First workshop on practice of evaluation of the Health Promoting School – models, experiences and perspectives

Bern/Thun, Switzerland, 19-22 November 1998

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To the Swiss Federal Office of Public Health special thanks are due for finance and for hosting this first workshop in such beautiful surroundings. The contribution made by SFOPH has been vital in ensuring the participation of ENHPS evaluators across Europe and maintaining the Network’s commitment to involving the full range of countries.

Participants were most warmly welcomed by Dr Beat Hess of the Swiss Federal Office of Public Health and Professor Peter Paulus of the University of Lüneburg. Mr Hans Ulrich Stöckling, Minister of Education of the Canton of St. Gallen and President of the Swiss Conference of Cantonal Ministers of Education addressed the group most supportively. Mr Ueli Locher, Vice Director of the Swiss Federal Office of Public Health, gave a very informative introduction to health promotion in Switzerland.

Mr Henry Scicluna of the Council of Europe and a member of the International Planning Group of ENHPS spurred the workshop on reminding everyone that they were involved in ‘a revolution in education’.

Ms Barbara Zumstein, ENHPS coordinator for Switzerland, drew our attention to the parallels between climbing mountains and evaluating the Health Promoting School; the mountain imagery remained to the end of the workshop but more in terms of beauty and pleasure than forbidding challenge.

Mr Andreas Lampart of ‘organisers’ is to be heartily thanked for his efficiency and friendliness in making the arrangements for the workshop.

Ms Bente Drachmann and Ms Jane Persson were as ever brilliantly supportive in technical and administrative ways and contributed hugely to the success of the workshop.

The Workshop Task Force worked hard to devise a programme to meet the diverse needs of participants. They are to be congratulated on the skill with which the workshop was put together and the imaginative way they established the productive working environment. The Workshop Task Force consisted of:

Professor Peter Paulus, University of Lüneburg, Germany
Dr Beat Hess, Federal Office of Public Health, Bern, Switzerland
Professor Carl Parsons, Canterbury Christ Church University College, Canterbury, United Kingdom
Dr Danielle Piette, Free University of Brussels, Belgium
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Mr David Rivett, ENHPS Technical Secretariat, WHO Regional Office for Europe
SUMMARY

Eighty-two people from 35 countries attended the workshop, generously hosted in the beautiful Swiss town of Thun. This was a first workshop on evaluation conceived and organised on the basis of expressed evaluation needs of the health promoting school in countries of the network.

The workshop involved expert inputs and participant activities, most successfully arranged in ten groups of eight in the meeting room. Results of the activities fed valuably back into the whole group. The workshop built from a consideration of competing paradigms of health promotion to discussion of a draft section of a document on Indicators for the Health Promoting School. Input on the background and theory of health promotion evaluation was followed by interim results from the EVA2 project on the impact of ENHPS. A valuable presentation on communicating results of evaluation to diverse audiences was complemented by an account of evaluation involving pupils. This programme sought to fulfil the aims of the workshop which were to give participants concerned with the evaluation of HPS within the ENHPS the opportunity to:

1. discuss concrete practical problems concerning carrying out evaluation investigations;
2. develop sensible plans of action for their own projects.

In detail, this meant:

1. imparting the newest ideas on theoretical approaches to health promotion in schools;
2. imparting the newest ideas on evaluation;
3. having an exchange of experiences on concepts, strategies, and equipment for implementation in the individual countries;
4. developing frameworks to implement plans of action and to manage processes of self-evaluation implementation in schools.
The main points arising from the first workshop on Practice of Evaluation of the Health Promoting School held in Thun, Switzerland in November 1998 were as follows:

1. There is a continuing need to debate what the health Promoting school is and to allow that it will take different forms in different countries. Useful debates occurred about the bio-medical model and the eco-holistic approach. Most felt that both had a necessary place in evaluation thinking about health promotion.

2. The need for performance indicators by which to judge and communicate the success of the health promoting school was widely excepted. Part of the draft for this was shared and worked on by workshop participants and the finalised version was distributed at the ENHPS Business Meeting held in Lisbon, Portugal, in May 1999.

3. Evidence available so far from the EVA2 project strongly supports claims that ENHPS works! It is held in high esteem by practitioners and decision-makers and is moving towards a position of sustained development in a number of countries in the European community.

4. It is important that good theory underlies both the approach to health promotion and to the evaluation of health promotion. There is a need for a wide variety of skills if evaluation is to be conducted successfully - and have influence.

5. Participation and empowerment are important concepts and realities associated with ENHPS. It is important that these values continue to be preserved and supported through the project.

6. There is a continuing need to debate the meaning of the Health Promoting School and to accept diversity amongst those committed to it.

7. Evaluation needs to be a strong part of this health and education initiative and supportive networks and events will help to develop this area.

8. Communicating evaluation results meaningfully, powerfully and concisely to policymakers and funding bodies remains a high priority challenge.

9. The involvement of pupils in all stages of the project, including evaluation, is feasible and valuable.

There was a great interest in holding a second workshop to follow up this one with a more practical focus and promoting further sharing amongst those with an evaluation role in the Health Promoting School projects in their country. The presence of representatives across the whole of Europe and others was greatly valued. The evidence is strong that much is to be gained from inputs from the full range of countries and exchanges amongst people working in such diverse settings.
INTRODUCTION

The first workshop on Practice of Evaluation of the Health Promoting School - models, experiences and perspectives took place in Thun, Switzerland. In these beautiful surroundings, hosted by Swiss health promotion colleagues, 83 participants from 37 countries worked at developing a view of evaluation. Much was achieved and this report attempts to convey the valuable processes and the outcomes of the workshop.

The first workshop on Practice of Evaluation of the Health Promoting School was designed largely on the basis of a needs analysis questionnaire completed by potential participants. The workshop revisited and explored further some old themes like the concept, principles and strategies of the Health Promoting School, but took this forward to consider new and old paradigms of health promotion and, more particularly, health promotion evaluation. Inputs on existing approaches to the evaluation of HPS were clearly valuable but the group work itself yielded much from the initial stimulus given by the presenters.

Evaluation is nothing without communication. A very important part of the workshop, signalled as a need in the needs analysis exercise, was about communicating the results of evaluation to a very wide range of audiences. This topic covered towards the end of the workshop gave a very practical and policy oriented thrust to the work.

There were many opportunities for evaluators to share perspectives and experiences. The entertainment in the evenings was valuable in promoting this. The experience of this first workshop is that more are necessary, with a focus in the future on practical evaluation exercises actually being conducted and reported within national projects. A sound boost has been given to work in a very important area, supporting and sustaining health promotion in schools into the 21st Century.
WELCOME

Welcomed on the first evening by Beat Hess and his assistant Miaca Stucki, the participants were reminded: “You never get a second chance to make a first impression”. The Swiss hosts wanted the first impression to be a very positive one. Participants were also encouraged to mix and share. Photographs had been taken of participants as they arrived and further information added and all were displayed on a wall in the entrance to the workshop room.

Beat Hess described the origins of this workshop as lying in the Conference of one and a half years before which had been held in Greece. Evaluation was seen as a key need and many people had worked hard to arrange this workshop to meet that need.

“Without doubt investment in this network is an investment in the prevention of ill health and the promotion of health in schools. It is a commitment to our young people and thereby to our collective future and furthermore it is another important step in the direction of a United Europe”.

Beat Hess, Swiss Federal Office for Public Health

Peter Paulus reminded participants that the question of what are the health gains achieved by interventions in and with schools coming ever more into the focus of attention of the scientific but also especially of the political sector. Health promotion as a whole, and a network of Health Promoting Schools in particular must themselves be able to present answers to questions concerning the effectiveness and efficiency of their work. They have to develop aims, indicators and criteria and action strategies for the development of evaluation; otherwise they risk the danger of being judged by unacceptable measures. He emphasised that time is running short! The presence of so many people at the workshop is proof enough that the dangers and needs are widely acknowledged.

Mr Hans Ulrich Stöckling, Minister of Education of the Canton of St. Gallen and President of the Swiss conference of Cantonal Ministers of Education, described the complexities of the Swiss education system and the way that the Health Promoting School was being developed within this complexity. He also pointed to the partners in health promotion and to the National School Health Project established in Switzerland.

Mr Ueli Locher, Vice Director of the Swiss Federal Office of Public Health, outlined why the Swiss Office of Public Health was committed to this project, despite not being part of the EU. Mr Locher drew attention to the big HIV/AIDS project run in Switzerland and also to the drugs policy. It is accepted that the school is a key institution for health promotion and it is therefore natural that Switzerland is operating in accord with principles of WHO health promotion work. He reminded participants that evaluation is all the more important when government monies are decreasing rather than increasing. Therefore it is all the more important to prove that what one does is effective, that one has positive results and that the results are measurable.
Barbara Zumstein, Coordinator of the Swiss ENHPS, added her welcome.

Working with schools calls for a lot of staying power, because we who are working in health promotion are not the only ones addressing the school setting in order to bring about some changes. The last few years have brought certain developments within the school world in Switzerland: for the first time, and with differences between the regions, head teachers have been or will be installed in schools, new forms of learning and assigning are evaluated and introduced, teaching assignments are complemented with educational assignments, schools are opened up and quality control is intensely discussed and put into practice. By doing this, each region and each community has its own speed. In Switzerland, federalism reaches down to the bottom. You might smile at this, but this is how it works here. The health promoting school wants everyone concerned - pupils, teachers, administrative staff, parents and authorities - to feel well. To feel well does not mean to commit oneself to a hedonistic lifestyle. In this context, well-being means to create together an environment that offers everyone the best possible conditions to assume his or her duties and to achieve his or her aims.

At present, the Swiss network of health promoting schools comprises 70 schools with a total of 21,000 pupils. Because each school defines its own health promoting aims and because each school is different from the others, there are not two of the 70 schools that are identical. Each school is unique. Concerning the evaluation, this makes the fact an enormous challenge. Today, all of us are here to assume this challenge.

I hope that the Alps, which we cannot see at the moment, might be a symbol for the result of this meeting. If you ever have climbed a mountain that is 3,000 metres or more in height, you know how clear the view is up there; the view into the past and into the future. When you are up there, you also know that you can be seen by everyone, that you are a point of reference for the others. Up to now, we have been walking in the valley and have made good progress. Now we are about to climb the mountain. I will be glad, if climbing to this peak and the confrontation with the mountain can take place in a way that is appropriate to the subject.

Mr Henry Scicluna, Chief of Health Section, Council of Europe and a member of the International Planning Committee of ENHPS offered his perspective on the network and the prospects ahead. Mr Scicluna recalled that last year a delegate at a meeting of WHO referred to health promotion in schools as being a ‘soft subject’. He was not meaning to be offensive but simply compared health promotion and education with other subjects which he considered to be far more serious and harder. In fact he regarded health education as being quite interesting and fairly useful, done by teachers quietly in the classroom. As Mr Scicluna said, all those gathered in Thun would agree that this delegate did not know anything. At a different meeting shortly afterwards where those assembled were being given a presentation on health promotion, one of the delegates expressed a view which is entirely different; he said,

“but my God this is not a project. This is a revolution”.

He understood what it was about because the concept of Health Promoting Schools offers a revolution.

"Without wanting to be dramatic I would say that health education is a sort of liberation movement. It is freeing young people from authoritarianism, submissiveness and trying to make them partners in their own education. It makes them more responsible towards themselves and towards others and more likely to make the right choices in life and in health."
This revolution cannot be carried out ‘softly’ in the classroom as the earlier delegate said. It needs serious educational reforms and that is where the revolution lies. No reforms of this sort can take place unless we can show that health education works. It is why these workshop days are of the utmost importance. On the basis of evaluation we will know whether health education is going to succeed or not. Whether we are going to get the necessary political support to carry through the reforms that are required. Politicians are down to earth people who are not interested in academic debates. They want evidence. They want proof that whatever is proposed works. Amongst the politicians, the ones who control the purse strings are the ones who want the hardest facts. We have to show that things are changing, that they are changing in the right direction.

"Please remember that those working in health promotion in education are not responsible for a soft exercise. In the classroom you are responsible for carrying out a revolution."
WORKSHOP AIMS

The aims of the workshop were to give experts on the evaluation of networks of HPS within the ENHPS the opportunity to:

1. discuss concrete practical problems concerning carrying out evaluation investigations;
2. develop sensible plans of action for their own projects.

In detail, this meant:

1. imparting the newest ideas on theoretical approaches to health promotion in schools;
2. imparting the newest ideas on evaluation (stepwise approach);
3. having an exchange of experiences on concepts, strategies, and equipment for implementation in the individual countries;
4. developing frameworks to implement plans of action and to manage processes of self-evaluation implementation in schools.

On the basis of these goals, the workshop programme was drawn up and experts identified to contribute inputs.

There were 82 participants from 35 countries. With observers, resource people and others the total present was over 100 (see list of participants).
THE HEALTH PROMOTING SCHOOL - AN OVERVIEW OF CONCEPT, PRINCIPLES AND STRATEGIES AND THE EVIDENCE FOR THEIR EFFECTIVENESS

Katherine Weare, University of Southampton, United Kingdom

SOME KEY CONCEPTS

The concepts, principles and strategies that underpin the idea of the health promoting school, and are not just ideological, but are supported by sound evidence from research into school effectiveness.

The eco-holistic approach

Since the mid 1980s, WHO has focused on the need for ‘supportive social and natural environments’ often summarised as the ‘healthy settings’ approach (WHO 1991). The ‘settings’ has directed attention away from the health attitudes and practices of individuals and the ‘victim blaming that can accompany such a focus to look instead at the development of healthy environments, where, for the individual, healthy choices are the easy as well as the rational choices. The approach recognises that health is the product of a myriad of interconnected and interacting physical, social and psychological factors. It therefore attempts to shape a total context that is conducive to health, and where not only the physical environment but the ethos and relationships provide a climate supportive to positive health and wellbeing. The eco-holistic model is set out below.

Figure 1: An Eco-Holistic Model of the Health Promoting School
The settings perspective has resulted in the eco-holistic approach of the health promoting school. In the health promoting school approach, the totality of school life needs to be examined and understood, including what has been termed the ‘hidden curriculum’ of the norms, values and of school life. The health of teachers and pupils is of importance. The school is seen as part of its wider community, reaching out to and supported by parents, local health services, and other agencies.

The need to take an eco-holistic approach is well supported by evidence from research on school effectiveness. Studies have consistently shown that multi-dimensional approaches, which work on several inter-related and complementary fronts, are markedly more effective in making long term changes to pupils’ attitudes and behaviour across a wide range of issues than are specific, limited, uni-dimensional programmes.

Four key elements have consistently shown to be crucial to all aspects of school life and achievement: supportive relationships / a high degree of participation by staff and pupils / clarity / encouragement of autonomy. Each of them separately, and even more so when found together, clearly leads to better academic achievement and interest in the subject in pupils, better teaching by staff, and higher morale and lower absenteeism in both parties. These studies have demonstrated that the assumption that there has to be a conflict between the traditional academic goals of the school and the goals of health promotion is incorrect. The opposite is in fact the case: the same conditions are conducive to both types of goal, and both types of activity tend to support one another. In practice each of the four key elements of supportive relationships, participation, clarity and autonomy tend to reinforce one another and are far more powerful when used in combination.

Supportive Relationships

The importance of warm and supportive relationships to learning is well supported by empirical evidence. Studies have consistently shown that the quality of relationships in a school is an essential factor in producing high levels of staff and pupil morale and performance. Research suggests that pupils learn more and have higher attainments, enjoy learning and are more motivated, and attend better if their teachers are more ‘understanding, helpful and friendly. Better achievement on a variety of outcomes, both cognitive and affective, is associated with classrooms with ‘higher levels of cohesiveness’ and ‘less social friction’. Conversely schools that are unsupportive and have poor relationships have been shown to induce depression and absenteeism in staff and pupils (Moos, 1991). Poor relationships between pupils and staff and between teachers and their colleagues is one of the most commonly cited causes of staff stress, while high levels of support, particularly from the head teacher have consistently been shown to reduce the likelihood of teacher ‘burnout’. Three key competencies underpin our ability to make relationships across a wide range of social contexts: they are the capacity for empathy, genuineness and respect.
The type of school ethos most appropriate for promoting both health and learning is one in which the school is a place where each person feels they belong, feels cared for, valued and safe, which facilitates their growth and which empowers them to ‘be all they can be’. The key principle of equity demands that all be freed from oppression and fear, and so the promotion of a sound school ethos and healthy relationships means that schools need to take vigorous steps to prevent violence and bullying, an issue on which there now a wealth of well researched work on which schools can draw.

**Participation**

Participation and empowerment underlie the famous definition of health promotion by the Ottawa Charter as ‘the process of enabling people to increase control over, and to improve, their own health’. Empowerment uses what is often called a ‘bottom up’ rather than a ‘top down’ approach which aims to be genuinely democratic by ensuring that the action or process is done with, rather than to, people.
It is of great support for those involved in health promotion to know that empowerment is not only justifiable in ethical terms, but also demonstrably more effective in inducing health related and educational change than are top down approaches. There is overwhelming evidence that the level of democratic participation that the school encourages is a key factor in producing high levels of both performance and satisfaction in both teachers and pupils. There is a body of evidence that teachers who worked in schools that were more ‘communal’, in terms of having shared values and a common agenda of activities, were more likely to be satisfied with their work, be seen by students as enjoying teaching, to have high morale, and be absent less often. Meanwhile students in more ‘communal’ schools were more interested in school and had better achievement. Throughout such ‘communal’ schools disorder, absenteeism and school dropout rates were lower.

**Figure 4: Participation**

Therefore a key strategy for a health promoting school is to ensure that its organisation, management structures and ethos are empowering and encourage participation. Empowerment and participation take many interlinked and mutually supportive forms; they include consultation of staff and students, a democratic, ‘bottom up’ approach to decision making, and open communication. The role of the headteacher in an empowering school is as facilitator rather than a despot, the leader of a team of staff rather than the apex of a rigid hierarchy, a team that genuinely collaborates with pupils and parents in the running of the school, is responsive to their needs and wants, and attempts to create a sense of common ownership of the school's processes, policies and decisions. Such schools see themselves as accountable to parents, to pupils, to local education authorities, and to the local community. Pupils' parliaments, parents' councils, and school planning groups that include members of the local community are just some of the ways in which empowering and democratic intentions can become reality.
Clarity
The third key element in the effective school is clarity, which is another word for transparency, often put forward as a central value in the health promoting school (WHO, 1997). Clarity involves people experiencing structure and boundaries, knowing what is expected of them and what they can expect of others, understanding what their role is, and what the norms, values and rules of the organisation are.

People do not relate to one another well in climates with high levels of ambiguity and uncertainty. Students learn more and have higher attainments, enjoy learning and are motivated, and attend better if their teachers show clear leadership and are certain of what they are doing. Pupils achieve better, both cognitively and effectively, in classrooms with higher levels of goal direction and less disorganisation. Teachers too do better where goals are clear, being more highly motivated and more effective in their job performance. Clear feedback about the quality of their performance to pupils and to teachers, so long as it is supportive, is strongly associated with satisfaction and effectiveness.
Autonomy
The goal of empowerment is not compliance but autonomy. This means self determination and control of one’s own work and life, thinking for oneself and being critical and independent, while able to take full responsibility for one’s own actions. This is the essential fourth feature if the health of school members is to be genuinely promoted and if pupils are to be prepared to become full citizens in the democracies of the free world, is the encouragement of autonomy.

Pupils learn better across the board, including in their academic subjects, and are happier at school, if the goal is for them to think for themselves and to work as independently as their age, stage and personality allows. Students learn more and have higher attainments, enjoy learning and are motivated, and attend better if their teachers allow high levels of student responsibility and freedom. Pupils respond where the degree of organisation and structure is suited to their age, stage and personality. Younger, less mature and more introverted and anxious pupils need higher degrees of structure and organisation but still benefit from being given as much autonomy as they can handle, and by being gradually encouraged to work more independently. Older, more mature and more confident pupils can handle higher levels of individual choice and autonomy. So teachers need a strategy for gently pushing the learner towards ever greater independence, while providing a secure base for their explorations.

Figure 7: Authority

<table>
<thead>
<tr>
<th>Self determination</th>
<th>Control</th>
</tr>
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<tbody>
<tr>
<td>Critical ability</td>
<td>Independence</td>
</tr>
<tr>
<td>Autonomy</td>
<td>Autonomy</td>
</tr>
<tr>
<td>Thinking for Yourself</td>
<td>Taking Responsibility</td>
</tr>
</tbody>
</table>

Autonomy is a vital issue for teachers too. The degree to which teachers have control over their own work, and have leeway to make their own decisions has been shown to be fundamental to their emotional and social health and to their performance in general. Studies across a variety of occupations have shown that higher levels of staff autonomy have a wide range of benefits, including decreased stress levels, lower absenteeism and higher morale.

