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ORIGINAL RESEARCH PROJECTS
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The Parental Co-Production in Health Promoting Schools Programmes – A Cross-Sectional Survey Study in Polish Primary and Secondary Schools

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Abstract
A whole-school approach to health includes, among others, the participation of pupils, staff and parents as one of the pillars of health promoting school interventions. Parental involvement is perceived as an essential component of actions to promote pupils' health and well-being. Parents' participation in school health initiatives can be analysed through the prism of the co-production concept, which is a perspective for the involvement of external stakeholders. Thus, this study discusses parental co-production in health promoting schools (HPS). It is based on quantitative research results in Polish primary and secondary schools implementing HPS programmes. The online survey was conducted among 500 school health promotion coordinators between March and June 2023 using the HPS Implementation Questionnaire. Research results show that more actions were undertaken to improve pupils' health and well-being in schools where parents were

co-producers of school health promoting programmes. It confirms that health promotion professionals should include families in strategic partnerships they are among the most crucial co-producers of school health services.

Keywords: Health Promoting School (HPS), co-production, parents, parental co-coproduction in HPS, HPS Implementation Questionnaire.

Introduction

A health promoting school (HPS) is defined as "a school constantly strengthening its capacity as a healthy setting for living, learning and working" (WHO, 1997). To achieve this goal, schools engage health and education specialists, officials, teachers, pupils, parents and community leaders to promote health. HPSs make an effort to provide supportive environments for health and several school health education and promotion programmes and services. The main goal of HPS is to improve the health of the entire school community – school personnel, pupils and families – by cooperating with community health leaders. It is essential to help understand how the community contributes to good health and education outcomes. One of the goals of the WHO Global School Health Initiative is to help all schools to become 'health promoting schools'. This could be achieved, for example, by "encouraging and supporting international, national and subnational networks of health promoting schools, and helping to build national capacities to promote health through schools" (WHO, 1998). One of those networks is the Schools for Health in Europe (SHE) network,[1] established in 1992 (Dadaczynski et al., 2020). SHE delivered health promotion pillars to address the school structure and all individuals within the school, resulting in a wide range of activities to maintain equity and mitigate the effects of social and health inequalities (IUHPE, 2009; Kephalopoulos et al., 2014). According to the assumptions of the HPS concept, health promotion programmes should be based on the synergistic organisation of curriculum

[1] In Poland, Health Promoting Schools has existed since 1992. Currently, there are over 3000 educational institutions (schools and kindergarten's) belonging to the SHE network, and over 300 with the national certificate of HPS (ORE, 2023, September 25).

and teaching, the school ethos and links with parents and the wider community (Buijs, 2009; Cushman et al., 2011). Therefore, one of the critical demands of HPS is cooperation with the school's social environment. School principals, teachers and health promotion coordinators, who seem to be the most responsible for successfully implementing health promoting interventions, should cooperate closely with parents and the local community (Leger et al., 2007; IUHPE, 2009). It is known that home and school are the two primary environments that shape a healthy lifestyle among students through education. Moreover, they must act together and adopt a common direction of building health awareness among children and adolescents. In other words, learning in the classroom must be reflected and supported at home. School-only health promotion efforts have already been proven to produce disappointing results. Although students' knowledge increased, long-term behavioural changes were not evident (Atkinson & Nitzke, 2001; Warren et al., 2003; Clelland et al., 2013). Therefore, in the practical implementation of health promotion at school, parental involvement is a critical condition for achieving the adopted goals (Dickinson, 2005; Taylor et al., 2012; Clelland et al., 2013).

