

Case Study of a Participatory Health-Promotion Intervention in School

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ABSTRACT

This article discusses the findings from a case study focusing on processes involving pupils to bring about health-promotion changes. The study is related to an EU intervention project aiming to promote health and well-being among children (4–16 years). Qualitative research was carried out in a school in the Netherlands. Data sources include project documents, interviews, and observations. Thematic analysis was carried out combining the different data sources. The case study shows that, if given sufficient guidance, children can act as agents of health-promoting changes. The main arena for youth influence was the pupil council. Pupils were meaningfully involved in two actions, which targeted road safety around the school and a playground for a disadvantaged community near the school. A clear framework was provided, which delineated the participation room for pupils at every stage. The main goal of participation was construed as the development of students' capacities to actualize their ideas. The pupils were positive about their involvement. Their experience with active participation seems to have empowered them, giving them the feeling of ownership, efficacy, and achievement in working with “real-life” problems.

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THE NOTION OF *participation* emerged in the late 1970s and has received increasing attention since then. Following the adoption of the UN Convention on the Rights of the Child in 1989, the issue of children's participation has become imperative in research, policy, education, and community development initiatives in many countries in Europe and elsewhere. The initiatives involve a number of different discourses, resulting in a plethora of participation realms characterized by diverse theories and methods. Some researchers have described these realms in terms of stages in the historical development of the discourse of children's participation, depending on sociopolitical and cultural contexts. For example, Francis and Lorenzo (2001) have identified, shaped by their respective objectives and theoretical perspectives, seven overarching realms of children's participation. These are romantic, advocacy, needs, learning, rights, institutionalization, and proactive. Further, a number of participation realms—including personal, familial, communal, and institutional realms (e.g. Hart, Newman, Ackermann, & Feeny, 2004)—are determined by the aspects of children's lives that are affected by the participatory process. Although participation is inherent to children's lives and

development, it would be fair to say that consequential participation—which implies children engaging in meaningful dialogue with adults and institutions and influencing decisions in

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matters that concern them—is still “essentially contested,” to use Gallie’s expression from 1956. The realm of health education and health promotion is not an exception—although some progress is being made in involving children in matters that affect their health, there are a number of contentious issues in this area.

In the field of the settings-based health promotion, the Schools for Health in Europe (SHE) initiative endorses children’s involvement, empowerment, and action competence among the key values and pillars underpinning the health-promoting schools approach. Building on the developments within the European Network of Health Promoting Schools (ENHPS) over the last 15 years (World Health Organization, 1991; 1997), the SHE initiative includes pupil participation in the SHE strategic plan for the period 2008–2012 (Buijs, 2009). Further, active participation of children in learning about health and health improvement has been emphasised as one of the important tasks of school-based health promotion (Clift & Jensen, 2005; Simovska, 2007; St. Leger, Young, Blanchard, & Perry, 2010; International Union for Health Promotion and Education, 2009). Educational processes that support children having hands-on experience bringing about health-promoting changes in determinants that have impact on their health have shown to be conducive to the development of children’s knowledge, competence, and motivation related to the improvement of their own health (Carlsson, Simovska, & Jensen, 2009; Hart, 2008; Jensen, 1997; Simovska, 2007; Simovska & Jensen, 2003). Participation could be viewed as both a means and an end of a health-promoting intervention as well as the main constituent of the teaching and learning strategies within democratic health education.

Given the fact that participation means different things to different people and at the same time acknowledging that children’s participation is “too serious a matter to be taken lightly” or to “be reduced to such trivialities . . . that runs the risk of acting as a deceptive myth or a dangerous tool for manipulation” (Rahnema, 1992, p. 126), a more detailed discussion about its changing meanings is required.

Participation, Democracy, and Health Promotion in School

The term *participation* is associated with a number of related phrases or words, such as *taking part*, *involvement*, *consultation*, and *empowerment*. Taking the dictionary (Merriam-Webster) definition of the term as a starting point, it is possible to differentiate between two groups of interpretations:

- *Participation in the sense of taking part in, i.e., being present.*
- *Participation in the sense of having a part or share in something, which is related to notions such as empowerment and ownership and refers to both action and connection, i.e., to one’s sense of being taken seriously and being able to make an impact.*

In the school context, *participation* is often used to refer to the interactivity and playfulness of teaching strategies seen as helping to improve pupils’ motivation but without serious consequences for their influence. Similarly, sometimes *participation* simply

means taking part in a class discussion or debate. Both these meanings belong to the first group of interpretations described above as they refer to pupils simply being involved in predesigned teaching and learning activities without taking into consideration their real influence.

