ArctiChildren InNet (2012-2014)

Empowering School e-Health Model in the Barents region

Developing New e-Health Approaches and Strengthening the Learning and Health
connection through multimodalities and ICT applications at Schools

Project plan for the Kolarctic ENPI CBC program

1. Project summary

ArctiChildren projects co-ordinated by the University of Lapland have had as a goal since 2002 to develop a cross-border network model and create new working methods for improving the psychosocial well-being, social environment and security of school-aged children in the Barents region. Besides the universities and colleges, also the schools with cultural and environmental differences (rural/urban, sami/compulsory schools) in four countries have been involved in the project. During the last project phase, ArctiChildren II (2006-2008), the project network constructed and published a new cross-border training material for schools, a book called *Crystals of Schoolchildren's Well-Being*. Teaching methods of the book are related to social interaction and health promotion as well as by utilising the opportunities provided by art and culture in teaching.

Now this new phase of the ArctiChildren project, which is co-ordinated by the Rovaniemi University of Applied Sciences, is called *ArctiChildren InNet (2012-2014) – Empowering School e-Health Model in the Barents region.* It will be based on the cross-border ArctiChildren development and research activities implemented during 2003-2008, and its network with new partners. New empowering e-Health and e-Learning approaches will be developed in the urban and rural schools together with teachers, pupils, parents, social and health care experts and the university / college network in the four countries of the Barents region.

Overall objective of the project is to improve the common challenges of the schoolchildren´s psychical, psychological, emotional, social and spiritual health and well-being, security and cultural identity through Information and Communication Technologies (ICT) applications in the Barents Region.

Specific objective of the project is to develop an Empowering School e-Health Model by implementing new approaches in every participating country. School e-Health approaches are developed in cross-border cooperation with schoolchildren, parents, teachers, social and health care experts and researchers in the ArtiChildren network.

The ArctiChildren InNet network consists of following partners: Luleå University of Technology (Faculty of Education, Department of Health Sciences), Finnmark University College (Department of Educational Studies, Department of Social Work), Murmansk State Humanities University (Department of Social Pedagogy and Social Work), Northern Arctic Federal University (Department of Information Technology). Besides Rovaniemi University of Applied Sciences (School of Health Care and Sports, School of Technology, School of the Business Administration) the partners at the Lapland University Consortium will be Kemi-Tornio University of Applied Sciences (School of Health Care, Cultural Studies) and University of Lapland (Faculty of Education, Faculty of Arts, Faculty of Social Sciences). Three pilot schools from every participating country will involve in the project with cultural and environmental differences (rural/urban, sami/compulsory schools).

University of Manitoba will involve in the project as an associate partner. Their expertise about aboriginal health issues and new technology will give to the project an added value specially because some pilots schools with Sami schoolchildren (for example two schools with Scolt Sami children in Sevettijärvi and Lovozero) are situated in the rural settings of the Barents region.

2. Arguments to promote schoolchildren's health by Empowering School e-Health Model in the Barents region

2.1. Schoolchildren's health in the Barents region

Schoolchildren's health and well-being in the Barents region has been examined for example in the ArctiChildren project (*Development and Research Project of the Psychosocial Well-being of Children and Youth in the Arctic*). Comparative research was implemented among Finnish, Swedish and Russian pupils aged 13-15 years in year 2004. Here the most remarkable research findings:

-Finnish children had the most negative attitude towards school. Less than a half of the Finnish pupils didn't like going to school. Peer bullying was also a big problem in these schools. In Russia bullying was most common, 35 % of the pupils had been bullied at least once during last few months. In Finland 30 % and in Sweden 9 % of the pupils had been bullied during last few months.

-Smoking and drinking were most common in Russia. 23 % of the Russian pupils smoked every day. In Finland 7 %, but in Sweden only 1 % of the pupils smoked every day. 55% of the Russian pupils had been drunk at least once, when in Finland 23 % and in Sweden only 9 % of the pupils had been drunk.

-Psychosomatic symptoms were most common in Finland. 26 % of the Finnish pupils had some psychosomatic symptoms at least once a week. In Sweden 23 %, and in Russia 16 % of the pupils had psychosomatic symptoms once a week. Sleeping difficulties were more common in Finland and Sweden than in Russia. In Finland 40 % and In Sweden 35 % of the pupils had sleeping difficulties every week or more often. In Russia 10 % of the pupils had sleeping difficulties every week or more often.

