide a useful input to any follow-on research which aims to develop standard indicators for peer-based youth programs and could inform the development of more relevant reporting systems for peer-based youth services.

## ***10.8 Implications of the findings for practice***

The purpose of action research is to develop practical solutions to real problems. The PAR process used in this study began the process of translating research into practice for the practitioners involved in the study. Program coordinators have commented on how their involvement with the research project has enabled them to take the time to reflect on their programs within an overall framework and to take a wider perspective of how their program contributes to positive changes in the lives of young people in conjunction with other influences e.g. from school, home, community, the media.

The benefits of action research were very evident for the practitioners involved in this study. If the principles of action research could become more integrated into practice, these benefits would continue to be accessible. Reflective practice, for example, is an activity that many practitioners engage in and program changes may be implemented as a result. If these reflections could be more systematic with some recording of data and experiences, program sustainability could be enhanced through a process of continuous learning that could withstand changes in staffing, funding and the organisational environment. It is anticipated that practitioners would require guidance and support to implement action research within their organisations. Further partnerships with research institutions may assist in achieving this goal.

The PAR experience indicated that the process of evaluation was as important as the outcomes. Involving young people in the design of evaluation approaches also contributed to increased acceptability and appeal of evaluation approaches. Paying due attention to data confidentiality and placing the needs of the at risk young people accessing the programs before the needs of the research was particularly important. This finding was consistent with previously published findings that the process of working with and supporting youth may be as important as the outcomes delivered (Rixon, 2007).

Developing the evaluation framework and evaluation approaches has provided valuable resources for service providers of peer-based services struggling to evaluate their programs to demonstrate program effectiveness. However, fully translating this research into practice will require further efforts. Field testing indicated that the complexity and length of the evaluation framework could be overwhelming for new users. The current format of the framework needs to be revisited in light of these comments to determine ways to improve

usability. Taking a practitioners' perspective in presenting the framework was recommended by one of the research participants as a way of navigating the framework more easily. This could be achieved by listing the types of evaluation practitioners needed to do (e.g. service improvement, needs assessment, collecting data to support a funding submission, assessing program quality, monitoring cost effectiveness of program, or assessing program impact) and directing users to components of the evaluation framework and evaluation tools that were most relevant to each of these types of evaluation.

Currently, the framework relies on practitioners making decisions about which aspects of the framework to consult and which evaluation tools to select. The likelihood of 'missing' relevant components as a result of unfamiliarity with the framework or using evaluation tools inappropriately is therefore potentially high for practitioners with limited skills and knowledge in evaluation. A user guide for the evaluation framework is available and can be downloaded from the *My-Peer Toolkit [1.0]* website, [www.mypeer.org.au](http://www.mypeer.org.au). However, data reliability and validity would be improved by offering practitioners more support in using the evaluation framework and tools effectively.

As discussed previously, there would be many advantages to creating a web-based version of the evaluation framework. Firstly, the evaluation framework could be presented on a single page as a linear model. Hyperlinks could then be created to access the descriptions of components, subcomponents and the example indicators associated with each domain. Secondly, a web-based version is likely to be more accessible and less overwhelming for users. Thirdly, maintenance and update of the web-based version would be simpler since changes to pages would not affect size of tables or page numbers. Fourthly, dissemination of a web-based version of the evaluation framework would be facilitated since links could be added to sites commonly used by practitioners. The development of an interactive web-based version of the framework warrants further investigation.

The availability of a web-based version may also enable users to customise the evaluation framework to suit their local organisation context more easily and with less effort associated with reproducing the framework. This would involve removing components and subcomponents that were not relevant and using the example indicators to identify or develop suitable indicators for their programs and target groups. Making available a Word template for the evaluation framework which users could customise would also facilitate use of the framework in practice.

The PAR experience of the practitioners involved in this study identified some further challenges associated with using the evaluation framework and evaluation approaches. Firstly, while academic language could be unfamiliar to youth workers, it was important to strike a balance between trying to increase sector knowledge and creating a meaningful tool for practitioners. Secondly, under-resourcing of programs was associated with lack of time available to understand the evaluation framework and how it can help improve program planning and evaluation. Thirdly, there was the potential to become too process-driven by rigidly following a framework, thereby losing sight of the rationale for programs. Fourthly, gaining acceptance of the evaluation framework by funding agencies and the wider youth sector was critical in order to establish a standardised and consistent approach to evaluating peer-based youth programs. Finally, limited planning and evaluation skills within the youth sector and the preference of youth workers to follow their instinct could present a cultural barrier to improving program evaluation.

These challenges will not be easy to address. A range of strategies including capacity building, further testing and validation of the evaluation framework and tools, and ongoing evaluation will be required to facilitate translation of the research findings into practice. These strategies are summarised below.

Capacity building strategies could include:

- Improving the usability of the evaluation framework by addressing the feedback obtained through the field testing trials
- Creating modifiable versions of evaluation tools and providing access to online reporting functionality or templates for presenting the results of evaluation
- Developing training and user support materials to help practitioners use the evaluation framework to improve program evaluation and subsequently, program sustainability
- Investigating options for digitizing the evaluation framework.

Further testing and validation of the evaluation framework and tools could involve:

- Extension of the evaluation framework to include example indicators for peer-based programs in other contexts e.g. regional, rural, Indigenous, and sexual health
- Validation of the framework in other contexts and with other youth populations
- Testing the evaluation framework and evaluation approaches in other contexts both in Australia and internationally.

Ongoing evaluation strategies could include:

- Collecting longitudinal feedback on how the framework has been used, for example what aspects have been helpful, what has been challenging, what language has been modified and why
- Consolidating experience and knowledge within the sector to develop a bank of indicators, benchmarks, examples of modified tools and additional case examples to assist practitioners in evaluation.

### ***10.9 Implications of the findings for policy***

The requirement for youth service providers to demonstrate program effectiveness and to implement best practice, evidence-based programs was one of the drivers for this study. There is now also increasing recognition of the need to build the evaluation capacity (knowledge and skills) that will *enable* youth service providers to monitor and evaluate programs more rigorously using the evaluation resources that are increasingly available. For example, in Western Australia the Department of Health has invested in the *Youth Educating Peers 2 (YEP 2)* and the *Sexual Health Applied Research and Evaluation Network (SiREN)* projects. The aim of these projects is to build capacity of practitioners to implement evidence-based peer education and sexual health programs. Similar projects exist in other states too.

Any follow-on work to translate the findings of this research study into practice should be coordinated with other capacity building initiatives. It would be unnecessarily costly, and ineffective, to offer multiple training opportunities in evaluation of sexual health, mental health, physical activity and nutrition programs and other areas of practice. A more holistic capacity building vision for the youth services sector (and indeed other not-for-profit sectors) is required.

Participation in the research has helped agencies mobilise their intentions of improving program evaluation. Support from the research project provided the extra capacity and 'push' needed by agencies to allow them to initiate evaluation monitoring and assessment activities. Three agencies have commented that additional funding will be needed to support future marketing and evaluation activities which increased the profile of programs within local communities and improved program reach to those who most needed the

programs. This finding has implications for adequate funding for health promotion programs going forward.

Changing service providers' attitudes and beliefs associated with evaluation is a long term goal and will require investment and commitment by funding bodies and community organisations. Motivation to increase evaluation activities will require more than access to an evaluation framework and practical evaluation tools. Providing skills and training in evaluation and creating opportunities for service providers to experience the benefits of undertaking evaluation activities with limited risk, low cost, and without depleting scarce resources e.g. through partnerships with researchers or evaluators, may be an option worth considering by policy makers involved in professional development of practitioners or quality assurance.

There are opportunities for discourse between funding bodies and youth service providers about realistic measures for evaluating the effectiveness of peer-based programs. The range of indicators in the evaluation framework illustrated the diversity of programs and the challenges of developing a universal framework for evaluating peer-based services. Advocating to funding bodies for support to extend the opportunity for other peer-based programs to use the evaluation framework and to provide guidelines for best practice in implementing and evaluating peer-based youth programs is needed. This will be important in facilitating a shift from input/output based KPIs to more relevant evaluation parameters for measuring the impact of peer-based services.

The example indicators arising from this study have been shown to provide a useful starting point for practitioners to identify relevant measures of effectiveness for their programs. While statistics are important, the evaluation framework has shown that the value of qualitative measures and small incremental changes also needed to be recognised. With at risk groups particularly, small changes may be very significant and while bigger changes were desirable they were often unrealistic.

### ***10.10 Implications of the findings for further research***

This section outlines the many implications of this study's findings for further research. Several areas for further inquiry were identified, most notably:

- Validation of the evaluation framework in other types of peer-based services and with other at risk groups of youth

- Further theory development for peer-based youth programs
- Developing effective strategies for building evaluation capacity in the wider youth sector
- Measurement of outcomes associated with peer-based youth programs
- The role of social networks in mediating and supporting behaviour change within peer groups
- Experimental designs for evaluating peer-based youth programs
- The development of standardised indicators to measure the effectiveness of peer-based services
- A systematic review of the use of creative evaluation methods within peer-based program settings.

These areas of further inquiry are outlined in Table 10.1.

**Table 10.1: Description of areas of further inquiry related to this research study**

<b>Areas of further inquiry</b>	<b>Description</b>
<b>Validation of the evaluation framework</b>	The evaluation framework produced in this study was informed by theory and practice. Further validation of the framework is needed with other types of peer-based programs, other at risk target groups, and in other contexts e.g. regional, rural, international
<b>Further theory development</b>	The 12 theories and models identified in this study were selected for their utility in providing explanations of how and why peer-based services were effective. These theories and models need to be tested further in order to develop an integrated theoretical model for peer-based services.
<b>Building capacity</b>	Research studies which implement mentoring and buddy relationships or researcher-practitioner partnerships could be tested to determine which strategies may be most effective for building capacity in the sector. Developing and testing the use of customizable templates for evaluation planning and reporting.
<b>Outcomes measurement</b>	Longer term monitoring of evaluation activity within the youth services sector and assessment of the uptake and use of the evaluation framework and tools developed in this study. In addition, research studies which explore the relationship between improved program evaluation and indicators such as improved outcomes for young people, more sustainable programs, or increased funding.
<b>Role of social networks</b>	Investigations which seek to understand how interactions within social networks mediate change, including the role of schools, families, and communities in conjunction with peer-based services. Social Network Theory and Social Network Analysis may be useful avenues to explore further in this regard.
<b>Experimental evaluation designs</b>	The findings of this study could be used to inform hypotheses for testing theories and models and designing experimental evaluation studies for peer-based services. Comparative program studies may also be possible using the components and example indicators specified in the evaluation framework.
<b>Development of standardised indicators</b>	The development of standardised indicators for peer-based services would be helpful to allow comparative evaluation studies across programs. Given the diversity of peer-based services, these indicators could be organized by type of service, target group, program objectives etc.
<b>Use of creative evaluation methods</b>	A systematic review of arts-based forms of inquiry and the use of creative evaluation methods would consolidate best practice, identify challenges and inform guidelines for practitioners wishing to use creative evaluation strategies. Further exploration of virtual reality games which simulate real world environments and how these might be used to help young people practice and develop effective social skills.

### **10.11 Current developments in the field**

A rapid development in the field, especially in the youth sector, is the increasing use of technology to provide health services for young people. For example, in Australia, the Young and Well Cooperative Research Centre (YAW-CRC), [www.yawcrc.org.au](http://www.yawcrc.org.au), was established in December 2010. The YAW-CRC is a consortium of over 70 partner organisations from the not-for-profit, corporate, academic and government sectors. It explores the role of technology in young people's lives, and how technology can be used to improve the mental health and wellbeing of young people aged 12 to 25 years. Peer-based mental health services offered online may be more acceptable to today's youth (popularly dubbed the iGeneration) and evaluation of these services may present particular challenges that may not be directly addressed by the evaluation framework developed in this study.

This study found more creative evaluation approaches, including arts-based approaches, were suitable for evaluating some peer-based youth services. Interest in arts-based research has grown significantly in recent years. In particular, recognition of the potential of these methods to better engage participants, elicit meanings and emotions, understand values, construct knowledge and communicate more effectively with hard to reach audiences.

The creative evaluation approaches used in the present research study (e.g. producing a digital story or group artwork) were firstly, arts-based health promotion interventions at a group level and secondly, evaluation tools. There appears to be general agreement that arts-based interventions promote mental health and wellbeing at a group level but what constitutes rigorous evaluation of these methods continues to be debated. The use of innovative and creative evaluation strategies which can be easily integrated into youth program practice, require minimal resources and less specialist evaluation skills, and that are enjoyable for young people should be investigated further. For at risk youth with low literacy levels or complex issues they find hard to articulate, written evaluation tools could be confronting and the data collected may be less reliable as a result. In order to use arts-based methods of evaluation, youth service providers will require further support especially in the areas of ensuring data integrity and data analysis and interpretation.

Other developments in the field include a project initiated by the Australian Research Alliance for Children and Youth (ARACY) in 2009 to develop a common measurement

framework to measure the impact of youth programs implemented by not-for-profit community organisations. This project continues to be progressed with the development of a draft framework available shortly. It will be useful to examine the relationship between the draft ARACY framework and the evaluation framework for peer-based services developed in the present research study to identify any commonalities and differences. The availability of a common measurement framework for youth development programs in not-for-profit community organisations and the involvement of ARACY are likely to be valuable assets in advocating for more relevant evaluation systems for peer-based services in Australia.

Funding for early intervention mental health services for young people continues to be a priority for the Australian government. The availability of increased funding for early intervention mental health services will contribute to more sustainable services for young people. It is intended that the availability of an evaluation framework and suitable evaluation tools will help to build evaluation capacity in the youth services sector and lead to improved evaluation of peer-based services. With more evidence available for the effectiveness of peer-based services, continuous funding may also be more secure.

### ***10.12 Concluding remarks***

Good program evaluation will ultimately result in more effective health promotion programs. At risk youth create specific challenges for research in terms of access, engagement and ethical considerations, including 'over-researching' certain vulnerable groups (Crosby, Salazar, DiClemente, & Lang, 2005). This research is particularly significant because it contributes knowledge about effective community youth interventions for promoting mental and social wellbeing in at risk youth. Previous research studies have focused on improving educational outcomes and reducing problem behaviours in general youth populations (National Research Council and Institute of Medicine, 2002).

The following benefits of the evaluation framework arising from this study may be particularly significant for program coordinators of peer-based programs working with limited resources:

- Provides a common language for youth workers, researchers, policy makers and funding bodies in developing relevant indicators and strategies for evaluating peer-based programs

- Facilitates planning, implementation and evaluation of peer-based programs by youth workers with often limited skills and knowledge in these areas or limited time and resources
- Provides a starting point for program coordinators to design or improve peer-based youth programs
- Assists with trouble-shooting to determine why peer-based programs may not be working as expected and what elements require modification.

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## Appendix 1 – Research participants - Service providers

Service provider	Description
<b>Challenger Institute of Technology</b>	<p>Challenger Institute of Technology consists of campuses and centres along the coastline south of Perth from Fremantle to the Peel region and inland to Murdoch. Challenger Institute of Technology works in close partnership with community groups and agencies to respond to community needs. Customised positive learning experiences for diverse groups, including young parents, are available. A focus area includes identifying the needs of women, particularly those who have taken time off and are now ready to re-join the workforce or those who simply wish to refresh their skills.</p> <p>Website: <a href="http://www.challenger.wa.edu.au/Pages/default.aspx">http://www.challenger.wa.edu.au/Pages/default.aspx</a></p>
<b>City of Mandurah Billy Dower Youth Centre</b>	<p>The Billy Dower Youth Centre employs a co-location model of youth services which aims to enhance the cumulative capacity for agencies, groups and clubs to work collaboratively to provide opportunities for young people. Mission Statement: To offer young people the opportunity to reach their potential through empowerment within a safe environment.</p> <p>Vision Statement: To continue to provide a safe place for young people to make informed decisions about their roles in life. A range of community-based programs, activities and services are offered in a positive and non-judgmental environment, which adhere to the values of respect, dignity and privacy.</p> <p>Website: <a href="http://www.mandurah.wa.gov.au/community/bdyc/">http://www.mandurah.wa.gov.au/community/bdyc/</a></p>
<b>City of Rockingham Youth Services</b>	<p>The City of Rockingham Youth Services team is committed to assisting the social, emotional, psychological and physical development of young people through providing a professional youth friendly service that addresses the needs of young people. The Youth Services team provides several programs and services specifically tailored to the needs of young people.</p> <p>Website: <a href="http://www.rockingham.wa.gov.au">http://www.rockingham.wa.gov.au</a></p>
<b>Inspire Foundation</b>	<p>The Inspire Foundation was established in 1996 in direct response to Australia's then escalating rates of youth suicide. Technology is combined with the direct involvement of young people to deliver innovative and practical online programs that prevent youth suicide and improve young people's mental health and wellbeing. Innovative use of technology helps to reach young people aged 14-25 in a way that traditional services cannot. Inspire is committed to reaching young people at risk of mental health difficulties, and offering them tools, resources and connections to improve their mental health and wellbeing.</p> <p>Website: <a href="http://www.inspire.org.au">http://www.inspire.org.au</a></p>

Service provider	Description
<b>Uniting Care West</b>	Uniting Care West is committed to achieving justice, hope and opportunity for all, and works to support and empower in particular those most in need in the WA community. It is a not for profit community services organisation and part of the mission of the Uniting Church in Australia and Uniting Care national network. Website: <a href="http://www.unitingcarewest.org.au/">http://www.unitingcarewest.org.au/</a>
<b>Western Australian AIDS Council (WAAC) Freedom Centre</b>	The WAAC Freedom Centre is a peer support and information service for young people who are gay, lesbian, bisexual, trans*, intersex, queer or questioning (GLBTIQ). The Centre is open for drop-in sessions that provide a safe social space for young people to meet others who have similar experiences around sexuality and gender, and to gain peer support and information. Freedom Centre Forum was launched in 2008 and provides an online discussion forum moderated by trained peer volunteers. Freedom Centre also provides resources and training to professionals working with young GLBTIQ people. Website: <a href="http://www.freedom.org.au">http://www.freedom.org.au</a>
<b>Youth Affairs Council of Western Australia</b>	The Youth Affairs Council of Western Australia (YACWA) is the peak non-government youth organisation in Western Australia. YACWA aims to provide a united, independent and active advocate for the non-government youth sector and young people that is both supported and respected by the sector and the wider community. YACWA advocates for young people's varied needs at local, State and Federal Government levels whilst working to engender and enhance positive community attitudes towards young people. YACWA has a strong and diverse membership which includes policy makers, academics, youth workers and young people. Website: <a href="http://www.yacwa.org.au/">http://www.yacwa.org.au/</a>
<b>Youth Focus</b>	Youth Focus is a West Australian, non-profit community based organisation working with young people, aged 12 to 18 years, who are showing early signs associated with suicide, depression and self-harm. Youth Focus can also provide services to their families. Youth Focus values young lives by ensuring the emotional well-being of young people, developing their self worth and offering them the opportunity to reach their full potential. Website: <a href="http://www.youthfocus.com.au">http://www.youthfocus.com.au</a>

## Appendix 2 – Research participants – Peer-based youth programs

Service provider	Peer-based youth program	Description	Target group
Challenger Institute of Technology, Western Australia	1. Young, Parenting And Very Excited (YPAVE)	<ul style="list-style-type: none"> <li>▪ Drop-in program for pregnant girls and teenage mothers offering support and training in partnership with TAFE</li> <li>▪ 3 sessions weekly</li> <li>▪ Attended by approximately 40 young women</li> </ul>	Pregnant or parenting girls aged 14+
City of Mandurah Billy Dower Youth Centre, Western Australia	2. Young Women’s Program	<ul style="list-style-type: none"> <li>▪ After-school life skills and development programs for young men and women aged 13+</li> <li>▪ Facilitated by staff from a range of community organisations</li> <li>▪ Opportunities to build peer relationships and participate in a range of activities and experiences</li> </ul>	Young women aged 13+ Young men aged 13+
	3. Young Men’s Program		
City of Rockingham Youth Services, Western Australia	4. Gone Fishing	<ul style="list-style-type: none"> <li>▪ Informal skills development and peer network development for culturally or socially isolated youth especially new migrants to WA</li> <li>▪ 8 week program run twice a year; each program attended by 25 young people</li> <li>▪ Facilitated by trained youth worker</li> </ul>	Young people aged 14-17
	5. Peer Support Program	<ul style="list-style-type: none"> <li>▪ 8 week structured sessions in which young people receive information on a range of topics e.g. sexual health, bullying</li> <li>▪ Intention is to empower young people with knowledge to enable them to support themselves and their peers with accurate information</li> </ul>	Young people in Year 10 and 11

<b>Service provider</b>	<b>Peer-based youth program</b>	<b>Description</b>	<b>Target group</b>
Inspire Foundation, New South Wales	6. ReachOut.com	<ul style="list-style-type: none"> <li>▪ Online discussion forum</li> <li>▪ Users can chat in a safe, moderated and positive environment about the issues that affect them.</li> <li>▪ Some streams of the forums are open 24/7, whilst others are only open for set times and focus on particular topics.</li> </ul>	Young people aged 14-25 years
Uniting Care West, Western Australia	7. Talking Realities Peer Education	<ul style="list-style-type: none"> <li>▪ Peer educator training course and peer support program for teenage mothers in Perth</li> <li>▪ 26-week program run once a year, attended by 8-12 young women</li> <li>▪ Opportunities to work as peer educators delivering Talking Realities presentations within high schools</li> </ul>	Pregnant or parenting girls aged 14-18
	8. True Colours	<ul style="list-style-type: none"> <li>▪ Drop-in program for youth of diverse sexuality and gender, their friends and families in Bunbury, Albany and other regional areas</li> <li>▪ Fortnightly sessions facilitated by a trained youth worker attended by 8-12 youth and opportunities to get involved in other community activities</li> </ul>	Support for youth of diverse sexuality and gender under 25 in regional areas
Western Australian AIDS Council, Western Australia	9. Freedom Centre Drop-in sessions	<ul style="list-style-type: none"> <li>▪ Drop-in space for youth of diverse sexuality and gender aged 14-26</li> <li>▪ Run by trained volunteers</li> <li>▪ 3-4 sessions weekly, each session attended by 5-15 youth</li> </ul>	Young people with diverse sexuality or gender under 26

Service provider	Peer-based youth program	Description	Target group
	10. Freedom Centre Forum	<ul style="list-style-type: none"> <li>▪ A safe online space for young people of diverse sexuality or gender to access information and peer support</li> </ul>	
Youth Affairs Council of Western Australia	11. Youth Educating Peers	<ul style="list-style-type: none"> <li>▪ Development and implementation of youth peer education programs for sexually transmitted infection and blood borne virus</li> <li>▪ Trialing of different peer education models in 3-5 agencies</li> </ul>	Young people aged 14-26 years
Youth Focus, Western Australia	12. Peer Support Program	<ul style="list-style-type: none"> <li>▪ Informal education and peer support for youth at risk of depression, self harm or suicide</li> <li>▪ Five week program including weekend camp</li> <li>▪ 3-4 programs per year, 14-25 young people per program</li> <li>▪ Camps facilitated by trained social or youth workers</li> </ul>	Young people aged 12-17 who are at risk of depression, suicide or self harm

## **Appendix 3 – Semi-structured interview protocol**

1. Describe a typical session.
2. What would you say are the overall objectives or goals of the program?
3. How would you define peer support in the context of the program?
4. Could you give some examples of peer influence during sessions?
5. What are the eligibility criteria for the program? How are young people recruited?
6. Has any formal evaluation been completed?
7. What (if any) data is collected on a regular basis? What is measured?
8. What measures of success/effectiveness are in place for the program? If none, what tells you the program is effective or having an impact on the young people?
9. What would you say are the critical success factors for the program?
10. What do you find the most rewarding about the program?
11. What aspect(s) of the program do you find the most challenging?
12. Anyone else I should speak to? Is it possible to observe a session?
13. Any other comments

## Appendix 4 – Workshop agenda Youth Focus

### Evaluation workshops with peer program staff Youth Focus - proposed agenda

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**Duration:** 2 hours

#### **Goal of workshops:**

- Understand role or contribution of peer support camps to overall goals of Youth Focus services for young people
  - core goals of camp (the minimum outcomes they expect to achieve)
  - desirable goals of camp (outcomes they would like to achieve)
- Identify goals that are common to all campers and goals that are unique to individuals
- Identify measures / indicators that goals are being achieved
- (Identify opportunities / ways of collecting data)

#### **Structure:**

##### *RL Intro – 20 mins*

- Validate our understanding of the critical success factors that make camps effective (“camp magic”) – i.e. activities/atmosphere created that makes camps successful
- State assumptions that change happens incrementally, not all goals/outcomes are achieved by everyone, outcomes are different for everyone, individuals may achieve outcomes at different rates (repeat campers), camps are not offered in isolation but alongside other services like counseling
- How process, impact and outcomes evaluation will be defined in this session
- Types of measure
  - Process measures – to monitor service delivery and track processes to show ‘camp magic’ is happening and to assess the impact of any process changes
  - Outcomes measures – trend analysis of proportion of young people achieving their objectives, pathways
  - Impact measures – changes seen in young people’s behaviour, attitudes, interactions, talk, that indicate camp is having an impact on them
- Discuss how the success of camps is measured now? Are these measures appropriate / do other measures also need to be reported?