Sometimes the issue of pupil participation is constructed as the “voice of the child,” grounded in discussions concerning the importance of listening to pupils as part of teaching, with a view to motivating pupils and fostering their learning and development (Charlton, 1996; Davie and Galloway, 1996; Gersch, 1996). On other occasions, *participation* implies children sharing power in making decisions relating to school matters as well as influencing both the content and the processes of learning. This latter understanding is embedded in the democratic, participatory health-promotion discourse and reflects the sense of self-determination, self-regulation, ownership, and empowerment in relation to learning about health.

In the context of the health-promoting schools approach, pupil participation is viewed in connection to the characteristics of the school environment, e.g., in terms of appropriate democratic and inclusive structures, supportive relationships, positive social norms and values, opportunities for achieving success, and development of skills and competences, etc. Furthermore, it presupposes fostering pupils’ self-awareness, decision making, and communication capacities, connecting pupils among themselves and with the school and empowering both pupils and school communities to deal with health issues in democratic rather than moralistic ways (Jensen, 1997; Simovska, 2000, 2004; Cook, Blanchet-Cohen, & Hart, 2004). In these ways, the health-promoting school approach avoids endorsing empty participationism and addresses issues of democracy, personal development, and empowerment, which inevitably implies the controversial process of challenging traditional power imbalances in schools.

In this vein, within the democratic discourse, Hart (1992, 2008) underlines the connection between participation and human rights, the importance of children’s participation for their experiencing of power relations in their everyday lives and for developing a sense of place in democratic social networks. R. Hart defines *participation* as:

The process of sharing decisions which affect one’s life and the life of the community in which one lives. Participation is the means by which a democracy is built and it is a standard against which democracies should be measured. Participation is a fundamental right of citizenship. (Hart, R., 1992, p. 5)

Participation can be learned only if schools and teachers create democratic classroom and school communities that are inclusive in meaningful ways and where control is shared. It is also critical to note that experience itself (without being related and articulated) is not sufficient; the opportunities for participation should be combined with time for dialogue, social perspective taking, and reflection. In other words, pupil participation in learning, focused on the development of meaning, critical reflection, and interaction

between the individual and society is seen as one of the crucial elements of democratic and action-oriented teaching.

Building on R. Hart (1992) in my previous work (Simovska, 2000, 2004, 2005, 2009), I have emphasized three points of differentiation on the continuum between *token* and *genuine* pupil participation in school-based health education and promotion: focus, expected outcomes, and target of change. In contrast to token participation, which is focused solely on health information and on individual health and behavior outcomes that are predetermined by experts, genuine participation encourages development of personal meaning and joint construction of knowledge and divergent educational outcomes and targets individuals inseparable from their living environments.

From this viewpoint, in order for health education and health promotion in schools to be characterized as truly democratic, pupils should have the opportunity to influence both the content and the process of their learning. Genuine participation allows for pupil ownership of the learning process. Ownership presupposes that the potential for effective individual and group action is embedded in the knowledge acquired. In contrast to the traditional school knowledge, owned knowledge positions its possessors as acting subjects, able to employ their knowledge in dynamic ways (Paechter, 2001) by visualizing different alternatives and dealing with complexities of change.

There is, however, little research documenting the processes and outcomes of pupil participation in health-promotion activities within the school or the local community. A recent review of literature (Nordin, Jensen, & Simovska, 2010) points to the lack of evidence concerning both processes and outcomes of children's involvement in health promotion. The outcomes of the participatory health-promotion programs this review identifies include increased motivation and self-confidence among pupils, as well as increased knowledge and awareness concerning health issues. In terms of health behaviors, the review identifies connection between participatory health-promotion interventions and healthy lifestyles in relation to smoking, alcohol consumption, diet, and physical activity.

The systematic review on the effectiveness of health promotion in schools by Stewart-Brown (2006) emphasises that the programs that are most likely to be effective are complex, multidimensional, and embedded in more than one domain of school life. Nevertheless, as discussed in the review, most of the studies focus on classroom-based programs and neglect the more wide-reaching features of the health-promoting schools approach, for instance pupil participation and empowerment. The review reports that school interventions that promote healthy eating, physical activity, and mental health seem to be most effective, as are programs aiming to improve conflict resolution and reduce violence and aggression. The interventions that are effective typically involve changes to the environment of the school and the involvement of parents. The programs are more likely to be effective if informed by approaches central to the health-promoting schools approach, for example: involvement of the whole school, changes to the school psychosocial environment, personal skill development,

involvement of parents and the wider community, and implementation over a long period of time.

