Self-esteem, self-efficacy and locus of control in young people attending a secondary school health initiative

Final report on the evaluation of the Health Club within Drumchapel High School


Glasgow Caledonian University
Department of Psychology
# TABLE OF CONTENTS

1. BACKGROUND TO THE STUDY ............................................................................. 3  
   1.1 RESEARCH BRIEF ......................................................................................... 3  
   1.2 DEFINITIONS ................................................................................................ 4  

2. METHOD .............................................................................................................. 6  
   2.1 METHODOLOGY USED WITH THE YOUNG PEOPLE .................................. 6  
      2.1.1 DESIGN ................................................................................................. 7  
      2.1.2 FOCUS GROUPS: TIME 1 ........................................................................ 11  
      2.1.3 DYADIC INTERVIEWS: TIME 2 ............................................................... 13  
      2.1.4 SIMPLE QUESTIONNAIRE: TIME 1 AND TIME 2 .......................... 16  
   2.2 METHODOLOGY WITH STAFF .................................................................... 17  
      2.2.1 INTERVIEW WITH HEALTH CLUB STAFF ....................................... 17  
      2.2.2 ISSUES ADDRESSED IN FOCUS GROUP WITH HEALTH CLUB STAFF .... 18  
      2.2.3 INTERVIEW WITH HEAD TEACHER .................................................... 19  

3. RESULTS ............................................................................................................ 22  
   3.1 THE STUDY SAMPLE .................................................................................... 22  
   3.2 INTERVIEWS WITH YOUNG PEOPLE ...................................................... 22  
      3.2.1 GLOBAL SELF-ESTEEM ....................................................................... 23  
      3.2.2 SELF-EFFICACY/LOCUS OF CONTROL .............................................. 24  
      3.2.3 HEALTH BEHAVIOUR ......................................................................... 26  
   3.3 QUESTIONNAIRE RESPONSES ..................................................................... 28  
      3.3.1 HEALTH BEHAVIOUR ......................................................................... 31  
      3.3.2 SELF-EFFICACY AND LOCUS OF CONTROL ....................................... 31  
      3.3.3 OPINIONS ABOUT THE HEALTH CLUB ............................................. 31  
   3.4 SUMMARY OF QUESTIONNAIRE DATA .................................................. 31  
      3.4.1 HEALTH BEHAVIOUR ......................................................................... 31  
      3.4.2 SELF-EFFICACY AND LOCUS OF CONTROL ....................................... 31  
      3.4.3 OPINIONS ABOUT THE HEALTH CLUB ............................................. 31  
   3.5 THE STAFF ................................................................................................ 33
1. BACKGROUND TO THE STUDY

Drumchapel High School is a comprehensive secondary school in an area of multiple deprivation. Following concern regarding a number of health related problems including lack of physical activity, low self-esteem and relationship issues, a weekly Health Club was established within the School. Operating over a Friday lunch-time, the Club is run primarily between the Principal Teacher Care and Support and two Health Visitors (a number of other members of teaching staff within the school help out on a less regular basis).

Through weekly activities which include the provision of a healthy lunch and discussions of health related issues, the Club aims:

- to empower young people to improve their health
- to improve the self confidence and self esteem of young people attending
- to provide positive experience of self worth and value
- to build links between Health Visitors and the school

(refer to Wilson, S. and Kendall, R. 1996)

1.1 RESEARCH BRIEF

The report which follows outlines the details of an evaluative study of the
Health Club, undertaken by the Department of Psychology at Glasgow Caledonian University. Briefly, the study sought:

- to establish baseline measurement of self-esteem, locus of control, self-efficacy, awareness of health issues
- to assess Club members opinions and feelings about the Health Club and the ways in which it is similar/different from school
- to re-assess these measures following attendance at the Health Club over a school term
- to interview key staff involved in the Club to ascertain the rationale behind the Club, how young people were recruited for the Club and how the Club operated on a week to week basis.
- to make recommendations as to how such a Club might be established in other school settings.

Full details of the methods of investigation are given in the sections which follow.

1.2 DEFINITIONS

Throughout this report the terms self-esteem, self-efficacy, locus of control
and health behaviours will be frequently referred to. These terms are defined as follows:

**Self-esteem:** The degree to which one values oneself. The degree of self-esteem is also usually specified - high or low (Reber, 1985).

**Self-efficacy:** “Perceived self-efficacy is concerned with beliefs in one’s capabilities to mobilise the motivation, cognitive resources, and course of action needed to meet given situational demands” (Bandura, 1989). An important point in the definition of self-efficacy is that it has nothing to do with whether an individual has successfully undertaken a task rather, the belief that they could behave in a particular way.

**Locus of Control:** The perceived source of control over one’s behaviour. It is measured along a dimension running from high internal to high external. An internal person is one who tends to take responsibility for his own actions and who views himself as having control over his own destiny. An external person tends to see control as residing elsewhere and to attribute success or failure to outside forces (Reber, 1985).

**Health Behaviours:** Any behaviour that is related to health, either positively (e.g. health eating) or negatively (e.g. smoking).
2. METHOD

2.1 METHODOLOGY USED WITH THE YOUNG PEOPLE

A variety of methodologies were developed for this study, designed to take account of the abilities and vulnerability of the young people as well as providing valid reliable data. For example, the range of literacy levels in Club members precluded the use of standardised self-esteem or locus of control questionnaires. Furthermore, these measures were deemed inappropriate as their use might damage the self-esteem and confidence which the Club was seeking to build in its members. Standardised measures of self-esteem and locus of control generally do not take into account the needs of very specific study populations, being designed instead, for use with the general population. The study sample in the research presented is not representative of the general population and therefore requires a different method for assessing self-esteem and locus of control. In addition, given the limited sample size, small changes in self-esteem and attitudes may be masked by a purely quantitative methodology although such small changes may be the start of more important improvements.

The methods used in this study, therefore reflected these concerns and sought to access the young people’s beliefs, attitudes and behaviours without relying only on written responses. Rather, a more qualitative approach was taken with structured focus groups and paired discussions forming the basis of the Health Club evaluation. Details of the measures
Immediately following the focus group discussions, the primary researcher and scribe independently utilised their own notes from the interview and assigned ratings for self-esteem, self-efficacy and locus of control to each group member, using the framework below as guidance. Following this independent assignment of ratings to individuals, inter-judge reliability was assessed by comparing the ratings of the main researcher with those of the scribe. No disagreements were found. As a means of augmenting these ratings and the notes from each focus group, discussions between each pair of researchers followed. These discussions sought to pay particular attention to issues which were raised by the young people and which would be further explored at the time two interviews. (Details of the structure of the focus groups are given in section 2.1.2. An outline of the structure of the interview and the questions raised is contained in appendix 1. Note also that the researchers responded to the individual needs and issues raised in each focus group).

