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Health education projects in Portuguese schools: perceptions of its implementation

Raimundo Souza[1], Carla Ferreira[2], Betina Lopes[3] and Jorge Bonito[3,4*]

[1]Escola Superior de Educação Física do Pará, Belém, Pará, Brasil. [2]Centro de Tecnologia Mecânica e Automação, Universidade de Aveiro, Aveiro, Portugal. [3]Centro de Investigação em Didática e Tecnologia na Formação de Formadores, Universidade de Aveiro, Aveiro, Portugal. [4]Centro de Investigação em Educação e Psicologia, Universidade de Évora, Évora, Portugal. *Author for correspondence. E-mail: jbonito@uevora.pt

ABSTRACT. Children and young people need to be able to make responsible choices. This article aims to characterize the implementation of school projects focused on health promotion and education on students' learning and risk prevention in accordance with the perceptions of 14 school project coordinators, 13 school directors and 1 subdirector. Semi-structured interviews, individual and in pairs, were conducted implying 14 school clusters in Alentejo (Portugal). Five dimensions of analysis were considered: organization, community, ecological, psychosocial and curricular. From the results, a divergent scenario emerges. Participants report the existence of many and diverse activities involving different actors inside and outside schools, acknowledging positive outputs on students, on school climate and their families. However, they had difficulties in pointing specific evidence to sustain their perception. Monitoring and evaluation of the process is considered to be one of the major fragilities. Specific recommendations in alignment with each dimension are delineated.

Keywords: child welfare; health education; educational projects.

Projetos de educação para a saúde nas escolas portuguesas: percepções da sua implementação

RESUMO. As crianças e os jovens precisam de ser capazes de fazer escolhas responsáveis. Este artigo tem como objetivo caracterizar a implementação de projetos escolares focados na promoção e educação em saúde na aprendizagem dos alunos e na prevenção de riscos de acordo com as percepções de 14 coordenadores de projetos escolares, 13 diretores de escolas e 1 subdiretor. Foram realizadas entrevistas semiestruturadas, individuais e em pares, abrangendo 14 agrupamentos de escolas do Alentejo (Portugal). Foram consideradas cinco dimensões de análise: organizacional, comunitária, ecológica, psicossocial e curricular. Dos resultados emerge um cenário divergente. Os participantes relatam a existência de muitas e diversas atividades envolvendo diferentes atores dentro e fora das escolas, reconhecendo resultados positivos para os alunos, para o clima escolar e para as suas famílias. Contudo, tiveram dificuldades em apontar evidências específicas que sustentassem sua percepção. O monitoramento e avaliação do processo são considerados uma das maiores fragilidades. São delineadas recomendações específicas alinhadas com cada dimensão.

Palavras-chave: bem-estar infantil; educação saudável; projetos educacionais.

Proyectos de educación para la salud en escuelas portuguesas: percepciones sobre su implementación

RESUMEN. Los niños y los jóvenes deben poder tomar decisiones responsables. Este artículo tiene como objetivo caracterizar la implementación de proyectos escolares enfocados a la promoción de la salud y la educación en el aprendizaje del alumnado y la prevención de riesgos de acuerdo con las percepciones de 14 coordinadores de proyectos escolares, 13 directores de escuela y 1 subdirector. Se realizaron entrevistas semiestructuradas, individuales y por parejas, en 14 grupos escolares del Alentejo (Portugal). Se consideraron cinco dimensiones de análisis: organización, comunitaria, ecológica, psicosocial y curricular. De los resultados surge un escenario divergente. Los participantes informan de la existencia de muchas y diversas actividades que involucran a diferentes actores dentro y fuera de las escuelas, reconociendo resultados positivos para el alumnando, el clima escolar y sus familias. Sin embargo, tuvieron dificultades para señalar pruebas específicas que sustentaran su percepción. El seguimiento y la evaluación del proceso se consideran una de las mayores fragilidades. Se delinean recomendaciones específicas alineadas con cada dimensión.

Palabras-clave: bienestar infantil; educación para la salud; proyectos educativos.

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Introduction

Health is a good desired by every human being and constitutes one of the concerns and domains that needs intervention according to the United Nations (World Health Organization [WHO], 1991, 2000). To promote healthy practices and allow that individuals, groups and communities can improve their control over personal and environmental determinants of health, Kickbusch (1988) highlights the necessary combination of health education (HE) practices and organizational, legislative or normative, economic and environmental support. Thus, HE constitutes a deliberate communication process and a teaching and learning strategy relevant to health promotion (Cabanillas & Méndez, 2008). Within this rational, Bonito (2015, p. 34) conceptualized HE as "[...] an educational process that informs, motivates and helps the population and the individual to adopt and maintain healthy practices and lifestyles, advocating the environmental changes necessary to facilitate these goals".

HE, according to WHO (2012, p. 16), "[...] focuses on building individuals' capacities through educational, motivational, skill-building and consciousness-raising techniques". In this sense, under the auspices of the European Commission, the Council of Europe and the WHO Regional Office for Europe created the European network of Health Promoting Schools (HPS) at the end of the 1990s. An HPS is, in this perspective, a school that systematically strengthens its capacity to create a healthy environment for learning. An HPS is therefore a space in which all members of the school community work together to provide students, teachers and staff with integrated and positive experiences and structures that promote and protect health (Unesco, 2009).

According to WHO (2021, p. 12), "[...] schools are increasingly seen as an important setting for promoting the health, development and well-being of children and adolescents". Indeed, it is a positive social investment turning schools into health promoting settings. According to Gugglberger (2021, p. 297), "[...] it has a large impact on the lives of students and their future as members of healthy families, communities and societies [...]" because in schools "[...] students are encouraged to follow certain norms and regulations and adhering to specific school policies, processes and structures". On the other hand, these can be designed to reach several other target groups beyond children and adolescents like school staff and parents. HPS's also have the potential to positively influence educational outcomes of the students (Gugglberger, 2021).

Jones and Furner (1998, p. 2) argue in the same alignment, a health-promoting school is "[...] a school that is constantly strengthening its capacity as a healthy setting for living, learning and working". Therefore, the concept of health-promoting schools embodies a whole-school approach aiming to promote health and educational attainment in school communities by using the organizational potential of schools to foster the physical, social–emotional, and psychological conditions for health as well as for positive education outcomes (Barry et al., 2013). Thus, an HPS enhances the ability of children and young people to act and generate change, providing an environment in which the school community can gain a sense of achievement (Schools for Health in Europe [SHE], 2020). Although the evidence is still limited, available research results point that the HPS approach can have positive effects on body composition, healthy eating practices (e.g., fruit and vegetable consumption), physical activity and fitness, or mental health outcomes (e.g., social-emotional competencies and aggressive behavior) (Dadaczynski et al., 2020a).

In alignment with the previous framework the Portuguese Government through the Dispatch No. 25.995/2005 of December 16 (Ministério da Educação, 2005), introduces HE as mandatory, namely as part of the schools' own educational projects. According to the national framework HE is defined as a cross-disciplinary area combined with thematic inclusion in the non-disciplinary curricular area, which requires the appointment of a coordinating teacher for this area.

Five global themes were defined that should be included in schools' Health Promotion and Education Projects (HPEP): *a)* mental health and violence prevention; *b)* food education; *c)* physical activity; d) addictive behaviours and dependencies; and e) affects/feelings and education for sexuality (Carvalho et al., 2017). The aims of this programme are: i) promote health literacy; ii) promote attitudes and values that support healthy behaviours; iii) promote value that lead to healthy lifestyles; iv) create environmental conditions for an HPS; v) universalise access to HE in schools; vi) qualify the offer of HE in schools; and vii) consolidate support for school projects. In this sense, in Portugal, the health sector (through the General Directorate for Health) and the education sector (through the General Directorate for Education) agreed on the objectives and strategies for the implementation of HPS in the country. Portugal joined in 1994 the European Network of Health Promoting Schools (ENHPS), with only ten pilot schools and four health centres. Currently, according to the

successor organisation European Schools for Health in Europe (SHE), all Portuguese schools in basic and secondary education are considered HPS (Lusquinhos & Carvalho, 2019).