##### *Brainstorm – 30 mins*

- What is the role or contribution of the camps to the overall goals of Youth Focus for young people?
- Are there any minimum outcomes that you expect all campers to come away with as result of attending camp?
- What factors influence outcomes?

##### *Measures – 50 mins*

- What indicators / stages of change / developmental markers / pathways do we see in young people that tell us the program is having an impact? Consider attitudes, behaviours, reporting data, peer influence, etc

##### *Close – 10 mins*

## Appendix 5 – Assessment of Evaluation Tools

This is an extract of one of the tables created during the review of the 61 evaluation instruments identified in the Analysis of Literature.

INSTRUMENTS	DESCRIPTION	COMMENTS	ITEMS	OBSERVATIONAL	SELF-REPORTED	TOOL COSTS	RELIABILITY/ VALIDITY TESTING	CLINICAL USE
RESILIENCE SCALE	The scale measures components of resilience in different domains of young people's lives, ranging from planning and thinking ahead to level of independence.	Items are easy to read and to score.	15 10	N	Y	NIL	Y	N
ROSENBERG SELF-ESTEEM SCALE	Measure of self-esteem, self-worth, self-respect and ability. Well established and used scale.	Easy to read and score; usable by both adolescents and adults.	10	N	Y	NIL	Y	N
SELF-LIKING AND SELF-COMPETENCE SCALE	Self-report measure of global self-esteem.	Items are easy to read and relevant, however, no clear guidelines on scoring available.	20 16	N	Y	NIL	Y	N
OPTIMISM SCALE	This measure is part of the Mental Health Measure in the National Longitudinal Survey of Youth (1997).	Very short, easy to use and score	4	N	Y	NIL	Y	N

## **Appendix 6 – Inventory of evaluation resources**

IMPACT AND OUTCOME EVALUATION TOOLS				SUGGESTED USES FOR COMPONENTS OF EVALUATION FRAMEWORK													LINKS	
EVALUATION TOOL	DEVELOPED BY	USER	DESCRIPTION	ATTRIBUTES OF YOUTH	ENVIRONMENT	PEER GROUP FACTORS	PROGRAM FACTORS	SHORT TERM IMPACTS	IMPACTS ON OTHERS	LONG TERM OUTCOMES	NUMBER OF QUESTIONS	SELF-REPORTED	COSTS	TESTING	CLINICAL USE	QUANTITATIVE	QUALITATIVE	
<b>MY-PEER TOOLS</b>																		
DIGITAL STORY TELLING	MY-PEER PROJECT (2010)	STAFF OR VOLUNTEERS	Promotional material - short 'videos' with images, music and voice. Opportunity to capture answers to questions such as why young people come to the program, what the program means to them, or how they think they have developed and what is the biggest change they perceive as a result of coming to the program.	Y	Y	Y	Y	Y	Y	Y		Y					Y	mypeer.org.au
EVALUATION DISCUSSION THREADS (ONLINE SETTINGS)	MY-PEER PROJECT (2010)	STAFF OR VOLUNTEERS	Moderator-generated online discussion threads to collect direct feedback from participants in response to key questions e.g. "why do you access the forum?" or "what has been the most significant change in your life since you began to access the forum?".	Y	Y	Y	Y	Y	Y	Y		Y					Y	mypeer.org.au
GUIDE TO CONTENT ANALYSIS (ONLINE SETTINGS)	MY-PEER PROJECT (2010)	STAFF OR VOLUNTEERS	Process and guidelines for reviewing and 'coding' online discussions to extract evidence that program is meeting its objectives. Example training package for forum moderators.	Y	Y	Y	Y	Y	Y	Y		Y	Y			Y		mypeer.org.au
WHAT IF...? SCENARIOS	MY-PEER PROJECT (2010)	YOUTH	Scenarios generated with young people to test knowledge and awareness of support available. Group discussion with program coordinator on hand to help work through scenarios.					Y				Y					Y	mypeer.org.au
GROUP ARTWORK	MY-PEER PROJECT (2010)	YOUTH	Creates promotional material that can assist in raising program profile in local community or to support funding applications. Long term output that can be referred to for many years. Contributes to something for the group to feel proud about creating. Useful for engaging participants who are creative or quiet.			Y		Y	Y	Y		Y	Y				Y	mypeer.org.au

IMPACT AND OUTCOME EVALUATION TOOLS				SUGGESTED USES FOR COMPONENTS OF EVALUATION FRAMEWORK													LINKS		
EVALUATION TOOL	DEVELOPED BY	USER	DESCRIPTION	ATTRIBUTES OF YOUTH	ENVIRONMENT	PEER GROUP FACTORS	PROGRAM FACTORS	SHORT TERM IMPACTS	IMPACTS ON OTHERS	LONG TERM OUTCOMES	NUMBER OF QUESTIONS	SELF-REPORTED	COSTS	TESTING	CLINICAL USE	QUANTITATIVE	QUALITATIVE		
PEER-LED GROUP DISCUSSIONS AND GROUP DISCUSSIONS	MY-PEER PROJECT (2010)	YOUTH	Peer-facilitated group discussion with trained peers or with previous and/or current program participants about their journey since they came to the program. Opportunity for current participants to self-affirm and reflect on why they come to the program and what they are getting out of it. Outputs may be used for creative evaluation strategies e.g. group artwork, found poetry or word trees.	Y	Y	Y	Y	Y	Y	Y		Y						Y	mypeer.org.au
MY SUPPORT MAP	MY-PEER PROJECT (2010)	YOUTH	Network maps showing perceived support available when first joining the program and support available since coming to the program. Good for participants who do not feel comfortable with group discussions – can be done silently and alone.					Y				Y						Y	mypeer.org.au
SHORT TERM IMPACTS TOOL	MY-PEER PROJECT (2010)	YOUTH	Online survey for program participants to collect data in a standardised way such that results can be compared over time and trends observed. Uses a series of validated scales to assess the following dimensions: future thinking, support, problem solving, relationships, knowledge of help services, mental health. Completed every semester and results compared over time. Results may be compared with <i>Weekly Monitoring Tool</i> completed by staff to see if participant responses reflect staff observations or if there is some discrepancy, and to increase reliability of results. Found to be easy to use and to complete. If found to be too long the most relevant scales may be extracted from the survey. Administer regularly to assess trends e.g. every 4-6 months.					Y	Y		18	Y	Y		Y				mypeer.org.au
LONG TERM OUTCOMES TOOL	MY-PEER PROJECT (2010)	PEER EDUCATORS	Designed by a peer educator. An online survey for trained peer educators who have graduated from the peer educator training program. To be completed 3-6 months after graduation. Explores attitudes, employment/study, knowledge, support, mental health, problem solving, and optimism.							Y	18	Y	Y		Y				mypeer.org.au



IMPACT AND OUTCOME EVALUATION TOOLS				SUGGESTED USES FOR COMPONENTS OF EVALUATION FRAMEWORK												LINKS		
EVALUATION TOOL	DEVELOPED BY	USER	DESCRIPTION	ATTRIBUTES OF YOUTH	ENVIRONMENT	PEER GROUP FACTORS	PROGRAM FACTORS	SHORT TERM IMPACTS	IMPACTS ON OTHERS	LONG TERM OUTCOMES	NUMBER OF QUESTIONS	SELF-REPORTED	COSTS	TESTING	CLINICAL USE	QUANTITATIVE	QUALITATIVE	
<b>OTHER RESOURCES</b>																		
GENERAL SELF-EFFICACY-SHERER (GSESH)	Bosscher and Smit (1998)	YOUTH	Scale to assess general self-efficacy. The 12-item version of the scale reported here was modified from the initially developed scale by Sherer and colleagues (1982). Easy to read, however, no clear instructions on scoring.					Y			12	Y		Y		Y		<a href="http://www.healthpsych.de">http://www.healthpsych.de</a>
LIFE EFFECTIVENESS QUESTIONNAIRE FOR YOUTH AT RISK (LEQ-H)	Richards & Neill (2002)	YOUTH	The LEQ measures typically targeted goals of many psychosocial intervention programs. The LEQ focuses on measuring the extent to which a person's actions/behavior/feelings are effective in managing and succeeding at life, or more specifically, generic life skills. Easy to read/complete and provides detailed user guidelines.					Y			24					Y		<a href="http://wilderdom.com/leq.html">http://wilderdom.com/leq.html</a>
OPTIMISM SCALE	National Longitudinal Survey (US) (1997)	YOUTH	This measure is part of the Mental Health Measure in the National Longitudinal Survey of Youth (1997). Short, easy to use and score (4 items).					Y			4	Y		Y		Y		Sabatelli, R. M. and S. A. Anderson (2005) Assessing Outcomes in Child and Youth Programs: A Practical Handbook. University of Connecticut, State of Connecticut. <a href="http://4h.uwex.edu/evaluation/documents/ChildYouthOutcomeHandbook2005.pdf">http://4h.uwex.edu/evaluation/documents/ChildYouthOutcomeHandbook2005.pdf</a>
RESILIENCE SCALE	Neill & Dias (2001)	YOUTH	The scale measures components of resilience in different domains of young people's lives, ranging from planning and thinking ahead to level of independence. Items are easy to read and to score.					Y			15 10	Y		Y		Y		<a href="http://wilderdom.com/leq.html">http://wilderdom.com/leq.html</a>

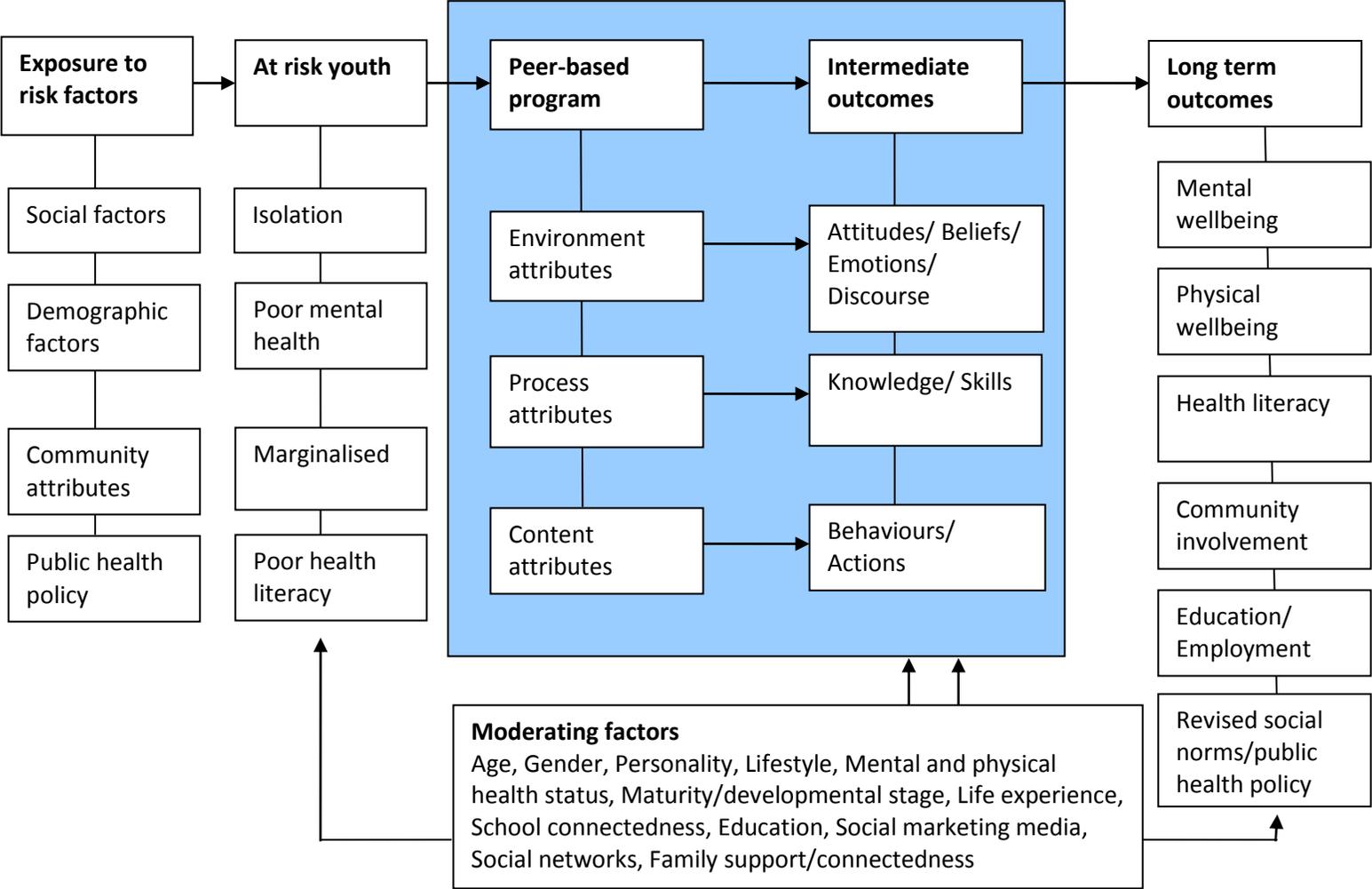
IMPACT AND OUTCOME EVALUATION TOOLS				SUGGESTED USES FOR COMPONENTS OF EVALUATION FRAMEWORK												LINKS		
EVALUATION TOOL	DEVELOPED BY	USER	DESCRIPTION	ATTRIBUTES OF YOUTH	ENVIRONMENT	PEER GROUP FACTORS	PROGRAM FACTORS	SHORT TERM IMPACTS	IMPACTS ON OTHERS	LONG TERM OUTCOMES	NUMBER OF QUESTIONS	SELF-REPORTED	COSTS	TESTING	CLINICAL USE	QUANTITATIVE	QUALITATIVE	
ROPELOC - REVIEW OF PERSONAL EFFECTIVENESS WITH LOCUS OF CONTROL	Richards, Ellis, & Neill (2002)	YOUTH	The ROPELOC instrument contains 14 scales; including personal abilities and beliefs (Self-Confidence, Self-Efficacy, Stress Management, Open Thinking), social abilities (Social Effectiveness, Cooperative Teamwork, Leadership Ability), organisational skills (Time Management, Quality Seeking, Coping with Change) an 'energy' scale called Active Involvement and a measure of overall effectiveness in all aspects of life. User-friendly, lending itself to quick and easy administration to a wide variety of participants. Measures similar scales to the Life Effectiveness Questionnaire, but also includes Cooperative Teamwork, Locus of Control and a Control Scale.					Y			45	Y		Y		Y		<a href="http://wilderness.com/tools/leg/ROPELOC.html">http://wilderness.com/tools/leg/ROPELOC.html</a>
ROCHESTER EVALUATION OF ASSET DEVELOPMENT FOR YOUTH (READY) Tool	Sabaratham and Klein (2006), Act for Youth	YOUTH	The research-based READY youth survey is an instrument designed to help youth serving programs evaluate the impact of their programs on youth development outcomes of participants. Core areas of measurement: Basic Social Skills, Caring Adult Relationships, Decision Making, Constructive Use of Leisure Time.					Y			40	Y	Y			Y		<a href="http://www.actforyouth.net/documents/July06.pdf">http://www.actforyouth.net/documents/July06.pdf</a>
ROSENBERG'S SELF ESTEEM SCALE	Morris Rosenberg (1962)	YOUTH	Measure of self-esteem, self worth, self-respect and ability. Well established and used scale.					Y			10	Y		Y		Y		Sabatelli, R. M. and S. A. Anderson (2005) Assessing Outcomes in Child and Youth Programs: A Practical Handbook. University of Connecticut, State of Connecticut. <a href="http://4h.uwex.edu/evaluation/documents/ChildYouthOutcomeHandbook2005.pdf">http://4h.uwex.edu/evaluation/documents/ChildYouthOutcomeHandbook2005.pdf</a>
SELF-LIKING AND SELF-COMPETENCE SCALE	Tafarodi & Swann (1995)	YOUTH	16-item self-report measure of global self-esteem. Items are easy to read and relevant, however, no clear guidelines on scoring available.					Y			16	Y		Y		Y		

IMPACT AND OUTCOME EVALUATION TOOLS																		
EVALUATION TOOL	DEVELOPED BY	USER	DESCRIPTION	SUGGESTED USES FOR COMPONENTS OF EVALUATION FRAMEWORK										LINKS				
				ATTRIBUTES OF YOUTH	ENVIRONMENT	PEER GROUP FACTORS	PROGRAM FACTORS	SHORT TERM IMPACTS	IMPACTS ON OTHERS	LONG TERM OUTCOMES	NUMBER OF QUESTIONS	SELF-REPORTED	COSTS		TESTING	CLINICAL USE	QUANTITATIVE	QUALITATIVE
STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ)	Goodman (1997)	YOUTH/STAFF	Brief behavioural screening questionnaire about 3-16 year olds that asks about psychological attributes. It exists in several versions to meet the needs of researchers, clinicians and educationalists. Impact supplements to obtain staff feedback and follow up questionnaires for use after an intervention are available as well.					Y		Y	25	Y		Y	Y	Y		<a href="http://www.sdqinfo.com/">http://www.sdqinfo.com/</a>
MOST SIGNIFICANT CHANGE TECHNIQUE	Davies & Dart (2000)	YOUTH	Participatory monitoring and evaluation process that takes place throughout the program cycle and provides information to assist in program management and data on impact and outcomes that can be used to help assess the performance of the program as a whole. The process involves the collection of significant change stories emanating from the field level, and the systematic selection of the most significant of these stories by panels of designated stakeholders or staff.					Y		Y						Y		<a href="http://www.mande.co.uk/docs/MSCGuide.pdf">http://www.mande.co.uk/docs/MSCGuide.pdf</a>
CHILDREN'S HOPE SCALE	Snyder (1997)	YOUTH	6-item self-report scale to assess dimensions of hope in children aged 8-16.					Y			6		Y		Y			
GENERAL PERCEIVED SELF EFFICACY SCALE	Jerusalem & Schwarzer (1979)	YOUTH	10-item scale to assess a general sense of perceived self-efficacy with the aim to predict coping with daily difficulties as well as adaptation after experiencing a variety of stressful life events. The scale is designed for the general adult population, including adolescents.					Y			10		Y		Y			<a href="http://userpage.fu-berlin.de/health/selfscal.htm">http://userpage.fu-berlin.de/health/selfscal.htm</a>
SOCIAL CONNECTEDNESS SCALE	Lee & Robbins (1995)	YOUTH	8-item scale that aims to measure the degree how connected youth feel to other youth in their environment.			Y		Y			8		Y		Y			
LONELINESS SCALE	DeLong Gierveld (1985; 2006)	YOUTH	11-item scale to assess overall, emotional, and social loneliness. A shorter version (6-item) was developed which is equally reliable and valid when used in large surveys.			Y		Y			6,11		Y		Y			