Self-esteem: For the purposes of assessment, self-esteem was defined as the extent to which individuals were happy with themselves within the context of the school, the Health Club and outside of school, with friends. Specifically, questions were asked which sought to establish whether the young people felt happier and more confident when attending the Club and to assess whether these feelings were also present in other areas of their life. A rating of high self-esteem was assigned to individuals who, in both their verbal responses and body language expressed that they were happy with
themselves and what they were achieving in both the Health Club and other environments / relationships. In particular, these positive feelings were extended to areas in which they judged themselves not to be succeeding. Individuals who were confident and willing to speak were only assigned such a rating if the content of their contributions was commensurate with their body language. Thus an individual who spoke clearly and articulately about any matter whilst at the same time failed to make eye contact or hid his/her face would not be assigned a rating of high self-esteem.

A rating of middle self-esteem was assigned to individuals who either was happy and confident in some contexts but not others or who was speaking confidently but whose body language contradicted the content of what they were saying (see above).

A rating of low self-esteem was assigned to an individual who expressed discontent with his / herself and what they were achieving in most aspects of his / her live. Such beliefs were expressed with no eye contact or confidence.

Self-efficacy: For the purposes of rating the self-efficacy of individual group members, it was defined as the extent to which individuals believe that they can achieve what they are setting out to achieve i.e. to function effectively in a variety of contexts. Ratings of high, middle or low self-efficacy were assigned as follows:
High self-efficacy: Individuals who expressed a willingness to try new activities, who believed that they could have an impact on their own environment and who gave specific behavioural examples of having done so were assigned a rating of high self-efficacy.

Moderate self-efficacy: Individuals who expressed a willingness to try out new activities but showed ambivalence as to whether they would and provided limited evidence as to having done so were assigned this rating. Uncertainty was also expressed as to whether or not they could successfully have an impact in areas of their lives.

Low self-efficacy: This rating was assigned to individuals who showed little or no evidence of a willingness to try or a belief that they could succeed in new activities or in any areas of their life. There was a very limited belief in their ability to be effective in any area of their lives.

Locus of control: A rating of internal or external was given according to whether individuals believed that they controlled (internal) or they were controlled by (external) the events of their life.

Health Behaviour: This was assessed on the basis of an analysis of the group discussions when the young people discussed food, smoking etc. Further information on health behaviour was obtained from the simple questionnaire completed at time 1 and time 2 (refer to section 2.1.4).
included: Who decides what to do at the Health Club? If you had an idea about something that you’d like to do at the Health Club, what would you do? Do you feel you can make suggestions? Have you made suggestions about activities/events for the Health Club - were the suggestions taken up? Who makes decisions? Similar questions addressed these issues in school activities.

6) General comments about this type of Club: The purpose of this series of questions was to provide the young people with an opportunity to explore issues peripheral to the research brief but, nonetheless relevant to the establishment of this type of Club in other schools. E.g. Do you think it would be a good idea to set up a Health Club like this in other school? what are the good things about a Health Club? How would you suggest running a Health Club?

2.1.3 DYADIC INTERVIEWS: TIME 2

During this stage, the young people were interviewed, in pairs, specifically to examine change in the outcome variables over time. The young people were randomly assigned to pairs by the research team with the proviso that any individual who was unhappy with his / her pairing would be reassigned. No discontent was expressed at the choice of pairing. The random assignment to pairs should help to eliminate ‘friendship effects’ whereby individuals agree with what each other is saying as a means of preserving a friendship. To measure change, some of the questions asked at time 1
were repeated. Additional questions, drawn from issues arising from the time 1 interviews were also included here. The key issues and questions and used at this stage are summarised in appendix 2.

1) **Icebreaker:** Discussion of what the young people did over the summer. A key point of interest here was whether Club members were involved in any Clubs/activities over the summer; further, were they friendly with others from the Club.

2) **Global self-esteem:** This was measured by asking for feelings about school: What's the school like? What do you like best/least about the school? What subjects are you good/poor at? It was expected that those individuals with low self-esteem would only like those subjects they perceived themselves to be good at. In addition, it was expected that those with low self-esteem would report fewer subjects that they liked or were good at. An issue of concern was whether attendance at the Health Club resulted in Club members becoming dissatisfied with other aspects of school. To address this, the young people were asked if there were any features of the school which they would like to change; how involved they were in making decisions at school; how would they make their school a healthier one.

3) **Self-esteem within the Club:** This group of questions was designed to ascertain the young peoples likes, attitudes and feelings towards the Club, and about themselves while they are at the Club thus giving us a
measure of self-esteem. Specifically, they were asked: Why do you keep coming? What do you like/not like about the Club? What do you think about the food at the Club? How do you feel when you’re at/not at the Club? Finally, Club members were asked to consider which people they thought best suited to running a Health Club.

4) **Self-esteem outwith the Club:** The aim of these questions was to provide a comparison with 3 above. E.g. What’s different about the Health Club from the rest of school?

5) **Self-efficacy/locus of control:** This series of questions sought to assess the level of control the young people believed they had over events both within the Health Club and the school. This allowed us to assess differences in self-efficacy in these environments. Questions asked included: Who decides what to do at the Health Club? If you had an idea about something that you’d like to do at the Health Club, what would you do? Do you feel you can make suggestions? Have you made suggestions about activities/events for the Health Club - were the suggestions taken up? Who makes decisions? Similar questions addressed these issues in school activities.

6) **Health behaviour:** Of interest here was to determine the types of food which the young people were currently eating and whether this was different from before they started coming to the Health Club.
7) General behaviour/friendship patterns outside of school: As a further assessment of self-efficacy, the young people were asked questions relating to the types of activities/Clubs they are involved in or would like to be involved in; the reasons why they choose to become involved in some Clubs but not others. Also at this point questions to establish who they were friendly with both inside and outside of school were asked.

8) General comments and summing up: The purpose of this series of questions was to provide the young people with an opportunity to explore issues peripheral to the research brief but, nonetheless relevant to the establishment of this type of Club in other schools. E.g. Do you think it would be a good idea to set up a Health Club like this in other school? What are the good things about a Health Club? How would you suggest running a Health Club. Finally, what hopes and aspirations did they have for the future.

2.1.4 SIMPLE QUESTIONNAIRE: TIME 1 AND TIME 2

A simple questionnaire was designed and administered to all Health Club members (see appendix 3). The questionnaire comprised of 20 questions designed to support and extend the information obtained from the focus group interviews. The questions were short and specific to issues about the Health Club thus making the issues raised familiar for those completing it and readable for those with any difficulties. In addition, the questions were read out to the young people in small groups with discreet additional help
being provided as and when required. The key areas addressed were as follows:

1) Health behaviour.

2) Self-efficacy.

