outcomes for all students. At Kauri level there is an expectation that reviewing and evaluating what is happening across all components of the school will inevitably highlight areas in which improvements can be made. With respect to this there is an appreciation that involvement by as much of the school community as possible in deciding what should be changed and how this could be done, will deliver more effective and sustainable outcomes. It is also recognised that to be self-sustaining as a health-promoting school requires ongoing awareness and support from those within the school and its wider community. Being a health-promoting school is therefore an integral part of the school’s particular culture, and strategic measures are in place to ensure that it is understood and appreciated by new members to the school community.

Processes to support the Tipu Ka Rea model

The development of simple tools and effective processes to support the Tipu Ka Rea model has been ongoing and illustrates the successful partnership that exists between the schools, their Public Health Nurses, health promotion facilitators and other agencies. With their help schools develop their own plans to further their development in each level of the Tipu Ka Rea model. Ownership of the plans by the school is fundamental as Public Health Nurses and health promotion facilitators can but encourage, guide and advise, but the process of developing as a health-promoting school is one that schools themselves must own and lead.

Accreditation as a Tipu Ka Rea Health-Promoting School

An accreditation process has been developed at the national level and the “Accreditation” of a school’s particular health-promoting initiatives makes it possible to categorise schools according to their level of development, which is useful when planning resources to support schools. At each level an accreditation interview is initiated by the school and is based on their plans. It thus provides opportunities for evaluation and reflection on what has been achieved and what might be considered at the next level.

Some Health Promoting Schools websites

World Health Organisation School Health
New Zealand Health Promoting Schools
European Network of Health Promoting Schools
British Columbia Health Promoting Schools
Australian Health Promoting Schools

www.who.int/school_youth_health/en
www.hpsa.org.nz
www.euro.who.int/ENHPS
www.bcved.gov.bc.ca/health
www.hapsa.org.au

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Donna MacKinnon and Kathryn Backett-Milburn

Getting the evidence into practice and policy to improve young people’s health - some barriers and facilitators

Rather than just focusing on the viewpoint of researchers, this article illustrates that there are challenges for policy-makers and practitioners too including adopting a more multi-stakeholder approach that involves recognising different interests, greater collaboration and becoming skilled communicators.

There has been increasing awareness of the role research plays in informing policy and practice particularly with health and education. January 2005 saw the first edition of the journal “Evidence and Policy” devoted to health research. Earlier in 2004, Graneheim & Laudet (2004) identified that evidence-based practice is seldom straightforward.

Some Challenges

A recent report by the Kings Fund has stressed the gap between the “abundance of evidence-based policy and what actually happens in communities where policies are implemented (Coote, Allen and Woodward, 2004). The report also asserts that practitioners working at local level often find that the evidence base does not address their needs and their own knowledge is not taken into account.

Time can be a challenge...

There can be a challenge in getting the evidence into policy and practice. Gathering evidence of effectiveness can be resource intensive and time consuming and hence there can be a need to continue with a strategy or programme or roll it out even if eventual results prove disappointing.

Policy makers may also have to be innovative in their use of evidence especially if a great deal of funding has been invested in making a particular change. Policy makers may also have to be anxious to receive results quickly to show evidential support. In this process, the short term horizon of policy making and the duration of those of research. So, there may be insufficient time for the analysis of any impact. Also, political considerations often mean there is a need for results as early as possible to plan ahead.

Furthermore, evidence is only one influence on both policy makers and practitioners; other influences have legitimacy and authority. In practice, policy makers and practitioners may value other types of evidence, such as professional judgement or the opinions of important colleagues. In all of these ways, then, researchers are competing with other sources of persuasion.

The evidence itself...

The evidence itself can present a challenge. Sometimes there is simply a lack of available evidence. On the other hand, there can seem to be a great weight of evidential weight and, indeed, a lack of consensus among researchers regarding the value of different forms of evidence can also be challenging.

Relevance of evidence to policy...

Another challenge is the policy relevance of evidence. Research can be gathered for a number of purposes and may not always be relevant to policy. However, we have to exercise caution because such an evidence base may be the only available, and the value of research simply in terms of its impact on policy.

