Guest editorial

Background

This special issue of *Health Education* is first in the series of special issues planned under the framework of collaboration between Emerald and European Educational Research Association (EERA) www.eera-ecer.de/, part of which is Network 8, Research on Health Education. EERA consists of more than 30 member associations and is organised in topic-based research networks with members from all over the world, representing broad range of the interdisciplinary field of educational research. EERA's annual conference ECER is attended by about 2,500 participants from across the globe.

The general objective of the network "Research on Health Education" is to provide an interdisciplinary forum to continuously explore and critically discuss dynamic relations between education and health, contribute to conceptual development as well as empirically based evidence for the schools for health approach across Europe, and play a part in enhancing the knowledge base within educational research in a broader sense (EERA Research on Health Education, 2011). The main overall research field includes education, learning and health and well-being promotion in schools. Health is considered as a multidimensional concept, including mental, emotional and social aspects, in addition to the physical dimension. Health is also viewed as a positive concept, encompassing well-being and quality of life, rather than solely absence of disease in bio-medical terms. These perspectives are embedded in a critical socio-ecological approach to health and well-being promotion and education, which looks not only at the health of individuals, but at the complex interplay of socio-economic, historical, political and other determinants of health and well-being.

Why critical perspectives on health and well-being education in schools?

School-based health and well-being education has long been a part of schooling. In many countries, health and well-being education is part of mandatory state/national curriculum architectures (e.g. Australia, Denmark, Finland, New Zealand). In other countries, health education finds itself vying for a place in official curriculum structures whilst being relegated to the status of non-statutory (Fitzpatrick and Tinning, 2014; Simovska and Mannix-McNamara, 2015; Leahy *et al.*, 2016).

The health education curriculum also serves as an integral component of the "health promoting school" approach providing a platform for explicit teaching and learning about health, in addition to such broader features as policy frameworks, the whole-school environment and the collaboration between school and community (Fitzpatrick and Tinning, 2014; Simovska and Mannix-McNamara, 2015; Leahy *et al.*, 2016).

While there is without doubt a significant amount of scholarship that has, over time, sought to examine health education and its role in enhancing children and young people's health and education outcomes, the field has overwhelmingly been dominated by research that has emerged from public health and health promotion. Whilst a good deal is known about the impacts of different specific interventions and programs, there is little research that sheds light on the complexities and challenges of the everyday practices connecting health and education in schools. The lack of scholarship on the everyday of schooling means that there are significant gaps in what we know about the international, national and local formations of the health education curriculum and the mix of teaching, learning and assessment strategies that feature in health education classrooms. For example, who decides what do students learn about health and well-being in the everyday of schooling and what

broader effects does health work have on the school community? How are teachers prepared to tend to health education and how does this impact on how teachers negotiate multiple (public) health imperatives and education (curriculum) imperatives? What kinds of teaching and learning strategies emerge at the health/education interface? What are the intended and unintended effects of this work in schools? The aim of this special issue is to showcase research that engages with these kinds of questions.

In the call for papers, we placed a focus on research that adopts a "critical approach" to school health and well-being education and promotion. Critical health and well-being education in schools has emerged as a result of the "critical turn" which called into question the politics of health education via a focus on power relations and their effects (Gottesman, 2016). In seeking out papers that explicitly embrace a critical approach we intend to showcase how scholars engage with questions of politics, values, relations of power and inequality in their work. In other words, critical research on health and well-being education asks questions about the often taken for granted assumptions and practices such as curriculum imperatives, content and teaching strategies, and about the values and ideologies underpinning different research methodologies. We suggest that critical studies of health education have much to offer to the advancement of theory, policy and practice of health and well-being education and promotion in schools.

Overview of the papers

There are six papers in this special issue. The papers utilise different approaches to critical scholarship and provide insights into school health and well-being education across a range of countries including Ireland, New Zealand, Australia and Slovakia.

The first paper by Barry, Clarke and Dowling entitled "Promoting social and emotional wellbeing in schools" provides a critical perspective on the international evidence on promoting young people's social and emotional well-being in schools. In the article, Barry and colleagues argue that the integration and sustainability of evidence-based social and emotional skills programmes within the context of whole-school systems is far from clearly established. In light of this, the authors discuss the value of applying a "common elements approach" to the development of school interventions. The paper presents findings from a pilot study that utilised a common elements approach in the development and implementation of an intervention. Initial results from the study highlight the potential of this approach in providing a set of core strategies that can be used in practice to address a range of behaviours of young people. However, the authors argue for more rigorous research to identify the best strategies for moving forward in integrating promotion of social and emotional well-being in schools.