Regarding research on impact evaluation of HPEP, the study by Motta and Alves (2013) states that the 20 evaluated projects induced changes in teachers' practices and schools' dynamics. However, authors also highlighted weaknesses in terms of collaborative work during the project's preparation, being most of the work centred on teachers. Community consultation was sporadic, giving priority to areas established in the various regulations. A study developed by Oliveira (2015) reached similar conclusions: the five projects evaluated are unattractive and student involvement is rarely verified. Another study (Matos et al., 2014) evaluated the implementation of sexuality education in 428 schools in Portugal. Respondents qualified the application of Law No. 60/2009 of August 6, as 'good / very good'. However, they exposed the need to revitalize the theme through new projects and teacher training.

In this national scenario where all schools are envisaged to be a HPS, it is crucial to monitor and evaluate the planning and execution of the HPEP locally, mapping the perception of its actors, considering the results achieved and the impact on the school community. This conception of school is based on three aspects – curriculum, environment and interaction between school / family / environment – and is guided by 10 principles (ENHPS, 1997), organized into 5 dimensions: a) organizational, b) community, c) ecological, d) psychosocial, and e) curricular (Takanishi & Hamburg, 1997). "This result [...] must be measured at several levels: in pure attitudes, in emotional development and in behavioural impulses, as well as in the important variable of social competence" (Takanishi & Hamburg, 1997, p. 103).

This article is the result of a research investigation conducted within a Doctoral Program in Sciences of Education ministered by one public university in Portugal located in the region of Alentejo. Alentejo is a Portuguese region located in the south of the country, with the capital located in the city of Évora. It has an area of 31,605 km^2 and a declared population, in 2021, of 713,376 inhabitants (Instituto Nacional de Estatística [INE], 2021). It is one of the seven regions of Portugal, made up of five sub-regions (Alentejo Central, Alentejo Coasy, Hight Alentejo, Lower Alentejo, Tagus Leziria) and 58 municipalities. It limits to the north with the Centro region, to the northeast with the Spanish region of Extremadura, to the southeast with the Spanish region of Andalusia, to the south with the Algarve, to the west with the Atlantic Ocean and to the northwest with the Lisbon Metropolitan Area.

The reason beneath the preference for these three sub regions in opposition to other regions and sub regions from Portugal is connected to its geographical proximity to the university supervisor and researcher involved in the doctoral research project. Furthermore, Alentejo is a region with very low population density. In 2021, according to General Directorate of Economic Activities, the density was 22.9 inhabitant/km (contrasting with 112 inhabitant km^{-1} at national level). According to the platform 'National Health Plan 2021-2013' the population of Alentejo is the oldest in the country. On what concerns to health: *a)* The age-standardised mortality rate (per 100,000 inhabitants) in premature age (<75 years old) in 2019 were statistically higher than the values observed for Portugal (369.6); b) The values of infant, neonatal and perinatal mortality rates in the triennium 2018-2020 were also higher than the national values; c) The prevalence of smokers in 2019 was 18.2% for both sexes. The prevalence in women was 14.9% (the highest in Portugal), and in men it was 22.0%; d) The prevalence of overweight and obesity increased slightly from 2014 to 2019, registering values of 39.9% and 18.4% respectively, still above the national values.

The aim of the project was to characterize the implementation of HPEP and evaluate its impact based on the perceptions of school project coordinators and school directors. Therefore, five dimensions of analysis were considered: organizational, community, ecological, psychosocial and curricular. In this sense, the reported project intended to answer the following research question: What are the perceptions of educational agents, namely school project coordinators and school directors and subdirectors, about the impact that HPEP have on student learning and risk prevention?

Methods

To understand the perceptions of educational agents about the implementation and impact that HPEP has on student learning and risk prevention the global research design followed a multi-case methodological approach (Stake, 1994), in which each school constituted a case under study. The underlying logic for multiple cases, in the words of Barlow et al. (2009), is that similar results can be predicted (literal replication) from case to case or that contrasting results can be produced, for predictable reasons (theoretical replication).

This study was conducted with Portuguese schools from three sub regions, namely: High Alentejo, Alentejo Central and Low Alentejo. These three sub regions have 56 schools (High Alentejo – Portalegre city – 21 schools, Alentejo Central – Évora city – 18 schools, and Low Alentejo – Beja city – 17 schools).

Even though the quantity of schools and participants in the study is not relevant considering the exploratory and qualitative approach of the research it is worth mentioning that from the 56 existent schools in the three sub regions, 27 were contacted and 13 schools did not signal any interest in the study. 14 schools signalled availability of school HPEP coordinators and school directors/subdirectors to realise the interview: 5 schools from the district of Beja, 5 from the district of Évora and 4 from the district of Portalegre.

Data collection techniques included interviews of semi-structured nature in articulation with documental analysis (e.g. annual planification school of school activities) in order to sustain the interviews. The interview script was structured in a set of questions that involved five dimensions considered to be involved in health promotion as well as national legal regulations considering HE. The type and order of questions was adapted from the script developed within another doctoral research focused on evaluating educational projects aiming to promote HE (Dias, 2013; Dias et al., 2010).

The adaption of the script developed by Dias (2013) was analysed and validated by two academic experts external to the supervision team: one in the field of psychology and the other in the field of HE. After several contacts, interviews were scheduled with each participating subject. The interviews were carried out in the educational institutions, some of them individual and others in pairs in agreement with all involved. The average duration of each interview was 40 min. The principles and ethical guidelines of research in Social Sciences were respected, namely explaining the rights of each informant (possibility of giving up) and guaranteeing the confidentiality of data, in compliance with the Portuguese General Data Protection Regime.

The interviews were audio-recorded and later transcribed *ipsis verbis* for .docx digital support. After validation by the interviewees, the data were subjected to content analysis (Bardin, 1994; Bodgan & Biklen, 1994; Coutinho, 2015). The adopted analytical grid is sustained on a literature review (Dias, 2013; Oliveira, 2015) and in particular the five dimensions contemplated in the guidelines prepared by The National School Health Programme that need to be considered by schools when planning and implementing their actions, namely: organisational dimension, community dimension, ecological dimension, psychosocial dimension and curricular dimension (Navarro, 1999). Table 1 briefly describes the method of the implied study in accordance with the COREQ checklist developed by Tong et al. (2007).

Table 1. Global description of the research study attending to the conducted interviews.

Dimension & Sudimension		Items	Brief description
Domain 1: Research team and reflexivity	Personal characteristics	1,2,4,5	Interviews were conducted by the first author, a doctoral student in sciences of education of one public Portuguese University. The researcher has professional experience in sports education.
	Relationship with participants	6,7,8	The participants did not know the researcher who conducted the interview previously to the research. The objectives of the interview, as well as of the global research project were explained to the participants who agreed to be interviewed.
Domain 2: Study design	Theoretical Framework	9	The research project is sustained on the domain of educational sciences. Considering the methodological approach an interpretative paradigm sustained on qualitative analysis was used. Content analysis was conducted. Considering its specific objectives, the research can be defined as integrating an evaluative dimension.
	Participant selection	10	The selection of schools was based on geographical proximity to the university where the research project was being supervised, namely Alentejo (sub regions High Alentejo, Alentejo Central, and Low Alentejo).
		11	Participants were approached by phone and e-mail.
		12	14 schools involving 28 participants. Some interviews were individual others in pairs, always with the agreement of all involved.
		13	From the 56 school's existent in the chosen sub regions from Alentejo, 27 were contacted and 13 did not signalled any interest and/or availability.
	Setting	14,15,16 15 16	Data was collected in each school and interviews were individual and in pairs. All schools were from Alentejo a region that is characterized by having the oldest population of the country and the lowest life expectation at the age of 65. A more detailed description of each sub region is not relevant in this paper since the aim is not to compare the schools between them.

