

WP5 Task 5 – Study Visits to Assess Transferability

National Curriculum Guides



THIS REPORT ARISES FROM THE JOINT ACTION ADDRESSING CHRONIC DISEASES AND HEALTHY AGEING ACROSS THE LIFE CYCLE (JA-CHRODIS) WHICH HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, UNDER THE FRAMEWORK OF THE HEALTH PROGRAMME (2008-2013).

Documentation Template for Study Visits

1. General Questions

I am ☐ Provider/ Practitioner ☒ Participant / Potential replicator

1. Do you miss any information?

[ES] Not essentially. Perhaps an important issue difficult to grasp was the historical context of Nordic culture with the strong municipal components (perhaps even stronger in Iceland where counties – key health care and prevention units in other Nordic countries like Sweden – remain in a second line perhaps due to the small population size).

[IE] There was substantial information provided on the day; however I felt it would have been good to dedicate the full day to the Icelandic Curriculum Guides and a more focused discussion around some of the process learning would have been useful. I would have liked to hear more about the experience of developing the Guides and what some of the key messages from those involved would be for transferring the Guides to other contexts. For example:

- Who stimulated the thinking around adopting health and wellbeing into educational policy?
- Was there a concerted effort on behalf of the Ministry to Health to influence the inclusion of health and wellbeing into educational policy?
- What role does the Ministry of Health now play in rolling out the Guides and is there effective partnership working between the Ministries?
- How did they ensure that the Ministry of Education promotes the Health Promoting Schools Projects, as a suggested way of implementing the Guides?

A little more information on some of the practical questions would also have been helpful. For example:

- To what extent and how are the guides recognised, enforced or inspected?
- How does the Directorate of Health support the implementation of the Guides – is this done solely through the Health Promoting Schools Project or is there thinking/action on connecting public health services with schools in a more formalised way such as targeted prevention programmes etc?
- What is the estimated capacity required from the health promotion school's coordinators to support the guides? Is it sufficient and is it expected to increase?

[LT] Everything was clear. The only thing that we expected and was not told were the weakness parts of the interventions and mistakes could be avoided.

[NL] No

[PT] How is equity addressed? Are vulnerable groups addressed in a specific way? What is the role of the home and school associations?

2. What do you consider the “fundamental nature” of the original intervention that should be preserved?

[EE] The utilisation of data (social indicators) to inform policy and practice, focusing on vulnerable groups; Effective partnership; Bringing together community resources for prevention and health promotion.

[ES] The basic components of the NCG are the identification of determinants of behavioural factors behind some chronic diseases incidence and the purpose of their modification by education either by creating an atmosphere of health culture or by specific interventions such as the project of Healthy Cities or Healthy Schools. The fundamental aspects to be preserved is the cross sectional (state, municipalities/districts, schools) approach.

[FI] Health and wellbeing are included in the fundamental pillars of education on all school levels. Pillars should be visible in learning and teaching, working methods, organisation and development plans of schools etc.

[IE] This is an excellent example of a health in all policies approach and learning from the site visit shows that policy measures are likely to be far more effective compared to voluntary approaches to implement health and wellbeing in schools. Formal support from the Ministry of Education is essential to implement an effective approach to health and wellbeing in schools. In contrast to the earlier voluntary model of Health Promoting Schools in Iceland it already appears that this model will be far more effective. It is not a stand-alone model and is embedded within a healthy communities approach. Triangulation of this educational policy approach with support from the Health Promotion Schools Project and the healthy communities approach which supports the work of the school looks like it will be very effective.

[LT] It is important to start implementation in a small region and later expanded to national level.

[NL] Health and Wellbeing is one of the six fundamental pillars of education; Evaluation framework; Health promotion schools project; Education material

[PT] The implementation integrated in the system may assure the sustainability.

3. What are essential elements of project management and project governance of the primary intervention?

[EE] Organisational structures (responsibilities) are clearly defined, sources of funding are specified.

[ES] The key aspects are (a) the perception at certain administrative or political levels about the presence of an empty space for health in educational plans and (b) the capacity to provide an answer with regard to healthy life habits (physical activity, etc).

[FI] Cross-sectional steering and working groups.

[IE] The Ministry of Education, Science and Culture has led out on the development of the Guides and evaluation of the implementation of the Guides is embedded within broader educational policy which places health and wellbeing on a par with other aspects of education in Iceland. The Ministry of Education promotes the Health Promoting Schools Projects, coordinated by the Directorate of Health, as a suggested means towards success in implementing the “Health and wellbeing pillar”. This ensures that learning from those skilled and experienced in promoting wellbeing in schools is captured and built upon to ensure effective implementation. School principals now take ownership of implementing schools health promotion as it is a requirement of their curriculum.

