

# THE CORE VALUES OF SCHOOL HEALTH NURSING



**The fundamental health nursing values**

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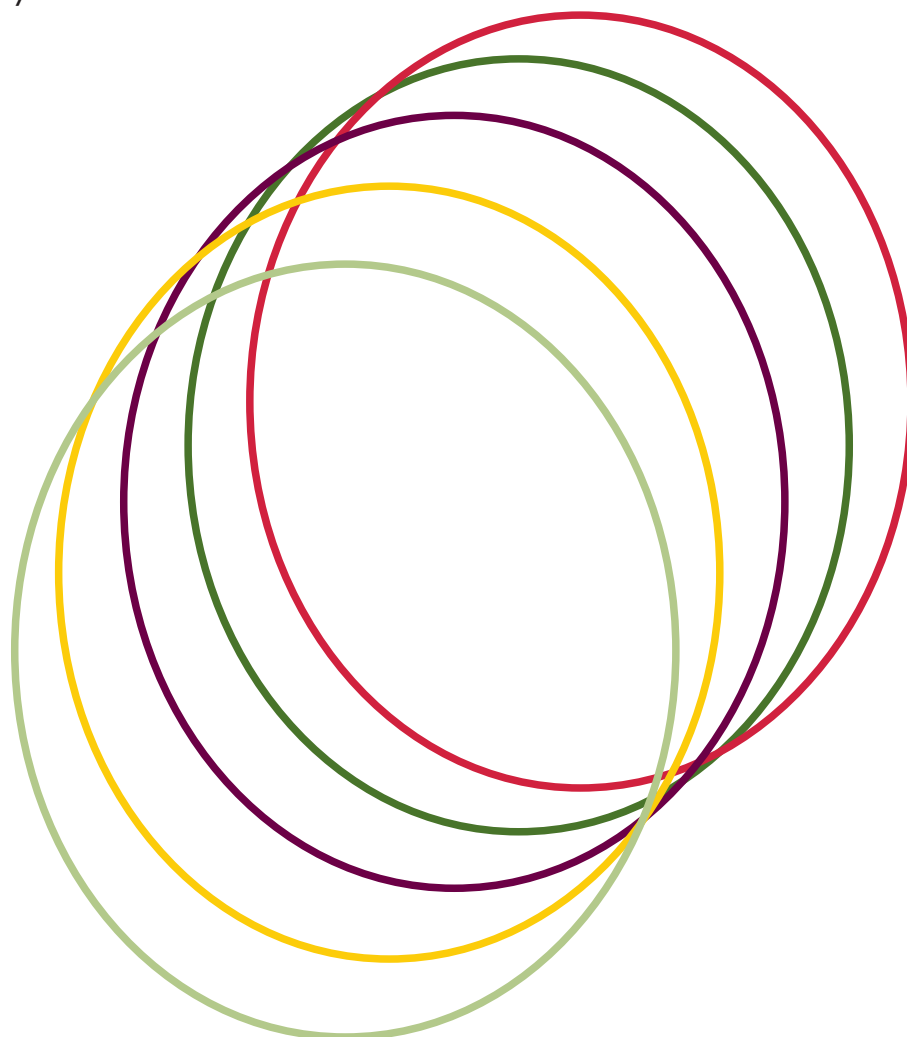
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# Congratulations with the values!

Health, participation, action competence, care and interdisciplinarity are the five core values of School Health Nursing in The Copenhagen Municipality. The view of human nature underlying these values prescribes the approach to tasks that we feel should be the basis for the entire municipality's approach to work with the children, young people and families of Copenhagen.

The core values originate in exhaustive development work, in collaboration with The Research Programme for Environmental and Health Education at the Danish School of Education, on the practice of school health nursing. We are therefore certain that the values will clearly be experienced when children and adolescents in the schools encounter the health-promoting and preventive work we carry out.

The values concerning health, participation, action competence, care and interdisciplinarity may also inspire many of the administration's front staff and are generally a very edifying contribution to the administration's work of implementing the municipality's other health policies.

Everywhere, the staff members of The Child and Youth Administration are eager to develop their professionalism. We therefore extend our heartfelt thanks to the School Health Nursing in formulating these new core values.

We wish you all a good value debate!

With kind regards

A handwritten signature in blue ink that reads "Bo Asmus Kjeldgaard". The signature is written in a cursive, flowing style.

Bo Asmus Kjeldgaard  
Mayor of Children and Youth.

# Preface

On December 5th 2007 The Child and Youth Committee approved the foundation of values for School Health Nursing in The Copenhagen Municipality.

This foundation of values represents one of the most significant results of four years of development work in the Copenhagen Municipality's School Health Nursing.

In 2004 the previous Family and Labor Market Administration, in collaboration with researchers from the Research Program for Environmental and Health Education at The Danish School of Education, launched a project aimed at developing Copenhagen Municipality's School Health Nursing. The project was to be part of a comprehensive development effort in the municipality's Health Nursing services (Wistoft & Jensen, 2004).

This development work is prompted by a number of conditions. The establishment of a family and the childhood of children and adolescents today are in many ways better than they were in earlier times which were characterized by scarcity of resources and epidemic diseases. Today it is more the after-effects of increased welfare that influence the well-being and health of children and young people in both positive and negative directions. The increasing problems of overweight and diabetes among children and adolescents is an illustrative example. This development makes different demands on the type and quality of the municipality's health nursing services. Concurrently, recent research indicates that effects of a health-pedagogic effort are first achieved when children and young people are involved in order to develop ownership (Borup 1999). Lastly, the municipality's health nurses have for a long time expressed a wish to be better equipped to work with the children's active participation in the preventive and health-promoting work in the schools.