	Data collection	17,18,19, 20, 21, 23	The interview script was validated by the supervision team. The same script was used in each of the 28 interviews, even though they were of semi-structured nature. Interviews were audio-taped, and each interview has a mean duration of 40 minutes. The transcriptions were validated by the participants.
Domain 3: Analysis and findings	Data analysis	24,25,26, 27	Audio interviews were transcribed by the interviewer who conducted the main analysis. Categories and subcategories were defined based on previous literature review and normative. Each code was illustrated with excerpts. The synthesis of the codification tree was validated by the supervisors.
	Reporting	29-32	The complete thesis can be consulted at http://hdl.handle.net/10174/22947.

Source: based on Tong et al. (2007).

Results and discussion

In the following section, the perceptions of the interviewed persons about the implementation and impact of HPEP are described. In this particular paper the intention is to characterize in a holistic way each implied dimension and some of their sub dimensions (Table 2) and not to compare the perspectives among implicated schools (cases) or the profile of the interviewed person (school director and school project coordinators). This is, the authors tried to recognize, in the respondents' answers, indications about the implementation and impact of HPEP on students' learning and risk prevention.

According to Stufflebeam model (Stufflebeam, 2000), HPEP implementation depends on prior studies, being organized with the participation of all those involved, so that the specificity of their actions is carried out in harmony in order to achieve their aims. Therefore, questions such as: who is going to coordinate the whole process? Who are the assistants? What is going to be intervened on (the students and their attitudes or the location)? What are the inputs? etc. must be clearly set out and understood by all those involved. Moreover, there is a need to clarify the area of health to be intervened in, as well as to understand the various connotations of the actions taken to implement the HPEP. These aspects are covered in the following sections.

Table 2. Dimensions and sub dimensions of HPEP's implementation and impact.

Dimension	Sub dimensions
Organizational	- Characterization of the context - Projects developed at school - Resources (human, pedagogical and didactical) - Educational team
Community	- Members of the educational community that participate in HPEP - Formal partnerships - Dissemination of activities
Ecological	- Safe and healthy school environments/climates - Peer education
Psychosocial	Intra and interpersonal relationships (cooperation)
Curricular	- Planification of the activities - Monitoring and evaluation of the activities

Organisational dimension

Within this dimension it was intended to characterize the overall context of the school in which it is integrated, to access to the different projects that have been developed including mobilized resources such as pedagogical, didactical and human. The dynamics associated to the educational team were also explored.

Context

The interviewees were asked to give an overall characterization of the socio-economic level of the students at the school. Their answers show, in general, that they believe it is characterized as medium/low or medium/high and also as being heterogeneous. They consider these characteristics due to the situation of the rural environment existing many economic, social and cultural difficulties and a lot of deprivation among

students (A1.2; Q16.1; T19.2). This issue contemplated in the interviewees' answers in the example below, also lets us perceive an attention determined by the contextual conditions:

> T19.2
> E1: is medium.
> E2: is heterogeneous. E1: but globally it is classified by medium. We have from medium high and then we have the others with very low resources, most of the children. But they are medium level.

Projects developed at school

Information was requested on which projects are developed at school. The interviewees referred to cultural and health-related subjects/contents such as physical activity, healthy food, violence in the school environment, prevention of consumption (tobacco, alcohol, other drugs) and in particular the *Take Care Program* (A1.3; D4.80; F6.1; G7.1; J10.1; O14.3). One interviewee mentioned that various projects were carried out. And another also referred to the development of the HPEP as having been carried out in a differentiated way:

> (A1.4) E: Yes, it was developed with differentiated implementation.
> (Q16.2) E: Solidarity Project; Eco-School Project; Erasmus Project; Youth Parliament Project; School Sports Project; Economy Project, of the euro generation; Justice for All Project in the area of law; Health Project.

Resources

In relation to the inventory of human, pedagogical and didactic resources, there were various opinions, with teachers, nurses, doctors and partners being the ones who are most easily resorted to. Regarding material resources, they mentioned the room, the amphitheater, the projectors and the computers. And, many times, they stated that resources did not exist; or that they used what they have (A1.20; B2.7; C3.8; D4.20; F6.14; G7.10; I9.7; J10.14; L11.16; N13.8; O14.10; P15.9; Q16.13; R17.11). Considering also the human resources, concern was expressed about the scientific preparation of the responsible persons when selecting them and a dependence on fees for their hiring. They also exposed that they do not have money to hire specialized human resources and, being a very complicated situation, the best working conditions are not generated. There is no systematic or strategical approach, human resources are chosen within the existent according to the problems detected, as they conclude in the questions below:

> (B2.7) E: We are concerned with the training of teachers' scientific areas.
> (D4.20) E3: There are situations in which we do not have. [E2: we are unable to provide an answer].
> (E5.10) E: [E1: Sometimes yes, sometimes no, it depends, because there is no money, also to go get the professionals to...]
> (F6.14) We've tried that it's the ones that... with the least possible expenses that, with the silver of the house.
> (G7.11) E: Yes. We decide which ones.
> (N13.8) E: Human resources is the most complicated situation - there is a design that also does not generate the best conditions to work.
> (P15.10) E1: There is an identification according to specialties after detecting the problems or those who know more to enter that area.
> (S18.10) E1: Systematic survey, no.
> (T19.12) E1: In every moment we wanted all the situations, we don't have, we don't have human resources.

With few resources and almost no investment, the school becomes the target of disinvestment, as can be seen in the following manifestations:

> A1.21 E: When screening is done. But, schools are decapitalized and projects have been subject to disinvestment.
> C3.1 E: We don't have many financial resources.
> (D4.21) E2: We invest more in drug addiction and prevention...in sex education. So, it depends a bit on the level of education.
> (T19.13) E1: The budget is defined according to the activity plan.

Lima (2011) highlights the importance of better organizing the proposed contents, for example by introducing a form of assessment that better meets the requirements of the HPEP, as already exists in curricular areas to carry out learning checks and guide educational activities. This is particular important if we consider that the Declaração de Jacarta (1997) introduces an important consideration with regard to people's empowerment, when it refers to their needs, lack of resources and qualifications to learn how to deal with their health problems, in which there is no possibility of them taking on a healthy lifestyle with

responsibility other than through a joint effort to achieve a healthier quality of life. That said, HPEP organizational aspects are very important in order to potentiate their role as facilitator of learning, helping the educational community to acquire a broad knowledge of health through integrated education.

Characterization of the educational team

Considering the characterization of the educational team and the functions performed, we consulted about the HPEP actors; how the team was organized; whether the action of the HPEP is monitored and supervised; and who the coordinator is and how he/she was chosen. The interviewees reported that the actors are all those from the educational community. Among them the headmaster, the coordinator of the HPEP, teachers, parents, partners, among others requested and according to the needs or protocols made. According to them, the team is organized to include the maximum number of teachers, so that the work is monitored and supervised and the relationship with the chosen themes is considered (A1.23; B2.11; C3. 11; E5.13; F6.16; G7.13; I9.11; J10.16; L11.22; M12.5; N13.9; O14.12; P15.12; Q16.15; R17.14; S18.12; T19. 14; O14.13; S18.13; T19.17; E5.15; F6.17; I9.12; J10.17; N13.11; O14.14; P15.13; Q16.16; R17.15; S18.14; T19.18).