[LT] To involve many stakeholders from the different fields, including authorities and NGO’s. If the project is implemented in one region – it should be managed by local authorities.

[NL] Health and Wellbeing is one of the six fundamental pillars of education. Some funding is available to implement the pillars. Education materials for schools are made available by the ministry.

[PT] The freedom of each school to adapt the implementation according to their needs; external evaluations.

4. What are indispensable conditions of the original context?

[EE] Collaboration between different stakeholders across sectors and levels; durable political will and support.

[ES] A high level of knowledge about behavioural determinants of health and a notion of wellbeing and health as overlapping with wide human-life areas.

[FI] One of the costliest financial crashes in history started in 2008. Iceland had biggest bubble economy – in terms of debt accumulation and speculation. Unemployment level was very low before the crash and Iceland had to face very different levels of unemployment. Iceland has also a very small population. Social policy interventions played an important role in recovering from the financial crash.

[IE] 1. Recognition of the importance of embedding health and wellbeing in schools educational policy – the health in all policies approach.

2. Willingness of the Ministry of Education, Science and Culture to advance the health promotion agenda in schools and adopt health and wellbeing as a theme in the Guides.
3. Recognition of the important role of the Health Promotion Schools Team in implementing the health and wellbeing theme.
4. Funding to develop supporting tools such as the website and training events.

[LT] Additional funding is not necessary (e.g. in National Curriculum Guides) if people are interested in improving public health.

[NL] Sense of urgency from the Ministry of Education (instead of Ministry of Health), and thus a very strong political commitment at national level. Health in all policies...

[PT] The country and population sizes.

5. What do you consider necessary (and realistically feasible) elements of a knowledge transfer process?

[EE] Availability of documents and tools used in primary intervention.

[ES] 1. Understanding of the nature of the primary intervention and the implications at each decision level. 2. Identification of existing matched elements (for instance in political/administrative institutions and services providers) between the populations where the primary and replica interventions should occur.

[IE] 1. There is substantial learning from the process of partnership working between the Ministry for Health, the Directorate of Health and the Health Promotion Schools Coordinators in Iceland to guide future approaches to implementing something similar in other contexts. It would be useful to document this learning in a way that can be easily accessed by others who wish to implement a similar approach.

2. A full suite on the background supporting documentation when developing the Guides.

3. Documentation in English on all aspects of the evaluation of the implementation of the Guides.

4. A more detailed budget for developing the supporting tools including the website and additional documentation.

5. Documentation on the development of the website to avoid 'reinventing the wheel' if it is going to be implemented in another state.

[LT] To present the practices to the authorities and/or ministry of health trying to explain, that only multi-sectorial collaboration is able to implement a good practice.

[NL] Employees of the ministry of health contact schools personally to assist the schools with the implementation of the health and well-being pillar. The evaluation framework will help the schools to monitor the progress. Education materials are developed that can be used by schools to implement the health and well-being pillar.

[PT] Detailed evaluation criteria and some examples of good practice.

5. Specific Questions on the *National curriculum guides for health and wellbeing*

Good Practice criteria addressed by the guides ¹	Key elements and indispensable conditions met through the <i>National curriculum guides for health and wellbeing</i> to address this criteria
Equity	<p>[EE] National curriculum guide and health promoting schools are addressing all relevant health determinants and are using different strategies (e.g. setting approach). It includes joint work of health and education sector.</p> <p>[ES] The dimension is considered at the design level. Guaranteed by the educational system.</p> <ul style="list-style-type: none"> - Public, municipality run, compulsory and upper-level schools. - Non discriminatory by sex, family income, geographical location. - Constitutes a reaction against certain omissions of EU educational programmes. - Earlier implementation in selected schools address equity. <p>[IE] It is understood that the Guides do have an equity focus. In addition to targeting all schools for improved health and wellbeing through adoption of the Guides, it is reported that the Guides include health and wellbeing for ethnic minorities; migrants; disabled people/children and low income groups although more information would be welcome on how these groups are specifically targeted within the implementation of the Guides. There are grants available to implement the health and wellbeing component of the Guides and it would be good to see these targeted towards minority groups and more deprived schools. Schools are also embedded in the community health promotion model which is a very interesting approach and ensures a greater focus on schools in more deprived areas. It would be interesting to know if the evaluation aims to draw out effectiveness of the guides on the health and wellbeing of more disadvantaged students and if so how it aims to do this?</p> <p>[LT] Pupil's gender, age (all levels at school), low income families.</p>