In this approach, co-production may be a valuable analytical perspective. In general, co-production is a viable solution in public service delivery to mobilise local resources that better fit local needs in the perspective of social innovation based on a growing and reciprocal relationship between professionals, service users, their families and their neighbours (Boyle & Harris, 2009; Galli et al., 2014). Victor Pestoff (2006; 2012) and Elinor Ostrom (1996) have already written about using the co-production perspective in the analysis and adequately understanding the relationship between public schools and students' families in providing education. The idea of co-production has a long tradition, dating back to the 1970s. The concept generated considerable interest in the 1980s, when the first attempts to define this concept were made (Ostrom & Ostrom, 1977; Sharp, 1980; Whitaker, 1980; Parks et al., 1981; Parks et al., 1981; Rosentraub & Sharp, 1981; Percy, 1984). Even in its original (initial) approach, co-production was understood as a concept of the service delivery process, which envisions direct citizen involvement in the design and delivery of city services with professional service agents (Ostrom & Ostrom, 1977;

Bovaird, 2007; Alford, 2009; Boyle & Harris, 2009). The idea of co-production in public services is bound to the subsidiarity of public action in supporting the responsible participation of private action to create value and innovation (Ostrom, 1996; Bovaird, 2007; Berkes, 2009).

Elinor Ostrom (1996) developed and widely adopted the definition of co-production, which is the process by which input from individuals who are not 'in' the same organisation are transformed into goods and services. From the beginning, co-production has been narrowed to 'institutionalised' relations because it refers to the provision of services through regular, long-term cooperation between professionalised service providers (in any sector) and service users or other members of the community. It is continuously based on substantial resource contributions made by all parties (Joshi & Moore, 2004; Galli et al., 2014). Therefore, public service co-production (including school programmes) can be seen as citizens' involvement in providing public services to achieve results that depend on their behaviour.

The complementarity of input is the main justification for using the co-production perspective in analysing the HPS approach. As already mentioned, when contributions from the public administration (in the school context: school principals, teachers) and beneficiaries (e.g. pupils, parents, local community) are complementary, the output is best produced by some combination of both sources to gain the best results (Ostrom, 1996). Co-production considers users and community as a 'pool' of unexplored resources and highlights the mutual relationship between service users and professionals as an opportunity to improve the effectiveness and quality of the service significantly (Boyle & Harris, 2009; Galli et al., 2014). Since the 1990s, research has been expanding on the motives for co-production, its course and its impact on the quality of services and customer satisfaction (Davis & Ostrom, 1991; Alford, 2002; 2009; Bovaird, 2007; Bovaird & Loeffler, 2012; Pestoff, 2012; 2014; Osborne & Strokosch, 2013). However, especially in recent years, further development in the field of implementation analysis has been visible (Osborne & Strokosch, 2013; Pestoff, 2014; Alford, 2015; Gawron, 2022a; 2022b; 2023), as it has been in the involvement of parents in school activities (Soares & Farias, 2019).

Literature on education services (including HPS programmes) asserts that two areas of co-production are necessary for the full development of co-production in education. On the first, the co-production of education services requires input from teachers (formal service providers), students (service recipients) and their cooperation. In this sense, if co-production is omitted the service will not be effective. On the second area of co-production, other contingent input is deriving from external sources (e.g. parents, student peers, community organisations and media) (Galli et al., 2014).

Victor Pestoff (2006) distinguished four types of family contributions to students' education: economic (e.g. donations and purchase of materials), political (e.g. participation in school board decisions), pedagogical (e.g. doing homework) and social (e.g. participation in events cultural activities at school). To systematise the need for schools to participate in the contribution of students' families, Gina Davis and Elinor Ostrom (1991) emphasised the important contributions of users: (1) students' time and effort; (2) families' time and effort. These factors are perceived by researchers as the main determinants for the development of co-production in schools (Pestoff, 2012; Alford & Yates, 2015; Soares & Farias, 2019).

