






Cette présentation a été effectuée le 29 novembre 2011, au cours de la Rencontre internationale *La prochaine décennie pour les écoles favorisant la santé, le bien-être et la réussite éducative* dans le cadre des 15^{es} Journées annuelles de santé publique (JASP 2011). L'ensemble des présentations est disponible sur le site Web des JASP à la section *Archives* au : <http://jasp.inspq.qc.ca>.



Enhancing Communication between Research and Practice.


Using a realist evaluation approach to evaluate a model of Health Promoting Schools in Ireland.

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Outline of Presentation

- Realistic Approach to Evaluation
- Health Promoting Schools: Ireland
- Evaluation of HPS Programme: Logic Model
- Key Findings
- Enhancing Communication between Research and Practice



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Evaluation Approaches

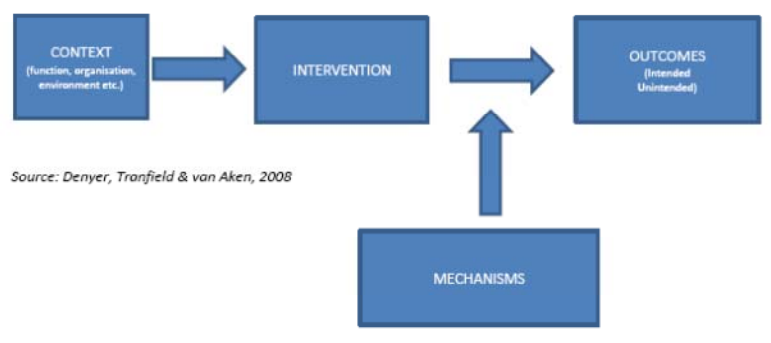
- **Positivist Approach:** Measures change in participants over time/differences across groups. Used for programme theory validation. Does not examine *how* change occurred.
- **Realist Approach:** Concerned with the transformation process itself. What happened? What worked? Why? Does it *generate* the desired outcome? How? (Pawson & Tilley, 1997)
- **Interpretivist Approach:** Explores meanings participants place on a programme. Seeks consensus. Specific to local context? Difficult to identify if programme worked. Difficult to generalise.



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Realist Approach

C-I-M-O Configuration



Source: Denyer, Tranfield & van Aken, 2008

Mechanisms (logic, reason, choice), interplay with **intervention** activities, triggered in specific **contexts**, generating **outcomes**



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Health Promoting Policy Primary Schools: Ireland

- Social & Personal Health Education (SPHE)
- Health Promotion Unit /Department of Education & Skills
- Whole-school planning/ Delivered via Curriculum
- Challenges: health education vs. health promotion; lack of involvement of children, parents in decision making; once-off /short term interventions

Nic Gabhainn & Clerkin, 2004; SPHE Support Services 2009;
Nic Gabhainn, O'Higgins and Barry, 2010.



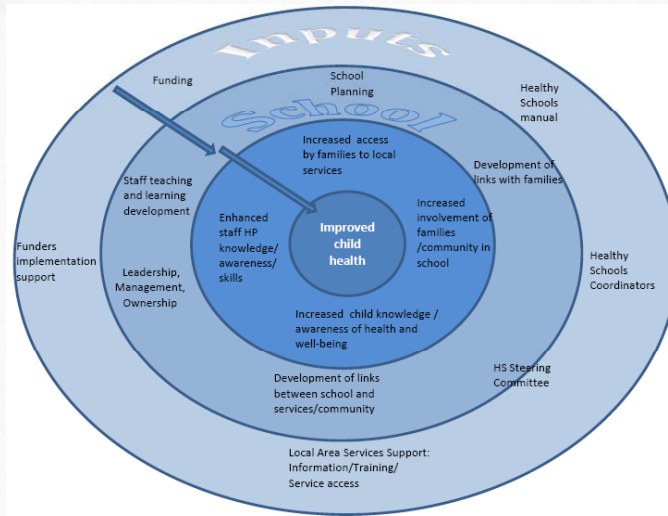
Evaluation: HPS Pilot Programme

- Promoters: A community based childhood development initiative
- Manualised programme
- 5 Intervention schools
- 2 HPS Co-ordinators
- Implementation Support
- Funding

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HPS Programme Logic Model



Research Questions

- In what ways does the current programme design facilitate the development of health promoting schools?
- What *contextual* factors facilitated schools to engage with the HPS Programme to support the development of more health promoting school environments?
- How can the programme be developed and improved going forward?