¹ According to survey II in WP5



	<p>[NL] Applies to all schools in Iceland</p> <p>[PT] There are no specific actions or relevant dimensions that take into account vulnerable groups. But equality is one of the six pillars of the National Curriculum Guides and it must be considered in all the activities of schools.</p>
Comprehensiveness	<p>[ES] Coverage of both cultural (pillars) and specific (school, district health programmes social and physical).</p> <p>[IE] This is potentially an excellent example of a comprehensive approach to health promotion in school settings as it applies a whole school approach. The policy allows for flexibility in how the Guides are implemented and it is not yet clear to what extent different dimensions of health will be targeted but it is clear that there is a mandate there to work with schools to address their own health and wellbeing priorities. The importance of targeting broader dimension of health may need to be more clearly articulated and reinforced through the work of the Schools Health Promotion Projects with clear examples of how this can be done effectively shared among schools.</p> <p>[LT] The main pillar related to health promotion is “health and wellbeing”. The intervention is aligned, at least, with the policy at local level (municipality).</p> <p>[NL] The programme Health Promoting Schools focusses on many different health behaviours</p> <p>[PT] An effective partnership and multisector work seems to be in place. The intervention is aligned with policy plan at local, national, institutional and international level.</p>
Description	<p>[ES] The pillars and practices are built on sufficiently proven associations between social, physical activities, diet and health. Experimental studies are lacking due to ethical considerations.</p> <p>[IE] The Guides provides a strong policy framework under which to advance schools health promotion in Iceland. This is an innovative policy approach based on key EU documentation including the ‘Assessment of Key Competences’ report which includes a literature review. While the policy articulates the theory and approach, it does not include aspects of implementation or evaluation. As with many national level policies, implementation appears to be an iterative process which is</p>

	<p>currently being documented in the process evaluation. The timeline for implementation is unclear and implementation would benefit from more defined objectives accompanying the policy.</p> <p>[LT] There are concrete activities related to single pillars and separated guidances for pre-compulsory and upper-secondary schools.</p> <p>[NL] Well-described content at Icelandic level, with some information in English.</p> <p>[PT] The design of the policy is appropriate and built upon relevant data and previous practice (previous National Curriculum Guides and Health Promoting Schools). Some targets and their relation with the evaluation process could be more explicit in the description, as the role of the home and school associations.</p>
Ethical Considerations	<p>[ES] Interventions both at juridical level as well as those at district or school level are tailored towards achieving a balance between benefit and potential harm (i.e. accidents).</p> <p>[IE] It is difficult to gauge the emphasis placed on ethical considerations in the policy. This is more relevant to the implementation of the policy and will be guided by the Schools Health Promotion Project. It would be good to see documentation on ethical considerations. The policy is transparent and involves a whole school approach which engages staff, students and parents.</p> <p>[LT] Intervention is covering all pupils, independently of their ethnicity.</p> <p>[PT] Objectives are transparent. The local implementation facilitates addressing ethical questions, although these concerns are not mentioned.</p>
Evaluation	<p>[EE] Implementation of the health promotion school approach is evaluated at school and national level.</p> <p>[ES] Evaluation of interventions is lacking due to the recent implementation, which at some examples fits the character of a pilot intervention.</p>

	<p>[IE] There is an appropriately defined evaluation framework embedded in educational policy. However it is not clear how or to what extent the Guides will be evaluated. Evaluation of the implementation process is currently underway with some promising results, however it will be important to measure impact and outcome of the policy in the coming years and the approach to this is not yet well articulated. The website is planned as a tool for collecting data from participating schools. In theory this is a really practical approach to data gathering and is likely to provide some very useful information for evaluating implementation. It is particularly important that other practitioners have access to relevant impact and outcome data to argue the case for transferring this promising policy to other sites.</p> <p>[LT] External evaluation on behalf of the Ministry of Education.</p> <p>[NL] Evaluation framework is developed</p> <p>[PT] There is a defined evaluation framework (internal and external). The access to the evaluation report is an important issue to reshape and transfer the practice. It would be great to see them in English.</p>
Empowerment & Participation	<p>[EE] Participation is an important part of health promotion school approach. The interventions are implemented in consultation with the target population.</p> <p>[ES] Success in implementing school programmes will increasingly provide autonomy and creativeness at schools and districts. Problems initially found by some participant teachers may progressively decrease as the information improves.</p> <p>[IE] This is a whole school approach. The emphasis is on responsibility of all participants to contribute to wellbeing. It states that ‘The whole school community should make an effort to encourage and support a good work atmosphere and positive school spirit characterised by mutual trust, respect and shared responsibility, where security and health are valued’. The school have autonomy to decide how they wish to develop the health and wellbeing theme and consultation with all relevant stakeholders is encouraged by the Health Promotion Schools Projects. Process evaluation results show that many schools are effectively engaging with the whole school to develop their approach to implementing the theme.</p>