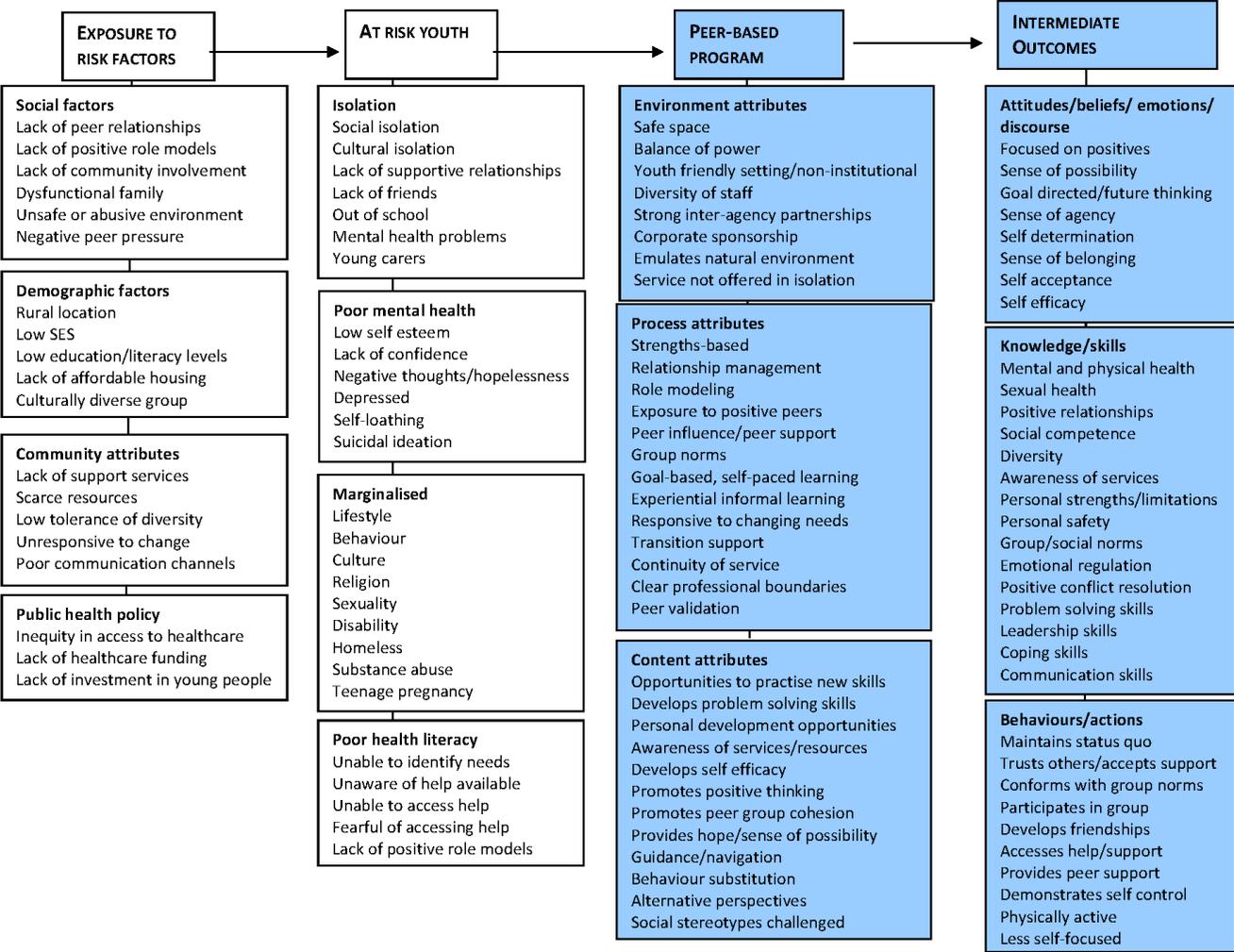
## **Appendix 7 – Conceptual model (Versions 1, 2, 3, 4)**

This appendix contains copies of the four versions of the conceptual model that were developed during the research study:

**Figure A7.1: Draft conceptual model for peer-based youth programs– Summary level view of the data (Version 1)**



**Figure A7.2: Draft conceptual model for peer-based youth programs– Detailed level view of the data (Version 1)**



**Figure A7.3: Draft conceptual model (Version 2)**

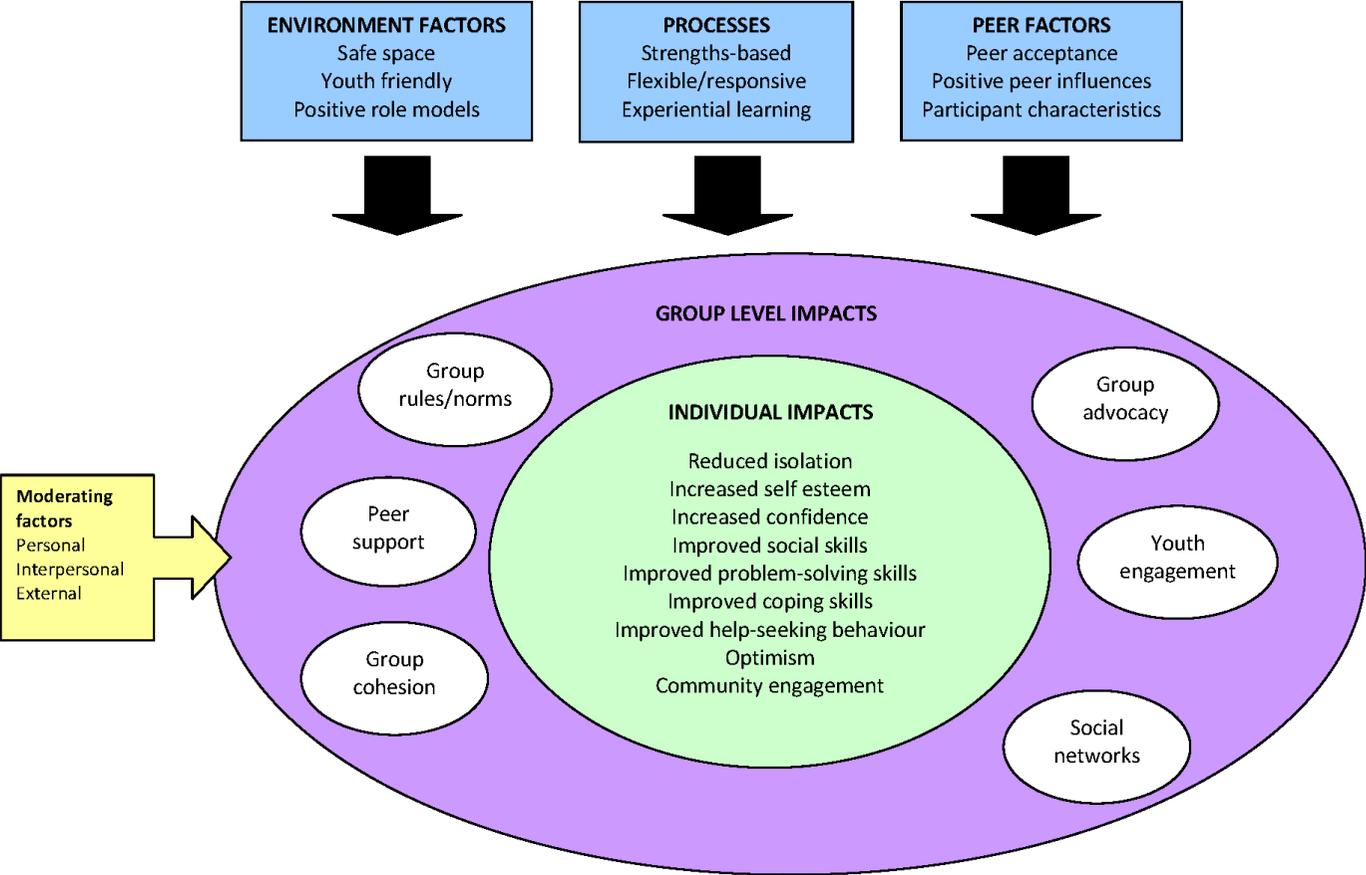


Figure A7.3: Draft conceptual model (Version 3)

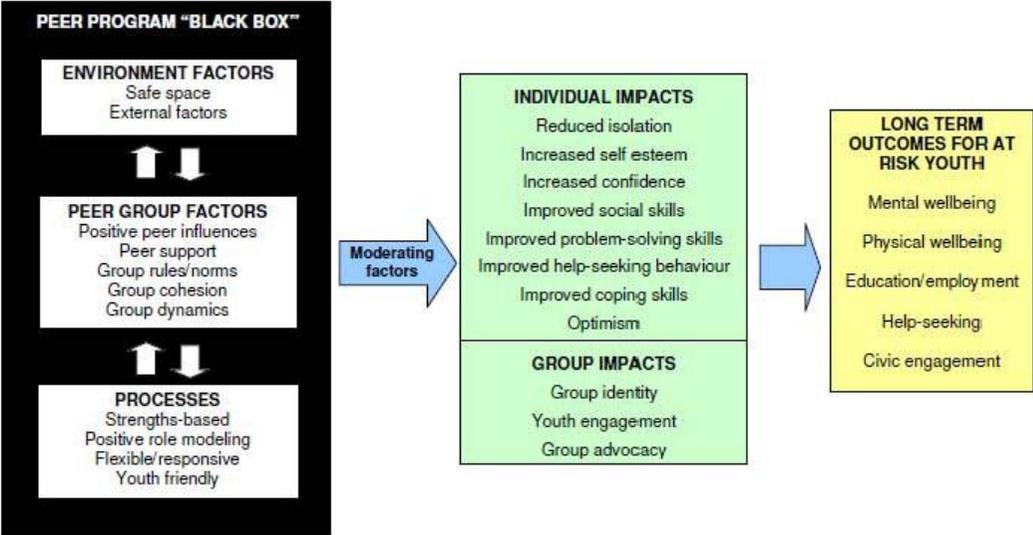
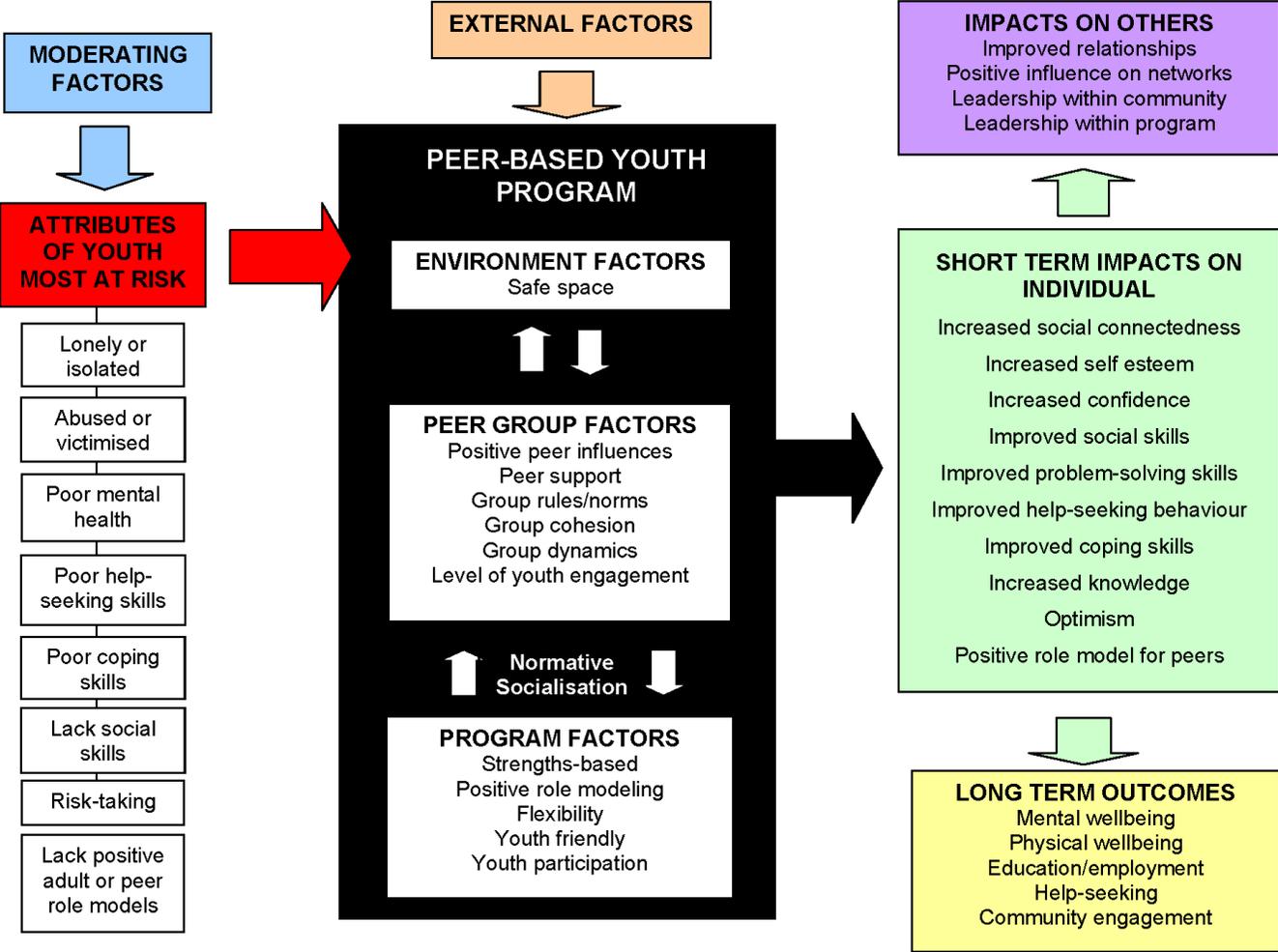


Figure A7.4: Conceptual model (Version 4)



# Appendix 8 – Evaluation framework for peer-based youth programs

## EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

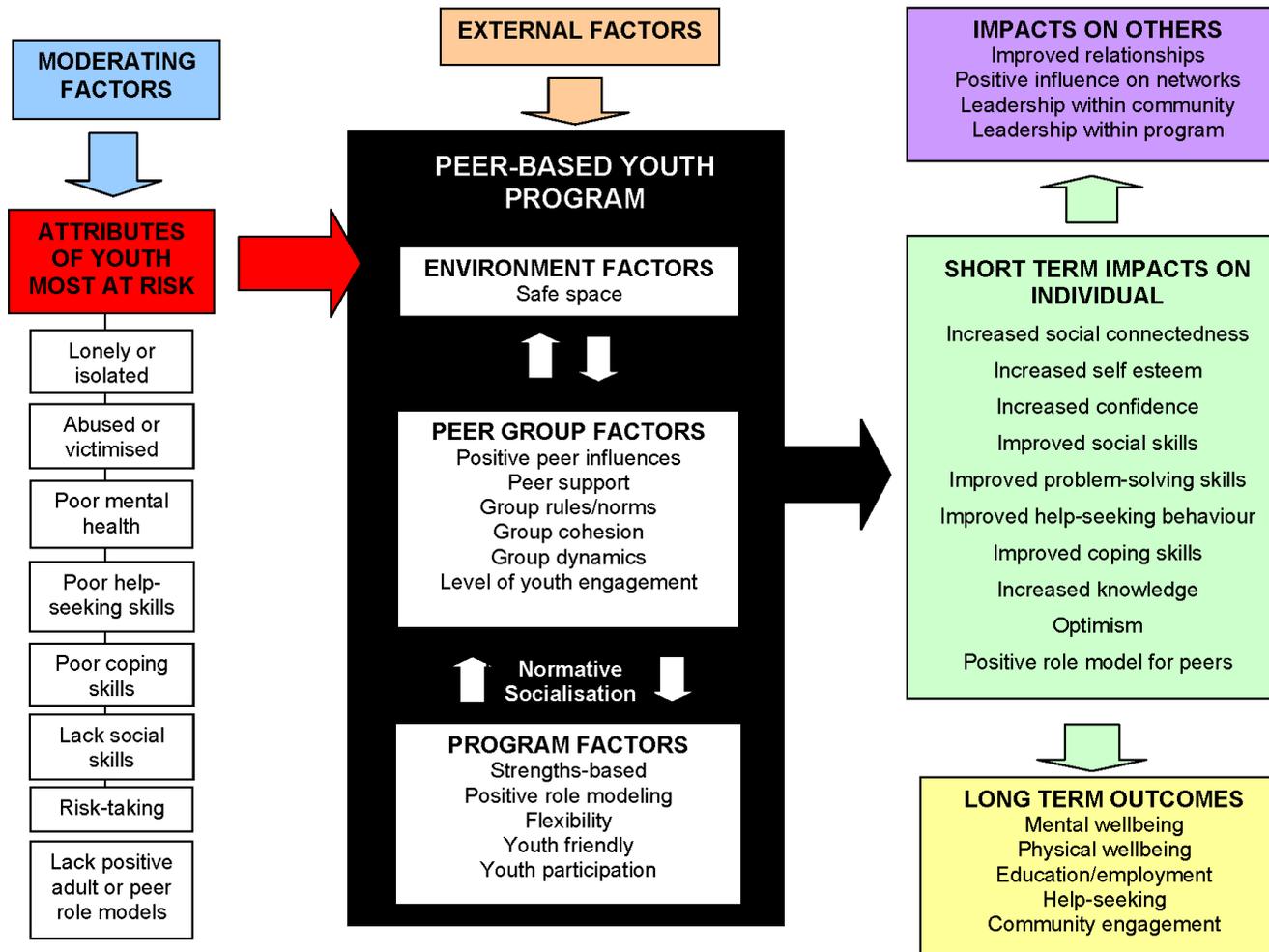
### OVERVIEW

Peer-based youth programs are diverse but they share some common objectives:

- To provide a **safe space** and **safe learning environment** for young people without fear of judgment, misunderstanding, harassment or abuse
- To **increase knowledge and skills** within a specific area, e.g. sexual health; parenting skills for young parents; mental health; diversity issues
- To **increase social connectedness** and create a **sense of belonging** within **supportive peer networks**
- To provide **positive adult and peer role models** for young people who may only have experienced negative influences from adults and peers
- To provide activities and opportunities which help young people to develop a **positive self concept, self acceptance and high self esteem**.
- To **prevent the onset or further development of mental health problems** including depression, anxiety, self harm and suicidal ideation
- To **increase confidence** and to **develop and enhance communication and social skills**
- To **empower young people** to build **personal resilience** and **improved help-seeking behaviour** through increased knowledge of available support, reduced stigma associated with mental health difficulties and help-seeking, the development of positive coping strategies and the development of skills needed to access help
- To **foster future thinking and optimism** and to widen young people's understanding and beliefs of the opportunities available to them.

Peer-based youth programs are implemented within a range of settings and with a range of populations showing some common **attributes of youth most at risk**. Peer-based youth programs work through a complex interplay of **environment, peer group factors** and **program factors** to deliver **short term impacts on the individual**. A process of **normative socialisation** takes place where new members to the group learn the behavioural rules/norms of the group (the “code of conduct”) through observation of positive role models, experimentation, and feedback received from the group. The short term individual impacts contribute to **long term outcomes** as well as **indirect impacts on others**. A range of **external and moderating factors** (i.e. the “context” in which the program operates) influence program implementation, impacts and outcomes.

The **Evaluation Framework for Peer-Based Youth Programs** describes each of these components in more detail and can be applied to all types of peer-based youth programs including after-school programs, online support services, drop-in spaces and youth camps.



## EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
<b>ATTRIBUTES OF YOUTH MOST AT RISK</b>		
The attributes which increase the level of risk for a young person		
Lonely or isolated	Youth experiencing social, cultural, emotional, psychological or geographical isolation	<ul style="list-style-type: none"> <li>- Low rate of program attendance</li> <li>- Disengaged from school</li> <li>- Quiet and withdrawn</li> <li>- Low level of interaction with peers</li> </ul>
Abused or victimised	Victim of mental, physical, sexual or emotional abuse. Victim of bullying, harassment or stigmatization	<ul style="list-style-type: none"> <li>- Low self esteem</li> <li>- Mental health problems, e.g. anxiety, fear</li> </ul>
Poor mental health	Mental health problems, lack of coping skills and limited or no access to support networks	<ul style="list-style-type: none"> <li>- Accesses mental health services</li> <li>- Depression/anxiety symptoms</li> <li>- Suicidal ideation or attempted suicide</li> <li>- Self harm</li> <li>- Hopelessness</li> <li>- Negative self concept/low self esteem</li> </ul>
Poor help-seeking skills	Perceived stigma associated with help-seeking. Lack of confidence/skills to access help	<ul style="list-style-type: none"> <li>- Does not seek help</li> <li>- Unable to identify need for help</li> <li>- Unaware of support services available</li> </ul>
Poor coping skills	Lack of coping strategies and problem solving skills	<ul style="list-style-type: none"> <li>- Non-productive coping strategies e.g. self harm</li> <li>- Mental health problems</li> </ul>
Lack social skills	Lack of communication skills and lack of awareness of social norms	<ul style="list-style-type: none"> <li>- Unable to make friends</li> <li>- Anger outbursts or frustration</li> <li>- Negative conflict resolution, e.g. fighting</li> <li>- Rejection by peers</li> </ul>
Risk taking	Involved in risk-taking behaviours including alcohol and other drug abuse	<ul style="list-style-type: none"> <li>- Alcohol, smoking or other substance abuse</li> <li>- Positive testing for sexually transmitted diseases</li> <li>- Unwanted pregnancy</li> <li>- Self-injury/violence</li> <li>- Lack of road safety</li> </ul>
Lack positive adult or peer role models	Exposure to unsupportive or judgmental adults and/or negative peer influences/peer pressure	<ul style="list-style-type: none"> <li>- Peer rejection</li> <li>- Dysfunctional family environment</li> <li>- Peer group is a negative influence</li> <li>- Anti-social behaviour</li> </ul>

## EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
<b>MODERATING FACTORS</b>		
The factors which further increase or decrease the level of risk for a young person		
Personal	May include culture, housing, socio-economic status, health status, family environment, lifestyle, life experience	<ul style="list-style-type: none"> <li>- Stable housing</li> <li>- Homelessness</li> <li>- Uncertain accommodation</li> <li>- Negative life experiences including abuse, trauma, family dysfunction</li> <li>- Low socio-economic status</li> </ul>
Equity	Health policy – local, state, federal. Access to health information & health care, community services & resources. Cost of healthcare and support services.	<ul style="list-style-type: none"> <li>- Access to youth health services</li> <li>- Free or affordable healthcare</li> </ul>
Connectedness	Connectedness to family, school, community and religious groups may act as a buffer to other risk factors the young person may be exposed to	<ul style="list-style-type: none"> <li>- Strong supportive relationships with family</li> <li>- Sense of belonging and acceptance at school</li> <li>- Involvement in community groups, projects, activities</li> <li>- Involvement in religious groups</li> </ul>
Other health promoting influences	Positive influences from television, advertising, through schools and other mass media. Positive family, school, peer and community influences	<ul style="list-style-type: none"> <li>- Experience using health services</li> <li>- Knowledge of others' experiences using health services</li> <li>- Knowledge of health and support services</li> </ul>
<b>EXTERNAL FACTORS</b>		
The factors outside the peer-based program which influence its design, implementation and evaluation		
<b>Funding</b>		
Staffing	Influences program staffing capacity and number of participants	<ul style="list-style-type: none"> <li>- Ratio of staff/moderators/volunteers to participants</li> </ul>
Assessment criteria	Influences which indicators are monitored and prioritised for action.	<ul style="list-style-type: none"> <li>- Key performance indicators set by funding body, e.g. number enrolled, number graduating, number going on to further study or employment</li> </ul>
Size of program	Influences number of participants and number of program sites	<ul style="list-style-type: none"> <li>- Number of participants less than 10</li> <li>- Number of participants between 10-20</li> <li>- Number of participants is 20+</li> <li>- Single site or multi-site</li> </ul>
Age of program	Influences the sustainability of a program	<ul style="list-style-type: none"> <li>- Program established less than 1 year</li> <li>- Program established 1-3 years</li> <li>- Program established 3-5 years</li> <li>- Program established more than 5 years</li> </ul>

## EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
Program type	Influences program type e.g. programs may be semester-based, weekend, one day, drop-in, online, phone-based. Associated level of contact and influence with the target group varies with program type	<ul style="list-style-type: none"> <li>- High level of contact with young people</li> <li>- Low level of contact with young people</li> <li>- Variable level of contact with young people</li> </ul>
<b>Host organisation</b>		
Strategic goals and culture	Strategic goals and culture of organisation hosting peer-based youth program	<ul style="list-style-type: none"> <li>- Strategic goals aligned to program goals</li> <li>- Opportunities for youth participation</li> <li>- Organisation actively encourages and promotes programs with a high degree of youth participation</li> </ul>
<b>Community</b>		
Community attributes	Community prioritises youth services especially where there is a high number of young people within the community	<ul style="list-style-type: none"> <li>- Range of youth health services available within community</li> <li>- Community investment in program</li> <li>- Community support of program, e.g. providing venue/other services</li> </ul>
<b>PEER-BASED YOUTH PROGRAM</b>		
The context in which a peer-based program is implemented. The environment, peer group factors and program factors which contribute to a peer-based program achieving its intended impacts and outcomes.		
<b>ENVIRONMENT FACTORS</b>		
The attributes of the setting in which the peer-based program is implemented which are considered important for the program to achieve its objectives		
<b>Safe space</b>		
Location or setting	Program is implemented within a secure setting with ongoing maintenance	<ul style="list-style-type: none"> <li>- Number of incidents of property damage</li> <li>- Number of accidents</li> <li>- Visible security measures</li> <li>- Young people report feeling safe within program setting</li> </ul>
Refuge	Participants feel psychologically and/or physically safe within the program setting	<ul style="list-style-type: none"> <li>- Number of bullying incidents</li> <li>- Number of harassment incidents</li> <li>- Number of incidents of violence</li> <li>- Young people comply with program rules</li> <li>- Young people feel able to disclose personal information amongst peers</li> </ul>
Anonymity allowed	There is no requirement to disclose personal data. This may be beneficial in small/diverse communities. May promote discussion of sensitive or embarrassing issues	<ul style="list-style-type: none"> <li>- Young people choose to remain anonymous</li> </ul>

### EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
Other participants	Monitoring of all participants occurs to ensure the space remains positive and safe for all. Group members are exposed to a range of viewpoints and processes are put in place to discourage 'groupthink'	<ul style="list-style-type: none"> <li>- There is critical dialogue amongst peers</li> <li>- Dominant views challenged or debated</li> <li>- Staff take action to address negative peer influences</li> <li>- Young people do not feel threatened by other participants' behaviour</li> <li>- All participants meet eligibility criteria for program</li> <li>- All group members feel able to offer their opinion</li> <li>- Young people feel able to ask questions without feeling silly</li> </ul>
Staff/volunteers	Staff recruitment, screening and retention processes are well defined and support program goals. There are clear role expectations of staff and volunteers in relation to participants.	<ul style="list-style-type: none"> <li>- Number of staff conflicts</li> <li>- Number of staff resignations</li> <li>- Number of staff dismissals for inappropriate behaviour</li> <li>- Level of staff stress</li> <li>- Level of staff retention</li> <li>- Staff/volunteers hold current Working With Children certificates</li> <li>- Staff/volunteers do not have diagnosed mental health problems</li> <li>- Job descriptions for staff/volunteers</li> <li>- Staff/volunteers are trained and supervised</li> <li>- Young people report feeling safe around staff/volunteers</li> </ul>
Boundary management	Boundary management policies exist and are enforced by both group members and staff/volunteers. There are guidelines for managing emotional, physical or professional boundaries between staff, volunteers and peers	<ul style="list-style-type: none"> <li>- Appropriate relationships exist between young people and staff/volunteers</li> <li>- Staff/volunteers and young people do not socialise together outside sessions</li> <li>- Staff/volunteers do not accept gifts or invitations from participants</li> <li>- Staff/volunteers do not accept calls out of hours</li> <li>- Appropriate relationships exist between peers</li> </ul>
Ethical practice	Program has a duty of care to participants. Staff/volunteers do not provide specialist help, support, advice or counseling. Data confidentiality procedures are implemented	<ul style="list-style-type: none"> <li>- Action taken to address behavioural intentions associated with harm</li> <li>- Number of referrals to specialist services</li> <li>- Confidentiality of personal data</li> </ul>

## EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
Behaviour management processes	Expectations of behaviour are communicated and reinforced.	<ul style="list-style-type: none"> <li>- Number of behavioural incidents which require sanctions or consequences</li> <li>- Consistent enforcement of sanctions or consequences</li> </ul>
Group rules/ norms in place	Group rules/norms are established and enforced by the group and reinforced by staff/volunteers	<ul style="list-style-type: none"> <li>- Signage and/or brochures explaining group rules</li> </ul>
<b>PEER-BASED YOUTH PROGRAM</b>		
<b>PEER GROUP FACTORS</b>		
The attributes of the young people participating in the peer-based program which are considered important for the program to achieve its objectives		
<b>Positive peer influences</b>		
Positive peer role models	There are opportunities to interact with positive peer role models	<ul style="list-style-type: none"> <li>- Number of staff interventions to manage negative peer influences</li> <li>- Group is productive and does not reinforce negative norms</li> <li>- Staff take action to manage negative peer influences</li> </ul>
Alternative positive perspectives	Participants are exposed to alternative positive ways of thinking and beliefs held by positive peer role models	<ul style="list-style-type: none"> <li>- Positive feedback between peers</li> <li>- Number of young people who achieve personal goals during program</li> </ul>
<b>Peer support</b>		
Shared experiences/ social validation	Participants have shared experiences and similar issues and are able to gain socio-emotional support and validation of their issues from peers. Group members have a sense of belonging and acceptance which may be especially important where current peer networks are unsupportive.	<ul style="list-style-type: none"> <li>- Young people receive emotional support from others</li> <li>- Youth report feeling a sense of belonging</li> <li>- Group members provide positive feedback to others</li> </ul>
Emotional support	Opportunities for development of self identity in a safe space. Young people have opportunities to feel loved, valued and supported by others	<ul style="list-style-type: none"> <li>- Young people reach out to others</li> <li>- Young people build strong supportive relationships with each other and staff/volunteers</li> </ul>
Youth development opportunities	Young people have opportunities to learn/practise social skills and help-seeking skills within a safe space by observing others.	<ul style="list-style-type: none"> <li>- Participants question their peers the way the facilitator questions them when they have a problem – what options do you think you have? What could you do?</li> </ul>

### EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
Practical assistance	Program provides respite or refuge from daily stresses and young people are encouraged by peers, staff and volunteers to seek further help outside of the program where necessary	<ul style="list-style-type: none"> <li>- Group members share problem solving strategies based on own experiences</li> </ul>
Group resilience	The group provides a protective and supportive environment when individuals are faced with adversity and may not be able to cope alone	<ul style="list-style-type: none"> <li>- Group supports individuals in problem solving, coping, decision-making</li> </ul>
<b>Group rules/norms</b>		
Clear expectations of acceptable behaviour	Information about group rules/norms is included in orientation/enrolment procedures for participants and in staff/volunteer training. Acceptance of program rules/norms is a condition for participation.	<ul style="list-style-type: none"> <li>- Signage or brochures explaining group rules</li> <li>- Program rules are observed</li> <li>- Number of incidents requiring staff action</li> <li>- Participants show respect for each other</li> <li>- Participants show respect for staff/volunteers and vice versa</li> </ul>
<b>Group cohesion</b>		
Valuing diversity	Program promotes an appreciation of diversity and recognises diverse ethnicity through activities that reflect the language, culture and characteristics of participants	<ul style="list-style-type: none"> <li>- Program addresses any specific cultural needs e.g. brochures available in different languages, interpretation services</li> <li>- Participants show interest in diverse beliefs</li> <li>- Participants express non-judgmental attitudes</li> <li>- Number of interactions between diverse individuals</li> </ul>
Social integration	Program provides a focus for individuals to interact with peers. Processes are enforced to avoid 'majority' or 'clique' rules.	<ul style="list-style-type: none"> <li>- Number of youth reporting multiple opportunities to learn about and share their culture, history and experiences</li> <li>- Young people from diverse backgrounds do not feel marginalised within program</li> <li>- Friendships and networks with other group members develop through shared experiences</li> <li>- Number of interactions between peers</li> <li>- Evidence of effective teamwork</li> </ul>

## EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
<b>Group dynamics</b>		
Needs of group	Recognition that group members may not be a homogenous group despite sharing common issues.	<ul style="list-style-type: none"> <li>- Group is responsive to diverse needs but resistant to negative influences.</li> </ul>
Group membership	Group members are perceived as similar peers by one another with shared experiences, issues and/or needs.	<ul style="list-style-type: none"> <li>- Frequency of new joiners/leavers</li> <li>- Shared experiences, issues and/or concerns</li> </ul>
Group size	The group size or membership is optimal for program activities to work effectively	<ul style="list-style-type: none"> <li>- Staff : participant ratios are optimal</li> <li>- Sub-groups for activities or discussions does not exceed 6-8 participants</li> <li>- Large groups or small groups</li> </ul>
Group stability	The group is able to integrate new members effectively. Experienced group members act as 'buddies' or 'mentors' for new members	<ul style="list-style-type: none"> <li>- New members feel able to contribute to and become actively involved in the group</li> <li>- Program rules/norms remain stable during changes in group membership</li> </ul>
Cliques	Cliques within group can influence group dynamics. Processes in place to balance the influence of cliques	<ul style="list-style-type: none"> <li>- Number and size of cliques</li> <li>- Number of solitary individuals</li> <li>- Level of integration of all group members</li> <li>- Acceptance of new members</li> </ul>
Individual differences	Individual differences can affect group dynamics. Processes in place to assess personality types, culture/ethnicity, gender, sexuality, age/developmental maturity, education, literacy, values (religiosity, spirituality, altruism), mental health status and physical health status where these differences could have a negative influence on the peer group.	<ul style="list-style-type: none"> <li>- Levels of group conflict</li> <li>- Level of integration of all group members -e.g. do certain individuals dominate group? Are certain individuals not included in group activities?</li> <li>- The group reflects a balance of gender, needs, issues, personalities</li> </ul>
<b>Level of youth engagement</b>		
User satisfaction	Member referrals, recommendations or testimonials. Advocacy and support for program/service	<ul style="list-style-type: none"> <li>- Number of complaints</li> <li>- Level of participant satisfaction</li> <li>- Young people have fun and enjoy themselves</li> <li>- Number of re-enrolments</li> <li>- Number of withdrawals</li> </ul>

## EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
Use of IT	Positive experiences with online services may encourage youth to access other support services	<ul style="list-style-type: none"> <li>- Use of SMS, websites, online discussion forums, online tools</li> <li>- Level of youth engagement using IT</li> </ul>
Attendance and active participation	Opportunities to actively participate in new experiences, events and activities that are of interest. Monitoring young people's attendance and possible over-dependence on program e.g. as the only source of friends/activity for a young person.	<ul style="list-style-type: none"> <li>- Number of youth enrolled in program</li> <li>- Percentage of enrolled youth who complete program</li> <li>- Environment has a positive vibe</li> <li>- Range of events, activities, opportunities available to young people</li> <li>- Percentage of youth who participate regularly</li> <li>- Number of youth participating in program activities</li> <li>- Number of youth involved in peer supporter roles</li> </ul>
<b>PEER-BASED YOUTH PROGRAM</b>		
<b>PROGRAM FACTORS</b>		
The factors associated with the design and implementation of the peer-based program which are considered important to the program achieving its outcomes.		
<b>Strengths-based</b>		
Asset building	There is a focus on building young people's assets, not fixing deficits, through involvement in emotional, physical or community challenges either within or outside of program and by enhancing protective factors.	<ul style="list-style-type: none"> <li>- Group focuses on skills building e.g. problem solving skills, life skills, communication skills, help-seeking skills</li> <li>- Program helps young people identify personal strengths and set goals they can achieve</li> </ul>
Positive reinforcement	Program experience provides continuous positive reinforcement and may provide an impetus for youth to make positive changes in their lives. Changes may be seen more quickly as a result of participating in intensive programs e.g. retreats	<ul style="list-style-type: none"> <li>- Young people make positive lifestyle changes as a result of peer influence and participating in the group e.g. quitting smoking, losing weight</li> </ul>
<b>Flexibility</b>		
Autonomy	Program enables self-paced learning. Different learning styles/rates accommodated	<ul style="list-style-type: none"> <li>- Young people voluntarily participate in program activities</li> </ul>
Content	Group members have some degree of influence over program content. Program is updated to reflect trends in youth culture and changing group needs	<ul style="list-style-type: none"> <li>- Program has capacity to address specific issues and group needs that may arise</li> <li>- Program remains relevant to current group members' needs</li> </ul>

## EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
Collaboration	There are links to other agencies to facilitate appropriate referrals for specialist help	<ul style="list-style-type: none"> <li>- Strong relationships exist with referral agencies e.g. housing, sexual health clinics, counseling</li> <li>- Co-location of a range of youth services to facilitate access by youth to services</li> </ul>
Range of service delivery options	Maximum reach and accessibility of services is enabled through providing a range of service delivery options.	<ul style="list-style-type: none"> <li>- Service delivery options may include online, telephone, information pamphlets, face to face and retreats</li> </ul>
Service availability	Service has appropriate availability to meet the needs of the target group	<ul style="list-style-type: none"> <li>- Out of hours support available if needed</li> <li>- Good attendance rates</li> <li>- High level of service usage</li> </ul>
Service accessibility	Barriers associated with accessing face to face services are addressed e.g. transport issues, opening hours.	<ul style="list-style-type: none"> <li>- Alternative service delivery options provided in addition to face-to-face services e.g. online/telephone services</li> <li>- Public transport available for face-to-face services</li> </ul>
Reach	Service is accessible to a broad range of youth in the target population e.g. rural, remote, minors, those fearful of stigma associated with help-seeking, young people with cultural and language differences	<ul style="list-style-type: none"> <li>- Target group is able to access service</li> <li>- Written information available in other languages if needed</li> <li>- Anonymity maintained if requested</li> <li>- Personal data remains confidential</li> </ul>
<b>Positive role modeling</b>		
Staff/volunteers	Learning occurs informally through observation of positive staff or volunteer role models	<ul style="list-style-type: none"> <li>- Staff/adults model positive attitudes and behaviours</li> <li>- Staff/volunteers use pro-social and positive language</li> <li>- Staff/volunteers challenge negative stereotypes</li> <li>- Staff/volunteers reinforce positive group rules/norms</li> <li>- Staff maintain composure during stressful times or periods of uncertainty</li> </ul>
Peers	Learning occurs informally through observation of positive peer role models	<ul style="list-style-type: none"> <li>- Young people adopt healthy lifestyles/avoid risk behaviours</li> <li>- Young people in program model positive/responsible behaviours</li> <li>- Young people display positive coping strategies learned from peers</li> </ul>

### EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
<b>Youth friendly</b>		
Content	There is age-appropriate program content. Differences between younger teens and older teens and their developmental capacity are recognised and reflected in program.	<ul style="list-style-type: none"> <li>- Balance of fun and serious activities</li> <li>- Young people's suggestions for suitable program activities are requested and implemented if practical to do so</li> <li>- Language used for program information or activities is suitable for literacy levels of group members</li> </ul>
Staffing	Staff seek to provide guidance and facilitation. Staff are not prescriptive about what young people should do. Staff aim to develop rapport/trust with young people. Peer supporters are perceived as credible peers.	<ul style="list-style-type: none"> <li>- Diversity of staff (culture, gender, personality, age, etc) reflects diversity of group membership where possible</li> <li>- Low staff turnover</li> <li>- Passionate and committed staff</li> <li>- Staff are open-minded and non-judgmental</li> <li>- Young people see staff as reliable, knowledgeable and a source of support.</li> </ul>
Setting	Programs take place in youth friendly settings	<ul style="list-style-type: none"> <li>- Program settings are out-of-school, online, telephone or community-based</li> </ul>
<b>Youth participation</b>		
Youth involvement	Young people influence program design and implementation. Youth have opportunities for genuine leadership, taking primary responsibility for developing plans, carrying out decisions, and solving problems.	<ul style="list-style-type: none"> <li>- Number of youth participating in program design, delivery and evaluation</li> <li>- Level of peer influence from experienced group members</li> <li>- Experiential learning – learning by doing</li> </ul>
Ownership of program	There is a balance of power between staff and young people within the program. Participants are encouraged to move through the program at the appropriate times e.g. participants become peer supporters or peer educators	<ul style="list-style-type: none"> <li>- Young people are given decision-making authority to influence program content and delivery</li> <li>- Active involvement of youth in program delivery e.g. as peer leaders, peer supporters, program facilitators or peer educators</li> </ul>

## EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
<b>SHORT TERM IMPACTS ON INDIVIDUAL</b>		
The immediate or short term changes seen in young people as a result of participating in the program		
<b>Increased social connectedness</b>		
Not feeling alone with issues	Young people are able to put their own issues in perspective and realise others share similar or more critical issues. Young people become less self-focused and less isolated by interacting with their peers more.	<ul style="list-style-type: none"> <li>- Use of social networking sites (e.g. Facebook)</li> <li>- Young people engage in sport, leisure or social activities</li> <li>- Support from at least 1 close friend</li> <li>- Support from 2 or more non-family adults</li> <li>- Young people share coping strategies</li> <li>- Young people meet others with similar or more critical issues</li> <li>- Young people are less self focused</li> </ul>
Sense of belonging/ connectedness	Young people feel a sense of belonging and acceptance with other participants.	<ul style="list-style-type: none"> <li>- Good communication skills</li> <li>- Assertive language and behaviour</li> <li>- Caring relationships with peers</li> <li>- Increased level of self care</li> <li>- Raised self esteem</li> <li>- Reduced risk behaviours</li> <li>- Young people show excitement and pride in group members' achievements</li> <li>- Unity/cohesiveness of group</li> </ul>
<b>Increased self esteem</b>		
Positive self concept	Young people view themselves in a positive way. May feel less marginalised and more able to appreciate and celebrate diversity	<ul style="list-style-type: none"> <li>- Self acceptance</li> <li>- Able to identify strengths</li> <li>- Question stereotypes of 'normal'</li> <li>- Celebrate diversity</li> <li>- Less afraid to be different</li> </ul>
Self care	Young people wish to present a positive image to others and may show increased levels of self care	<ul style="list-style-type: none"> <li>- High level of self care and positive personal image</li> <li>- Avoidance of/reduced risk behaviours</li> </ul>
Self worth	Young person feels as deserving of positive outcomes as anyone else and seeks to achieve positive outcomes for self and others.	<ul style="list-style-type: none"> <li>- Builds feelings of positive self worth through interactions with peers/staff</li> <li>- Receives positive feedback from others</li> </ul>

## EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
<b>Increased confidence</b>		
Communication skills	Young person is able to communicate effectively with other peers, staff or other adults. Able to articulate opinions and alternative perspectives. Able to understand others' needs and communicate own needs clearly.	<ul style="list-style-type: none"> <li>- Speaks up/voices opinions</li> <li>- Good decision-making skills</li> <li>- Less quiet, opens up more within a group</li> <li>- Not afraid to share opinions</li> </ul>
Assertiveness	Young person is not frightened to say what they want or believe, even if others may disagree.	<ul style="list-style-type: none"> <li>- Uses assertive language, e.g. <i>'I would like you to stop talking to me like that'</i></li> <li>- Able to defend or justify behaviour or decisions which may not be supported by others</li> </ul>
Behaviour	Young people push personal limits and go outside their comfort zone. Act as a positive role model for others	<ul style="list-style-type: none"> <li>- Able to resist peer pressure</li> <li>- Increased interactions with peers</li> <li>- Improved skills associated with program e.g. parenting, fishing, peer education</li> <li>- Willingness to try new things</li> <li>- More proactive/use of initiative</li> <li>- Take more responsibility</li> <li>- More organised and able to manage time efficiently</li> </ul>
<b>Improved social skills</b>		
Adopting group rules/norms	Understands rationale for group rules.	<ul style="list-style-type: none"> <li>- Adheres to group values/norms</li> <li>- High level of group conformity</li> </ul>
Emotional regulation	Shows appropriate management of emotions.	<ul style="list-style-type: none"> <li>- No anger outbursts</li> <li>- Able to cope with frustration and disappointment in a positive way</li> </ul>
Conflict resolution	Shows awareness that conflicts can be resolved without violence or anti-social behaviour/language.	<ul style="list-style-type: none"> <li>- Willing to discuss issues in a calm and mature way in order to reach a resolution</li> <li>- Number of incidents of fighting</li> <li>- Duration of conflicts</li> </ul>
Healthy relationships	Develops stable and mutually beneficial relationships with partners. Develops positive and trusting relationships with mentors, other adults and peers.	<ul style="list-style-type: none"> <li>- Selective disclosure of personal information to people young person can trust</li> <li>- Confidence to end an abusive or unsupportive relationship</li> <li>- Confidence to articulate personal needs and opinions in a relationship</li> </ul>

## EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
<b>Improved problem-solving skills</b>		
Effective problem solving	Shows awareness that different problem solving approaches will have different outcomes. Shows persistence in problem solving when initial strategies do not work. Shows increased self efficacy and belief in personal ability to solve problems.	<ul style="list-style-type: none"> <li>- Young people are aware of available help/support services</li> <li>- Young people have accurate knowledge and expectations of help services</li> <li>- Young people access other services/support</li> <li>- Show persistence in problem solving</li> <li>- Able to solve problems</li> <li>- Number of youth who report knowing where to get help with problems</li> <li>- Seeing young people start making better decisions</li> </ul>
<b>Improved help-seeking behaviour</b>		
Empowerment	Ability to identify personal needs for help and to access appropriate help services	<ul style="list-style-type: none"> <li>- Awareness of help services available</li> <li>- Knowing how to access help</li> <li>- Knowledge/skills to avoid risk behaviours</li> </ul>
Beliefs	Young person believes support is available. Young person has knowledge of support services.	<ul style="list-style-type: none"> <li>- Accurate knowledge of services and what they can do</li> </ul>
Self-efficacy	Young person believes in their personal ability to access help or resolve problems	<ul style="list-style-type: none"> <li>- Young person talks about intentions to access help</li> <li>- Young person accesses help</li> </ul>
Increased awareness and understanding of mental health and mental health difficulties	Young person understands symptoms and signs associated with poor mental health and shows awareness of factors influencing positive mental health	<ul style="list-style-type: none"> <li>- Makes efforts to develop and maintain positive mental health</li> <li>- Knows when to seek help</li> </ul>
Reduced stigma associated with mental health problems	Young person shows an understanding that mental health problems are experienced by a large number of young people	<ul style="list-style-type: none"> <li>- Increased help-seeking</li> <li>- Increased utilization of services to address needs</li> </ul>

## EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
<b>Improved coping skills</b>		
Positive coping strategies	Young person finds alternatives to non-productive coping strategies through exposure to differing levels of adversity experienced by others and coping strategies used by others	<ul style="list-style-type: none"> <li>- Young people are less 'needy'</li> <li>- Young people are more self reliant and independent</li> <li>- Personal resilience and use of positive coping strategies</li> <li>- Creates and maintains social support networks</li> <li>- 'Acts on' issues, does not 'react to' issues</li> <li>- Does not 'dwell on' issues – shares strategies with others to resolve issues</li> </ul>
<b>Increased knowledge</b>		
Empowerment through education	Young people are empowered to help themselves through gaining relevant and specific information targeted to their needs	<ul style="list-style-type: none"> <li>- Information about relevant topics is communicated e.g. child development for young parents, chronic illness management, sexual health</li> </ul>
<b>Optimism</b>		
Future thinking	Young person shows interest in personal development opportunities. Young person is optimistic about personal future.	<ul style="list-style-type: none"> <li>- Young people focus on positives</li> <li>- Negative thought patterns reduced</li> <li>- Young people talk about their goals and aspirations</li> <li>- Young person reports 'my life has a purpose'</li> <li>- Young people are interested in employment, education, training, community engagement, volunteering</li> <li>- Young person develops hope/sense of possibility</li> </ul>
<b>Positive role model for peers</b>		
Behaviour	Young people recognise and accept different viewpoints and appreciate diversity. Young people practice self-management and responsible decision making that reflects healthy choices. Young people are able to resist negative peer pressure and dangerous situations. Show improved help seeking behaviour, personal resilience and positive coping strategies.	<ul style="list-style-type: none"> <li>- Number of youth who actively promote positive health behaviours</li> <li>- Number of youth involved in leading efforts to promote respect/engagement</li> <li>- Healthy lifestyle choices</li> <li>- Positive conflict resolution</li> <li>- Reaching out to others</li> <li>- Focused on positives</li> <li>- Good social and communication skills</li> <li>- Effective problem solving</li> <li>- Reduced risk behaviours</li> <li>- Young people repeat what they have learnt for others' benefit</li> </ul>

### EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
<b>IMPACTS ON OTHERS</b>		
The immediate or short term changes seen in other people with whom participants of peer-based programs may interact including school, work or community peers, families and partners		
<b>Improved relationships</b>		
Enhanced communication and social skills	Improved communication and social skills have a positive impact on relationships outside the program	<ul style="list-style-type: none"> <li>- Reduced conflict in personal and professional lives with family, peers, partners</li> </ul>
<b>Positive influence on networks</b>		
Lifestyle choices	Young people can influence family members, peer groups outside program, work colleagues, other community members e.g. stopping smoking, gaining employment, losing weight	<ul style="list-style-type: none"> <li>- Number of partners, family or peers associated with program participants who make positive lifestyle changes</li> <li>- Level of transition of skills developed within program to other contexts, e.g. home, school, work, community</li> </ul>
<b>Leadership within community</b>		
Active participation	Young people actively participate in leadership roles within the community. Young people actively seek to change or influence community attitudes to at risk youth.	<ul style="list-style-type: none"> <li>- Number of youth who volunteer within community</li> <li>- Number of youth who nominate for youth advocacy, mentoring or leadership roles</li> <li>- Number of youth actively involved in community associations, organizations or networks</li> <li>- Number of youth participating in leadership development programs</li> <li>- Number of youth working with others to identify and solve community problems</li> <li>- Number of youth who are members of Youth Advisory Councils</li> </ul>
<b>Leadership within program</b>		
Influences program delivery	Young people actively influence program design and delivery. May provide constructive feedback to refine program.	<ul style="list-style-type: none"> <li>- Number of youth volunteers within program</li> <li>- Experienced group members influence inexperienced peers</li> <li>- Young person takes on peer volunteer, peer educator, peer supporter or peer leader roles within peer program</li> </ul>

## EVALUATION FRAMEWORK FOR PEER-BASED YOUTH PROGRAMS

Component	Description	Example Indicators
<b>LONG TERM OUTCOMES</b> The longer term changes for young people which are observed at least 6 months after starting the program.		
<b>Mental wellbeing</b>		
Mental health	Young person actively contributes to community, belongs to groups and copes with normal stresses of life. Works productively and fruitfully. Young person develops the attitude, knowledge and skills to realise his or her full potential.	<ul style="list-style-type: none"> <li>- Reduced suicidal ideation, self harm, depression, anxiety</li> <li>- Supportive peer networks outside program</li> <li>- Accepts support from others</li> <li>- Increased optimism, self worth and self esteem</li> </ul>
<b>Physical wellbeing</b>		
Healthy lifestyle	Young person makes healthy and positive lifestyle choices around nutrition, exercise, productive use of time	<ul style="list-style-type: none"> <li>- Healthy diet and nutrition</li> <li>- Engages in physical activity on a regular basis</li> </ul>
<b>Education/ employment</b>		
Education/ training	Young person has intentions to finish school or enrol in further education, training or study	<ul style="list-style-type: none"> <li>- Number of youth who go on to further education or training</li> <li>- Number of youth who finish school</li> </ul>
Employment	Young person engages in full, part-time or casual work or takes up an apprenticeship	<ul style="list-style-type: none"> <li>- Number of youth who are in full or part time employment</li> <li>- Number of youth in an apprenticeship</li> </ul>
<b>Help-seeking</b>		
Specialist services	Young person is able to identify specialist help needs and seek appropriate help	<ul style="list-style-type: none"> <li>- Identifies need for help</li> <li>- Knows where and how to seek help</li> <li>- Has belief and confidence that help is available</li> </ul>
<b>Community engagement</b>		
Attitudes/ behaviour	Young people show pro-social behaviours and values. Young people engage in community projects or activities.	<ul style="list-style-type: none"> <li>- Reduced problem behaviour e.g. violence or damage to property</li> <li>- Percentage of youth participating in community activities</li> <li>- Boycotting a product for a cause, signing a petition</li> <li>- Number of youth participating in environmental, conservation, charitable, political, education initiatives</li> <li>- Number of young people who show pro-social behaviour</li> <li>- Number of youth working with others to identify and solve community problems</li> </ul>

## Appendix 9 – Tool evaluation questionnaire

We would like to ask you some questions about the usability, usefulness, acceptability and sustainability of the evaluation tools you have been trialing. Your answers will help us to assess and validate all the evaluation tools in a standard and consistent way.

Thank you  
My-Peer Project team

Agency:	
Tool:	Version:
Start date of trial:	
End date of trial:	
Signature:	Date:

### A: Usability

1. Which of the responses below best describe your experience using the tool?  
(tick all that apply):

- Simple and easy
- Easy to integrate into usual program activities
- Hard to integrate into usual program activities
- Detailed and fiddly
- Time consuming
- Frustrating
- Difficult to use
- No problems

Please comment:

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### B: Usefulness

2. What do you think of the data collected using the tool (select any that are relevant)?

- Very good
- Good
- Too early to say
- Unsure
- Not worth the effort required to collect it
- Did not manage to collect any data using the tool

Comments:-

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3. How will you use the data collected?

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**C: Acceptability**

4. How would you rate the additional time/resources needed to implement the tool?

- Unacceptable
- Not worth the effort
- Acceptable
- Unsure

5. How would you rate the impact of the tool on the program environment and participants?

- No impact
- Mainly positive impact (e.g. raises awareness of program objectives)
- Mainly negative impact (e.g. diverts time from other activities)
- Both positive and negative impacts observed

Comments:-

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**D: Sustainability**

6. Do you think your agency will continue to use the tool?

- Definitely
- Quite likely
- Unsure
- Probably not
- Definitely not

Comments:-

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7. Do you have any recommendations for improving the tool's usability, usefulness, acceptability or sustainability? Please comment below

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## Appendix 10 – Case examples

This appendix contains four case examples which describe the participatory action research experiences of four service provider organisations involved in the development and piloting of suitable evaluation approaches.

Case example 1: Evaluating the Youth Focus *Peer Support Program* using observation tools and online survey tools

Case example 2: Process and impact evaluation in the Uniting Care West *Talking Realities* program

Case example 3: Content analysis of the *Freedom Centre Forum* - a safe online space for youth of diverse sexuality

Case example 4: Using creative evaluation strategies in the Challenger Institute of Technology *Young Parenting and Very Excited (YPAVE)* program

**Case example 1**

***Evaluating the Youth Focus Peer Support Program  
using observation tools and online survey tools***

The Youth Focus *Peer Support Program (YFPSP)* is a unique early intervention program for 14-18 year olds for the prevention of youth suicide. The *YFPSP* offers the experience of a safe, supportive, peer-based environment in which young people can address issues impacting their lives and enhance positive life skills.

### ***C1.1 Program objectives***

The objectives of the *YFPSP* are:

- To provide participants with a safe and psycho-educational environment that has stable and predictable boundaries because of the care and commitment of staff and a planned program.
- For participants to develop peer relationships whilst receiving and providing peer support.
- To provide participants with an environment that facilitates corrective and emotional experiences.
- To provide young people using Youth Focus with normative educational and psychosocial material.

### ***C1.2 Program description***

The Youth Focus *YFPSP* or 'camp' provides therapeutic group work for young people aged 14-18 years who are showing early signs associated with suicide, depression and self-harm. It involves pre-camp recreation groups, a weekend therapeutic camp and post-camp support groups. The *YFPSP* combines social, creative and physical activities with an emphasis on a safe, fun and non-judgmental group-based experience for young people.

The *YFPSP* operates at an outdoor recreation centre four times per year from 5:00pm Friday afternoon until 3:00pm Sunday afternoon. A maximum of 25 young people attend camp (approximately 12 males and 12 females) as well as a support team of four Youth Focus professional counselling staff and up to eight volunteers.

The *YFPSP* consists of therapeutic group work regarding issues such as self-esteem, trust, communication, families, relationships, personal space, grief, loss and coping strategies. Other activities include getting to know you games, journaling, relaxation techniques, self-esteem, communication and trust activities, recreation activities e.g. a low ropes course, bush walk, an entertainment night, and art and craft activity.

The *YFPSP* integrates resiliency and attachment models. The aim is to increase young people's resiliency and attachments by providing young people with a safe environment to address issues impacting their lives and enhance positive life skills. The *YFPSP* also aims to increase protective factors for young people by providing an opportunity to build social networks/support/attachments, coping strategies, a sense of self worth, autonomy, a sense of humour, and interpersonal awareness. Narrative and Solution Focused Therapy are used to achieve these goals and strengths-based practices are a major focus.

### **Pre-camp groups**

Young people who are considering attending camp are invited to attend two pre-camp groups with the aim of reducing anxiety often experienced by young people before attending camp for the first time. The groups offer young people a chance to meet the staff and other young people attending camp. They consist of getting to know you activities and an introduction to the *YFPSP*.

### **Post-camp groups**

Young people who attend camp are invited and encouraged to attend the group work following camp. This allows for further development and implementation of coping strategies and the opportunity to strengthen and maintain support networks established on camp. There are two post-camp groups which include a post camp debrief to resolve any conflict and provide support to participants on returning home and an outing to celebrate the end of the program in a fun and supported environment.

## ***C1.3 Target group***

The target group is young people aged 14-18 years who are showing early signs associated with suicide, depression and self-harm. The *YFPSP* targets young people with a variety of issues to include social isolation; lack of positive peer support networks; sexual, physical and emotional abuse; and school difficulties.

## ***C1.4 Existing evaluation activities***

Prior to the action research, formal ongoing monitoring and evaluation of the *YFPSP* involved:

- **Camp debrief meeting** – for all staff/counsellors/volunteers involved in the camp plus the camp coordinator
- **Participant feedback questionnaire** – for all campers

- **Camp coordinator's report** – produced by camp coordinator.

Ongoing adjustments were made to camp procedures based on staff/volunteer/participant feedback. In addition, counselling staff used a range of clinical evaluation instruments to track the progress made by individuals, for example:

- **Adolescent Coping Scale**(Frydenberg & Lewis, 1993). A 79-item, 18 factor scale designed to measure the frequency of usage of a variety of coping strategies typically used by adolescents.
- **Strengths and Difficulties Questionnaire** (<http://www.sdqinfo.org/>).A brief behavioural screening questionnaire. Self-report 25-item version for completion by 11-16 year olds.
- **Beck's Depression Inventory** (Beck, Ward, & Mendelson, 1961). A 21-item self-report depression test for measuring the severity of clinical depression.

There was a general feeling amongst staff that evaluation processes for the *YFPSP* could be improved. Some of the issues noted were data, data collection methods, time and resources, and debriefing procedures. These issues are summarised below.

### **Data**

Staff agreed that standard indicators would assist in analyzing trends over time. The lack of a structured, systematic process for data collection led to data that was collected but not used and/or data that was required but not collected. There needed to be a clear directive on what data needed to be collected, by whom, and what it would be used for. Employing a more 'professional' evaluation process through the use of validated scales and Likert responses was suggested. The ability to provide a more consolidated picture at a group level which could inform service improvement decisions for future camps was also considered important. Finally, improved access to detailed data including participant comments and the context underlying the statistics was desirable.

### **Data collection methods**

The camp experience was emotional for both staff and young people. The camp coordinator sometimes found it difficult to give feedback to counsellors about their clients behaving badly, being asked to leave camp etc. Counsellors could take it personally, feel that their client assessment may be questioned, feel blame, or feel bad that colleagues had to deal with their difficult client. Opportunities were needed to provide objective and

sometimes sensitive feedback in a neutral setting and without fear of repercussions or causing offence. Feedback mechanisms needed to be confidential and varied so that everyone's voice could be heard.

#### **Time and resources**

The data entry associated with the current evaluation processes was very labour intensive for the camp coordinator. Automating data entry would allow the camp coordinator to focus more on analysing the data collected.

#### **Debriefing**

There was a need to debrief staff to address any transference of issues after camp that might influence the counselling relationship. Debrief processes needed to be more action-oriented and learning oriented. Formal processes needed to be in place to air and address grievances, consolidate lessons learned and consider suggestions for service improvements. In summary, to evaluate what made the camps successful, there needed to be a balance between collecting enough data to inform decisions and collecting more data than needed.

### ***C1.5 Overview of action research***

Given the issues raised by staff with existing evaluation activities, it was decided by staff that the action research process should focus on the feedback mechanisms for the *YFPSP*, creating standardized datasets and reducing the overall effort required to implement evaluation activities.

The following evaluation questions were identified:

- What changes for young people as a result of participating in the *Peer Support Program*?
- Why do young people enjoy the *Peer Support Program*?
- What service improvements should be considered?
- Are online questionnaires acceptable to the target group and staff/volunteers?

The researcher worked with the camp coordinator and a small team of Youth Focus counsellors and staff to design and develop four evaluation approaches which could be used to address the evaluation questions for the Youth Focus *YFPSP*. Using more than one evaluation approach helped to increase the reliability of the data collected and allowed different questions to be answered. Table C1.1 shows the evaluation approaches that were developed in response to the evaluation questions.

**Table C1.1: Evaluation questions and evaluation approaches for *Peer Support Program***

	Evaluation approaches			
	Observation Tools	Camp Evaluation Questionnaire	Camp Feedback Tool	Camp Participants Monitoring Tool
<b>Evaluation questions</b>				
What changes for young people as a result of participating in the <i>Peer Support Program</i> ?	Yes	Yes	Yes	Yes
Why do young people enjoy the <i>Peer Support Program</i> ?	Yes	Yes		
What service improvements should be considered?	Yes	Yes	Yes	
Are online questionnaires acceptable to the target group and staff/volunteers?		Yes	Yes	

## ***C1.6 Details of trials***

This section describes the evaluation approaches which were trialed and the perceived benefits and limitations of each evaluation approach.

### ***C1.6.1 Observation tools***

Two observation tools were designed to be completed by at least two staff/volunteers on each day of the camp:

- **Daily Assessment Tool.** This tool contained five compulsory observation items and seven optional observation items
- **Peer Support Monitoring Tool.** This tool contained six compulsory observation items and 14 optional observation items.

The aim of the observation tools was to collect feedback on changes in skills, attitudes and behaviours seen at an individual and a group level over the duration of the camp. By completing the tool for each participant on each day of the camp, changes over time could be monitored with the expectation that positive changes would be seen by the end of the camp.

The trials were conducted during the March 2009 camp. However, the **Peer Support Monitoring Tool** could not be trialed since the tight camp schedule permitted limited time for evaluation and only made it possible for the **Daily Assessment Tool** to be implemented. The **Daily Assessment Tool** proved to be difficult to use and the reliability of the data was also limited because:

- The tool was completed once each day whilst participants completed their reflective journals. This required staff/volunteers to remember and recall examples of desired behaviour that may have occurred throughout the day. With 15-25 young people to keep in mind, this process was prone to error. Moreover, some behaviour could have taken place at a time when it was not observed by staff/volunteers.
- It was difficult to assess all of the young people on five dimensions in the 15 minutes that were available for evaluation each day.
- Use of the tool may have affected the rapport, trust and relationship between staff/volunteers and participants.
- Using the tool may have changed the way staff/volunteers interacted with young people with staff/volunteers inadvertently 'looking for changes' or trying to recall examples of behaviour.
- The statements on the tool were considered too broad and ambiguous and therefore may have been assessed in different ways by different observers.
- Even with supporting notes, there was no time to review these when completing the tool.
- There was a lack of familiarity with the tool owing to limited training/practice for staff/volunteers prior to using the tool.
- No information could be collected about the degree of change or the direction of change since a Yes/No format was used e.g. a Yes on Day 1 and Day 2 could mean a skill had got better, worse or had just stayed at the same level.

After the March 2009 camp it was decided that even with refinements to address some of the above issues, observation tools were not very realistic in the camp environment and highly prone to error. In addition the analysis of the data collected involved comparisons of the observer data which proved to be very time consuming and of limited perceived value. It was agreed by staff that a focus on group level changes may be preferable since changes at an individual level may not be seen immediately, e.g. coping skills may not be apparent until the next 'crisis' faced by a young person. It was decided that other evaluation

approaches could be used to assess the impact of the camp on young people and therefore to discontinue trialing the two observation tools.

### **C1.6.2 Camp Evaluation Questionnaire**

The existing paper-based participant camp evaluation questionnaire was replaced with an online **Camp Evaluation Questionnaire** for camp participants. The online questionnaire was developed using the SurveyMonkey™ software. The intention was that the questionnaire would be completed during the participant's first counselling session after the camp. Normally, this session occurred during the first or second week after the camp.

Access to a laptop would be needed in the counselling rooms and encouragement/support from the counsellor to complete the questionnaire. The questionnaire contained basic demographic details (age, gender, number of camps attended), reasons for attending camp and questions relating to the perceived impacts of attending camp. The data collected would be used by the camp coordinator for management reports, funding proposals and preparation of the annual Board reports.

#### **Benefits**

The online **Camp Evaluation Questionnaire** was first implemented in July 2009 and perceived to have many advantages:

- Simple and easy to use
- Easy to integrate into usual program activities
- Very useful data
- Responses could be automatically collated and reports generated by the SurveyMonkey™ software
- More time efficient – the camp coordinator did not have to enter data from participant evaluations and generate reports
- Comparison of datasets over time to identify trends and areas for service improvements was possible
- Increased confidentiality of data e.g. no-one could recognize handwriting
- Anonymity was possible
- Different types of feedback were given than if young people had been asked to write down feedback on paper
- Easier for some young people to tick boxes and easier to write more comments using a keyboard

- Preference of some young people to respond online than on paper.

### **Limitations**

The only negative feedback associated with the tool was that some participants felt it was too long.

### **C1.6.3 Camp Feedback Tool**

Prior to the action research, informal feedback from staff was exchanged during the camp, immediately after the camp and during the camp debrief meeting on the first Wednesday morning following the camp. No formal feedback from staff was collected. The **Camp Feedback Tool** was a short evaluation questionnaire created using SurveyMonkey™. The camp coordinator emailed all staff, volunteers and counsellors attending the camp a link to the survey and requested to complete the survey prior to the Wednesday morning camp debriefing meeting. The results were automatically collated by the SurveyMonkey™ website and discussed at the camp debriefing meeting.

### **Benefits**

The online **Camp Feedback Tool** was first implemented in July 2009 and perceived to have many advantages, including:

- Simple and easy to use
- Easy to integrate into usual program activities
- The SurveyMonkey™ software collated responses and generated reports of the results automatically
- Surveys could be completed at a time to suit staff/volunteers
- Staff/volunteers who were unable to attend the camp debrief meeting could still comment. This was very useful for volunteers whose time was limited.
- Sensitive feedback could be written more easily which may have led to feedback being given that may not have been communicated orally in a group environment
- Anonymity could be preserved if desired
- Feedback immediately after the camp could be influenced by fatigue, stress and emotion. Having time to reflect on the camp before providing feedback may have helped ensure the feedback was not emotionally-driven.
- The report produced by SurveyMonkey™ provided a way of formalizing staff feedback which could then be used to influence decision-making processes for future camps.

- Staff feedback could be compared with participant feedback – i.e. did the participants' *reported* camp experience tally with what staff/volunteers observed?
- The online nature of the report was more time efficient than a paper-based equivalent.
- The data collected could be used by the camp coordinator to provide feedback to management and to make adjustments to procedures where necessary.

#### **Limitations**

There were no limitations noted by staff/volunteers using the **Camp Feedback Tool**.

