

Evidence, effectiveness and health promoting schools: the role of implementation

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Acknowledge

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Context

surroundings, circumstances, environment, background or settings which determine, specify, or clarify meaning (wiktionary)

What's the **context** of Evidence and Effectiveness and health promoting schools?

Why does this require an **expanded paradigm** and what might that involve?



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Contextual Understandings

about health promoting schools

Efficacy and Effectiveness

Evidence-based practice

Practice based evidence

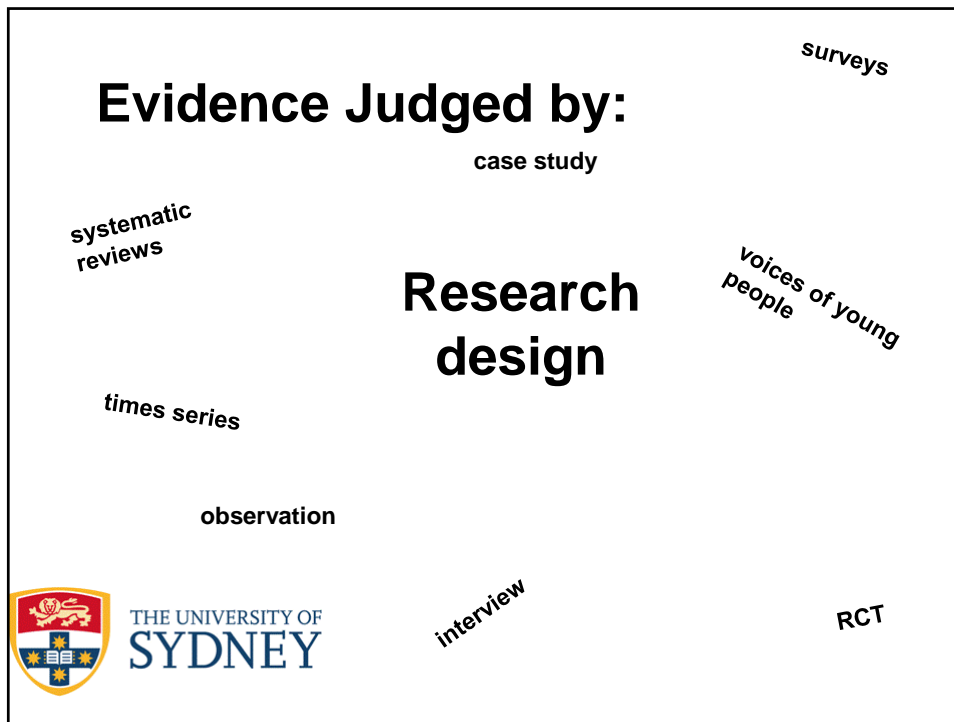
Prevention science approach




Efficacy and Effectiveness

- *Efficacy* studies, usually RCTs, are undertaken under experimental or 'controlled' conditions.
- *Effectiveness* studies test the 'real world' impact of interventions that have been shown to be efficacious





-
- Judged by:**
- Form and Focus**
- THE EVIDENCE
- ***Statistics*** on individual health behaviour change
 - ***Reports*** of quality implementation
 - ***Voices*** of participants
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Valued evidence

For whom?

For what purpose?

Researchers/Evaluators →

**Publication status,
further funding,
policy/practice
change**

**Stakeholders/those with
competing interests →**

**Enhance practice,
critique other
work**

What evaluation approach for complex school health promotion interventions?