Democracy needs a balance between the four elements
Developing health promoting schools involves a balancing act between the four elements, in which each has to be present in the right proportion. Too much emphasis on warm and supportive relationships, participation and individual autonomy without clarity can lead to a ‘laissez faire’ environment, in which people have an unrealistic sense of their own personal importance, everyone competes, no-one knows what the rules and boundaries are, and little is achieved or learned. But an emphasis on clarity alone leads to an authoritarian, inflexible, over regimented and autocratic environment, in which people may know the rules but may not care about following them, and can feel unvalued and alienated. The third way that achieves the right balance between these extremes has been described as ‘democratic’. It is one in which people feel cared for, part of the organisation and able to act with a degree of personal control, but know too that there are clear boundaries, that they are but one among many, and their needs have to be set alongside everyone else’s. Such ‘democratic’ environments have been shown to produce the best balance between productivity in terms of task performance and the quality of relationships between participants.
THE PHYSICAL ENVIRONMENT OF THE SCHOOLS

The traditional emphasis in schools on discipline and correction has tended to be echoed architecturally. Schools have often been built in a brutal style reminiscent of prisons, using unfriendly materials, harsh surfaces, with echoing, empty spaces inside, and tarmac covering any hint of greenness outside. It is hardly surprising if in such environments some students and staff behave badly towards one another, withdraw into themselves, take no pride in their surroundings or themselves, and generally find it hard to follow a 'healthy lifestyle'.

Making schools ‘user friendly’

Schools attempting to become more health promoting often work to making the school environment more attractive, ecologically sound, civilised and 'user friendly' by, for example dividing up the large spaces, and using colour, displays, art, plants, and softer furnishing. Classrooms and staff rooms are made more personal and more comfortable, with quiet areas with rugs, soft chairs, and books for browsing. Students are more likely to be allocated areas to call their own and have some say over their appearance. This attempt to encourage a feeling of 'ownership' is being extended to secondary school students who have traditionally wandered the corridors to visit teachers in their specialist classrooms, but who are now more likely to have a 'home base'. Walls are more likely to be covered in students' work, and ideally from a range of students, not just the most able. Many schools have been attracted by the idea of becoming a 'green school' and used the space outside to make a garden or wildlife area, often tended by the students, sometimes with the help of parents to do the heavy work in the early stages.

Making schools safe

Traditionally a concern with safety in schools has been about physical hazards, but schools can be psychologically unsafe too. If we look at school through the eyes of quieter and more vulnerable pupils we may become more aware of areas in the school and in the playground, tucked away from adult eyes, where bullying and intimidation can take place. The toilets in particular have often tended to be 'black holes' in many schools, a haven for germs, dirt, and bullies to lurk, where there is rarely any soap, hot water, or toilet paper, and where even the locks on the toilet doors may be missing. Some nervous students make strenuous and health damaging efforts not to use them: few linger long
enough to wash their hands. So schools need to make sure that there are no ‘no go’ areas for adults, that all areas are frequently visited in a routine and informal way. There need to be quiet and safe areas available for more timid pupils to go at breaks and lunchtimes, where adults are unobtrusively present, and where they can work, read, play quieter games or chat. The responsibility for the physical and emotional safety of pupils should not stop at the school boundaries: the journey to and from schools is often a dangerous time for some pupils, with taunting and bullying taking place on school buses, on the roads around the schools and even around the school gates themselves.

THE CURRICULUM

Health promotion needs to be integrated across the curriculum. If the teaching of health promotion is to be of high quality and effectiveness then it should not be taught as a series of separate lesson, although there may be room in the curriculum for some core teaching. It is vital that health promotion be integrated right across the curriculum, throughout the whole range of subjects, all of which have something to contribute. Furthermore if programmes are to succeed they need to be based on the best available evidence on what works, the best and most appropriate resources and materials, and be systematically planned, structured and evaluated. Such a well organised approach is unlikely to happen by chance, it demands that schools appointed health promotion coordinators with the training, status, time and high level support to make their job possible.

Figure 9: The School as a Health Promoting Setting
Mental, emotional and social health are central. Peoples’ health is not primarily determined by their knowledge, but that beliefs and emotions are at the root of the voluntary behaviours in which people engage that affect their physical health. People choose to look after their health or not, for example through sensible eating, taking exercise, avoiding harmful substances and so on, according to how they feel about themselves, whether they think they are worth looking after, whether they believe that they can change, and their assessment of what others think of them. They are motivated to take care of the health of others according to how they feel about the group they are in and their place within it. An empowering approach to education puts mental, emotional and social health at the heart of the curriculum. It uses a wide range of active intervention strategies, working with the whole person, their feelings, motivations, beliefs, behaviours skills, and on their total social environment, to help people change themselves and their circumstances.

If the health promoting school is about empowerment, participation, democracy and open communication then these principles must be practised through the methods of learning and teaching in the classroom. Those involved in education and training at all levels are coming to realise the importance of actively involving people in their learning. The emphasis is moving from teaching to learning, and from learning facts to acquiring skills and changing attitudes.

Health promoting schools tend to prefer the concept of ‘competency’, which includes skills and attitudes as well as knowledge. More recently the word ‘action’ has tended to be added, to remind us that competencies need to provide people with the ability to make a real difference in the world and effect change (Bruun Jensen, 1994: WHO, 1997).

Health promoting schools are rightly moving on from treating traditional health education topics, such as diet, drugs, exercise, or sexuality in isolation from one another and teach generic competencies that underlie specific health issues. Evidence increasingly that generic school programmes are actually more effective in inducing specific preventive behaviours for health than are specific topic based approaches. There are a wide range of action competencies that can be seen as underpinning learning in health promotion and health education, and indeed learning across the whole curriculum, and which relate in particular to emotional and social health. Personal action competencies include self awareness, realistic self evaluation, managing the emotions, self motivation, decision making and goal setting. Social action competencies include listening and responding effectively to others, reading and interpreting social cues, being cooperative, and knowing how to resolve conflicts, mediate and negotiate.

The needs of teachers, and teacher education

Schools have traditionally focused on pupils, taking the health and well being of their staff for granted. This has never been a sensible assumption, and we know how many teachers suffer particularly from stress, and often feel undervalued, by school senior management, pupils, parents and society. Teachers cannot be expected to be enthusiastic about health promotion if they do not feel their own health is being promoted: they need constant support, from staff development programmes, from positive and helpful appraisal, and most of all by having a voice in all aspects of school management and organisation.

Appropriate education to support health promotion needs to be built into teacher education in all countries, in initial education, in in-school workshops, in local in-service provision and in courses in Universities and colleges. The efforts of the ENHPS to provide international training, both by bringing staff from different countries together and by encouraging countries to invite those from outside in to run courses is helpful too in ensure continuity, mutual learning and the dissemination of best practice across Europe.
LINKS WITH THE OUTSIDE WORLD

Health promoting schools are attempting to break down the traditional isolation of the school by finding ways routinely to bring about a collaborative interaction between schools, parents and the wider community. Parents need to be encouraged to feel at home in schools, to move in and out freely, perhaps having a special 'parents' room' as a base. Schools need to make special efforts to reach out to and welcome parents’ whose own experience of school may have been a poor and unhappy one, who feel alienated culturally or educationally from school. They will need to explain their approaches to parents and achieve their active support, consult with them about the running of the school, and link the goals and culture of the school with that of the range of home backgrounds from which their students come.

In a health promoting school representatives from the whole social mix in the community are regular visitors, bringing the contribution of the various social, cultural and religious groups, the public services, businesses, and the local media into school life.

Community involvement and collaboration is a two way process, and schools have much to contribute as well as take. The health promoting school will take its community responsibilities seriously: pupils are likely to be found outside the school, engaged on community projects, contributing to and learning from the outside world, as well as in the classroom. The possibilities are enormous: caring for the elderly and receiving lessons in oral history from them; clearing refuse and learning about recycling; creating havens for wildlife and learning about biology in the process, to name but a few.

Schools have perhaps most to learn from other schools, where the same challenges and issues may be being met in ways that others would find relevant and useful. Productive contacts and coalitions are developing between health promoting schools, including between local primary and secondary schools. ENHPS schools are starting to realise the original vision of their role as networking points from which the web of ideas and best practice can spread to other schools. In some countries, regions have taken up the idea and formed their own ‘healthy school’ networks, with or without the support of the national or international network.

The success of the ENHPS has undoubtedly been due to its genuinely international nature, ably managed by the WHO based secretariat with the strong support of the EU and the Council of Europe. Such internationalism has given rise to a quite extraordinary exchange and dissemination of ideas and experiences between countries, through international meetings, workshops, summer schools, conferences, research projects and publications. The report of the ENHPS conference in Greece (WHO, EU, CE 1997) suggested more informal links between countries. Such links could most easily developed between countries sharing a language, similar cultures, frameworks for education and health, economic conditions, social issues, and being geographically close to each another.

Conclusion: climb every mountain

The Thun workshop, set at the foot of the Alps, made much use of the metaphor of school health promotion as an imposing mountain, the assault of which demands that we negotiate the challenges and dangers with excitement, effort, skill and teamwork. We have perhaps got past the foothills in scaling the mountain of school health promotion, but the summit is still outside of our grasp. When we reach it the view will be extraordinary, for pupils, for teachers, for schools, and for society as a whole!
EVALUATION OF THE HEALTH PROMOTING SCHOOL: A PARADIGM SHIFT AND WAY FORWARD

David Stears, Canterbury Christ Church University College, United Kingdom

Introduction

The concept and principles of the health promoting school have been well documented and now represent the foundations for a sound evaluation framework. A paradigm shift in health promotion evaluation is, however, occurring. In order to translate the theoretical repositioning of health promotion evaluation into practice a new instrument has been developed to evaluate health promotion in European schools.

Paradigm conflict

Health promotion evaluation has been defined as:


The biomedical paradigm of health promotion evaluation is a top-down, expert driven approach to research which separates observer from the observed and assumes primacy of objective over subjective knowledge. The eco-holistic paradigm of health promotion evaluation reflects the principles of the Ottawa Charter and is based on a process of collaboration and collective action. It assumes a holistic perspective on health, recognising the collective importance of physical, mental, social, emotional and spiritual health. This ‘new’ paradigm views health promotion as empowering and as a process of social change.

This definition lays emphasis on the outcome of health promotion actions but is careful not to specify what kind of outcome. The outcome will be associated with the values and beliefs of different disciplines. For example, from a biomedical perspective the “valued” outcome of a health promotion action will inevitably be behavioural. However, from a sociological or educational perspective the “valued” outcome is more likely to be associated with the process of the action. Such diversity underpins current inter-professional and inter-disciplinary conflict in approaches to the evaluation of health promotion.

There is a clear recognition of the genuine inter-disciplinary interests in the business of health promotion. For example, Kickbusch makes this point very clear when suggesting health promotion is:

‘a theory based process of social change contributing to the goal of human development building on many disciplines and applying inter-disciplinary knowledge in a professional, methodical and creative way’ (Kickbusch, 1997, Health Promotion International 12(4) pp265-272)

Her definition of health promotion highlights a process of social change and the goal of human development both of which challenge the traditional biomedical paradigm of evaluation. This challenge has been clearly defined in the context of recent publications on the evaluation of health promotion (Davies and Macdonald, 1998, WHO, 1998b). Evaluation of the Health Promoting School epitomizes the conflict between the biomedical paradigm and, what might legitimately be described as, the ‘new’ eco-holistic paradigm.
The biomedical paradigm of health promotion evaluation is based on the Cartesian theory of linear scientific and mathematical measurement. It is a top-down, expert driven approach to research which separates observer from the observed and assumes primacy of objective over subjective knowledge. It adopts a reductionist perspective on health. Health is viewed simply in terms of absence of illness, disease and disability. Within this paradigm health promotion is seen as a tool of preventive medicine and therefore action, in health promotion terms, is orientated towards behavioural outcomes. This traditional approach to evaluation research is characterised by studies which are either experimental or quasi-experimental in design and usually involve a quantitative research methodology.

By way of contrast, the eco-holistic paradigm of health promotion evaluation reflects the principles of the Ottawa Charter (WHO, 1986) and the challenges of the post Ottawa Charter era (Springett, 1998). It is based on a process of collaboration and collective action. In contrast to the biomedical paradigm it assumes a holistic perspective on health, recognising the collective importance of physical, mental, social, emotional and spiritual health. This ‘new’ paradigm views health promotion as empowering and a process of social change. Evaluation outcome is focused more on the process of the interventions rather than behaviour and the research design favours action research directed towards the collection of qualitative data.

This conflict between evaluation paradigms has been a focus for debate at recent research conferences and seminars (Platt, 1998; Rootman, 1998). Platt has argued that research undertaken in order to support or evaluate health promotion ‘occupies contested territory’ and makes reference to the ‘Paradigm Wars’. His suggested way forward, is one of compromise. Pointing to the development of a pluralistic framework for research consistent with the principles of the post Ottawa Charter era.

Other authors favour a significant paradigm shift. Springett identifies the weaknesses of the traditional and dominant paradigm of health science in terms of meeting the needs of health promotion. She argues for a more human and health centred approach to health promotion evaluation. Further support for a change in approach to health promotion evaluation comes from Kelleher who argues that health based initiatives and interventions have largely borrowed traditional experimental or epidemiological evaluation designs. From what she refers to as ‘the paradigm of health professions’, predominantly medical doctors. Kelleher makes the interesting observation that any evaluation of the European Network of Health Promoting Schools will not be based primarily on behavioural outcome measures since the project is far closer to a mainstream educational program than previous school health initiatives. This adds form to a ‘field-driven’ call for a change in approach to evaluation of school-based health promotion initiatives. However, this argument is balanced by her timely reminder that there are currently no major outcome evaluations published which support the health promoting schools.

A Systematic Overview of health promotion in schools commissioned in England conducted by the National Health Service Centre for Reviews and Dissemination at the University of York reviews guidelines of research which only accepts evaluations based on traditional research designs and methodologies. A fact which re-emphasises the dilemma of paradigm conflict.

The way forward

Support is growing internationally for more appropriate research methodologies for evaluating health promotion practice. The WHO European Working Group on Health Promotion Evaluation (WHO, 1998b) has recommended the following guidelines for policy-makers:
Participation and empowerment must be integral features of any health promotion evaluation process.

Process measures should be used as well as outcome measures.

Randomized Control Trials are in most cases inappropriate, misleading and expensive.

Multiple methods to evaluate health promotion initiatives should be supported by policy-makers.

With respect to health promotion settings, and the Health Promoting School in particular, there are good reasons for developing sound evaluation practice. These can be summarised in the following way. To provide:

- an assessment of the effectiveness of a particular approach to improving health in schools;
- an assessment of the quality of educational experience in ‘healthy schools’;
- evidence of the success of a health promoting intervention in schools; and
- a valuation of health promotion assets in schools.

1. Different styles of evaluation are:

   - impact evaluation;
   - process evaluation;
   - goal (objectives) -based evaluations;
   - utilisation - focused evaluation;
   - experimental evaluations;
   - quasi-experimental evaluation;
   - randomised controlled trials (RCTs);
   - rapid appraisal techniques.

2. Description of a model of evaluation designed for measuring the assets of the health promoting school. This model is based on the eco-holistic paradigm.

   a) the underlying theoretical model;
   b) model is a combination of impact / process / utilisation-focused evaluation (see 1 above) using a rapid appraisal research technique to collect, mainly qualitative, data;
   c) type of interview schedule (asking the right questions);
   d) profiling the results using a Radial Profile Graph;
   e) advantages of this model of process evaluation.
ACTIVE SCHOOL LINKS WITH FAMILY & COMMUNITY

To what extent does the school offer:
1. facilities that can be used by parents and the local community for health promotion / health education?.................................
   5  4  3  2  1  0
2. opportunities for parents and the local community to become involved with health promotion / education work in the school?????
   5  4  3  2  1  0

To what extent:
3. do parents get involved in health promotion activities in school?.................................
   5  4  3  2  1  0
4. do parents think of the school as a health promoting school?..................................................
   5  4  3  2  1  0
5. does the school promote health within pupils’ families?..................................................
   5  4  3  2  1  0
6. does the school promote health within the wider community?..................................................
   5  4  3  2  1  0

TOTAL = 13  AVERAGE = 2.1  \( (x2) = 4.3 \)

On the full range of dimensions for which similar sets of questions can be produced and similar scoring applied the radial profile graph can be produced from Excel. An example from 10 schools is set out below.

Looking at the key below, it is clear what dimensions these schools (in this national context) scored low and high on.
A. School Roles for Health Promotion
B. Resources for HE/HP
C. Government Support and Legislation for HE and HEALTH PROMOTION in Schools
D. Support from National Agencies and NGOs
E. National Initial and In-service Teacher Training in HE/HP
F. OHMCI Inspection of HE/HP in schools
G. Regional or Local Training for HP in Schools
H. Regional/Local Networks to Support HP in Schools
I. Local Agents who are available to assist with HE/HP provision
J. Focus of HE/HP
K. Mode of HE/HP
L. Style of Health Promotion
M. Style of Learning
N. Change to Physical Environment
O. Active School Links with the Family And Community
P. Active Links with Outside Agents
Q. Space on the Formal Curriculum
R. HP Associated with the Informal (Contextual) Curriculum

The presentation was concluded by emphasising:

- the need to develop more appropriate evaluation models to measure process and outcomes of the health promoting school;
- the move away from a purely bio-medical paradigm of evaluation to appreciate the need to incorporate the principles and values of the Ottawa Charter for Health Promotion;
- the necessity to look for quality of educational experiences and effective methods of promoting positive health in schools through the questions we ask!
ROUNDTABLE DISCUSSION

The participants in ten groups discussed indicators that would be relevant to the Health Promoting School at school level under the ten headings given in Katherine Weare’s presentation. In reporting back, the groups had clearly made progress in providing a basis for evaluation across the whole range of aspects of work relevant to the Health Promoting School.

- Ethos
- Relationships
- Management
- School organisation
- Physical environment
- Curriculum organisation
- Competencies
- Methods
- Links - family and community
- Links - Regional, National and International

GROUP 1: Curriculum organisation

- Health education is taught using a “process approach” e.g. decision-making, communication, not just as separate topics, e.g. smoking.

- A coordinator/team is appointed to ensure health education and promotion happen across the school (what do they need to do their job effectively?)

- Teachers go on courses and interactive methods to learn how to organize the curriculum more effectively.

- The curriculum stays flexible and responsive to needs and new events.

- Health education is integrated across the whole curriculum.
GROUP 2: Ethos

- Students’ access to the head teacher, principals, etc.
- Everyone has their needs met and is valued equally, regardless of ability, race, culture (shown how?).
- Pupils are assessed by what they can do rather than what they cannot.
- Students say that they like school or they belong to their school.
- Anti-bullying written policy.
- Everyone is clear about their own role in the school.
- Concern with teachers’ health as well (shown how).
- Teachers not often away.
- Pupils not often away.

GROUP 3: Relationships

<table>
<thead>
<tr>
<th>School</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newsletter</td>
<td></td>
</tr>
<tr>
<td>Workers visit schools to talk about jobs</td>
<td></td>
</tr>
<tr>
<td>Community and school share the same projects</td>
<td></td>
</tr>
<tr>
<td>Pupils work in community α community action</td>
<td></td>
</tr>
<tr>
<td>Open discussion forum</td>
<td></td>
</tr>
<tr>
<td>Schools join activities, plays, sport teams, trips</td>
<td></td>
</tr>
<tr>
<td>Right institutions join the school - community (resources, process).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Within school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils contribute to decisions.</td>
</tr>
<tr>
<td>Pupils involvement in extra-curricular activities.</td>
</tr>
<tr>
<td>Non-teaching staff are invited to and attend school activities.</td>
</tr>
<tr>
<td>Parents, family, P.T. As involved in decisions and activities.</td>
</tr>
<tr>
<td>Discussion among teachers.</td>
</tr>
</tbody>
</table>
### Group 4: Management

All staff have clear management responsibilities

#### Management

- Decision-making in collaboration with the whole teaching staff, or other staff members.
- School governors to include parents from ethnic minorities, all social classes, and parents of children with learning difficulties.