	<p>[LT] Working methods and techniques that pupils learn, are influenced by ideas which appear in discussions of the fundamental pillars.</p> <p>[PT] The design of the policy and the local implementation improve the potential to empowerment and participation. The degree of empowerment and participation must vary according to location.</p>
Target Population	<p>[ES] Juvenile ages define the target population. Selective students participation cannot be guaranteed at districts.</p> <p>[IE] The Guides target a wide population of school children including pre-schools, compulsory schools and upper secondary schools. This will capture the vast majority of children in Iceland between age 3 and 20.</p> <p>[LT] Target population (pupils) is separated by age and education level.</p> <p>[NL] The healthy schools project not only includes the pupils of the schools, but also involves the parents and the teachers.</p> <p>[PT] The local implementation and the engagement of intermediaries promote the participation of the target population (children).</p>
Governance	<p>[EE] There is very strong support for the intervention amongst those who implement it.</p> <p>[ES] It would appear that neither supplementary budget was allocated to schools nor a targeted redistribution of school time was planned or registered.</p> <p>[IE] Because this is an iterative process, not all tasks are well defined. As such it is difficult to ascertain the relevant resources and budget required to implement the Guides. Funding is available to support tools including a yearly conference and an interactive website. However no additional funding has been made available to schools to implement the Guides. Schools can apply for grants for projects, but these grants are themed and they might not fit with the identified health and wellbeing priorities of the school. Organisational structures could be more clearly defined and it is also not clear how</p>

	<p>sustainable the Guides are. Governance for the policy appears to require a more focused approach in terms of articulating structures, tasks, implementation support and resources.</p> <p>[LT] The Ministry of Education is the main body.</p> <p>[NL] Department of Health provides assistance for schools.</p> <p>[PT] Organisational structures are clearly defined and described. Sources of funding are specified.</p>
Potential of Scalability	<p>[ES] High due to a theoretical high proportion of students receiving generalised exposure to intervention. Transferability requires (a) political acceptance and assumptions of previous knowledge incorporated to policies and (b) ongoing health education among school teachers and physical education teachers. Ideological barriers may be found with regard to specific issues, i.e. education on sexual life in some countries with catholic population majorities and conservative organisations.</p> <p>[IE] This is a national policy, however it remains to be seen if it is implemented nationally. It certainly has the potential but requires dedicated resources and continual support from the Ministries of Education and Health. It appears that the Health Promotion Schools Coordinators will be responsible for knowledge transfer and ensuring that schools are supported to implement health promotion. It is not clear if there is a mechanism for resourcing this which could call into question the commitment behind implementing the Guides.</p> <p>[LT] It is important to start from a couple of schools or from one region.</p> <p>[NL] Will be implemented in all schools in Iceland, because it is mandatory.</p> <p>[PT] The access to the evaluation report is an important issue to reshape and transfer the practice. It would be great to see it in English. Lack of a report setting out the barriers and facilitating factors, detailed evaluation criteria and some examples of good practice, that would be very important for the transferability.</p>

6. Questions from Partners

[ES]

Although it is planned to compile this section using partners comments collected at the meeting, as a partner which participated in minutes elaboration with Anna Gallinat, I would like to make clear:

- 1) My impression collecting comments related to the fact that, perhaps due to the novelty of experiences and practices presented and the short time between presentations, it was very difficult to prepare in-depth questions, comments or interpretations of the underlying phenomena immediately after presentations.
- 2) A careful reading of the presentations material allows a more fruitful consideration of the practices.

In summary, despite the focus of JA-CHRODIS, this is a pragmatic approach to good practices. Validity and correspondence need to be considered when analysing practices together with theory of health. Sometimes practices are ahead of theory or simply to be understood they must be fragmented, analysed and perhaps validated from different angles. Innovative initiatives may need appropriate language when international diffusion is attempted. Roots in established concepts are recommended.

(...)

The Curriculum Guides promote health by the development of healthy habits with regard to nutrition, physical activity and other health related habits after several decades of a lag period.

The theoretical background appropriate to discuss NCG is (...) the classic International Classification of Diseases and disease prevention (...).

[LT]

1. What mistakes were made and what were the weak parts in project implementation?
2. How were highest rank authorities and other stakeholders involved in the early stages of the project?
3. There was an additional funding for the National Curriculum Guides programme, so how did you convince and manage to recapture funds?