3) Self-esteem.

4) Locus of control.

5) General opinions about the Club.

2.2 METHODOLOGY WITH STAFF

2.2.1 INTERVIEW WITH HEALTH CLUB STAFF

A focus group was conducted with the teacher and two Health Visitors who run the Health Club. The group was led by two members of the research team, with the responses and issues raised by the staff recorded by a scribe. The aim of this discussion group was to ascertain the rationale and ethos of the Health Club, how it started and how it currently operates. Of key concern was to establish how the Club could be repeated in other settings. While the focus group format allowed the participants to raise issues of concern to them, a structure was imposed to ensure that the main research questions were addressed. The issues raised in the focus groups are
2.2.2 ISSUES ADDRESSED IN FOCUS GROUP WITH HEALTH CLUB STAFF

1) Recruitment: Is there a formal recruitment procedure in operation if so/not how are the young people invited to attend? What are the aims in inviting a young person to come along? Is there ever any debate about whether a particular young person should be invited to attend? What do you do/how do you feel if someone who is invited to come along decides not to or comes for only a short period of time? Once recruited, is there any formal/informal monitoring of how the young people are doing outwith the Health Club? How is success measured?

2) Training: Of interest here was to establish whether any of those running the Health Club had undergone any particular training specifically any training in counselling skills or training related to working with adolescents? Further, did they set out to make the young people as emotionally aware as they themselves appeared?

3) Operational issues: Issues explored here were as follows: What is the health service involvement at management level? What is the school management involvement? Is there a desire for any more or less management support? In terms of resources, who is responsible for providing money, stationary etc.??
4) **Weekly operational issues**: On a weekly basis how are decisions taken about activities/food etc.? If there is disagreement on any of these issues how is it resolved? If other teachers come along to help out at the Club, how would you deal with a situation where the teacher is not conforming to the ethos and aims of the Club? Within the Health Club, how do you establish the boundaries of what is and what is not acceptable behaviour?

5) **The future**: The final questions aimed to establish how staff see the Club in the future specifically: Do you think that your work as a team would be changed by the addition of another staff member or by the change of one of the current staff members? Is there anything which you would like to do in the Club and haven’t been able to? If so, what is the barrier to achieving this? What do you get out of the Club? Is there anything else you would like to say to us about the Club, anything we have not mentioned which is important?

2.2.3 **INTERVIEW WITH HEAD TEACHER**

In order to make recommendations as to how this type of Health Club might be set up in other schools, an interview with the Head Teacher was conducted. This interview sought to establish the level of school commitment required for such an initiative, as well as general issues regarding the operation of the Club. The interview was conducted by two
members of the research team using a broadly similar structure to that used with the other staff members. The issues raised were as follows:

1) **Recruitment:** Questions asked here included: How did the Club start? What do you see as the main aims of the Club? How are members recruited?

2) **Evaluation:** Given that a Head Teacher may have a significant say in whether a Health Club is established and indeed maintained in a school, of interest here was to determine how a Head Teacher would measure the success of a such a Club. Questions asked: What would you say would be a success for the Club? What positive things do you think the Club has to offer? Is there any formal or informal monitoring of how the Club is doing?

3) **Operational issues:** These questions aimed to establish the level of managerial involvement in the day to day running of the Club. What is the school management involvement? Do you offer some financial support? If so, do you measure value for money? Would you like management to be more or less involved in the operation of the Club? Does the school management actively encourage staff to help out? Within the Health Club the youngsters are actively involved in rule making, is this type of autonomy encouraged in other area of school life?

4) **Impact on the rest of the school:** Do you think it would be worth
expanding the rationale of the Health Club to other areas in the school? Has it had a wider impact in the school? The youngsters in the Club came across as being very emotionally aware and able to express their feelings; do you think this openness is evident in areas of the school outwith the Club?

5) The future: How would you see the Health Club continuing if the teacher involved was no longer at the school? Is there anything else which you think the Club could do which it does not do at present? Is there anything else which you would like to add which we haven't covered?
3. RESULTS

The results will be presented in three parts reflecting: 1) the focus groups and dyadic interviews; 2) the questionnaire data from Time 1 and Time 2; and 3) the staff interviews. Finally an integrated account of these results will be presented.

3.1 THE STUDY SAMPLE

Table 2 shows a breakdown of the data obtained from the overall study sample. Because of absence, complete data sets covering both phases of the study period are available for only a subset of the study sample (9). Evaluation of the effects of the Health Club therefore relies primarily on those data sets. The remaining incomplete data sets are used to support the findings from the main study. Gender differences are not explored in this report due to the small sample size with the majority of the data having been obtained from females.

Table 2: Breakdown of data obtained from the study sample

<table>
<thead>
<tr>
<th>Sample</th>
<th>Interview Data</th>
<th>Questionnaire Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Time 1</td>
<td>Time 2</td>
</tr>
<tr>
<td>New Start Members</td>
<td>6 (2 males, 4 females)</td>
<td>9 (1 male, 8 females)</td>
</tr>
<tr>
<td>Established Members</td>
<td>5 (2 males, 3 females)</td>
<td>4 (1 male, 3 females)</td>
</tr>
</tbody>
</table>


3.2 INTERVIEWS WITH YOUNG PEOPLE

The data obtained from the Time 1 focus groups were compared to the information obtained from the same young people in the dyadic interviews that took place at Time 2. Data are presented under the headings outlined in section 2.1 and take the form of a summary of responses given by the same young people at the two data collection points. In addition, discussion of issues conducted with new Health Club members at Time 1 is compared with the comments received from established members at Time 1.

3.2.1 GLOBAL SELF-ESTEEM

Over the course of the study period, an improvement in self esteem was noted in a number of areas (see Table 3). Researchers noted that there was an all round improvement in self-esteem in the young people from Time 1 to Time 2.

Although there was very little difference in terms of pupils liking things they were good at and disliking thing they were not good at, there was a marked difference in the way that these opinions were expressed. For example, at Time 2, one individual expressed the opinion that she was “born into credit English, I used to not think I was that good”.

In addition, the young people had developed friendships both within and outwith the Club which they attributed to the increased confidence they had gained through attending the Health Club. For example, one individual
said "I would like to make more Clubs outside the school for bored people. I am friendly with people at the Health Club and some not at the Club. I have more friends now and we all decide what to do".