Both reviews emphasise that the evidence is limited, as there is little research that systematically documents both processes as well as outcomes of health-promoting interventions. Research on the contribution of the key features of the health-promoting schools approach—for example, the level of active participation of the school in developing the program—is scarce, almost nonexistent.

Against this background, this article discusses the findings from a single in-depth case study of an intervention project aiming to promote children's health and well-being by involving pupils in health-promoting action beyond their individual lifestyle. The case study is linked to P.A.U. Education's health-promotion project Shape Up: A School-Community Approach to Influencing Determinants of Healthy and Balanced Growing Up (<http://shapeupeurope.net>), which was cofinanced by the European Commission's Directorate-General for Health and Consumers. In the following, I first discuss the concept of participation that shaped the intervention project, then I outline the project and present the research methodology, followed by discussion of the key findings embedded in the specific school context and conclusions. Although based on a single case study, the findings are seen as potentially relevant for other contexts, and the conclusions are drawn on the basis of the notion of "situated generalisation" suggested by Simons (2009).

THE INTERVENTION

Shape Up ran during 2006–2009 in 19 cities in 19 European Union countries. In total, 73 schools, 2,300 pupils, and 140 teachers were involved, assisted by 38 local coordinators and facilitators and 5 competence centers. The fundamental premise of the Shape Up project was that healthier eating and regular physical activity are keys to preventing childhood obesity and promoting health and well-being. Healthy diets and physical activity are influenced in

BOX 1: FUNDAMENTAL ASSUMPTIONS INFORMING THE INTERVENTION PROJECT

- Pupils' participation, ownership and empowerment are key elements of effective health education and health-promotion programs.
- In order to adopt healthy lifestyles and acquire competence to bring about health-promoting changes, children need to be guided to develop action-oriented knowledge about health. Action-oriented knowledge is multidisciplinary and multidimensional and includes knowledge about the effects of lifestyle on health, the influence of living conditions on health, and strategies of change.
- Action-oriented knowledge can be gained through participation in concrete health-promoting actions, either individually or collectively. Participation needs to be guided by competent adults (e.g., teachers or project facilitators) and supported by organizational structures within the school.
- Collaboration between the school and the local community creates wider possibilities for learning, taking action, and competence development.

sustainable ways by addressing their determinants at the school, family, community, and broader societal levels, rather than solely at the level of individual behavior. Based on these premises, Shape Up aimed to bring together the principles of participatory health education, disease prevention, and health promotion in an integrated intervention program that is participatory and empowering (Green & Tones, 2010; Tones & Tilford, 2001; Wallerstein & Bernstein, 1998). The Shape Up methodological framework (Simovska, Jensen, Carlsson, & Albeck, 2006) was based on research within health-promoting schools (e.g., Jensen, 1997; Denman, Moon, Parsons, & Stears, 2002; Clift & Jensen, 2005; Simovska & Jensen, 2003; Simovska, 2007, 2009). Box 1 outlines the main assumptions that provided the basis for the Shape Up program theory.

RESEARCH METHODOLOGY

The case study was conducted in one primary school in Maastricht, the Netherlands.¹ The school is one of the five case study schools chosen to ensure maximum variety and rich information on the project implementation. As Stake (2003) has suggested, the decision to use a case study is more a matter of choosing the object of study than a matter of methodological choice. The overall aim of the research was to learn from the project developments and generate layered insight into factors that influenced the interpretation of the Shape Up approach as a whole and its different components and their implementation in this particular school context. The discussion in this paper focuses on the findings concerning the health-promoting changes brought about by pupils under adult guidance and the processes of pupil involvement that characterized this guidance.

DATA GENERATION

The data sources for the case study included:

- Documents: project reports, project documentation, descriptions of local contexts, coordinator/facilitator reports, and self-evaluation portfolios
- Contents of the Shape Up website (<http://shapeupeurope.net>) synthesised and treated as data records
- Interviews with the project coordinator (LC) and project facilitator (LF) (N=2)
- Observations made during school visits (two visits lasting two days each)
- Group interviews with pupils (two interviews with one group of ten pupils)
- One individual pupil interview

All documents were printed out and registered as data records. The interviews and observations were semistructured, following an interview/observation guide; the interviews were recorded and transcribed verbatim. The transcripts were verified with the local coordinator and facilitator and their comments were integrated into the report. Case notes were written down immediately following each visit and discussed within the research team.