They informed that evaluation of the actions is done only through a final report, where potentiality and opportunity to develop other ways are identified (B2.12; D4.26), but no systematic monitoring is done. The coordinator, according to them, usually the head teacher, chooses a teacher from the area related to HP, generally from the area of biology or natural sciences. The selection is sustained on a personal profile of a teacher that already works at the school and who presents experience with the subject, has adequate training, is communicative, and has time availability (E5.15; F6.17).

It is the coordinator and teachers who distribute the activities, select, check the suitability, depending on the activities; the availability of time; volunteers and through articulated work (C3.12; D4.27; G7.14; J10.18; L11.23; O14.15; P15.14; Q16.18; S18.15; T19.20). First, they do a study with the partners; then with the implicated teachers; and finally, with the students involved (S18.15). They also stated that many people are not available, due to individual issues. This is in line with the unavailability of time and volunteers to carry out some activities. The students, who are part of this process, face the problem of travelling and many times they cannot count on them, as informed below: “E5.16 [E2: there's nobody there... people are overwhelmed. Nobody has free time for anything. You can't count on students for anything [E1: then you have the problem of transport]”.

The major difficulties identified often penalize the progress of educational projects or investments. Therefore, schools are cautious about implementing educational projects, especially the HPEP, but they do consider the creation of projects and cultural issues with health connotations that together provide a viable orientation. This presupposes that working with the HPEP requires the involvement of qualified professionals whose behavior is relevant to the content they intend to create. Involved professionals with sufficient preparation to carry out their role in a timeframe capable of encompassing a HPEP that is pertinent to the content that is suggested, and which normally happens as a result of needs, diagnoses or requests for suggestions (Stufflebeam, 2000).

Community dimension

Within this dimension three major concerns were established to identify who participates (mostly) in the HPEP projects, if there were established any formal partnerships between the school and the surrounding community and how surrounding society was sensitised towards its involvement and the relevance of the problematics that are explored by the HPEP.

Members of the educational community that participate in HPEP

In all schools, HPEP establish a relationship with the community through teachers, students, health centre, hygienist, nutritionists, nurse and psychologist (B2.23; C3.20; D4.49; E5.30; F6.29; G7.25; I9.21; J10.31; L11.40). Health technicians, guardians and firefighters frequently collaborate (P15.31). Respondents consider that there is an attempt to the entire educational community participation in the project and, to this end, there are projects open to the outside world (D4.49). From the interviewees' point of view, participation depends on the attention given to the action that will be carried out:

> (A1.40) E: I mean, the... it depends on the... it depends on the... the action that is going to be done. It is the safeguarding and control of information about what is going to be done. We had a very active parents' association and I was involved in many HPEP.

The pedagogical council usually sends an invitation to parents/guardians to participate in activities such as lectures, role-plays and conferences. Sometimes, it only informs the occurrence of events. The attendance of parents/guardians is greater when their children/pupils are younger, in general, in the first years of basic education (6-10 years old).

Despite parents/guardians are aware of the actions developed and do not express opposition, they do not always participate. Allegedly, some of them intend to instil in their children / students the spirit of autonomy and, therefore, they are less involved in activities, and lose the habit of accompanying their children at school. There is a more relative and residual involvement:

> (B2.24) E: Then, for the sake of instilling the spirit of autonomy... in the older ones, there is not so much parental involvement. It doesn't exist, it's not a habit.
> (E5.31) E1: Parents have a relative involvement. [E2: very punctual. Very residual]

Respondents believe that if parents/guardians were invited, their attitude would change towards the school, leading them to participate more often (B2.24). Still, the participation of parents/guardians is considered acceptable (A1.41; B2.24; C3.21; D4.51; E5.31; F6.30; G7.26; I9.22; J10.32; L11.41; O14.26; S18.28). Therefore, there is a link between the HPEP and the families. But only when they are aware of some activity or when they are called due to the behavior of their children / students. This lack of connection with the families may derive from difficulties for greater proximity:

> (E5.33) E2: Now, I'm going to tell you, actually, the part of the families is complicated. It is the main reason and cause of the alienation of the students at the school and they, parents here, do not come, only when called or undis[ciplinary]...behaviour or...those parents, who are, a minority, interested.

The association of parents and guardians is inherently part of the HPEP, despite receiving information about the activities carried out by the school through the normal dissemination channels (D4.52; F6.31; G7.27; J10.34; M12.33; O14.27; P15.32; R17.26). Also, at this point, they were asked about the perception that the educational community has about the execution of the HPEP. According to the respondents, the project is already mature in the community and, therefore, the message is easily transmitted to everyone. There is a very positive margin for the benefit of the few informed parents/guardians, who are always ready to lend their support, but to the detriment of many who do not feel themselves as an integral part of the project. That is why it is difficult to carry out a work of this nature. (C.3.22; D4.53; E5.34; F6.32; G7.28; H8.3; I9.25; J10.3; L11.44; N13.20; O14.28; P15.33; Q16.28; R17.27; S18.31; T19.33).

HPEP takes on a leading role in students' lives, in terms of encouraging them to take care of their health and the benefits for better learning, and by involving them in actions that enable them to acquire health literacy, empowering them and making them more proactive, together with the educational community. In this case, we believe that the school cannot take responsibility for this health education process on its own. According to the IUHPE, there needs to be increasing encouragement for this task to be undertaken jointly with parents and the educational community (Navarro, 1999).

On the other hand, projects sometimes start to become popular due to their repetition, which often interfere with teaching activities, allowing for a certain incompatibility in the propagation of actions. However, the need for monitoring the planning and execution, as well as the evaluation of the impacts of the HPEP is crucial. On the other hand, they explained that a procedure of this nature is not easy to implement, without first knowing the evidence through a pilot study:

> (B2.26) E: The perception is that it's trivializing a bit. because of this repetition. These projects are interfering with a certain teaching activity, sometimes it is not always notorious. One begins to feel a certain antagonism in the development of these actions.
> (D4.53) E1: An investigation had to be carried out to reach a conclusion of measuring the results, with some credible scientific character. that was, very subjective, to carry out such an investigation.
> (D4.54) E2: Also, yes, I think... [E1: everything is synchronized. No, but it's hard to measure. How is it measured? Where is the evidence? There is not. There should be a control group, right?].
> (H8.3) E: Voluntary involvement is difficult. New cases of involvement are even needed. Regarding parents, the problem is generic.

Formal partnerships

The HPEP foresees the establishment of several partnerships, according to the needs, namely: Alentejo Regional Health Administration, health centres, Public Health Unit, psychology centre, nutritionist clinic,

Espírito Santo Évora Hospital, pharmacies, School of Nursing at the University of Évora, health professionals, local authorities and fire departments (A1.43; B2.27; C3.23; D4.55; F6.33; H8.4; H8.5 I9.26; J10.36; M12.20; O14.29; P15.34; R17.12; S18.7; S18.34; T19.34). Respondents raise, however, some doubts about the benefits the schools obtain with the participation of companies, namely how they get involved in the implementation of the projects: "(E5.35) [E_2: What have we profited?] [E_1: we publicized the companies] there is a company that delivers a driver's license to the best student, [E1: there is another company that gives 500 euro]".

Disseminations of activities

After the project is approved by the pedagogical council and the general council, it is presented to the entire educational community. The dissemination process takes place through a direct invitation to the educational community, with appropriate explanations, on the group's website and newspaper, on billboards, on social networks, on leaflets and on the local radio. There are posters in locations close to the school and in the schools. Print media, the Facebook page and emails are the most used means to publicize the activities (A1.45; B2.28; C3.24; D4.56; E5.36; F6.34; G7.29; I9.2; I9.27; J10.37; L11.43; M12.37; O14.30; P15.35; S18.35). The schedule is generally met, albeit with certain restrictions and flexibilities. Occasionally, the date of an activity is changed, and it is necessary to readjust the event depending on the availability of the staff willing to collaborate (A1.48; A1.49; C3.25; D4.57; E5.38; F5.38; F6.36; G7.30): (B2.29) "E: "normally, it is fulfilled"; (C3.25) E: "it is being built throughout the year. It's not watertight"; (G7.30) E: "full. What is foreseen is usually fulfilled, yes".

