

# The curriculum and the IVAC Approach

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## The curriculum and methods of teaching and learning

### The importance of health education

Although the health-promoting school focuses on all aspects of school life, the learning and teaching in the curriculum is still a key part of this approach.

### Integrated across the curriculum

If health education is to be of high quality and effective, it should not be taught as a series of separate lessons, although there may be room in the curriculum for some core teaching. It is vital that health promotion be integrated right across the curriculum, throughout a whole range of subjects, all of which have something to contribute. Furthermore if programmes are to succeed they need to be based on the best available evidence on what works, the best and most appropriate resources and materials, and be systematically planned, structured and evaluated. Such a well-organized approach will not happen by chance, it demands that schools appoint health promotion coordinators with the training, status, time and resources to make their role effective.

### Taking a long term, developmental approach

Taking a developmental approach means tailoring the approach to the learner, for example their age, stage or emotional state. Younger, less mature and more introverted and anxious pupils need higher degrees of structure, concrete experiences of demonstration and organization but they can still benefit from being given as much autonomy as possible, and by being gradually encouraged to work with more independence. As pupils grow older they are increasingly able to reflect consciously on processes and use more complex and abstract ideas and principles. As they become more mature and more confident, they can handle higher levels of individual choice and autonomy and programmes can increasingly become pupil led.

If we want to devise appropriate projects and assess their impact, we need to find out where pupils are starting from in terms of their knowledge, attitudes and skills. Once we know this, we can use that information to develop projects that starts where they are, and build from there in small steps. A wide range of qualitative and quantitative methods to do this have been devised, including questionnaires, inventories, discussion, interviews, focus groups, and 'draw and write' techniques. Some of them will be discussed later in this resource under evaluation, but they are just as useful for programme development.

It is important as well that health promotion is continuous. Work should not just be one lesson, or triggered by particular 'crises', or restricted to a particular age or other target group, or have long gaps in between. All of these have been shown to have little long term effect.

### Active methods

It is important to think about appropriate learning and teaching methods as well as what is taught. Schools need to use a wide range of methods, with the emphasis on

those that are active and participatory. If the health-promoting school is about empowerment, participation, democracy and open communication, then these principles must be reflected in classroom methods. Those involved in education and training at all levels are coming to realize the importance of actively involving people in their learning, through group work, discussion, project work, games, and simulations. Active learning methods give the student more of a say in the content and offers them more responsibility for their own learning. It is particularly important in the affective domain as it allows the learner an opportunity to reflect on their own beliefs, values and attitudes in a way that traditional teaching does not.

### **Case Study**

Eight classes from eight countries have participated in a project called Young Minds. The countries included are: Czech Republic, Denmark, England, Finland, Hungary, Ireland, Slovenia and Spain. It is an Internet-based project in which young people communicate and explore links between youth, culture, health and environment. It was initiated in 2000 and there have been several “phases” of the projects since then. The students present their countries online, to get to know each other across the physical borders. Then, depending on the topics in focus, such as the school and the environment in 2004, the students access information online provided by the Young Minds team, which they then further research and explore. Finally, the students take specific actions in their class, school, community or even internationally.

#### **Key features of the project**

- **Student participation:** students are genuinely involved in dialogue and decision making about specific aspects of the topics they are working with.
- **Action and change orientation:** the student project work is directed towards action and change. Students’ ideas and visions have a crucial role in deciding about actions to be taken with regard to improving the environment and health in their schools and communities.
- **The use of ICT:** students use the internet and other technologies to investigate the topics, exchange and discuss ideas, present their findings and reflections and initiate a broader debate.
- **Cross-cultural collaboration:** students cooperate in order to explore differences and similarities with regard to the environmental and health concerns, with an emphasis on global interconnectedness and social responsibility.