-The Russian pupils spent more time and communicated more with their friends than Finnish and Swedish pupils. 61 % of the Russian pupils were in contact with their friends, when In Finland 37 % and Sweden only 33 % of the pupils were in contact with their friends every day.

For example the Finnish School Health Study 2010 shows that although many health indicators have become better during last ten years, schoolchildren have nowadays many same kind of problems as they had ten years ago, for example bullying, depression, drug abuse, psychosomatic symptoms, unhealthy nutrition, physical inactivity or lack of friends.

2.2. Social media and schoolchildren's health promotion

Social media provides the public health professionals with many opportunities. Providing a fast and inexpensive interaction with clients and engage in collective problem-solving and knowledge sharing. In addition people can reach with small steps to a meaningful personal and community change without a substantial time and with small resource commitment. Using social media requires an investment of time, an ability to trust the process, excellent communication skills and transparency. Social media also requires an understanding of how people are using ICT applications.

Schoolteachers, parents and social and health care practitioners face several important challenges with schoolchildren. Adolescence is the developmental stage when health-risk behaviors may be initiated (e.g. smoking, drinking, physical inactivity, unhealthy nutrition, bullying, aggression), and when they move from parental control to establishing their own separate relationships with health professionals.

On the other hand, school-aged children are typically the early adopters of new technologies. The internet, in particular, provides innovative opportunities for engaging youths, including hard-to-reach populations, e.g. youths in rural settings. Youths' traditional sources of health information are no longer satisfying their needs, and they are increasingly using the internet for health-related information. A distinct advantage of the internet is the potential for enhanced outreach in providing e-Health services to the community. Also internet is an innovative tool for social and health care educators and practitioners to develop different ways for health promotion.

Interaction within social media enables sharing information between each other. In other words, members within the web society produce information more and more by themselves. Social media gives possibilities for members to benefit of their own personal knowledge and resources. This means that they are creating new knowledge for promoting their own health by involving positive characteristics: participation, sense of community and empowerment. The basic question is how to find the best solutions and methods to use social media for health communication. ArctiChildren InNet (2012-2014) project will give the best response for that issue, because schoolchildren themselves will participate in the project as active actors together with project actors and organizations.

2.3.   Arguments from participating countries

Russian arguments

Russian schools gradually move on to new technological complexes called e-Schools according to new standards of IT technologies. E-School program possesses a strong potential of providing services to pupils, their parents and teachers. However for the time being these services are limited to e-Journals of pupils progress, pupils e-Record books and e-Timetable etc.

Development of new innovative space called "e-Health" will contribute to optimization of educational process that is implemented in accordance with the provisions of Conception of modernization of general education contents in the Russian Federation and a federal target program "Development of common information environment" in terms of information society formation on the basis of innovative forms and methods of teaching using modern computer technologies and networking facilities.

Joint on-line activity of teachers, pupils and their parents in the process of distance learning will contribute to creating conditions of improvement of schoolchildren's psycho-social health and well-being. The program "e-Health" presupposes a new way of organization work in the educational institutions with pupils and families aiming to improve their safe, healthy and comfortable life and living environment. It can also serve a specific way of embedding innovative technologies in the field of education and thus it fully meets the objectives of educational policy of the Russian Federation and the Murmansk region.

Swedish arguments

Reports show that the psychosocial health in Swedish children and youth has decreased in recent decades and it is common that they feel that they are able to express their opinions in school but when decisions are made the adults are not considering the ideas and views that the students have expressed. In addition students describe how taken participation seen in schools is hindering a well functioning school environment. However, research and praxis has shown a direction where increasing empowerment based work is more common, where children and youth are participation in changing their life situation positively effecting their health and ability to learn in school. To enhance learning and support healthy behaviors ICT has become new tools for e-learning and e-health. As the ICT approach is fairly new there also exist a need to evaluate ICT tools in praxis as well as conduct research in the area.