Through this dimensional orientation we can see that the participatory elements of the educational community, with the greatest variety of support and the greatest frequency, are those who are directly involved in the educational context related to the topic under study - teachers, care givers and health professionals. And in order to make the most of the human resources at its disposal, the school tries to involve the entire educational community in its activities through training, even though it realizes that there is little participation from its employees. The school knows that it has to be carefully involved in order not to cause dispersion, which would make the participation of its educational staff even more damaging, as other times have shown when the Parents' Association has been discouraged.

The financial difficulties faced by the schools, within the scope of their regional reality, in many cases compromise the development of projects or investments of educational property. Thus, the implementation of educational projects, especially the HPEP, needs more careful attention regarding its structural organization and its context, with a view to a more emphatic learning to produce a concomitant effect with the involvement of all its stakeholders (Bernardino, 2009; WHO, 1991, 2000).

In addition to investing in the qualification of stakeholders and behaviors relevant to the content to be developed, it is also important to enable the resources provided for the project organization. The most sensible strategy to include contents relevant to the HPEP, with the involvement of everyone in health promotion, is, for example, as pointed out by Cabanillas and Méndez (2008), distinguishing contents and activities based on a diagnosis and defining a capable time to dilute this knowledge and invest in interdisciplinary. Freire (1996) has been alerting to the need for teachers and students' commitment, in the sense of defining and developing, together, competences to lead the entire educational community to a concept of healthy school.

Ecological dimension

Within this dimension evidences considering the characterization of the global school 'climate' as well as potential interrelationship with implementation of the HPEP was explored.

Safe and healthy school environments/climates

Respondents characterized the school climate as favourable to work, positive and calm. All are available to participate and contribute to the HPEP (A1.50; B2.30; C3.27; D4.58; F6.37; G7.3; I9.29; J10.3; M12.4; N13.22; O14.32; P15.37; Q16.30; S18.38; T19.36). Occasionally there are episodes of deviant behaviour that seek to be immediately alleviated which, according to the interviewees, may be the result of reduced control and financial problems involving families: "(A1.50) E: This is still being studied. It's not a perfect organization; (P15.37) E: episodes of deviant behavior appear, but they are easily identified".

Moreover, all respondents acknowledged schools as imperfect organizations and considered it of transversal relevance the monitoring of the factors and dynamics that may prejudice the safe and healthy

environment. As long as proximity is allowed, it is easier to achieve an understanding between teachers and students or even citizenship awareness, in a perspective of a safe, healthy school environment with environmental quality, on the path to sustainable development. They also added that when the school has a good level of hygiene and cleanliness, it ends up with a favourable environmental image, which influences in the development of projects in this regard, as is the case of Eco-Schools[1], connecting it with health (B2.31; C3.28; D4.60; F6.38; G7.32; S16.39; T19.37).

The healthy practices advocated by the group are, in their understanding, closely related to management stability. The guidelines require a relational climate of freedom or even the possibility of divergent expressions. The answers show the need for evidence that students and adults have healthy habits, paying attention to their choices, disease prevention and health spending. In the opinion of the interviewees, if children and young people develop health-promoting attitudes, they will be healthier with less burden for themselves and for their country (A1.52; C3.29; S18.40). Despite not being concluded, it is not always easy to identify common points between the HPEP and sustainable development, since the project of an environmental nature still needs some legal conjecture (B.2.32).

Peer education

When asked about the role of students within the planification and implementation of HPEP projects and the potential identification about leaders the participants that were interviewed emphasized that leaders do exist, but there are positive and negative leaders.

Leaders can emerge and be acknowledged in different contexts and situation: within the student association, by teachers or class directors or simply by their differential performance in a given activity. Some students stand out for their performance in certain subjects, for being class representatives or for their behavior, attitudes and several other reasons. They present a profile that is defined throughout the year. In this domain, it is more difficult to work with younger leaders/students (A1.53; B2.34; C3.33; D4.61; E5.44; F6.39; G7.33; M12.30; N13.23; P15.39; R17.29).

Interviewers also stated that this process of identifying leaders among students is not specific to HPEP, being more of transversal nature considering the entire educational dynamic:

> (A1.53) E: The student association is a very privileged means of verifying this.
> (B2.34) And: it is through the teachers, who are able to perceive which ones have these behaviors of greater leadership, greater influence over others - why these behaviors are more visible in an informal environment, by the staff.
> (C3.33) E: Students who stand out in subjects taught in other courses end up standing out when participating in these projects.
> (I9.30) E: But identification of what? This is not really about us or about HE.

Peer education, in the design and implementation of the HPEP, is considered advantageous and of significant importance, as well as its dissemination. It seems to be common that student representatives of the class are also collaborators in projects (A1.54; D4.62; E5.42; F6.40; F6.41; F6.42; G7.34; G7.35; M12.31; O14.34; T19.39). There is an attempt to encourage their participation in the implementation of projects, although they only make proposals and do not participate in meetings. On the other hand, and in disagreement with the advantages, the interviewees consider that, when involved, those students could be decisive for the participation of others. They also say that leaders, due to their performance, are more popular than motivators in prompting certain values in others:

> (B2.35) E: No. They do not participate in the elaboration. I believe that involving these students in the design / development of the project, others could easily follow. Leaders who excel in this area are more popular than motivators or manage to instil certain values in others. Out of shame, they don't always adhere.
> (E5.45) E1: We tried to catch them. They are the first to be caught for...the projects.
> (F6.41) E2: They can propose. So now, attending meetings also never... they never did it.

Regarding health, respondents believe it is more a matter of personal nature and of some values imposed on the family than a result of what the students' representatives understand or share among themselves. (B2.36). In the interviewees' perception, the family reveals changes by absorbing values that are lived together in school contexts:

[1] Eco-Schools is an international program of the Foundation for Environmental Educational, developed in Portugal since 1996 by the European Blue Flag Association. It intends to encourage actions and recognize the quality work developed by the school, within the scope of environmental education for sustainability (Associação Bandeira Azul de Ambiente e Educação [ABAE], 2014).

> (B2.36) E: It seems to me that the issue of education, in the health context, is more a personal issue and also due to the values that are instilled in them at home, than what they can talk to each other.

Respondents agreed that they do not have specific evidence to demonstrate the influence of these students on the development of HE and, when the influence exists, whether it has a momentary, conscious or continuous effect on the prevention of health risks. They consider, however, that the acquisition of knowledge by the students is a real demonstration, considering that they are the ones to present future guidelines for their community. They also note that this identification has an effect and they have a positive perception of the incentive to participate in the activities (C3.35; D4.64; G7.37; O14.35; P15.41). Other interviewees think that, at some particular moments, they manage to influence and call the attention of less well-behaved students, standing out and influencing the whole class, becoming idols (E5.4).

Respondents are therefore unable to comment on the sustainability of the impact considering HPEP, if it is momentary, conscious or continuous effect on the prevention of health risks due to the lack of supporting data, but they are not unaware of the value given by the students, thus promoting a continuous effect (A1.55; G7.38). There will be momentary effects, some more lasting, considering that, for the purposes of the projects, they end up assuming positive behaviour in the long term (B2.37; C3.36):

> (B2.37) And: if there is, it would be more momentary and not so continuous. (C3.36) E: I think it is not momentary, because these projects, as they are developed every year, end up taking on these positive behaviors. for having long-term effects.

