



Evaluation of the ‘Gezonde en Veilige School’ method

At primary schools in the region Hart voor Brabant

- Master-thesis Health Education and Promotion -

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Internship: April – July 2009

Master of Science in Public Health – Specialisation Health Education and Promotion

Faculty of Health, Medicine and Life Sciences

Maastricht University

July 2009



Samenvatting

Introductie. De GGD Hart voor Brabant is in 2006 gestart met een nieuwe methode: de Gezonde en Veilige school (GVS). Dit is een structurele en vraaggestuurde aanpak, waarmee scholen tot een structureel schoolgezondheidsbeleid komen. Het doel van dit onderzoek was na te gaan in welke mate de basisscholen tevreden zijn over de nieuwe methode en of de methode bijdraagt aan een betere kwaliteit van het schoolgezondheidsbeleid. Het model 'Model of Sustainability of the GVS method' (gebaseerd op de Diffusie Theorie en andere theoretische achtergronden) is ontwikkeld en gebruikt.

Onderzoeksdesign en methode. In dit cross-sectioneel onderzoek is een elektronische vragenlijst ontwikkeld en verstuurd naar basisschooldirecteuren. De vragenlijst bestond uit verschillende delen: algemene informatie, voorbereidingsfase, implementatiefase en de algehele tevredenheid met de GVS methode. In totaal zijn er 80 scholen uitgenodigd, allemaal deelnemende basisscholen aan de GVS methode. Na een week is er een herinnering gestuurd naar de scholen, tevens is er na vier weken gebeld.

Resultaten. In totaal hebben 45 basisscholen (56.3%) de vragenlijst ingevuld. Veel scholen geven aan de voorbereidende fase uit te voeren en ook veel gezondheidsbevorderende activiteiten worden geïmplementeerd op basis van het plan van aanpak. Echter, vaak voeren scholen de stap niet in zijn geheel uit, maar maken keuzes binnen elke stap. Ook worden er buiten de GVS activiteiten om nog ad-hoc activiteiten geïmplementeerd. De meerderheid van de onderzoekspopulatie was over het algemeen tevreden met de GVS methode en met de ondersteuning van de GGD. Er is een sterke correlatie gevonden tussen tevredenheid met de prioriteitenworkshop en de algehele tevredenheid met de GVS methode. Daarnaast is er een significante invloed van de algehele tevredenheid, aanpasbaarheid en ouderparticipatie op het in stand houden van de GVS methode.

Conclusie, discussie en aanbevelingen. Er wordt veel gedaan aan gezondheidsbevordering op basisscholen. Echter, deze activiteiten worden nog onvoldoende structureel aangepakt. Deze conclusie blijkt ook uit een landelijk onderzoek naar de GVS methode. Om een volledig beeld te kunnen vormen van de algehele tevredenheid zal ook de non-response groep meegenomen moeten worden. Aanbevelingen zijn geformuleerd en verdeeld onder verschillende thema's: registratiesysteem, communicatie, prioriteitenworkshop, plan van aanpak, ouderparticipatie, aanpasbaarheid en vervolg onderzoek.

1. Conclusions

1.1 Conclusions with regard to the research questions

The aim of this study was to investigate to what extent the schools are satisfied about the GVS method and how the method can be optimized in primary schools. In addition, this study investigated to what extent the schools pay structural attention to health and safety. Several research questions were formulated (see Paragraph 1.4). Below the research questions will be answered.

