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Interwencja na rzecz lokalnej społeczności - stopień satysfakcji i ocena zajęć sportowo-rekreacyjnych uczestników wrocławskiego programu promocji zdrowia i profilaktyki uzależnień „trener osiedlowy”

Streszczenie

Wstęp. Władze wielu dużych metropolii, chcąc zmniejszyć poziom przestępczości, zamiast zatrudniać setki kolejnych ochroniarzy i policjantów, zaczęły budować boiska do koszykówki oraz skate-parki dla rolkowców, deskorolkowców i rowerzystów. Wiele programów o długofalowym oddziaływaniu, jak nowojorska „Nocna Liga Koszykówki” (*Midnight Basketball Leagues*) czy brytyjski „Football i Lokalna Społeczność”, prowadzonych w latach 2002-2005 we współpracy z klubami sportowymi, przyczyniło się do zmniejszenia przestępczości i patologii, zwłaszcza wśród dzieci i młodzieży. Sport, zatem może mieć szanse szerszego oddziaływania w wymiarze psychospołecznego dobrostanu lokalnych społeczności. Dotyczyć to może różnych grup adresatów, zarówno tych ze środowisk marginalnych jak i grup ryzyka, kiedy oddziaływanie ma charakter profilaktyczny, ale również dla grup traktujących sport na osiedlu jako element stylu życia i zagospodarowania czasu wolnego.

Cel. Celem niniejszego opracowania jest przedstawienie oceny zajęć oraz stopnia satysfakcji z udziału w zajęciach w czasie wszystkich badanych faz rozwoju programu „Trener osiedlowy” w latach 2006 - 2008.

Materiał i metoda oraz organizacja badań. Do oceny wartości programu wykorzystano następujący zestaw narzędzi podstawowych: arkusz U, arkusz T-1, arkusz T-2 i arkusz O. Arkusz U wypełniali uczestnicy zajęć i zawierał on 5 pytań. Arkusze T-1 i T-2 wypełniali trenerzy osiedlowi i zawierały one po 11 pytań w odniesieniu do zajęć organizowanych w początkowej i zaawansowanej fazie obserwacji. Arkusz O wypełniali przeszkoleni ewaluatorzy. Zawierał on 3 grupy po 10 pytań. Badania były przeprowadzane w miejscach odbywania się zajęć, czyli na boiskach szkolnych i podwórkach dzielnic Wrocławia. Na przełomie października i listopada 2006 roku dokonano wstępnej ewaluacji programu. II tura badań odbyła się w 2007a III w 2008, obydwie na przełomie września i października.

Wnioski. Z badań propozycji wrocławskiej wynika bardzo wyraźnie demokratyzacja całego procesu. Uczestnicy czują się odpowiedzialni za zajęcia i mają poczucie ich kreowania.

Słowa kluczowe: lokalna społeczność, program, promocja zdrowia.

Activities for the local community – the level of satisfaction and the assessment of sport and recreation activities of Wrocław program „Community Sports Coach” concerning health promotion and addiction prevention

Summary

Introduction. In accordance with the concept of health promotion, local authorities intend more frequently to provide constructive recommendations to certain groups of inhabitants, children and teenagers in particular, and they find it extremely beneficial to combine leisure proposals with prophylactic activities. Such functions are fulfilled by ongoing programmes, such as *Street Workers*, *Neighbourhood Watch* or *Peer Youth Workers*. Since 2003, the „Community Sports Coach” Programme, implemented by the Municipality of Wrocław and supervised by School Sports Association, has been realised to accomplish such goals in Wrocław. It was chosen as the leading programme in a competition released for various agendas dealing with health promotion and addiction prevention. Since 2006, the programme has been the subject of scientific analysis.

Aim. The aim of the paper is to present the assessment of sporting activities and the level of satisfaction derived from participating in them, within all developmental phases of the programme under research, in 2006 – 2008.

Material, methods and research schedule. The study comprised a group of participants of health promotion and prevention program. For the purpose of the programme analysis, the following set of principal tools was applied: U sheet, T-1 sheet, T-2 sheet and O sheet. The research was scheduled in places where sporting activities took place: on school yards and sport fields in districts of Wrocław. On the turn of October and November 2006, preliminary assessment was made. Second research cycle was held in 2007, and third - in 2008, both on the turn of September and October in successive years.