Our fundamental values aim at supporting and challenging the continued development of professional health work in The Child and Youth Administration in general and in school health nursing in particular. Here the aim is to turn the school children into active participants in order to promote their health and that of others.

It is important to emphasize that the fundamental set of values is also a crucial tool in the continuing development of health-pedagogical competencies and methods that match the children's and parents' values and perceptions of health without the health nurse losing the health-professional perspective. Whereas the concept of prevention is about preventing undesired states from emerging and the promotion of health, as a broader concept, also covers increasing children's powers of resistance, quality of life, sparkle and enthusiasm, the concept of health-pedagogy is used here to describe a particular approach (or method) to working with prevention and health promotion. We are dealing with health-pedagogical competencies and methods that builds on principles of participation and action, in which the health nurse, in a dialogue with the children, ensures that they are involved and act in a competent and qualified manner. This kind of approach to health-pedagogy makes special demands on the health nurse's professionalism and health-pedagogical competencies.

The development work in school health nursing has involved all of the municipality's health nurses and the fundamental set of values is therefore a value foundation that was developed in collaborative effort (Roesen et al., 2006; Wistoft et al., 2005).

The fundamental set of values is primarily intended as a basis for school health nursing practices. It should be regarded in light of its emergence from development work in the School Health Services. When a similar development work with the municipality's health services for infants and small children is completed, the core values for school health nursing can be revised in order to provide a foundation of values for the Copenhagen Municipality's health services as a whole.

# Introduction

As noted in the preface, the present document represents the fundamental set of values for school health nursing practices.

***The fundamental set of values is to be understood as the vital ideas and principles underlying the practices of school health nursing.***

The fundamental set of values supports the intentions in:

- Preventive Health Services for Children and Young people (Sundhedsstyrelsen, 2007), that health nursing shall contribute to the ability of children and young people to care for their own health.
- The Core Values of Copenhagen Municipality (Borgerrepræsentationen 1998), enjoining the employees of the municipality to approach the user with respect, equality, dialogue and trust.
- The Practice of Health Nursing (Københavns Kommune 2005), which describes Copenhagen Municipality's objectives and aims with health nursing services.
- Copenhagen Municipality's Children's and Youth Policy (Københavns Kommune 2008), with a vision that children and young people shall experience a healthy, secure and stimulating childhood in which the watchwords are well-being, acknowledgement and joy of life.

The fundamental set of values is delineated in five different core areas. It will be seen that the five areas overlap each other and are mutually interconnected. The five core areas are:

- Health: *The health nurse works with the positive and broad health concept.*
- Participation: *The health nurse works with children's and young people's participation to ensure their ownership with regard to health.*
- Action competence: *The health nurse works with development of children's and young people's health related action competence.*
- Care: *The health nurse provides professional care both as a means and as a goal in itself.*
- Multidisciplinarity: *To achieve synergy, the health nurse collaborates with other professional groups on the well-being of children and young people.*

The ambition of Health Nursing in the Copenhagen Municipality is that this fundamental set of values, taken as a whole, will be able to contribute to practices that support children's and young people's equal access to health. Even though equality in health can be viewed as a vital value in itself, here it has been decided to describe the five core areas as values that together can contribute to reaching the goal of equality in health.

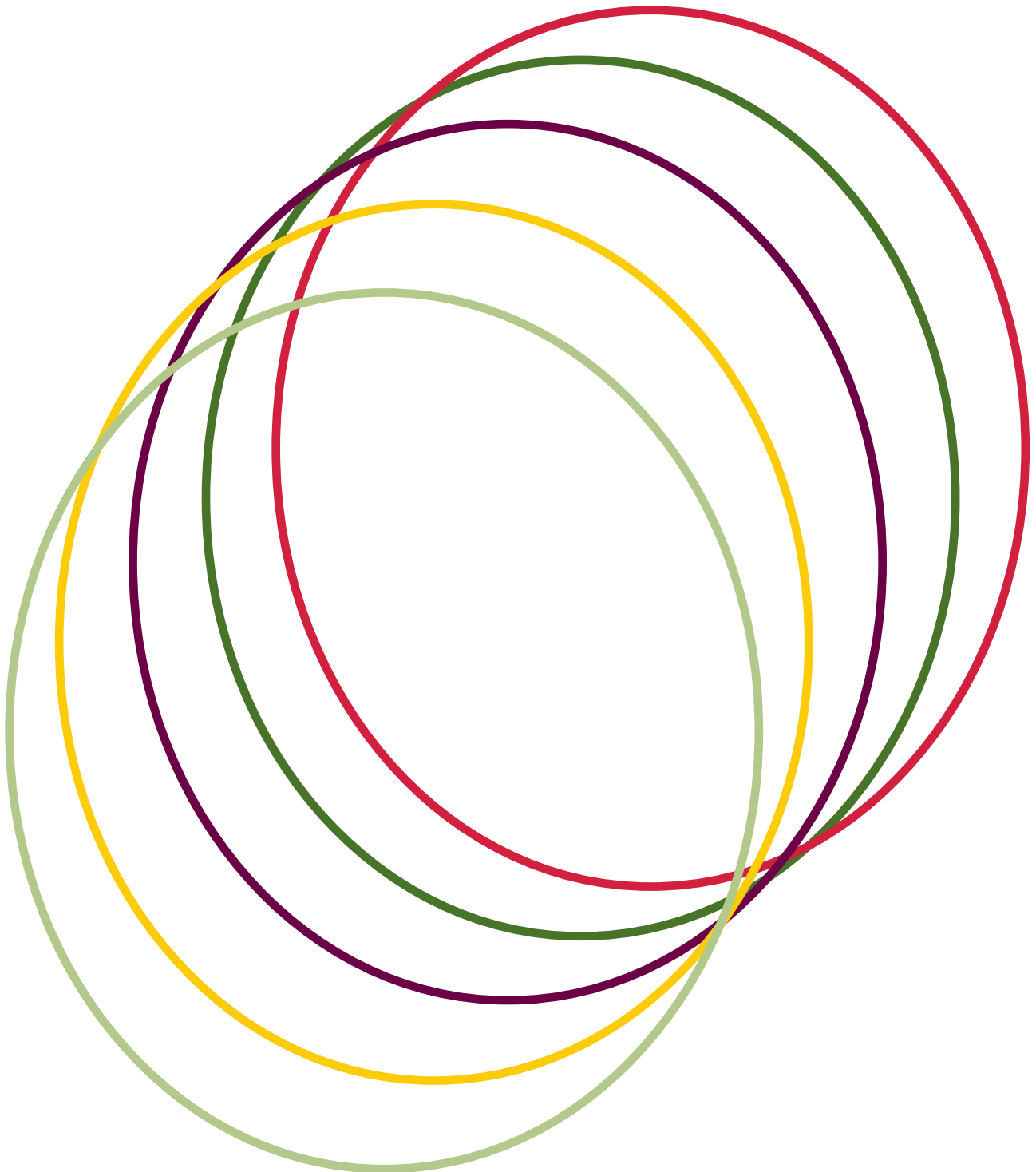
The fundamental set of values takes into account that Copenhagen is a culturally varied and diverse municipality with great variances in living conditions. Emphasis is therefore placed on describing the foundation so broadly that there is room for interpretation and integration of the values in a local context.