### **C1.6.4 Camp Participants Monitoring Tool**

Prior to the action research, staff/volunteers and counsellors attended a two hour camp debrief meeting and discussed individual campers and their perceptions of each individual's camp experience, any incidents or issues that needed to be addressed and any specific feedback for counsellors. The camp debrief meeting was scheduled for the Wednesday following camp. The **Camp Participants Monitoring Tool** simply formalized this process to ensure that a standardized set of items would be discussed for every individual attending camp. Collecting standardized information in this way made it easier to consolidate data at a group level and analyse trends for an individual and the group over time. The tool also facilitated and focused discussion on the main objectives of the camp. The data collected using the **Camp Participants Monitoring Tool** was used by the camp coordinator to provide feedback to management and to make recommendations for future camps where appropriate.

#### **Benefits**

The **Camp Participants Monitoring Tool** was first implemented in July 2009 and was received very positively by the camp coordinator and staff/volunteers. The main benefits noted were:

- Simple and easy to use
- Easy to integrate into usual program activities
- Provided standard information for each individual which could be compared with the group and over time
- Focused discussion during the camp debriefing meeting. Ensured that each of the 15 participants had the same level and breadth of discussion

- The debrief discussion was broad and not solely focused on problems or incidents but also what had worked well.
- The debrief discussion was action-oriented and included recommendations for future camps.

### **Limitations**

There were no limitations noted by staff/volunteers using the **Camp Participants Monitoring Tool**.

## ***C1.7 Summary***

The action research process for the Youth Focus *YFPSP* trialed one observation tool, two online feedback questionnaires and a staff debrief tool between March 2009 and December 2009. Overall, the action research process was considered to be very beneficial in focusing staff on the changes they wanted to see for participants on camp and building consensus for service improvements. In particular:

- Online survey tools had many benefits for both staff/volunteers and participants especially ease of use, perceived increased confidentiality, standardization of data, and collection of additional types of data e.g. sensitive issues. The online tools provided increased opportunities to air grievances, make suggestions, and provide constructive feedback.
- Automating current paper-based processes through SurveyMonkey™ to collate responses and generate reports and graphs significantly reduced the effort associated with data entry and preparation of the camp coordinators report.
- The camp evaluation tools for staff provided a formal and standardised process for debriefing staff, collecting staff feedback and ensuring all suggestions and issues were considered and addressed.
- Limited training was needed to use the tools. However, a management directive to ensure everyone used the tools consistently and as they were intended was considered important.
- The online tools enabled production of standardised datasets for analysis of trends and identification of issues.

Staff found it difficult to implement the observation tool. There appeared to be many reasons for this including lack of familiarity with the tool, limited training/support for staff

to use the tool, ambiguous interpretations of the observation items and unacceptable levels of effort required to compare observers' responses.

In addition, the focus of staff attending camp was to provide young people with a therapeutic experience and opportunities to develop and practise coping strategies and life skills. There was a risk that using the observation tool changed the way staff interacted with young people, focusing more on the observation items than the needs of the young people. Further, limited time was available for evaluation activities owing to a tight camp schedule and other feedback activities that needed to be completed, e.g. journaling and caucusing. In addition, there were frequently unexpected issues to address including young people becoming distressed after a session and requiring extra support. Finally, the observation tool was completed once a day owing to the tight camp schedule. This required staff to monitor at least 15 young people throughout the day and recall examples of behaviour that related to the observation items. This process was prone to human error and difficulties in recall for a large group.

Overall, staff/volunteers agreed that providing feedback on individuals would work better after the camp rather than adding to essential duties during the camp. The observation tool was therefore not redeveloped or re-tested.

***Case example 2***

***Process and impact evaluation in the Uniting Care West***

***Talking Realities program***

The Uniting Care West *Talking Realities* program is a peer educator training program designed to give young parents the skills to talk to other young people about the realities of being a young parent. Uniting Care West is a not for profit community services organisation and part of the *Uniting Church* in Australia.

## **C2.1 Program objectives**

The *Talking Realities* program has two main objectives:

- To contribute to the capacity of secondary students and young people to make informed choices regarding parenting and health.
- To improve the social health outcomes for young parents, female and male.

## **C2.2 Program description**

The *Talking Realities* program has a clearly structured curriculum and runs weekly during school terms over the course of a year. The training is fun and informative and young mothers have the opportunity to meet other young mothers. The training contributes six modules towards a Certificate III in Community Services. A Uniting Care West staff member facilitates the *Talking Realities* program with support from two peer leaders (experienced peer educators). A free on-site crèche is available to program participants while attending the course.

Once young mothers have successfully completed the *Talking Realities* course they are eligible to take on the role of a *Talking Realities* peer educator. At the end of 2009, there were eight trained peer educators. Uniting Care West employs peer educators to present the *Talking Realities* presentation to teenagers with the aim of increasing their capacity to make informed choices regarding parenting and health. The *Talking Realities* presentation was developed by young mothers because they wanted teenagers to know the reality of being a young parent. High schools, colleges, Technical and Further Education institutions, universities, and youth agencies can book a team of four peer educators to deliver a 60 minute or 90 minute presentation.

The 60 minute and 90 minute presentations both cover the topics of: comparing lifestyles, cost of living, children's needs, relationships and feelings, and some consequences of having a child. In addition, the 90 minute presentation covers the topics of: what's in a day, where will we live and sexual health (optional for all schools).A large banner with



## **C2.4 Existing evaluation activities**

Prior to the action research, data about the *Talking Realities* program was collected through the following existing evaluation activities:

- **Evaluation pre-and post-questionnaire.** Administered at the start and end of each annual Talking Realities course, this questionnaire collected the following basic information for each participant: cultural background, age, postcode, study/employment status. In addition, participants complete a series of questions related to their communication and people skills, sexual health, knowledge as a teenage parent and mental health. The questionnaire did not measure impacts and outcomes for participants and was mainly used as a reflection tool for participants at the end of the program.
- **Evaluation report.** This report was submitted by schools following the Talking Realities presentations.
- **End of day evaluation.** A short evaluation was completed by young mothers. At the end of each session. Emoticons were used for young mothers to express how they were feeling. Young mothers were also asked what had been the hardest thing about getting to the program that day, e.g. 'my partner didn't want me to come'. This evaluation data assisted in building a picture about participants' lives. The coordinator could then tailor the program to offer support in particular ways, e.g. initiating a discussion about dealing with abuse from partners, without the need to mention any names or focus on any specific individuals.

No other formal methods were identified to be in place to measure the success/effectiveness of the program, whether its objectives were being achieved, how the program impacted on participants, and what features of the program contributed to any impacts observed. One of the main indicators used to assess program effectiveness was the fact that the program had a 50% retention rate.

The need to start a simple evaluation one month after the school presentations to see what teenagers remembered about the *Talking Realities* presentation, and if it had changed their attitudes towards sexual health, relationships etc. was identified by the program coordinator. Other evaluation priorities included the measurement of changes in young mothers' problem solving skills, knowledge of services, feelings of isolation, development of social networks, peer support, acceptance and feeling valued, and positive self concept.

## **C2.5 Overview of action research**

The aim of the action research was to develop and trial a range of evaluation approaches within the *Talking Realities* program, in collaboration with the program facilitators to address some of the evaluation priorities identified above. The focus was on developing strategies that could be integrated into the program’s activities and standard processes.

Three main evaluation questions were identified by the program coordinator:

- What changes for young people as a result of participating in the *Talking Realities* program?
- What program factors contribute to these changes?
- Are online evaluation tools acceptable to the target group?

The researcher worked with the *Talking Realities* program facilitator and a peer educator to identify evaluation approaches which could be used to answer the evaluation questions. Using more than one evaluation approach provided a way of triangulating the data to increase the reliability of the data collected and allowed different questions to be answered. Six evaluation approaches were identified and considered suitable for trialing within the *Talking Realities* program (see Table C2.1). The trials took place between April and September 2009.

**Table C2.1: Evaluation questions for *Talking Realities* program**

<b>EVALUATION QUESTIONS</b>	<b>1) WHAT CHANGES FOR YOUNG PEOPLE AS A RESULT OF PARTICIPATING IN THE TALKING REALITIES PROGRAM?</b>	<b>2) WHAT PROGRAM FACTORS CONTRIBUTE TO THESE CHANGES?</b>	<b>3) ARE ONLINE EVALUATION TOOLS ACCEPTABLE TO THE TARGET GROUP?</b>
<b>EVALUATION APPROACHES</b>			
<b>Weekly Monitoring Tool</b>	Yes		
<b>Short Term Impacts</b>	Yes		Yes
<b>Long Term Outcomes</b>	Yes		Yes
<b>Journal Writing</b>	Yes	Yes	Yes
<b>Peer-Led Group Discussion</b>	Yes	Yes	
<b>Digital Story</b>	Yes	Yes	

## **C2.6 Details of trials**

This section describes the evaluation approaches which were trialed and the perceived benefits and limitations of each evaluation approach.

### **C2.6.1 Weekly Monitoring Tool**

The *Weekly Monitoring Tool* was an observation tool for the program coordinator and facilitators to monitor the status of each participant. The design of the tool involved identifying the possible impacts of the *Talking Realities* program on young parents through discussions, brainstorming and interviews with the program coordinator, facilitated by the researcher. The resulting data were used to create the tool. Areas monitored by the tool were: communication and problem solving skills, confidence, self-esteem, peer support, healthy relationships, knowledge, self-efficacy, positive thinking and positive self concept.

The *Weekly Monitoring Tool* contained one page per participant which, if completed weekly over a semester, provided a visual record of impacts over time. The intention was for staff to compare responses for a single individual and discuss any inconsistencies observed. The tool was also intended to identify any actions for young mothers who had particular needs/issues.

#### **Benefits**

- Appeared to be most useful as a reflection tool and record of changes over time.
- Was helpful to pick up slight changes that occurred in participants.
- Assisted the facilitator to look at things that are happening from a different angle.
- Recording dates helped to link changes in behaviour to specific events.
- Provided a structure for reflection and forced facilitator to think about a person on a range of dimensions.
- Having different dimensions to consider helped tease apart individual dimensions - e.g. increased confidence may be needed before problem solving skills are seen, therefore a lack of problem solving skills may be because confidence is low, too.
- Helped identify different contexts in which behaviours may be seen, e.g. confidence may only be expressed when the coordinator is present, the young person may not be confident in all areas of life.
- Enabled facilitator to be more proactive in identifying trends and pass on important information about participants to other staff.

- Forced facilitator to articulate and record important details rather than keep them 'in their heads'. Provided a useful record when coordinator was absent or on leave.

#### **Limitations**

- It was not feasible to find time to compare responses of facilitators each week or even monthly.

#### **Modifications**

- Providing Notes space for each week of observation
- Including more weeks on the tool to show trends over a longer period of time.

#### **Other comments**

The program coordinator noted that one may suddenly see skills development in a whole range of areas followed by a sudden decrease in skills. This may be aligned to the young person becoming 'consciously skilled' and fearful of the consequences of taking action, e.g. ending an abusive relationship.

The program coordinator continued to use the *Weekly Monitoring Tool* even after the trialing was completed. The components tracked within the tool were found to be appropriate. Having the detailed description of each component in the user guide was preferred to including the component descriptions on the tool itself.

### **C2.6.2 Short Term Impacts tool**

The *Short Term Impacts* tool was an online survey for program participants to complete at the start of each term, and periodically, so that changes over time could be analysed and compared. The survey collected data about young mothers in the following areas: personal information, general health, feelings, social support, future thinking, communication skills, handling problems, healthy relationships, usage of health services and knowledge and skills associated with parenting.

The General Health Questionnaire GHQ-12 (Goldberg, 1978) was included in the online survey to measure levels of general health. In addition, relevant items from the following validated scales were used: Paying Attention to Self - Participant survey (Hargreaves, O'Brien, Bond, Forer, Basile, & Davies, 2005), Individual Protective Factors Index (Springer & Phillips, 1995), California Health Kids Survey (WestEd for the California Department of Education, 2008).

### **Benefits**

- Easy to use online survey that could be sent out as a link to participants via email.
- Survey functionality facilitates automated reporting of program impacts.
- Particularly effective for young mothers to see how they had changed, to realise change was possible and for young mothers to have a self awareness that they were capable of change.

### **Limitations**

- Survey was perceived as a bit too long by some participants. Very long scales were omitted by some participants.

### **Modifications**

- Survey implemented in semester 2 and semester 4 proved to be more realistic than administration every semester.
- May need to reduce the number of scales included in the survey or ask fewer questions.
- There was some duplication with existing pre- and post- questionnaires. It may not be feasible to implement both types of survey. For future purposes these two surveys may be combined into one single survey encompassing the most important questions.
- Administering any survey will be difficult as it requires participants to examine themselves which can be perceived as confronting. An online survey that is anonymous may achieve more honest answers; however, in any case it is important to be clear about what the information is intended to be used for.
- The aim of the paper-based pre- and post questionnaires was mainly for participants to compare their answers before and after their participation in the program. For future purposes, an online survey which collates group data and provides summary reports of the results may be a more useful strategy to gather evidence that the program works.
- Fitting the survey into the structure of the program curriculum, having a fixed time when it is to be completed, and following up those who are absent until they have completed it, will help ensure the survey is implemented regularly in the future.

### **C2.6.3 Long Term Outcomes (for Peer Educators)**

The *Long Term Outcomes* tool was an online survey designed with the help of a peer educator. The survey was for peer educators who had graduated from the *Talking Realities*

program. The survey was intended to be completed 3-6 months after graduation. The survey collected data on: personal information, feelings, social; support, future thinking, handling problems and perceived impact of program. In addition, participants were asked for feedback on the online questionnaire itself including length and suggestions for improvement. Most of the questions were adapted from the Paying Attention to Self - Participant Survey (Hargreaves, O'Brien, Bond, Forer, Basile, & Davies, 2005) and the California Healthy Kids Survey (WestEd for the California Department of Education, 2008).

**Note: This tool was not implemented due to time and resource constraints within the program at the time of testing.**

### **C2.6.4 Journal Writing**

The use of an online blog was also trialed for two semesters of the program. The online blog was a diary or journal that was to be completed online each week during peer educator training. The blog was aimed at gathering qualitative data that would help to monitor how the program impacted on the participants' lives over time. Questions or prompts were given to the young mothers to help structure the writing process, e.g. *Write about something good that happened to you this week* or *What did you learn in today's session?* Note: The young women attending the *Talking Realities* program continued to keep a paper-based journal of their experiences of the program, as required by the program curriculum.

#### **Benefits**

There were no benefits noted by the program coordinator associated with this tool.

#### **Limitations**

- Participants were not greatly engaged in the strategy. This may have been due to them having to complete an additional paper-based journal as part of the *Talking Realities* program.
- Participants appeared to see the online blog as a chore.
- Required access to computers, computer literacy, and flexibility within program to allow young mothers to complete journals.
- Participants commented that they already spent too much time on the computer.
- Lack of familiarity for some, e.g. do not have computers at home.

### **Modifications**

- An online blog may be more effective if it is the only 'journal' that needs to be completed and not in addition to a paper-based journal.
- Building the journal into the program as something that needs to be done and is not optional.
- Giving young people direction by asking precise questions which made them think about their own values and opinions
- Emphasising that young people can express themselves in any way they wish to, perfect literacy is not expected. When reviewing the blog, the facilitator should only make positive comments, remain non-judgmental, and acknowledge the young person's efforts.

### **Other comments**

- It is possible that the next group of young mothers would enjoy blogging and it may become increasingly the preferred option with more computers in homes and an increasingly 'online' youth culture.
- A paper-based diary feels like a more permanent record since any edits are more obvious than edits made to an online blog.
- The young mothers really enjoyed completing their paper-based journals with some becoming quite attached to theirs. Reasons may be because it was part of their homework and built into the curriculum, it represented their 'personal story' which may be important. Participants liked reading how they felt earlier in the year and how their thoughts had changed, The young mothers appeared to like the creative aspect of drawing pictures/doodles in their journals and decorating the cover of their exercise books with photos etc. as it turned the piece of work into a personal valuable possession.

### **C2.6.5 Peer-Led Group Discussion**

A peer educator was trained to facilitate a group discussion with other trained peer educators about their *Talking Realities* journey. The peer-led group discussion focused on how previous participants' experience of the program contributed to generate changes in their attitudes, beliefs, behaviour, knowledge and skills, both short and long term changes, and what features of the program they believed contributed to any impacts observed.

The *Peer-Led Group Discussion* was trialed as a strategy that could be integrated relatively effortlessly into a program's curriculum and that could be facilitated by a young person. The aim of the group discussion was to collect qualitative information from current or previous program participants.

The information obtained could be used to compare the data collected with the *Weekly Monitoring Tool*, the *Short Term Impacts* tool and the *Long Term Outcomes* tool to assist in strengthening the obtained results.

### **Benefits**

- Could be facilitated by a *Talking Realities* peer educator which may have reduced barriers among participants to talk openly.
- Stimulated a reflection process which was positive for participants as it made them realise how far they had actually come and how much the program had contributed to a positive change in their lives.
- Peer facilitator was able to transcribe and analyse the data easily.
- Useful strategy to obtain direct input from participants on their perception of the program's impacts.
- Group discussion enabled enhanced reflection process and contributed to obtaining a broader scope of views and opinions than individual surveys.
- Provided meaningful roles for young people to get more involved in the program.

### **Limitations**

- This strategy may not be suitable for all groups, especially those who are new to a program and do not know other participants very well.
- Some young people might not engage in the discussion as much which could be distressing for them.

### **Modifications**

- In order to obtain in-depth information the peer facilitator needs to have good facilitation skills so that they know when to probe areas more and ensure all participants have an opportunity to comment.
- Debriefing the peer facilitator is important.

## **C2.6.6 Digital Story**

The *Digital Story* was a creative evaluation strategy which was used to obtain qualitative data from a previous *Talking Realities* program participant to capture explicit information about how the young person perceived that participation in the program had influenced her. The *Digital Storytelling* guide, available through the My-Peer Toolkit [www.mypeer.org.au](http://www.mypeer.org.au) was used to create a two minute 'film' with still images, music and voice using Moviemaker software. The digital story could also be used as promotional material for the *Talking Realities* program and to engage other young mothers.

### **Benefits:**

- Perceived as an enjoyable and fun activity.
- High level of youth engagement and participation.
- Provided a positive learning experience and a means of increasing skills and levels of confidence of the peer research assistant.
- By having the young person reflect on their outcomes and achievements the tool had a self affirming effect.
- Provided a promotional tool agencies could use to advertise the benefits of their program.

### **Limitations**

- The process of developing the digital story was time consuming.
- Voice recording and synchronizing with the music needed some practising.

### **Modifications**

- It is important to have a clear message that one wants to get across to the viewer and not to get side tracked from this.
- Reading the Moviemaker directions carefully before starting the project could save time and energy in later stages of the process.

## **C2.7 Summary**

In summary, the following evaluation questions were identified by the *Talking Realities* program coordinator as a focus for the action research:

- What changes for young people as a result of participating in the *Talking Realities* program?
- What program factors contribute to these changes?
- Are online evaluation tools acceptable to the target group?

The intent of the action research process was *not* to collect the data to answer the first two questions but to trial a range of evaluation approaches which could be used to collect data.

Six evaluation approaches were developed:

- Weekly Monitoring Tool
- Short Term Impacts tool
- Long Term Outcomes tool (peer educators)
- Journal Writing tool
- Peer-led group discussion
- Digital storytelling.

Owing to program resource limitations, only five of the six evaluation approaches were actually trialed within the Uniting Care West *Talking Realities* peer education program. The trials were conducted between April and November 2009 by the program coordinator and a trained peer educator. The trials resulted in the following overall conclusions:

1. **Confidentiality and consent.** All evaluation strategies need to take appropriate measures to manage issues of confidentiality and consent. For example, young mothers did not engage with the Journal Writing tool and this may have been because they had concerns about who might have access to their online blogs.
2. **Online questionnaires.** Online surveys provided an acceptable way of collecting group data about program impacts and program features contributing to impacts. There were associated time efficiencies with automated data entry and reporting functionality. The survey could be designed such that it could be completed unless all questions were answered. However, the survey was considered too long by some participants and there was some duplication of questions with existing paper-based questionnaires. Future implementation of the online survey should consider developing a single shorter survey which includes only the most important questions.
3. **Inclusivity.** Some strategies engaged participants more than others. It was important to implement a range of strategies to collect data from all participants, e.g. creative strategies, approaches which did not require high levels of literacy, individual activities for shy members of the group and activities which promoted youth participation and engagement.
4. **Involvement of peer research assistants.** Provided a meaningful role for trained

peer educators. Important in developing and implementing evaluation strategies as it increased acceptance amongst the target group. Provided an opportunity to build valuable skills and work experience for the peer educator.

5. **Sustainability.** It was important to develop evaluation strategies that could be adopted by the program in the long term with no support from a research project team. Evaluation strategies which had a dual purpose were cost effective and resource efficient. Approaches which not only provided evidence of effectiveness but also provided opportunities for youth participation, fun, self affirmation, program promotion, and/or maintaining a positive focus were considered particularly sustainable.

***Case example 3***

***Content analysis of the Freedom Centre Forum - a safe online space for youth of diverse sexuality***

The *Freedom Centre Forum (FCF)* is a safe online space for gay, lesbian, bisexual, transsexual, intersex and queer (GLBTIQ) youth. Through the *FCF* young people can access information, peer support, and talk to people who have similar experiences with sexuality and gender. It is a place for young people to ask questions, vent and share opinions about sexuality, gender, self-esteem and other things that are important to them. The *FCF* enables young people to get involved in the Freedom Centre community. Rules for participating in the *FCF* are published on the Freedom Centre website and trained volunteers moderate the space to ensure it remains safe for all participants.

### ***C3.1 Program objectives***

The objectives of the *Freedom Centre Forum* are:

- To increase accessibility of Freedom Centre services
- To promote further discussion of issues
- To provide peer support
- To reinforce online security through role modeling.

### ***C3.2 Program description***

The *Freedom Centre Forum* was set up in 2008 to complement the existing drop-in spaces for GLBTIQ youth provided by Freedom Centre. Research studies had indicated high levels of social networking and online environment use by GLBTIQ youth. The *FCF* is available 24x7 and moderated 12x7 by trained moderators, some of whom also volunteer in the Freedom Centre drop-in spaces.

The *FCF* has many benefits for staff/volunteers and the young people who access the forum as shown in Table C3.1.