Conclusions. Democratization of the whole process can be noticed very clearly in the Wrocław proposal. Participants feel responsible for activities and have a confidence of creating them.

Key words: local community, programme, promotion of health.

INTERVENTION FOR THE LOCAL COMMUNITY

The strategies of modern prevention against community pathology are directed to habitat interventions. According to "Ottawa Charter" a particular attention in solving the psycho-social problems is drawn to the local community and the local cooperation for the improvement of life quality of inhabitants of a given population [1,2]. In intervention solutions, the workers, whose aim is to work constructively in situ (*Community Development Workers*), are employed more and more commonly. According to the concept of health promotion in city districts, the local authorities notice greater benefits of joining together the proposal of organizing free time for children and youth with the functioning of such programs as: *Street Workers*, *Neighbourhood Watch* or *Peer Youth Worker*. In order to counteract pathological behaviour of children and the youth, constructive ways of spending free time, which include sport activity, are more common [3]. Recommendations in such a prevention can be found in many WHO and UN documents. These kinds of activities are addressed to children and youth who live or learn in a given town district. The organizers care much to access the "excluded" from local community young people and to juvenile risks groups [4,5]. In Poland, a similar program: "*Counteraction aggression and pathology among children and young through sport*," was launched in Łódź in 2008. The main assumption of such program is to reduce the level of aggression and pathology of young generation. It creates the possibility for children and the young to take part in different kinds of sports. It is said that the realization of such a program will proceed with the use of European Union funding (in financial perspective 2007-2013) and the national budget. Also there is an agreement between government departments in the field of counteracting aggression and pathology among children and the young through sport.

PREVENTION OF BEHAVIOURAL DEVIATIONS – TWO APPROACHES

Recent surveys reveal that 18% of boys and 12% of girls at gymnasium age take drugs systematically. In secondary schools this percentage is much higher – about 30%. Among 15-year-olds, more than 60% confirm drinking alcohol during the previous year. The aggression between students and teachers has grown up; 19% of teachers admit that were provoked to anger outburst, and 29% indicate to lack of influence on students. As compared to the survey from the previous years, the problem is growing [6]. Without going into the deliberations of educators about the most effective strategy against the said phenomena, there are many indications that it is worth working on strategies for facilitating strengthening citizenship and on promoting social activity of young people in the local communities.

There are many definitions of prevention. This term is used in many scientific disciplines: public health, health promotion, sociology, pedagogy, psychology, praxeology or politics. With regard to the problem of aggression and social pathology by preventing deviant behaviour, one perceives a process that primarily reinforces positive behaviour and limits the role of factors that may cause adverse behaviour. Primary prevention is mostly recommended from the point

of view of community and costs of its implementation. According to Esterling *et al.* [7] this kind of modern understanding of intervention is characterized by four features:

- pro-active, which promotes positive behaviors
- pre-therapeutic, which anticipates appearing of the problem
- comprehensive, which aims at cooperation with many institutions
- dynamic, which takes the environment changeability into consideration

Prevention can be implemented in many ways. All above features are included in the "Community Sports Coach" intervention programme. More often all ways of intervention can be divided into two separate categories of procedures. They can be summarized as follows: the first recommends that "the weeds should not inhibit the growth of rye" and the second one "rye should inhibit the growth of the weeds". In the first intervention it is said that prevention activities are more important, and in the second- promotion activities. These preventive activities are perceived by Environmental Health Care to be the most important in juvenile environment. The model, which we are trying to implement consequently in Lower Silesia is the "environmental model" [8]. It consists in bringing together of the two approaches depending on situation, and first of all, in permanent cooperation with intervention participants, who, to some extent, take the responsibility for identification of health problems.

THE HISTORY AND GOALS OF WROCLAW PROGRAM

At the beginning of 1994, the Department of Health of the Municipal Office was founded. At the same time, a health promotion expert and health promotion team were appointed. From the time perspective it could be said that all health promotion actions (across the city) were strengthened from three directions: firstly, Wrocław was included into Healthy City Network; secondly, modern health politics was offered by the Department of Health of Municipal Office and Municipal Doctor; and thirdly, issued related to prevention and health promotion were recognized as priority by the then City President. During that time it was one of the first teams of health promotion and probably one of the few in Poland. At the initial stage, functioning of the team was doomed to constant adapting to changeable conditions. Additionally there was a poor knowledge about basic health promotion and very low status of health promoters. The major strategic health promotion directives for the nearest five years in Wrocław were presented in 1994 in the study of "*Wrocław – the city of health promotion; Action Plan*". The *Program of Local Communities Development* was one of the fifth major strategic directives for the city. The Program – *My Housing Estate*, started in April 1994 together with realisation of district programs. It was supervised by local health promotion coordinators. In 1998 it evolved into "*My Housing Estate, Health Quality Forum*".

