



HØGSKOLEN
I BERGEN

BERGEN UNIVERSITY COLLEGE

Insights from the Norwegian Network of Health Promoting Schools

Nina Grieg Viig (PhD)





Health

Learning

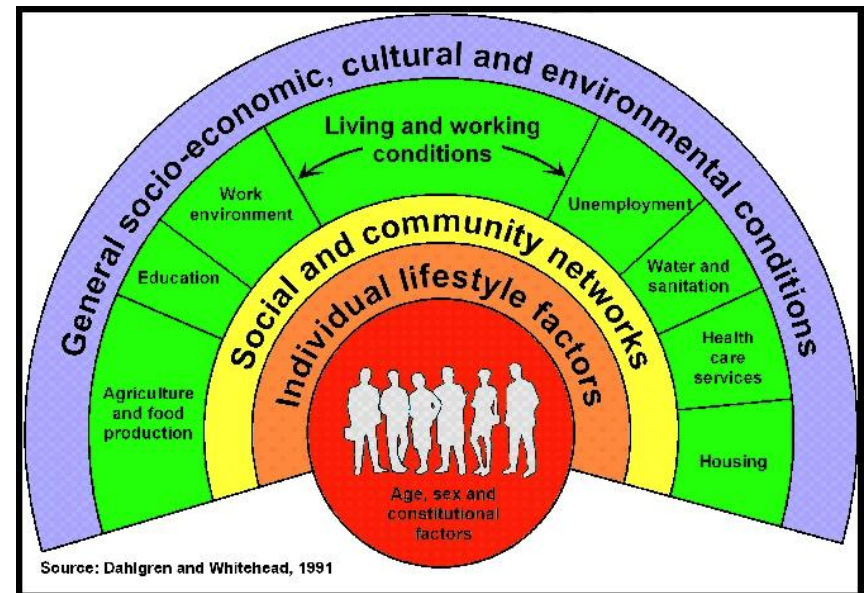


The relationship between level of education and health

- longer education – better health as adults (Norwegian Health Directorate report/Elstad 2008)
 - causality:
 - › *education - affect the circumstances under which people live throughout life*
 - › *education - contribute to the development of psychological resources. "Learning and coping, coping and good health"*
-

Measures to reduce differences in education, may effect social inequalities

- early intervention
- adapted (differentiated) education
- comprehensive and long-term approaches





The school's mission (The Norwegian Education Act, §1-1)

The pupils (...) shall develop knowledge, skills and attitudes so that they can master their lives and can take part in working life and society. They shall have the opportunity to be creative, committed and inquisitive.





“Core Curriculum” for primary, secondary and adult education in Norway

The aim of education is to furnish children, young people and adults with the tools they need to face the tasks of life and surmount its challenges together with others.

Education shall provide learners with the capability to take charge of themselves and their lives, as well as with the vigour and will to stand by others. (...)

In short, the aim of education is to expand the individual's capacity to perceive and to participate, to experience, to empathize and to excel.



"The Students' Working Environment Act"

Chapter 9a in the Educational Act

Elevenes skolemiljø

Kapittel 9a i opplæringsloven



"all pupils in primary, lower secondary and upper secondary schools are entitled to good physical and psychosocial environment that will promote health, well-being and learning".

"Schools are to be planned, built, adapted and operated so that consideration is taken to the pupils' safety, health, well-being and learning."

The Norwegian Network of Health Promoting Schools (1994-2004)

- 10 pilot schools
- 3 primary (1-7)
- 5 lower secondary (8-10)
- 2 combined (1-10)

- the schools applied to participate in Network
- “strategic sampling”

- cooperation between ministries of health and education
- coordinated – Research Center for Health Promotion (University of Bergen, Faculty of Psychology)





The Health Promoting School

Three main objectives:

- *achieve improved health and well-being*
- *create good teaching and learning conditions*
- *encourage students to a healthy lifestyle*



Combination

- *Health education*
- *Prevention*
- *Health promotion*





Characteristics of a health promoting school

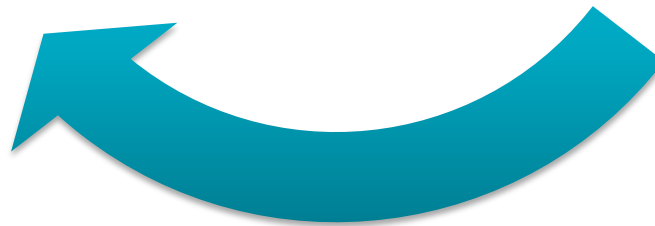
- › *HPS integrated in school's strategies and plans*
 - › *healthy thinking as a common platform for all those connected with the school*
 - › *knowledge about and awareness of relationship health and learning*
 - › *consider health and health consequences in school decisions*
 - › *comprehensive plan for HPS*
 - › *interdisciplinary collaboration*
 - › *involve parents / community*
 - › *student involvement*
 - › *democracy*
 - › *student active methods*
 - › *a good psychosocial learning environment*
 - › *a good physical learning environment*
 - › *focus on physical activity and healthy eating*
-