In Sweden there are a number of e-health sites on internet and social media is playing an important role in young people's lives. This offers an opportunity to use ICT, which children and youth are well acquainted with, as a tool to support empowerment and psychosocial well-being. Combining the ICT and the empowerment theories the focus in the planned activities in the participating schools in Sweden is on children's self-determination, ability to influence and participation. When children experience that they are listened to, taken seriously and have the possibility to participate and influence their psychosocial well-being increase. Therefore it is important to include children and youth when discussing experiences of psychosocial health and well-being as well as when discovering opportunities for ICT to contribute to health promotion activities to support the health-learning connection. More specifically, it is important to describe and to explore the possibility of using ICT to promote psychosocial health and well-being by listening to the experiences children and youth have of the health and learning in school and their ideas on how ICT can contribute to health promotion activities for greater academic achievements.

Norwegian arguments

During the last decade it has been a growing interest for using different digital media in Norwegian schools. Personal computers are more available in the schools and PC is the basic tool for activities on Internet, educational programs in the schools and little by little activities on social media. The grooving digital world opens possibilities for the school both pedagogical and lighten possibilities for information to the world around the school. But the digital revolution opens also for misuse. For example is it reiterated many examples of bullying among young people on Internet. It is also worrying that the offer of play stations with or without money games are available for the young people. It is challenging to master the new media situation, and in depth are these questions concerning young people's health.

For health promotion in special very little research has been done in Norway. For us this will be a good start to develop e-Health promotion together with the schools.

Mastering the media world and gaining control over own life, are topics that needs to be worked on in the digital revolution we all are part of. Many parents do not know how to meet this development with regard to their own children. The situation brings up problems for the whole society as well as: publisher's commitments, quality of information, privacy protection, and challenges related to identity formation and cultural diversity. To meet and educate pupils from different cultures and with different social conditions represent a great challenge for the educational system, the schools and curriculum. We believe that many young people are badly

prepared to meet these media challenges. This concerns how well prepared they are to use new media in a constructive and critical way. Questions about ethics, the impact of advertising, development of youth culture and identity formation, and to develop a qualified and critical attitude to the media development represent areas of great importance. In depth this concerns the pupil's health and the school has a commitment with empowering pupils and perhaps have consultations versus parents.

In the north we are living in sparsely rural populated areas and young people become widely dependent on social media. Then consequences are that young people spend a lot of time in using social media. School programs are therefore of great importance for managing the digital media and their impact on daily life quality. Besides, this will influence identity formation in a wider perspective.

Finnish arguments

Finland is making important strides in renewing the structures, roles and methods relevant to healthcare. Known for its know-how in high technology and as a nation guaranteeing health and wellbeing services to all residents, Finland is among the forerunners of innovative healthcare.

New technologies are used also in many Finnish schools, and the projects how to utilize ICT at schools are implemented. For example "Educational technologies in schools" (OPTEK) project ended spring 2011 was a multidisciplinary project by a consortium consisting of 13 research institutes and conducted in collaboration with 28 companies as well as schools from 12 municipalities. The goal has been to create innovative solutions and models for using ICT and digital media in the everyday schoolwork.

For the social and health care services at the municipalities there have been developed more and more different e-forms and e-services for inhabitants. Also for children and youth there have been developed different e-Health services and websites, produced by the municipalities, national projects as "Netnurse" (Verkkoterkkari) project or by organizations as the Mannerheim League for Child Welfare and the Finnish Youth Department.

The problem with traditional health promotion activities is that clients often find it overbearing and distant from their everyday life. We tend to choose whatever brings pleasure and a sense of comfort, and that's a basic trait of human psychology. To take cognizance of schoolchildren's developmental stage when health-risk behaviors may be initiated it's needed to develop by co-creation empowering school e-Health services together with schoolchildren, parents and social and health care experts.

3. Contributions from participating countries

3.1. Russia

At the Murmansk State Humanities University the teachers from the Department of Social Work of the Faculty of History and Social Sciences will contribute to the project by:
-developing and implementing new approaches (structures and contents) for the empowering e-Health model together with national (school teachers and social- and health care specialists) and the cross-border project network

-rendering support and methodological help to school teachers/specialists in planning and implementing school e-Health approaches using innovation technologies
- consulting teachers, parents and schoolchildren
- assisting in creating virtual environments in school

From the Northern Arctic Federal University will participate the Department of Information Technology. They will participate in the development work of new ICT environments (for example web site) for school e-Health model, and also they will teach ICT to the Russian pupils involved in the project.