However, there appears to be little research on practitioners' perspectives on school co-production (Boswell et al., 2021). This aspect of our study has not been considered yet. The reference to a few studies on co-production in public education demonstrates that the subject needs further investigation and stresses the lack of bibliographical production in the area (Soares & Farias, 2019). A review of different streams of literature highlights new insights into the theoretical and practical development of the co-production perspective (Osborne & Strokosch, 2013; Galli et al., 2014). The potential of collaborative approaches (based on parental involvement) to innovation and improvement of HPS programmes requires further research (Clelland et al., 2013; Osborne et al., 2013). This was the impetus for the study reported in the current paper. To better understand the challenges associated with bringing parental involvement into the HPS framework, this study explored the perceptions of HPS coordinators in this context. We believe that the study respondents – as the main organisers of health interventions in schools – have the broadest

perspective for describing and assessing the specific context of the represented facilities. Their activities are based on cooperation with internal (school) and external (local) community, including parents as the primary external participants of the intervention. Therefore, we asked them how they perceived the parents' involvement in school health promotion programmes. Their opinions may provide new knowledge about parental engagement and its impact on school health promotion. An important issue is whether the co-productive parental involvement in the planning, implementation and evaluation of HPS programmes can be associated with facilitating choices that promote students' health and well-being and implementing additional activities related to this issue.

Therefore, in this study, two research questions were established:

i. To what extent are pupils' parents engaged in planning, implementing and evaluating school health promoting programmes?
ii. Are there differences between parents' engagement in planning, implementing and evaluating school health promoting programmes and school activities to improve pupils' health and well-being?

It is supposed that parents are involved in planning, implementing and evaluating at most surveyed schools. It is also predicted that high parental engagement in health promoting programmes results in more effective school work toward improving pupils' health.

Research methodology

Study design and data collection

In the presented study, we focused on schools belonging to the Health Promoting Schools Network in Poland. Both schools with a national HPS certificate and those without the certificate that were members of the Network were invited to participate in the survey. School coordinators of health promotion were respondents and filled out the questionnaire. School recruitment was performed in collaboration with the National Coordinator of HPS (*Centre for Education Development* in Warsaw, Poland), who supported researchers

in disseminating the questionnaire among regional coordinators of HPSs in the country. Regional coordinators were asked to send out the questionnaire to schools belonging to the HPS Network in their region. The HPS Implementation Questionnaire developed by Vennegoor et al. (2022) was used in the presented study. The questionnaire is intended for primary, secondary, secondary vocational, and special needs schools, and was developed by Maastricht University and the Netherlands Organisation for Applied Scientific Research (TNO). The questionnaire contains 28 questions concerning the fidelity, adaptation and integration of the school's approach to student health and well-being (Vennegoor et al., 2022). The questionnaire was translated into Polish and adjusted to the Polish school system. The research was conducted between March and June 2023 using the online research tool Lime Survey. Participants were informed about the study's purpose, and active consent had to be given before starting. Completing the questionnaire took about 30 minutes. The health promotion coordinators of 500 schools participated in the survey, of whom 426 provided a complete questionnaire response. This paper reflects on the involvement of pupils' parents in planning, implementing and evaluating the health promoting programmes in schools belonging to the HPS Network in Poland.

Measurements

Outcome variables

Four sentences included in the HPS Implementation Questionnaire were chosen and assumed as outcome variables to assess parents' involvement in school health promoting programmes. Sentences were rated on a 5-point Likert scale from 1 (= "definitely not") to 5 (= "definitely yes"). The sentences that considered outcome variables were as follows:

- *In the past academic year, areas of concern arising from the evaluation(s) of the "school approach towards health and well-being" were actively addressed.*
- *Pupils/students at my school or school location were facilitated in making healthy choices concerning health and well-being.*

- *There were specific activities or unique components in the "school approach towards health and well-being" in my school or school location that, in my opinion, clearly contributed to the health and well-being of pupils/students.*
- *My school or school location tailored the "school approach towards health and well-being" to the specific characteristics and circumstances of my school.*

Covariates

In the presented study, respondents' opinions of parents' involvement in planning, implementing and evaluating the whole school approach toward health and well-being were considered independent variables. The article's authors formulated two additional questions to evaluate the co-production in the school health promotion process with different school community actors. Next to the question about school community members that participate in evaluating the whole school approach to health, questions concerning planning and implementing the actions were included in the questionnaire. For each of these questions, respondents indicated (by ticking 'yes' or 'no') those groups of the school community (e.g. teachers, school principals, pupils, parents, external experts) that – in their opinion – were engaged in planning, implementing and evaluating the "school approach towards health and well-being". This paper focuses on parents' involvement in actions concerning the whole school's approach to health and well-being.