- Pupils have a say in the management of the school.
- Everyone knows who is responsible for what.
- Clear school policies.
- A “flat” system of management, not too hierarchical.
- Quality procedures.
- The head teacher gets out from behind his/her desks and get involved in school life.
- Recruitment strategy – career planning.
- Those above listen more than they talk to those below them.
- Staff have a good deal of control over their own work.
- Autonomy in using financial resources.
### GROUP 5

**Links with regional, national and international guidance and initiatives**

- Teachers often go on training courses to improve their own health promoting competence.
- Members of school staff are involved in regional, national and international initiatives such as working groups, training courses, etc.
- There is a two-way exchange between schools and other agencies using a bottom up approach.
- The school has policies which reflect regional, national and international thinking on health promotion.
- Everyone in the school knows about the ENHPS and has a clear grasp of what it means.
- The school has positive links with others in the region: ongoing / one-off.
- The school is host to outside events (such as?)
- Members of regional, national and international agencies have a good grasp of what is actually going on in schools.
- The school is wired to the Internet for communication events, ideas, information debates.
- Members of regional, national and international agencies spend time in schools.
- The school uses resources that are up to the minute and part of new national and international developments.
- Representatives of outside agencies spend time in school.
### Group 6: Methods of teaching and learning

Use a wide range of methods

Pupils engaged in active tasks

Teachers go on courses to learn about using active methods

Involves all: ethnic minorities, all social classes, and parents of slower children and any other groups involved

- Teachers spend time finding out what pupils think and know already: *group discussion, brainstorm as a starting point for learning activities etc.*

- Democracy
  - Student involvement

- Group work

- Pupils involved in planning lessons *partly, because conflict over clarity possible.*

- Clear aims for lessons and for the programme as a whole

- Well structured lessons

- A well structured programme

- All pupils engaged in class activity, not just the clever ones

### GROUP 7: Competence

#### Knowledge
- Basic knowledge
- Communication knowledge (techniques)
- Planning ahead
- Specific knowledge

#### Attitudes
- Innovative and proactive attitudes
- Self esteem
- Self motivation
- Open-minded attitudes
- Active listening to others
- Respecting the views of others
- Resisting pressure from others

#### Skills
- Independent and critical thinking
- Cooperating with others
- Conflict resolution
- Communication skills
- Assessing needs and priorities
GROUP 8: Links with family and community

**Instruments**
Communication forms

**Who**
Key players:
- Principals
- Staff
- Parents
- Students

**Communication**

**What**
Content:
- Roles
- Tasks
- Visions
- Aims

**Criteria:**
- Open
- Collaboration
- Supportive
- Clarity
- Inclusive

**OUTCOME**
TRAVELLING WITH CHRISTOPHER COLUMBUS IN EVALUATION LAND
Danielle Piette, ULB-PROMES, School of Public Health, Free University of Bruxelles

Introduction

Evaluation may meet differing needs: those of the programme manager who, for instance, may want to assess the degree of success of the initiative, or those of the sponsor, who may wish to know how his or her resources have been invested. This question of starting-point directs the type of evaluation selected, and is therefore fundamental.

This paper will bring you among 5 types of evaluation, broadly adapted from a classification by Strecher & Davis (1988). The evaluation approaches are illustrated by a set of questions picked up during the two interviews carried out by the EVA1 team among ENHPS national co-ordinators in 1994 & 1995 and already published in the EVA1 manual (I.B, page 2 to 5). The Christopher Columbus story was first presented to the ENHPS in 1995, by Chris Tudor-Smith (Health Promotion Wales), during a workshop organised in Budapest by the EVA1 team for a group of national co-ordinators. Chris Tudor-Smith heard this story from Prof. Don Nutbeam (Sydney).

Christopher Columbus, when he was preparing his trip to India wanted to check how to asses his progress to India and, on his return, how to be able to convince people that he had really been.

1. The Madrid University or the (quasi-)experimental approach

Christopher Columbus could have gone to the Madrid University and explained to the professors there that he was equipping three caravels to find a new way to reach India. He was told that his approach was not rigorous enough: he had to fit out 6 ships, select randomly which three would go to India by the old way and which ones by the new ones. Equipped randomly with a strictly similar crew and stock, these ships would leave the same day. A tedious collection of everyday information would be crucial to assess conditions as generalisation for all forthcoming trips. The caravels which come back first with their hold full of Indian goods would win by showing the best way to reach India.

General question: is health promotion effective or not, and if it is, what are the conditions for widespread implementation of the process?

Example of specific questions based on objectives that can be addressed by an evaluation:

- is the pilot training programme for teachers suitable for health promotion in schools? Does it enable teachers to become effective health promoters?
- is the health and well-being of pupils improved by the ENHPS programme?
- does the use of an educational tool for mental health promotion have a long-term impact on the well-being of pupils?

Usually, the answer to these questions demands a rigorous protocol, involving a comparison between an intervention and a similar control group in which people are allocated randomly. However, this methodology, relevant for epidemiological control trials, is seldom adapted to the reality of health education and more rarely to health promotion.
A quasi-experimental design (no random allocation of people or schools in intervention and control group) is more suited although also difficult to achieve: the control group cannot be kept from any intervention.

More and more often, a soft understanding of the quasi-experimental approach is adapted. A “reference” group replaces the control group and trends are compared in the reference and intervention groups, everybody knowing that the reference group may also be, or is, influenced by actions (different from the intervention).

The quasi-experimental approach is exacting on a scientific level, and requires significant human and financial resources (evaluators trained for research and statistical analysis - sufficient time to see an impact appear, groups of a size that permits valid statistical analysis, etc.).

In the event of a positive effect, the advantages are that we have proof of this effect (but not necessarily information about how it was achieved) and that we are better prepared for persuading decision-makers to bring in widespread health promotion in schools and to make available the necessary funds. However, it is often possible to adopt other approach to be as well prepared to advocate health promotion practice among decision-makers or politicians.

2. The Queen of Spain and her counsellors or the goal-orientated approach.

Christopher Columbus could have meet those who would make his adventure possible and reminded by the Queen’s advisory committee that he has a contract to respect. The Queen would give him money but in return he had to: equip three ships; come back quicker than by the traditional route; have a diary to assess the use of the resources given to him; ensure that less that 20 sailors would die during the trip; bring back silk and spices. Christopher Columbus then planned his trip to meet all requirements. During his travel, he wrote every evening where he was, how the stock was used, how many diseases, injuries and deaths were observed what the possibilities for trade were. When he returned, all this information would be given to the Queen to justify the budget allocated to him.

General question: has my goal be attained? What is the relationship between the activities developed and the desired result?

Examples of specific questions:

- does the training of school co-ordinators allow them to communicate with, and to organise the school health promotion team, more effectively?
- does the teachers handbook on mental health assist teachers in developing self-esteem effectively?
- does the teachers training session improve the quality of the classroom teaching?

Here, evaluation aims to answer specific questions. A statistical analysis of the data gathered may turn out to be necessary in order to answer certain questions, but in other cases, another method such as observation of the working of the health promotion team or of the teacher, may be appropriate.

The methodology of the goal-orientated approach to evaluation seems flexible, and directly relevant to the intervention. The answers it brings are very useful to modifying, reproducing and funding programmes.

The problem lies in the definition of the objectives, which are not always so clearly perceived nor defined with sufficient enough precision to allow their measurement. It is also necessary for a consensus to exist on the definition of these objectives.
3. Christopher Columbus peers or the decision-making process.

Christopher Columbus could have adopted another approach: assessing continuously his work and that of his partners in order to take the best possible decisions. He also could have gone to his peers, to knowledgeable and experienced sailors and captains in order to gather useful information. All this assessment would aim to list criteria for decisions and conditions to meet:

- before leaving: the preparation of crew, ships and stocks (what is needed, how much, etc.), the identification of the best time for leaving (wind, season, etc.);
- during the trip: the assessment of the location of the caravels (taking an astronomer with him);
- when arrived: the prove that he is in India (for example based on botany);
- on his return: the decision to go again to India that way.

General question: what relevant information do I need to take a decision? What information content will lead me to decide for or against an option?

Examples of specific questions:

- can the pilot training module for co-ordinators which has just ended be put into widespread use as it is?
- am I going to invest in the translation of the mental health handbook? does it meet teachers requirements?

The usefulness of this approach to evaluation is obvious: it makes it possible to take an informed decision on the basis of explicit criteria.

The drawback of this approach is that it requires a definition of the criteria for decision-making, and a consensus on these criteria. This process weighs down the approach and is not always easy to put into effect.

There also exists a danger of collecting only loose data which tend to reinforce a prior opinion, and of neglecting other relevant facts, but ones which do not answer the question asked.

4. The interest group or the user-orientated approach

Christopher Columbus could have been very keen to answer the needs of stakeholders. In that case, he would have met the King, the Minister of Finance; the head of the Church, the tradesmen. Each would have distinct questions:

- the King: will this trip increase the prestige of Spain?
- the Finance Minister: will it be cheaper, quicker and safer to travel that way?
- the tradesmen: will it be safer for the transportation of silk & spice (which cannot become wet)
- the Church: will new communities be met who could be evangelised?

Christopher Columbus would then have collected all relevant information throughout the voyage to meet these needs. A “yes” answer will mean success.

General question: what information do the users of the services, or those taking part in delivering it, wish to possess at the end of the initiative?
Example of specific questions at the end of a training session for coordinators:

- the national support centre: am I going to recommend this training course for co-ordinators outside the ENHPS?
- the trainer: shall do it like this next time?
- schools coordinators: has the investment in time which is devoted to training brought sufficient return? What am I getting out of it for my school? Am I going to carry on taking part in the activities on offer at the support centre?
- a minister: should activities of this type be founded? Should priority not be given to action which makes innovative projects by pilot schools better known to those outside it?

In answering the questions which the various groups have come up with, this evaluation is producing the required information in a directly usable form.

The evaluation appears only possible if the various groups come to a consensus about the questions of the evaluation; if not, lack of resources may bring an end to an endless evaluation process. It is also necessary for the evaluator to work in close collaboration with these groups, and to agree to gather information that he/she may on occasion feel to be of little use.

This evaluation process makes it possible to offer an “empowering evaluation” (assessment bringing more skills and knowledge to actors).

5. Open consultation or the responsive approach

Christopher Columbus, in order to raise his image, could have sought the advice of nearly everyone involved in his adventure: all groups or people already mentioned (the queen, the king, experienced captains, etc.) and also merchant communities in India, the sailors and their families, the communities met living on route to and from India (the old and the new), those consumers who buy silk and spices, etc.

By doing so, he would have understood the various perspectives of all these people, without prior judgement on the success or failure of his project. He then would answer all these different questions. He could also have balanced all these opinions to decide if it was worthwhile.

General question: what are the different groups of partners, and what do they think of this project?

Examples of specific questions relating to a training session of school coordinators:

- the national coordinator: am I satisfied with this trainer and this training course? What do the trainer and the participants think of the part I played during the module? Should I take a more active part in discussion next time?
- a group leader: was the framework of the work well defined? Will we still be working together? What do my colleagues think of my type of leadership?
- a participant: have I appreciated this training course? Do the others feel the same? Shall we enrol for another session?

Asking people what they think of an intervention may be relatively easy: it requires the identification of the various groups of partners and does not necessarily demand a prior definition of the questions, nor a consensus around them. It is the bare minimum evaluation of the satisfaction of people involved in an action, immediately after it. It then often takes place as an informal but frank discussion at the end of an initiative.

Balancing all advise is another matter and is often very difficult as no priority guides the selection of information.
The disadvantage is that, once the (multiple) questions have been identified, it can be difficult - impossible even- to answer them, hence, the possible frustration of the groups which do not receive their information. It is also not easy to distinguish the essential from the minor details in the mass of information gathered. Although the quantity of information gathered is large, there exists a risk of not being able to use any of it.

**As a conclusion:**

*What do you think Christopher Columbus did?*

- And you, which approach(es) have you used so far?
- Do you think that it was relevant for yourself? For the national co-ordinator? The sponsor? The pilot schools? etc.
- What would you like to do in the future?
- Do you think that one or some approach(es) should be favoured in the ENHPS? Or rejected?

Of course, different criteria may guide the selection of an evaluation approach: the type of action considered, financial and time constraints, external pressure and the interests of groups involved in the implementation of the project. The latter is often identified as the most important group in health promotion. However, policy-makers and politicians should also be considered.

Health promoters and the whole school community own the ENHPS project at school level and should therefore have the feedback they want and need from it. Policy-makers are those who will understand -or will not- how health promotion works and what to do to disseminate it. Decision-makers and/or politicians will be convinced -or they will not be- that school health promotion should be disseminated.
The design of the workshop programme as a whole was guided by the outcome of a survey conducted among people associated with the evaluation of ENHPS in the different countries. There were 34 responses from 24 of the 38 national networks. Very helpful information was supplied on the amount of time devoted to evaluation, the number of other people collaborating with the evaluation and financial support received for evaluation. More importantly, information was provided about the foci of the evaluations and the types of methodology used. The importance of politicians, decision makers and sponsors as audiences for reports was an important message and to how to meet the needs of these audiences was one of the main ‘needs’ expressed by respondents. Evaluators wanted the opportunity to exchange experiences as well as extend their understanding of the concept of the Health Promoting School. They wanted to encounter new approaches to evaluation and exchange experiences about strategies and discuss ‘indicators’. The results were crucial in decisions taken about the content of this first workshop on the practice of evaluation of the Health Promoting School.

The evaluation of health promoting schools within ENHPS has to establish credibility in three areas in order to claim quality.

Requirements for a good evaluation of the Health Promoting School

A good evaluation has to be theory-based. It has to be firmly based in the concept and the aims of the Health Promoting Schools. It must also recognise the results of research on evaluation so that adequate and robust evaluation designs can be developed.

A good evaluation has to match practice. It has to take the conditions of the local practice (e.g. in schools) into consideration otherwise the evaluation project may not be accepted, may be boycotted, or ignored and possibly further projects will not be approved. The best design is not of any help, the best questionnaires useless if an evaluation is set up which is not compatible with everyday life routines and if it does not succeed in encouraging persons to participate in the evaluation.

A good evaluation has to be linked with the political discussion. If evaluation does not manage to present its results so that they can contribute to educational and health-policy discussions, then the concepts of Health-Promoting Schools cannot achieve sustainability. If that happens, then out of the many models of good practice, no practice of good models can emerge.
In relation to the last two aspects mentioned, evaluation clearly has a social dimension: Those who practice evaluation always intervene in a more or less complex social system, e.g. in a school. It follows that, next to the purely scientific-methodical knowledge evaluators need “Social Skills”.

“Practical Guidance on Evaluating Health Promotion” by Jane Springett has been written for the “Working Group on Health Promotion Evaluation”. It contains an overview of these competencies.

**Skills for Evaluation**

- **Social Skills** - ability to stimulate participation and lead negotiation on evaluation questions.
- **Pedagogical Skills** - ability to transfer knowledge so local learning and change takes place.
- **Facilitation Skills** - to assist the development of aims and objectives and the sharing of agendas.
- **Political Skills** - the ability to gain stakeholders interest and trust.
- **Negotiation Skills** - the ability to help people achieve consensus.
- **Methodical Skills** - design, data collection and analysis.

It is notable that she mentions “social skills” separately. But on closer consideration you can see, that all of the others with exception of the “methodological skills” also draw on “social skills”.

For the practice of evaluation “social” or “communicative competencies” are of special importance. For this reason the approach to this subject has to receive an appropriate place at this Workshop. This has become evident to the Task Force very early when dealing with the planning of the Workshop.

The people best placed to inform us about the needs of evaluators are those who carry out evaluations themselves. As there was hardly any existing knowledge about problems of the practice of evaluation of Health Promoting Schools which could have provided a foundation for the planning of the Workshop a survey was carried out. Mediated through the national coordinators it took place in May and June of this year. Many of the colleagues present here received such a questionnaire and sent it back with their answers. They were thanked for their cooperation.

Out of 38 National Networks to which the Technical Secretariat of the WHO in Copenhagen wrote, 24 have replied. The percentage response rate was 63%. 36 National Networks were represented here at the Workshop. That is 95%. The hope was expressed that this increase was a sign that several national networks are planning to carry out evaluations and that the experts are here to gather necessary information.

The main results of the survey were:

- **Evaluation takes place**: In more than half of the networks (53%) evaluation projects are taking place;

- **Evaluation is planned for longer periods of time**: The evaluations which are carried out are not single, short-term surveys, but planned for a longer period of time. The period of time mentioned most was 3 and 4 years.

- **Evaluation is a new development**: The evaluation projects described within the networks are very new. The period of time between 1997-1999 is mentioned most frequently as the start date.
- **Evaluation has its own staff:** Next to the person who is responsible for the evaluation, at least one or two more persons are involved (that is the case for 14 projects). The lead person works a little less than 50 hours a month on average on the evaluation. The other colleagues devote in total about 190 hours per month on average to the evaluation.

- **Evaluation has a budget:** Since absolute amounts do not give clear indication, the proportion of the total costs allocated to evaluation are collated. On average it takes up 16% of the entire budget and ranges from 3% to 33%. The median is situated at 5%.

- **Evaluation is duly reported:** It is becoming usual for formal reports to be written about the evaluation projects. Reports of nine projects are recorded. Eighteen are planning to publish one. Most of the respondents mentioned that reports are given to decision-makers, sponsors as well as the concerned school.

- **Evaluation has many aspects:** The section of the questionnaire dealing with the aims, main elements, methods and designs of evaluation revealed great heterogeneity in the approaches.

  The variety covered:

  - who is involved in the evaluation (pupils, teachers, parents etc.);
  - what is being evaluated (structures, networks, school-organisations, individual competencies, opinions and behaviours etc.);
  - which methods or which designs were used (qualitative, quantitative methods; quasi experimental designs, case-studies etc.).

Wishes and expectation of the evaluators surveyed concerning the content of the Workshop were also multifarious. At this Workshop they would like to:

- receive a better understanding of the concept of the Health Promoting School;
- get to know more about methodological aspects (such as evaluation strategies and models, techniques of data-analysis, relevant indicators) and also how the results can be disseminated (e.g. how persons who are politically responsible can be reached or how results can be delivered to schools); and
- how participation and empowerment of the involved groups of persons can be ensured.

But first and foremost they want an exchange of experience. That means for example:

- to exchange ideas and perspectives;
- to compare the different approaches of evaluation; and also
- to have discussions about cooperation.

The results show that many networks are presently on the way to evaluation: Evaluation is taken seriously. Our Workshop is therefore very up-to-date and timely because it is possible to report about on-going evaluation-projects and - hopefully - results of the meeting in Thun can be directly included into the project in the home countries.

The wide range of the evaluation approaches and plenty of the common experiences is a treasure which can be returned to. Differences also can create meaning and make an exchange of experience meaningful. Therefore, the Thun Workshop was held at the right time.

The multitude of approaches indicates on the other hand, that generally accepted frameworks for the evaluation of Health Promoting Schools were still missing. When evaluation exists in such variety it
can seem somewhat arbitrary. Requests and expectations of the respondents in the survey were suggesting a need for clarification in that area but not just concerning the problems of the practice of evaluation. It was appropriate, therefore, to begin the Workshop with introductory presentations about the concept of the Health Promoting School and about concepts of evaluation that were compatible with this. With this, a framework was created that offered orientation yet did not prevent variety. One aim of the Workshop was to develop the framework for evaluation drawing on the evaluators’ own experiences and ideas. Only the first few steps could be achieved. The development of an action model of evaluation practice and the opportunity to test it to become competent in its use and to take this home to implement it was, therefore, only partly achieved. A very good foundation has been laid.

A forum via e-mail was to be established so that participants would continue the exchange of experience begun in Thun.

The responses received from the interviewees confirmed to the Task Force that such a Workshop as that held in Thun was meaningful and necessary. It was anticipated that one Workshop would not be enough. For this reason the title of the Workshop was chosen with deliberation: it was supposed to be the first workshop. It was hoped that, for all participants of the Workshop who did not receive the questionnaire, and therefore could not articulate their requests and expectations, they would find much that was of interest to them so that they could spend these two days in Thun with benefit.
INDICATORS FOR THE HEALTH PROMOTING SCHOOL

Jill Pattenden, University of York, United Kingdom

The draft report on indicators was the result of a one day meeting in Copenhagen of a group of experts in the field of health promotion, education and evaluation. The remit of the group was to develop indicators for the ENHPS at international, national and local levels. Therefore there must be indicators to show the worth of the network to governments and funders to ensure its sustainability, as well as the worth of the health promoting school. The influence at international and national level on the health promoting school is made clear by the eco-holistic model which was displayed earlier (figure 1).

The draft was to benefit from the inputs of participants that would help to produce the final document.

Clearly there are different interpretations of the term 'indicator'. The time pressure in a one day meeting really allowed only a surface discussion about what we mean by indicators and their utility in the context of the HPS. However, it was agreed that indicators provide a relatively simple way of representing selected features of a complex reality such as the ENHPS, and can also be used to measure change over time. In a busy world, indicators should be relevant, useful and help to develop practice.

Proof of effectiveness and evaluation are about process as well as health related behaviour outcomes. At international, national and school level, indicators are more about school development and improvement, the facilitating conditions which will lead to positive outcomes for pupils.

Indicators should be chosen to:

- reflect the most important issues and the main actions which can be taken;
- be consistent with the values of the ENHPS, and reflect the aims of those working within the ENHPS;
- include all dimensions of the ENHPS and HPS.