Participating pilot schools:

Murmansk Gymnasia # 5 is an urban institution with 533 pupils. The gymnasia offers programmes with the advanced level of knowledge in different subjects, including natural scientific subjects and the humanities.

Lovozero boarding-school is a rural school with 315 pupils (104 of which are Sami). The peculiarity of the school is that children may stay there while their parents are working in the tundra (families where parents are reindeer herders). Besides this, children who have problems at home can stay at school.

Kandalaksha Secondary School # 19 is an urban school with 517 pupils. The school implements programs meeting educational needs of the district population. One of its priorities is keeping and improving health of the pupils.

3.2. Norway

University College of Finnmark has two faculties participating in the ArciChildren InNet-project. The one is Faculty of Education and Liberal Arts represented by Ole Martin Johansen. The other is Faculty of Business and Social Work represented by Eva C. Schjetne.

In the ArciChildren InNet-project the faculties will contribute with study on pupils, parents, teachers and experts. We will participate in seminars and meetings on the pilot schools where our contributions will be counselling in questions about empowering the schools in e-Health promotion. All activities will be rooted in former development and research work of the ArciChildren projects and other available development and research results on the topic.

Participating pilot schools:

Talvik school is situated in Alta municipality. It is a rural school with pupils from 1.-10. grade, together about 150 pupils. The distance to Alta city is about 30 kilometres. One school is situated in Sør-Varanger municipality, and the third one in Vadsø municipality. All schools are public schools without special features. No one of them is in the district for the Sami –language – law. Despite that there will be some pupils in the pilot schools with Sami as their mother tongue and they have Norwegian as second language. The consequence is that the Sami culture will be represented in the pilot schools.

3.3. Sweden

Luleå University of Technology has two faculties participating in the ArciChildren InNet-project. The one is Faculty of Education and Department of Health Sciences. The Swedish development and research team is made up of two researchers and three PhD students from two different institutions at Luleå University of Technology. The members are Catrine Kostenius, Lecturer, Department of Health Sciences, Krister Hertting, Lecturer, the Department of Art, Communication and Education, Anna-Karin Lindqvist, PhD Student, Department of Health Sciences. Monika Grape, PhD Student, the Department of Art, Communication and Education and Ulrika Lindström, PhD Student, Department of Health Sciences.

<u>Participating pilot school</u>

The two participating school districts in Swedish are in the municipalities of Luleå and Kalix. In both municipalities e-Learning has been practiced and in Kalix there are classes in grade 7-9 where lap top computers are provide to all children in order to make possible for all students to have access to computer for their schoolwork. In both school districts there are hundreds of pupils including both rural and urban schools. There is a great level of interest among the students and commitment by the school leaders and teachers to develop best practices for ICT support for health and learning.

3.4.   Finland

Lapland University Consortium has three universities participating in the ArciChildren InNet-project. At the Kemi-Tornio University of Applied Sciences (School of Health Care and Cultural Studies) health care expertize consists of e.g. working methods on dialogue, home-school collaboration, mental health promotion at primary schools, working methods on child welfare, pedagogical and theatrical expression and e-health /e-learning approaches. Cultural studies consist of visual arts and communication expertize.

From the University of Lapland participates the Faculty of Education with expertize of teacher training and media pedagogy, the Faculty of Arts with visual art and audio visual media pedagogy, and the Faculty of Social Sciences with expertize of social work, e.g. working methods on dialogue, early action methods, team work methods, family work, child welfare, school social work, and e-social work / e-learning.

From the Rovaniemi University of Applied Sciences participates the School of Health Care and Sports with expertize of health care, health promotion of children and youth, early action methods, physical education and physiotherapy, and with an interactive, virtual learning environment, the School of Technology with expertize of information technology, and the School of the Business Administration with expertize of communication, team work and interaction.

<u>Participating pilot school</u>

Finnish pilot schools are situated in Inari municipality, Salla municipality and in city of Kemi. Sevettijärvi school has already participated in the ArctiChildren I (2003-2004) and II (2006-2008). It's a small school with eight pupils and three teachers during next school year. As a school of Scolt sami children they specially appreciate ArctiChildren project colloboration with another Scolt sami school in Lovozero, Russia. Another school in Inari municipality is Ivalo upper level of comprehensive school with 150 pupils and 24 teachers during next school year, there is Sami children as well. A school in Salla municipality exists already good collaboration

with Russian schools. Third Finnish school Karihaara school is situated in urban are, city of Kemi, there is around 500 pupils and 32 teachers.