- **School health promotion research of 1990s consistently found that greatest impact on pupil's health was achieved by a comprehensive approach (eg Olweus 1995)**
- **Operationalised in 'health promoting schools'; 'healthy schools' a complex interaction of people, policies, school environments, time, resources etc in particular contexts**



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Form - Health research base

- Based on systematic reviews
- Critiques identify limitations of these reviews findings for school implementation:
 - The research design basis accepted for report's inclusion in reviews ignores quality of intervention
 - Reviews may not be helpful for practitioners and policy makers
 - Hierarchy of evidence based on RCT best suits medical clinical interventions, not social & educational
 - RCT not lend themselves to outcomes involving organisational or structural change



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Focus - Health sector interventions

A 'delivery of a service' model or time-limited project/program does not *support school personnel to recognise & feel motivated to view the health of students as a key concern.*



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Evaluation Challenge

A limitation of health prevention research is achieving widespread implementation of efficacious programs that have been conducted under controlled conditions

and

achieving sustainability of these in real life



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So What? Problems in existing health sector evaluation paradigms

👉 **Health promotion practice not a standardised intervention with a linear trajectory of beginning and ending.**

👉 **Research and Evaluation models need to reflect and capture the complexity of implementation**

👉 **Expansion required in evaluation designs and methods that acknowledges:**

👉 **multiplicity of factors that influence health**

👉 **the multi-strategic action needed**



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Schools as settings for health promotion

- ✓ **Conceptual shift**
- ✓ **Acknowledges complex interaction of factors that impact of health in a system or organisation**
- ✓ **Focus on individual competencies AND policies, environments, partnerships, participation, sustainability and empowering conditions**
- ✓ **Planning and implementation critical issues**



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Contextual Understandings about health promoting schools

Efficacy and Effectiveness

Evidence-based practice

Practice based evidence

Prevention science approach



Expand the Paradigm



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ADD educational understandings

The essential contribution of **CULTURE** and **CONTEXT** included in the evidence base of educational research



Evidence needs to remain closely connected to the situation in which it arose not abstracted from it.

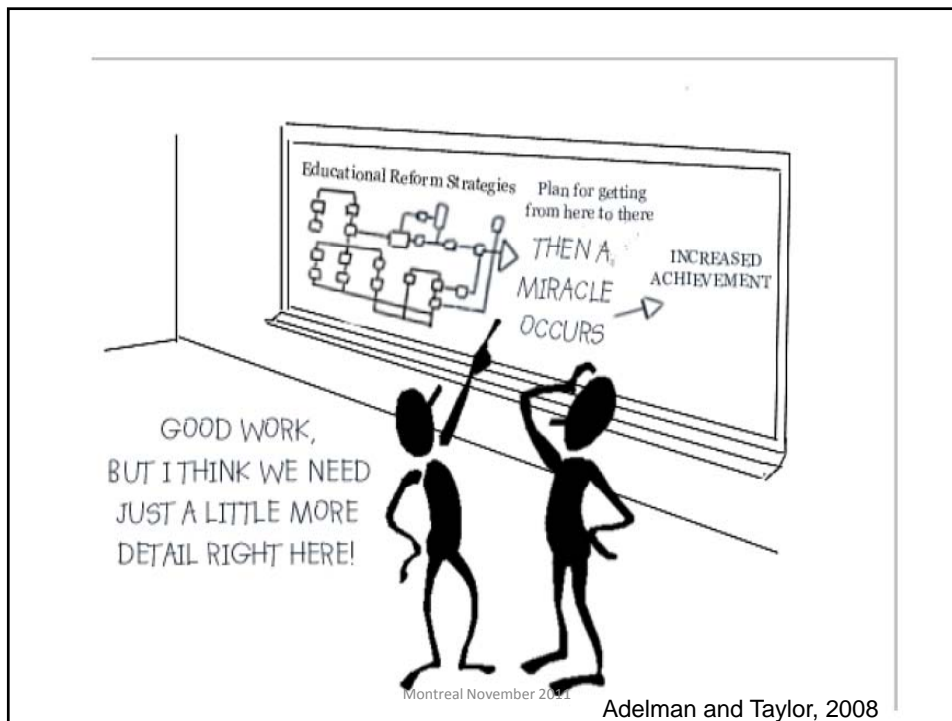


The intertwining of evidence-based practice and practice-based evidence



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Expanded Paradigm



Include

**Science of Delivery in Settings
approach**

Quality Implementation

Sustainability



Whole school

- **It's about collaboration and partnerships which involve all school community members - teachers, parents, students, school health professionals, doctors, school linked youth and health agencies.**
- **It involves people and systems, building strengths within a safe environment of belonging and valuing, respect for diversity and inclusiveness.**
- **It is also a process that creates conditions for empowerment, organisational development and includes partnerships and meaningful participation**