It is fundamental for health nursing to approach children and young people with a holistic viewpoint; which means that the individual health nurse, in practice, maintains awareness of the fact that the individual child and youngster has a family and a local environment that it is a part of and which influences the child and youngster's possibilities for development and well-being (Wistoft & Nordtorp, 2004). The parents are considered the most important collaborative partners in this regard, even though this is not consistently mentioned in the following text concerning children and young people.

As it is a politically approved document, significant changes in the fundamental set of values require a political decision by the Child and Youth Committee. The fundamental set of values must, however, be regarded as a living tool with refined shades of meaning that should always be open to discussion aimed at fruitful renewal and change.

# Five core areas

To enhance reader-friendliness, a common structure is used to describe successively the five core areas. First, a contraction of the most important content, formulated as a punchline. This is followed by a brief definition of the area. Thereafter follows a detailed explanation for why this core area is included as well as related future challenges. Finally, the core area is illustrated by brief cases from development work in school health nursing.



# Health

*The health nurse works with the positive and broad health concept.*

## Definition

The following is a description of the positive and broad health concept.

*The positive* is based on WHO's definition of health, in which it is stated that *Health is a state of complete physical, mental and social well-being and not simply the absence of disease and infirmity*

- The positive health concept thus includes the dimensions of both well-being and disease.

*The broad* addresses the question of which factors affect health.

- A broad health concept is based on both lifestyle and living conditions.
- A broad health concept thus encompasses the framework for children's and young people's' daily living and the conditions they are subject to.

In the table below the health concept is considered in light of two dimensions (Jensen, 2000). The horizontal dimension is concerned with the difference between the positive and that which is called the negative while the vertical dimension concerns the broad as opposed to that which is designated as narrow<sup>2</sup>. These two concept pairs are combined in four different ways and the figure therefore illustrates four different health concepts. A positive and broad health concept is thus more comprehensive and complex than a health concept that is narrow and negative. But it is important to point out that aspects of both disease and lifestyle are also included in the positive and the broad health concept. In his or her practice, the health nurse seeks to move in the direction of the broad and the positive health concept, which is indicated in the fourth cell in the figure. For a theme such as, for example, food, this means that food and meals are regarded from a physiological (nutritional content), aesthetic (taste, smell, appearance) and social (how lunch breaks and mealtimes are organized) viewpoint as well as in terms of living conditions (economy, availability and production) in the work with the children. See case 3 below.

	Negative (absence of disease)	Positive (quality of life and absence of disease)
Narrow (lifestyle)	1	2
Broad (lifestyle and living conditions)	3	4

<sup>2</sup> Negative and narrow are not to be understood here in the way the words are ordinarily used but are to be viewed as one end of a continuum whose other end expresses the positive and the broad. Focus in the positive and broad end is on lifestyle and living conditions and on providing something that promotes health; and focus in the negative end is on lifestyle and on removing the risks that hinder disease.



## Justification

It is considered essential that the work of the School Health Service takes as its point of departure a broad and positive health concept as defined, among others, by WHO, (see above) and in the Ministry of Education's leaflet on health, sex-education and family studies, in which it is stated that health consists of two different dimensions: a well-being and wellness oriented dimension and a dimension related to illness. In the practice of health nursing, the tasks which the health nurse performs range from exposing risks that threaten the individual child's health, to health-educational activities in the classroom as well as to working with the school as a supportive environment aimed at promoting health. This breadth of work activities requires an approach based upon a broad and positive health concept (Wistoft, 2006b).

Development in school health nursing includes many examples of small studies of children's, parents' and teachers' perceptions of health which indicate that also they relate health to quality of life, illness, behavior, lifestyle and conditions of life. This, too, makes it important for the health nurse to work with a broad and positive health concept. See below in case no. 1.

In development work, it is a general conclusion that a health concept which encompasses well-being and quality of life has a good chance of being linked to the children's own conceptions of the good life and thereby presents a good starting point for a dialogue on health between children and the health nurse in the health dialogue. In contrast, an disease-oriented health concept provides poor opportunities for involving the children in developing their feeling of ownership towards health. See below in case no. 2.