4. Target groups and beneficiaries

4.1. Target groups - who will be directly positively affected by the project at the project purpose level

A. Comprehensive schools in the municipalities (Lovozero, Kandalaksha, Murmansk, Alta, Vadso, Sor-Varanger, Kalix, Luleå, Inari, Salla, Kemi, all together 12 schools) in four participating countries which are involved in the project. Schoolchildren, parents, social- and health care experts of the schools will be act as active actors - co-creators - of the development work on empowering school e-Health and e-Learning approaches.

B. Educational institutions (universities, colleges; all together 7 institutions) in four participating countries, which will provide multidisciplinary and extensive knowledge and expertise in developing, implementing and evaluating new empowering school e-Health and e-Learning approaches for the schools.

C. Regional authorities (school administration, health- and social care administration) both on the municipality level and regional level. Authorities have possibility to utilize new school e-Health model / approaches for other e-services in the municipalities. Regional authorities are responsible for developing new ICT strategies. Through project collaboration they will have new know-how and expertizes how to develop new ICT services for improving inhabitants' health and well-being in the Barents region.

D. National authorities (e.g. ministry of social affairs and health, ministry of education)   in every participating countries which are responsible for developing children's and youth's health and well-being (the ministry of social affairs and health, the ministry of education)

E. National and international educational and research institutions on e-health promotion and e-learning on the northern / Arctic level. University of Manitoba will involve in the project as an associate partner. Their expertise about aboriginal health issues and new information technology as a base of project collaboration will give a possibility to widen international discussion and co-operation by disseminating project results in the Barents / Arctic area.

4.2. Final beneficiaries - who will benefit from the project in the long term at the level of the society or sector at large

F. Schoolchildren
G. Parents and grandparents
H. School teachers and social- and health care experts in the municipalities
I. Other educational and social- and health care organizations / services in the municipality and the regional level in the Barents region
J. Participating universities / colleges which will develop by the results of the project new e-Health educational programs and new e-Learning methods

5. Results of the project

The new school e-Health / e-Learning approaches will be developed and implemented on the three levels of the school community: 1. Classroom level (interventions by multimodalities in the classroom; utilizing for example physical movement, nature, acting/theatre, and different expressions of art in learning). 2. Dialogue level between experts (teachers, social and health care experts) and schoolchildren. 3. Home-school collaboration level.

Result 1: A cross-border frame of reference created about the project cooperation for achieving an empowering school e-Health / e-Learning model

Activities:
1.1 Establishing the network with urban and rural pilot schools, universities and colleges
     1.1.2   Contact and build the project network
     1.1.3   Develop a data base with all the participating pilot schools
1.2 Training seminar for the project actors concerning social media and health promotion / learning. (Held during the kick-off meeting)
1.3 Planning Seminar I: Describing the development and research process of the project
     1.3.1. Formulating practical guidelines for development and research process
     1.3.2 Guidelines report
     1.3.3 Create a cross border action research plan (based on the previous research on social media and health promotion / learning in each country).

Description of the activities:

Project manager and project co-ordinators in every participating country will arrange appointments with the pilot schools for starting practical arrangements for project participation and project implementation. At every pilot school will have two contact persons for the project, a class teacher and school nurse / school social worker. Project manager will collect all information and practical knowledge about the pilot schools which is needed to form a data base.

Training seminar will be arranged for the project actors involved in the project. High-value experts will teach on ICT environments and health promotion as seminar experts, also country-based experts from the universities / municipalities about these issues will have their own presentations. As a base of the seminar program will be the needs to develop e-Health approaches in the Barents region. It means that the program will be implemented by the dialogue between experts and project actors.

Planning seminar will be arranged after training seminar. The seminar will consists of the general part of planning process and planning of the structures and contents in two working groups, "Classroom level" group and "Dialogue between children and parents and Home-School collaborations " group. As a result of these two planning phases will be a practical guidelines report for development and the further research processes. Another result will be an action research plan for mapping the needs of the school communities for developing school e-Health approaches. Project co-ordinators in every participating country have started to create a preliminary action research plan before the seminar.