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Quality Implementation

Underpinning Conceptualisation

- ✓ **Whole school approach – systems approach**
- ✓ **Organisational development and learning**
- ✓ **Multidisciplinary science base**



Towards the future

- **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 so they can execute them with fidelity**
- **implementation and organizational change theories are used to identify this functionality, i.e. the mechanisms (the how) for each component.**

Components are interdependent and provide balance of specificity and flexibility for whole school change



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**



Professional development and learning – what and why

- **What**
 - Professional development and learning for key implementation staff (Health and Education)
 - Ongoing professional learning for all staff at the school premises
 - Core base for building organisational capacity and individual motivation for change and ensures a whole school approach
- **Why: Theoretical base**
 - Organisational change, educational change (Heward, Hutchins and Keleher, 2007; Hopkins and Jackson, 2003; Boot *et al.*, 2010)
 - Adult learning principles
 - Professional development and learning (Easton, 2008; Fullan, 2008)



Professional development and learning – how and why

- **How**
 - Capacity building including initial external PD of core school team; competencies for health practitioners building relationships and knowledge of educational change
 - Transfer of knowledge and competence to all staff by trained staff
 - School based professional learning for whole staff embedded in teacher's work,
 - Internal sharing of experiences and skill development through a range of PL strategies
 - External networking for executive staff and core team
- **Why: Theoretical and empirical base**
 - Daft, 1999; Fullan, 1992; 2008; Easton, 2008; Mason and Rowling 2005; Spillane, 2006; Tjomsland *et al.*, 2009; Boot *et al.*, 2010



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- The HOW links a rationale to the elements of each component so that when for say, a core team is being developed, trainers and practitioners will know why this is important and can easily access the theoretical and empirical bases that provide further elaboration.
- This will strengthen staff professional learning as it directs efforts and enables detailed implementation with enough flexibility, to allow shaping to suit specific contexts.
- Additionally, 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.



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Experiences - MindMatters schools

Key messages

- There is no one best leadership style
- Leadership for mental health and wellbeing has a personal component of understanding and taking action as an individual

Learning processes

- Strategy – Your sphere of influence: Who and what are you able to influence?
- Strategy – Underpinning skill development of self reflection (deconstruct & reconstruct) & reflective behaviours in others

Adult Learning principles

Experiences - Schoolbeat – (Boot *et al.*, 2010)

New professional learning for health practitioners needs to involve development of a range of competencies.

Assistance to schools and building trust in relationships is essential in school health promotion advisor's role.

Acquisition of knowledge of research on educational change and innovation is necessary for all involved to achieve this.



Sustainability

In the current economic and political climate

Globally a number of countries do not appear to have sustained over 10 years of action and institutionalisation of health promoting schools.

But how do we know if hps is sustained?



Conclusion

- **Focusing on implementation - components need to be tested within school specific context and culture by practitioners and researchers**
- **These components will also give greater understanding of what is needed for sustainability of hps.**
- **Evaluation models need to accommodate complexity**

Reflect on your practice



**The life that is unexamined is not worth
living**
(Socrates)



Further Reading

Samdal, O. & Rowling, L. (2011) Theoretical and empirical base for implementation components of health promoting schools.

***Health Education*, Vol 111, No. 5 pp. 367-390**

Rowling, L. & Samdal, O. (2011) Filling the black box of implementation for health promoting schools. *Health Education*, Vol 111, No. 5 pp. 347-366.