## Challenge

Experiences from development work in school health nursing indicate that it can be challenging to maintain the positive and broad health concept when things get very concrete. But also, that it can be done. See below in case no. 3.

### **Case 1: The health discussion: A dialogue about health**

The health nurse used exercises in the classrooms as well as a new form that the children in 6th grade were to fill out in preparation for the health discussion. These preparations gave the health nurse a good impression of the children's ideas about health. It was, for example, music, healthy food, the family, love, art, sleep, being happy, vacation and school, enthusiasm for something, no stress, experiences, good friends and solidarity. These concepts were later followed up in talks in which strategies for actions were worked out together with the health nurse. For example, together with the health nurse a pupil who was worried about unrest in the classroom worked out a plan to talk to the other children about it – perhaps together with their teacher - before the problems became too great. The pupil had already filled out the preparation questionnaire together with her parents and had thus already gotten some ideas as to what could be done.

*(Roesen et al., 2006, p. 13-32)*

### **Case 2:**

#### **The broad and positive health concept unfolded in a dialogue with the children**

The health nurse worked with the children's health concepts in the 5th and 6th grades as a prelude to their participation in a children's health council. She had anticipated that the children would perceive health as something boring. However, this turned out not to be the case. The children named, for example, better food in the school food-stall, longer breaks, self confidence, going to school and getting an education, teachers and parents who show an interest - and whom one can talk to. Several suggested that one can keep fit and join organisations, and in the discussions with the health nurse this theme spread to encompass various lifestyles and conditions of life. "It's good for the body; you get muscles, get slim and get friends. And it helps to give one self confidence and something to do, so you stay away from 'the street corners' and don't run the risk of ending up in a boy or girl gang." The theme of exercise suddenly became related to a long list of different health conditions regarding both well-being and conditions of life.

*(Roesen et al., 2006, p. 65-74)*

### **Case 3:**

#### **The broad and positive health concept in relation to food and meals**

In workshop-like activities with pre-school children and school starters the health nurse had, among other things, conducted a workshop on food and meals. A large number of different foods as well as pictures of foods and mealtime situations were spread out on a blanket on the floor. With this as a point of departure, the children talked about what healthy food is. The health nurse used the pictures, among other things, to raise questions about the social dimension in mealtimes, food in different cultures, what makes a good lunch break and what can one do to make it good. The children quickly became involved in discussing various food cultures and how food can be healthy and good even if it doesn't look like what we ourselves eat. Many children said that it could be fun to taste each other's food and to organize days with common meals at school. This was picked up by their teacher who afterwards implemented the idea.

*(Roesen et al., 2006, p. 113-125)*

# Participation

*The health nurse works with children's and young people's participation to ensure their ownership with regard to health.*

## Definition

Participation is defined as an active process in which children and young people, in a dialogue with the health nurse, identify the following with regard to their health:

- Themes
- Visions
- Actions

In addition, participation can be:

- A process in which children and young people take the initiative and choose to involve themselves
- A form of involvement in which children and young people are urged to comment upon and revise the themes and suggestions that the health nurse puts on the agenda.
- A joint process in which the health nurse and children and young people together choose and examine themes, develop ideas into action, etc.

## Justification

The concept of participation is closely related to the municipality's general fundamental set of values in which it is stated, among other things, that the municipality shall engage the user with respect, equality, dialogue and trust. The participation by children and young people in the processes that the health nurse initiates is a prerequisite for development of their ownership with regard to health. And ownership is concurrently a prerequisite for sustainable change – regardless of whether it involves changed eating habits, new action patterns or development of general action competence with regard to health (Borup 1999). See, e.g. case no. 3.

In the development of school health nursing the health nurses have experimented with the children's and young people's participation in a long series of different activities. Experiences from this show that:

- The health nurse's awareness of the children's and young people's own values is increased, and this means that she attempts to support them to a greater degree in defining for themselves various points of awareness with regard to their health and to develop strategies for change. See, e.g. case no. 1.
- The children venture forward more and show more courage in speaking with the health nurse about health problems that they previously had not shared with the health nurse so openly. At the same time, the children indicate a desire to discuss solutions and to act on their problems.
- The children feel they are seen and heard which leads to increased trust between the children and the health nurse. For example, some of the children have approached the health nurse at a much later date to tell her how things were going.
- Generally speaking, the children's motivation and ability to take action regarding their own health is increased when they are actively involved.

In the dialogue between children and the health nurse, the health nurse's professionalism interplays with the children's ideas, experiences, worries and visions. Participation by the children requires therefore that the health nurse, with her professional competencies, can challenge and support the children's own ideas and attitudes. See, e.g. case no. 2.

## Challenge

In recent years participation has become a buzzword within the health sector. This is among other things, due to a growing criticism of more campaign oriented 'top down' activities. Participation must not, however, be confused with a 'bottom up' approach in which the children are in control and the health nurse stands on the sidelines. The general challenge in this area therefore concerns the balance between the health nurse's control and the children's influence. Experiences from development work indicate that it can be perceived as difficult to balance between, on the one hand, letting the children participate in defining the problem, suggestions for its solution and actions to be taken and, on the other, to control the dialogue on the basis of one's knowledge as a health-professional.

