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COOPERATION WHEN DEVELOPING CHILD HEALTH COMPETENCES AT SCHOOL

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Introduction

Lithuania joined the network of health promoting schools in 1993. In 1994, health promotion programmes, the content of which was integrated into particular curriculum subjects, were created and begun to implement. When realising health promotion programmes into the content of general education, prerequisites are created for every pupil to acquire healthy lifestyle knowledge, to develop skills and habits, to form the attitudes of favourable health behaviour and to change approach to health.

When implementing the health promotion programme different models of pupils' health development are practiced. Despite their diversity and traditions, agreements, communication and cooperation are of primary importance, because uniform requirements for a child is one of the preconditions for the successful acquisition of health competences.
The **objective** of the research is to reveal the expression of cooperation at school when developing health competences in pupils.
The research methods

The problematic question of the study: What kind of cooperation is there at school when developing health competences in pupils?

Semi-structured interview was conducted.
Research analysis method

Results analysis was performed by applying the method of **content analysis**:
- the text was read and essential aspects, which were reflected by phrases, sentences and words, directly linked with the investigated phenomenon, were distinguished;
- the distinguishing of key elements in the read text;
- the breakdown of the key elements by categories and subcategories;
- the integration of the categories into the context of the analyzed phenomenon and a description of the content.
The sample of the research

14 pedagogues participated in the research.

The informants were chosen according to the following criteria:
1) the pedagogues who work in schools of general education with pupils from 5 till 10 form,
2) the pedagogues whose length of their working time in schools of general education is at least 5 years.
The research results

The expression of cooperation when developing health competences in the pupils of the 5th – 10th classes at school

1. The cooperation of all the teachers, who teach a particular subject in a class, when implementing integrated health promotion programme
2. The cooperation of only a few teachers, who teach a particular subject in a class, when implementing the integrated health promotion programme
3. The cooperation of a form tutor with pedagogues and educational assistance specialists
4. Project activity based on the cooperation of the entire school community
5. Project activity based on the cooperation of a school and a local community
The research results

Five ways of the expression of cooperation when developing health competences in pupils at school were distinguished:

- the cooperation of all the teachers, who teach a particular subject in a class;
- the cooperation of only a few teachers, who teach a particular subject in a class, when implementing the integrated health promotion programme;
- the cooperation of a form tutor with pedagogues and educational assistance specialists;
- the cooperation of the entire school community in the project activity;
- mutual cooperation of children (children to children) and the implementation of projects by a local community together with the school community.

The study highlighted the advantages and disadvantages of every form of the cooperation.
The research results

1. The cooperation of all the teachers, who teach a particular subject in a class, when implementing integrated health promotion programme

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
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</thead>
<tbody>
<tr>
<td>➢ all the teachers get involved in the implementation of the health promotion programme</td>
<td>➢ due to the lack of coordination part of important health promotion topics remain poorly discussed</td>
</tr>
<tr>
<td>➢ all the teachers inquire into the issues of health promotion and enhancement in pupils</td>
<td>➢ the entire attention is devoted to a taught subject because of the poor integration of the health development programme</td>
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<tr>
<td>➢ while cooperating teachers discuss, implement and assess the integration of the health promotion programme into the subjects they teach</td>
<td>➢ lack of special knowledge on the part of pedagogues on health preservation and enhancement</td>
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<tr>
<td>➢ while cooperating all the teachers resolve arising problems</td>
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<tr>
<td>➢ the cooperation of all the teachers when integrating the health promotion programme facilitates the formation of the attitude of pupils towards health as a value</td>
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<tr>
<td>➢ all the teachers adhere to uniform requirements linked to health preservation and its enhancement</td>
<td></td>
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<tr>
<td>➢ the mutual cooperation of all the teachers contributes to the improvement of their health promotion competences</td>
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One of the ways to express cooperation is the cooperation of all the teachers, who teach a particular subject in a class, when implementing the integrated health promotion programme.

The advantages of this cooperation are linked to the involvement of all the pedagogues in the implementation of the health development programme. All the teachers inquire into the issues of pupil health promotion and enhancement and can resolve arising problems together.

The cooperation of all the teachers when integrating the health promotion programme, facilitates the formation of the attitude of pupils towards health as a value. According to the informants, “when all the teachers emphasize that health is a value, when every teacher finds an opportunity to integrate health knowledge in his lesson, to reason why one or another health-friendly habit is useful, then children's attitude towards health as a value forms easier (E)”.

Close mutual cooperation of teachers, the raising of uniform requirements linked to health preservation and enhancement for children guarantee the successful formation of health-friendly skills.

The cooperation is also important to teachers when improving their competence of health promotion. Informants emphasized that the mutual cooperation of pedagogues when coordinating their efforts in the area of health promotion, the mutual exchange of good practice, the coordination of the undertaken activity, create prerequisites for pedagogues to improve their health promotion competences.
The disadvantages of this form of cooperation is attributable to the lack of coordination and attention devoted by teachers to the development of health competences, as well as the lack of special knowledge on the part of pedagogues on the issues of health preservation and enhancement.