The second paper also has a focus on social and emotional health and well-being in schools. In her article entitled "Towards dynamic and interdisciplinary frameworks for school-based mental health promotion," O'Toole interrogates traditional individualistic, "expert-driven" conceptualisations of children and young people's mental health and how such conceptions shape school-based intervention approaches. O'Toole argues that the field needs to engage with other perspectives, in particular insights from critical pedagogy and dynamic, emergent understandings of children and young people's mental health which treat mental health as situated within socio-historical and cultural contexts, while aiming to confront the social injustices that impact children's lives. In forging interdisciplinary critical connections and methodological synergies, O'Toole suggests that in this way we might be better able to harness strengths from the different philosophical and theoretical perspectives and develop fruitful innovative platforms for future critical work with promotion of mental health and well-being in schools.

The third paper, "Democratic school health education in a post-communist country" by Boberova, Paakkari, Ropovik and Liba, discusses the findings of an intervention programme

built on the concept of children's health literacy, focusing particularly on its citizenship component. The intervention employed the "Investigation Vision Action Change (IVAC)" model for participatory, action-oriented teaching in which children are supported to investigate different health issues that affect them, create visions about desirable changes and act toward bringing about change. The paper gives an account of the political and social context in post-communist Slovakia where the majority of health education programs are behaviourally oriented, with little space afforded to children's own perceptions and influence. The focus on student participation is therefore of crucial importance as it represents a significant move away from the taken for granted behaviour-regulation and from the teacher and curriculum-centred approaches that have so far characterised health education in Slovakia. The authors utilised a cluster randomized controlled trial design to study the impact of the IVAC model. The findings revealed that there were improvements in children's well-being, their perception of school and in reduction of violent behaviour.

In the fourth article, "LGBTQ youth, activism, and school: challenging sexuality and gender norms," McGlashan and Fitzpatrick examine lesbian, gay, bisexual, trans and queer youth activism in schools as a means to challenge existing gender and sexuality norms. Although the authors claim that previous research had found that schools are not inclusive spaces for LGBTQ young people, they are mindful to note that a continued focus on how LGBTQ young people are marginalised is itself a problem. In an attempt to counter the continual cycle of marginalisation, the authors adopted a "strengths-based approach" to examine the various activities of a group of LGBTQ young people attending a public high school in Auckland, New Zealand. The strengths-based approach offers a refreshing counter to the risk and deficit fuelled approaches that have characterised much of the literature on sexualities and schooling. By drawing on critical ethnographic approaches and poststructural theory, the authors explore how LGBTQ young people engage as leaders and participants in school health promotion efforts. The findings indicate that the hetero-norms within the school were challenged, however the work impacted on student visibility, which in turn created tensions as young people grappled with their identities and the public spaces of school.

Burrows' conceptual paper "Children as change agents for family health" explores ways in which children and young people are being positioned as "change agents" for families through school health promotion initiatives in New Zealand. Burrows draws on poststructural theories to map policy discourses and initiatives that directly or indirectly regard children as conduits of healthy eating and exercise messages/practices for families. Burrows is interested in the politics of school health education and promotion and in what the different health education curriculum packages suggest in terms of how "healthy" families should live. Given the proliferation of family-focused health initiatives in New Zealand and elsewhere, Burrows suggests that critical perspectives may help in unpacking how children are expected to be engaged in these initiatives, a well-meaning effort with potentially harmful implications and outcomes.

The final paper in the special issue provides insights from health education teacher education in Australia. In their paper, "Working against 'pedagogic work:' challenges to engaging pre-service teachers in critical health education," Fane and Schulz draw from Bourdieu's concepts of "bodily hexis" and "implicit pedagogy" (how the personal combines with the social through the cultural imprints and bodily memory), to investigate the challenges of redressing the dominance of individualism that infuses pre-service teachers' understanding of health. The authors discuss the findings from a study that involved analysing pre-service education students' reflective writing based on student experiences of a course that sought to engage students in thinking about health in socially critical ways. The analysis of student reflections revealed however that this was not easy to sustain and that, while they attempted to engage with and demonstrate knowledge of a socially critical

view of health, contradictions or places where students unknowingly slipped into traditional risk-focused ways of thinking emerged frequently across the data. The article highlights some of the difficulties encountered by pre-service teachers and students when trying to engage with critical perspectives of health and schooling.

Endnote

This special issue portrays six different takes on critical health and well-being education in schools, highlighted through the discussions of a range of varied themes: social and emotional learning, mental health promotion, participatory pedagogies, LGBTQ student activism, positioning of children in family health and challenges of teacher professional development. With this portrayal, we hope to contribute to and advance the debate concerning the role, the position, the potentials and limitations of schools and schooling in the promotion of health and well-being, developing innovative approaches that aspire not only to improve students' health status and related behaviours, but also to foster their critical competences and to engage with the contextual determinants of health and well-being.

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