

**«Kids Do Well If They Can»  
- Guiding Principles in Health Promoting Work in Kindergartens And Schools**

Eva-Kristin Paschen-Eriksen, Lillesand municipality, Norway

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**Abstract**

In the programme Health Promoting Kindergartens and Schools, we work across various educational contexts, and our goal is to facilitate for good mental health where individuals thrive and can develop their potential. The background for this programme was increased mental health challenges among young people. We believe it is important to have a common set of values to create an environment that embraces difference and promotes a positive development. We have developed a set of guiding principles which are as follows: 1) There are no difficult children, only children who are going through difficulties. This principle is inspired by Ross Green's saying «Kids do well if they can», and it expresses a professional responsibility to act according to what children and young people express through words or action. 2) We see development as a possibility, meaning that it is always possible to influence a situation. 3) We develop solutions together, meaning that children and young people are supported to be actors in their own lives depending on age and maturity. 4) We know that we are all part of the context, meaning that we must be conscious of our own attitudes and understandings when meeting with others. To ensure that the different participants in the programme work according to the same principles, we gathered different professionals from the education and health sectors, and used a method called Dialogue Cafe to discuss the four principles. In this presentation, we will elaborate on this process, and how the four guiding principles were understood.

Keywords: Health Promotion, Mental Health, Guiding Principles

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## Introduction

For many years, the southern region of Norway called Agder has been facing challenges when it comes to living conditions. Since the report *Surt liv på det blide Sørland* (Depressive life in the happy South) revealed poor living conditions in terms of high use of prescription drugs like sedatives and sleeping pills, high suicide rates and many young disability pensioners among more (Røed, 1993), this has been a focus area in policy making. Particularly serious today is the combination of low employment with a high proportion of part-time work (Agder County, 2020). Still, there are also many disability pensioners of working age and many who are on the threshold of disability pension. In addition, many children and adolescents report mental symptoms. These are expressions of exclusion and living conditions that are important to take seriously. The reasons why it is like this in Agder are compound. The same are the answers to how one can deal with these challenges.

Half of the most common depression and anxiety disorders and most of the developmental disorders are detected in childhood, teenagers or early adolescence (Kessler et al, 2005).

Early debut in mental illness is a matter of great concern because this is associated with prolonged first episodes and high relapse rates (Fergusson, Boden & Horwood, 2007).

After one episode with depression, the chance is 50% to get another one and after two episodes, the chance of getting another depression has increased to 75%. After three episodes, the relapse rate is up to 80-85%. The relapse rate is especially discouraging for children and teenagers. We know that early effort gives the society a great return (Heckman, 2012). We also know that the society get a greater return from universal measures (Holte, 2017; 2018), and in the project Health Promoting Kindergartens and Schools, this is what we focus on, universal measures that all children and young people benefit from.

James Heckman, the American economist and Nobel Prize winner, says that we must invest early to get the greater return, as we can see illustrated in the figure below. He wants us to invest in children instead of the stock market.

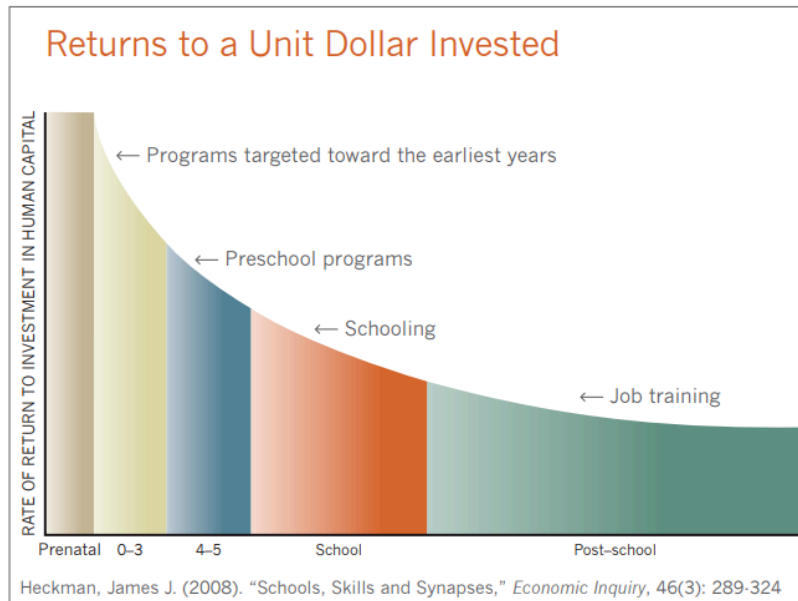


Figure 1. Returns on investments, from Heckman, 2008.