Respondents do not guarantee that the HPEP can have a positive effect on learning about risk prevention and health promotion in general. However, if this happens, hypothetically, they say that it will be in an isolated and singular way, with no processes and instruments to measure the impact or concrete data to confirm these results (B2.38; G7.39; I9.32; L11.53; P15.43; R17.32; S18.44). The perception conveyed is that objectives should lead students to success, but they believe in a "parallel" curriculum as a way to complement and improve the quality of student learning (D4.65). They say that they also try to develop relationship skills and assimilate something, although the positive effect is not what they want (F6.44). In the uncertainty of the impact on behaviour, certain informational campaigns can influence its success (D4.66; E5.51; H8.2): "H8.2 E: I can't be sure what impact it has on behaviours. Because we know nowadays that young people, despite having the information available, there is no direct relationship between this available information and behaviour change".

The school, seen as a favorable environment for the ecological development and training of the educational community, is called upon to take the best possible care of its living climate, which involves all its members. And when it comes to student contexts, it should be subjected to an in-depth study in order to get to know the various behavioral manifestations, which are often complex in essence. To this end, it should use activities that lead to a climate of healthy safety rather than relevant practices that provide well-being. As such, school management becomes crucial to maintaining the coexistence of its members, even if it results in divergent issues.

Many students, part of the educational process and participants in the students' association, display behaviors that, because of the prominence they give, are ways in which they can contribute to that climate, either through the good attitudes they are displaying or through the collaboration they are involved in, and they have the advantage of being able to influence others towards a healthy coexistence in the HPEP - which can contribute to education and the prevention of health-related risks.

Andrade (1995) already pointed out the fact that the school is called to deal in the best possible way with the living climate that involves all its members, creating an appropriate environment for ecological development and the formation of a healthy educational community. For this purpose, stability of school management is essential, awakening coherence of actions and a climate of security (Steketee et al., 2013). The actions of peers (Paim & Nunes, 1992), individually and associatively, constitute important paths in maintaining a good school climate. The behavioural deviations that occur in the school environment, require to be reviewed from the individual point of view, finding solutions that engage all educational actors (Delors, 2010).

Psychosocial dimension

The Psychosocial Dimension is focused on the extent to which intra- and interpersonal relationships at school have improved in relationship to HPEP. Therefore, it was intended to map in particular relationships of cooperation

between the education team of the projects and other members of the community (school and surrounding community), such as: students- teachers, teachers – operational assistants; teachers and parents.

Interpersonal relationships (cooperation)

Respondents report that, in terms of cooperation, school relationships are seen as good between the parties and favor a very positive relational climate, which can be seen in the relationships between students and operational assistants (A1.57; B2.39; C3.37; D4.64; E5.52; F6.45; G7.40; J10.42; L11.54; O14.36; Q16.31; R17.33; S18.45; T19.42). However, they indicate that the profile of students has been changing lately and has become a matter of concern, requiring action by public authorities. Deviant punctual cases, already quite present, are being solved (I9.33; J10.42; P15.44). In this regard, they exemplify that the students respect for the teachers has been decreasing, complicating the relationship in the classes. About measures taken in relation to identify problematic students, the interviewees believe it is a consequence of the social environment in which they live. And, according to them, they seriously complicate family life, with impact on the school context and also on student achievement. Parallel to this fact, the interviewees reflect on this behavioral change, between the growing number of students with this behavior and the number of students present in the classroom. However, they state that although it is not possible to generalize, this situation is quite complicated in many classes:

> (E5.52) E1: With the operational assistants there are students who follow orders. With the teachers, ah, at least they have respect. [E2: there are very complicated classes]. Between them, mate, sometimes it's very complicated. [E2: We can't generalize, not all or none]. So, the students who give us problems and who have problems between them, in interpersonal relationships, we have identified. Here we have the problem of the environment. The environment is a problem, it's... there are very serious problems in the families that come to the school. Now, if they don't know how to deal with one, here we have twenty or so in a class and it's not easy. And that's what's reflected in the performance. ... it's reflected in learning].

This dimension, which leads to an understanding of the coexistence of the educational community, can show how educational paths are being developed. This relationship, involved in varied cultural aspects, leads to an understanding of how adversarial the educational community is on the part of its members. Developing a climate of comprehension and understanding, in order to achieve its aims, requires discovering the best way of living together through a coherence of their differences. The absence of coherence for a good relationship also lurks in the absence of a lack of respect that puts at risk the entire structure built to maintain that climate, compromising both school and family life. In this case, it is urgent to take appropriate measures to halt the progression to other situations that get out of hand, and not to make generalizations about cases that arise and that could complicate the relationship between the many classes.

The existence of an inter-relational climate favors cooperation between peers and, as has been highlighted (Carvalho & Carvalho, 2006; Kickbusch, 2012), it resolves specific cases effectively. The resolution must point to individual cases, with an integrated response and not generalizing, reaching everyone impersonally.

Curricular dimension

This dimension is focused on the management of activities that integrate the schools' HPEP, namely how they are planned, what are the factors that lead to the selection of thematic, how the activities are monitors and evaluated and to what extend the potential gaps between what is planned and what is implemented are considered.

Planification of activities

The activities of the HPEP are not always focused on the broader school project and its intentions difficultness the fulfillment of its final goal (A1.59; B2.40; C3.38; D4.68; E5.53; E5.54; F6.46; G7.41). According to the reports presented, on which the participants sustained their arguments, when planning the activities, they try to focus on identifying the most problematic areas, proposing strategies that can be worked throughout the project, generally they recruit domains and activities in the area of natural science which they consider conceptually to be closer to HE. It should be noted, however, that the management of the project activities takes place on a daily basis, since there is no time allocated for this purpose in the timetable and often depends on the teachers' sensitivity to act on the differences between the groups (J10.43; L11.56; M12.44; N13.24; O14.38; P15.45; R17.34; S18.46; T19.43). Regarding the adequacy of the needs detected, they indicate that they are addressed according to the way and in the moment, they arise:

(E5.53) E2: Yes, we have... It is not explicitly stated, it is on such day... [E1: we have the project that is being done] managing with sensitivity, without time. We don't have spaces. It depends on the sensitivity of the teachers. Of good will. (E5.54) E1: There is. [E2: why is this what we do] we have to diagnose what is needed for each class, so that we can then act in different classes.

Following the previous dimension on planning activities/practices, the participants were asked to justify whether the action plan was rigorously implemented or if any changes were made. Some of them considered it as a set of planned and implemented actions, but not followed to the letter. There is an attempt to carry out as much of what is planned as possible and with a lot of flexibility from what is planned at the beginning of the year, since time for implementation is scarce (B2.41; C3.39; D4.70; E5.55). According to the interviewees, the plans are based on a beginning, middle and end to achieve a good result and with certain requirements (F6.48; I9.34; J10.44; L11.55; O14.39). We can see this opinion:

E1: Ah, it's never strictly enforced. The activity plan is always... [E2: It's not rigid, it's an open document] Yes. [E2: Yes]. Yes. We can incorporate activities throughout the year. Some, later on, do not take place, for the most diverse reasons. But therefore, it is not rigid.

In relation to the sub-dimension of planning activities/practices, we asked their opinions on the best way to promote health in schools and what vision of health they intend to assume in the methodology for addressing the topics covered. The answers are not revealing. For some, trying to propose some activities would end up promoting a general change, considering that students already come with a certain education. However, teachers argue that they do not have enough time to dedicate to this mission. This situation causes differences on how students are seen, between specialized technicians and staff with disqualification and no adequate profile for the work in schools. They believe, however, that the best way to promote health is by sharing examples of people outside the school, of teachers' examples; trying to raise awareness and trying to change some habits (D4.71; E5.56; F6.50; S18.47):

(D4.71) E1: This is a good question that I don't even know how to answer. E3: trying to change some habits. Some of the activities are promoted in a general way. [E2: they already brought this education from those previous years.
(F6.50) E1: Through the example, too. This year we tried to take some measures here in our cafeteria. Ess... this will be the most effective way, usually through examples [E2: trying to raise awareness, isn't it? We try to reach out to students].