Data analyses

The study includes the results of frequencies for the variables. Mean values and standard deviations are presented for outcome variables. The differences in the distribution scores related to considered variables were checked for significance with the Mann-Whitney U. For the effect size estimation, rank-biserial correlation by Wendt was used. The level of statistical significance was set as a two-sided $p < 0.05$. All analyses were processed using IBM SPSS Version 28.0 for Windows.

Ethical approval

The study was reviewed and approved by the Research Ethics Committee of the University of Silesia in Katowice, Poland (KEUS351/02.2023).

Sample characteristics

School health promotion coordinators from 500 schools participated in the survey, of whom 426 provided a complete response. In the study, 81.5% of respondents represented primary schools, and 18.5% represented secondary schools. Of these, 26.4% had the National Certificate of Health Promoting Schools (113 schools), within which 38.7% had the HPS certification in the time range from 1 to 5 years, and 34.0% of schools had it for 6 to 10 years. Also, 41.4% of schools have belonged to the HPS Network for 1 to 5 years, and 21.6% have belonged to the HPS Network for 6 to 10 years.

Results

Descriptive statistics

Analysis of the results shows that, according to respondents' opinions, parents are involved in planning actions within the "school approach towards health and well-being" in 59.2% of schools belonging to the HPS Network. In 56.0% of schools, parents are considered participants during the implementation of health and well-being initiatives, and in 25.6% of schools, parents participate in evaluating school health actions (Table 1).

Table 1. Frequencies of parents' involvement in planning, implementing and evaluating the HPS approach at schools (n = 500)

Answer options	Parents' involvement in...		
	Planning	Implementing	Evaluating
Yes	59.2%	56.0%	25.6%
No	40.8%	44.0%	74.4%

Source: Authors' research.

For outcome variables, frequency results indicate that surveyed schools most often facilitated students making health choices (87.0%). Many schools also adapted health promotion principles to the conditions and opportunities in which they function (85.5%) and implemented additional health promotion activities at school (85.5%); and 64.2% of schools actively respond to the needs identified concern of the 'school approach towards health and well-being' (Table 2).

Table 2. Frequencies of the HPS implementation indicators

Outcomes variables	n	No/ Definitely no	Neither yes nor no	Yes/ Definitely yes	Mean value	SD
In the past academic year, areas of concern arising from the evaluation(s) of the "school approach towards health and well-being" were actively addressed.	500	15.4%	20.4%	64.2%	3.76	1.26
Pupils/students at my school or school location were facilitated in making healthy choices concerning health and well-being.	485	4.1%	8.9%	87.0%	4.39	0.87
There were specific activities or unique components in the "school approach towards health and well-being" in my school or school location that clearly contributed to the health and well-being of pupils/students.	482	5.4%	9.1%	85.5%	4.36	0.92
My school or school location tailored the "school approach towards health and well-being" to the specific characteristics and circumstances of my school.	482	4.2%	10.4%	85.5%	4.40	0.89

Source: Authors' research.

Differences between parents' involvement in planning, implementing and evaluating the school activities on health promotion

Considering the differences between parental involvement in the whole school approach to health promotion, the analysis revealed statistically significant differences (Table 3). In all considered cases, average ranks were higher for schools that engaged parents in promoting initiative – from planning to evaluation. It means that the more parents were involved in planning, implementing and evaluating the HPS approach in schools, the more often schools took actions toward health and well-being. Presented in Table 3, the results for the Wendt rank-biserial correlation show that parents' involvement in planning HPS activities was significant in organising specific activities or unique components in the HPS approach that contributed to the health and well-being of pupils/students ($r = 0.265$; $p < 0.001$), and facilitating making healthy choices ($r = 0.264$; $p < 0.001$). Slightly lower correlation values were for tailoring the "school approach towards health and well-being" to the specific schools' characteristics and circumstances ($r = 0.243$; $p < 0.001$), and actively addressing health and well-being needs arising from the HPS approach evaluation ($r = 0.242$; $p < 0.001$).