Table 3: Global self-esteem in the study population

<table>
<thead>
<tr>
<th>New Member Time 1</th>
<th>New Member Time 2</th>
<th>Established Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. At the first interview, new starts to the Health Club said they were intimidated by school because of size.</td>
<td>1. At the second interview, new starts were less intimidated by school and felt much more confident.</td>
<td>1. Established members reported that they were not intimidated by school</td>
</tr>
<tr>
<td>2. Generally, new starts liked aspects of school that they judged themselves to be good at. Conversely, they disliked aspects they believed they were not good at. Several new members disliked anything associated with writing</td>
<td>2. This aspect of self-esteem changes only slightly over the study period in that they liked aspects of school that they judged themselves to be good at. However, they were much more confident in expressing these opinions.</td>
<td>2. As with the new Club members established members preferred things they perceived themselves to be good at. However, these pupils were much more confident in saying what they were 'good at' and why.</td>
</tr>
<tr>
<td>3. This group perceived the Club as a good way to meet new people and make new friends.</td>
<td>3. Several members of this group noted that they had in fact made new friends through the Health Club.</td>
<td>3. Several members of this group noted that they had in fact made new friends through the Health Club.</td>
</tr>
</tbody>
</table>

3.2.2 SELF-EFFICACY/LOCUS OF CONTROL

The Health Club appears to play a role in increasing self-confidence in those who attend. For example, while at time 1, few of the new starts expressed any opinions with confidence, at Time 2, one girl said she felt "peachy at
the Club and she said “you don’t let people gie ya any mince when you’re
at the Club and outside the Club too”. This suggests that the individual felt
good about herself and was capable of standing up for herself within, or
outside the Health Club. Other comments include: “you feel happy…. sure
of yourself at the Club - I suppose not as much outside but the Health Club
helps you feel confident outside”. At Time 1, self confidence, outwith the
Health Club appeared to be much higher in established Club members.
However, this distinction was less marked at Time 2: “I was a bit scared at
the Club at first but got to know people. But now I can go in anywhere - an
interview for a job - and you need to do that” (new member, time 2). Of
the new members, the majority allowed others to determine their activities
in school (outwith the Health Club) and outside school at Time 1 but not
Time 2. Indeed there was evidence that attendance at the Club had an
impact on the attempts of Club members to control their activities outwith
the Club “I’m trying to get a girl’s football Club together. I wouldn’t have
asked last year” (new member time 2).
Table 4: Self-efficacy and Locus of Control in the study population

<table>
<thead>
<tr>
<th>New Member Time 1</th>
<th>New Member Time 2</th>
<th>Established Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. New members felt that there would be a difference in the decision making process in the Club compared to the school.</td>
<td>1. At time 2, new starts had some experience of the difference in the decision making process in the Club compared to the school.</td>
<td>1. Established members of the Club were aware of and had experience of the difference in the decision making process in the Club compared to the school.</td>
</tr>
<tr>
<td>2. There was a general perception that any suggestions made by members would be taken on board.</td>
<td>2. New starts reported particular suggestions that they had made which were followed up within the Club.</td>
<td>2. Established members had the perception that any suggestions made by members would be taken on board. Specific examples of suggestions that were followed up were given by the young people.</td>
</tr>
<tr>
<td>3. All of these young people were assessed by researchers and scribes to have low or moderate levels of self-efficacy and an external locus of control.</td>
<td>3. Increased levels of self-efficacy and locus of control were noted by both researchers and scribes with all new starts being assessed as having moderate to high levels of self-efficacy and an internal locus of control.</td>
<td>3. All were assessed by researchers and scribes to have moderate or high levels of self-efficacy and an internal locus of control.</td>
</tr>
</tbody>
</table>

3.2.3 HEALTH BEHAVIOUR

There were clear differences in health behaviour between the new starts at Time 1 and Time 2 (see Table 5). At Time 1, young people had a limited selection of foods that they liked while at Time 2, they had extended this range to include healthy foods and were much more adventurous in food choice. Information on the eating habits and the adventurousness of the young people came from two sources of information: the young people
themselves during the discussions and an ad hoc observation of what the young people were choosing to eat while on their visit to the university.

Table 5: Health behaviour in the study population

<table>
<thead>
<tr>
<th>New Member Time 1</th>
<th>New Member Time 2</th>
<th>Established Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All new starts said they understood the concept of ‘healthy eating’, however, in reality, their level of understanding was mixed.</td>
<td>1. At Time 2, this group had a great deal more to say about healthy eating and appeared to have a more comprehensive understanding of the concept.</td>
<td>1. Established Club members were quite knowledgeable about ‘healthy eating’.</td>
</tr>
<tr>
<td>2. New starts appeared to be willing to try new foods but were unsure of whether they would like things.</td>
<td>2. At Time 2, these young people not only ate ‘healthy food’ at the Health Club but were actively attempting to persuade parents (or carers) to include many of the foods they had tasted at the Club in their home diet.</td>
<td>2. Established members reported that they ate healthily at the Club and chose ‘healthy options’ from the school canteen on days they were not at the Club. The tried new foods at home and ate a wider variety of foods than prior to attending the Club.</td>
</tr>
<tr>
<td>3. New starts were involved in a number of activities related to health behaviour, for example, a ‘No Smoking’ campaign for schools was being designed at Time 1.</td>
<td>3. At Time 2, health education had shown some impact on new starts in that these young people talked of stopping smoking and/or increasing their levels of activity.</td>
<td>3. Established members had high levels of awareness on health issues, however, this was not always reflected in their behaviour (i.e. several established members admitted to smoking despite the ‘No Smoking’ campaign.</td>
</tr>
</tbody>
</table>

For many of these young people, although they were trying to change the types of food they ate at home, they were dependant on what was
provided in the home. For example, one girl said that "I don't eat healthy food at home... mum fries food". Another noted that "mum bought the stuff to make pasta like we had in the Club but it did not taste the same so we didn't have it again". These anomalies in food choice were highlighted during the data collection at time 2 where the young people ate the 'healthy' meal provided by Glasgow Caledonian University with some enjoyment albeit asking for chips to go along with it. They then proceeded to visit the campus shop to buy sweets, crisps and chocolate. This suggests that rather than change their diet, the Health Club has encouraged these young people to expand their diet and include more 'healthy' options alongside previously liked foods. The long term outcome of this may be that having tried a broad range of foods in their teenage years, these young people will develop a healthy approach to eating at an earlier age than their peers.

3.3 QUESTIONNAIRE RESPONSES

Questionnaire data was examined to determine whether new Club members differed in their responses between Time 1 and Time 2, and between new and established members. Given the relatively small sample size, care should be taken in the interpretation of these results. There was general agreement on a number of questions relating to the Club. These are outlined below:
1) Would like the Club on more than one day per week (92%).

2) Think that the Club is a good place to make friends (92%).

3) Think that the Club is a good place to learn about what things are good for them (100%).

4) Thinks that the Club is a good place to try out new foods (96%).

5) Thinks that the Club is a good place to try out new activities (92%).

6) Report that they have a say in what goes on at the Club (71%).

7) Report that it is very important to have the Club at lunch time (96%)

8) Report that the Club makes them feel good (75%).