This shows that early efforts also have an economic aspect. Still, most important is the fact that we can help more children develop a good mental health if we start at an early point.

This article investigates how we can improve mental health for children and young people between 0 and 24 years of age through competence building in the project "Health Promoting Kindergartens and Schools". This is one of several projects that constitute The Programme for Public Health in Norway. The World Health Organization - WHO defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, 2004). This is a definition that complies well with how we work with mental health in our project.

In the following, the reason why we need a health promoting programme in the southern region of Norway is elaborated on, as well as the project "Health Promoting Kindergartens and Schools". Second, the following research question is discussed: How can we as different professionals work together to create a safe and supporting environment for children and young people to thrive and develop?

### *The health status in Norway*

The health status of the population of Norway as described in 2018 was generally good (Norwegian Institute of Public Health's report: Health Status in Norway 2018). In 2017, life expectancy was 84.3 years for women and 80.9 years for men. Most children and adolescents in Norway thrive and have good mental health. Quality of life studies show that the vast majority are satisfied with their lives. However, many people are diagnosed with mental disorders during their childhood or adolescence, sometimes as chronic or lifelong conditions. The report *Psykisk helse i Norge (Mental Health in Norway)* (Reneflot et al, 2018) states that about 7% of pre-school children

and school children have symptoms of a mental disease and that about 5% of children and youngsters between 0-17 years are every year treated in mental health care.

Absence of mental health is a burden on children. It may lead to drop outs in upper secondary school and illness. Depression and anxiety are common problems (Institute of Public Health, 2016, 2018). Mental health issues also have consequences for society in general, such as high social security costs, working disability and mortality. This costs Norway more than 290 billion a year, which equals almost a tenth of our GDP (Gross Domestic Product) (Holte, 2018). Depression is the most expensive disorder in terms of social security costs, working disability and mortality. Only 13 % is health related costs, the rest is indirect costs (Holte, 2017).

Ungdata (young data) is a cross-national data collection scheme, designed to conduct youth surveys at the municipal level in Norway. It is regarded as the most comprehensive source of information on adolescent health and well-being at the municipal and national levels. The survey is an important tool in municipal planning and developmental work related to public health and preventive measures aimed at young people like we do in Health Promoting Kindergartens and Schools. The key numbers for our region Agder, in the southern part of Norway, show that 83% are happy with their parents, 94% says that their parents know who they spend time with and where they are and 9 of 10 have at least one close friend (Ung I Agder, 2019). Furthermore, it indicates that half of the teenagers in Agder have at least one close friend they meet through the internet and that 7% has been bullied in one way or another. 9 of 10 are happy in school and 9 of 10 think they will complete upper secondary school.

Even though quite many young people report positive answers on this survey, the developmental features in young people's everyday school life in Agder from 2016 to 2019 indicate that less of the young people in Agder feel happy in school and more are bored or feel nervous about school. They use less time on homework, but still more than half say they get stressed by schoolwork. When it comes to mental health, most young people in our region say they have a good mental health. For those who specify symptoms on mental health disorders, it is most common to point out stress-related symptoms. They worry too much. There are more girls than boys that specify this. However, the number has increased for both girls and boys from 2016 to 2019. This also corresponds with the national numbers. In 10<sup>th</sup> grade and 1<sup>st</sup> year in upper secondary school, the increase is higher among the boys. We also know that the number of those who commit suicide is much higher among boys than among girls (Reneflot et al, 2019).

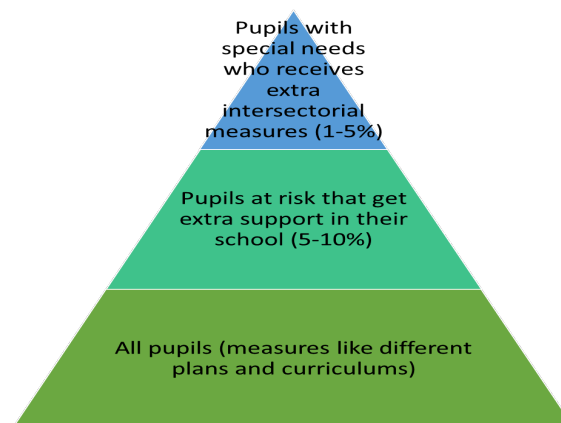
### *Health Promoting Kindergartens and Schools*