The programme of health promotion and addiction prevention "Community Sports Coach" began in 2003 at the initiative of the staff of Sports Bureau of Municipal Office in Wrocław. At the initial stage as a pilot project, it only

employed 3 people. They checked the feasibility of this program in the urban housing estate realities. One year later the authorities of Wrocław Municipal Office extended the program, appreciating its effects at the same time. In 2004, in Wrocław backyards 32 trainers were employed and a year later - 42. In 2006 the organizers asked the competent research workers of the Academy of Physical Education, to prepare a concept for monitoring and evaluation of the program. In the same year the program was again extended and 47 trainers in 30 regions of Wrocław were employed. In the next 2 years of program realization the number of trainers did not change, but the number of regions on the map where trainers appeared, was increased to 35.

The most important target of the program is to create housing estate places that are open to everyone and especially for children and the young, for spending their free time. Taking the above into consideration "*Community Sports Coach*" project counteracted pathological behaviour of children and the young by offering constructive forms of spending free time and exercising sports-recreation activities [9]. Whereas, the aim of this study is to show the assessment and degree of satisfaction of participation in activities, during all of the examined stages of program development in years 2006-2008.

RESEARCH ASSUMPTIONS

According to the assumptions of modern prevention programs, four program areas were established and they served for identification of intervention activities. Research was carried out in places where activities were taking place, e.g. school playgrounds or Wrocław housing estate backyards. According to trainers' schedule of work, a trained evaluator was sent to the backyards and was observing the activities (keeping with procedures), and then was speaking with the trainers and participants of the activities. The trained students of 3rd year of Physical Education Department from Academy of Physical Education in Wrocław (82 students – 39 girls and 43 boys) were the evaluators of these surveys. The surveys were conducted three times.

The first survey took place between October and November 2006. It was carried out by 24 students (12 girls and 12 boys) of 3rd year of Physical Education Department from Academy of Physical Education in Wrocław.

The second survey took place between September and October in 2007 and the trained students of 3rd year of Physical Education Department from Academy of Physical Education in Wrocław (31 students – 15 girls and 16 boys) were the evaluators.

The third survey was carried out between September and October of 2008. It was conducted by 27 students (12 girls

and 15 boys) of 3rd year of Physical Education Department from Academy of Physical Education in Wrocław.

EVALUATION TOOLS

For evaluating the program, its course and satisfaction level of participants of activities, the following tools were used: (Table 1) sheet U, sheet T-1 and T-2 and sheet O. Sheet U was filled in by children and the youth and it included 5 questions.: How often do you take part in activities? Why are you here? How did you learn about the activities? What do you expect out of it? What is the satisfaction level of participation in activities (scale 1 – 5.5). T-1 and T-2 sheets were filled in by district trainers and included 11 questions with reference to activities organized in the initial and advanced observation phase. Sheet O was filled in by trained evaluators and it included 3 groups of questions, 10 questions in each group. The research tools were developed in spring 2006 by professor L.Kulmatycki from Department of Relaxation Techniques and Motor Expression of Physical Education Department from Academy of Physical Education in Wrocław. Their standardization followed in May and June the same year (Table 1).

CHARACTERISTICS OF PROGRAM PARTICIPANTS AND KINDS OF ACTIVITIES

The average age of participants of health promotion and prevention program was 14 years. In 2006 the average age was 14.5. In 2007 – 15.2 and in 2008 – 12.7. The most numerous group turned out to be children and the youth who participated in the project for 1 to 7 months and who were taking part in it for a year. The most important motive of taking part in survey was "the willingness of playing football". In each activity of "*Community Sports Coach*" about 100 thousand of children and the youth took part. Its worth indicating that definite majority of participants were so called "permanent participants" (in 2006 – 70%, 2007 – 44%, 2008 – 66% active participants). Below there is a detailed juxtaposition of the number of participants in activities with division into: active, passive and permanent – taking part in activities regularly or new, who appeared for the first time in a given year (Table 2).