Better health through schools



Health

Learning



Better schools through health

Health promotion integrated into school policy and practice: experiences from the implementation of the Norwegian network of Health promoting schools

(Samdal, Viig, Wold, 2010)

- 10 years project

- › *planning (2 years)*

- › *implementation (3 years)*

- › *follow-ups, after-studies, process evaluation*

- › *evaluation, dissemination, distribution of results*

- Sample and data

- › *10 HPS schools*

- › *interviews with teachers, school leaders, program leaders*

- › *observations*

- › *questionnaire surveys*

- › *documents/materials (school, program)*



Results (focus on implementation)

Implementation strategies:

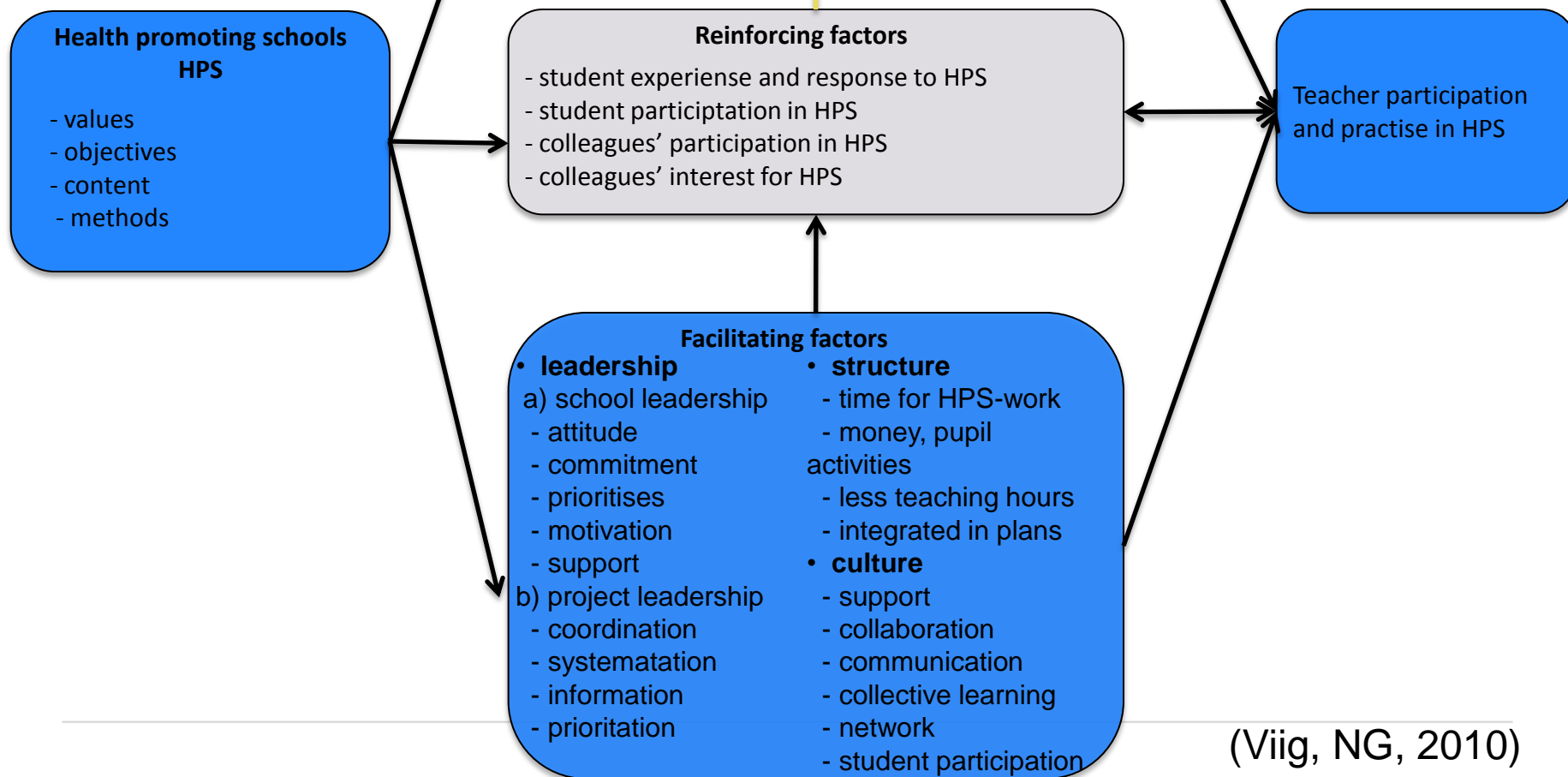
a) “Integrated”

- › *whole school approach*
- › *integrated HPS in overall activities*
- › *HPS “umbrella” for school practice*

b) “Isolated”

- › *single projects approach*
- › *single activities, not integrated in schools strategy plan*
- › *ownership of single teachers*

What factors have facilitated teacher participation in health promoting schools?