«Health Promoting Kindergartens and Schools» is one of four projects in “The Programme for Public Health” in Norway. In the public health area, the absence of mental health, as earlier referred to as the state of well-being, is the biggest challenge in about half of the municipalities in Norway (The Office of the Auditor General Monitors, 2015). The same municipalities also replied that they do not know how to handle this challenge. Therefore, the overall goal of the programme is to strengthen the municipalities’ capacity and competence so that they can work with promoting children and young people’s mental health and quality of life based on what good

practise and research show. As kindergartens and schools are arenas where children and young people stay most of the week, it is crucial that these arenas promote health and coping for everyone. Public health and life skills are now also priority topics in both kindergartens' and schools' curricula (Norwegian Directorate for Education and Training, 2017; 2020).

In the project Health Promoting Kindergartens and Schools, we work across various educational contexts, and our goal is to facilitate for good mental health where individuals thrive and can develop their potential. The background for this programme was increased mental health challenges among young people as described above. We believe it is important to have a common set of values and framework to create an environment that embraces difference and promotes a positive development.

As earlier referred to, it is important to work with universal measures, measures that are directed towards all the children and youngsters, and not only a selection of them. The figure below shows the contribution of learning supportive and behaviour supporting measures in Norway.



*Figure 2.* Response to intervention (from Buffum, Mattos & Weber, 2009).

Today, we use most of our resources working with the upper parts in the pyramid where only 1-5 % of the target group is. Arne Holte, a well-known professor in Norway, points out that the society gets most paid back when working in the lower part of the pyramid (2018). In this part we find the preventing and health promoting measures, such as those we work with in Health Promoting Kindergartens and Schools.

## **Methodology**

Competence on health promotion is a fundament in Health Promoting Kindergartens and Schools, a fundament that is intersectoral and across municipalities. In order to enhance competence and consensus across different sections in society that work with children and young people, we have developed four guiding principles directed towards the adults that work with our target groups. The intension behind these principles is to make different professionals reflect upon their practice in meeting with the individual child or teenager.

The four principles are as follows:

1. **There are no difficult children, only children who are going through difficulties.** This principle is inspired by Ross Green's saying, «Kids do well if they can», and it expresses a professional responsibility to act according to what children and young people express through words or action. This principle was already familiar to many participants as it had been presented in the region by RVT Sør (a regional specialist centre for working with trauma, violence issues and prevention of suicides).
2. **We see development as a possibility,** meaning that it is always possible to influence a situation.
3. **We develop solutions together,** meaning that children and young people are supported to be actors in their own lives depending on age and maturity.
4. **We all influence the context we are part of,** meaning that we must be conscious of our own attitudes and understandings when meeting with others.

To ensure that the different participants in the project work according to the same principles, we gathered different professionals from the education and health sectors, and used a method called «Café Dialogue» to discuss the four principles. Each principle was written on a big poster and put out on a table with a «café host». This person stayed at the same table throughout the session and facilitated for the participants that came to that table to elaborate on what this principle meant for them in their daily work. The participants were divided into groups with approximately 7-10 persons, and all of the groups had to go from table to table until the four principles were discussed by all groups.

The participants answered the question; “What does this Guiding Principle mean for me in my practice”? The café dialogues made each participant reflect upon what each principle meant to them in their daily work as a preschool teacher, teacher, assistant, school nurse, principal, leader of the child care, in the school or health sector in the municipality and other relevant institutions. In the following we will report the reflections the café dialogue resulted in, including some quotations from these reflections.

## Results

The first principle, “There are no difficult children, only children who are going through difficulties”, deals with how we view the child or the human being. It reflects our professional responsibility to act according to what children and young people express through words or action. In different ways, the dialogue showed that language use is an important aspect when meeting children and young people, as pointed out in the following quote: “How we use the language is crucial”. Other comments concerned the professionals' attitude when meeting with the child, e.g. one person said that one “must be curious at the child...why does the child behave like it does...”. It was also pointed out that it was important for colleagues to observe and support each other, and to create meeting points for reflection in order to be more conscious on how behavior affects those around.

The second principle, “We see development as a possibility” is a solution-oriented principle meaning we can always influence the situation. During the discussion on this principle, it was emphasised that: “Positive focus is a good starting point for

development”. Another element that was emphasised was that it is important to facilitate for strategy training and intrinsic motivation. Several also pointed out in different ways that “We must be honest and find alternative ways and options through a close adult/child-collaboration”.