ANALYTICAL FRAMEWORK

Consistent with qualitative research practice, interpretation had a critical place in all phases of the research. In the narrative qualitative analysis, the data from different sources was combined to identify emerging themes by combining inductive and deductive (theory-driven) analytical approaches. The conclusions drawn from the single case were guided by the principles of situated generalization.

ETHICAL CONSIDERATIONS

The traditional ethical principles of consent, confidentiality, nondeceptive practice, and minimization of possible harm shaped the research. Furthermore, the research attempted to respond to the three main ethical ideals relating to educational research (Bassey, 1999): respect for democracy, respect for truth, and respect for the people.

FINDINGS

The school context. The public school was established in 1991 on the site of a traditional Catholic school. The school moved into a new building on the same site in 2002. It is located in a welfare priority area, that is, a relatively disadvantaged neighborhood.

In total, there are 215 pupils and 15 teachers, 22 members of staff including nonteaching staff. The socioeconomic composition of the pupils' families varies across three levels.² Most of the families live in the local neighbourhood, while some come from other parts of the city or the surrounding villages. There are around 40 pupils from Gypsy-like communities (ethnic Dutch, but with a way of living resembling a nomadic culture). The ethnic composition of the school is predominantly Dutch, with a few pupils from other ethnic backgrounds (e.g., ethnicities in Turkey, Iraq, New Zealand). The gender composition among the pupils is balanced.

The school adopts the Montessori educational approach, based on the needs of the pupils, their independent work under teachers' facilitation. Two external organizations were involved in the implementation of the Shape Up project at the school: the social welfare organization Trajekt located in the school (an employee of this organization is the Shape Up facilitator) and the Regional Institute for Public Health as a local coordination center.

The story of Shape Up in the school. Shape Up in Maastricht was initiated by the Regional Institute for Public Health, which was interested in the project because the national health policy guidelines prioritize tackling childhood obesity. The case school was selected to take part in the project because it is a community school³ in a priority area, which was considered relevant to the Shape Up approach. The headmaster of the school was interested in joining the project, and the partnership was established. The institute asked the welfare organization to be the main partner, as it had experience with school projects.

The local facilitator and the school headmaster decided that Shape Up would constitute a part of the work of the pupil council.⁴ This decision was based on a realization that the project approach—active pupil participation in influencing health determinants and school-community collaboration—would fit

well with the work of the pupil council and would avoid overburdening teachers' everyday classwork.

The school has a policy on snacks being healthy foods but prior to Shape Up, pupils had not been asked to discuss it.

All the teachers and pupils at the school were informed about the project and took part in a number of schoolwide project activities initiated by the local facilitator. The main project activities involving the whole school included:

- Mapping the issues of health and well-being at the school and pupils' ideas for possible health-promoting changes at different levels. A survey was administered by the teachers to all pupils in the sixth, seventh, and eighth forms (ages 11–14). The results of the survey provided input for class discussions. Each class selected three topics to focus on in Shape Up, concentrating on changes they would like to bring about. Each class made a presentation to the whole school, and three schoolwide actions (desired changes) were selected by vote: (a) improvement of road safety in the area around the school, (b) construction of a playground for the greater community near the school, and (c) creation of healthy lunch at the school. Student representatives then presented their ideas and projects at the city hall. In this paper, I discuss further the work around (a) and (b).
- Hosting Sport Week. Sport Week takes place every year in all the schools in Maastricht, as part of the national policy on physical activity. This school integrated Shape Up into this week, so focus there was on body movement and healthy eating. All the pupils and teachers took part in a number of health-promotion activities. The students presented their ideas to the policymakers in Maastricht to discuss the possibilities for and barriers to the actualization of their ideas for health-promoting changes. Further, during the week pupils were invited to answer the question: "If you were the Minister of Health, what would you change in this school?"

Pupils bringing out changes. Following the schoolwide activities, the pupil council was actively involved in carrying out two main change-focused actions: increasing the road safety in the area around the school and establishing a new playground for the community near the school. Observations of the pupil council meetings, the project documentation, and the interviews provide consistent evidence about these two actions, which are the focus of the remainder of this section.

Central to the action to improve the local road safety was the request submitted to the local authorities for a reduction of the speed limit on the roads surrounding the school and for a new, child-friendly pedestrian crossing. The action concerning the playground consisted of a detailed proposal developed by the pupils and delivered to the city hall. The ideas were presented by student representatives to members of the city hall on two separate occasions: first as vision ideas and later in the form of a detailed proposal. Additionally, pupils exchanged several letters with the local decisionmakers, elaborating on their action plans, and guided the local alderman on a visit to the playground in order to discuss their proposal in more detail. Students made a connection between

road safety and cycling to school, which justified their work within a health-promotion project.