**Case 1:****A workshop on health for the small school children**

In connection with carrying out health-discussions with the small children in the school it became clear that the health nurse's professional evaluation of the children's ages and levels of development are important for determining the framework for the children's participation. On the basis of professional health knowledge about children's development the health nurses judged that small children think very concretely, that they learn through play, that they need a safe and stable framework and acknowledgement in order to be able to participate actively and well-focused. They therefore arranged some workshops in which children in groups of approx. five were to work together on a concrete topic. The health nurses defined in advance the topics the children were to work on in the various workshops but the dialogue in the workshops was open. The children's exchanges of experiences on the subject of food and meals resulted, among other things, in that they discovered that it was problematic for them that the mealtime breaks at school were too disruptive. They would prefer to sit and eat while the teacher read a story to them, and they decided to speak with the teacher about this. The health nurse supported the children in their decision and helped them afterwards to contact the teacher and discuss the problem with her.

*(Roesen et al., 2006, p. 113-125)*

**Case 2:****The health discussion in the eighth grade**

The health nurse focused on an eighth grade class in which there were many 'aches' such as headaches, stomach aches, loneliness and much absence. She invited the children to a theme day on stress at which she asked the children whether they, together with her, would explore stress in the class. Together, the health nurse and the children found the level of stress in the class to be very high and that there were many daily conflicts in the class which the pupils themselves wished that something could be done about.

*(Roesen et al., 2006, p. 137-150)*

### Case 3: 'The open door'

Here the health nurse wished to break with the traditional framework for the health dialogue and instead invited children and parents to contact the health nurse whenever they felt they had a need. Prior to approaching the health nurse the parents and children were to have formulated for themselves what they wanted to talk with her about. By letting the children formulate and present problems to the health nurse themselves, she discovered that the children had ownership of the problems already before the discussion and that her professional knowledge was requested concretely with regard to the problem concerned. Concurrently the health nurses experienced that this dialogue, which was based upon the children themselves initiating contact, made it possible for the health nurses to return the responsibility for the problem to the one who had formulated it by asking about possibilities for taking action that the child itself could envision relative to the problem. In an evaluation of whom had made use of the offer of 'the open door' it turned out that it was especially the exposed children – or 'the children with needs' – who had made use of the opportunity. (Roesen et al., 2006, p. 87-111)



# Action competence

*The health nurse works with development of children's and young people's health related action competence.*

## Definition

Health related action competence is defined here as:

- Children's and young people's ability and willingness to create positive changes for their own and others' health
- An ability children and young people actively acquire through concrete actions aimed at their own and others' health

Health related action competence can be viewed as a competence that is activated in order to promote one's own and others' health. This competence is seen as something children and young people acquire through actions they take on their own or by acting together with others. Actions can be considered here as the sequence of events from initiated reflection all the way to the desired change. Even if the desired change is not achieved, the children and the young people are considered to be actively engaged in creating change which is an experience that, with support from the health nurse, can contribute to building up children's and young people's health related action competence.

Health related action competence comprises several partial elements. Among these are involvement, visions and knowledge about health related conditions and how these can be altered (Jensen, 2000).

## Justification

The concept of health related action competence can, among other things, be related to the recommendations by the National Board of Health, which state that the health-pedagogical effort is to aim at helping children and young people to be able to take care of their own health – now as well as later on in life (Sundhedsstyrelsen, 2007). With regard to health related action competence there is, in extension of the positive and broad health concept, focus on the health nurse's support of the development of children's and youngster's competencies for changing and dealing with issues of lifestyles and of living conditions that are significant for their health. With respect to this, however, it is vital to keep in mind that children and young people are subject to different conditions of life. Here the health nurse, with her professional knowledge, must help the children so the challenges are balanced in relation to the changes the actions are aimed at effecting.

The development of the children's and young people's health related action competence is considered a prerequisite for children's and young people's ability to care for their own and others' health. In light of this it is up to the health nurse to contribute to the development of children's and young people's health related action competence and to provide the best possible framework for change. See case no. 1 below. Through talks with the parents, the teachers or with other people in the school or in the community the health nurse can support children's and young people's possibilities for initiating actions in order to promote health. The job of the health nurse is to motivate to action that can lead to health related changes, but the actions must have their basis in the wishes and needs developed by children and families in dialogue with the health nurse. See case no.3 below.

The framework for action should be understood as the space the health nurse creates together with children and young people which lets children, both individually and together, describe, discuss and possibly realize their dreams and visions for better health for themselves, for their friends and for their family.

There is a very close connection between working with participation and development of the children's health related action competence. Experiences from development work in school health nursing point to the significance of the children's experiencing that they themselves make a difference. This ownership is considered a prerequisite for the development of health related action competence.

## Challenges

The development work in school health nursing indicates that it is a great challenge to reach the action stage, the stage at which children attempt to change reality. In this connection it is a great task to work with children as active agents who can act both individually and jointly. However, all the development work projects related to school health nursing show that health related action competence is a useful and fruitful concept as a point of orientation for the practice of health nursing.

In addition, experiences from development work in school health nursing show that it is necessary to develop tools and methods for evaluating and documenting projects whose goal is to develop children's health related action competence. There are good opportunities here to build upon experiences from development work in using the measurement tools that have proven valuable in documentation of children's health related action competency. See, e.g. case no. 2 below.

Lastly, experiences indicate that there is a potential in joint actions that individual actions do not have. This means that there is a need for a more systematic gathering of experience with using the health-pedagogical methods that health nurses employ, which supports joint actions, for example the methods of Values Clarification.

### **Case 1: Space for change**

The health nurse launched a project with the aim of doing something about the children who were too obese. With full awareness she addressed them in a tone of voice that was not patronising in any way. In the invitation she wrote i.a.: "Round, happy children can join in playing and being active, in talking about food and drink and learning more about how the body develops in a healthy way". The point of departure was that if one achieves good body-consciousness and a positive attitude towards one's body, the prerequisite for increased self confidence, then the urge to participate in social relations and perhaps to lose weight would emerge. It all took place in a gym and the activities alternated between ball-play, gymnastics and both free and structured play. The children were involved in the planning and their suggestions were listened to both before and after the activity. They were praised individually for signs of progress and received positive attention when exhibiting good comradeship. The children experienced that they could manage more than they thought – and the health nurse explains that it was fantastic to experience their joy over their new competencies. An important result was that the children made more friends in the school yard.