Indicators help to:

- recognise strengths;
- identify areas where good practice needs to be maintained or where improvement is needed;
- build an action plan.

The last point is probably the most important, i.e. help the organisation to determine priorities which are then formulated within a coherent strategy to lead to organisational development and improvement.

It is not just about measuring change - increase in, decrease from time 1 to time 2 - but also what has remained the same, e.g. academic achievement despite emphasis on HPS, or is new e.g. increased participation leads to increased self-esteem. But indicators are also about quality of activity i.e. improvement in. Hence our decision to keep the indicators more like objectives, and let people choose which way to measure them according to their stage of implementation.

A very real problem with lists of indicators is that there may be an assumption that they are COMPLETE: this has NOT been attempted. That would have led to an endless file.
“We have suggested broad, flexible indicators so that each country can adapt them. That is consistent with the health promoting concept, acknowledging that you are more likely to use indicators that you ‘own’.”

As each country in the ENHPS has a different educational system, and is at a different stage of implementing the health promoting school concept, there will be differing priorities. The guiding principle in developing the indicators has been flexibility to enable countries and organisations to select and adapt indicators appropriate for their particular stage of development. Indicators will show evidence of how organisations ensure, or propose to enable, good practice in key areas.

Within the report, indicators have been grouped into three key areas at international and national levels and six key areas at school level.

**Key areas of dissemination, impact and structures** have been included at all three levels.

**Dissemination** includes indicators which serve as measures of the spread of the HPS concept.

**Impact** includes indicators which show that strategic planning is taking place to enable the growth and implementation of the HPS concept. This includes: legislation, policy, influence and acceptance in the political and scientific community.

**Structures** - infra structures include indicators to show that there are defined working structures, including management and coordination, collaboration, resource allocation, coordinating teams etc.

There is evidence that a multi-faceted approach to health promotion in schools is the most effective. This is reflected in the three extra key areas for schools which include the *formal, taught curriculum* and the *contextual curriculum* which covers school ethos, environment and family and community involvement, and *action competencies*:

**Formal curriculum** - indicators can show curriculum change and what is involved in the active promotion of change (e.g. key actors such as teachers, governors, parents, local education adviser support; resource allocation; school ethos and acceptance of the concept and teaching approaches it requires).

**Contextual curriculum** - indicators can serve as measures of improvement in the ethos, environment and social climate, and links with families and the community.

**Feelings, attitudes, values, competencies and health promoting behaviours** - indicators can show more positive attitudes, exploration of values taking place, increase in knowledge, skills and health related behaviours.

These key areas contain indicators which cover *outcomes* as well as *process*. These indicators can show how an organisation is performing in relation to the aims of the ENHPS, and its impact on the health, well-being and life skills of young people.

Each key area contains a number of indicators, and each indicator has a number of examples of ways of measuring. Measurement criteria for indicators can be quantitative or qualitative to show how many and how well. This can include:

**Numbers**: - e.g. increase in numbers of children who report high self-esteem, decrease in numbers of children absent from school, ratios or percentages of children who are involved in policy making.
Time: changes in data from time 1 to time 2

Quality of processes and activities. These can be measured on a scale of 1 to 5 where 1 is poor and 5 is excellent.

To obtain these measures you will need to ask questions about who is involved, how are they included, and to what extent.

The notion of key and additional indicators is useful - but a full debate needs to take place on what are the key indicators. The key indicators suggested in the summary seem to be the most important in order to ensure the continuation of the ENHPS and the inclusion of ENHPS principles within schools. Peter Paulus calls these ‘depth’ indicators as opposed to ‘surface’ indicators.

However, the process of making the decision about key indicators is probably as important - and decisions may well be different in different countries and at different times - reflecting current concerns and priorities.

It is up to each organisation to decide which aspects of the project to evaluate. Some are more difficult than others to evaluate e.g. school ethos, the promotion of self-esteem. There are many good documents about evaluation at school level which go into great detail about how to measure effectiveness. They give examples of questions to ask, measures and scales to use, methods of obtaining data including democratic and participatory techniques. Your results can be placed in a grid or radial profile graph to give you a picture of how you are performing, which can be regularly reviewed.

Participants were given a Summary which contained only a few examples of key and additional indicators at International, National and School level to give an idea of the contents of the final report.

Three questions were set.

1) What amendments or additions to the list of indicators would you suggest?

2) Which indicators are most important for schools and health promotion practitioners, and which are most important for policy makers?

3) Which indicators are easy to address and which most difficult?

Discussions followed on the appropriateness, feasibility and usefulness of such indicators. Additions and amendments were also proposed.


PRENSENTATION ON THE EVA2 PROJECT: TRACKING DOWN THE ENHPS SUCCESSES FOR SUSTAINABLE DEVELOPMENT
Danielle Piette, Free University of Brussels, Belgium

Background

Interviews were being carried out with key people and national coordinators in 23 networks in 17 countries. In each country four to six people are interviewed. Nineteen country visits have been completed and eleven reports have so far emerged.

Danielle Piette was working in collaboration with Marion Prevost, Chris Roberts, Chris Tutor-Smith and Jaume Tort e Bardolet. They also worked closely with the national coordinators of the countries they visited and the Technical Secretariat of the ENHPS. The project aimed to track down the achievements of ENHPS. It focused particularly on the EC countries and the prospects for the sustainable development of the network. The project was to fill a gap in information; as the pilot stage was drawing to a close in most countries, the International Planning Committee had no firm basis of evidence as to what had been achieved. They had no systematic information from the countries about how key decision-makers and politicians viewed the project and what resources and arrangements they would create to sustain support for the development of the project in their country and in schools.

The rationale for sharing the methodology and some early results from the research was that some of the findings have implications for the work of evaluators and how they might use their results. Furthermore participants at the workshop might themselves be able to have an impact on how this research might be carried out in their country.

Sustainable development

Sustainable development can take different forms. It can be:

1. lasting structures to support the continuing processes and impact of the health promoting school within the existing network;
2. isolated and informal benefits for outsiders where just one or two more schools are added to the project group;
3. informal dissemination on a voluntary basis where other schools join as and when they hear about the project and are motivated to take it on;
4. policy to sustain benefits where decisions at the highest level are taken to establish the project more firmly and more widely, for instance by making it a requirement that all teacher education contains a health promotion element;
5. dissemination based on policy. This would make it possible for all schools to become health promoting schools.

The ENHPS Conference in Greece in 1997 passed the resolution that each school has a right to benefit from being a health promoting school and therefore all schools should be offered the opportunity to join this process. Offering this possibility to every school is more than one national centre can achieve without a structure for dissemination and a policy to support it, even in a small country. In a country with only 5,000 teachers, a dynamic central team training 20 teachers on five occasions during each year will need 50 years to cover for teachers. To achieve wider dissemination, new strategies need to be defined and this is the intended contribution of EVA2.
The EVA2 project aims to help define the various strategies in existence and to facilitate decision-making at the national and international levels. There were three objectives to achieve this:

1. to provide information needed by national decision makers;
2. to inform the policy needs at international level;
3. to help national coordinators supply the necessary information to their national decision-makers.

There are unique aspects to the project. Not only is it working with, and for, the network and the national teams, but it is dealing also with a very important phase in the dissemination process. At the outset they had considered that there were two phases in the ENHPS; the pilot phase and the phase of sustainable development. A third one has been discovered in the middle; this is the decision making process which establishes policy and the conditions which allow and support dissemination and implementation in schools. This is set out in Figure 1.

**Figure 1** DISSEMINATION

![Diagram](image)

The methodology to achieve the objectives 1 and 2 of the EVA2 project is by interviewing the key people in the network of the country being visited. These individuals are identified by the national coordinator as having power or for lobbying and influencing decision-makers. These were for example senior civil servants in charge of health promotion or individuals inside ministries. The project made a confidential country report containing key points arising from the data and also recommendations about how dissemination could best proceed. There is also an international analysis about the lessons to be learned from the pilot project, particularly how it can move from the pilot phase to being institutionalised more widely without losing its spirit, its dynamism and its quality. The sorts of questions asked are set out in Figures 2 and 3.
### Figure 2 GUIDELINE FOR THE INTERVIEW OF KEY PEOPLE

<table>
<thead>
<tr>
<th>Situation</th>
<th>general information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>political situation of the national centre</td>
</tr>
<tr>
<td></td>
<td>impact of the network</td>
</tr>
<tr>
<td></td>
<td>weakness of the network</td>
</tr>
<tr>
<td>The future</td>
<td>scenario</td>
</tr>
<tr>
<td></td>
<td>weighting the network</td>
</tr>
<tr>
<td></td>
<td>other facts</td>
</tr>
<tr>
<td></td>
<td>possible long term strategies</td>
</tr>
<tr>
<td></td>
<td>allies &amp; others</td>
</tr>
<tr>
<td></td>
<td>short term strategy</td>
</tr>
<tr>
<td></td>
<td>any other comments</td>
</tr>
</tbody>
</table>

### Figure 3 GUIDELINE FOR THE INTERVIEW OF THE NATIONAL COORDINATOR

<table>
<thead>
<tr>
<th>general situation</th>
<th>general information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>political situation of the support centre</td>
</tr>
<tr>
<td></td>
<td>situation and conditions when starting</td>
</tr>
<tr>
<td>interventions by the support centre</td>
<td>first actions of the support centre</td>
</tr>
<tr>
<td></td>
<td>main characteristics of the actions</td>
</tr>
<tr>
<td></td>
<td>monitoring and evaluation</td>
</tr>
<tr>
<td></td>
<td>general impact</td>
</tr>
<tr>
<td></td>
<td>criteria addressed by the ENHPS (or the schools)</td>
</tr>
<tr>
<td>management</td>
<td>decision-making and networking resources</td>
</tr>
<tr>
<td></td>
<td>support for visibility</td>
</tr>
<tr>
<td></td>
<td>dissemination and diffusion plan</td>
</tr>
<tr>
<td>planning the future</td>
<td>scenario</td>
</tr>
<tr>
<td></td>
<td>goal and content of a lobby file</td>
</tr>
<tr>
<td></td>
<td>network and target of a lobby</td>
</tr>
<tr>
<td></td>
<td>comments on proposals</td>
</tr>
<tr>
<td></td>
<td>preparation of the interviews</td>
</tr>
</tbody>
</table>
Most important of the areas covered are how key individuals see the network and what problems they identify with it. They ask also about how innovations are supported and become integrated with the work of institutions in the country. Health promotion is not the only innovation going on in a country; in ministries of health and education other innovations are being dealt with and it is important to know what strategies are being used with the full range of innovations to promote them. When is an innovation not an innovation anymore because it is becoming part of the education system?

**Results**

The conclusions the EVA2 research has reached are that ENHPS is being successful. It works! Judgements commonly made included, the health promoting school project has put coherence into

- cross curricular activities
- Social and personal education
- Health risk promotion programmes

This is the sort of thing that school inspectors, ministers, civil servants and health promoters have said.

> "The schools which are in the network do not wish to leave. This is not always the case in other innovative networks. This is a good indicator that the project answers real needs" (Secretary of State for Education, school inspector, an attaché of the cabinet of a Health Minister).

This is not an indicator that they would have thought of before, but if this is a project which schools want to join, more than other innovations currently being promoted, and they do not want to leave, it is an important indicator of its value. There are some tensions however:

> "Each time an NGO succeeds in entering the school, that means a new project and often the end of what has been done before. We counted up to seven organisations in one single school and that should stop".

However, there was a general message about the strength and value of ENHPS:

> "Health promotion can put more coherence and coordination in all this; schools will assess their needs and they will ask for external help. Not because there is an offer, but because the schools need and want it. Schools understand this benefit of health promotion. This is why, even if the ENHPS stops at international and national level, it will continue in the pilot schools. There is no way back!" (The Secretary of State for Education).

Discussion followed on the way evaluation reports can be shaped to meet the needs of decision-makers.

Six decision-making steps for a policy on dissemination had been identified. Each is taken in turn.

The first is **credibility** meaning that a small number of people, not necessarily the key decision makers or politicians but people who know the network, who believe that it is a good project, that it is useful and should be disseminated.
Secondly a **high level of information**, which does concern key decision-makers and politicians or people who are good lobbyists or who can influence decision makers. This is not the group who has been informed by the national coordinator but those who are informed anyway. If a director of education says he knows the project but does not know anything about it, that is not a strong indicator. Having information about the project may be that they have heard reports about teachers being enthusiastic about it.

Step three is **interest**. Evidence of this would be where politicians or decision-makers say that they are aware that the project has brought in new teaching methods and they wish to see this go further.

The fourth step is **relevance**. This is where decision makers talk, not just about the detail of the project and changes it has brought about, but that they see the relevance of this for the rest of the schools. This is where they say things like “every school should benefit from it”. They suggest that “it helps me to implement this part of my policy”. Therefore when the work in ENHPS pilot schools corresponds to developments which the national systems of education and health wish to promote and the two can come together, the prospects for dissemination are much improved.

**Feasibility** is the fifth step whereby key decision makers say that if the health promoting school answers particular needs which are important then they will find the money. So once they are convinced that they need it to fulfil their policy, costs and structures are of no problem for them.

The sixth step is a **policy for sustainable development** where structures are put in place at regional and national level or the curriculum is changed or whatever is needed in the country to complement what exists already.

Out of the seventeen countries, where data have been gathered and analysed, the following levels have been reached.

**Table  Countries moving towards sustainable development of ENHPS**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Number of countries attaining this stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credibility</td>
<td>14</td>
</tr>
<tr>
<td>High Level of Information</td>
<td>10-11</td>
</tr>
<tr>
<td>Interest</td>
<td>9-10</td>
</tr>
<tr>
<td>Relevance</td>
<td>6-7</td>
</tr>
<tr>
<td>Feasibility</td>
<td>4-6</td>
</tr>
<tr>
<td>Policy for Sustainable Develop</td>
<td>3-5</td>
</tr>
</tbody>
</table>

Three or five countries having achieved the stage of sustainable development may seem little but that is in fact a terrific impact because it means that the stage of lasting revolution has been reached. Other countries are in the process of moving forward towards this point. The national coordinators and Technical Secretariat are to be congratulated. It is hard to think of another project which has an impact on all of the children in a country so quickly.
Strategies for national projects to disseminate ENHPS

Links need to be established with compulsory health education. Often the national coordinator and support centres were so busy working with the pilot schools, working with new methodologies and evaluating what was happening in the schools that they worked in isolation. They did not collaborate enough with other health education or health promotion agencies. This can cause problems, especially when there is in existence a compulsory health education programme for schools. This is particularly the case where there is drugs education or sexual health education in secondary schools. It is necessary to show how the health promoting school relates to these compulsory programmes.

The health promoting school project can often seem to be operating in what seems to be a private market for nongovernmental organisations. Unless regulated this can seem chaotic, yet NGOs can have an important part to play if allied to the network and to official school policy.

Sometimes key decision-makers have a personal interest in topics like bullying, absenteeism or violence in general and it is important to know these interests and to show how developments in school health promotion relate to these interests.

National coordinators may consider how they can extend their work in relation to nurseries, colleges and teacher education institutions. National coordinators need to identify and communicate successes. The EVA2 research had received in some cases information about the success of the project, not from the national coordinator but from other key decision-makers. This is because these could compare the ENHPS schools with others. Identifying successes is important for lobbying politicians and decision-makers.

It is important that national coordinators are involved in networking and move away from the isolated position that some are in. They need to liaise and collaborate with other networks in the country.

Communication skills are of great importance in knowing where and how to communicate information and how to lobby. In most countries it is important to understand the institutional structures, to understand how the education system or the health system is working and through which institutional structures it is best to disseminate the health promoting school. An analysis of policy is also important to see where ENHPS could fit.

To move beyond the peripheral status of a project ENHPS within a country needs to achieve security. This involves the reorientation of the support centre. If the support centre is located within the ministry of education that has many advantages. In fact it is necessary if there is to be dissemination to all schools. However it is important not to lose all of the knowledge, competence and skills which have accumulated within the national support centre so it is important to think about how the assets of the national support centre can be preserved for the benefit of the wider network which will develop. In many respects to succeed is to lose the network.

So key features for dissemination are:

1. partners and allies;
2. evidence based evaluation - it is essential to have the right information for the right people. Not because it is in the principles of the health promoting school or within the pilot projects objectives but to relate Health Promoting Schools outcomes to the education policy of the country. It is important, therefore, to anchor the plans for the health promoting school within the education policy and this depends on where health is situated within the policy. It could be within the health curriculum, cross-curricular topics, within personal development, specific school projects, within free time within the curriculum, as part of extra curricular...
activities or as part of an award scheme. A fundamental and critical need is for dissemination to be planned.

The needs of the coordinator may be different from one country to another. What was common in all the countries that were visited, including those that had reached step six, was short, to the point information available to decision makers. The EVA2 project has produced fact sheets which are just two pages long which summarise the achievements of the health promoting school in that country.

In the discussion which followed it was emphasised how important the EVA2 project was for the Technical Secretariat, the international project and within individual countries. The information gathered is helpful in striving for the ultimate goal of the network of having an impact at decision making level, on educational legislation, health legislation and also in schools. The EVA2 project is about structure, management and policy developments which impact on sustainability, integration and national development.
Strategies for Communicating Evaluation Results
Reginald Warren, Centre for Health, University of Toronto, Canada

Reginald Warren based his presentation on the Canadian experience of communicating health promotion research. In 1997 a national consultation was carried out with users of research and evaluation information - policy makers, programmers, NGOs, practitioners, people affected by various diseases. Thus the Centre for Health accumulated considerable expertise in the how to communicate with policy makers. Experiences in one country do not necessarily translate to another national context but the presentation given concentrated on ideas, concepts and approaches which can be adapted to different decision-making contexts. In a recent piece of work in Canada, a survey was conducted which cost over one million dollars; the dissemination of the findings cost more - something he had never known before. They produced innovative dissemination products as well as the usual articles. They now evaluate their own research, asking what impact it had, whether it changed knowledge, attitudes and beliefs, did anybody get healthier. Three recommendations followed from the national consultations research. These were:

- there is a need for education, training and skill development to enable researchers to work closely with and effectively disseminate information to users;
- there is a need for education, training and skill development to enable users to make better use of health promotion research;
- there is a need for an evolution in institutional mandates and reward systems to support broader dissemination of research. If the main reward for a researcher is to publish in a peer reviewed journal and if rewards are not linked with community empowerment, to programme development and to other dissemination, most results will reach only a small circle of people.

Major health research funding programmes in Canada now demand a dissemination component and a dissemination strategy and this denotes a movement in the right direction. Communicating health promotion research is about developing knowledge to inform action. It needs to inform participants, practitioners, policy-makers and the public. Health promotion research is a unique form of enquiry, drawing on many disciplines, and relates to communication and empowerment. For action to happen and for people to become healthier, knowledge cannot reside amongst the few; it must be owned by the many. Participants in the programme should benefit from the research that is carried out. Practitioners can be served by reports of findings and policy makers have a tremendous vested interest in the outcomes of good health promotion research because it is community building, enabling and empowering. Every politician likes to be the leader of a good thing happening. It is imperative that the public are involved in this quest to transfer the knowledge from those who create it to those who can use it and use it in ways that make people healthier. The communication of information, therefore, has to be empowering.

Effective communication can result in the following valued outcomes:

- informed action (information, awareness, actions)
- effective and efficient programmes
- supportive environments - social or physical
- strengthened communities - geographical or interpersonal
- enhanced capacities and skills
- healthy public policy

Effective communication is required at every step of the research project. It is too late to think about communicating the research after the research is done. It should be planned in from the start.
Steps for effectively communicating findings from evaluations are:

1. Involve stakeholders, participants and users.
   From negotiating access to agreeing criteria to judge a programme to the methods of investigation should involve stakeholders. Research in schools involves time and cost. Issues of confidentiality and ethics arise and expectations can be raised to the extent that they cannot be satisfied.

2. Develop an integrated communication strategy.
   This should be done at the outset and taking into account all the people involved so that all the above questions and concerns can be addressed. Thus, people will know what is taking place, why and how they can cooperate. They can cooperate in describing the programme, identifying key issues and questions and in the design of processes to select information.

3. Involve stakeholders in the analysis and evaluation of data.
   It is vital that participants be involved in the interpretation of data. No one set of data has a correct or an incorrect interpretation. It has different meanings to different people. Also, health research feeds into a complex and chaotic social context where many other factors are at work.

4. Package, promote and disseminate information.
   This needs to be strategically planned and carried out sensitively as a sales and public relations exercise.

5. Support use of information by key audiences.
   Information does not automatically become used. It becomes used as a result of a partnership between researchers and those generating the knowledge and those able to use it.

6. Evaluate the research and dissemination process.
   See whether it is working, reaching the right people, having the impact desired.

7. Revise the evaluative process.
   Make sure you are checking that dissemination is working in diverse ways and from diverse perspectives.