9) Report that they would obtain advice at the Health Club (67%).
Table 6: Differences in questionnaire responses as a function of group membership

<table>
<thead>
<tr>
<th>Question</th>
<th>New Club Members Time 1</th>
<th>New Club Members Time 2</th>
<th>Established Members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Do Club members hang about with each other outside school?</td>
<td>2</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Do you feel you have a say in what goes on in school?</td>
<td>3</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Has the kind of food you eat changed since you started going to the Health Club?</td>
<td>1</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Who decides what you do at lunch time (not Health Club days)?</td>
<td>1</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Who decides what you do outside school?</td>
<td>2</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 6 shows only those questions where the groups differed. Differences were found between new and old members on four questions relating to self-efficacy/locus of control and one health behaviour question. However, most importantly, differences were also found in relation to self-efficacy, self-esteem, locus of control and health behaviour in new members from Time 1 to Time 2. These findings support the information gained in the focus groups.
3.4 SUMMARY OF QUESTIONNAIRE DATA

3.4.1 HEALTH BEHAVIOUR

There was a difference in health behaviour between new and established members. Ninety per cent of the new starts reported that the kind of food they ate had changed since joining the Club, while 50% of established members reported this. This change could be interpreted as either a move towards healthier eating or a move towards eating less healthy food. The data from the discussions with the young people would suggest that the change positive with more of the young people choosing healthier food.

3.4.2 SELF-EFFICACY AND LOCUS OF CONTROL

Self confidence, outwith the Health Club appeared to be much higher in established Club members. Of the new members the majority allowed others to determine their activities in school (outwith the Health Club) and outside school. Friendship patterns differed as a function of group membership. More of those who were established members retained the same friendship groups outside school than those who were new members. In addition, while the overwhelming majority of established members felt they did not have a say in what goes on at school, one third of the new members did.

3.4.3 OPINIONS ABOUT THE HEALTH CLUB

All the young people taking part in this study agreed that the Health Club
was a very positive experience.
3.5 THE STAFF

3.5.1 RECRUITMENT

Aims: The aims of inviting young people to come along are “different for different young people”. No record of needs is necessary, indeed the school have few children with this. The Health Club is viewed as a means of supporting a lot of kids and also as a means of getting to know the young people and giving them the opportunity of mixing with other children. All staff see the Club as a means of: “improving the self-esteem of those attending and letting the young people know that they are valued”. The aims of the Club are not perceived to be any different than those when it first started.

General: There was agreement between all staff members that anyone of them could extend an invitation / make a suggestion of a child who may benefit from attending the Club. The Health Visitors, on the basis of their work with families in the community, and the Care and Support Teacher on the basis of her work within the school support base, all make specific suggestions as to who they think might benefit from coming along. Members have themselves brought their friends along to the Club - this is viewed as okay since it may well be the case that these youngsters may also be vulnerable. Further, even if they are not the most vulnerable, this gives a good mix of people attending the Club.
There have been no instances where the staff have disagreed with each other as to whether or not a youngster should be invited to attend. At this point in the interview the flexibility of the recruiting phase was emphasised and the fact that it is not a rigid system highlighted. “This deliberately relaxed approach avoids stigmatisation as a consequence of Club membership”.

In summary, the recruiting of new members is done using a flexible system with no fixed rules - “nobody would be turned away from the Club”.

**Non-attendance:** All staff reported that they respected the decision of an individual young person to decide whether or not to come along to the Health Club. If specific incidents occurred they would possibly follow these up in school. There was a feeling that maybe they should try and follow-up more of those youngsters who were opting not to come along. This last point would be made easier now that the old members were no longer coming along and they might try to get some of those who had fallen away back.

**Measuring success of Club:** Formal: at one stage there was a formal system in operation which sought to monitor those who attended by asking members’ guidance teachers about changes in behaviour. This has not been done lately although all staff felt that it was maybe something which they should do. Informal: at this level members of the Health Club have been noted to also attend the Drop-in Centre which then gives the youngsters better access to health services. All the staff involved have noted that the
youngsters attending the Club will now come and look for them and talk to them. Generally the work load of staff involved increases - they are uncovering a lot of problems.

Within the context of school, success is measured by looking at peer relationships e.g. looking for less isolation and for the youngsters to be getting on better with each other - “less squabbling”. All staff have noted that the children who attend the Club seem to hang about with each other outside of school. The Health Visitors noted that being involved in the Health Club has increased their profile within the school which in turn encourages the youngsters to come and talk to them.

When asked about failure, staff were unable to give any instance when a Club member’s behaviour deteriorated as a result of attendance at the Club. While outsiders might perceive a young person who has been invited to attend and who chooses not to, as a failure, the staff respect the choice of the young person and continue to keep an eye on him/her outwith the Club. This approach of not “forcing the issue of attendance” seems to bear fruit in that the young people continue to approach the teacher with their concerns and are aware of their option to attend as and when they wish.

3.5.2 TRAINING

Staff: All staff believed that training was useful but not essential for running a Health Club. However, all staff appeared to be very well
qualified. A comment by one staff member that she “attends all the courses that are going” suggests a commitment to ongoing professional development. Training undertaken by the staff includes: group work training and counselling skills. The common element to all training which has been undertaken is an interest in the young people themselves.

**Youngsters**: All staff believed that Drumchapel youngsters and their parents are very open - here anecdotal evidence was cited of individuals who had left the area to work elsewhere and had noticed the difference between youngsters in other areas. Talking about feelings is encouraged within the school as part of PSD education. Generally the staff believed that the Health Club is a place where they feel safe and one where they are used to talking to others.

### 3.5.3 OPERATIONAL ISSUES

**Health service management**: Awareness of the Club has been increased through the evaluation research and other publicity. The Senior Manager fought for the Health Club to be given money (£15 per week). Although not a large amount of money, it was felt that this does show a recognition of the worth of the Club. It was noted that it was “amazing what you can do for £15”. Quality control with respect to the preparation of food is an issue here - the importance of food to the Club is highlighted, “no food no Club”.

36
The general feeling expressed here is that they are just allowed to “muddle on with it”. “Health visitors are seen as second best in health promotion” e.g. no reduction in caseload is given as a function of being involved in the Club. They feel that no-one would be particularly bothered if they gave up the Club. The most important concern of management is getting casework completed. They believe that one of the reasons why it is so difficult to sell the idea of the Club to other Health Visitors is the fact that they all have huge caseloads.

*Education management:* It was pointed out that it is not unusual to have a teacher involved in taking a lunch-time Club. It was suspected that there is no great awareness of what the Health Club does and indeed, there was a wish for the Head Teacher to be more aware of what the Club is and what it does. Head Teacher has supported the Club (given money for books for the Club) and has been surprised by the publicity which the Club has generated.