The motor-function teacher describes afterwards that the overweight girls now dare to attempt more during the regular gym sessions with their comrades.

*(Roesen et al., 2006, p. 177-190)*

**Case 2:**  
**Documentation of action competence.**

In the project 'The open door' the idea was that children (and perhaps also parents) were to prepare the topics they wished to discuss with the health nurse prior to approaching her on their own. In the following talks with the children, the health nurse focused on an action perspective and attempted to support the children in developing and in initiating actions. This effort was evaluated, in that all the pupils were asked about how they benefited from the talks. They were asked to reply to the following questions after their first talk: 1. Do you feel you have learned something? and 2. Do you know what to do now? After the second talk they were asked: 1. How did it go? and 2. Tell us what you have done? 79 out of 80 pupils said that they 'had learned something' while 71 said that they had taken action with regard to their problem. Their actions included: started saying something in class, avoid conflict, started wearing glasses, had the problem checked by my doctor, applied to a sports club, asked adults for help, asked instead of arguing, brought things up in front of the pupils' council, etc. The results indicate that the health nurse's efforts have left an imprint with regard to the children's action competence.

*(Roesen et al., 2006, p. 87-110)*

**Case 3:**  
**Actions based on children's needs**

A group of health nurses wished to conduct dialogic health discussions with children in the 6th grade; discussions in which the objective was to put the individual child's values, wishes and needs in focus; with the idea that this would increase the child's active participation ownership and action competence. In the classroom, the health nurses had previously introduced the children to the health discussion and explored the children's understanding of health. Prior to the health discussion all the children received a form which they could fill out alone or together with their parents. During the discussion one of the pupils expressed the wish for more experiences and more content in his daily life as well as a desire to spend more time together with his friends. During the discussion he formulated the strategy that he would apply to a badminton club, start drinking milk to get more energy and invite friends to come home with him. He returned a couple of months later and related that he had started at the badminton club and had also found a friend whom he had invited home and had been to the movies with.

*(Roesen et al., 2006, p. 87-110)*



# Care

*The health nurse provides professional care both as a means and as a goal in itself.*

## Definition

- Care is defined as an ethically based injunction to look after another – in this case the child and the youngster. The professional care builds on the ethical injunction, on the nature of the tasks undertaken by the health nurse and on her health related professional competencies (Martinsen, 2005)

The professional care is concretized in specific acts and particular ways of entering into a dialogue with the children by:

- Listening – meaning interested participation
- Accommodating – meaning creating time and space. It involves taking the child's experience of the world as a point of departure and providing an opportunity for sharing experiences confidentially.
- Seeing the child - meaning acknowledging its integrity as a human being, as a person and indicating that it is something special.
- Being present – meaning making oneself available, being attentive and not necessarily demanding acute problem solving.
- Taking responsibility – meaning taking care of the child. Responsibility includes paying attention to the weakest and most vulnerable children and young people.
- 'applying a band-aid' – meaning being comforting and soothing, but also literally to applying a band-aid [when necessary].

## Justification

Professional care is considered as a basic value for the tasks the health nurse undertakes in relation to children, to young people and to their families. The task of the health nurse, to contribute to children's and young people's health and well being, includes by definition a caretaking function (Wistoft & Nordtorp, 2004). This caretaking function is realized in a series of tasks that are aimed at the individual, at the group and at the family. Professional care is provided when taking on health-pedagogical tasks, when working more supportively and helpfully and when tasks concerning caring for children and young people with special needs are addressed. The professional care facilitates a dialogue and aims at helping the individual child and individual youngster to learn something and to develop in order to create changes for a healthier life.

The health nurse's professional care involves coupling professionalism, knowledge, values and attitudes and on the basis of these dealing in an ethically responsible manner with the tasks she has been entrusted. Professional care can be seen both as an objective and as a means in connection with the school health nurse's tasks. Care as an objective is a value in itself – an unconditional value. As a means, care has significance, for example, for successful intervention or for creating good opportunities for prevention and promotion of health. See case 2 below.

Conditions of life, circumstances, opportunities and abilities are different and often unequally distributed. Thus, not all children and young people are equally well off socially, financially, physically or psychologically. Opportunities for acting and for making healthy choices are also unequal. By virtue of the task of early discovery and action in connection with children and young people with special needs, the health nurse takes on the function of professional caretaker and thereby achieves insight into, and acknowledgement of, unequal conditions. Acknowledgement of the unequal conditions increases the health nurse's duties and responsibilities as a professional caretaker. See case no. 3.

## Challenges

Development work has provided experience in considering care for the individual child in light of its relation to the group of children; because it can turn out that the individual child's problem is part of a common problem in the class. The perspective and the locus of action can thereby be shifted from the individual child to the group of children. See case 1 below.

Another challenge lies in acknowledgement that care does not comprise a precise quantity. On the one hand, it is the health nurse who cares for the child or youngster. On the other, she is susceptible to the manner in which the child accepts her care. Even when care is considered a goal in itself and is in principle unconditional, the experience of not being admitted to the child's universe and thereby being unable to solve problems can be frustrating. In the context of health nursing this dilemma is encountered when care is used as a means of achieving a goal set by the health nurse and not necessarily by the child or youngster himself or herself.