In the interviews, the pupils seemed to be very enthusiastic about the opportunity to initiate real-life changes as a part of their schooling: "I like it because we do things which are different from what we normally do every day at school. You do not get to, for example, write a letter to the alderman every day" (Simovska, 2008).⁵

In addition to the novelty of this way of working compared to regular school work, the account above points to the excitement pupils experienced due to the opportunity to communicate with decisionmakers in the local community.

In the individual interview transcribed below, the student (M) provides a detailed account of the presentations in the city hall to the interviewer (I):

M: We presented three ideas in the city hall—what we would like to change: the playground, the safety around the school, and the school canteen. I presented the playground.

I: How did you feel?

M: I was very nervous because I had to do the presentation by myself, and it was my first one.

I: How did you prepare?

M: With a few pupils from the council, we discussed about what we want to say and how are we going to say it. (Simovska, 2008)

This account points to the importance of peer collaboration and mutual support in preparing for the event. In addition, the students also received adult guidance, as highlighted in the interview account below:

We got help in the process by Mr. J. [the headmaster] and a social worker working in the community. Pupils in the council decided that there should be a letter; I wrote the letter. I asked for a final "go" by the headmaster. Then we visited the place where the playground would be—the headmaster was there, the social worker was there, and someone from the municipality too. We talked about the playground. (Simovska, 2008)

The specific and very precise description of the action and distribution of roles and responsibilities in this excerpt can be seen as a reflection of the pupil's competence and confidence in the process of making decisions and taking action together with the adults.

The students seemed to be well aware of the difference between taking action and bringing about change. At the time of the interviews, the actual changes had not happened yet. When asked about this, pupils had positive but cautious and realistic reflections about the changes; they did not expect that the changes would be provided for them.

I: Do you think the changes you worked for will happen?

All: Not yet.

M1: We have to wait for a letter from the alderman with his reaction.

I: What do you expect?

M1: That we will have to convince him more.

I: Why?

M2: When we were at the city hall with the presentations, he was very positive about the ideas, but when he visited the playground location with us, for example, he was not so enthusiastic, so we have to do more to convince him.

I: So are you prepared to convince him, to fight for what you want?

All: Yeah.

I: How?

M1: If people from the municipality think the things we want to change cost a lot of money, right now we are learning how to raise funding by writing letters to companies.

M2: Yes, so when the alderman says it costs too much money, we can say we have raised funding. (Simovska, 2008)

This remarkable interview excerpt highlights the pupils' capability, enthusiasm, and motivation to work harder in order to achieve change. It is also evident that the students are realistic in their expectations and do not take for granted that change will simply happen. Rather, they have been guided by adults to also consider the financial aspects of the desired changes and to work to provide funding themselves. Through these processes they learn how real-world changes are brought about and how to work together to this end.

Participation processes. The analysis of the processes of participation leading to health-promoting actions and changes identified the following emerging themes, which are discussed in this section:

- Institutional partnership and participation
- Meaningful participation of pupils
- Different pupils participate differently
- Challenges

Participation and partnership. The project documentation, as well as the interviews with the school headmaster, local facilitator, and project coordinator, clearly showed that participation was perceived as the main feature of the Shape Up approach from the very beginning. In the first project report from 2006, the local coordinator states that one of the achievements at the start of the project was that they had managed to shift the traditional focus of the coordinating institution and the municipality from "ordinary health promotion, to health promotion through participation" ("Shape Up," 2006, p. 1).

The local coordinator and facilitator stated in the interview that Shape Up is different from similar health-promoting projects due to its emphasis on partnership among all the parties involved. They both pointed out that the importance of participation is not only relevant for students but also for the two coordinating organizations, the school, and the local authority. The following excerpts from an interview illustrate how even the adults learned about their own different manners of collaboration:

Shape Up is a unique project because there is an equal collaboration between our two organizations and the school and the municipality; for example, in our institute [Regional Institute for Public Health]

there are a lot of health projects also in schools, but the participation, that is very unique, that is very special. (Simovska, 2008)

The local facilitator elaborated further:

I think there is a difference [with this project's] participation. A lot of programs and projects are not based on equal participation. . . . There are a lot of health programs where the institute [Regional Institute for Public Health] gets an idea and they say to us, "Here you are"—and we have to do it. In this program, we do it together. (Simovska, 2008)

In this school, the true participative nature of the Shape Up approach was embraced from the very beginning and the coordinating organization established structures conducive to implementing a sustainable participatory project.

