Meta-Analysis of Critical Implementation Components

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Acknowledgment

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Introduction

• Previous focus of health promoting school (HPS) approach
  – Developing a Rationale
  – Production of guidelines articulating principles
  – Providing indicators for evaluation

THE GAP

• Focus of presentation – articulate a science base of implementation of HPS to fill current gap

Develop a theoretical understanding of implementation components and their mechanisms
Why?

• Delineating a theoretical and empirical base for implementation components of health promoting schools (we have called this the what of implementation) will allow practitioners to understand the function of each component –> fidelity.

• Educational, implementation and organizational change theories are used to identify the functionality, i.e. the mechanisms at work for each component (we have called this the how of implementation)

Acknowledging core implementation perspectives

✓ School values and context for organisational development and learning
✓ Multidisciplinary science base for implementation
✓ Capacity and need
✓ A systems approach
Methodology

• Narrative synthesis of available English-language literature, 1995-2010, delineating implementation of HPS

• Key words: health promoting schools, implementation, comprehensive approach, whole school improvement/change, school health promotion.

• Implementation of pre-packaged programmes were excluded

• 7 sources were identified that described components of HPS implementation

The components

1) Preparing and planning for school development
2) Policy and institutional anchoring
3) Professional development and learning
4) Leadership and management practices
5) Relational and organisational support context
6) Student participation
7) Partnership and networking
8) Sustainability
5. Relational and organisational support context – what and why

• What
  – Relational support: climate and culture
  – Organisational support: structures (including timetabling), physical environment and fiscal resources
    Stimulates motivation and change processes

• Why: Theoretical base
  – Social learning theory, social climate (Bandura, 1998)
  – Organisational capacity (Elias et al., 2003; Flaspohler et al., 2008; Hopkins and Jackson, 2003)

Relational and organisational support context – how and why

• How
  – Establish practices for interaction for all school community members (including external ‘project staff’)
  – Nurture reflective behaviours
  – Pedagogic leadership to create caring environments in classrooms
  – Emphasis should be given to relational pedagogy
  – Scaffolding beneficial teaching schedules, class meetings, and grouping structures to allow time and opportunities for collaboration
  – Modify and create appropriate physical spaces/buildings
  – Supportive ongoing conditions for professional development and learning to build capacity

• Why: Theoretical and empirical base (loyd et al., 2006; Cole, 2008; Durlak & Dupre, 2008; Hall &Hord, 2006; Heward et al., 2007; Hoyle, 2007; MacNeil & Silcox, 2003)
6. Student participation – what and why

• What
  – Involvement of target group is basic principle of health promotion (empowerment)
  – Means and goal to maximize motivation for health and learning

• Why: Theoretical base
  – Self-determination theory, agency, initiative (Ryan and Deci, 2000)
  – School connectedness and civic engagement (Simovska and Bruun Jensen, 2009)
  – Relational pedagogy (Boyd, MacNeil, and Sullivan, 2006)

Student participation – how and why

• How
  – Facilitate student active decision-making in school life
  – Develop teachers’ skills to facilitate this action, putting aside their views and trusting in young person’s perspectives and advice
  – Help young people learn they can make a difference to self and others
  – Create varying structures to facilitate student’s influence and participation and invite them to be represented in core team
  – Ask and listen to students’ perceptions of school needs for change and enable them to act on their ideas to address them in an inclusive and non judgemental manner

• Why: Theoretical and empirical base
  – AICAFMHA, 2008; Holdsworth and Blanchard, 2006; Jensen and Simovska, 2005
• The HOW links a rationale to the elements of each component eg core team development,
• The rationale for the actions to be undertaken indicates the **scope** of implementation flexibility within which practitioners can operate, so being able to fulfil the rationale using a similar or other action.
• The rationale will constitute an important basis for identifying implementation success or weaknesses by evaluating if the described outcomes were achieved, eg whether involving a core team did impact on whole school commitment.

**Conclusion**

• The implementation components are firmly based in Educational and Health Research
• They are interdependent and provide a balance of specificity and flexibility for whole school change
• They need to be tested within school specific context and culture by practitioners and researchers
• They will also give greater understanding of what is needed for sustainability of hps.
Mark Twain’s Advice

Even when we are on the right track, If not moving, We will be run over.

Further Reading