Respondents did not take a position regarding which practices developed could be considered reference practices, but they considered that they try, in every way, to be aware of the conditioning of some health-related products, to the detriment of "curious" guidelines. On the other hand, they do not rely on certain guidelines aimed at improving these aspects. In this regard, they refer to previous experiences with the purpose of correcting certain situations that occur in the school context. They consider obtaining great ideas and indicated drama activities to work on the themes, as they believe they promote greater proximity between the students (A1.60; B2.42; B2.43; C3.40; F6.51; I9.35; J10.45). They highlight an indicator that they believe is a reference practice and that is related to food:

(B2.43) E: Yes. As far as food is concerned, we have our bar. We do not have products that can interfere or that can affect health. We are careful on that. We consulted some dietetic technicians who, curiously, told us that it was better to have pastel de nata[2] than other cakes. And then we have the custard tarts to respond, finally, to impulses that some have regarding a gluttony.

HPEP will help students to be more assertive in solving health problems. However, they consider that this attitude is more evident in younger students than in older students, even though they know about health care: E2: Yes. [E1: the habits they had years ago, therefore, students of the same age group, it's completely different from the students of the age group we have today] (D4.73). According to the interviewees, when they complete a satisfaction survey, they perceive contradictory aspects in the students' answers, between what they say they do and what they do (A1.61; B2.44; C3.41; D4.73; E5.60; F6.52; G7.42): "Even in the satisfaction surveys, the students answer it one way and then, if in their practice it is really what they do, we never know" (F6.5).

The practices allowed for some positive and significant change in the students' lifestyles, considering information as a prevention factor (A1.62; C3.42; E5.61; G7.42), but they consider that it could be more pedagogical and effective if the HPEP was part of an organization with a curricular nature: E: "They are positive. They could be more positive if they had a structuring and curricular nature" (A1.62). They pointed

[2] 'Pastel de nata' (custard tart) is a traditional portuguese pastry. The origin of *pastel de nata* dates back to before the 18th century, where they were created by monks at the Jerónimos Monastery in the parish of Saint Maria of Belém in Lisbon, Portugal. This is a major tourist attraction today and a UNESCO World Heritage Site.

out, however, that the good habits acquired by the age group in previous years, are already very different from the same age groups today, but, that they understand what is harmful to health. It is noteworthy that to understand the implementation of the HP, an effort to involve partners, the participatory community and the family in the discussion is essential (Boutinet, 1996).

According to the needs diagnosed, they can propose specific activities for each subject involved. It often depends on good management, the sensitivity of the teachers and, above all, the time available. However, adjustments are made as they arise. Within the framework of flexible planning, studied from the start of the school year, we endeavour to carry out the project in a fairly short time. That's why it's necessary to identify and assume the best way to promote health education. Although they don't have a convincing answer for this, they are relying on the experiences they've had and taken back to school, sharing the examples of teachers and technicians in terms of raising awareness and changing certain habits. Sharing the examples of teachers and technicians regarding awareness and changing some habits, that result in knowledge of what a project is, through theory and practice, has been identified as an effective strategy (Cortesão et al., 2002).

In this way, they seek to understand the development of competences aimed at that end; to develop them from an early age so that, through them, the knowledge of how to look after their health is understood and assimilated. They hope that this will lead to a positive attitude towards acquiring a healthy lifestyle, considering the relevant information. In terms of how it works, there is an evaluation that leads to knowledge of the results with a more informal than formal understanding. However, they presented the aspect of the contents resulting from what was developed through a report and without a model and methodology to qualify them as a weak point. For this weak point, they presented few indicators resulting from a generalised evaluation.

Monitoring and evaluation of the activities

In general, the assessment is very informal and not formal. They believe that this is one more weakness that it is not materialized. The initiative needs to be presented and specified in a report. Respondents admit that they do not follow or do not have a specific model or specific assessment strategy (A1.63; B2.45; C3.43; D4.74). According to them, the only concrete action is the satisfaction survey (F6.53; G7.43). The assessment is a weak point, and they only have some indicators, such as the number of participants in the sessions, or the accomplishment of tasks per class, as a general assessment (J10.46; M12.45; O14.42). That is why mini surveys are carried out for students and teachers involved in the process:

> (C3.43) E: We have some indicators. Number of participants per session, completion of tasks in class. We do an overall assessment. (D4.74) E2: some do the assessment through a survey, if the objectives were achieved or not, we do some surveys in some activities to students and teachers involved.

Concomitantly with the previous sub-dimension, related to the evaluation of activities, it was intended to understand whether the activities developed allow the connection of syllabus content to practical life. In the respondents' answers, this aspect stands out as an important idea to be promoted and followed as a goal, either for life or for aspects related to the curricular contents that result in health promotion (A1.64; B2.46; D4.75; F6.54; G7.45). However, there is no effective concern to establish a connection between school content and the actions planned to be resolved through the HPEP by means of monitoring/evaluation initiatives carried out. This situation is mainly due to several limitations. However, the interviewees assume that during the implementation of the HPEP, they somehow try to make a connection between contents and life (J10.46; M12.45; O14.42): “(B2.46) I: I don't even know. There is no such care in establishing a correlation between the syllabus contents and the actions that are sought to be solved”.

In this last sub-dimension of the evaluation of activities, it was intended to hypothesize about what kind of changes would be introduced if there was an opportunity to restructure the HPEP. Respondents believe that they would insert the HPEP in the curriculum, with the participation of experts and considering the students as an effective and integral part of the process. They consider important the existence of an articulation between the bodies responsible for the entire process. They could also encompass a more global theme or another structure, established by the same bodies, instead of having so many projects to manage (G7.46). They think, however, that since it does not exist this way of being and thinking, it is up to each school/group to develop what they find most convenient (A1.65; B2.52). From another point of view, they would not change anything, bearing in mind that changes have already taken place arising from previous years (C3.45).

Respondents also took a stand regarding various situations involving the HPEP implementation. They believe that the team responsible for conducting this project should be expanded, with a more significant

workload for the coordination and staff, instead of reducing teaching hours. Considering the planning, implementation and organization of specialized staff and together with the responsible public bodies that issue the regulations, it was desirable that teachers had more time to focus, more training in mandatory content, such as, for example, sexuality education. There are those who may even want to be more involved in the projects, but the requirements imposed by bureaucratic reasons and regulations make the possibility of success difficult and, sometimes, impossible. It is noteworthy that there is no training, not enough time, an even less enough funding to cover this educational situation (H8.1; I9.38; L11.60; M12.46; N13.25; O14.46; P15.49; Q16.32; R17.37; S18.51; T19.44):

> (D4.76) E1: The team that works and tries to operationalize the HP should be increased. The coordinator of this project should have a more significant reduction in hours to plan and execute the project than she currently has – two hours to develop and implement the project, and that's very little – she has much more hours to try to plan the project and then implement the project – companions should also have a reduction in their school hours in order to participate in the project – that the Ministry of Education should give more importance to this type of project. And that importance would be having more professionals working on the project. E3: agreeing, I also think that there should be greater articulation between the Directorate-General of Health and the Ministry of Education, because the demands that came out this year from the Directorate-General of Health, all the rules, these two hours, what is required in bureaucratic terms I think it is impossible. It is done very willingly and it is done with many hours [E2: work], in addition to the two hours that the Ministry of Education gives to the people who are project coordinators. [E2: no, you can't]. Now it's not possible.