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Data Collection/Analysis

Data Sources

- Semi-structured interviews - key stakeholders;
- Focus Groups – teachers/parents;
- Questionnaires – health/community services;
- Structured Observation; meeting minutes; field notes
- Documentation

Data Analysis

- Theory testing /or exploration?
- HP / HPS underpinning theory; guiding principles of HPS



Findings – 1

- Programme start-up: Schools 'cautious'
- Difficulties understanding Programme Manual
- Challenges associated with top-down vs. bottom-up planning processes
- Discrete or 'once-off' intervention activities being delivered *in* schools

Evaluation identified concerns relating to:

Shared understanding of HP/HPS; HE vs. HP; ownership?, leadership?, 'school community' participation?



Findings - 2

Context	Intervention Activities	Mechanism (Logic, choice, reasoning)
Health Promotion? Health Promoting School?	Developed Needs Assessment Tools Undertook NA in schools	Schools: Resist taking part in needs assessment: Top-down; felt not role of the funders to undertake.
Ownership? Leadership? 'School Community' Participation? Clear planning processes?	Decision to continue element of discrete activities to encourage buy-in. Feedback loops to schools Seminars at school level; for key stakeholders; for Steering Group	Schools manage discrete activities provision in schools. Create role for HSC to deliver discrete activities. OR Schools resist discrete activities as: Cutting into core curriculum time Duplication of role already in schools? -Responsibility for programme success? -School do not feel equipped to identify health needs. -Concerns about whether support from Dept. Health available to meets needs -Identify need for Ed. Departmental level support for sustained process

Findings - 3: Moving Towards Development of HPS

Context	Intervention Activities	Mechanism (Logic, choice, reasoning)
Staff, parents identify health/well-being needs/service access needs for specific age groups/classes/school	Supports Planning (formal/informal) HSC provides/sources training & information for teachers to respond to needs identified.	Staff motivated to highlight and address child health & well-being issues Staff interested in raising knowledge & awareness of issues identified by them
Public health campaigns in schools	Supports links between schools-Speech & Language Therapy (SLT) service	Training/up-skilling fits in with school structures/timetable/teachers hours – accessible.
Staff wish to undertake policy review	Supports development of service level agreement between schools/service for delivery in schools.	Staff feel equipped to use knowledge /skills in school
Staff opt to avail of teacher health related training offered via HPS intervention	Support policy review process. Consultation with teaching staff.	Principals ensure that health services in school delivered effectively within current school processes/ procedures.
Funding (need for strategic planning at whole-school level) (lack of children's participation; need for greater participation of parents in planning processes)	Raises awareness of training opportunities. Teacher voice health training provided via SLT service Develops links with parents/ supports links between schools/parents	Principal driven public health campaigns in schools.

What worked well + What gaps identified? Towards development of HPS in Ireland


Context	Intervention Activities	Mechanism (Logic, choice, reasoning)
Government will to develop HPS's	Facilitate consultations	Common understanding of HP
DoE&S support for Schools	Support with identification of health/well-being needs	Leadership in Schools
Public health campaigns	Raise awareness of capacity building opportunities	Staff motivation/interest
Inter-departmental support (Health/Education) for HPS process	Support planning process	Staff perception of health/well-being needs of children
Inter-agency working to support shared implementation at local level	Research/resource responses (best practice)	Staff perception of health/well-being needs for themselves
Resources/Funding	Support development of links between schools & health/community services	Training accessible for staff
(Individual) 'School Community' participation in identification of needs/gaps	Support policy review/development	Wish to raise knowledge and awareness
Strategic whole-school planning	Organisation of training for schools	Confidence to transfer knowledge/skills into practice
	Provision of training to schools	

Enhancing Communication between research and practice

Realist evaluation approach concerned with the 'transformation process itself'.


Key questions:

- What is happening during implementation?
- How is implementation perceived by schools?
- What is the basis of it being perceived to work well/or not?
- Is this in line with programme aims?
- Does something need to change? Intervention? Context within school/ wider context?
- What 'contexts' required for interplay between the intervention activity and the schools engagement that *generate* the desired outcomes?



Thank You

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References

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