User needs must be considered at each stage of the research process so that the research conducted, shows how it is conducted, and how the results are interpreted with the user in mind. Resulting information needs to be packaged, promoted, distributed, disseminated and used.

**Figure 1  User needs must be considered at each stage of the research process**

- WHAT research is conducted
- HOW research is conducted
- How results are INTERPRETED
- How information is PACKAGED
  PROMOTED
  DISTRIBUTED
  DISSEMINATED
  USED
The research that is conducted must be decided by users. That is where the involvement of the user starts. How it is conducted and interpreted also involves the users and how it is packaged, promoted, distributed, disseminated and used also. If the chain is broken in any one of these stages then success will not be achieved in effectively bringing knowledge to the point of informing action.

The communication of findings is too often done through reports. Experience suggests that it is better to send people rather than paper. It is worthwhile thinking about how you would communicate findings to school students; one would not give them a research paper! To communicate with children in Canada the most effective way would be to have a celebrity make a video.

The availability of the findings needs to be promoted - otherwise we are left with thousands of undistributed copies of a report. Reports can be distributed but these may remain unread. If the best way to disseminate is from person to person then a range of intermediaries need to be empowered to communicate the information.

A set of five values was presented as central to communicating health promotion research.

**Figure 2** Values and processes of health promotion research and health promotion programmes must be consistent

- Inclusive
- Democratic
- Participatory
- Interactive
- Empowering (individuals, families, communities)

These values pit the desirable elements of science against the desirable elements of health promotion as a social movement. Most research that is done is technocratic, elitist and exclusionary.

**A warning**

“If we are claiming to pupils that we are promoting equity, participation and self-esteem etc. and saying that those are the principles you support but then your evaluation does not conform to these principles young people will spot this as being hypocritical. If researchers do not follow these principles in the conduct and communication of the research they should be prepared to explain this very carefully because if it is not done in this way it will actually detract from the value of the programme. If you study people in a way which is contrary to the aims of your own programme don’t think it won’t affect it.”

What is communicated needs to meet the key criteria of timeliness, relevance and responsiveness to user needs.
Figure 3    Key criteria

- Timeliness
- Relevance
- Responsiveness to user needs

All three criteria need to be present. A report that is published three years later is out of date. As well as meeting these criteria it is necessary to know the audience and be willing, as communicators, to begin where people are at. This often requires segmenting the market (market research) so that the message is tailored according to the needs of individual audiences. Attention was drawn to the fact that different users have different needs and that in a democratising and empowering approach to evaluation, attention should be paid to the needs of the full range of stakeholders and audiences.

Figure 4    Communicating effectively

- Know your audience
- Begin where people are at
- Segment your markets (market research)
- Tailor products according to need
- Develop and test alternative communications products, messages, processes, etc. (focus group)
- Communicate with people
- Evaluate

People have different life experiences, cultural experiences, come from different walks of life and have different interests and values; unless your information makes sense within those systems it makes no sense at all. Furthermore, any communications initiative starts with market research and we need to know the characteristics of our audience and the nature of their needs. Even students are not homogenous as an audience - that is well known. Focus group testing is very popular in communications research; it is a good idea to take the message to them and ask if it makes sense. Doing the obvious is sometimes very helpful - asking them what they actually need, what will work for them, what will they read, what will they respond to. Communicate with people, not at people. When you communicate at people you are never sure what they are thinking and whether you are saying the right things. When you evaluate your communication methods you discover if they work and how they might be better.

Below are examples of different market sectors, each with different needs, each requiring a different way of packaging. In each case you have to consider:

- how to package the information
- how to promote the information
- where to make the information available
Figure 5 Different users have different needs

- Students
- Families
- Teachers
- School management
- Media
- Public
- Policy makers
- Funding agencies
- Multi-sectoral stakeholders
- Researchers

Making the various audiences part of a collective process is essential to effective communication and effective research. It is not the individual activity of a researcher.

Two main approaches to marketing are direct marketing and the empowerment of intermediaries.

Figure 6 Empowering effective communications

- Direct marketing
- Empowerment of intermediaries:
  - practitioners
  - bureaucrats; policy analysts
  - voluntary health agencies; associations
  - stakeholders
  - advocacy groups
  - media

The most effective approaches to marketing and disseminating research involve empowering intermediaries: you find out what bureaucrats and policy analysts want and you use them as the messengers. Almost every major national initiative has associated advocacy groups; if they are given the information you can be sure that the minister will hear about it. People who are affected and infected by the problem will hear about the information and they are there to work with you but you have to work with them, empower them. They are the experts at that stage. When it comes to working with the media it is no good sending them a thick research report - especially one which says ‘we need more research’. That does not communicate well. You have to produce media-friendly materials. Health sells! There is a massive market out there within the general public, within the media, within magazines, newspapers and television which is not to be underestimated. You communicate differently with policy makers and the public.
Figure 7  Communication with policy makers

<table>
<thead>
<tr>
<th>Issue-oriented, value-driven, evidence based communicated through:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ministerial releases; speeches; briefings</td>
</tr>
<tr>
<td>• backgrounders; fact sheets; summaries</td>
</tr>
<tr>
<td>• focus on issues; focus on people; focus on actions</td>
</tr>
<tr>
<td>• language; format; style</td>
</tr>
</tbody>
</table>

Figure 8  Communication with general public

<table>
<thead>
<tr>
<th>Personal relevance; timeliness, communicated through:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Media Releases</td>
</tr>
<tr>
<td>• Television, Radio, Magazine Supplements</td>
</tr>
<tr>
<td>• Videos, Clips, Brochures</td>
</tr>
<tr>
<td>• Language; Format; Style</td>
</tr>
</tbody>
</table>

GROUP WORK

The participants then worked on the task of addressing a communication and dissemination task with regard to one target group.

**Dissemination questions**

<table>
<thead>
<tr>
<th>How information is:</th>
<th>Target group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Students</td>
</tr>
<tr>
<td></td>
<td>Families</td>
</tr>
<tr>
<td></td>
<td>Teachers</td>
</tr>
<tr>
<td></td>
<td>School management</td>
</tr>
<tr>
<td></td>
<td>Media</td>
</tr>
<tr>
<td></td>
<td>Public</td>
</tr>
<tr>
<td></td>
<td>Policy makers</td>
</tr>
<tr>
<td></td>
<td>Funding agencies</td>
</tr>
<tr>
<td></td>
<td>Multi-sectoral stakeholders</td>
</tr>
<tr>
<td></td>
<td>Researchers</td>
</tr>
</tbody>
</table>
**Group 1**

The group had concentrated on the question of how to collaborate with multisectoral stake-holders. Usually people working within health promotion think big, holistic and have all sorts of aspects in mind. When they want cooperation with stake-holders, these have only part of these things in mind. Important how to manage health promotion as a holistic concept and the special approach of stake-holders. They tried to identify rules for communication. Best to meet face to face and discuss, clarify aims, interest, goals, expectations, clarify the responsibility, the process, important to reach consensus, find points of agreement, necessary to think about time frame, will this contact happen only once, or will it be a step-by-step development of a future cooperation.

**Group 2**

The group had dealt with the issue of communicating research results to students. They decided to form a team including students, take their opinions into account. Important that information is relevant, useful and interesting. They decided to use the newest technology, video, produced by and presented by students, CD, Internet. Students produced newsletters, posters, postcards, games. Finally, it was decided to use teachers to mediate information from research to students.

After preparing everything tailored to the target group, students, they were ready to promote materials and findings to the target group. They decided to prepare an event to launch results, a meeting in the school involved and a press conference run by students. Other students, parents, important people, and local celebrities should be invited, perhaps an ex-student of the school commenting on differences. Afterwards, it should be announced that all materials are available and would be distributed to schools, youth clubs, and, of course, also be available in cafeterias, libraries etc. Problems with distribution versus dissemination. Would form discussions groups to disseminate results, would integrate results in curriculum, would use school radio, perhaps even a drama on evaluators coming to school. Expect that the results will be used and would like to have discussions with students on what the future effects are, what will we do with this information, what impact will it have on the school etc.
Group 3

The group had been charged with looking at dissemination to school management. They had discussed the nature of school management, which even within countries are very varied. In some schools they consist only of the principal, in others of many more actors. There was no unified approach. They felt it was important to emphasise the philosophy and aims of the research and emphasise the connection between philosophy and practice in a given school. The information needs to be short, concise and clear. Important information could assist management to implement findings into school and school management and assist in developing coherent strategy influencing the ethos of the school and bringing in outside actors. With regard to promotion they had discussed that it was relevant sometimes whether information should come from a national body of education, perhaps with a letter from a minister. This could be useful. You could use organisations of principals as distribution sources. Local or national networks could be used to disseminate information and promote networks. Mass media could be used to promote the idea of research. A bottom-up approach is also possible. Pupils, parents and teachers would approach management with a request to adopt research findings. The group spoke of using people instead of papers to distribute research.

The issue of confidentiality was discussed – many schools are told that information is confidential to schools itself, issues need to be considered here in relation to distribution. Regarding dissemination and training to management, conferences, workshops and study visits could be organised. Finally, research management could be used by school management. The research could assist them in finding further funding and assessing the priorities for the school.

Group 4

The group focused on communicating research to researchers. They started by making a definition of a researcher, and arrived at academics not necessarily in the field of health promotion. Instead of following a step-wide method, decided to handle as a whole. It had seemed an easy task to disseminate research to other researchers, but the group realised that it is probably one of the most difficult tasks. Probably find out first who are possible researchers that are not in the same camp. Make guerrilla troops and make two groups: active in the group and allies in enemy camp. Do something about sustainable support from interest groups etc. Then articulate how they are different from other researchers, e.g. speaking about qualitative and quantitative data can make a great difference. Tried to find out how they could articulate possible ways of solution, the first thing is to be aware of differences, then find ways which would demand cooperation. In practical terms this could mean establishment of interdisciplinary teams. Thought about existing ones. Finally, there was a notion that we had to keep in mind that applied science is not applying science.
Group 5

The group had been asked to make a strategy for policy-makers. Two ministers of education are paid a visit by a researcher on the Health Behaviour in School-Aged Children -A WHO Collaborative Study and her boss who works in the HPS project. The visitors tell the ministers about a recently completed research project on health promotion and have come to present the results to the two ministers. The results are in quite a bulky document. The researchers tell the ministers about the very interesting document. The ministers are not interested, they are very busy people. The visitors return some days later with some pupils. The pupils thank the ministers for giving time to them and hand over a one page summary of the evaluation with conclusions and recommendations. At the same time they invite the ministers to give a speech at a school festival two weeks later where there will also be mass media present. The ministers appreciate the summary and are happy to accept the invitation to the festival.

Group 6

The group discussed communicating with the public. The public needs short information in a friendly way and easy to understand. Giving a good picture of the research. Not clear about the difference between distribution and dissemination. Tried to see the public’s needs on both. Information needs to be given quickly and on time. Dissemination has to be broad. Finally, they had discussed how to use research, the public needs to know how to do something with this information, a strategy to encourage people to do SOMETHING. Empower them. One idea mentioned was that if you want to reach students, you can use students from pilot projects to communicate their ideas about what they want others to know, also use teachers and parents this way.

Group 7

The group had looked at a strategy for communication with teachers. They felt it important to involve teachers who had participated in the research from the beginning to define the strategy. Important to involve teachers in the evaluation protocol from the beginning so they would define together objectives of evaluation, needs of information for teachers, and communication, distribution and dissemination strategies. Define also which kind of package would be suitable for teachers in general. For packaging they felt it was important to have a report and a summary of the research, simple, clear and attractive, with guidelines for action, underlining the relevance of research for themselves. When the research is finished, discuss with group of participating teachers to well define which type of information is relevant for them, how can we give them guidelines to use. On the basis of this discussion with small group of teachers, it is possible to have a useful package. Simple success stories could also be added in the package along with guidelines to teachers on how to communicate results to pupils, to other teachers, authorities etc. For promotion, they had thought of press conference with mass media, presenting results in their own network of teachers, in their teachers newspapers and their pedagogical sessions. Distribution: it is important to distribute to professional associations asking for feedback and to organise meetings and workshops to distribute materials and discuss them with other teachers. Dissemination is not so different from distribution, but would they would add a work page suggesting that teachers should contact evaluators.
Group 8

Communicating with funding agencies

Who are the funding agencies?
They have different interests, needs and priorities
What does this mean for packaging the research findings
* to Government
* to private companies
* to foundations, charities and NGO’s

Local public agencies, e.g. HP Agency, Education Services
Private individuals
Trustees e.g. of schools

Information to funding agencies – local public institutions

Dialogue / meeting to discuss mutual interests, needs, priorities and outcomes.
Make a written proposal giving budget, target, outcomes, management etc.

They reported in the form of a Christmas carol to the tune of Jingle Bells – we work hard, will you help us out, the evidence is here, the solution is clear. We work hard, finding funding agencies ready to obey.

We worked hard, we worked hard, finding who would pay, packaging, promoting, preparing the way.

We worked hard, we worked hard, finding who would pay, and would fine some agencies, ready to obey

Will you help us out, the evidence is here, the solution’s clear, so, come on, my dear.

Communicating with the media

Packaging tailored to the interests of the media – e.g. long/feature, short/highlights
Promotion: catch their attention; be proactive; helpful to have a press person; develop relationships with press people
Distribution: press releases; facts; e-mail
Know which journalists to target and which papers to approach
Dissemination: press conference, confirm they understand what you will give them, find out how the information is going to be used
Use: ensure you get to authorise or check their interpretation if possible
Back up information with support spokesperson
Find out why they are not going to use it if they are not going to use it – what are their information needs
Group 9

The group dealt with the media. An example was given of a young scientist getting a bright idea and phoning a journalist to tell him that 90% of children vote against school uniforms. Next day’s headline is ‘kids say no clothes’. When disseminating we have to consider the audience. Some papers give more details, others are more headline-oriented. The group felt people needed just main findings, short and to the point. The promotion of results in terms of media – you should be proactive, develop relationships with the press, be in close contact with them often. They had talked about distribution, (opportunity to develop networks of media people and to feed them results on a more regular basis either through meetings, press conferences, knowing which journalist to target and which to avoid), dissemination (having a system guaranteeing that we knew what was going to be shown in the media), use of findings (get an authorised interpretation of disseminated results and a mechanism to go back to journalists if this goes wrong).

Group 10

The group had discussed communication to families. Role play of a Swiss family consisting of mother, father, grandmother, child working together, each having a different task and network to disseminate to.
**EVALUATION IN COLLABORATION WITH STUDENTS**

Bjarne Bruun Jensen ENHPS National Coordinator, Denmark and Lina Kostarova-Unkovska, University of St. Cyril and Methodius, Skopje, The Former Yugoslav Republic of Macedonia.

This is an example of collaboration at the international level. The focus is upon participation, the participation of pupils, most particularly their participation in evaluation and on the conditions which make this possible. The Macedonian Network of Health Promoting Schools has been working on this at the theoretical level but also at the practical level with schools.

Participants were reminded of the movement from a traditional model of health education to a more future oriented concept. We are seeing a shift from one paradigm, traditional health education, to a new emerging one - future health education. Future health education includes lifestyle, living conditions, pupil democracy and action competence.

**Figure 1**  Traditional and future paradigms of health promotion

<table>
<thead>
<tr>
<th>Traditional Health Education</th>
<th>Future Health Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease-oriented</td>
<td>Well-being and absence of disease</td>
</tr>
<tr>
<td>Life style-oriented</td>
<td>Living conditions and life style</td>
</tr>
<tr>
<td>Moralistic</td>
<td>Pupils’ democracy</td>
</tr>
<tr>
<td>Behaviour changes</td>
<td>Action competence</td>
</tr>
</tbody>
</table>

The overall aim of the project is not to force pupils to change their behaviour in the ‘correct’ healthier direction but to increase their abilities to take action towards a healthier life, a healthier society and a healthier school. We want to encourage pupils to take responsibility for their own life and develop their action competencies. This which involves:

- Knowledge/insight
- Commitment
- Visions
- Action experiences

This last point demands that pupils, during their teaching, not only talk about what they could do but also take concrete action so they work as ‘active citizens’ as a part of their education. By doing that they improve their action competence. One conclusion reached is that if we do not succeed in involving pupils and getting them to participate, then we can forget all about developing their competence. They will then never learn things they can use in their daily life now and in the future. Participation has many different meanings, and we need a closer definition of participation. Pupil involvement was a key feature of the new concept and involved action competence in terms of knowledge and insight, commitment, visions and action experiences for the pupils.
Examples were given of what participation is NOT. In the Health Behaviour of School-aged Children survey the Danish ENHPS project was asked if it wanted to include some questions which dealt with action competence. Pupils aged 13-14 were asked the question whether they wanted to fight to improve a) their daily life, b) their school, c) the world. On a five point scale from strongly agree to strongly disagree, 3% - 10% of the pupils responded negatively on all three, but 70% - 80% agreed or strongly agreed that they would like to fight to change some of these conditions. This does not involve the pupils in participating actively but only in responding to our agenda. We ask pupils about their opinions and we use that in our research; a different approach is when pupils are the researchers who plan the questions and ask the pupils.

In a study in Denmark, pupils were asked about when they thought they really learnt something and about what their priorities were in the classroom. Top on the list was ‘debate in the classroom’, and at the bottom ‘when the teacher talks’. Even though it is illustrative, they are not engaging pupils as active participants. It is not necessarily the case that pupils have the right answer but it is their opinion and it is an interesting finding. This is also not pupils participating but it is getting a little closer.

**Figure 2** Pupils’ opinions about their own learning

- Excursions away from school
- Experiments at the school / laboratory
- Group work
- When the teacher talks
- Debate in the class
- Project work

**Top Priority:** debate in the class  **Bottom Priority:** when the teacher talks

We have to get closer to the notion of participation. One of the crucial conditions is that if students are to be active participants they have to feel an ownership of the project. They need to be involved in its development so that they feel they own it whether it is a topic being dealt with in lessons or whether it is about conditions at the school they want to change. To take this forward they have been examining all the ways in which people have been working in order to develop pupils’ action competencies. This has been labelled the IVAC approach. The IVAC (Investigations, Visions, Actions and Change) approach was described and central to this was the development of strategies for promoting pupils’ authentic participation.
Figure 3  The IVAC Approach (Investigation, Visions, Actions & Change)

A:  Investigation of a theme
- why is it important to us?
- is it important for us/others? - now/in the future?
- do life style and living conditions make an influence?
- what influences are we subject to?
- how was it in former times and why has it changed?

B:  Development of visions
- what alternatives can we imagine?
- how are the conditions in other countries and cultures?
- what do we prefer and why?

C:  Action and Change
- what changes will bring us closer to the visions?
- changes in our own life, in the class, in the society?
- what action possibilities exist in order to reach the changes?
- what are the barriers to carry out these actions?
- what are the barriers between action and change?
- which actions will we carry out?
- how do we want to evaluate these actions?

The IVAC approach is central to the work in the two countries networks. It can involve pupils participating in every stage as set out below.

Figure 4  Pupils’ participation in:

1. selecting the themes to be worked with?
2. investigating the themes?
3. developing visions?
4. developing action possibilities?
5. selecting the actions to be carried out?
6. evaluating the project?

For each of these stages we need to consider if and how to involve pupils and develop tools to make this possible. The framework for involving pupils in evaluation, in the why? who? what? when? and how? has far reaching and dramatic consequences. Pupils have to be involved in all these areas.
The project in The Former Yugoslav Republic of Macedonia was described, in particular how the IVAC approach was used to promote pupil participation in the evaluation. The experience emphasised the conclusion that children need to be included as partners and that ‘incomplete sentences’ form was found to be a very good means of encouraging pupils to express their views. The results of involving pupils so fully have been valuable in developing the characteristic of the Macedonian project.

Lina Kostarova-Unkovska talked about three things: 1) The Macedonian HPS, 2) research carried out in one school in Skopje, 3) discussion of the data they have so far (the project is still in progress). The HPS in The Former Yugoslav Republic of Macedonia has focused on pupils’ participation in improving school life and the life of their communities. Since the country does not have a very democratic approach in the schools with many authoritarian teachers, they have to make it possible to implement the IVAC approach. They have also focused on mental and emotional health for all members of the school community. They provide psychological grounds for facilitating genuine participation and consider changes in living conditions. They will try to develop readiness for preventive responses to crisis situations.

Lina Kostarova-Unkovska described the Macedonian project with 23 schools working together on: leadership, links and responsibility, school level, national level, international level.