The most important offer of activities suggested by "*Community Sports Coach*" are team games. As the survey has shown, the trainers comparing to observers, put a greater importance to this kind of activities.

The remaining activities: common play according to rules, spontaneous common play, individual tasks, division into competitive subgroups, were represented in much smaller extent (Figure 1).

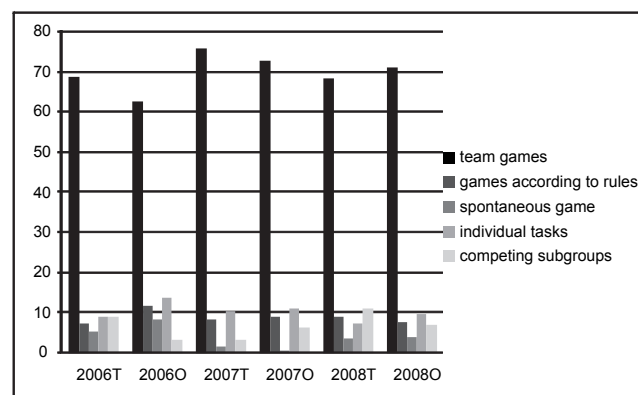
TABLE 1. Description of survey tools.

Symbol of tool	Addressees of tool	Information about tools
Sheet U	Programme participants	Sheet contains 5 questions concerning activities conducted both in initial and advanced phases of the observation
Sheet T-1 i T-2	Housing estate coaches	Sheet contains 11 questions concerning activities conducted both in initial and advanced phases of the observation
Sheet O	Trained evaluators	Sheet contains 3 sets with 10 questions each

TABLE 2. Data concerning the participation in “Community Sports Coach” activities in the programme monitoring years (2006-2008) *.

Stages of investigations	The average number of active programme participants	The average number of passive programme participants	The average number of passive and active programme participants	The average number of permanent programme participants	The average number of new programme participants o
I stage-2006	97.083	35.532	130.848	66.987	30.096
II stage-2007	86.179	42.488	125.584	37.660	48.519
III stage-2008	94.902	33.840	128.952	62.635	32.267

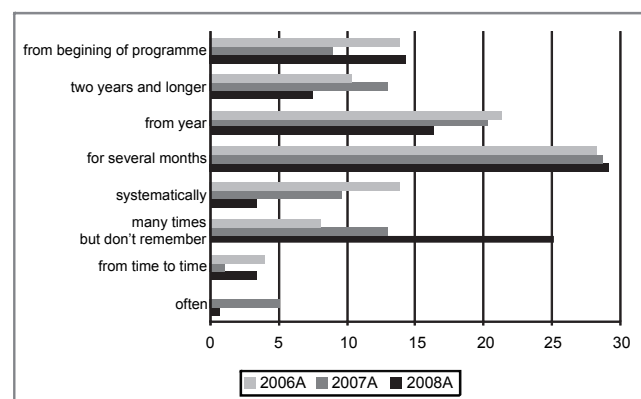
***Attention:** the calculation was made with the assumption that activities were conducted by 47 trainers during 20 days in a month and 8 months in year. Its worth seeing that majority of people taking part in the program were “permanent participants”, who were counted several times.

**FIGURE 1. The percentage combination of “dominating activity” during activities, in opinion of trainer (T) and observer (O) in individual monitoring years.**

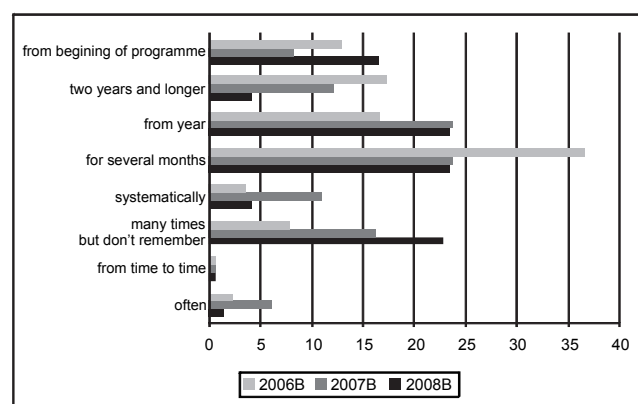
DATA ANALYSIS

The authors accepted two groups of information which concerned the interest in activities and satisfaction level from taking part in them. The first group of information applied to taking part in activities and sources of information about them (Figures 2, 3, 4 and 5). Whereas in the second group the participants' evaluation was taken into consideration showing the level of satisfaction of activities proposed by trainer (Figure 6).