According to the informants, when there is insufficient coordination „a few teachers talk on the same topics, whereas some topics remain undiscussed (N)“, „a few teachers talk on those “convenient” topics, for example, nutrition, physical activity, whereas some topics remain not talked over, because they are „inconvenient“, for example, sexuality education, the prevention of addictions, the promotion of emotional health, stress management (D)“. 
## The research results

2. The cooperation of only a few teachers, who teach a particular subject in a class, when implementing the integrated health promotion programme

<table>
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<tr>
<td>❖ when there are a few teachers it is easier for them to reach a mutual agreement and to discuss what health development topics they will realise and how they will do it</td>
<td>❖ the opt-out of teachers or even polarization when realising the health promotion programme</td>
</tr>
<tr>
<td>❖ all the topics foreseen by the programme are realised</td>
<td>❖ the lack of attention devoted to the development of health competences by teachers</td>
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<td>❖ it is easier to ensure the consistency and systematicity of the realisation of the health promotion programme</td>
<td>❖ the lack of special knowledge on the part of pedagogues on health preservation and enhancement</td>
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<tr>
<td>❖ arising problems are addressed more effectively and they are resolved in a coordinated manner</td>
<td>❖ having assumed the responsibility to realise the health promotion programme, teachers prioritize the subject they teach</td>
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Another way to express cooperation when implementing the integrated health promotion programme is the cooperation of a few teachers, who teach a particular subject in a class.

The advantages of this cooperation are the following: it is easier for a few teachers to agree among themselves and to discuss what health promotion topics they will realise and how they will do it.

When the teachers of a few different subjects cooperate, the health promotion programme is implemented consistently and while they go from one classroom to another the analysed topics are deepened and expanded. When the programme is implemented by a small group of teachers „all the topics foreseen in the programme are discussed (C)“, „teachers agree among themselves, because a few people agree much more easily (M)“.

When a few teachers working in a class assume a responsibility for the implementation of the health promotion programme at school, the consistency and systematicity of the realisation of the health promotion programme is ensured, there is a timely reaction to arising problems, and they are resolved in a coordinated manner.
This manner of cooperation has certain disadvantages: the opt-outs of other teachers or even polarization when realising the health promotion programme, the lack of attention devoted to the development of health competences by teachers and the lack of special knowledge on the part of pedagogues on health preservation and enhancement.

When the health promotion programme is implemented by a few teachers working in a class the negative side of this is that not all the teachers are involved in the implementation of the health promotion programme, there are cases when conflicts occur: „when the hours are assigned to a few teachers, then other pedagogues opt out of the implementation of the health promotion programme, teachers have a bone to pick with each other, get offended (J)“. There are cases when teachers implementing health programme, before their agreement to implement the health preservation and enhancement programme, overestimate the knowledge they possess on health. Although teachers obligate themselves to implement the health promotion programme, however, „they prioritize the subject they teach (K)“ and „teachers lack time to discuss the issues of health development in their lesson, because the implementation of the programme of their own subject is very time-consuming “ (L).
### The research results

#### 3. The cooperation of a form tutor with pedagogues and educational assistance specialists

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<td>✓ good knowledge of the pupils of their class, the knowledge of their needs and problems linked to health promotion</td>
<td>✓ there is lack of time to implement the programme due to excessive workload</td>
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<tr>
<td>✓ timely discussion and solution of relevant issues in a focused manner while cooperating with pupils, teachers and other specialists</td>
<td>✓ not all the form tutors are competent to implement the health promotion programme</td>
</tr>
<tr>
<td>✓ without having enough competence to implement the health promotion programme form tutors receive assistance from other pedagogues and specialists</td>
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A form tutor, when implementing the health promotion programme, cooperates with other teachers and educational assistance specialists. Good knowledge of the pupils of his class, close relationships with pupils enable a form tutor to implement the programme in a flexible manner, to address pressing issues in a timely manner, to prevent the occurrence of harmful habits and to closely cooperate with parents.
If a form tutor does not possess sufficient knowledge to implement the health promotion programme, he may request the help of educational assistance specialists, who will respond to the questions arising to pupils in a professional manner.

On the other hand, there are instances when form tutors lack time to implement the programme, and not all the form tutors are competent to implement the health promotion programme.
# The research results

4. Project activity based on the cooperation of the entire school community

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The advantages of the project activities based on the cooperation of the entire school community should be associated with the involvement of the entire school community, mutual agreements and obligations, as well as the fact that counselling is also performed by competent specialists, who are involved in the projects. When there is mutual cooperation between children, pupils work according to the principle 'peers to peers', „when younger children observe an appropriate behaviour of the older ones, when peers advise to be physically active children are inclined to take more of a listening approach and get involved in the activities more willingly“ (D)“.

However, when the project activity is over there is no continuity, „the problem lies in the fact that once the project is over, the majority of the activities are not performed anymore (E)“. It is also difficult to realise activities planned in a project due a high level of workload of competent specialists.
## The research results

### 5. Project activity based on the cooperation of a school and a local community

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<td>▪ health-friendly environment in which it is easier for children to develop health competences, is created in the community</td>
<td>▪ it is difficult to coordinate activities, to find joint agreements and a time convenient for all both for deliberations and the implementation of activities</td>
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<td>▪ project activities find their continuity and expansion in communities</td>
<td>▪ less active members of the community exhibit weak involvement or zero involvement in the implementation of a project</td>
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When a school community involves a local community in the implementation of projects health-friendly environment, in which it is easier for children to acquire health-friendly skills, habits and value-oriented attitudes, is created in the community. Some of the project activities find continuity and expansion in the communities (for example, health day, Olympiads, healthy food days etc.).

However, the following problematic aspects of this cooperation also came to light: it is difficult to coordinate activities, to find joint agreements and a time convenient for all both for deliberations and the implementation of activities: „part of the community thinks that particular time is suitable to them, for example, in the evenings or at weekends, whereas others want to devote evenings and weekends to their family (B)“. Moreover, more active members of the community get involved in the project activities of health enhancement.