The first three questions were ‘To what extent are the schools satisfied with the GVS method?’, ‘To what extent are the schools satisfied with the assistance of the Regional Public Health Service?’, and ‘To what extent does the offer of the Regional Public Health Service match with the needs of the schools?’. **The primary schools are generally satisfied with the GVS method.** In addition, most of the schools are satisfied with the assistance of the Regional Public Health Service and with the offered health promotion activities. The fourth question was ‘Which steps of the GVS method are most important according to the schools; which step should be adjusted? **According to the respondents, none of the steps could be omitted. In addition, the five steps should not be changed. It seems that step 2, the priority workshop, is an important step. The respondents are satisfied with the priority workshop. However, some respondents noted that the discussion with cards during the workshop could be omitted.**

The next question was ‘Which results are already obtained?’. Almost all schools reported to perform the preparation phase and many health promotion activities are implemented conform the school health plan. Yet, schools often do not perform each GVS step completely; schools make choices within the steps. **It is obvious that the majority of all participating schools implement ad-hoc activities besides the GVS method.**

The sixth question was ‘To what extent is the GVS method embedded in the health policy of the primary schools?’. **Two third of the participating schools said that activities from the school health plan are embedded in the school health policy. Also, approximately 60% intend to start a new cycle of the GVS method after finishing the first four years. It is noteworthy that some schools still think that GVS is a temporary project.**

The seventh question was ‘What (theoretical) concepts can explain satisfaction with the GVS method?’. There is no clear relation between satisfaction and different characteristics of

schools (number of students, number of non native students, kind of school, whether the questionnaire is filled out by director or someone else etc.). Step two is an important step in the GVS method; **the satisfaction with the workshop is an important predictor of overall satisfaction**. During this workshop it is important to involve parents and give them the opportunity to create a joint decision making process for setting priorities. Furthermore, the satisfaction with the school profile (which is discussed during the workshop) is related to the satisfaction with the workshop. The last research question was ‘What theoretical concepts are related to sustainability of the GVS method?’. It is important to accomplish overall satisfaction with the GVS method, because this could influence whether schools imbed the method in their school health policy. Besides, re-invention and parent participation during the GVS method could also influence the maintenance of the method. Thus, the Regional Public Health Service should stimulate the priority workshop because this will influence the satisfaction with the GVS method. **When schools are satisfied it is more likely that they will embed the method in their school health policy. Also, they should motive schools to involve parents during the implementation of the GVS method and it is important that the Regional Public Health Service mentions the possibility to adapt to current topics when needed**. This is also related to the sustainability of the method. The recommendations for the Regional Public Health Service are outlined more in detail in chapter six.

2. Recommendations

Based on the discussion above, several recommendations can be made. The recommendations are divided in different themes: registration system, communication, priority workshop, school health plan, parent participation, re-invention, and future research. However, a lot of activities related to the GVS method are already successful and well organized. This should be maintained over time. The successful activities will not be repeated here.

2.1 Registration system

During this study it became clear that the registration system of the Regional Public Health Service, with information about the participating primary schools, was not up-to-date. For example, some names of the school directors or the e-mail addresses were not correct. Sometimes it was even unclear whether to school was still participating in the GVS method or not. It is recommended to update the data. This will also improve the communication with the

primary schools. During every contact with the primary school the information should be checked and adapted.

2.2 Communication

The GVS method can be optimized by creating small changes in the communication with primary schools.

- Confusions within the schools, whether their health promotion activities belong to the GVS method or even confusion about whether the school is still participating in the GVS method or not, could be limited by making clear which activities belong to the GVS method. It is also recommended to mention to what step the activities belong. This could help the school to remember that they are working in a systematic way and that GVS is not just ‘another ad-hoc intervention’ but a systematic approach in which health promotion activities will be accomplished.
- Make use of the GVS logo (Figure 8). The GVS logo should be placed in every e-mail or letter of the Regional Public Health Service to primary schools. This could stimulate recognition. Moreover, there exist already writing paper with the Regional Public Health Service logo and the GVS logo. Therefore, this does not require big changes.



Figure 8. Logo of the GVS method

- **Clarify responsibilities and expectations. It is important to outline the responsibilities of the schools and what is expected from the schools.** This should be done in an early stage: during the recruitment of the primary schools and the conversations with the school director. It should be clear that the schools are responsible for the implementation of the school health plan. In addition, the Regional Public Health Service could assist during the implementation but are not responsible for the outcome. Besides, the Regional Public Health Service is responsible for the school profile, the workshop, evaluation conversations. When the responsibilities and

expectation are clear, it is less likely that schools do not implement the school health plan or stop in an early phase.