Regarding parents' involvement in implementing the whole school approach to health promotion, statistical analysis revealed the most significant differences for tailoring school health promoting initiatives to the specific characteristics and circumstances of the school ($r = 0.249$; $p < 0.001$), and facilitating students making healthy choices concerning health and well-being ($r = 0.245$; $p < 0.001$). In relation to undertaking specific activities or unique components in the HPS approach that contributed to students' health and addressing health needs arising from the evaluation, lower correlation values were revealed (respectively $r = 0.236$; $p < 0.001$ and $r = 0.225$; $p < 0.001$).

Considering parents' involvement in evaluating actions within the whole school approach to health promotion as the third independent variable, the statistical analysis also revealed statistically significant differences. However, the Wendt rank-biserial correlation values were weaker than in the case of parents' involvement in the planning and implementation of health initiatives.

The highest correlation values were obtained for facilitating pupils making healthy choices concerning ($r = 0.241$; $p < 0.001$) and tailoring the "school approach towards health and well-being" to the specific characteristics and circumstances of the school ($r = 0.223$; $p < 0.001$). In relation to the remaining outcome variables, the correlation value was lower. It amounted to $r = 0.183$ for specific activities or unique components in the "school approach towards health and well-being" that contributed to the pupils'/students' health and $r = 0.144$ for addressing health and well-being needs arising from the HPS approach evaluation.

Table 3. Parents' involvement in planning, implementing and evaluating the whole school approach to health promotion and in activities aimed at improving pupils' health and well-being

Independent variables	**Parents' involvement in**					
	Planning		**implementing**		**evaluating**	
Outcome variables	***p***	***r***	***p***	***r***	***p***	***r***
In the past academic year, areas of concern arising from the evaluation(s) of the "school approach towards health and well-being" were actively addressed.	< 0.001	0.242	< 0.001	0.225	0.011	0.144
Pupils/students at my school or school location were facilitated in making healthy choices concerning health and well-being.	< 0.001	0.264	< 0.001	0.245	< 0.001	0.241
There were specific activities or unique components in the "school approach towards health and well-being" in my school or school location that clearly contributed to the health and well-being of pupils/students.	< 0.001	0.265	< 0.001	0.236	< 0.001	0.183
My school or school location tailored the "school approach towards health and well-being" to the specific characteristics and circumstances of my school.	< 0.001	0.243	< 0.001	0.249	< 0.001	0.223

Results from the *U* Mann-Whitney test; $p < 0.05$; *r* – Wendt rank-biserial correlation.
Source: Authors' research.

Discussion

In general, parental involvement in school life is undoubtedly considered an essential component of effective interventions. This also applies to initiatives and activities to promote school children's mental health and well-being (van Sluijs et al., 2007; Young et al., 2013). As Weare (2017) distinguished, work with parents, families and communities can add strength and depth to efforts to promote well-being, and to help young people experience a sense of coherence across their lives and feel a genuine sense of well-rooted belonging that is highly protective for mental health.

It has already been confirmed that family and school influences are the most important in young people's lives. Simultaneously, the strong impact of parental involvement on children's education has already been proven. It has been demonstrated that what parents do with their children at home through the age range is much more significant than any other factor open to educational influence. Research shows that school-based interventions involving family or community can increase health activities in adolescents (Perry et al., 1988; Whitelaw et al., 2001). The presented results of our research also reinforce this approach. Our analysis showed that in all considered cases, average ranks were higher for schools that engaged parents in implementing the HPS initiative. We have demonstrated that the more parents were involved in planning, implementing and evaluating the HPS approach in schools, the more often schools took action toward health and well-being.