### **Case 1: On shifting focus from the individual to the group**

In one of the projects (in a 6th grade class), where focus was on the individual health discussions and on care, the health nurse experienced great social inequality and a generally negative atmosphere in the class. This was evident from comments by the individual children about exclusion from the group, mobbing and violent unrest in the class. This pattern had developed into a lack of mutual respect between the children, the teachers and the substitute teachers. It made no sense to solve these problems in the individual discussions. In collaboration with the children, the teachers and the substitutes, it became possible for the health nurse to involve everyone in finding words for the problems that occupied the class. The children were especially thrilled at having the teachers and substitutes on equal terms with themselves. The children's own values emerged and they were able to conceive strategies for how they could create a better atmosphere in the class. They were able to express clearly what they valued in a good class. Afterwards they worked with problem identification and finally on a catalogue of solutions with suggestions for changed behavior and ideas for pupils, for teachers, for substitutes and for the school.

*(Roesen et al., 2006, p. 13 - 32)*

### **Case 2:**

#### **The significance of care for the creation of good opportunities for health-promoting activities.**

In a project in which the health nurse worked on a participant-oriented course with 6th grade pupils, her perspective on care changed. Whereas she originally wanted to free herself from the role of caretaker in the work with the pupils, the health nurse realized that care was the mainstay for good pedagogical relations as well as for the development of her own and the children's competencies. She emphasizes, among other things, that showing the pupils that you care about them is essential for their participation and thereby also for their betterment. In this situation, care was not seen as unconditional but rather as caring to provide for their inclusion in the process so that it became clear to them that the health nurse believed they were capable of participating on an equal footing. Her caretaker role became included as a pedagogical competence and realized in increased attention to the children's values, enthusiasm and learning opportunities.

*(Roesen et al., 2006, p. 151-162)*

### **Case 3:**

#### **Caring for the weakest**

The health nurses conducted Open Counseling at two schools. Two objectives were:

1. To establish an easily accessible space for health related guidance and dialogue.
2. To prevent problems from escalating by providing help and counseling here and now.

Here this concerned, among other things, creating a communicative space in which the health nurse was available for those with need. A space in which she listened attentively, entered into a dialogue about whatever was difficult and about how to move on. It turned out that many children as well as parents came, also those who had difficulties. There was, however, a small number who did not come. By contacting the children who did not come on their own, it turned out that a number of them actually needed the health nurse's assistance with something. They had a need but did not come on their own. It was concluded that caring for the weakest includes finding them.

*(Roesen et al., 2006, p. 13 - 110)*

# Interdisciplinarity

*The health nurse collaborates with other professional groups concerning the well-being of children and young people in order to achieve synergy.*

## Definition

- Interdisciplinarity is defined here as collaboration between various professional groups with the objective of achieving the best possible foundation for promoting the well-being and development of children and young people.

Collaboration is founded upon mutual respect, acknowledgement of one another's professionalism and dialogue as a basis for cooperation. Interdisciplinarity and inter-disciplinary collaboration can never be a goal in itself, but only a means to achieve synergy by collaborating across disciplinary borders in the health-promoting and preventive work in the schools. Carrying out the interdisciplinary collaboration applies here to both that which occurs incidentally during a day's work as well as to the formalized interdisciplinary collaboration with a prearranged structure and organization.

## Justification

Multidisciplinarity and interdisciplinary collaboration are considered fundamental conditions for the successful undertaking of tasks by the health nurse in school health nursing. The focus of health nursing has shifted from a successful preventive strategy for the reduction of infant mortality and the prevention of illness and malnutrition in children and young people, to a more general preventive and health-promoting effort in which the child's general well-being, and the context the child is living in, are at the center of attention. This has brought into focus a series of new partners who, together with the health nurse play a role in relation to the preventive and health-promoting work with school children. See case 3 below.

The necessity for including context can be illustrated by a quote from WHO's Ottawa charter in which is stated that "Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love." (WHO, 1986). This suggests that when the health-promoting and preventive tasks are to be carried out, the health nurse should take her point of departure in the environment in which the children and young people live. This is supported by the development work in school health nursing which indicates that success with the health-promoting and preventive work in the schools is conditional upon an interdisciplinary cooperation by the professional groups involved with the school children. This must be seen in light of the fact that the health-promoting and preventive work involves more than the individual child's state of health. It also encompasses the interplay between the children's conditions of life, the well-being of the class and the atmosphere in the school.

The school comprises the vital framework for the school health nurse's collaboration with other professional groups. However, also associated institutions, the children's and young people's homes and the local community can constitute the framework for the interdisciplinary collaboration for the health and well-being of the school children. Collaboration can thus involve teachers, health inspectors, school principals, pedagogues, psychologists, GP's, the police, local leisure time organizations, students from nearby educational institutions, case workers, etc.

## Challenge

Traditional or outdated expectations regarding the various professional groups' competencies and tasks can be barriers for interdisciplinary collaboration (Wistoft et al., 2005). See case 2 below. In addition, differences between partners can arise due to differing fundamental approaches to children and expectations of the roles they are to play. Rising above such differences requires visible values and the will to be open and to acknowledge that other professional groups have other core tasks and thereby also have other approaches to the school children. In this regard it is imperative that the individual health nurse is able to communicate clearly and precisely, to discuss and exemplify the fundamental set of values that health nursing builds upon. See case 1 below.

The development work in school health nursing indicates very clearly that establishing a collaborative effort in school health nursing makes a special demand on the health nurse to take on a proactive role. This is especially due to the fact that health nurses, as a professional group, stand alone in the school and the teachers' presence in the schools is often fixed in a prearranged teaching schedule.