The training seminar and the planning seminar will be held at the same time as the kick-off meeting to avoid extra costs to the project.

Result 2: Action research to assess the actual ICT use, attitudes and needs and benchmarking process to develop school e-Health and e-Learning applications

Activities:
2.1. Planning and implementing three different surveys based on qualitative and quantitative methodology
        A. Surveys addressed to schoolchildren
        B. Surveys addressed to parents
        C. Surveys addressed to experts (teaching, social and health care)
        2.1.1 Conducting 550 surveys per country and per target group
2.2. Developing national reports with the research findings based on results
2.3. Benchmarking the international best practices in school e-Health / e-Learning
2.4. Analysing the cross-border needs of developing school e-Health /e-Learning approaches
2.5. Planning seminar II
     2.5.1 Conclusion report of the cross-border needs to develop empowering school e-Health / e-Learning approaches based on the national research results and the conclusion of best practices
     2.5.2 Preparing the guidelines to implement new approaches in the pilot schools at the three levels hereunder in activity 4.

By the cross border action research plan the project manager and project co-ordinators together with the university / college project actors will take responsibility for the implementation of the research activities at the pilot schools (schoolchildren, parents, school-, social- and health care experts) for mapping their attitudes, needs an wishes to develop health promotion through ICT.

The surveys will be done in every country and per every target group based on qualitative and quantitative methodology. Also university students will be integrated in this process acquiring new knowledge. 2200 surveys will be conducted together (550 per each country).

The findings will be described by the target groups in the national reports. During the research implementation, the project group will have videoconferences of the process.

Benchmarking international visit reports together with the study research, will provide us with the best practices of the school e-Health / e-Learning approaches at the European level. The aim is to gain new and fresh ideas how this approaches have been planned before and implemented.

Research reports (about the needs and wishes at pilot schools) and benchmarking findings will be as the base of the school e-Health new activities planning, in the Barents region.

During the planning seminar II, it will be formulated the guidelines for the development work. Although the surveys have been done at the pilot schools for mapping the needs, project actors from schools will actively influence also in formulating these guidelines. In addition a conclusion report will be created, which will guide the detailed cross-border needs plan of procedures.

Result 3: Build up an ICT environment (i.e website, virtual environment) where the dialogue with new interventions and practices will be implemented

Activities:

3.1 Planning and implementing the suitable ICT environment.
3.2 Trial the ICT environment in the net with the project actors.
3.3 Evaluating and readjusting if is necessary

The guidelines to implement new approaches in the pilot schools are the base to built up the suitable ICT environment.
The trial work will be done by the ICT, audio visual media culture and media pedagogy experts from the university network.

The evaluation and readjusting work will be lead by the ICT, audio visual media culture and media pedagogy experts from the university network. The new environments will be tested at the pilot schools with the project beneficiaries. Also other university actors will participate in this process.

Result 4: New interventions / practices created for starting empowering school e-Health / e-Learning dialogue at three levels in each participating country and cross-border

Activities:
4.1. Apply dialogue tailored into the four participating countries, within the three levels.
    4.1.1 Level A. Classroom level (interventions by multimodalities)
        4.1.1.1 Planning / implementation process of the interventions
        4.1.1.2 Gathering the results of the process.
        4.1.1.3 Transfer the interventions into the ICT environment and starting dialogue with other pilot schools
        4.1.1.4 Assess the e-Learning interventions and readjust them if necessary
        4.1.1.5 Eval**u**ating

    4.1.2 Level B. Dialogue between experts (teachers, social and health care experts) and schoolchildren
        4.1.2.1 Multidisciplinary planning process to identify the best applications to approach new e-Health interactions / practices
        4.1.2.2 Gathering the results of the planning process
        4.1.2.3 Transfer the e-Health interventions / practices into the ICT environment
        4.1.2.4 Assess the e-Health interventions / practices and readjust them if necessary
        4.1.2.5 Evaluating

    4.1.3 Level C. Home-school collaboration
        4.1.3.1 Planning process of interventions / practices of home-school collaboration through ICT environment
        4.1.3.2 Gathering the results of the planning process
        4.1.3.3 Transfer the multimodality into the ICT environment
        4.1.3.4 Assess the interventions / practices and readjust them if necessary.
        4.1.3.5 Evaluating