*Enough management support ?:* More recognition of the public health role of the Health Visitor would be liked as would recognition that the Health Club is part of the Health Visitor’s work load.

3.5.4 WEEKLY OPERATIONAL ISSUES

*Weekly operation of Club:* Decisions as to the major activities to be undertaken in the Club are made on a termly basis - ideas taken from
children with “seeds” from staff. Requests are taken from the Club members on a weekly basis with regards to food.

There was agreement that the older Club members would not be invited to return to the Club as they were taking more attention than the newer Club members. The older Club members have the Drop-in Centre which they can attend.

**Involvement of other teachers:** The involvement of other teachers is a new fact to emerge this year and is welcomed. There is recognition that there has to be a gradual “moulding of teachers into the ethos of the Club”.

**Establishing boundaries:** This is recognised by all as extremely important. If limits are not put on what is acceptable and what is not acceptable behaviour, the quieter youngsters ones will not come. There is self-regulation by the youngsters who attend - a committee in which rules are established was set up and indeed will be re-established with the new members now that the older ones have left - the youngsters themselves wanted to establish this after a particular incident. There are a number of unspoken rules which are believed to be the same as elsewhere e.g. respect for others.

3.5.5 THE FUTURE

**Staff leaving:** During holidays - other Health Visitors have come along - no problems emerged although there is still an issue about the level of
commitment given the work load of Health Visitors generally. In terms of teacher involvement, this was a problem in the past given that there was only one teacher involved in the Club - this is not viewed as a problem now given that other teachers have become involved in the Health Club on a regular basis.

**Barriers to progress:** The staff feel that they have been able to tackle most issues that they set out to do e.g. hygiene. Although not specifically mentioned by any of the staff a comment that they’re “good at scrounging” would suggest that a lack of money may well be impeding them on some of the tasks which they would like to undertake in the future.

**Staff satisfaction:** The main thing that all the staff say that they get out of Health Club is in building up relationships with the children. The respect which they give to the children is reciprocated. Most of all the Health Club is fun although “sometimes it might feel like a bit of a disaster!”. “It’s good to see the kids enjoy and try different and new things”.

**Additional issues:** The staff all want to see the Club continue and would therefore like to see the funding of the Club being taken on board for a longer period of time. They would also like to see Health Clubs being established in other schools. A word of advice was given for new schools seeking to establish a similar Club: “other schools have to recognise that the slow building up of a relationships is crucial to getting the youngsters to come along”. All agree that there has to be acceptance that change is a
slow process. Health has to be seen as fun and in its broadest sense “anything that makes you feel good”. Respect for others is essential and nobody’s ideas should be “rubbished”. Once again the issue of food being crucial to the Club was reiterated.
3.6 HEAD-TEACHER

3.6.1 RECRUITMENT

*Genesis of Club:* The Club started as a result of an initiative of the Principal Teacher Care and Support (formerly known as the Young Person in Trouble Teacher). There was concern about the low self-esteem of some youngsters within the school. This teacher started working with youngsters building up relationships with them and it was the pupils who came up with the health angle for the Club.

*Aims:* The main aims of the Club are improving self-esteem, giving the youngsters confidence. Here the Head Teacher provides evidence of the success of the Club in this respect stating that “pupils have stayed on at school who wouldn’t have otherwise. The Health Club seems to give the kids a base e.g. during exam time Health Club members come in to school”. Also, those who attend the Health Club have been asked in the past to help out at parent evenings with tea and other things generally. It was noted that “the Health Club doesn’t work for every pupil who attends but improvements in attendance have been noted for some Club members”.

*General:* The Principal Teacher Care and Support is fully in charge of recruiting members to the Club.
3.6.2 EVALUATION

**Measuring success:** Improvements in self esteem and self confidence of the youngsters attending, improvements in individual youngsters “small victories” are all seen as measures of the success of the Club.

**Positive aspects of Health Club:** “Generally it gives the kids a sense of belonging”. It can also sustain attendance at school and result in less detachment from school. The Club can also operate as a pressure group e.g. raising the issue of bullying in the form of a report to the Head Teacher. Next session pupils will be involved in developing the bullying strategy for the whole school. The Head Teacher outlined details of pupil committees which will be established in the school next session, “it will be interesting to see if any pupils from the Health Club go forward and are voted onto this committee”.

**Monitoring of Club:** There is informal monitoring of those attending the Club. Generally the school has a policy of congratulating youngsters if they are improving “relative to how they were previously performing”. Praise letters are sent out by the Head Teacher if a particular youngster has been improving in school.

3.6.3 OPERATIONAL ISSUES

**School management involvement:** The Club operates with very little management involvement - this is not a problem. The Head Teacher is
happy that the Club runs autonomously but does however like to be kept informed of any changes e.g. sex education. There is no formal attempt at getting other staff members involved in the Club. Sometimes pupils send notes around to invite particular teachers to come and join - the Head Teacher prefers that it stays at this informal level.

**Financial support:** The school has control of own its budget. Within this budget there is an amount set aside for the various groups / Clubs. As a school Club, the Health Club can be given money. No attempt is made at measuring value for money.

**Rule making:** Some doubts here, not about setting the rules, other Clubs operate similar rule making systems to the Health Club. Rather, the Head Teacher feels that there is a potential danger in the “policing” of such systems e.g. those disobeying being victimised. In the early days of the Health Club there was a bit of over confidence by some Club members who did not think that they had to conform to school rules - this has not been a real problem since then.

3.6.4 IMPACT ON THE REST OF THE SCHOOL

**Expanding Club’s rationale to school generally:** In terms of expanding such a rationale to other areas of school, there is no direct policy on this at the moment. However, as part of the development plan the school is looking at improving one-to-one relationships between teachers and
pupils more generally. He recognises that the impetus / initiative for improving relationships lies with individual teachers.

**Emotional awareness:** The Head Teacher is not sure if the emotional awareness evident in the Club is general throughout the school, although, HMI recently commented positively on the willingness of pupils to talk. The Head Teacher wonders if the school is less formal than other schools

3.6.5 THE FUTURE

**Staff changes:** If the main teacher involved in the Health Club was no longer in the school the Head Teacher believed that the Club could continue to operate providing there was no break in the operation of the Club. I.e. if there was no break in the running of the Club he believed that it would continue but not sure if the Club stopped following a change in personnel if it could start up again.

**Direction of Club:** The Head Teacher felt that possibly the Club could perhaps try to tackle smaller issues / smaller projects. The Club has tried to impinge on the whole school e.g. healthy eating; perhaps smaller issues would result in more positive results.

**Other issues:** No other issues were raised at this point.
1) The self esteem, self efficacy and locus of control of Health Club members improved over the course of their attendance at the Club. This is reflected in the ratings on these measures given by the researchers pre to post test as well as the change in willingness to discuss health issues over this period.