Also, we can also refer to a linear model of policy and research that neglects their interactivity. Evidence can be empirically elusive and difficult to pin down and/or...
measure. This works both ways as concepts which become fashionable with policy can also be elusive, e.g. social capital.

Researchers may themselves be politically naive, not aware of how policy is made, or unclear about the constraints and demands of practice. Policy making can be perceived as a linear event rather than a diffuse process. Hence opportunities and circumstances where research can be useful can be overlooked.

On the other hand, policy makers and practitioners may often lack the research-based skills to deal with evidence, for example knowing where to find it and how to use it, considering not only what works but also how it works.

**Young People’s Health in Scotland: Linking Policy, Practice and Research Initiative**

In 2002 a need was identified for a research and information base regarding young people’s health in Scotland by a forum of representatives from key agencies working with young people (see Backett-Milburn and MacKinnon, 2003).

There are many different models of how research knowledge may be made accessible to practitioners and policy makers but most emphasise closer collaboration between commissioners, research users and academics through out the research process (Davies, Nutley & Smith, 2000; Nutley, Davies & Tilley, 2000).

With this in mind, a research and information initiative on young people and health in Scotland was initiated to encourage close collaboration between NHS Health Scotland, University of Edinburgh research centres, policy-makers and practitioners working in the area of youth health and well-being.

As well as contributing directly to the development of a major programme of work on young people established by Health Scotland in 2001, the research aimed to promote dialogue and encourage a broader alliance of national agencies. The research also aimed to develop an interface mechanism whereby research-practice-policy dialogue was built into strategy development.

**Involving stakeholders...**

Involving stakeholders early on had a number of benefits. It encouraged engagement with the evidence process, built ownership and user involvement. It also placed value on practice-based evidence.

A three stranded initiative...

Health Scotland commissioned a three stranded initiative. Firstly, in order to scope existing research four literature reviews were commissioned from leading academics to explore different aspects of the health and well-being of 11-25 year olds.

Although there was a significant body of data on young people’s lives and health in Scotland, a considerable amount of this had been gathered from the perspective of adult-defined health concerns. Consequently, one review specifically reported on young people’s own concerns.

Secondly a mapping of current information sources on young people and health that were routinely available to those working with young people and a review of current consultation processes with young people was undertaken.

Thirdly a consultation seminar was held to discuss the research and strategic development possibilities with researchers, policy makers and practitioners working with young people. Importantly many of the participants had been involved in the research and information exercises in the first two strands, which had aided inter-agency awareness and previous work. Essentially this seminar allowed for more effective dissemination and discussion of the evidence.

**To disseminate more imaginatively...**

The initiative also sought to disseminate more imaginatively beyond the more traditional outputs. The findings were presented at a Policy Forum meeting at the Scottish Executive, organised by the Chief Scientist Office. A special edition of the Scottish Youth Issues Journal was produced to reach its target audience of youth organisations and agencies. As well as the research reports, five research briefings were produced and made available on Health Scotland’s website - www.hebsi.com/research.

It became apparent from the organisations that are involved with young people in Scotland that better networks and links between them would promote a more holistic approach to meeting young people’s needs. In particular it was demonstrated that smaller organisations find it hard to access up-to-date information related to health.

Consequently Health Scotland’s programme manager for young people established a Youth Health Network with an accompanying newsletter outlining the latest policy and research developments relevant to young people’s health.

**Conclusion**

Contributing evidence to health improvement policy and practice will continue to present challenges but it can be aided by recognising a ‘pluralistic’ culture, a more multi-stakeholder approach where we recognise different interests and greater collaboration.

Different individuals and groups want different things from research and have different stakes in it. The research and information initiative illustrated the need for researchers to become skilled communicators, e.g. improving our ability to define a problem according to different points of view, adapting the argument to the audience.

However, mutual exchange and promoting learning and improvement was also found to be essential. In particular it was apparent that evidence is most likely to influence policy makers and help practitioners through an extended and multi-faceted process of communication.

**References**