4.2 Development workshop in Norway about challenges to use social media in health promotion.

4.3. Evaluate the experiences in schoolchildren, parents and experts about school e-Health and e-Learning interventions/practices

4.2.1 Reporting results in every participating country
4.2.2 Identified new approaches to promote schoolchildren's health and well-being according to the research results
    4.2.1.1 Empowering attitude and actions on the classroom level
    4.2.1.2 Empowering attitude and actions between experts and schoolchildren
    4.2.1.3 Empowering attitude and actions in home-school collaboration
4.4. Creating a cross border cooperation report about empowering school e-Health and e-Learning interventions/practices

The dialogue for the planning implementation and transferring new interventions into the ICT environments will be carried out considering the three levels of the school community; Classroom level (interventions by multimodalities in the classroom; utilizing for example physical movement, nature, acting/theatre, and different expressions of art in learning).Dialogue level between experts (teachers, social and health care experts) and schoolchildren and the last level dialogue between home and school.

Activities will be carried out with close collaboration with the 12 pilot schools experts, schoolchildren, parents and the 7 multidisciplinary universities expertize from all the countries. The task of assess the new interventions will be done by the pilot schools and school children families which will use these new approaches and practices. These assessments will be led by the teachers and school nurses / social workers of each pilot school and country base university project actors.

The pilot schools will be in dialogue also between countries by using these new e-Health and e-Learning approaches. In case that those interventions need to be readjusted this work will be done in every country. The evaluations are going to be collected and send by the project coordinators to the project manager.

In the Norway workshop, it will be identified the common challenges to use social media in health promotion within the programme area. Representatives of each country and also pupils and parents from Norwegian pilot schools in that case will contribute with their opinions and experiences.

The evaluation material will be based on the studies (for example interviews) by countries and target groups and the evaluation process will be carried also through open dialogue of target groups in internet. The university project actors will gather these data and report the country based results. With this research results the university project actors in every country are able to describe empowering attitudes and actions at three different levels within the school communities.

By country base research results will be created a cross border cooperation report about the new interventions and practices. Scientific head of the project, project manager and project coordinators will manage this process.

Result 5: Empowering School e-Health Model developed

Activities:
5.1. Cross border cooperation publication in English, Swedish, Finnish, Norwegian and Russian
5.2. Net version to internet
5.3 Launching the empowering school e-Health model
    5.3.1 Inform regional / national authorities

5.3.2 Participate in International conferences for dissemination of the results
5.3.3 Create scientific articles in every country, to be published in international journals
5.4. Developing preliminary draft about educational empowering e-Health program (involving studies of education, social work /social sciences and health promotion)
5.3.1 Proposal report
5.5. Closing Project seminar

Description of the activities:

The cross border cooperation publication will consist of the description of the school e-Health model which will serve as a model for different actors in the school health field and organizations on the programme area. It will be written in the official language of the program English and translated into Swedish, Finnish, Norwegian and Russian language.

The lead partner will upload the internet version to the net. The web page, where the new school cross border cooperation publication will be located, will be decided together with the project coordinators and introduced by the project manager.

By the project activities and its results the university project actors will describe preliminary draft about educational empowering e-Health program. That will be done involving studies of education, social work /social sciences and health promotion.

The new model for school e-Health promotion will be launch to the regional / national authorities. Also project partners will participate in the international conferences of the school e-Health / e-learning, for disseminating the project results and the new model. Scientific articles will be published in the international journals, and the empowering school e-Health model will be launched to the market and disseminated in the media as well during the closing seminar.

For the closing project seminar in Russia, the project manager together will project coordinators will make a summary about the processes implemented during the processes within the 3 year of the project duration.

Result 6. Project Management

Activities:
6.1. Beginning the project
6.2. Coordinating
6.3. Daily project Management
6.4. Project financial follow-up
6.5. Project communication
6.6. Reporting
6.7. Project closing

Description of the activities:

The lead partner and the project manager will go through the project practicalities with the cross-border project network.

The lead partner and the project manager will take care of the coordination/steering group meetings during the project life. There will be 4 meetings one at the opeing meeting, two during seminars in midterm project and the last one in the closing seminar.