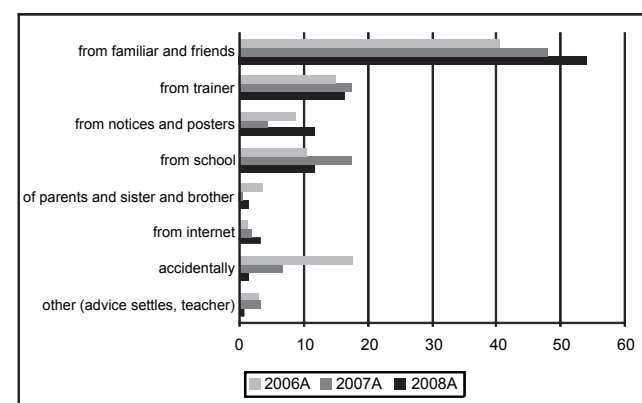
In the initial phase of the training, about 30% of participants confirmed taking part in the program “for several months”. Whereas 20% indicated taking part in the program “for a year”. The smallest group includes participants who participated in activities from time to time (Figure 2).

**FIGURE 2. The percentage categorization of participants who answered the question “Which time do you take part in activities?” at the initial stage of training (A) in individual monitoring years.**

In the advanced phase of training, almost one fourth of participants declared taking part in the program “for several months” or “for a year” or “many times but I do not remember”. The least numerous group, like in the initial phase, are participants who appeared in activities “from time to time” (Figure 3).

**FIGURE 3. The percentage categorization of participants who answered the question “Which time do you take part in activities?” in the advanced stage of training (B) in individual monitoring years.**

The next very important information that results from the survey is the information source about the activity. In the initial stage of activities (Figure 4) every year, when the activities season begins, the information “from peer to peer” predominates.

**FIGURE 4. The percentage categorization of participants who answered the question “How did you learn about the activities?” at the initial phase of training (A) in individual monitoring years.**

At the advanced (Figure 5) like at the initial phase the initiative pertaining to the information about the activities is taken over by “acquaintances and colleagues”. The role

of the coach in this regard is worth emphasizing at the advanced phase, which could be observed also at the initial phase of the activities

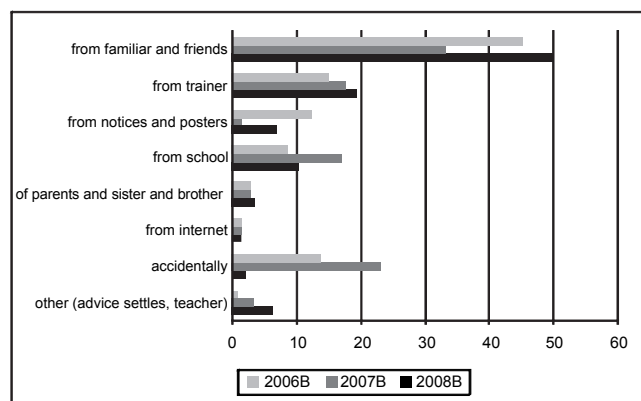


FIGURE 5. The percentage categorization of participants who answered the question “How did you learn about the activities?” at the advanced phase of training (B) in individual monitoring years.

The level of satisfaction of activities was rated by participants in 1 – 5.5 scale. All average ratings calculated for the next monitoring phases of the program for the subsequent 3 years at the initial (A) and advanced (B) phases, are very high. The programme participants during subsequent years of programme realization gave most frequently 5.5 and 5.0 ratings. The highest ratings were given to activities at the initial phase in 2008 whereas the lowest - at the initial phase of 2006 and 2007 and at the advanced phase of 2008 (Figure 6).

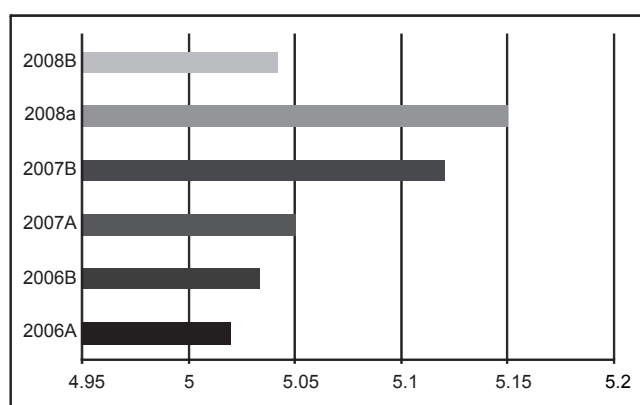


FIGURE 6. The average of “the assessment of satisfaction degree of participation in activities in 1-5,5 scale” in the individual initial (A) and advanced (B) phases of development in individual monitoring years given by participants.