The third principle, “We develop solutions together”, reflects the importance of different kinds of collaborations in order to let children and young people be supported to be actors in their own lives depending on age and maturity. When working with the third principle, it was said that “The leaders have to facilitate for more interdisciplinary and intersectoral collaboration”. Many participants also emphasised the importance of parental involvement, which the following quote underlines; “A larger degree of parental involvement, also in the upper secondary school”. Finally, it was said that we must “Mirror the teenagers, use them as experts and develop methods for this”.

The fourth principle, “We all influence the context we are a part of”, means that we must be conscious of our own attitudes and understandings when meeting with others. The last quotation reflects this: “I have to start with me: the man in the mirror”. Other reflections on this point was that “I must be open for guidance» and «I must practice ‘difficult situations’”. This last quote illustrates the need for training working with the guiding principles in practice.

## **Discussion**

In order to work health promoting in kindergartens and schools, there is a need to focus on competence building as well as instrumental measures and last, how to implement these measures. The guiding principles developed in the project Health Promoting Kindergartens and Schools is an important and common platform that may support those who work with children and young people to develop a common understanding and competence. Establishing a common “language” for how we work with relationship building toward our target groups despite what professional context we work within is crucial. Doing the café dialogue together with different professionals and leaders from different sectors and municipalities was useful as the importance of leadership was pointed out in several ways.

Relationship building is one of the areas that are emphasized in the national Framework for kindergartens and in the national Curriculum for schools (Norwegian Directorate for Education and Training, 2017; 2020). At the same time, working with this kind of competence is a complex concept with many interacting factors (Roland, 2016). How we relate to our feelings is one side of this complex concept. All feelings are important in one way or another, we just need to learn how to deal with them. The relationship between the teacher and the pupil is essential in developing good learning environments, which is important to create a health promoting environment.

Working with values and guidelines is challenging. The process in finding four intersectoral and inter-municipal principles to work with across different educational contexts took longer time than estimated. The guiding principles had to match and fulfil the values and the competence work that already were established within our municipalities, though on different levels. Up till now, this has been the biggest challenge. For example, one of the measures in the project is called SAMM, “a

Systematic Approach to Mastering life – the fivestep Motivation method”, and this method is applied on all levels from primary school to adult learning contexts (Horverak, Langeland & Fagerhaug, 2018; Horverak & Aanensen, 2019; Horverak, 2020). When working with children from the age of 6 to adults at the age of 24, the perspective and the role of the teacher differ in the various contexts. This may cause problems when trying to define a common language and set of guiding principles, as a 24 year-old obviously may take more responsibility than a 6 year-old, and the concept of “child” is perhaps not suitable for 24 year-olds. The shift of different representatives from the municipalities was another challenge that led to a lack of continuity, ownership and progress. All this contributed to why it took a long time to find a set of common guiding principles that work for all our municipalities and contexts.

In order to support the implementation of these principles in schools and other relevant institutions, we have developed a prototype of a web site that will make this kind of reflection and practise easier. There are for instance small videos showing different situations that can appear in the kindergarten or in the school. To make this easy, especially for the pre-school teachers and the teachers, each principle is linked up to the national curricula both for kindergartens and schools. The challenge that we are facing now, is how to make room for the training of the different key persons in our municipalities, and then how to make time for the training within each municipal.

The challenges described here are probably common for many similar situations. When dealing with children and young people and mental health issues in school, different professionals with different backgrounds and viewpoints need to collaborate. They need to find a common language and they need time and meeting points to create a common understanding. What is important is to keep the children and young people in focus - what they benefit from - and for the adults to keep their separate interests and indifferences in the background. Doing this, one may succeed in promoting health in schools and kindergartens through universal measures.

## **Conclusion**

This study investigates why we need a health promoting programme in the southern region of Norway, and how professionals can work together across different disciplines and sectors to create a good environment for children and young people. Although many young people in Norway are happy and satisfied, there are those who struggle. Compared with national numbers, the results from surveys show that young people in this southern region struggle more than others. This study shows that creating interdisciplinary and cross-sectional gathering points to discuss important principles could be one way of creating a common understanding to meet children and young people with. This creates a safe environment where they may feel that the adults believe in them, and where their contributions and opinions count, not only the adults' opinions.

As mentioned, it may be challenging to implement these types of principles in contexts with different regulations and systems. This study demonstrates one way of working with such a process and make all relevant actors engaged in the process. Further work is needed in the implementation process. There is also a need to



investigate how working with principles such as these actually influences children and young people's health, whether it is health promoting.

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**Contact email:** [evaeri@lillesand.kommune.no](mailto:evaeri@lillesand.kommune.no)