The lead partner and the project manager will take care of the management of the project. This is an ongoing task that is carried out throughout the whole project life time.

The Project Manager is responsible for the task of monitoring and checking all financing matters

All the partners of the project are marketing the project, as will be agreed during the launch meeting
The lead partner and the project manager will take care of the reporting of the project to keep stakeholders informed.

The lead partner and the project manager will implement this activity to ensure that the work of the project team is accomplished

6. Methodology

Steering group of the project, ensuring that broad expertise is available to support project management, will be set up in the Kick-Off meeting. The steering group will be consisted of 9 people, 7 from the international project network (scientific head of the project, project manager, 3 project coordinators, and 2 representatives from pilot schools, 1 school teacher and 1 school nurse). Because the empowering school e-Health promotion is demanding process to develop, two expert members will be selected by paying special attention their curriculum. The steering group will appoint the chairman and vice-chairman during the mentioned meeting. If it is reasonable, the steering group can invite and hear experts for example an ICT experts. The steering group meetings are going to be in four occasions: the first one in the Kick-Off meeting in Rovaniemi, two middle ones during the project seminars in Luleå and Alta, and the last one in the closing seminar in Murmansk.

Peer-review group will be acting within the project group. This group will be also formed during the first seminar. As a base of its action will be reflectivity, which means that the project group will take responsibility of self-assessment process of the project and all work of the group will be based on continuous reflective approach to plan and implement project activities. During the first meeting the project group will create methods and tools for the reflection. The expert on university level project evaluation of the RAMK will be as a supervisor of that process. Because social media will be an environment for developing new e-Health approaches, also social media will be an important tool for self-assessment of the project. The external evaluator of the project has also possibility to use self-assessment material for the external evaluation of the project.

The project group will consisted of 24 people from the international project network (scientific head of the project, project manager, 3 representatives from the university level from every country and 8 representatives from the school level, 2 teachers, 2 school nurses). *Co-creation* will be a main principle of the project. It means that pupils and their parents at the pilot schools have an active role with other project actors to plan and implement new empowering e-Health approaches. Therefore 4 representatives from the beneficiaries, 2 pupils and 2 parents will be involved in the project group. When necessary, the project group will work in two groups "Classroom level" group and "Dialogue between children and parents" group.

Project group members from every participating country will built up a country-specific working group lead by project coordinator / project manager consisting of the representatives from the university and pilot school level.

7. Theoretical viewpoints of the project

As a base of successful collaboration within the cross-border project network will be among others the following theoretical viewpoints:

Dialogue is defined as a 'pedagogical communicative relation' of a conversational interaction directed intentionally towards teaching and learning. It is not a form of question-answer communication, but an engaging 'social relation' with emotional as well as communicative aspects. The emotional factors in dialogue include concern, trust, respect, appreciation, affection and hope. The communicative virtues are dispositions, qualities and practices that support these relations. Dialogue is a humanistic idea of learning, and it emphasizes equality and interaction and learning as a process. In dialogical relationship teacher has to renounce his/her   power, and teacher and student will meet as conversation partners

Human communication is performed through different channels corresponding to our five senses and to our means of expression. Depending on the structure of the information transmitted, each channel corresponds to various modalities. In the project will be utilized *multimodalities*, for example physical movement, nature, acting/theatre, and different expressions of art in learning in developing empowering school e-Health approaches on the classroom level.

Empowerment can be seen as a relational concept in its meaning of giving power and authority to a person. A feature of empowerment activities is that they presuppose mobilization of persons. This means, taking an example from schools, that active participation is required on the part of the pupils if the school environment in its entirety is to be improved. The objective is to strengthen and develop the individuals' own capabilities, which is one of the ingredients of empowerment. Empowerment is the leading theoretical approach in the project. This means that human beings participation in changing their life situation is crucial in health promotion activities. This project will mainly be solution-focused with a starting point in experiences of the participants.

Experiential learning facilitates personal growth and it helps learners to adapt to social change. Also it builds a bridge from the known to the new by taking the person's perceptions and experiences as the point of departure for the learning process. In addition experiential learning offers potential for a learning atmosphere of shared partnership, a common purpose, and a joint management of learning. In classrooms infused with the vision promised by experiential learning, behaviour is a joint responsibility of the whole class, and the teacher is only one member within the class.