2) There was evidence that Health Club members were more aware of, and more willing to discuss health issues and health behaviours after attending the Club. The extent to which this knowledge has been translated into consistent healthy behaviour, outwith the parameters of the Club, remains unclear. However, awareness of the issues and the part that an individual plays in making decisions about health would seem to be a positive first step in encouraging positive health choices.

3) There was no evidence of a deterioration in the self esteem, self efficacy and locus of control following attendance at the Health Club.

4) The majority of Health Club members believed that a joint decision-making process was in operation in the Club and further believed that they had an important role to play in this process.

5) The post test interviews revealed an optimism in Club members as to what they could achieve in the future both within and outwith the Health
6) The flexible recruiting strategy and commitment to leaving the choice of attendance to the young people themselves has helped to establish an environment in which the young people fully believe that they can make and influence decisions.

On the basis of the interviews with Club members, the staff involved in the weekly operation of the Club and the school's Head Teacher, a number of recommendations for establishing other such Health Clubs have been formulated.

4.1 PRACTICAL ISSUES

The following would seem to be important in the setting up of a similar initiative:

1) A flexible recruiting procedure which avoids stigmatisation and does not force the young people to make an irreversible decision regarding attendance / non-attendance.

2) Active and full participation of Club members in the establishment of the rules of the Club.

3) Active and full participation of Club members in decisions regarding activities to be undertaken at the Club.
4) The provision of food and the involvement of the young people in the choice of food provided. This would seem to be particularly important in the initial stages as it gives the young people a reason to attend.

4.2 OPERATIONAL ISSUES

For continued success the following would seem to be important:

1) Acknowledgement of the health promoting role of Health Visitors thus reducing caseloads.

2) In the light of the slow process in establishing relationships and in setting up a Health Club, a long term financial commitment should be undertaken.

4.3 STAFF AND CLUB ETHOS

Critical elements which seem to contribute to the success of the Club include:

1) Respect for young people as equals.

2) A shared ethos and common aim for the Club which considers health in its broadest sense ‘anything that makes you feel good’.

3) Acceptance of the slow nature of building up relationships with young people. The important point is to get to know the young people and to make the Club a fun and safe place to be.
4) A willingness to listen to young people.

5) A commitment to establishing a shared ethos between the Health Club and the school generally would seem to be important if the school is to take on a health promoting role.
5. REFERENCES


APPENDIX 1

TIME 1 INTERVIEWS: KEY ISSUES AND QUESTIONS

<table>
<thead>
<tr>
<th>NAME?</th>
<th>Hobbies etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you <strong>like</strong> about school? Things?</td>
<td><strong>WHY?</strong></td>
</tr>
<tr>
<td>What do you <strong>hate</strong> about school? Things?</td>
<td><strong>WHY?</strong></td>
</tr>
<tr>
<td>Had you heard about the Club?</td>
<td><strong>WHAT?</strong></td>
</tr>
<tr>
<td>Why keep coming?</td>
<td><strong>WHAT'S GOOD ABOUT IT?</strong></td>
</tr>
<tr>
<td>Anything don't like about it?</td>
<td><strong>WHAT'S BAD ABOUT IT?</strong></td>
</tr>
<tr>
<td>Feelings while at the Club?</td>
<td>SELF-ESTEEM AT CLUB</td>
</tr>
<tr>
<td>Feelings when not at the Club?</td>
<td>SELF-ESTEEM WHEN NOT AT CLUB</td>
</tr>
<tr>
<td>School / Health Club</td>
<td><strong>SIMILARITIES / DIFFERENCES</strong></td>
</tr>
<tr>
<td>Decision making process</td>
<td><strong>WHO DECIDES?</strong></td>
</tr>
<tr>
<td>e.g. food, activities</td>
<td>SUGGESTIONS MADE BY PUPILS TAKEN ON BOARD?</td>
</tr>
<tr>
<td></td>
<td>AT CLUB AND OUTWITH CLUB</td>
</tr>
<tr>
<td>Any other Clubs involved in?</td>
<td></td>
</tr>
<tr>
<td>Any Clubs would like to be involved in?</td>
<td><strong>WHY NOT?</strong></td>
</tr>
<tr>
<td>Setting up Health Club in other school?</td>
<td><strong>DIFFERENCES BETWEEN OWN CLUB</strong></td>
</tr>
</tbody>
</table>
Additional notes for researchers

**Section 1: Tell us about yourself**
This section is an ice-breaker section.

**Section 2: Feelings about school**
The questions in this section aim to assess children's likes / dislikes about the school and in particular why they like / dislike certain aspects.

**Section 3: Feelings about the Club**
Here are we are trying to ascertain what encouraged the children to first come along to the Club.

What do you like / dislike about the Club - would you like to change anything about it ?
Why do you continue to come back ?

**Section 4: Self-feelings about the Club**
Establish whether they feel good when they're at the Club and whether this feeling is maintained when they're not there.

Establish what they do when they're not at the Club.

**Section 5: Self-efficacy**
Do the Club members feel they have control within the Club and outwith the Club ?
What distinguishes the Health Club from the rest of school ?
How does the decision making process operate within the Club ?

Are there other Clubs / activities that they would like to become involved in - what would encourage them to get involved ? What is preventing them from becoming involved ?

**Section 6: General comments about type of Club**
Club members may not feel comfortable telling us what they do not like about the Club, this question is allowing them to talk about this sort of Club generally and will hopefully encourage them to be more honest in their answers.
APPENDIX 2

TIME 2 INTERVIEWS: KEY ISSUES AND QUESTIONS

1. **Ice-breaker**

Discuss what the young people (yp) did over the summer.

What Clubs / activities were you the yp involved in over the summer?
Who were they friends with?

2. **Feelings / opinions about school**

What do you **like** about school? Things? Why?
What do you **hate** about school? Things? Why?

Attendance at the Health Club could result in children becoming dissatisfied with aspects of their school in that they are not involved in rule making etc. there. Has this happened? Have they opted to become involved in any other aspects of school?

Is there anything that they would like to change about the school?
Has the school changed in any way since the previous year?
Are pupils generally involved in making decisions in other aspects of the school?
How would they make the school a healthier one?

3. **Feelings / opinions about the Club**

What do you like / dislike about the Club?
Why do you come?
How do you feel when at Club / not at Club?

Who do you think are the best people to run this type of Health Club?
Would you come along if it was only teachers / only Health Visitors?

4. **School / Club differences**

What’s different about the Health Club from the rest of school?
What’s the same about the Health Club and the rest of school?
Who decides what to do at the Health Club? Is that the same / different from the rest of school? In what ways is it the same / different?
If you had an idea about something that you’d like to do at the Health Club, what would you do?
5. **Health Behaviour**

What kinds of food do you like eating? Is that the same / different since you started coming to the Health Club?