**Figure 5** The Macedonian HPS project

- Main focus: pupils’ participation in improving the schools’ life, as well as the life of their communities.
- Aim: stimulating children’s genuine participation, by initiating the HPS Projects based on children’s own ideas following the four steps of the IVAC approach (from Investigating the idea, developing alternative Visions, developing and implementing Actions, towards facilitating Change).
- Strategy: through the IVAC approach the HPS Project in Macedonia is becoming a means for a new democratic paradigm within health education.
- Specific focus: the promotion of mental and emotional health for all members of the School community, by stimulating positive attitudes towards one self and the others, as well as by creating the conditions for mutual understanding and tolerance among people.
- In this way it provides the psychological foundation for facilitating pupils’ genuine participation in their own lives, as well as in the life of their community.
- At the same time, considering the permanent changes of people’s living conditions, the HPS Project is intending to develop the schools’ readiness for preventive responses to various crisis situations.

The 23 schools in the Macedonian project are working very closely together but they share the leadership and responsibilities among different levels. This is set out below.
They have held 24 seminars to develop the IVAC approach. They articulated a number of assumptions on why children should be relevant partners in evaluation. They already had strong views on what children could do and how they could be integrated in their work. This involved some basic assumptions.

**Figure 6**  The Macedonian ENHPS Project - evaluation foci

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School level</strong></td>
<td>School Project Team: project coordinator, project educator and the members (children, teachers, psychologists, medical staff, parents, etc)</td>
</tr>
<tr>
<td><strong>National level</strong></td>
<td>National Centre, Pedagogical Institute of Macedonia&lt;br&gt;- Expert Team, responsible for education, consultation, and supervision of the ongoing HPS projects, Institute of Psychology, the University of Sts. Cyril and Methodius</td>
</tr>
<tr>
<td><strong>International level</strong></td>
<td>International Expert Team responsible for education, consultation and supervision of the Macedonian HPS Project’s professionals in the fields of: Health and Environmental Education (Royal Danish School of Educational Studies, Denmark) Mental and Emotional Health (Southampton University, United Kingdom) Preventive Crisis Intervention (Centre for Crisis Psychology, Bergen, Norway)</td>
</tr>
</tbody>
</table>

They have held 24 seminars to develop the IVAC approach. They articulated a number of assumptions on why children should be relevant partners in evaluation. They already had strong views on what children could do and how they could be integrated in their work. This involved some basic assumptions.

**Figure 7**  Basic assumptions about why children should be included as partners in the evaluation

- Children are influenced by parents’ attitudes, beliefs, and values, but do not automatically mimic and reproduce these.
- Children are capable of processing available information and arriving at conclusions with a perspective different from parents’, teachers’ and adults’.
- Children are possessing potential interest in personal challenges, growth, and discovery regarding themselves and their own life.
- Children are capable and willing to respond openly and honestly - the best they can from their personal life perspective (when afforded appropriate support, instruction and basic respect).
- Children are also appropriate informants in very specific aspects of school life.
The research carried out in one Skopje elementary school illustrates the approach in action. The project allowed the school to choose its focus and how to approach it.

**Figure 8  Skopje Elementary School Project**

- **Project Theme:** Improving the school climate by children’s active participation in the school community
- **School Project Team:** The school coordinator, school educator, three teachers, psychologist, pedagogue and 33 children (5 - 8 Grade)
- **Working hours:** Project is carried out during the pupils’ free time and outside the regular school hours.
- The IVAC approach is the main strategy of work in the HPS Project
- **Three separate issues** are given priority to work with, as a part of the main theme, by the votes from all the pupils in the school:
  - changing the school schedule to give pupils (Grades 5 - 8) a chance to be together when in school;
  - improving the conditions of pupils’ excursions;
  - reducing the lesson time from 45 to 40 minutes.

The three issues they chose to focus on were arrived at by voting from a list of fifteen. It is notable that none is about making the school more beautiful or painting the walls. The teachers were initially disappointed that these were the issues chosen. They decided not to interfere with this choice regardless of how feasible the changes that could be brought about.

**Figure 9  Research goals**

1. To investigate children’s ways of participating in the HPS project, led through the four phases of the IVAC approach.
2. To explore children’s as well as teachers’ perceptions of children’s world, following the experiences of both cooperating on the project.
3. To investigate the nature and the role of the mediating variables that interfere with, or create preconditions to enable children to participate in a more genuine way by understanding and using their experiences as meaningful, now and in future.

A structure for the approach to evaluation was provided by the IVAC approach. This involved leading as well as a process of continually following emerging findings (led by the out of school expert team). Various qualitative methods were used to gather data from pupils and about pupils.
Figure 10  Research Methods

- The “incomplete sentences” form has been given to the pupils, as well as to their teachers participating in the projects, at the end of each phase of the IVAC approach.

- Discussions on the information obtained from their responds were held, after a period of time.

- Discussions on their experience of participation regarding every particular phase were held with pupils, as well as with teachers.

- Various “products” of children’s work in the project were used as relevant evidence of their participatory role (children’s interviews, questionnaires, reports, letters, drawings etc.,

Data on children’s ways of participating in the HPS projects were collected following each of the four phases of the IVAC approach. An example of the form used is given below.

Figure 11  The incomplete sentences form

1. When suggesting an idea I ..........................................................................................................

2. When participating in a discussion on the ideas I ..........................................................................

3. Today, the most important thing for me, was when .....................................................................

4. The main problem for me was when ...........................................................................................

5. In future, it will be better for me .....................................................................................................

The questions focus on the individual, the group, perceptions and the future. The main preconditions for facilitating children’s participation were: freedom, collaboration and self-motivation. Some of the results are set out in the tables below. Responses to the incomplete sentences were varied and in order to understand them, they were put into different categories. Answers to the first two questions describing their participation suggested a lot of dependency, a reliance on the adults. Another group of responses indicated a wish to engage and share. 73% saw themselves as engaging in this way. The third group was expecting practical outcomes, were task-oriented.

The pupils have been given a very open opportunity to respond, consistent with the philosophy of the IVAC approach. The meanings of their involvement are given in the second table. The self-determination group, the group wanting to exercise their choices was a small group while the larger group referred to the problems, misunderstandings, chaos and noise. They found it difficult to deal with the confusion, differences and disagreements.
Figure 12  What children say about their participation in the HPS Project

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>When giving suggestions / discussing ideas / reaching conclusions</strong></td>
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</tbody>
</table>
| **DEPENDENCY**                       | • expect to be paid attention to; to be accepted ... (48%)  
• to be listened to; to be respected; my ideas to be the best (37%)  
| **COMMUNICATING UNDERSTANDING**      | • includes the thoughts of the others, wait for the best moment to tell; add my ideas to the others (36%)  
• participating fully; trying to make it work; wanted to be the best for all; have consulted the others and make mutual agreements ... (73%)  
| **TASK ORIENTED**                    | • expect this change to happen; to make school better; to improve the situation (27%)  
• for the investigation to have a good path; how things should be done the best; how to realise the ideas; how to get help when necessary; how to overcome confusions (40%)  
| **The most important / difficult thing for me was ...** |
| **SELF-DETERMINATION**               | • to be able to think of ...; the possibility for everyone to share his/her ideas; feeling free with each other; being open and honest (24%)  
• to give my opinion without fear; to think how to say something; not to be embarrassed to express my ideas (18%)  
| **MISUNDERSTANDINGS**                | • to understand each other; to overcome the problems when they appear (24%)  
• not listening to each other; the noise; the chaos; different opinions; how to solve the barrier (63%)  
• the pressure of the teacher’s opinion; when teacher did not answer my question ... the teachers’ low interest and resistance; disagreements on the suggested ideas (42%)  
• not having enough time, and appropriate terms for the activities; when nobody was coming .. (15%)  
| **ROLE ORIENTED**                    | • to listen to what the others are saying; to investigate; to have a chance to realise what was not achieved (24%)  
• to be active; to participate in my way in important task for all; to be relaxed; to be responsible for the task (33%)  
• to finish what we have started, when the problem appears; the participation in all meetings; giving the questionnaires to different groups; to learn how to be better organised (30%)  

The results seemed to indicate a movement from task oriented when describing their orientation to role oriented when actually involved. We, therefore, thought there was a need to help them think about the roles they were taking in the process. To own the process, change things and realise their visions, within this project and within their wider learning, they need freedom, collaboration and self-motivation. They need this to learn, to grow and to participate in this sort of project that we wish to establish in our health promoting schools. We believe even more now that if we provide conditions that will make the children free to be, to express themselves and that the key is clarification and collaboration. Self-motivation is to be understood as self-generated will to do, to participate, to act.
Children are giving us a message that they need this and we cannot be deaf to their wishes. If we provide this they can become real participants, not just in the health promoting school project but also in their lives, their learning processes and in their growth. We must acknowledge the differences between pupils and ourselves as adults and teachers and give pupils an open-ended structure, learn how to be patient, brave and how to wait until they come with whatever they have in the way of ideas, conclusions, decisions or visions. This is the way we are developing trust and empowerment.

It was a complex task to involve pupils if what we mean is pupils’ genuine participation. This has involved going through a number of stages asking pupils their views of participation in order to find out the preconditions if we are to involve them in, amongst other things, evaluation. It would be interesting to see what pupils would come up with if they were given the job of determining the criteria for success of the health promoting school, of course in collaboration with, and supported by the teacher and within some limits. This will be the next step in the project.

Other data on pupils’ views of participation were gathered. They had looked at children’s answers to the question about what a HPS is which could form the starting point for developing the criteria of the successful HPS. Responses are given below.

**Figure 13** The health promoting school for me is:

- where everyone’s opinion is respected, and children have more rights
- where pupils, teachers and the others identify with the problems of the others
- where attention is paid to the nutrition and the attitude towards food and the nutrition and hygiene are important for school survival
- where the rooms and the toilets are clean and everyone can use them
- where pupils are not divided to “small” and “grown ups”, and where shy pupils will get a chance to make friends
- where children make important decisions for the entire school
- a school built upon our ideas, where freedom would not mean anarchy and behaving only as we would like to
- pupils and teachers discuss every problem, no matter how trivial it is, since later on it can grow into an overall disappointment
- when we have more excursions and more time for making friends
Feedback from the group discussions was given on the question: is it possible to have involvement of students/pupils in evaluation? Responses from the groups are given below.

1. Yes! Children can participate in evaluation. However, a distinction should be made between being involved in the actual design of the evaluation and being involved in the development of the project itself. In being involved in the project development, pupils would be more involved and in a better position to evaluate. In terms of the type of involvement, they did not see a distinction, pupils should be involved in exactly the same way as others.

2. The group had no doubt that it is possible. It is important to find the right tools for the right classes. Had experiences of different methods, pictures, recordings, essays, in some cases products been analysed by children themselves?

3. It is possible to involve students, but it would be more realistic to have an external evaluator do the evaluation if students have not participated in the planning progress of the project, it is difficult for them to participate in an evaluation.

4. Felt that something may be missing in the Macedonian example, and would like to hear more about the teachers. Are they not the ones who will learn more if they are as authoritarian as was mentioned?

5. Yes, it is possible, but maybe not always. The group had discussed the idea that it was important to create conditions so that all pupils could contribute. It was important to get the school management on board, and important to have smaller groups, including the smaller children, and allocate roles to them. Discussed that first steps should be let the children talk among themselves and observe them.

6. The group decided that it is possible and also necessary. Teachers and pupils should develop indicators and criteria for evaluation. Teachers must strive for an open atmosphere. Participation demands clarity about roles, decisions and other factors.

Debating with the groups, Lina Kostarova-Unkovska noted that it is difficult to introduce the concept of pupils’ participation with authoritarian teachers, but there are teachers who are willing to try. The support groups tries to get the teachers to be more open to the ideas of the pupils, they respect the two different views (adult versus children) but would like to develop learning processes for both sides, exchange of experience and create a structure for this. It has worked in TFY. Teachers saw children in a different way and it was a positive learning process for both and trust had been established.

In the implementation of the IVAC approach in Macedonia, the group had worked more with teachers than pupils, as it is a precondition that teachers are willing to give away power. If they are not, it is impossible to involve pupils. One model used was to structure discussion about who is going to evaluate and what are they going to evaluate. You could look at teachers, at pupils, principals, parents, key people in community, physical conditions in society. Talking about who is going to evaluate, the same persons could be mentioned, as could an external evaluator. They made a grid and asked the various actors to cross off what they thought was the most important.
One big question concerns whether it is possible that pupils can be involved in the evaluation of the HPS but not in the development of the HPS itself. The presenters doubted this, but it was a question for further discussion.
CONCLUDING THE WORKSHOP

There was general agreement that much had been accomplished during the short time of the workshop and that it had laid the foundations for a network of those involved in evaluation and pointed the way forward to further support evaluators might need. There were concluding remarks from Gottfried Thesen and Jaoa de Santana of the European Commission, from Peter Paulus and Beat Hess.

In the beautiful old Town Hall of Thun, participants were treated to an address from Mr Kelterborn of the District Council of Thun which is responsible for the Department of Education, Sport and Culture. Mr Kelterborn gave an account of health promotion in the education system in the district and looked forward to further developments. It was delightful to hear of developments in the locality where the workshop was held and in such a marvellous historic building.

The evening’s entertainment and the possibility of a tour of Thun on Sunday morning marked the end of a wonderful stay in Switzerland. There was general agreement that significant progress had been made towards achieving the objectives. Publications to support the evaluators and to sustain contacts amongst them will bring us nearer still to the attainment of the ambitious objectives set.

POSTSCRIPT

The rapporteur, Carl Parsons, reported that the organisation and environment for the workshop had been first rate. Individuals from all of the countries represented had been able to mingle and share to a significant degree and had been able to feed back their ideas on the group discussions that had taken place. The hospitality and entertainment had been excellent and had helped people to introduce themselves to others.

Those attending were diverse in terms of their involvement with the ENHPS, the degree of sophistication with which they currently carried out their evaluation role and their needs as evaluators and communicators in their homelands. Nonetheless, this workshop had met a number of key needs, would yield both a workshop report and a very helpful publication subsequently and had set in motion a collegial group of evaluators. Mountains had been climbed!
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PRATICE OF EVALUATION OF HEALTH PROMOTING SCHOOLS

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CASE STUDIES
Evaluation in the Croatian network of Health Promoting Schools

Introduction

In 1993, when ministries signed an agreement by which Croatia joined the European Network of Health Promoting Schools, the programme included 11 primary schools. The number has risen to 32, and the intersectoral collaboration between the educational and health care systems, supported by UNICEF’s Zagreb office, has been enriched by new content and activities. The programme focuses on a comprehensive view of health and a holistic approach to health, following the main aims and objectives of the European Network.

However, the Croatian network stands out in one respect. Beside the individual school programmes, the network has a common task: to develop educational kits – training materials for teachers, parents, pupils, and health workers, and make them available free of charge to all primary schools in Croatia. Pupils and adults participating in the network wrote an educational kit “A Step forward and the right to clean air” and two others are being prepared (“Growing up” and “Schools as a setting for health promotion”).

In addition, the network is organizing meetings of the young and older people from Health Promoting Schools with the aims of gathering and getting better acquainted with and evaluating mutually the programme of health promotion in schools.

Focus of the evaluation

Evaluation and monitoring is a part of developing Health Promoting Schools. For example, evaluation is based on participatory research taking into account the nature of health promotion programmes.

Methods

Both quantitative and qualitative methods are used, including questionnaires, focus groups, diaries, regular reports, poster presentations and case studies.

Publications

The network has published “Our first eleven success stories” and “Our new ten success stories” which present practical experiences to be used in improving future practice. The stories might have been called stories of failure, all the accounts spell out difficulties and problems. Nevertheless, what makes them a success is the enthusiasm and desire to do more for health. Although the stories are part of the schools’ real life, they describe the schools that are endeavouring to excel in promoting health.

Annual workshops for school team members

Annual workshops for school team members are an opportunity to celebrate successes and to analyse critically mistakes and failures to ensure common goals and values.
Results and conclusions

Although the experiences of schools formally involved in the Croatian network are not detailed recipes applicable to any community, they can be used as a starting point and can encourage other schools trying to work along similar lines. Their experiences are a source of ideas and open up opportunities for several other schools that are not formal members of the network but that are attempting to do more to promote health than merely engaging in regular school work and assignments. From this point of view, more schools have accepted that a school can be a setting for health promotion than the number of formal members of the network.

In many cases, individual school projects derive from the school’s past activity, but quickly outgrow this framework to become more general. It is thus strongly emphasized that promoting health in a school is a dynamic process that needs to be monitored and assessed continuously.

The school system and health care system are resistant to change. Incorporating new methods and approaches into the school curriculum is not simple. Teachers and pupils lack appropriate knowledge, attitudes and skills about health and health promotion. Special emphasis needs to be placed on developing interactive learning and on supporting collaboration among all partners (teachers, physicians, parents, pupils and the community) and their active involvement and partnership.

Lack of material resources is another problem. All extra work is voluntary; the funds that are essential to achieve the targets are raised by an additional effort to find a sponsor locally. There the network membership proved to help, but often insufficiently. The ministries in Croatia lack supplementary funds to stimulate the activities.

Nevertheless, these results show that humans, and not money, are the main resource in all activities. The activities emerging from enthusiasm are unstoppable. They are a process that still needs direction, facilitating implementation and further encouragement, and national, regional and pan-European network expansion and exchange of experience play a great role in this.

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Evaluation of the Health Promoting Schools project in the Czech Republic

Introduction

The Health Promoting Schools project in the Czech Republic started in September 1992 at the very beginning of the European Network of Health Promoting Schools.

One aim of the project is to change schools and education in accordance with the changing conditions in the world. A second main aim is to enable and promote the optimal physical, mental and social development of children. This requires examining everyone’s individual potential, helping children and young people to be healthy to improve their quality of life and not as a goal in itself.

The conditions required for good health status are related to living conditions and the environment in its broad sense, from molecular level to human social environments.

We also wanted to determine how health promotion in school influences the results of school life: results in the Czech language and mathematics, absence from school and children’s behaviour.

Focus of the evaluation

We compared 22 schools who had participated in the Health Promoting Schools project for one year with a group of 10 schools that had just elaborated their own projects and had begun to implement them.

Methods

We received data from these schools for the school year 1992-1993, and the data represent averages for all children from the two semesters. We also received an evaluation of behaviour and the number of absences for all children at all schools. We used student’s t-test and correlation coefficients to analyse the results. The hypothesis was that the 22 schools that had been participating for a year would differ from the new schools.
Results and conclusions

The numbers of absences in the two groups differed substantially in accordance with the hypothesis; in some cases the differences were statistically significant. The same applied to pupils' marks in Czech and math; in some cases these were also statistically significant. All schools who had participated in the Health Promoting Schools project for one year performed better than the new schools. The decreased absences corresponded to the change in overall health status. Individual performance in mathematics was inversely correlated with the number of absences in the new schools, but was not correlated in the group of schools that had participated for one year.

Behaviour could not be described statistically, but teachers approach children more positively, and there are fewer and less severe problems with behaviour.

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Evaluating of the network of Health Promoting Schools in Ireland

Introduction

The Irish network of Health Promoting Schools has designated 40 schools that strive to achieve healthy lifestyles by developing supportive environments conducive to promoting health. In order to enable and empower schools to work towards this objective, the national support centre provides schools with a framework for planning health promotion in four aspects of school life: the environment, the health education programme, family and community involvement and school policies. Schools are invited to engage in a process of planning and to review progress each year. The national support centre assists schools through national and school based in-service training, resources, newsletters, reports and school visits.

Focus of the evaluation undertaken

The current evaluation focuses on the whole network of Health Promoting Schools. The evaluation is intended to assess how useful the planning process is for schools, to identify the factors that enable schools to promote better health to determine how helpful the assistance provided by the national support centre is. It is hoped that the evaluation will not only enhance the support offered to schools, thereby improving health promotion, but also provide a model for school planning and support services in other schools.

Methods used

An internal and external evaluation of the Health Promoting School network in Ireland using a multi-method, qualitative approach has been undertaken and was due to be completed in October 1998. The director of the Irish network in collaboration with an external evaluator designed an evaluation process that complements the planning process of schools and the work of the support centre. The evaluation process itself was designed to be beneficial to both the schools and the support centre. The director of the support centre was required to visit every school and to meet the key stakeholders in health promotion, which thus facilitated the exchange of information and incentives to undertake school health promotion plans, clarified the schools’ goals and activities and promoted a greater sense of appreciation and support from the centre.

The evaluation was based on an assessment of each school’s objectives and goals laid down in its plan. This provided a clear focus for the evaluation and allowed the researchers to assess progress and development against annual school reports and qualitative data. Semistructured, open-ended interviews and/or focus groups were conducted in every school, normally with the principal, health promotion coordinator, staff members and, in some cases, parents. The European Network’s Radial Profile Graph was administered in each school.
**Results and conclusions**

The results and conclusions advanced here are tentative. The analysis of schools’ reports indicates of the achievements within individual schools and within the network generally; it also reveals what plans schools did not undertake. In general, schools have made considerable progress in their plans, successfully improving the environment and implementing health education programmes. Communication between stakeholders among the staff was effective in most schools, but reaching and involving parents and the wider community was more difficult, although some success was reported. The impact of health promotion on school policies varied and seemed to depend upon administrative support. In general, the support centre was considered to be helpful in assisting schools and supporting health promotion.