(Viig, NG, 2010)

Health promotion with teachers (Eikeland HE 2008)

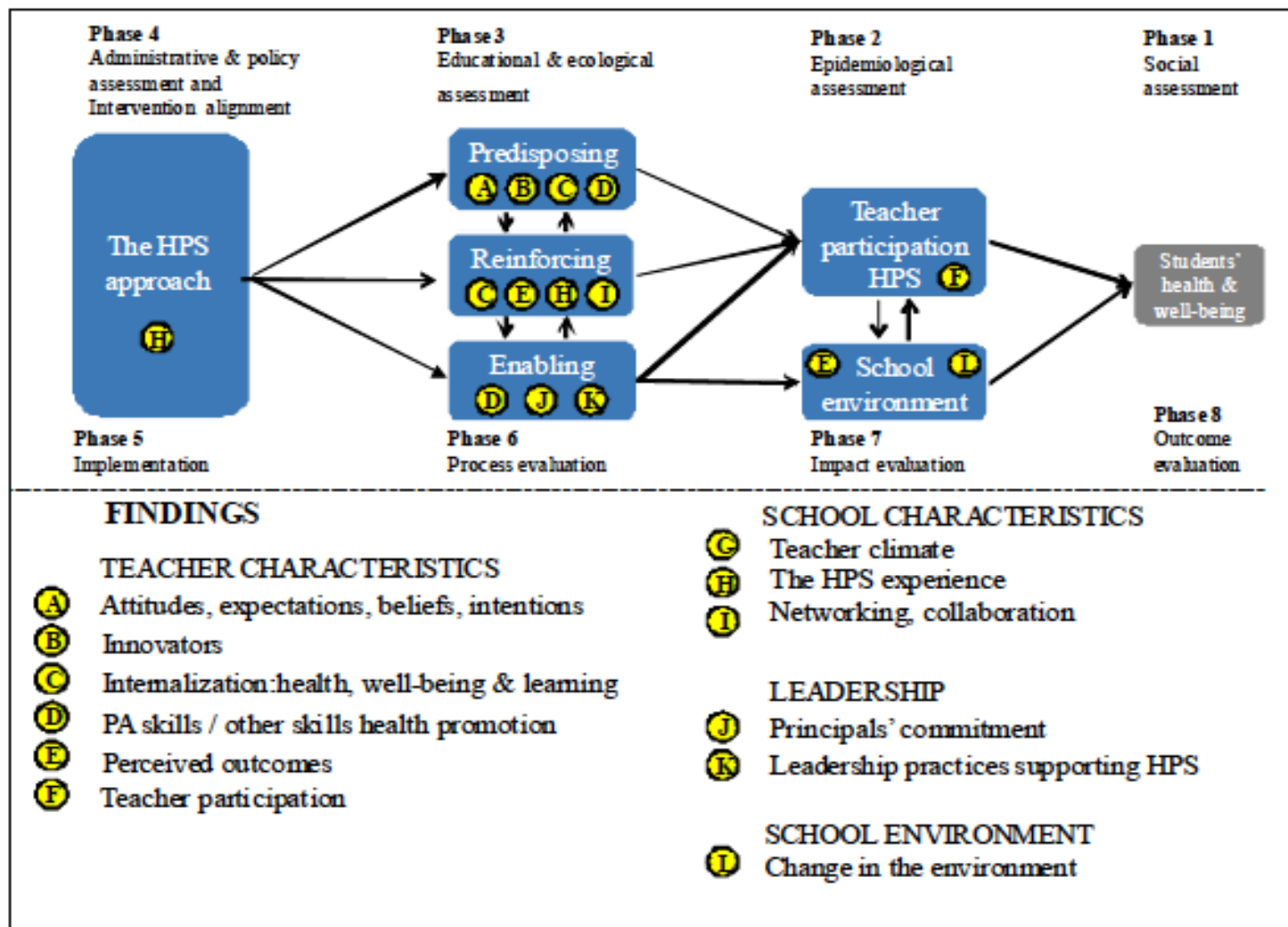


Figure 3. The PP-model: the PROCEED framework. The yellow letters relate to the findings in the three papers.



HPS knowledge and competence

- Health promotion in initial Teacher Education
 - › "Pedagogy" in Teacher Education
 - › a need for more knowledge about health, the determinants of health, and the relationship between health and learning

 - ... and in in-service training for teachers
 - › School-based HPS development
-

Filling the black box of implementation of HPS

(Samdal and Rowling (2010))

- preparing and planning for school development
 - policy and institutional anchoring
 - professional development and learning
 - leadership and management practice
 - relational and organisational support context
 - partnership and networking
 - student participation
 - sustainability, building the capacity of the organisation and individuals to move beyond thinking about a time limited project
-
- The rationale for application of above mentioned components – specificity of the "why" with the "how".

Discussion

”Sustainable development and social cohesion depend critically on the competencies of all of our population – with competencies understood to cover knowledge, skills, attitudes and values.” (OECD Education Ministers)

It might be argued that a Health Promoting School is the way forward for the education sector to develop students’ competencies for a modern world.

WHY? (HPS)

HOW? (would you advocate HPS? – for politicians, school owners, teachers, parents, pupils)?

DOES HPS actually work – how do/can we know?