DISCUSSION

The program that has been realized since 2003, can be compared to similar ventures in other countries. The Aggression Replacement Training ART program is worth mentioning. It was implemented in Canadian and British schools [10]. Whereas in Sweden ART was applied to family therapy and to rehabilitation of young people. The quality of this intervention is worth commenting. Nowadays many organizations and institutions begin or realize programs about counteracting community pathologies [11,12]. Not so many people pay attention to the “sensitive tissue” of compe-

tence reliability and the ability to create positive atmosphere around the venture. In most cases the quantitative dimension of realized programs is most important. The authors of many programs draw our attention to effectiveness of intervention (even if it doesn't concern so big community) which depends on the background and context in which such intervention is carried out. The most important achievements of modern perception of health prevention and promotion confirm that as well. But on the other hand they emphasize that no intervention of community or environmental character will be effective as long as participants of such intervention do not feel safe. According to Kornberg and Caplan [13] who analyzed about 650 reports about bio-psycho-social factors influencing the effectiveness of environmental prevention programs, the interventions which concern the ways of dealing with challenges during trainings, are the most important. It is realized most often through: teaching of certain skills and competences, strengthening health-promoting and community-promoting values and creating such an environment which enables to use gained abilities [14]. Some of the researchers indicate that participants of the program can gain the skills which enable them to actively influence the the local community by strengthening positive patterns (empowerment) or even evaluating them [15]. By contrast, Durak (1980) is an advocate for a combination of gaining by the participants of prevention programs both the general (universal) social skills and specific, depending on the context. In turn, Van Lier's research team [16] suggests an essential role of choosing the type of interventions and the expectations. The above stated authors show three kinds of interventions, from the most open one without visible structure, through an intervention based on a programme, to such an intervention where aims are described precisely and which shows the ways of achieving changes. They also show risks and negative aspects connected with the desire to manipulate the participants of intervention. Others are afraid that universal abilities can be insufficient.

Wroclaw survey clearly implies democratization of the whole process. The participants feel responsible for activities and they have the feeling of creating them. It relates to survey results, both the choice of the character of activities (team games) or very high satisfaction level of participation. From the very beginning Wroclaw program was supposed to meet these assumptions, so the motivated trainers were able to meet the requirements. But we also have many doubts. It is hard to estimate the assessment given by participants during 3 years only. Maybe their evaluation was only given for any activities because any other had not been present earlier. Also we can guess to what extent the trainers took part in it, and regardless of any other activities, the participants would have been satisfied anyway. The trainers' personalities, competences and organizational skills were most important in getting higher scores from the participants. This kind of relationship was not studied. At the next stage of the survey realisation these doubts should be taken into consideration.

CONCLUSIONS

1. Team games are the most important offer in sport and recreation activities proposed by “Community Sports Coach”.

2. The most numerous group includes those who participate regularly in the activities. Almost one fourth of participants declared the participation "for several months" or "for a year". The least numerous group is that where participants attend "from time to time".
3. Information about the activities both at the initial and at the advanced stage of the programme and during subsequent years of programme monitoring, originate from the same persons. Each year the dominating sources of information were "from peer to peer" or the coach.
4. Participants are very pleased with the activities. The satisfaction degree was evaluated on the basis of evaluation given by participants in 1- 5.5 scale and every year the scores were very high ranging from 5.02- 5.15. The highest scores were given in 2008 year in the initial phase of the last stage of survey.
5. Democratization of the whole process is seen very clearly in wroclawski program. Participants feel responsible for activities and have a feeling of creating them.
6. The program should be developed and continued, but not at the expense of lower quality. Studies related to monitoring and evaluation of the project "Community Sports Coach" implemented in Wroclaw strongly supported continuation and development of that program. It has the characteristics of community program but one of the most important reasons for the authors of this paper is to focus on positive problem-solving model for young people. The essence of this program is to offer "something in return", in this case sport and recreation activities as the "promotional" impact.

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