The information assisted the schools in pursuing their objectives, acted as a record of what schools have accomplished and highlighted areas that need to be developed. Key issues influencing the promotion of health are now better understood. The process generated an overall, first-hand portrait of the network and insight into the operations of the network within the schools. Ideas and areas to be developed by the support centre were also identified.

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The Israeli network of Health Promoting Schools: An intervention programme in nutrition and life skills

Introduction

The Israeli network of Health Promoting Schools includes 17 schools. The network represents the educational system in Israel and all its various streams. The main aims of the network are to promote health and to influence the educational process by encouraging cooperation between parents and the community in creating change.

Evaluation

An intervention programme aiming to provide pupils with relevant skills to develop and strengthen their dietary habits was planned and evaluated in one of the project schools.

The programme included knowledge, basic life skills and how to use them to take responsibility for pupils’ dietary habits.

Methods used

A questionnaire checked pupils’ knowledge of nutrition and the use of relevant skills in specific situations in daily life. A personal ideal diet was given to each pupil after weight and height were measured, and the correlation between the ideal diet and dietary habits was determined. The parents were asked to cooperate in certain activities. Five meetings in small groups were held with a professional dietician about basic healthy nutrition, responsibility and nutrition, decision-making and the influence of communication and the mass media on nutrition habits.

The means used during the programme were based on dilemmas familiar to the pupils and how to solve them. Lectures, exercises, videos, games and homework were used at many levels and ways.
Results and conclusions

A total of 77 boys and 70 girls aged 9-11 years took part in the intervention.

- Seventy-five per cent of the participants had a normal ideal diet.
- The girls knew more than did boys about nutrition and had better life skills.
- The intervention promoted decision-making about nutrition in the group aged 10-11 years.
- The methods used were more attractive to the pupils than traditional lessons are.

After 6 months, the pupils were surveyed again using the questionnaire. The skills were maintained and also the personal ideal diets.

Experts recommended that the intervention be repeated after 2 years, to refresh the skills and re-check the ideal diets to ensure that the results of the programme can be sustained.

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A programme to evaluate health promotion and the prevention of substance abuse in the schools of Parma, Italy

The evaluation concerns a complex project to prevent substance abuse in the secondary schools of Parma, including mobilizing young people, training teachers and applying new teaching methods to health promotion.

This project is needed because the use of cannabis, amphetamine derivatives and alcohol is spreading among young people, teachers’ responses to this are inadequate and the pupils and the teachers specifically involved in health promotion, have inadequate training and communication.

This project was designed in collaboration between the public health system (Drug Addiction Service: Servizio Tossicodipendenze Az. U.S.L.) and the local public education system (Provveditorato agli Studi) of Parma.

The activities to prevent substance abuse include:

- activating groups of students who study substance abuse from many viewpoints;
- discussing the lifestyles associated with substance abuse; and
- evaluating the expectations of young people in relation to psychoactive drugs and the possible self-medication mechanisms underlying drug preferences.

These groups of pupils are responsible for initiating school meetings, workshops and general school activities to reach the other students and involve them in a process to convince them to oppose substance abuse.

At the same time, the health promotion teachers and some motivated teachers are involved in training procedures with the aim of including substance abuse prevention and health promotion in the normal curricular activities.

In every secondary school institute included in the project, the groups of students and health promotion teachers will participate in a patrol that will be responsible for realizing a different approach with normal school activities.

The new approach will include increased attention to active participation of the students, encouraging the sense of bonding to the school and to all social institutions, improving self-esteem through cooperative experiences and developing strong ethical beliefs.

**Focus of the evaluation undertaken**

The investigation includes the pupils and the teachers of six secondary schools of the city of Parma. The health promoting activities are being evaluated for their effects on:

- the sense of bonding to the school and to the social institutions;
- the sense of active participation in school life and cooperation with classmates;
- social coping;
- substance use among the students;
- substance use preferences.
Methods

Semistructured interview

The teachers and pupils have been surveyed using a semistructured interview concerning their perception of the risk for substance abuse, their perception of rewards offered during school activities, and the possible reasons for stress and maladaptation to stress in school life.

The interview also investigated the opinions of students and teachers about the possible collaboration between young people and adults in promoting health.

Questionnaire

A total of 1300 pupils of the secondary school have been surveyed using a questionnaire on substance abuse and illicit drug preferences.

Social coping scale

The same 1300 pupils were tested using a rating scale, the Eysenck Personality Questionnaire, for social coping.

After two years of preventive activities and sensitizing pupils in the participating schools, the interviews, the drug use questionnaires and the Eysenck Personality Questionnaire will be administered again in the same schools.

Results and conclusions

The evaluation programme has begun, and the results of pupils’ and teachers’ interviews and of the questionnaire on substance abuse will be available soon.

The measure of prevention evaluated by this programme will be available after two years.

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Using the experience and opinions of pupils and counsellors to evaluate counselling services in Verona, Italy

Introduction

The evaluation covered the experience of pupils using individual drop-in counselling at public secondary schools. The counselling was provided by centres for information and counselling as part of a drug prevention project.

Target group for the evaluation

The target group for the evaluation was 20 secondary schools in the vicinity of Verona. The objectives were:

- to determine the number of counselling sessions conducted and to classify them by type and characteristics;
- to conduct a baseline evaluation of the counselling;
- to determine what the potential users know about the existence of these services; and
- to evaluate the services from the viewpoint of the users.

Methods

An external agency experienced in using surveys to evaluate projects was selected. Counsellors filled in a form after each of the 679 consultations conducted in 19 of the 20 schools during the 1996/1997 school year. In addition, a questionnaire was given to 6182 pupils from 20 schools; 611 of these pupils said that they had used the counselling services at least once.

The counsellors and the agency collaborated in preparing the forms and questionnaires. Some of the questions included permitted comparison with previous surveys conducted by various agencies.

The results were anonymous but included age and class for each pupil.

The counsellors were trained how to use the forms and questionnaires for evaluation and how to interpret the data collected and how to use this information to improve the services.

The evaluation was qualitative and quantitative and included the viewpoints of the counsellors and pupils. The quantitative analysis used the cluster analysis technique.

Results

The female-male ratio of the pupils using the services was 3 : 1. The reasons for seeking help included personal problems, family problems and relationship difficulties (41%); problems with academic performance (16%); and bullying problems (9%).
The main problems raised by pupils in their first two years of secondary school were associated with their relationships with adults, whereas pupils in their last two years mainly reported personal problems. Three fifths of the pupils surveyed expressed the need for better informal counselling, whereas only 5% of the pupils felt that specialized counselling centres are needed.

Risk-taking attitudes were noted during 22% of the consultations, including nutritional problems (mostly girls), the use of drugs and alcohol (mostly boys) and dangerous attitudes to themselves and others.

The pupils were asked from whom they could seek help if they had a problem (multiple choices were allowed); 80% would seek help from their best friend, 58% their mother, 34% their father, 28% groups of peers and 26% a counsellor from the Centre (most of the pupils said that they could seek help from “an adult outside your family”).

Ten percent of the pupils surveyed had used the services personally, and 80% of these pupils considered the counselling services they had received useful. Most of the pupils that had used the services would recommend that a friend use the services. A minority were very enthusiastic about the services, and only a few were very skeptical. Most of the pupils who were critical of the services were boys; most of the pupils who did not express an opinion were girls.

The level of satisfaction of the pupils and counsellors at some of the 20 schools evaluated was statistically significant. These trends should be carefully analysed and taken into account in the evaluation to be conducted in 1999/2000 and in the future counselling activities.

The next steps

The same evaluation will be carried out again in 1999/2000, 3 years after the baseline evaluation. The results of the present survey will be presented in a seminar for counsellors, the people managing the services, principals, pupil representatives, parent representatives, teachers and local policy-makers and administrators.

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Evaluation of a project on promoting self-esteem and pupils' skills in Vicenza, Italy

The Italian network of Health Promoting Schools includes 15 primary and secondary schools in five provinces: Vicenza, Cuneo, Lecce, Grosseto and Rome. The network assigned Vicenza and Grosseto to take up the theme of sex education. The objective of the network in general is to enable pupils to express their physical, psychological and social potential and to promote their self-esteem and skills in making individual choices.

The coordination of the Italian network is experiencing administrative problems, and each school therefore operates almost independently. A case study describing the experience from Trissino School in Vicenza illustrates the work being carried out at the school level.

**Objectives**

The overall objectives of the thematic intervention in Vicenza and Grosseto are:

- to determine how the emotional feelings of adolescents, including self-esteem, are correlated with success or failure in their daily lives; and
- to analyse current curricula on sex education and to determine how they can help in:
  - evaluating pupils' knowledge and feelings
  - planning special educational activities
  - improving pupils' individual knowledge of emotions and emotional processes.

*The project at Tissino School*

**Target group**

The target group was 108 pupils (48 girls and 60 boys) aged 13–15 years.

**Methods**

The methods included discussion groups using material adapted from the manual “Promoting Mental and Emotional Health in the European Network of Health Promoting Schools” prepared by Southampton University in collaboration with the European Network of Health Promoting Schools. Two sessions were held. One used a cartoon on the theme “I’m not happy with myself because ” and discussed ways that the pupils could become happier, including improving self-esteem. Another session used nine different cartoons on different themes to spark discussion.

**Evaluation**

The results showed that the school plays an important role in improving and building self-esteem. Poor academic performance reduces pupils' self-esteem. Illness is a source of anxiety, and more boys than girls seem to be able to cope better with pain or illness.

Negative feelings are closely associated with personal failure in daily life (for both sexes). Few pupils (and especially few boys) are worried about death.
Strategies adopted to cope with problems include:

- sharing problems with peers, which reduces anxiety and frustration;
- determining how the pupils can evaluate their negative experiences themselves. This could be a way to control the situation and to promote positive strategies for solving problems; and
- confiding in an adult outside the family.

The analysis of interpersonal relationships and self-esteem showed that interpersonal relationships (mutual confidence and friendship) are important to pupils, and this is where they would first seek help in case of difficulties. The social stereotypes are confirmed in the fact that the girls are more oriented towards emotions and feelings and the boys are more self-centred and oriented towards making decisions and interventions on their own.

Most boys confronted with difficulty tend to try to solve the problem on their own, whereas most girls seek help from friends and parents. Both sexes have negative opinions of parts of their personality and their body but also accept themselves as they are as part of the typical ambivalence associated with adolescence.

**Conclusion**

The results of this study have been presented to the teachers’ council at the school in order to revise the curriculum to include activities aimed at increasing the self-esteem of the pupils, their capacity to solve problems and their ability to develop good interpersonal relationships.

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Evaluation of a health education and promotion project in Lithuania

Introduction

In March 1993, Lithuania joined the Health Promoting Schools project. Ten schools became members of the European Network of Health Promoting Schools. Later on, six more schools joined the Network as associate members. Today, nine school districts of the ten in Lithuania are participating in the project, represented by 18 schools with more than 13,700 schoolchildren. While the project was being implemented at the national level, the structure of the project implementation was prepared and the priorities were set based on an agreement between the Ministry of Health and the Ministry of Education and Science. Coordination boards were formed and the coordinators appointed at the local level in every school. Schools prepared individual plans for activities in accordance to the criteria for the implementing the project. The schools chose the form of activities, methods and ways of work depending on their available resources and opportunities. Despite a great variation among schools, certain pressing problems are common in all schools. Thus, some areas in which all the schools needed assistance at the national level were planned when the project first began to be implemented.

Therefore, the principal aim of the Health Promoting Schools project was to integrate health education and promotion into school life. This aim was to be achieved by carrying out the following tasks:

- initiating the development of a framework for health education and promotion and implementing this in schools;
- encouraging the process of self-education and cooperation both inside and outside the school;
- creating an environment that supports health;
- introducing a holistic approach both among pupils and teachers;
- increasing the awareness of health among pupils and teachers; and
- reorienting health care professionals towards collaborating and educating for health.

Focus of the evaluation

This study was planned and carried out based on the Health Promoting Schools project in Lithuania. The aim of the study was to create the optimal conditions for the programme of health promotion and disease prevention in Lithuanian educational institutions, which the Ministry of Health and the Ministry of Education and Science approved as early as 1992.

The objective of the study undertaken at the start when the project began to be implemented in late 1993 and in early 1997 was to evaluate the main aspects of the three years of activities according to the aims pursued and the tasks planned.
The study evaluated the organization and structure of the process of health education and health promotion in schools participating in the project, the role of teachers in implementing the project, pupils’ ideas about what a health promoting school is and teachers’ interpretation of the term health promotion, and awareness of health issues and some aspects of health behaviour among pupils and teachers.

The evaluation chose schools participating in the Health Promoting Schools project from different regions of Lithuania. The second study chose one school in every region that was not participating in this project: a control group of schools. Pupils in the fourth, sixth and tenth form participated in both studies.

Methods

The intervention study model of community trials was used. Quantitative and qualitative methods were used. The structure and organization of the process of health education was evaluated using an analytical method based on indirect assessment criteria. The Lithuanian Institute of Pedagogics prepared a written questionnaire especially for this project and adapted it separately for junior and senior pupils and teachers, with two questions for each age group being open-ended. The questionnaire of the WHO cross-national study on Health Behaviour in School-aged Children was used.

Results

The curricula of general education, the integrated health programme, such health courses as “Let’s grow healthy” and “The world and me”, which are introduced in lower forms, and health courses for teachers at the Lithuanian Institute of Pedagogics provide equal opportunities for children’s health education in all the schools. Nevertheless, the study results obtained among schools participating in the project were somewhat different than those from control schools. In both types of schools the sources and classes from which the pupils obtain most knowledge on health are almost the same: classes in natural science and physical education. Nevertheless, in the intervention group of schools, junior pupils mentioned these classes more often than did senior pupils. In addition, in the intervention group much attention was paid to classes with healthy lifestyles as a separate subject. In the intervention group, teachers more often discuss health topics in the classes and use active teaching methods, and fewer teachers feel that they lack knowledge on health issues. The teacher had a more important role in the process of health education in the intervention group, which was demonstrated by the fact that the teacher was especially emphasized and most pupils at these schools rated the knowledge obtained at the classes more highly. Closer relationships had been formed between schoolchildren, teachers, health personnel and parents in the intervention schools. Teachers from schools participating in the project organized seminars for teachers working in other schools, for headmasters and health personnel or they were invited to share their experience.
To evaluate how teachers understood the concept of a health promoting school, how pupils imagined a health promoting school and what teachers and pupils would do differently to make the school promote health, the responses to the open-ended questions were analysed and divided them into groups – social, physical, personal and organizational. In the intervention group of schools, more junior pupils and teachers emphasized the importance of taking personal responsibility for one’s own health and that of other people. In the control group, more of both junior and senior pupils and teachers pointed out the organizational dimension and emphasized the necessity of introducing classes on healthy lifestyle or discussing issues related to improving health more often. The pupils from lower forms in the control group also indicated one more element: abuse of tobacco, alcohol and drugs. In contrast, most teachers in the intervention group of schools accentuated this element. In both school groups the pupils and the teachers especially emphasized an adequate physical environment at school. Only in the schools with a good indoor environment did a larger proportion of pupils, especially younger ones, emphasize the impact of the external environment on health.

We also tried to evaluate pupils’ health behaviour in four ways: physical activity, smoking, alcohol consumption and dietary habits. We wanted to see whether applying combined intervention measures for three years could improve the situation. Pupils from schools participating in the project engaged in more physical activity and more senior pupils at participating schools consumed weak alcoholic drinks seldom or never compared with control schools. The study results showed a low prevalence of smoking among junior pupils and a decreasing prevalence among senior pupils over time. We did not find a significant difference between the studied groups in consumption of healthier food; however, schools participating in the project tended to promote healthier dietary habits, as more senior pupils consumed fruit and dairy products and younger pupils ate more vegetables and fruit compared with pupils in the control group. The findings obtained in this study correlate directly with the results of the international study of the Health Behaviour in School-Aged Children (HBSC).

Conclusions

School-oriented combined activities in health education and health promotion allowed us:

- to create health education and health promotion structures acceptable to the schools themselves and to implement them in everyday school life;
- to enhance the holistic understanding of a healthy school and a health promoting school;
- to increase awareness of health issues among pupils and teachers;
- to find changes in health behaviour as a result of the activities, and;
- to involve more health professionals and parents in the activities of health education and health promotion.

Participation in the European Network of Health Promoting Schools revealed its attractiveness and the need to expand of the Network.

The evaluation has shown that a school-oriented health promotion project provides conditions for integrating combined health activities for children into school life, but this requires multidisciplinary teamwork engaging different departments and programmes.
We think that the results of our evaluation will be of value in developing the national network of Health Promoting Schools. They are already being used and will be more widely used in organizing conferences and seminars at the national, regional and local levels and will be published in pedagogical and public health publications and as a separate volume. The results of the evaluation will be presented at a meeting with representatives of the Ministries of Education and Health.

Some problems require further analysis. We therefore hope that scientific studies will be planned involving specialists in education.

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Evaluation of a primary school-based programme in Malta

Introduction

At the planning stage of the Health Promoting Schools project in Malta, schools were informed about the network and joined voluntarily. Seventeen schools decided to join, covering every type of local school. Most were primary schools, but some were secondary schools and a technical school covering both public schools and private schools run by churches.

Each school was encouraged to choose a project considered to be relevant to the needs of the school and to the broader community.

The pilot phase has just been completed, and plans are now underway to make this project part of every school’s life. This is not an easy task, but the constraints identified during the pilot phase will help to make our vision a success.

Focus of the evaluation

San Gwann Primary School is one of the 17 schools in Malta forming part of the network of Health Promoting Schools. The school caters mainly for children from young families living in a relatively new community.

This school decided to focus on nutrition. The aim was to reach families through the schoolchildren to improve of awareness of healthy eating. This is important in a country with a high prevalence of diabetes and overweight among children.

The parents of these children would learn about healthier nutrition and ideally change their own diets accordingly. They would consequently prepare healthier lunches for their children to bring to school.

Another very important aim was that the children would enjoy these healthier lunches and that the schoolchildren would consume less sweets and snacks. The school has no tuck shop, so that changes in the lunches brought from home do change children’s lunch habits.

Activities that took place throughout the year included:

- imparting knowledge to schoolchildren in class as part of the school curriculum;
- extracurricular activity, including the children baking bread at school and organizing a healthy eating day;
- an exhibition of healthy food;
- various talks by health professionals organized by the school council and aimed at parents, thus creating a link with the community; and
- the classrooms were beautifully decorated with paper fruits and other material prepared by the children.
Methods

Everyone concerned, especially teachers, found that time was a major constraint in developing activities related to health promotion, and the further time required for evaluation was looked upon negatively. Nevertheless, the teachers agreed to observe changes in the children’s packed lunches brought from home and prepared by the parents (mostly mothers). This indicated not only the children’s preference for food but also the parents’ choices and was thought to indicate well the degree of success of the project.

Several interviews were conducted with pupils and parents (mostly mothers) to verify the observations.

Results and conclusion

Children’s school lunches became much healthier; lunch boxes containing fresh fruit and sandwiches made with whole-wheat bread were the favoured choice. Parents took an interest too, not only by preparing the children’s school lunches, but also by requesting more information from the school about how to improve the dietary habits of the whole family.

This project is one of the successes of the network and will be used as a model for other schools that want to focus on nutrition. Adjustments will be made; the various components of the project will be documented so that they can be adapted to the needs of other schools. There will always be room for the creativity of participants from other schools, as this fosters innovation and improves the established project. The successful change in eating habits and therefore in behaviour of most of the pupils was remarkable.

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The Living Together project in the Netherlands

Introduction

The Health Promoting Schools project in the Netherlands linked with the European Network of Health Promoting Schools ended in 1997 because of lack of funding. So the Netherlands does not actively participate in the Network. Currently there is no active participation in ENHPS. The national coordinating institute for the Network, the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ), is carrying out several projects that are consistent with the goals of the Network. One of these is the Living Together project, focusing on establishing and maintaining regional networks of municipal health services to support secondary schools in implementing policies on preventing HIV infection and AIDS and promoting sexual health education. This case study focuses on evaluating this project. At the request of the Ministry of Health, NIGZ recently evaluated the outcome of the Living Together project and the state of the Health Promoting Schools concept in the Netherlands.

Focus of the evaluation

The research aims at monitoring changes caused by implementing a comprehensive policy on preventing HIV infection and AIDS and promoting sexual health education within secondary schools. The changes will be measured at the level of municipal health services and at the level of the schools.

Methods

Data for monitoring changes are being gathered by means of questionnaires (quantitative methods). Within a period of two years (after a region joins the project), questionnaires are to be distributed three times at the regional level, and twice at each school. In addition, qualitative methods (interviews) are being used to gather information on the progress.