Meaningful participation of pupils. Similar to that of the institutional partnerships, the participation of pupils was taken seriously. According to the opinions of the local facilitator and the school headmaster, student involvement was already an important component of the school's everyday practice. However, they did perceive participation interpreted as pupil influence in bringing about real-life changes both within and outside the school setting as an innovative perspective initiated by the Shape Up approach. The interview excerpt below highlights this point.

I think kids in the Netherlands know what participation is. Also, in this school, [where] they are taught that everyone is equal, Shape Up fits into the vision of the school; but I think through participation in Shape Up, kids learned that if you want something, you have to work for it. . . . Not to expect others to fulfil their wishes. (Simovska, 2008)

This account points to the difference between participation as simple involvement in predetermined activities and participation as influence (Hart, 1992, 2008; Simovska, 2007; Simovska & Jensen, 2009). Evidently, in the case school, participation is interpreted in terms of involvement in taking action and achieving goals determined primarily by pupils themselves (the fulfilled wishes the local facilitator mentioned above).

The pupils' accounts in the interviews substantiate this. For example, in the group interview, students seem to be able to clearly describe which decisions they made independently and which decisions were made by teachers, other adults involved in Shape Up, or the headmaster. When describing, for instance, the action to improve road safety, pupils are very specific about the decision-making processes. The conversation below, taken from the group interview, illustrates this:

I: Whose idea was it that you should take photos?

M1: Mr. J. [the headmaster]

I: What did you decide?

M2: We stood on the one side of the road, and the photographers [from the student press at the school] on the other side of the street, and then we told them where and how to take the photos.

I: Who decided what you would do with the photos?

M2: We did at the meeting. We decided that we would make a poster for the alderman.

I: Why?

M2: So that he will see how it looks like when you want to cross the street. Not only on a map at home but in a real life.

I: Did you make any other decisions in relation to this action?

M3: Yeah, a [crosswalk]. Actually, we would like footprints on the street so the kids would know it is dangerous.

M4: That was our own idea. The footprints, as a sign of the crossing. We thought it would be easier for them [younger pupils] to see that this place is dangerous.

M1: They don't know the traffic signs. We need to make it easier for them. We discussed and said, when we have red footprints, for example, the younger kids will know this is a scary spot in the neighbourhood. (Simovska, 2008)

It is evident that pupils had precise experiences of the decision-making processes in this project activity. They seem confident with their own decisions and can articulate rational reasons for their choices. The excerpt also shows that older pupils took younger schoolmates into consideration when designing their proposal for improving road safety around the school. Thus, the pupils not only demonstrate their ability to consider safety and to bring about change but also social responsibility and an ability to assume the perspective of younger pupils.

Students seemed quite confident with the guidance provided by the headmaster. They conveyed a clear sense of assurance that they could get adult support if needed, but also ownership of their activities. The extract below highlights this:

I: Can you tell me specifically what is it that you decided and what were the decisions made by Mr. J. [the headmaster]?

M1: We decide, but Mr J. gives his opinion about our decisions.

M2: He gives us tasks to do, and sometimes he does do something to make sure that things are going to happen.

All: We have to do everything ourselves, and if we don't understand something, we go to the headmaster or to [an older pupil in the council], but we do everything ourselves. (Simovska, 2008)

Evidently, the interviewed pupils perceived the guidance as supportive rather than controlling. The feeling of a safe but flexible framework and a clear direction provided by the adult is reflected in their accounts.

Different pupils participate differently. According to the accounts of the local coordinator and facilitator, there are noticeable differences in the extent and form of participation, depending on the pupils' academic performance. This was acknowledged and dealt with in the project, with the main idea being that all children have the right to participate according their abilities, interests, and priorities. The main difference concerns the level of nuanced reflection in which pupils participated. For less academically successful pupils, as well as for younger pupils, participation is solely their taking part in activities, without apparent consideration

of their underlying aims and objectives. The facilitator highlights this point in the following quote:

Weaker kids [less successful academically], I think they do not always recognize that this is Shape Up. . . . They participate in activities but without awareness—it is abstract for them. For them, participation in Shape Up is about sports and healthy food. For them, this is enough. (Simovska, 2008)

The coordinator elaborates further:

For the stronger kids it is more reflection about their own learning process. They are able to see what they learnt, and how to hang on [that is, persist in the face of difficulties] (Simovska, 2008)