### **Case 1:**

#### **The school health nursing fundamental set of values at play**

A health nurse invited the teachers at a school to participate on a health team that was to work on establishing the school's health policy. The teachers had difficulty, at first, in understanding why they were to participate in this task. The breakthrough came when the health nurse, following the presentation of a broad and positive health concept at a meeting of the Pedagogical Council, entered actively into collaboration with the teachers on arranging two comprehensive weeks on the theme of health. In this way she got the opportunity to concretize, make visible and exemplify what is hidden behind a broad and positive health concept and how this approach meshes with the school's general fundamental set of values. A significant addition was that she managed to secure, via meetings and discussions with the school leadership, permission for the teachers to spend time working on the interdisciplinary health team. The health nurse concludes that the following played significant roles: 1. She was able to establish a connection between the school's general values and the work on health, 2. She continuously followed up and lobbied in order to 'educate' the teachers about the positive and broad health concept and 3. Right from the start she presented her position and the health concept that she felt the school should build upon. These conditions created the prerequisites for a dialogue in the school where, through this process, many teachers developed ownership of the school's work on health.

*(Roesen et al., s. 41-54)*

### **Case 2:**

#### **Traditional notions of health at play**

In various situations the health nurse conducted interviews with selected teachers regarding their conceptions of health and the role they felt the school should play in relation to children's health. These interviews have turned out to be worth their weight in gold with regard to initiating broad discussions in the teacher's group or in a large group of parents, in that the health nurse thus cast herself in the role of communicator of other teachers'/ parents' thoughts on health. And this has been an exciting starting point for discussions with a broader population. Concurrently, the interviews exposed biases that, among other things, uncovered a skeptical attitude to health work, if it becomes patronising:

- "If focusing on health means that the school is to become a 'health fanatic', and if it means that we go around and hand out carrots, then it's not what we want" (teacher)

- "does this mean that we now also have to be a kind of health police?" (teacher)

- "My feeling about policies is that I hate it if they're about what we aren't allowed to. Prohibitions create a negative feeling in me" (teacher)

*(Roesen et al., p. 41-54, 55-64 and 75-85)*

### Case 3:

#### The interdisciplinary work as a prerequisite for impact of the health-promoting work in the school

A project in which the health nurses participated in the activities during a theme week at the school clearly indicated how vital the interdisciplinary work is for perception of the health nurse's role in the school, for support of the health-promoting work and for the pupil's participation in the activities that the health nurse arranges. Absence of collaboration on activities during the theme week meant that the health nurse's activities were perceived as input without any connection to the remaining activities. The children did not understand the meaning of the health nurse's offer. For example, one pupil asked: "Why should we do this, anyway?" For him there was no connection with the rest of the theme week's topics and no meaning in what he was doing. This underscores how important it is that the health nurse is proactive in getting the interdisciplinary work put on the agenda and that the health nurse is able to account for the core values in the work of school health nursing. (Roesen et al., p. 173-176)



# References

- Borgerrepræsentationen (1998). Københavns Kommunes Værdigrundlag. Københavns Kommune.
- Borup, I. (1999). Learning about Health: The pupils' and the School Health Nurses' Assessment of the Health Dialogue. The Nordic School of Public Health. Göteborg, Sweden.
- Børne- og Ungdomsforvaltningen & Socialforvaltningen. Københavns Kommune (2008). Børne og Ungepolitik. Københavns Kommune.
- Jensen, B. B. (2000). Handlekompetence, sundhedsbegrebe og sundhedsviden. In L. Hounsgaard & J. Juul Eriksen (Eds.), *Læring i sundhedsvæsenet* (1 ed., pp. 191-209). København: Gyldendal Uddannelse.
- Roesen, J. V., Glisman, H., Jensen, B. B., & Wistoft, K. (Eds.). (2006). *Sundhedsplejen ved en skillevej? Erfaringer fra et sundhedspædagogisk udviklingsarbejde*. København: Sundhed og miljø, Københavns Kommune.
- Københavns Kommunes Sundhedspleje (2005). *Sundhedsplejens Praksis*. Københavns Kommune.
- Martinsen, K. (2005). Omsorg i sykepleien - en moralsk utfordring. In K. Martinsen (Ed.), *Samtalen, skjønnets og evidensen* (pp. 135-166). Oslo: Akribe as.
- WHO (1986). The ottawa charter for health promotion (No. Health promotion, 1, iii-v): World Health Organization.
- Wistoft, K. (2006a). Omsorg og sundhedspædagogisk kompetence. *Cursiv*, 1(1), 83-98.
- Wistoft, K. (2006b). Sundhedspædagogiske udfordringer i skolen. *Tidsskriftet Sygeplejersken*, 106(4), 48-52.
- Wistoft, K., & Jensen, B. B. (2004). *Værdier i sundhedsplejen - værdiafklaring i det sundhedsfremmende arbejde*. Forskningsintegreret udviklingsprojekt for perioden 1.4.04 - 31.3.07. København.
- Wistoft, K., Jensen, B. B., & Roesen, J. V. (2005). *Værdier på spil? Mellem sundhedsfremme og forebyggelse i skolesundhedsplejen*. København: Danmarks Pædagogiske Universitets Forlag.
- Wistoft, K., & Nordtorp, U. (2004). Sundhedsplejens inderside og yderside - en professionsanalyse. In L. Moos, J. Krejsler & P. F. Laursen (Eds.), *Relationsprofessioner - lærere, pædagoger, sygeplejersker, sundhedsplejersker, socialrådgivere og mellemledere* (s. 177-212). København: Danmarks Pædagogiske Universitets Forlag.
- Sundhedsstyrelsen (2007). *Forebyggende Sundhedsydelse til Børn og Unge, Anbefalinger*. Sundhedsstyrelsen.