Results and conclusions

The results of the first survey at the regional level have shown that about 84% of the municipal health services conduct activities to facilitate and support policies to prevent HIV infection and AIDS and to promote sexual health education in secondary education schools. Moreover, the municipal health services have reached about 62% of the secondary schools. More specific information about the results in the schools was being gathered in October 1998.
Evaluating the schools participating in the Health Promoting Schools network in Norway

Introduction

The International Planning Committee invited the University of Bergen to participate in the European Network of Health Promoting Schools. The University agreed and selected ten schools from ten of Norway’s 19 countries to participate. The University challenged the schools to develop their own project approach based on local needs. The University provided each school with a report of a baseline survey it conducted among the pupils at the school. Building on these results, schools would identify their specific needs for change in perceptions of school climate, health behaviour and health. To aid the planning of the project, the University trained the schools in using a tool for analysing health promotion interventions. The tool was adapted from Green & Kreuter's PRECEDE model (Predisposing, Reinforcing and Enabling Constructs in Educational Diagnosis and Evaluation). This model focuses on outlining clear targets for intervention. Strategies are then developed based on knowledge about the conditions that affect the target in the desired way. The model was hence important for developing theory-based interventions. The model is also being used as a framework for the evaluation study.

Focus of the evaluation

A major interest in the evaluation is to increase knowledge on the risk and resource factors in school related to developing good health and well-being among pupils, teachers and other personnel and how these factors can most effectively be influenced. We want to do this by studying the implementation processes at each school and by studying whether the working strategies chosen have contributed to changes in the perceptions of school climate, health behaviour and health among the people in the schools.

Methods

A combination of quantitative and qualitative methods are being used to follow the process and study any effects of the interventions. Questionnaire surveys have been conducted twice a year among the pupils and annually among the teachers. The questionnaire surveys have a longitudinal design. Qualitative interviews have been used among the teachers and the personnel in the school health services. Qualitative information was also being collected from the students in autumn 1998. Additional information on the process has been collected from the school coordinator monthly.
Norway joined the European Network in autumn 1993. The entry coincided with a national survey among people 11, 13 and 15 years old focusing on their perceptions of their school climate, health behaviour and health. The national survey was part of the 1993-94 WHO Cross-national Study Health Behaviour among School-aged Children. To provide baseline information, the same survey was conducted among the ten Health Promoting Schools a few months after they were selected as project schools but before any activities had started. The results from each of the ten schools did not differ substantially from the national average of key variables. One could therefore assume that the problems and assets of the Health Promoting Schools were similar to those of other schools in Norway. Hence, the working strategies that the pilot schools have developed are assumed to be relevant to other schools in Norway.

A new national survey was conducted in autumn 1997 as part of the 1997-98 Cross-national study. The same questionnaire was used again at the ten pilot schools. The latest survey gives the opportunity to study whether the ten schools differ from the national average after four years of intervention. Each of the ten schools will be evaluated on general changes and especially on changes related to the specific focus of their work. In the studies of teachers, the focus will be to observe whether the teachers have become more positive towards health promotion work in schools and to study whether they have become more concerned about health, well-being and safety.

Results and conclusions

The evaluation results are being analysed now. Substantial results cannot be expected during three to four years of intervention. It is therefore important for the participating schools to also give in-depth information to other schools on the strategies chosen and how the participating schools assess these. This kind of organizational and process information as well as the actual intervention strategies will be made available to all schools in Norway. It is hoped that this will allow other schools to pick up good ideas and models for health promotion work. The evaluation results will be made available through articles in national and international journals, an international report and a national magazine. In addition, we are working to include health promotion as part of the education for teachers and health personnel and to implement a holistic approach to health education and health promotion in schools through the Ministry of Education.

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Evaluating Health Promoting Schools in Sweden

Introduction

A project with 11 comprehensive primary and lower secondary schools in a national network of Health Promoting Schools ended in 1996. I evaluated this project and will also evaluate the new project established in 1998. The new project and its evaluation are just beginning. I will refer briefly to both projects.

Focus of the evaluation

The main aim of the project that ended in 1996 was to use programme theory analysis to describe and analyse local models of health promotion. These models varied in content and scope, but they rarely influence the work of the whole school. For example, work included health education, pupil democracy and monitoring and assessing children’s health and wellbeing. The schools’ formal planning of health promotion work was studied. I also conducted parameter studies, such as a questionnaire for pupils in ninth grade to analyse the factors promoting and impeding the achievement of self-esteem and interviews with teachers on what they felt promoted health in their kind of instruction.

The present project will have four specially designed thematic projects. Two will focus on problem-based learning as a tool for health education and instruction in general and the social function of discussion groups as a means of building informal networks within schools. Two other thematic projects might be about preventing smoking and monitoring or assessment, respectively. Schools are invited to take part; a small number (maximum ten per thematic project) will be selected to receive some support and to be evaluated.

Methods

The previous project was predominantly evaluated by interviews with individuals and groups. There was also some informal observation and analysis of documents.

For parameter studies, a questionnaire was used, that allows for multiple regression analysis.

In the new project, the methods of evaluation will vary according to the need to get a good understanding of the local models, the thinking underpinning them and the frameworks influencing them. Formal impact assessment will be attempted for one or two of the projects. This will depend on how mature the local models can be considered to be.
Results

The old project had numerous results, but the main ones were achieving discussion and description. Among other things, the expectations of what is meant by being a health promoting school were discussed, including the implication that projects of this kind compete and cooperate with other kinds of endeavours at local schools. The evaluation also examined the theoretical foundations of health promotion and how this is understood at the local level. It also discussed the quality and functioning of how schools plan health promotion activities.

The new project will be less exploratory and more goal-directed. This is especially so when the theme to be developed uses a model that already exists, such as problem-based learning. This type of project will allow more formal studies of the impact of projects. Nevertheless, substantial evaluation effort will be made in helping schools and the national network to formulate and adapt local models, and determining what needs to be improved to make them more useful for children.

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Evaluation of the Swiss network of Health Promoting Schools

Introduction

In 1993, the International Planning Committee of the European Network of Health Promoting Schools suggested that Switzerland’s national authorities set up a network of Health Promoting Schools. This task was assigned to Santé-Jeunesse, a newly created entity responsible for promoting the prevention of AIDS and drug abuse in the schools.

Santé-Jeunesse was developed as a joint project of the Federal Office of Public Health and the Directors’ Conference of the Department of Education. It has a large steering committee of school and health professionals, a reduced committee and a small work team with a teacher, a public relations specialist, a chief nurse, a health teacher and a psychologist.

Twenty-five schools at different grade levels and in different counties responded to the invitation of the work team, which led to the formation of two separate networks: one concerned with exchanging experience with the European Network and one with more local interests.

Evaluation

The Federal Office of Public Health assigned a private research office, & alii, to evaluate the whole project Santé-Jeunesse, including the network of Health Promoting Schools. The goals of the evaluation were to assess the quality of fieldwork and local projects, to illuminate the current and future practice of health promotion in the school system by defining good practices and to ensure that the project’s organization and management are appropriate.

For reasons of both practicality and urgency, the evaluation first focused on the last point as there were many problems in decision-making and defining objectives between all the instances involved. The evaluation addressed the projects undertaken by the schools and tried to determine what resources, expertise, organization and body of knowledge are required to successfully carry out a school project. Reduced staffing forces in the work team did not allow it to carry out all the other tasks of Santé-Jeunesse in developing concepts, self-evaluation and information. Nevertheless the office carrying out the evaluation works with the team to assess most of their tasks.

Methods used

The evaluation was based on an empirical approach with the help of some psychosocial theories of organizations, consciousness and social networks. The evaluation had four stages: information and initial contacts; fieldwork; analysis and interpretation; and writing the report and presenting the results.
The three focal points were investigated using classical and non-intrusive techniques such as documentary analysis, reconstructing of the chronology of events, non-participant observation, interviews and brief questionnaires. The intermediate results of the evaluation were discussed with the work team, the smaller and full committees and the managers of the project in the Federal Office of Public Health. Two extensive workshops were organized to assist in the managing of the project and in organizing the next phase of the project. The evaluation team also presented most of the results to a general assembly that included school professionals and schools project managers as well as local and federal authorities. Four newspaper articles were published. At the end of 1995, a final report in French was submitted to the Federal Office as well as French and German summaries.

**Results and conclusion**

The evaluation produced the following results:

- At the beginning of the project, the school system and health promotion organizations were in two different cultural worlds.
- It took a long time (tree years) to develop a common language and to evolve from a narrow focus on prevention of drug and AIDS abuse to comprehensive health promotion.
- The school projects are better managed in the long term by a small team than by only one person regardless of how qualified and professional this person is.
- The schools, including their physical, social and mental environments, possess almost all the resources and competencies they need to set up and carry out a health promotion project.

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Evaluation of two prevention projects in schools in Lucerne, Switzerland

Introduction

Two preventive projects in schools are being evaluated. One project, called SCHULTEAM, was developed in the city of Lucerne and is used by a majority of the primary and lower secondary schools (Volksschule). External, professional consultants and advisers coach and advise the teachers in this project. SCHULTEAM wants to support the early recording of problematic development among pupils to prevent the problems from accumulating, to increase cooperation between teachers, to support positively the culture of the schools and to build a network with public authorities outside the schools and with parents. Some schools with SCHULTEAM projects will probably become members of the European Network of Health Promoting Schools.

The other project is called KontaktLehrPerson (contact teacher) and is carried out in the vocational schools of the Canton Zürich. The contact teachers are vocational schoolteachers who have been specifically trained for their functions and tasks. The aims of the project are to determine what action is required to prevent drug abuse and addiction at the individual vocational schools, to create a lobby for prevention drug abuse and addition in the vocational schools, to optimize communication structures and the specific further education of the contact teacher.

Focus of the evaluation

The projects SCHULTEAM and KontaktLehrPerson will be examined separately, according to different educational contexts, considering the concepts of objectives, planning, implementation, acceptance, effectiveness, problem situations and the potential to optimize.

Possibilities for improvement will be shown in the form of recommendations. The two projects will be compared based on their criteria of acceptance, effect and problem situations. The effects of the projects on schools will be examined based on the criteria of school quality, school ethos and school development (self-assessment).

Methods

The evaluation of the two projects aiming to recognize early problems of drug abuse and addiction and problem development is external, process-oriented and comparative in part. One part of this evaluation is a longitudinal study to document and assess whether the targets were achieved. In this evaluation we are using questionnaires, interviews and individual case studies. A comparison between the two projects should be attempted.
Results

The evaluation will be completed in summer 1999. Interim results are available now. The results presented here can still change.

SCHULTEAM

Most teachers in the project cooperated with experienced and professional advisers and consultants, and this proved effective. Most advisers and teachers assessed the acceptance of the project as being positive. Most local authorities also assessed the project positively. These aspects could be used increasingly to stabilize the support of the local authorities.

The schools responding consider preventing drug abuse and addiction and other problems to be a central task of the primary and lower secondary school. The schools support the project and consider it largely to be an integrated component of their school. The most likely effects are that pupils will be observed, problematic developments will be recognized, conversation skills will be improved and cooperation with educational authorities and parents will improve.

Contact teacher

The teachers recognize preventing drug abuse and addiction to be a task for vocational schools.

The contact teachers assess the acceptance of the project differently. Diverse resolutions related to a single school seem to be most promising. The project is already largely integrated into the schools.

Project management

The managers of both projects are well informed about the projects and their challenges and successes.

The extensive commitment, the open attitudes and the self-critical attitude of the project management decisively influence the success of the two projects in difficult environments.
Conclusions

The general constraints on time and subject content at the schools and the limits of what teaching efforts can achieve are central problems that cannot be solved easily and must be considered. School development is regarded as a matter for the individual schools that should ideally not be forced on them by a central authority, but this may occur if necessary.

The project management and the respective advisory boards are currently being informed about the results of the interim evaluation. In addition, the interim reports are also sent to the schools and people involved. The strategy generally pursued is to make the projects themselves known by broadly disseminating the results and the findings via the individual projects and therefore to enhance the aim of networking.

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Evaluation of the project School Health Teams in the City of Berne, Switzerland

Introduction

In 1991, the Department of Public Health of the City of Berne invited primary and secondary schools to participate in a project in which one staff member per school would be remunerated by external money for coordinating health matters within the school, supported by an interdisciplinary school health team. The project started with seven schools in 1992. At the beginning of the school year 1997-98, more than two thirds of all primary and lower secondary schools had designated a coordinator of health matters.

Evaluation

The evaluation study aims at assessing both the process and the outcome.

The process evaluation was planned to portray the implementation process in every participating school. The key questions are how the staff and the school director accept and support the idea, the quality and quantity of explicit health promoting activities, and any enhancing and inhibiting factors.

The outcome evaluation was planned to determine to what degree the schools in the intervention group have achieved the aims set up for health promoting schools in Berne by the end of the study in 2002.

- Health promotion should be given higher priority in Health Promoting Schools than in other schools.
- In Health Promoting Schools, health promotion should be a task for the school as a whole rather than for the individual teacher only.
- The ethos of the school (Schulklima) should be better in Health Promoting Schools than in other schools.
- Health Promoting Schools display better results in measures of personal well-being of teachers and pupils than do other schools.
- Teachers and pupils in Health Promoting Schools should have more opportunities to participate actively and to take responsibility.
- Life skills should be more advanced among pupils of Health Promoting Schools compared with those of other schools.
- Pupils in Health Promoting Schools should exhibit more health promoting and less health damaging behaviour.
- Health Promoting Schools should develop more cooperative activities with the local community.

For the outcome evaluation, pre-tests and post-tests will be performed during the first and the fifth year in these intervention schools as well as in two non-participating schools and four comparison schools in another canton. Data will be collected using questionnaires for sixth- and eighth-grade pupils and for teachers, interviews with coordinators, headmasters and groups of pupils and observations of health team meetings.
Plan of the study

The project is intended to extend over 5.5 years, with a pre-test in the first year, a post-test in the fifth year and additional data collection for the process evaluation in the middle year 1999-2000. The implementation of a coherent health education curriculum, which is part of the task of a Health Promoting Schools, is a feature of process rather than outcome, but for logistical reasons, this aspect will be included in the procedure for the outcome evaluation. 17 schools are participating in the project School Health Teams in the City of Berne.

Process evaluation

Data will be collected during the first, the third and the fifth year. The second and fourth year will be used to analyse the data collected during the preceding year.

Observation of two sessions of each school health team per year should help in determining:
- the clarity and agreement on the aims of health promotion within the school;
- the degree of integration among the staff, the pupils, the parents and the school authorities;
- the extent and types of cooperation;
- the extent and quality of leadership; and
- the types of activities, their level of coherence and whether they are consistent with the aims of a Health Promoting School.

An interview with every coordinator of health matters will yield additional information on these topics. In addition, it will help in investigating:
- whether a school analysis and an action plan has been elaborated;
- whether activities are designed according to the action plan;
- the attitude of the staff towards the Health Promoting Schools project;
- the state of postgraduate teacher training with respect to health promotion;
- collaboration with the school director;
- post and planned activities in and with the local community;
- personal assessment of the practical potential of a coordinator of health matters;
- positive experiences;
- negative experiences and difficulties;
- the outlook for the future; and
- proposals and requests.

The interview with the school director or headmaster yields information on the school director’s assessment of the value of the Health Promoting Schools project, especially in connection with other possible school development projects. Special areas are included in the interview:
- readiness to support the school health team;
- positive experiences;
- disturbance caused by the school health team or redundant activities; and
- proposals and requests.

Specially trained interviewers observe the school health teams and interview the coordinators, whereas the director of the evaluation project interviews the school directors or headmasters.
Outcome evaluation

Questionnaires for pupils and for teachers and group interviews of pupils will be used to assess outcome variables in the pre-test and the post-test.

A questionnaire was designed for pupils in the sixth and eighth grade. A pilot test showed that an instrument can be devised that is mostly practicable for both 12- and 15-year-olds. The questionnaire is completed during a lesson in the presence of the research assistant. It contains questions on:
- personal well-being;
- opportunities for active participation in the school;
- satisfaction with life in school;
- life skills;
- self-esteem;
- substance use; and
- psychosomatic symptoms.

A questionnaire for teachers on the ethos of the school has already been designed. The validated instrument Organisationsklima-Instrument für Schweizer Schulen (instrument for measuring the organizational ethos in Swiss schools) is used. It measures the following dimensions with the sources of information in parentheses:
- interest in the school (teachers);
- professional involvement (teachers);
- the esprit de corps (teachers);
- open-mindedness and confidence (headmaster);
- quality of the school (headmaster);
- professional involvement (headmaster); and
- social competence (headmaster).

A questionnaire was designed for teachers on health promotion and personal factors. The questionnaire includes:
- the teacher's assessment of the general attitude of the class;
- the degree of participation of pupils;
- the health promotion activities in the class and the school;
- the attitude of the teacher towards health promotion in school; and
- personal health and the degree of school-related stress.

The schools will be asked to select one teacher per class (in most cases the class teacher) to complete the questionnaires for teachers during a common session. This can ensure a high level of participation.

Group interviews will be arranged with groups of pupils (six per school grade, class representatives to be selected by the classes) to determine:
- what they like in their school; and
- what they would like to change.

This information will be narrative in character. For the purpose of comparison between schools, it will be categorized in broad categories only.
Consent

Written informed consent is obtained from every school - the decision process depending on the local tradition - and from every individual participant. For the questionnaire surveys, completion and delivery of the completed questionnaire is interpreted as informed consent. All questionnaires are anonymous, except for school number, grade, sex and age. Interview protocols contain no names.

Reporting and feedback

The management of the Health Promoting Schools project in the City of Berne will receive a report on every Health Promoting School at the end of project years 1, 3 and 5, with information drawn from the process evaluation. The data obtained in the outcome part during the first year will be analysed during the second year. A comprehensive report will be submitted to the project management. Towards the end of the fifth year, a preliminary report of the main results will be prepared. The final report and manuscripts for publication will be written in late 2002 and early 2003.

Individual schools will receive a comprehensive report on all data collected during the second and after the fifth year.

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Using action competence to develop action competence

Evaluating the process in the Macedonian network of Health Promoting Schools

Introduction

The Macedonian network of Health Promoting Schools includes 23 primary schools, involving approximately 20,000 pupils and 900 teachers and other school personnel. The main aim of the network is to investigate new approaches in promoting health in schools, based on the pupils’ action competence. Important prerequisites to achieve this aim include the second aim of improving the action competence of the teachers themselves as well as the third aim of appropriately presenting the changes to both the school and the wider local community.

Action

Twenty-three one-day seminars were held on the subject of: “What is a health promoting school?” from November 1997 to January 1998. The school coordinators (or educators) conducted the seminars. The participants were all the teachers participating in the first round of the Macedonian network of Health Promoting Schools, together with the representatives of the pupils, parents and local community.

The objective of the seminars was to evaluate the network at different levels, such as:

- the new way of disseminating the concept of health promotion in schools;
- enhancing the action competence of the school coordinators and educators; and
- the model of developing the concept of action competence through action.

Focus of the evaluation

The evaluation focused on the whole network (with a process-evaluation approach). The process evaluation enables both the project actions to be implemented and the appropriate sequence of implementation to be chosen. This assures the long-term sustainability of the changes.
Methods

The content analysis focused on the indicators of the action competence of the school coordinators and educators. The indicators analysed were: the action plans; the evaluation forms from the seminars; the reports from the seminars; discussions about the action plans; criteria for success; possible barriers; and how to overcome them.

Questionnaires were designed to assess the level of information of the teachers and pupils regarding the health promotion activities within the schools, as well as their motivation for personally contributing to these activities.

Results

The questionnaire data are being analysed and the quantitative results regarding the accomplishment of the first aim are to follow. Nevertheless, there are visible success indicators so far:
the teachers are more highly motivated to participate in the health promotion activities;
procedures have been for continually informing and training the teaching staff;
invitations for a similar seminar have been received from the schools participating in the second and third rounds of the network; and
increasing interest in the Health Promoting Schools project in the local community.

The action competence of the school coordinators and educators improved when the seminars were being prepared, realized and evaluated, (the second aim). Indicators for this include:
the increased autonomy, creativity and sense for the current educational context manifested by the school coordinators and educators;
active involvement of the pupils in the presentations;
critical discussions among the members of the school teams while preparing for the seminars;
a shift in the focus in identifying barriers - from material and financial issues towards those they can more easily influence; and
creation of their own plans for continually informing about health promotion activities and training the school staff.
Conclusions

The first step in implementing the concept of action competence in educational processes should be to improve the competence of the school employees to take action, thus avoiding duplicate efforts.

This is also important in encouraging the qualified participation of each individual in the processes of creating change. This is actually a model of implementing action competence both as an aim and a tool (the third aim). Although it is a long-term process that requires in-depth investigation, the case study shows its effectiveness and potential.

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