Both accounts emphasize that the main difference between less resourceful and younger pupils, on the one side, and more resourceful and older pupils, on the other, lies in the extent of self-reflection and metaperception of one's own learning. The latter pupils are more reflective than are the former and thus each group benefits from participation in a different way. Both the local facilitator and the local coordinator agree that participation in either way—students taking part in activities and reflecting deeper on those or students being involved simply in activities—is beneficial:

I think maybe weaker kids learn to be stronger during the project. (Simovska, 2008)

The headmaster shares their view in general but seems to be more confident that the less resourceful pupils are capable of meaningful participation, too, and that they do gain valuable competences in the process. In the interview excerpt below, he provides examples to support this point:

We have weaker and stronger pupils in the council. . . . We had a very strong pupil in the council last year, and she is still acting as secretary now . . . and she does not come from a strong family [in terms of socioeconomic background]. She is very smart, very articulated—and most importantly, she did not become arrogant with the power she got. She is willing to help and teach other kids. Also, we have had a very quiet and not very strong [academically] boy. But he was encouraged to make a presentation in the municipality, and everybody was surprised to see how confident he became. In this process, less resourceful pupils have a chance to get attention, to feel important, to achieve something, and to build up their skills. (Simovska, 2008)

Clearly, the mode of participation and its effects differ for the two pupils mentioned in the account; while in the case of the first pupil, participation is about influencing the matters of concern and supporting peers, for the less resourceful pupil, participation is about trying out new skills and gaining a sense of achievement and self-confidence. However, they both benefit from the participatory process.

The facilitator's account below points to the importance of adult guidance and structural support if less socially advantaged pupils are to be actively involved and to benefit from participation:

I think it depends on the skills of the kids, and on us, the adults, and welfare and health organizations, to give kids opportunities to experience something new, that they are not used to. . . . It is important for them to get in contact with other people. For example, a teacher, a social worker, someone from the sports club. You have to provide these kids with opportunity. (Simovska, 2008)

In summary, this section shows that the notion of participation has been interpreted as pupil influence in decision-making processes and in initiating, in this particular case study, health-promoting changes. The pupils' and adults' accounts on participation in Shape Up are mutually consistent and complement one another. Pupils experienced being involved meaningfully in Shape Up. They made some decisions independently and some together with the adults. They expressed a strong sense of confidence in the framework within which they were participating in the project and in the guidance provided by the adults. Although the level and extent of participation differed considerably between the pupils, the Shape Up staff viewed participation as beneficial to pupils with a variety of skills and competences and from different socioeconomic backgrounds.

Challenges. In addition to being beneficial, the participatory work with pupils in the case school was also experienced as demanding and challenging. Both the coordinator and the facilitator state that participatory work, focused on change, is difficult for teachers, especially when external partners are involved. The support for the teachers is pointed out as being crucial when introducing participatory projects in schools:

I think it is very important not only to ask teachers and schools to do things in a certain way [participatory], but also to bring things into school. Not only another project that teachers need to do because of this or that. . . . All the different organizations look to find their entrance in schools, and teachers feel like slaves working for others' agendas. It is important to ask teachers what support they need. If my organization cannot provide it, perhaps another can, and we will look for you and support you. (Simovska, 2008)

This account is critical of the tendency of many organizations to treat schools as an "easy" setting via which to reach children and to endorse their own (well-intended) agendas. It emphasizes the importance of ensuring two-way collaboration with schools and providing support for teachers.

Another barrier mentioned in the interviews, specifically linked to the Shape Up organization in the case school, was lack of ownership by the teachers. This was attributed to the headmaster planning the Shape Up work on his own or together with the local facilitator; the teachers did not participate in the planning, which had a negative influence on the commitment of the teachers to the Shape Up participatory processes. In the words of the local

facilitator: "If you want a successful participatory project, you have to make sure it is like an oil stain, spreading to the whole school" (Simovska, 2008).

Further, it is interesting to note that the participatory and action-focused approach was perceived as an extracurricular project with no possibility for integrating it within the curriculum. The accounts of the research participants on this issue are consistent. For instance, the facilitator's and the coordinator's reflections concerning the teachers' role in Shape Up seem to separate project work from the pedagogical role of the teacher:

No. A teacher cannot be Shape Up coordinator. Because I think it is a hell of a job, and they would be too much involved, they do not have the objective approach. The main aim of the teacher is education. (Simovska, 2008)

It seems that Shape Up was perceived as a participatory project that goes beyond the school's primary task, that is, education. Partly this is because of the perceived additional workload for the teachers and partly this is because the project work was considered beyond the social position of the teachers in the community.