The project is linked to the ENHPS and coordinated by the **Research Programme for Environmental and Health Education at the Danish University of Education.**

For more details, visit web site: <http://www.young-minds.net>

### **Avoid scare tactics**

There is overwhelming evidence that negative approaches, which attempt to use ‘scare tactics’ to frighten learners into a healthier lifestyle are not only ineffective, but are often counterproductive. Young people will probably block out horrific images, as the mind has a useful defense mechanism of forgetting such things quite quickly. In addition some young people can find the suggestion that an activity is risky adds to its

glamour and attraction. We know that many young people believe that they are themselves strong enough not to succumb to, for example, addiction to nicotine or heroin, and can see taking it as a challenge. So, however morally gratifying it may feel, and however much their pupils may believe that it is a good idea, teachers should shy away from using negative messages, and find ways to teach in more positive and participative ways.

### **Encourage pupils to develop action competencies**

Acknowledging that there is a great deal more to health education than transmitting knowledge, brings us to models of teaching and learning that have wider goals than the acquisition of information. Health-promoting schools tend to prefer the concept of 'competency', which includes skills and attitudes as well as knowledge. More recently the word 'action' has tended to be added, to remind us that competences need to provide people with the ability to make a difference in real-life situations and to effect change.

Health-promoting schools are moving on from treating traditional health education topics, such as healthy eating, substance use, physical activity, or sexuality in isolation from one another and are starting to teach generic competences that underlie specific health issues. The topics are not discrete entities in reality. For example, an issue such as sexuality and relationships and alcohol use are closely related in many western countries as is evidenced from the role of alcohol and other substances in unintended teenage conceptions. There is a wide range of action competences that can be seen as underpinning learning related to health, and indeed learning across the whole curriculum. This is a more efficient way of teaching because there is never going to be enough time in the curriculum to cover all the possible health topics that might impinge on a young person's life. Personal action competences include self-awareness, realistic self-evaluation, managing emotions, self motivation, decision making, assertiveness and goal setting. Social action competences include listening and responding effectively to others, reading and interpreting social cues, being cooperative, and knowing how to resolve conflicts, mediate and negotiate. Of course, all of these competencies are not only important in relation to health issues but to all of life. If it is possible to develop these skills and competencies relating to health and they prove to be transferable then health education will be making an important contribution to the educational and social aims of the school.

A model for developing pupils' action-competence, which originated in Denmark, (Jensen B and Simovska V, 2005) has been disseminated and applied in schools in several countries. The overall objective is to develop pupils' critical and visionary competencies so that they can act to create health-promoting change. Called the IVAC approach, it has distinct stages:

- **Investigation and significance:** pupils explore the relevant theme or topic and attempt to determine its significance and value for their own lives.
- **Visions and alternatives:** pupils attempt to develop their own dreams, values and visions for how they would like to change and develop the conditions within the relevant theme or topic.

- **Action and Change:** the pupils develop proposals for specific action that brings them closer to their own visions. They choose action and try it in practice. They then compile the results of their action, assess them and perhaps adjust the action and initiate new action. Testing specific forms of action is considered an important contribution to pupils' learning and developing action competence.

### **Case Study**

In the Macedonian Network of Health Promoting Schools, one school established a health-promoting team, consisting of 35 students aged 12 to 15 to work on improving the school's psycho-social environment. They were supported by five teachers, the school health promotion coordinator and two consultants.

Their participation was structured according to the IVAC approach, mentioned above. Work carried out in each phase by students included:

In the Investigation phase: an exploration of their concept of health and relating this to their own school environment; what they liked and disliked about certain aspects of the school environment and how these aspects related to health; a survey in the whole school to find out what improvements students thought should be made to the school environment.

During the Vision phase: supported by their teachers, developing the students' vision of the ideal school – for example, what the environment would look like, what would happen in teaching, what would school relationships with parents and the community look like.

In the Action and Change phase: changing the school time schedule, shortening lessons from 45 to 40 minutes. This allowed more time for sports in the middle of the school day and better possibilities for relaxation and socialising during the lunch break. On the basis of their previous exploration of the concept of health and the view of other students at the school, the students were able to relate these changes to health and health promotion, to articulate their position and convince their teachers that the change was worth the effort because it would have an impact on the school atmosphere and on the health of the whole school.