**Table C3.1: Benefits of FCF for staff/volunteers and young people**

BENEFITS OF FCF FOR STAFF/VOLUNTEERS	BENEFITS OF FCF FOR YOUNG PEOPLE
Increased frequency of contact and opportunities to provide support compared to visitors just accessing Freedom Centre	Structured way to address everyone's issues (not just issues of those with the loudest voice or most dominant presence in the drop-in space or those who manage to speak to a volunteer 1:1)
Accelerates orientation of new volunteers and moderators	Validation of issues by staff and other young people
Additional resource for young people to access information and support	No guilt about taking up people's time with their concerns – can write them down and leave
Online space extends and complements drop-in space	Easier to articulate in writing and opportunity to edit messages before submitting
Increased referrals to help at an earlier point of need	Permanency and records of threads/discussions
Documentation/record of young people's stories and journeys	Structured capacity to share/access a personal story/monologue
Can accelerate development of rapport/trust with visitors	Anonymous and separate from the rest of their lives, a separate community
Opportunity to develop group norms and guidelines around online security	Can maintain dual or multiple personas (online and offline)
Increased knowledge of visitors and what else is going on for them enhances ability to do job	Opportunity to meet others in a similar situation
Seems to facilitate a more cohesive core group within drop-in space	Coming out in a safe environment
Dominant individuals in the drop-in space may not be dominant on the forum	Able to continue discussion and networking outside of drop-in space, after closing
	Less intimidating - can get to know people before actually coming to Freedom Centre
	A reliable source of support and information wherever you are, whatever time it is

The *FCF* offers another means to provide support in addition to the Freedom Centre drop-in spaces. It provides a bridge between no access to support and accessing the Freedom Centre. The *FCF* may be especially important for those who are not able to access the Freedom Centre e.g. rural, remote, minors, those lacking transport; those who are unsure of attending the drop-in space; those who prefer the anonymity of online services; and those who prefer to write down (and be able to edit) issues rather than discuss them directly.

The *FCF* promotes discussion of sensitive or embarrassing issues about sexual health, mental health, and coming out which may not be raised in the drop-in sessions, or may be

easier to discuss in an online environment or may be discussed in more depth than in a face-to-face environment. In addition, discussion of issues raised in drop-in sessions may be continued online and young people may feel no guilt about wasting people's time with their issues. Through the *FCF*, young people can meet others with similar issues and gain access to stories of 'survival' posted by volunteers or other young people. There are opportunities to obtain feedback, perspectives and suggestions from a range of people and validation that your issue is important and/or shared by others.

Online safety is particularly important for young people. By participating in the *FCF*, young people learn rules for posting appropriate messages including caution associated with sharing personal information, respectful language and unacceptable content.

### ***C3.3 Target group***

The target group for the *FCF* is GLBTIQ youth primarily living in Western Australia although the *FCF* is also accessible by GLBTIQ youth worldwide.

### ***C3.4 Existing evaluation activities***

The *FCF* was a new service at the time of the action research and there were no existing evaluation activities in place. However, the following parameters were identified by the Freedom Centre coordinator as important for measuring the effectiveness of the *FCF*:

- **User profiles.** Increase in transsexual visitors to the centre or *FCF*; Location of visitors, e.g. WA-based, other states, global; Total number of visitors per day, per week, per month; Number of visitors to sub forums e.g. for rural, other states; Types of visitors e.g. gender, age.
- **Access patterns.** Number who first access forum then build sufficient confidence to attend the centre; Number who access once or just a few times then do not return; Reasons for not coming back - information gaps, do not feel safe, do not like group rules/norms; Number who access frequently; Number who access infrequently; Usage patterns including time of postings and any seasonal fluctuations e.g. school holidays; Number who access to read but do not post.
- **Impacts.** Evidence of short term individual impacts e.g. increased self-esteem, reduced isolation etc; Increased number of referrals.
- **User feedback.** Any positive (or negative) feedback posted about the forum or Freedom Centre; Level of youth participation e.g. feedback/responses to discussion

threads around what Freedom Centre provides, what they would like, volunteers for events etc.

- **Peer support.** Sharing positive coping strategies with others; Sharing information/resources/websites they have found useful; Passing on suggestions to others that they have received from volunteers and found useful.
- **Content of discussions.** Number of positive/negative threads.
- **Group rules/norms.** Number of posts that need to be edited by moderators.

### ***C3.5 Overview of action research***

The Freedom Centre coordinator and a volunteer were recruited as peer research assistants (PRAs) during the action research process. The PRAs identified six main evaluation questions as a focus for the action research:

- Why do young people access the *FCF*?
- What features of the *FCF* do young people value the most?
- What are the impacts on young people of participating in the *FCF*?
- Who uses the *FCF*?
- How do young people use the *FCF*? e.g. for themselves, for a friend, read only or read and post
- How safe is the *FCF* space?

The researcher discussed with the PRAs suitable evaluation approaches which could be used to answer the evaluation questions. Five evaluation approaches were selected. Using more than one evaluation strategy helped to increase the reliability of the data collected and allowed different questions to be answered. Table C3.2 shows the evaluation approaches that were developed in response to the evaluation questions.

**Table C3.2: Evaluation questions and evaluation approaches for *Freedom Centre Forum***

EVALUATION QUESTIONS	EVALUATION APPROACHES				
	DISCUSSION THREADS	CONTENT ANALYSIS	ONLINE SURVEY	MOST SIGNIFICANT CHANGE TECHNIQUE	WEB STATISTICS
Why do young people access the FCF?	Yes	Yes	Yes		Yes
What features of the FCF do young people value the most?	Yes	Yes	Yes		
What are the impacts on young people of participating in the FCF?	Yes	Yes		Yes	
Who uses the FCF?			Yes		Yes
How do young people use the FCF?	Yes		Yes		Yes
How safe is the FCF space?	Yes	Yes	Yes		

### ***C3.6 Details of trials***

This section describes the five evaluation approaches that were selected. However, limited resources and capacity at the Freedom Centre at the time of the action research permitted only two of these approaches to be trialed - **Discussion Threads** and **Content Analysis**. The perceived benefits and limitations of these two evaluation approaches are also discussed.

#### ***C3.6.1 Discussion threads***

Questions which could be used to start new evaluation discussion threads and collect direct feedback from young people visiting the *FCF* were identified by the PRAs:

- What is the most significant change for you since first accessing the forum?
- Why did you first access the forum?
- Why do you continue to access the forum?
- What do you like about the FCF? What would you change about the FCF?
- Do you generally access the forum for yourself or for someone else?
- How do you use the forum? e.g. read only, read and write
- Has anything you have read on the forum caused you concern? Please explain
- Describe a defining moment in your life during the past 3 months

- Tell us one or more good things that have happened to you in the last 3 months

### **Benefits**

New discussion threads created by moderators with an 'evaluation focus' proved to be an effective way of collecting some quick feedback from forum users and a way of keeping the forum discussions fresh, particularly when existing discussion threads had come to an end or were taking an undesirable path, e.g. focused on negatives.

### **Limitations**

No limitations associated with the **Discussion Threads** were identified noted during the action research.

## **C3.6.2 Content analysis**

Content analysis provides a structured process for reviewing the posts made by visitors and moderators on the *FCF* in order to collect process and impact evaluation data. The *Evaluation Framework for Peer-Based Youth Programs* was used as a starting point. Initially, 17 evaluation sub-forums were set up on the *FCF* corresponding to the various components of the evaluation framework. This structure was too complex in practice and following some discussion, the sub-forums were replaced by five evaluation discussion threads which focused on monitoring the characteristics of the target group, program and peer group factors, monitoring the safe space and assessing the extent to which the *FCF* was meeting its core objectives. The five evaluation discussion threads were: *Freedom Centre Visitors Presenting Issues*; *Freedom Centre Peer Group Factors*; *Impacts on Social Connectedness & Community Engagement*; *Impacts on Help Seeking*; and *Impacts on Mental and Physical Wellbeing*. In addition, an *Evaluation Questions and Feedback* discussion thread was set up within the moderators' forum to capture feedback and suggestions from moderators during the trial.

The *FCF* content analysis process involved moderators reviewing each post as normal, responding to the post if necessary, and then copying and pasting any parts of the post containing relevant data to one or more of the five evaluation threads. In addition the moderator was required to write a couple of sentences in the evaluation thread outlining the context of the content that was pasted.

The information collected in the evaluation discussion threads provided a means of sorting and classifying data which could then be easily reviewed and retrieved for reporting

purposes. The number of unique user profiles associated with each evaluation discussion thread could also be determined through web statistics. When counting frequencies in this way, posts were reviewed carefully to ensure positive and negative perspectives remained separate, for example 10 posts in the help seeking thread may include seven posts that reported increased help-seeking and three posts that reported difficulties in seeking help. An interactive **FCF Evaluation Training Package** and **FCF Moderators' Guide** were also produced for forum moderators.

### **Benefits**

The content analysis process provided a way of sorting and storing data that could be more easily accessed for reporting purposes, e.g. inserting quotes. Reviewing forum content for evaluation purposes did, however, add an extra step to the forum moderators' task. The importance of collecting evaluation data needed to be carefully explained to moderators during training. The following recommendations came out of the action research experience:

- Take time to understand the evaluation framework and what components are particularly relevant to focus on for your specific program context
- Limit the number of sub-forums that are set up to 'file' evidence
- When setting up the content analysis framework, work with a partner. The process can take some time to get used to and it is useful to check the structure is meaningful to more than one person.
- Encourage moderators to review others' posts in the evaluator sub-forums to check they agree with the classification of the evidence and to avoid double-posting in the evaluation sub-forums. The forum coordinator should also periodically check all evaluation threads for consistency and to check if posts are being filed correctly.
- Some posts contained several themes – the broader clusters of the five evaluation threads made it easier to file evaluation data correctly.
- A quick reference booklet or user manual summarising the content analysis process may help.
- Training needs to be hands-on and interactive with time devoted to moderators actually trying out the process for themselves after a demonstration.

### **Limitations**

- The process of reviewing posts for the purpose of evaluation takes time to understand and master. If this does not become a habit, it may not be done efficiently. While reporting may only be done twice a year, it is recommended that all posts are reviewed for evaluation data. This may be labour intensive during times of peak activity but effort required should be less at other times. This is another point which can be emphasized in training.

### **C3.6.3 Additional evaluation approaches (not trialed)**

Three evaluation approaches were not piloted during the action research owing to insufficient organisational capacity. These approaches were online survey, most significant change technique and web statistics. However, these strategies were considered potentially suitable for the Freedom Centre setting. The Most Significant Change Technique was piloted during field testing (see **Chapter 9: Field testing**) and there was interest in implementing the other two approaches in the future when capacity allowed.

#### ***Online survey***

A link to an online survey developed using software such as SurveyMonkey™ could be emailed to all forum visitors twice a year in advance of the reporting cycles to collect anonymous feedback on the *FCF* including:

- Why do you access the forum? – e.g. friendship, to ask questions
- What have you found useful? – e.g. information, peer support
- How have you used forum? – e.g. read only, read and post, for a friend, for self
- What has been the most significant change for you since coming to FC?
- Has your behaviour changed? e.g. improved help seeking etc
- Demographics – e.g. age group, gender, and postcode.

#### ***Most Significant Change Technique***

The Most Significant Change (MSC) Technique (Davies & Dart, 2003) can be used to collect stories of change from program staff and/or participants. Stories are then reviewed by a core group of project stakeholders to identify the most significant changes and impacts. The decision-making process to select the most significant stories is often very beneficial. The ensuing discussions highlight each individual's values in relation to the program and any inconsistencies are discussed and addressed.

At Freedom centre, the MSC technique would be used to ask young people:

- What's the most significant change that's happened for you as a result of coming to Freedom Centre or using the FCF?
- Why is this significant to you?

The MSC technique would be used to ask volunteers:

- What's the most significant change that's happened for you as a result of coming to Freedom Centre/moderating the FCF?
- What's the most significant change that's happened for the visitors as a result of them coming to Freedom Centre/participating in the FCF? - *based on stories that have been collected from visitors and compiled*
- Why are these significant to you?

### **Web statistics**

Some quantitative data could be collected through web statistics that are generated automatically. For example, *who is using the FCF, when and for how long?* This data could be reviewed periodically to determine emerging trends of usage and to ensure adequate support is available at peak times. Statistics may include:

- Types of user – age group, location, gender
- Number of unique users
- Frequency of usage – daily, weekly, monthly etc
- Time of access – after hours, school hours
- Peaks of usage e.g. school holidays, after hours
- Duration of usage before lapsing – weeks, months, years.

### **C3.7 Summary**

The action research process for the *Freedom Centre Forum (FCF)* involved trialing two evaluation approaches: **Discussion threads** and **Content analysis**. Three additional evaluation approaches were also identified - **Online survey**, **Most Significant Change Technique** and **Web statistics** - and there was interest in trialing these evaluation approaches at a later time when adequate resources/capacity at Freedom Centre made testing possible.

Despite the additional effort involved in implementing the evaluation approaches, there were many perceived benefits overall, In particular:

- The peer research assistants felt very motivated by the evaluation activities. The process of reviewing the *FCF* content boosted morale to see evidence that the *FCF* was actually realising its objectives. This was considered a bonus regardless of how the data were then used.
- The evaluation activities reinforced for staff/volunteers why the *FCF* was so important and why their role was so valuable.
- The content analysis process influenced other program and evaluation activities. There was a heightened awareness amongst staff/volunteers of the program objectives.
- The moderators were able to develop a bigger picture of the *FCF* service and how it supported and complemented other services provided by Freedom Centre.
- The moderators learned more background information about visitors and had a deepened awareness of how they could help them which made them more effective in their role.
- The evaluation activities had an influence on conscious behaviour with the moderators becoming more aware of the repercussions of their own posts and attitudes on visitors to the site.
- Reviewing the evaluation threads provided a way of bringing new moderators up to speed with what Freedom Centre was trying to achieve.

***Case example 4***

***Using creative evaluation strategies in the Challenger***

***Institute of Technology Young Parenting and Very Excited  
(YPAVE) program***

The *Young Parenting and Very Excited (YPAVE)* program is for young women aged 14-24 who are pregnant or parenting.

### **C4.1 Program objectives**

The objectives of the *YPAVE* program were:

- **Engagement** – keep young women engaged in an activity that will get them back to school, further education or employment.
- **Parenting advice** – for their own health and their child’s health –feeding, sleeping, nutrition, school readiness/schooling, safe sex, child development, consequences of raising children as a teenager
- **Reducing isolation** – many young women can feel very isolated when they become pregnant/parents. *YPAVE* offers them peer support
- **Support** - 14-24 year old teenage mums tend to drop out of education, have higher rates of mental health problems, if left unsupported
- **Identify girls or babies at risk** – facilitate further support/specialist help for them as necessary, e.g. counselling for post natal depression
- **Provide access to other services** – e.g. baby swimming lessons, first aid
- **Provide an ongoing support network** - three *YPAVE* groups from pregnancy to preschoolers aged four years.

### **C4.2 Program description**

The *YPAVE* program runs weekly during school semesters and offers three different sessions to address the needs of young women at different stages in their journey through adolescence, pregnancy and parenthood:

- Bellies and Newborns (0-5 months)
- Mums and Bubs (6 months – 18 months)
- Positive Parents (toddlers plus).

The young mothers transition between the groups as their children get older. Each group is coordinated by a Technical and Further Education (TAFE) Lecturer from Challenger Institute of Technology who designs the semester long programs to meet course outcomes. A Transition Support Officer is also available to assist participants and their partners to transition into education, training and employment.

### **C4.3 Target group**

Young women aged 14-25 who are pregnant or parenting and living between Fremantle and Rockingham, Western Australia and surrounding suburbs.

### **C4.4 Existing evaluation activities**

Evaluation was particularly challenging for the *YPAVE* program. There were no crèche facilities, some of the young mothers had low literacy levels having finished school early and there was a ratio of approximately 1 staff: 5 mothers (plus children), therefore limited capacity to provide support to young women for evaluation activities e.g. whilst completing evaluation questionnaires.

*YPAVE* participants' experience of evaluation was limited to student questionnaires administered by Challenger Institute of Technology. Some of the questions had no perceived relevance to the *YPAVE* participants but were perhaps more relevant for other TAFE students on campus. As a result, questions were often answered incorrectly or left blank, thus potentially skewing the data.

The effectiveness of the *YPAVE* program was monitored against key performance indicators (KPIs) that were designed with Department of Education funding. Data collection was through informal observation before and after the program.

Table C4.1 summarises the intended outcomes of the *YPAVE* program, the measurement approaches and the associated KPIs.

**Table C4.1: Key Performance Indicators for YPAVE**

<b>OUTCOMES</b>	<b>MEASURED BY</b>	<b>KPI</b>
1. Participant will increase his/her knowledge of child development	Pre/post course observation	Participant contributes to discussion about relevant topics, asks questions, demonstrates understanding
2. Participant applies knowledge of child development	Pre/post course observation	Application of knowledge demonstrated in interaction with his/her child
3. Re-engagement of participant in formal education or employment	Pre/post course observation	The participant enrolls in another course or gains employment.
4. Increased understanding of the importance of health and nutrition	Pre course/post course observation	Participants can pack a nutritious school lunch at the end of the course
5. Increased confidence in their ability to manage responsibilities in daily life and education.	Pre course/post course information from the student Pre course/post course observation	The participant meets Centrelink requirements for participation. Participant joins in group activities and initiates conversation

Other KPIs monitored by the YPAVE program were:

- Number of participants
- Number who enrol in further education/training or gain employment
- Retention rate
- A positive self assessment and anecdotal evidence of improved self confidence, health and accessing of youth/health services.

### ***C4.5 Overview of action research***

The researcher worked with the program co-coordinator and two peer research assistants recruited from the longest established YPAVE group to identify evaluation questions that needed to be answered and to design, develop and trial a range of creative evaluation strategies which would complement existing evaluation processes.

Four evaluation questions were identified with a focus on collecting feedback from participants:

- How useful and acceptable are creative evaluation strategies in the YPAVE environment?

- What impact does the YPAVE program have on participants?
- Are program objectives being met?
- What features of the program contribute to any impacts seen?

Four evaluation approaches were agreed on for their perceived efficiency in answering the identified questions and compatibility with group dynamics (see Table C4.2): 1) What if...? Scenarios; 2) My support map; 3) Digital storytelling; and 4) Graffiti artwork. As shown in Table C4.2, more than one evaluation approach was used to answer each evaluation question. Using more than one evaluation approach provided a way of triangulating the data to increase the reliability of the data collected.

**Table C4.2: Evaluation questions and evaluation approaches for YPAVE**

	Evaluation approaches			
	What if...? scenarios	My support map	Digital story telling	Graffiti artwork
<b>Evaluation questions</b>				
<b>How useful and acceptable are creative evaluation strategies in the YPAVE environment?</b>	Yes	Yes	Yes	Yes
<b>What impacts does the YPAVE program have on participants?</b>	Yes	Yes	Yes	Yes
<b>Are program objectives being met?</b>	Yes	Yes	Yes	Yes
<b>What features of the program contribute to any impacts seen?</b>			Yes	Yes

## ***C4.6 Details of trials***

This section describes the evaluation approaches which were trialed and the perceived benefits and limitations of each evaluation approach.

### ***C4.6.1 What if...? Scenarios***

The *What if...? Scenarios* activity aimed to test young parents' awareness of support services. Ten scenarios and a comprehensive list of support organizations that might be useful to young parents were generated with the help of the two peer research assistants, based on their own experiences and experiences of others. The topic areas were:

relationships, financial, health – child and mother, babysitting, domestic abuse/violence, drug and alcohol issues, and isolation.

Example scenario:

‘If you had to take one of your children to hospital, who would you ask to mind your other children?’

‘Your old friends are busy ever since you had your baby and you don’t fit into the local play group. It’s a day when there is no YPAVE. Who can you go to for support?’

‘What would you do if your child would not stop crying?’

Each scenario was read by one of the peer research assistants and then answered by the YPAVE group participants. Responses were noted on a white board so that at the end of the activity a list of services had been compiled by the group. To capture any gaps in participants’ knowledge of relevant support organizations, the program coordinator compared the group’s list of support organizations generated through the scenario discussions to the list of support organizations which had been developed previously in conjunction with the peer research assistants.

### **Benefits**

- Engaged young people while providing a way to increase awareness of support services, learn about services available or test knowledge of support services.
- Realistic scenarios made the activity more relevant and meaningful to the group.
- Gave participants an opportunity to share their knowledge and experiences of services and feel valued by their peers.
- Demonstrated that participants learn from each other. For example a peer was named as a source of support for financial advice.

### **Limitations**

- It was difficult to engage the girls for more than 15 minutes with young children around unless the activity was conducted in smaller groups and those not involved at any time were able to take on additional childcare duties.
- Childcare was provided by the program facilitator thus minimizing their input and feedback.
- It was difficult to predict how many young mothers would attend each session. This influenced the capacity of the program coordinator to participate in the activity.

### **Modifications**

- This activity could provide more of a learning opportunity if it was conducted by the program coordinator or someone with knowledge of local human services present as they could provide suggestions for services where none were identified by participants. Spending more time discussing organizations – services provided, location, whether youth friendly, personal experiences accessing organization would also be beneficial.
- Using fewer scenarios and including scenarios that contained more general problems to appeal to the wider group.
- New scenarios could be added to this activity to reflect real experiences as group members change over time.
- This activity resulted in the production of a list of services grouped according to type of support. This list could be added to over time.

### **C4.6.2 My Support Map**

The *My Support Map* activity was a creative strategy that captured changes and/or growth in participant's support networks. The peer research assistants helped to develop this activity and were instructed on how to facilitate the activity.

Levels of support available to the girls at the time of joining *YPAVE* and since joining *YPAVE* were compared using support maps filled out by each participant. The support maps consisted of two concentric circles. Sources of 'Immediate support' were written in the inner circle e.g. mother, partner. Other important sources of support that had been accessed were written in the outer circle e.g. Relationships Australia, friend of participant. Participants were asked to write down only those services they had accessed. Emphasis was placed on quality of services rather than quantity i.e. it was ok to have very few services on your support map.

In addition, participants were asked 'Did you feel you had adequate support at the time of joining *YPAVE*?' and 'Do you feel you have access to adequate support since joining *YPAVE*?' followed by open-ended questions 'Why?' or 'Why not?' The participants were also asked to comment on any changes in support since joining *YPAVE*.

The *My Support Map* activity was implemented in two *YPAVE* groups. In the first group, it was combined with the *Scenario Discussion* activity to form a workshop on awareness of

and accessing support services. In the second group, it was implemented without the *Scenario Discussion* activity owing to time constraints and low attendance.