Louise Rowling and Oddrun Samdal (2011) emphasise that comprehensive planning from the beginning is fundamental to the success of any HPS approach. According to Rowling and Samdal, the involvement of parents from the onset not only empowers parents, staff and students to utilise their strengths and existing capacities but also provides parents with a sense of ownership of the process and the decisions and practices arising out of it. Also, our research shows that parents' involvement in planning HPS activities was significant in organising specific activities or unique components in the HPS approach that contributed to the health and well-being of pupils. At the same time, Tracy Clelland et al. (2013) pointed out that disempowered

potential initiative creators and participants often disengaged with any HPS initiative.

Victor Pestoff (2006) studied co-production in preschool services in eight European countries (Belgium, Bulgaria, England, France, Germany, Italy, Spain and Switzerland) and concluded that the involvement of families in school activities and the willingness of professionals to engage in co-production are a challenge in public and private organisations. This result was also confirmed in an investigation on early childhood education in Switzerland (Pestoff, 2012). Maria Alves et al. (2013) investigated the influence of the family on the school performance of children enrolled in elementary school. The study confirmed the influence of parents' engagement on the students' performance and identified inequalities in the families' contribution to the learning process. Our research reinforced such findings. Parental co-production in implementing a school-wide approach to health promotion revealed the most significant differences in adapting school health promotion initiatives to school specifics and conditions and in facilitating students to make healthy choices about health and well-being.

Finally, the scope to which health promotion initiatives enable people or communities to control their health represents a fundamental element of health promotion evaluation (WHO, 1997). Assessment of universal school-based programmes by Joseph Durlak et al. (2011) shows that the interventions with more significant effects included parents and teacher-delivered activities at school. Also, Natalie Baughman et al. (2020), in their research on interventions in early childhood to prevent anxiety and depression, demonstrated the positive impact of interventions in mitigating the negative consequences of these problems when parents were also actively involved. Our research also shows statistically significant differences regarding parents' involvement in the evaluation of activities as part of a school-wide approach to health promotion. The highest correlation values were obtained for helping students make healthy choices and adapting the school's approach to health and well-being to the specifics and conditions of the school. It seems that the knowledge and skills facilitated through parents' interventions allow them to actively promote their children's health (Rampazzo et al., 2016). Still, based on the

results, more parental participation in the intervention evaluation process is required. Involving pupils' parents and families in the evaluation could provide valuable input into newly designed health promotion interventions, services and actions.

Conclusions

Undoubtedly, we cannot trade the co-production as a 'panacea' in any way. Tony Bovaird (2007) already summarises the benefits and limitations of co-production. Beyond allowing mobilisation of community resources not otherwise available to deal with public issues, widened choice and shifts in power from professionals to users, co-production entails several limitations, including conflicts resulting from differences in values, incompatible incentives to different co-producers, unclear divisions of roles, free-riders, burnout of users or community members and the weak capacity of the third sector to lobby for change. Also, presenting research results should be considered with the awareness of some significant limitations. Above all, it was a cross-sectional study based on the respondents' self-assessments. That is why the results can be referred only to those schools that participated in the study. Moreover, further research should be undertaken, especially in the area of parental involvement in school life and every area of school-based mental health interventions, taking into account their needs, strengths, values, and culture (Kern et al., 2017; Weare, 2017) – understood as a possible co-production contribution. In this sense, if skillfully and regularly contributed, we can expect these inputs to add quality to educational services.

Despite the importance of parental involvement, empirical evidence concerning techniques, strategies or activities constituting parental co-production is scarce (Paulus et al., 2016). Simultaneously, it is possible to identify evidence for various successful actions from the literature. They are mainly based on positive values such as trust, respect, safety, recognition, acceptance, empowerment and engagement, and involve the establishment of positive home–school relationships, the continuous exchange of information and the provision of adequate support that considers families' needs and best interests

(Cefai et al., 2021). Therefore, health promotion practitioners should include families in strategic partnerships and public health programming (Hanson et al., 2019).

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