Have you noticed whether the people who come to the Health Club have started eating healthier / doing more exercise / smoking less than before they came? Do you think you’ve changed in any of these?

6. **General behaviour / friendship patterns outside of school**

Are you involved in any other Clubs / activities in school? Were you involved before / after you started coming to the Health Club?

Are there any other Clubs / activities which you would like to be involved in? Why are you not?

Are there any Clubs / activities outside school which you’re involved in? Were you involved in them before or after you started coming to the Health Club?

Are there any Clubs / activities outside school which you’d like to involved in? Why are you not?

Who do you hang about with while at school and outwith school?

When you’re with your friends who decides what you do / where you go?

7. **Hopes / aspirations for the future**

- Once you’ve finished school, what do you think you’d like to do?
- Is that what you’ve always wanted to do? If not when did you decide and made you decide that?

8. **Summing up**

- Since you started coming along to the Health Club, do you think you’ve changed at all? If so, in what ways? (particularly interested here in diet, health issues, how they feel about themselves)
- Do you think it would be a good idea to set up a Health Club like this in another school? What would you have the same and what would you have that’s different from your own Club?
Drumchapel Health club

We would like you to help us work out what the health club does for you and how it might be good to have in other schools. Thank you for helping us.

Name: _________________________

1. Would you like the club to be on more than one day a week? Yes ☐ No ☐ Not sure ☐

2. Do you think the health club is a good way to make friends? Yes ☐ No ☐ Not sure ☐

3. Do you think the health club is a good way to learn about what things are good for you? Yes ☐ No ☐ Not sure ☐

4. Do you think the health club is a good place to try out new foods? Yes ☐ No ☐ Not sure ☐

5. Do you think the health club is a good place to try out new activities? Yes ☐ No ☐ Not sure ☐

6. Does the health club make you feel good? Yes ☐ No ☐ Not sure ☐

7. Do you think club members hang about with each other at school? Yes ☐ No ☐ Not sure ☐

8. Do you think club members hang about with each other after school? Yes ☐ No ☐ Not sure ☐

9. Do you feel you have a say in what goes on in the health club? Yes ☐ No ☐ Not sure ☐
10. Do you feel you have a say in what goes on in school?  
   [ ] Yes  [ ] No  [ ] Not sure

11. Do you feel you have a say in what goes on when you are with friends?  
   [ ] Yes  [ ] No  [ ] Not sure

2. If you had a health problem, would you ask for advice at the health club?  
   [ ] Yes  [ ] No  [ ] Not sure

3. If you had any other problems, would you ask for advice at the health club?  
   [ ] Yes  [ ] No  [ ] Not sure

4. Has the kind of foods you generally eat changed since you started at the health club?  
   [ ] Yes  [ ] No  [ ] Not sure

5. How much say do you have in what you eat at the health club?  
   [ ] Not much  [ ] Quite a lot

6. How much say do you have in what you do at the health club?  
   [ ] Not much  [ ] Quite a lot

7. How important is it to have a health club at lunchtime?  
   [ ] Not important  [ ] Very important

8. Who decides what you do at lunchtime when you are not at the health club?  
   Mostly me  Me and my friends  Mostly my friends

9. Who decides what you do when you are not at school?  
   Mostly me  Me and my friends  Mostly my friends

10. Who should make decisions about the health club?  
    Teachers  Pupils  Both
A key aim of the research described in this report was to establish whether attendance at the Health Club had an impact on the self-esteem of the Club members. There is debate however as to the most appropriate way of defining and assessing this concept. Many researchers have favoured a general definition of self-esteem (Coppersmith, 1967). Others have suggested that there are operational difficulties with global self esteem and question whether such a general concept is sensitive enough to detect the different levels of self-esteem which children may experience in different aspects of their lives (Harter, 1988). Harter has suggested that in order to assess self-esteem we have to establish the aspects of a person’s life in which it is important for them to succeed. For example, a child who wishes to succeed in maths might have a high level of self-esteem if he/she did well in maths. However, his/her self-esteem is likely to be low if he/she is failing in maths despite the fact that he/she may well be succeeding in other areas of their lives.

Harter herself has developed a range of measurements for assessing self-esteem which take into account the relationship between the importance of different aspects of a child’s live and that child’s self-esteem. These measures have not been specifically designed for use with adolescents therefore their use was precluded from the present study. However, the theoretical perspective of Harter’s work was the impetus, and provided the foundation for the method used in the assessment of self-esteem in this study.

Additionally, and equally as importantly as the issues raised above, is that of the nature of questionnaires themselves in respect of the study population. Standardised questionnaires assessing self-esteem and locus of control use complex language and concepts which may not be readily understood by
the Health Club users. More significant however, is the question of whether valid data will emerge without the full understanding of the respondents. Further, in drawing young people's attention to areas and activities in which they may not be succeeding, without allowing for discussion or explanation, one may, in fact, damage the psychological constructs which the study was seeking to explore.

The study outlined in this report sought to take account of these difficulties by measuring self-esteem utilising structured interviews where young people were given the opportunity of expressing, in their own language, how they felt and were fairing in various aspects of their life. More importantly, the young people fully explained their feelings etc. thus providing a greater depth of understanding than would be gained from a purely quantitative approach.

In measuring such constructs as self-esteem and locus-of-control, there emerges the question of whether any observed changes are related to the intervention under scrutiny or indeed solely, or in part, the result of developmental advances. It is outwith the brief of this research to fully address this question. However, there is a body of research on which we can draw in order to make some judgement about the potential influence of developmental changes in self-esteem.

A recent longitudinal study, conducted with young people aged from 12 years plus, has concluded that as far as the development of self-esteem is concerned, there is no major change notable over a three year period (Bologinini et al, 1996). Similarly, Mendelson et al (1996) have shown that in a sample of young people aged between 12-15 years, self-esteem remained stable over a two year period. Taken together these studies would suggest that any changes in self-esteem observed over the period of this study are likely to be a function of attendance at the Health Club, rather than related to general pubertal development.
Further, research has suggested a direct link may exist between friendship and improved self esteem (Bishop and Inderbitzen, 1995). Making new friends appeared to be a key feature of the Health Club so it could be tentatively concluded that the positive experience of making friends at the Health Club has helped to improve self-esteem.

In conclusion, the method of investigation of this study was designed within the framework of current literature relating to self-esteem and its measurement. In addition, the vulnerable nature of the subject sample had to be taken into account in the study design. While it is impossible to say with one-hundred-percent certainty that the Health Club had a positive influence on the psychological constructs examined, the available literature which has specifically examined the developmental aspects of these constructs, would imply that the likely explanation for the improvements noted in the main report are related to attendance at the Health Club.
References