Conclusion

The case study shows that, if given sufficient guidance, children can act as agents of health-promoting changes on both a school and a local community level. The findings demonstrate that working with real-life changes increases the pupils' sense of ownership, which fosters their motivation, sense of achievement, confidence, critical reflection, and social responsibility. The assumption based on critical health education and health promotion theory, is that, in the long run, this is conducive to students' choosing better health behaviors.

The processes involved in guiding the case-study pupils toward initiating change were diverse and created a wider space for pupils with different interests and abilities to be involved in meaningful ways.

Participation was interpreted as the pupils' influence on the project content as well as on the process. In other words, the pupils' ideas for action and change were taken seriously and followed through on. A clear framework was provided by the adults, which delineated the participation space for the pupils at every stage and ensured the pupils' confidence and gradual improvement of their participation. The main arena for student influence was the pupil council. The central goal of participation was the development of pupils' capacities to take action together with others and to actualize their own ideas related to health issues. Learning specific health topics and health-related knowledge were seen as secondary to this goal; the project focused on more generic student decision-making and problem-solving competences.

The pupils expressed having had positive experiences during their involvement and a clear sense of ownership of the actions taken in the project. Their experience with active participation seems to have empowered them, giving them a feeling of efficacy and achievement in dealing with real-life problems and bringing

about real-life changes. The case study identified the following main indicators of pupils' ownership and empowerment:

- Ability to make clear distinctions between decisions that were made by them independently, decisions made by the adults, and decisions made jointly between them and the adults
- Realistic and specific perceptions of the difficulties involved in initiating health-promoting changes and awareness of the necessity and usefulness of the assistance provided by the adults
- Consciousness that the experience with active participation was conducive to learning
- Development of competences and skills transcending the everyday schooling experience
- Persistence in the face of difficulty

The adults guided the students through the various forms of participation depending on their assessment of the pupils' capacities to succeed, the development phase of the project, or the complexity of the activity at hand.

The case study also shows that teachers had a marginal role in action and change processes; the project staff felt that participatory project work with pupils would add to the teachers' workload, which would incite their resistance. This was not only anticipated but also experienced by the project coordinator and the facilitator at the beginning of the project. Therefore, the participatory processes emphasizing pupil influence in making decisions and initiating changes were seen as more appropriate for extracurricular activities. At the same time, lack of involvement and ownership on behalf of the teachers turned out to be an obstacle to the participatory processes.

The case study further demonstrates that the intervention project in the case school was not employed as a pedagogical approach focusing on pupils' learning about health and health-related determinants, but as a more generic democratic project focusing on guiding a group of students to initiate health-promoting changes. Consequently, the learning outcomes of the project are of a more general, rather than specifically health-related, nature.

The last two conclusions above could be seen as the most critical points in this case study. The integration of the project in the pupil council rather than in regular school classes, along with the lack of ownership of teachers, led the project coordinators to assume that participatory health-promotion intervention can only be part of extracurricular school activities. However, previous research has shown (e.g., Simovska & Jensen, 2003) that teachers have a crucial role in participatory health interventions in schools, and that interventions need to be integrated in the core task of the school, that is, teaching and education.

Thus, in addition to the partnership between schools and external local stakeholders, appropriate support and professional development for teachers seem to be crucial for future participatory and action-oriented health-promotion work in schools. This would ensure sustainability of the health-promotion efforts through schools as well as learning outcomes that are more specific to health, rather than solely generic democratic outcomes. This is, actually, the main distinguishing line between participatory health-promotion interventions at school and more general, citizenship-oriented, democratic school programs. More research

is needed to further delineate the specific nature of participatory school-based health promotion interventions against other similar participatory school and community work. In particular, more research is needed on the health-related outcomes of such interventions, as well as on the links between health and education.

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Notes

1. The research related to the intervention consisted of five individual case studies and a cross-case analysis. The findings of these are published elsewhere (Simovska, 2009; Simovska & Carlsson, in press).
2. It is not clear from the data what the three socioeconomic levels are, but the school is situated in the “welfare priority area,” which, according to the local coordinator, indicates socioeconomic disadvantaged area.
3. A community school functions as a meeting place in the community. The school building hosts different community organizations. The welfare organization in this case-study school works with children and other youths and with parents, providing a wide range of consultation—tax preparation, banking, paperwork advice, psychological support in case of divorce, unemployment benefits, etc.
4. The pupil council is a representative body composed of students selected by their classmates to organize social and other activities as well as to participate in decision-making processes at school.
5. Interviews were conducted in English; a Dutch interpreter translated for the students.