Since its creation, the HPS approach has become the main strategy for promoting health in the education system around the world (Jourdan et al., 2021). The results of this study, however, reveal that, to be effective, the implementation of the HPS approach needs to be adapted to different contexts (Dadaczynski et al., 2020b; Langford et al., 2015). Dadaczynski et al. (2020b, p. 12) add that HPS "[...] reflects a holistic approach that goes beyond changing individual behavior, also aiming at organizational change through strengthening the physical and social environment, including interpersonal relationships, school management, political structures and teaching and learning conditions". It also appears necessary to make a distinction between the formal HPS approach and the concept of school health promotion. Although all schools currently operate under the HPS approach, many schools strive to promote the health of students and staff through concrete school health promotion activities (Bartelink et al., 2020).

Bonito (2015, p. 34, author's emphasis) reinforces that the "[...] empowerment of people enriches the public perspective of public health and primary prevention. It corrects the shortcomings of the preventive approach and is based on the pedagogy of empowerment through the basic idea: 'power and control for living'". The need for serious and deep ministerial investment in this field is very clear, which allows schools to be allocated material and, particularly, human resources (people and time). Only in this way will it be possible to go from carrying out a set of specific activities, with a HE nature, to assuming a school that promotes health in all its dimension and involvement.

Limitations of the investigation

As previously described this study assumes a qualitative/interpretative approach within the domain of social sciences/sciences of education linked to HE, being therefore sustained (but also limited) by the adopted theoretical framework. One major aspect into consideration is that the Portuguese sub regions considered (High Alentejo, Alentejo Central, and Low Alentejo), as well as the corresponding participants of the 14 schools, were constituted by convenience, this limits statistical generalizations, without however invalidating theoretical generalizations.

Finally, it is also important to mention that the data gathering process allowed to perceive the co-existence of different conceptualization about what is and should be HE through projects, and how this should and could be planned, developed and evaluated. One major aspect would be more or less evident differentiation among contents and activities. On a more pragmatical note the time that the researcher had to wait to schedule the interviews (weeks), also influenced the progress of the research when alluded to the developments of the school system (testing period, pedagogical meetings, interventions, events, school inspection) and also the availability of school directors/subdirectors and project coordinators to participate in the interviews.

- The slowness in returning the transcripts sent to the participants, considering that they were informed of the one-week deadline for return and compromising at times the development of the research.

- The presence of constraints regarding scientific research conducted in school environments and regarding the cultural aspects of community environments were evident. In the face of these adversities, the research was conducted by means of what was possible to examine of the projects and the reports of the school directors and coordinators of the HPEP, stakeholders in educational projects who agreed to the research.

Final considerations

The results that emerged from the analysis of the five dimensions to be considered within implementation and impact of HPEP allow to perceive, from the point of view of the interviewees, a two folded scenario. HE is relevant and is happening in schools involving school members as well as a broader community. However, it is still an imperfect dynamic and much can be done to enhance students' learning and risk prevention. It became clear that, in addition to all the difficulties pointed out in designing and implementing the HPEP, there is no system for monitoring and evaluating the impacts of the project on students' behaviour and learning. What HPEP activities produce is not (yet) measurable with evidence.

Based on the above, a set of suggestions for each dimension for HPEP optimization are presented:

Organizational dimension

- The contents and activities must be clearly defined, with indicators of what is intended to be achieved.
- The HPEP requires a multidisciplinary team of professionals who work and develop a process of communication and systematic teaching and learning, with moments for action and appropriate time allocated.
- Consider the involvement of experienced professionals in education and health, to act according to the diagnosed problems. Mainly regarding the regional and cultural aspects that involve families and that call into question the contents assumed by the school and addressed in HE and sexuality education.
- Increase interdisciplinary, in the themes proposed for HE, in order to achieve the desired learning effectiveness and awareness.

Community dimension

- Organize and define all means of information and communication available, in order to be more emphatic in encouraging the participation of the educational community in HE events.
- Support participation, training and evaluation that involve all stakeholders in the HPEP implementation process.
- Carry out an in-depth study that shows how acceptable the development of transversal contents related to the subject in question is and the real responsibility of all those involved in the educational process.

Ecological dimension

- Promote an in-depth diagnosis to identify and understand the various complex behavioral manifestations within the school context.
- Articulate the management of divergent issues with the educational community.
- Make it clear that HE by peers is feasible, requiring a moment of construction, reconstruction and understanding that learning is built together.

Psychosocial dimension

- Give permanent attention to all cases in which there are behavioral generalizations to the detriment of others, and which may complicate the relationship between students, between classes, with teachers, with those responsible for education or with the entire educational community.

Curriculum dimension

- Promote a school understanding of what a project is, how to organize and structure it, according to an appropriate technique for the benefit of HE.
- Discuss and develop with the educational community basic knowledge regarding the care of/for health, from an early age, and at all school levels, whether through projects, programs or through the content.
- All stakeholders involved with HE and with the planning of activities and contents must be adequately prepared.

- The participation of partners must take place in an integrated manner rather than decontextualized from the local and specific HPEP.

- Develop a systematic assessment system, diagnose health levels and monitor the effects of the HPEP on community health, in articulation with the various partners.

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INFORMATION ABOUT THE AUTHOR

Raimundo Souza: He has a PhD and master's degrees in educational sciences (University of Évora, Portugal). Specialist in Medical Gymnastics (Castelo Branco Faculty, Rio de Janeiro) and in Art and Education in Cultural Institutions (Federal University of Amapá, Brazil. Retired professor of physical education at the Higher School of Physical Education of Pará, and in Arts and Education at the Federal University of Amapá, Brazil. Member of the Brazilian College of Science and Sport.
ORCID: https://orcid.org/0000-0001-6133-0888
Email: rbsbarbosa50@gmail.com

Carla Ferreira: She has a PhD in education - supervision and assessment; a master's degree in educational sciences - personal and social training, and a degree in education (University of Aveiro, Portugal). Postgraduate in educational sciences - Education and Libraries (Lusófona University of Porto, Portugal), and in special education - cognitive and motor domain (Higher Institute of Information and Administration Sciences, Portugal). Member of the Centre for Mechanical Technology and Automation at the University of Aveiro, Portugal. Researcher at the Department of Mechanical Engineering and guest lecturer at the Department of Education and Psychology the University of Aveiro.
ORCID: https://orcid.org/0000-0003-3034-9732
Email: carlasusana@ua.pt

Betina Lopes: Holds a PhD in education (didactics and curriculum development) and a master's degree in science communication and education (both from the University of Aveiro). She has also a degree in biology - educational training (University of Coimbra, Portugal). She is currently an assistant professor at the Department of Education and Psychology at the University of Aveiro, mostly involved in the initial and advanced training of science teachers. Her research interests include the evaluation of science education projects and programmes, particularly those developed in the context of international cooperation. She is vice-coordinator and a member of the Research Centre on Didactics and Technology in the Education of Trainers at the University of Aveiro.
ORCID: https://orcid.org/0000-0003-0669-1650
Email: blopes@ua.pt

Jorge Bonito: He has a PhD in educational sciences - teacher training and a master's degree in geosciences - geological processes (University of Coimbra), a degree in biology and geology teaching (University of Évora), and in solicitors (Polytechnic Institute of Beja, Portugal). Postgraduate in risk prevention and health promotion (National University of

Distance Education, Spain), in civil protection (Polytechnic Institute of Castelo Branco, Portugal), and in special education - cognitive and motor domain (Polytechnic Institute Jean Piaget southern). Member of Center for Research in Education and Psychology at the University of Évora and of Research Centre on Didactics and Technology in the Education of Trainers at the University of Aveiro. Full professor at the Department of Pedagogy and Education at the School of Social Sciences at the University of Évora.
ORCID: https://orcid.org/0000-0002-5600-0363
Email: jbonito@uevora.pt

NOTE:
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