- **The social nurse should promote communication within the school team.** Promote team evaluation or discussion. When there is more communication within the school team, more ‘commitment’ with the method becomes likely. The whole team should know what the priorities are and what the school is doing over the next years. This will minimize problems during changes at school (e.g. when a new teacher or new director is hired). Furthermore, it will stimulate a systematic way of working and thereby facilitate that the method is sustained in a school health policy.

2.3 Priority workshop

The workshop seems to be a very important component of the GVS method. At the moment, the workshop is already heavily promoted. However, this study shows that some schools still did not organize a workshop or were not totally satisfied with the workshop. **Therefore, the workshop should be promoted in every primary school.** The Regional Public Health Service could discuss in advance with the school what they prefer: do they like a discussion with cards or do they have own preferences? **In addition, parent participation during the workshop seems essential.** Some recommendations are given to promote the priority workshop including parent participation:

- Make an inventory of the successful workshops: What did they do to obtain high parent participation?
- Motivate the school to combine the workshop with another activity. For example, a presentation of children’s drawings or hand-made work of art. This could stimulate parents to come to school. Furthermore, it is possible that parents interpret the workshop as less time-consuming when combining the workshop with an other activity.
- The students could decorate the workshop invitation. For example, the Regional Public Health Service could hand-out invitations, which should be decorate by the students.

2.4 School health plan

More involvement of the school (or school director) during the development of the school health plan is recommended. At present, the plan is discussed with the director after the Regional Public Health Service formulated it. When the school is more involved in the development, the school will feel more responsible to implement the school health plan. This could minimize the number of schools that do not implement it.

2.5 Parent participation

As described, parent participation is important during the priority workshop. **However, parent participation is also essential during the whole GVS method.** Therefore, the schools should be stimulated to involve the parents. The Regional Public Health Service has short informative articles about the GVS and about the interventions schools could implement. These articles are offered to the schools. However, the Regional Public Health Service should motivate the schools to distribute these articles to parents. Nowadays, almost all primary schools have their own website. The school should be stimulated to place information about the GVS method on their website. Furthermore, the contact person of the Regional Public Health Service could motivate the schools to place these little articles in their school paper.

2.6 Re-invention

Based on the results it seems that schools prefer to have the possibility to adapt the health promotion activities to current and up-to-date topics. Therefore, it is recommended to present the GVS method not as a 'fixed protocol'. Rather, the possibilities to adjust the GVS method to the needs of the school should be mentioned. **It is important to present the method as a flexible but structured health policy.** This should be done in an early stage. During the recruitment of the schools it should be mentioned that it is a structured plan for the next years, however the schools are still able to adjust to up-to-date topics. This could limit the number of schools that implement ad-hoc activities besides the GVS method.

2.7 Future research

- It is recommended to perform a qualitative evaluation study of the GVS method. In this study, important additional information is gathered during the non-response

research with telephone calls. In addition, many schools mentioned that they are overwhelmed with questionnaires. Therefore, interviews would be a more appropriate method and could provide more detailed information. It is preferable to start with in-depth interviews with the non-response group of this study. This will give the opportunity to delineate themes of the questionnaire used in this study.

- It is interesting to gather information from primary schools that decided not to participate in the GVS method or decided not to participate in a second cycle of the GVS method. This could provide additional information to optimize the method.
- Future research could investigate whether there are other options for the discussion with cards during the workshop. However, it should be noted that only four schools mentioned that it should be changed or omitted. Future research could give further clarification. Also the alternatives for the workshop should be evaluated.

The Regional Public Health Service has achieved already a positive result: a lot of health promotion activities take place at primary schools. However, at most schools the activities are not yet structural embedded in the school health policy. With some small changes the method could be further optimized.