### **Benefits**

- Participants were happy to fill out the maps and found the activity relevant.
- Inclusive - participants could openly share feelings, revelations etc. with the group or alternatively could opt to complete their maps silently.
- The activity provided a positive realization for participants that they have more support now – the majority of the participants were a little taken aback when they reflected on their narrow support network at the time of joining the *YPAVE* group: *“I didn’t realise I had so little support”* and how much they relied and still rely on *YPAVE*: *“I don’t know what I would have done without YPAVE”*.
- Quick activity – 10 minutes maximum to complete both maps in one session.
- Demonstrated that participating in *YPAVE* increases the range of support accessed.
- Captured the common belief that young mothers felt more supported since joining *YPAVE*.
- Could be preceded by the *Scenario Discussion* activity to aid recall.
- This activity could be facilitated by peer facilitators or the program facilitator.

### **Limitations**

- There were difficulties recollecting services accessed at early stages of pregnancy and motherhood and those sources of support accessed only a few times.
- It was challenging for some people to separate primary and secondary support.
- Deciding where to put friends presented a dilemma for some participants e.g. differentiating between friends from *YPAVE* ‘*who understand*’ and regular friends
- Participants may put down all services they know of, rather than those they have used or would use.
- Childcare was provided by the program facilitator thus minimizing their input and feedback.

### **Comments**

When this activity is carried out at the time of joining a program and then at a later point, each part takes only five minutes which means it can be easily integrated into the program schedule. As young mothers may join the program at any time, it may be easier to facilitate on an individual basis within the first few weeks of joining and then at a later designated point in time.

There is a potential risk associated with this activity. For new members to a group who may be feeling very isolated, this activity may be distressing and exposes their isolation further. It is important to build a good relationship with participants first rather than ask participants to do this activity on Day 1. Asking participants when they would like to complete the activity may be preferable since it gives them a degree of control in disclosing personal information. The timing of implementing this activity needs to be carefully considered. Offering counselling or extra support may be necessary.

### **C4.6.3 Digital Storytelling**

Digital storytelling was an innovative way of capturing the experiences of the *YPAVE* program using participants' own words, stories and images. This activity was facilitated by a researcher. The finished digital story could be used as a promotional tool or added as a link on a facebook™ page, email or website page. Confidentiality and consent was important and all participants were asked to sign a consent form stating their preferences for use of their voice, data, and/or images. The option to share their story but not use a recording of their voice was offered.

A story circle exercise was used as a warm-up activity asking each participant '*You are here. Why?*' This was followed by a sentence completion activity: '*I come to YPAVE because...*', '*The thing I value most about YPAVE is...*' and '*The biggest impact of YPAVE for me has been...*'. Participants were able to record their answers on a handout. The use of the sentence completion activity offered time for participants to reflect and aided in formalizing thoughts. This activity provided the stimulus for the group discussion.

The group discussions elicited feedback on what had been 'the most significant change' for participants since joining *YPAVE*. The Most Significant Change (MSC) Technique is a way of formalizing the collection and analysis of anecdotal data. MSC can be used to clarify program aims and objectives and highlight the range of experiences one program can have on a group of participants. Notes were taken by the researcher. Participation was voluntary.

Short interviews were then conducted with all consenting participants and recorded using a digital recorder. Some participants used their sentence completion handout as a prompt sheet during the interview. Sound bytes were used to write the digital story script. Note: a

group discussion could also be used to generate script content. However, individual voice recordings are more difficult in a group and given the presence of young children this approach was not considered suitable for the *YPAVE* digital story. The interview and discussion data could also be used for reporting purposes.

The next step was to take photographs and gather additional images, video footage and music choices from the participants. The final step was to combine all the elements and edit. A storyboard template was used. The final product was shown to the whole group and suggested changes to the digital story were incorporated.

### **Benefits**

- Cathartic to talk to someone – was not seen as emotionally challenging or negative.
- Gave participants an opportunity to express their ‘voice’.
- Young people gained knowledge of interviewing skills.
- All young mothers participated in the data collection process.
- The use of the sentence completion method e.g. ‘*The thing I value most about YPAVE is...*’ was very effective for those with low literacy or those who were reluctant to share in a group. Also acted as a memory aid when participants were being interviewed.
- Pen and paper prompts increased comprehension as the wording was easy to understand.
- Some things were written down that were not shared with whole group e.g. dealing with depression.
- Creating the voiceovers was the most engaging part but needed practice if recording a script and silence which is difficult with young children around.
- Provided an opportunity for participants to reflect - they may not have thought about what *YPAVE* meant to them.
- Provided a promotional tool that could be used in various settings, including the internet, to engage other young mothers.

### **Limitations**

- Required computer skills. Professionals could be employed to give a polished finish to the final product if budget allowed or editing skills could be developed within the group.
- The process was very time consuming. In order to reduce time spent editing audio, the interviewer needed to ensure the interviewee did not stray from the topic discussed. Alternatively, a script could be developed before recording. However, using the latter approach may miss spontaneous responses and lose the natural flow of speech
- Could be distressing for some young mothers as the activity could trigger feelings and memories of difficult times. However, all participants involved in the *YPAVE* digital story had a positive experience.
- Child care was necessary to reduce distractions and engage participants fully in the process.
- Use of the Most Significant Change Technique was challenging for some participants. The whole process of becoming a parent is huge and *YPAVE* is one piece of that journey. At first it was hard for some participants to isolate its exact impact and the degree of this impact

### **Comments**

The digital story could be reused for several years. As a new group of young mothers join *YPAVE*, they could be invited to produce a new, digital story, perhaps every 2-3 years. Consent regarding voice recordings and photographs needed to differentiate between consent to the use of a story and their voice and the option to share a story but not use the recording of the voice. How the digital story may be used should be carefully considered since this is likely to influence whether participants give consent to use their voice or images and also what might be considered appropriate or suitable content. The likely uses might also dictate the required quality of the finished product and the budget required. A digital story that was produced solely for internal use may not need to be as polished a product as one intended for use as promotional material for example.

The style of the digital story should be considered in conjunction with intended audiences. A punchy story with lots of movement and activity would require lots of images (up to 100 images for a 5 minute story). Fewer images are needed for a slower more reflective style of product. The participants should be closely involved in determining the style and imagery for the digital story.

The involvement of an external person, skilled in digital media was recommended. It allowed the final product to reflect the voice of the group rather than be influenced by the program coordinator. However, some control of the process was lost by involving an external expert. Providing a storyboard showing what content (including images and sound) are to be included and involving experts right from the start of the project was recommended.

Silence was not necessary when background noises were relevant and contributed to atmosphere – for example, a baby’s laughter. Having access to a “digital diary room” where young people can record answers to questions posed to them in a quiet room may also be an option. These sound bytes could be collected over time and then put together for a digital story.

The program coordinator should monitor the activity closely. Making provision for extra support or counselling was recommended in the event that any participants became distressed by the activity. The final product should be reviewed by the group as a whole. Any feedback needs to be addressed and final edits made to ensure group ownership of the final product.

#### **C4.6.4 Graffiti Artwork**

The aim of the *Graffiti Artwork* activity was to create a long-lasting low budget visual image which illustrated participants’ experiences of the *YPAVE* program. The aim of the evaluation strategy was to capture development of artistic, teamwork and communication skills as well as changes in confidence levels. The intention was to use the artwork for marketing purposes and to increase the profile of the *YPAVE* program within the local community as well as engage new members to the group.

Five members of the *YPAVE* group committed to attending three half day sessions to design and create the artwork. Two local artists were commissioned to guide and assist the group to create a professional product. Child care was provided to enable the girls to engage fully in the activity. A 2m x 2m sturdy canvas sheet was used as the basis for the artwork. Seams were created at the top and bottom of the canvas to allow it to be hung using poles but rolled away when not in use or for transportation.

At the start of the first session, a group discussion was conducted with participants, facilitated by a researcher. Participants were asked:

What do you think of when you think of YPAVE?

Why do you come to YPAVE?

Why do you value YPAVE?

What is the best thing about YPAVE for you?

What has been the biggest change for you as a result of coming to YPAVE?

Is there a difference between what you got out of YPAVE at the start and what you get out of YPAVE now?

Why did you want to be involved in this artwork?

The outputs of a group discussion and ideas from the participants and artists were used to inspire the design. The group agreed on a colourful, 'street art' style comprising a brick wall on which 'graffiti' images and words were displayed using paint and spray cans. The use of stencils helped create a more professional look. The total budget available for the art materials and artists was \$500. Venue and childcare costs were also incurred. Figures C4.1- C4.3 includes photographs showing the development of the graffiti artwork.

**Figure C4.1 – Spray painting the paper cut-outs of the teenage mothers' children**



Figure C4.2 – Overlaying and painting stencils of the teenage mothers' children



Figure C4.3 – Stencil removed and waiting for paint to dry



**Benefits**

- An enjoyable and fun activity for all involved.
- Provided a break from children.
- Process was self affirming.
- Option to write down images or words during the group discussion was more inclusive - appealed to shy or quiet people who did not feel comfortable participating in group discussions.
- Art has therapeutic consequences and provided a good distraction and release from the serious issues some of the participants were facing in their lives.
- It was satisfying and exciting for participants to see something develop from thoughts and images into an actual piece of artwork.
- Promoted lots of casual conversation and interaction amongst the group.
- Provided promotional material that could be used for a long time.
- The final artwork was something the group could feel proud of.
- Provided a visual reminder of why young people come to *YPAVE*.
- Appealed to creative individuals in the *YPAVE* group who preferred to draw/use images rather than complete evaluation surveys.
- Provided a great way to raise profile of *YPAVE* within the local community.
- Partnership was beneficial for local artists too.
- It was important to recruit a core group of artists that could commit each week until the artwork was finished.
- Production of a mock-up image by the artist was very useful for everyone to know what they were working towards.
- Provided leadership and teamwork opportunities.
- Provided opportunities to extend participants' thinking about who they are in relation to others.

**Limitations**

- Some young people did not have much confidence in their artistic capabilities.
- The activity was time consuming and would not be suitable for programs with a tight curriculum and program schedule.
- The activity was costly – artists, materials, childcare
- Program participants attended whenever possible. It could not be guaranteed that the same participants would be present at a follow-on evaluation session.

## Comments

- The availability of a good space to work in was critical. The youth centre had a creative, modern, youth friendly feel about it and there was lots of space to spread out and do the artwork whilst the children were kept safe.
- During the pre-discussion, some individuals dominated the discussion more than others. Facilitator needs to be capable of ensuring participation of all group members. Training can develop effective facilitation skills.
- It was important to get input and feedback from the wider group to ensure the whole group felt ownership of the artwork.
- An alternative day and venue was organized for this creative strategy based on area/space needed, number of individuals interested in participating and childcare needs. This activity had the potential to become stressful for participants without careful planning and support. While not an issue for the *YPAVE* group an activity debrief and/or access to the program coordinator or counselling afterwards should be made available for any participants who become distressed.
- The *YPAVE* experience was extremely positive for all involved and the success of the activity was probably due to a number of factors:
  - Experienced group – the participants knew each other very well and had good relationships with one another. This is essential. This activity would not work with a group that does not know each other since there are too many unknowns and people may not feel comfortable trying something new in front of people they do not know.
  - Selecting the right artists – involving youth who were artists and who had some prior knowledge of the *YPAVE* group. The community artists created a comfortable environment, encouraging the girls to participate, trusting them to do a good job, listening to their ideas and directing them clearly in what needed to be done.
  - Good planning – venue, childcare, catering
  - Clear process and framework – time, budget, materials, content, roles
  - Commitment – this activity will only work with 100% commitment from those involved. One member dropped away and this was acceptable. Forced participation would not have worked.
  - Support – the group owned the process but was aware that the facilitator could step in to offer leadership and direction if decisions/progress could not be made.
  - Note: the data from the group discussion preceding the artwork could also be used for reporting purposes or to create poetry, digital stories or other artwork in future.

## **C4.7 Summary**

The use of creative evaluation strategies within the *YPAVE* setting worked very well. The strategies were positively received and provided the data sought after. The participants engaged well and this may be in part due to the relevance of the activities. Having a focused activity helped the group work together and produce something they felt proud of. There was a high degree of youth participation, teamwork, self affirmation, increased self-esteem and self belief, and opportunities to assess or refine skills including communication skills, problem solving skills, coping skills, teamwork and help-seeking skills.

The creative evaluation strategies captured the perceived impact of the *YPAVE* program and demonstrated that the program is meeting the needs of the participants, thus successfully meeting objectives. Implementing creative evaluation strategies did, however, require some organisation e.g. additional venue and childcare for the graffiti artwork, and some specialist skills e.g. use of artists, IT specialists, researchers. It would be interesting to see to what extent these evaluation strategies continue to be used and how the digital story and artwork are used to promote the *YPAVE* program in the local community.

## **Appendix 11 – Piloted tools considered unsuitable**

The following observation tools were trialed within the Youth Focus *Peer Support Program* but were deemed to be unsuitable for the camp context.

- Daily Assessment Tool
- Peer Support Monitoring Tool

DAILY ASSESSMENT TOOL

DAY 1 2 3 (circle one)

Completed by:

Date:

**Instructions:** 1) Appoint an independent observer 2) Complete **compulsory observations** for all participants during daily Journal reflection sessions and indicate the Day on which observations were made 3) Add selective observations if time permits. *Note: Not all young people will display all indicators.*

Indicators shown by young people	Name	Totals																				
Compulsory observations	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
Practising coping strategies																						
Increased communication, interactions or participation																						
Taking risks/trying new things																						
Having fun, enjoying themselves (even sometimes)																						
Demonstration of goals																						
<b>Selective observations</b>																						
Active participation																						
Asking questions																						
Peer support behaviours																						
Role modelling group rules/norms, pro-social behaviours																						
Trusting others, talking openly with peers about personal or emotive information																						
Gaining further insight on own situation/new perspectives																						
Pro-social problem solving, giving constructive criticism, assertiveness without bullying																						

PEER SUPPORT MONITORING TOOL

DAY 1 2 3 (circle one)

Completed by:

Date:

**Instructions:** 1) Appoint an independent observer to monitor peer support behaviours during all sessions 2) Complete a tally chart for instances of most important behaviours, desirable behaviours and undesirable behaviours. 3) Indicate Day on which observations were made

Indicators	Examples	Tally chart (indicate all instances of behaviour observed)	Totals
<b>Most important behaviours</b>			
Peer supporting/encouraging	'You can do it', 'go on, have a go'		
Peer helping/tutoring	Explaining things, demonstrating, assisting		
Giving positive feedback to peers	'You did so well' ' what a great idea'		
Peer empathy	'Poor you, that's bad', listening to others		
Peer acceptance	Including others ' do you want to join us'		
Adopting peer group norms	Respect, listening to others, rule abiding		
<b>Desirable behaviours</b>			
Confiding in peers	Sharing emotive or personal information		
Trusting peers	Acting on peers' encouragement/suggestions		
Peer sharing	'This is what I did when that happened to me'		
Peer collaboration	Discussing common issues, teamwork		
Peer mediation	Intervening to help resolve conflicts/issues		
Interacting with peers	Group participation, positive engagement		
Peer leading	Taking lead, especially experienced campers		
Role modeling	Demonstrating peer group norms/rules		
Asking peers for help	'How did you cope? 'What would you do?'		
Peer networks	Making friends, formation of social groups		
<b>Undesirable behaviours</b>			
Peer group rejection	Excluding others, solitary individuals		
Negative peer influences	Breaking rules, risky behaviours		
Peer group silos/cliques	Lack of group cohesion, sub-group formation		
Peer conflicts	Disagreements, issues, not getting on		

## **Appendix 12 – Expression of Interest Peer Research Assistant**

**Expression of Interest  
Peer Research Assistant**

Opportunities exist within the Western Australian Centre for Health Promotion for 1-2 young people aged 18-25 to support the My-Peer project as peer research assistants.

The My-Peer project aims to develop a best practice toolkit to help community agencies design, deliver and evaluate peer support programs for youth. The involvement of peer research assistants in the project will help ensure the presentation and content of the final resource is appropriate for the programs and the young people it is designed to benefit.

We are particularly interested in employing young people who have been actively involved in peer support programs as participants, facilitators or volunteers. Ideally, a commitment of 1 day per week for approximately 6 months is anticipated. Casual appointments for short time periods may also be possible. Employment contracts may be negotiated to suit the project and the young person's personal/work/study commitments.

**Key tasks:**

- Providing detailed information on the content of programs
- Collecting feedback from peers about why they like programs
- Helping to develop questionnaires and tools for evaluating and designing programs
- Testing draft tools within their peer group
- Communicating project needs to agency staff and ensuring the project team is aware of agency commitments/program changes.

No experience is required since training, supervision and support will be provided.

Involving young people as peer research assistants has proved to be extremely beneficial in previous projects. The overall quality of the project outputs is enhanced and peer research assistants have opportunities to develop their communication and interpersonal skills, professionalism, use of technology and administrative competency. They will also develop research skills and experience of working as part of a team.

If you think the peer research role may be of interest to any young people associated with your organisation or the youth programs you deliver, or if you would like any further information, please contact Jonathan Hallett ☎ Tel: (08) 9266 7021 ✉ Email: [J.Hallett@curtin.edu.au](mailto:J.Hallett@curtin.edu.au).

Thank you for your support

## Appendix 13 – Copyright permissions letters

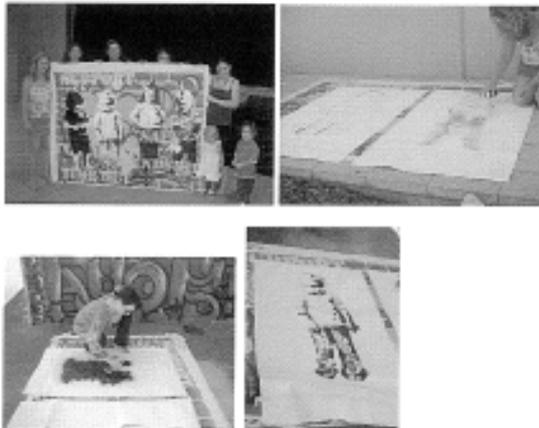
26 September 2011

Deb Hathway  
85 Holland St  
Fremantle 6160

Dear Deb

It is my understanding that you hold copyright in the following material:

**YPAVE digital story (2010)**  
**Photographs of YPAVE artwork**



I am writing to ask permission to include a copy of the YPAVE digital story (2010) and photographs of YPAVE group artwork in my doctoral thesis. Once completed, the thesis will be made available in hard-copy form in the Curtin Library and in digital form on the Internet via the Australasian Digital Thesis (ADT) program. The DVD would be provided strictly for educational purposes and on a non-commercial basis. Further information on the ADT program can be found at <http://adt.caul.edu.au>.

I would be most grateful for your consent to the copying and communication of the YPAVE DVD and photographs as proposed. If you are willing to grant this consent please complete and sign the attached approval slip and return it to me at the address shown.

Full acknowledgement of the ownership of the copyright and the source of the material will be provided with the material. I would be willing to use a specific form of acknowledgement that you may require and to communicate any conditions relating to its use.

I look forward to hearing from you and thank you in advance for your consideration of my request.

Yours sincerely  
Roanna Lobo

PERMISSION TO USE COPYRIGHT MATERIAL AS SPECIFIED BELOW:

YPAVE Digital Story (2010)  
Photographs of YPAVE artwork

I hereby give permission for Roanna Lobo to include the abovementioned material in her higher degree thesis for the Curtin University of Technology, and to communicate this material via the Australasian Digital Thesis Program. This permission is granted on a non-exclusive basis and for an indefinite period.

I confirm that I am the copyright owner of the specified material.

Permission to use this material is subject to the following conditions:

Signed:   
Name: JOCELYN HATTAWAY  
Position: LECTURER / CO-ORDINATOR  
Date: 06/07/2011

Please return signed form to: Roanna Lobo, 7 Balmoral Way, Kallaroo WA 6025.



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## Marketing Department Rights & Permissions

May 8, 2012

Reference #: 05081200

Ms Roanna Lobo  
School of Public Health  
Curtin University  
GPO Box U1987  
Perth  
WESTERN AUSTRALIA 6845

Dear Ms. Lobo:

You have requested permission to reproduce the following material copyrighted by the National Academy of Sciences in a doctoral thesis which will be communicated online via the Australasian Digital Thesis program:

**Figure 2.1, *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research, 1994***

Your request is granted for the material cited above provided that credit is given to the copyright holder.

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## Appendix 14 – Consent form

### CONSENT FOR USE OF INFORMATION AND PERSONA

I hereby consent to the use of my name in the YPAVE digital story (tick one)

Yes  No

I hereby consent to the use of my story in the YPAVE digital story (tick one)

Yes  No

I hereby consent to the use of audio of my voice in the YPAVE digital story (tick one)

Yes  No

I hereby consent to the use of photographs, video or other images of me in the YPAVE digital story (tick one)

Yes  No

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Project and location \_\_\_\_\_

Date of recording \_\_\_\_\_

# Appendix 15 – Field testing interview schedule

Interview schedule for service providers involved in independent field testing of the evaluation framework and evaluation approaches

Agency: .....

Time period of testing: .....

## EVALUATION FRAMEWORK

1. Could you explain how you have used the evaluation framework - e.g. setting priorities, trouble shooting, service improvement, evaluation planning, etc?
2. What did you like most about the evaluation framework?
3. What difficulties (if any) did you experience using the framework and how did you overcome these?
4. Which components of the evaluation framework did you refer to most or find most helpful? Why?

Attributes of youth at most risk  
External factors  
Moderating factors  
Environment factors  
Peer group factors

Program factors  
Short term impacts  
Impacts on others  
Long term outcomes

Comments \_\_\_\_\_

5. Which components of the framework did you not use or not find helpful? Why?

Attributes of youth most at risk  
External factors  
Moderating factors  
Environment factors  
Peer group factors

Program factors  
Short term impacts  
Impacts on others  
Long term outcomes

Comments \_\_\_\_\_

6. Will you use the evaluation framework in future? Why or why not?

#### **EVALUATION APPROACHES**

1. Which evaluation approaches did you test?

2. How did you select these approaches?

3. What modifications (if any) were required?

4. Which evaluation approaches did you find to be most useful? Why?

5. What difficulties (if any) did you experience during implementation?

6. Which evaluation approaches (if any) would you not use again? Why?

7. Are there any other evaluation approaches you would like to test or have introduced?

8. What would help increase usability of the evaluation framework and evaluation approaches e.g. training, support?