

2019



CORRECT IT!

Corrective VET international training
for obesity prevention and healthy life style promotion

Intellectual Output 5. Correct IT – Methodology for VET trainers in obesity prevention and healthy lifestyle skills



Erasmus+

Disclaimer: The content of the present material represents the exclusive responsibility of the authors and the National Agency or the European Commission will not be held responsible for the manner in which the content of the information is used

CONTENTS

	Introduction	3
1	Blended learning method. Advantages for obesity prevention in children.	4
	Innovative aspects	
2	Positive approaches in teaching the obesity prevention	11
3	Non formal & informal methods in teaching obesity prevention	20
4	How to reach children	31
5	Evaluation, reflection , self-evaluation	39
6	Steps beyond the curriculum. How to organize prevention activities and events	48
	References	59

INTRODUCTION

This methodology is developed as a result of the cooperation between experts from Romania, Italy, Lithuania, Portugal and Norway in the framework of the project "Corrective VET International Training for obesity prevention and healthy life style promotion " 2017-1-RO01-KA202-037373, funded by the European Erasmus+ Programme.

The methodology was developed according to the curriculum and in close relation with the online course and face to face training materials for the VET course “Obesity prevention and healthy lifestyle skills”.

The handbook contains guidelines for trainers about the use of the training materials during the training sessions: how to use the blended-learning method and better make use of its advantages for learners, why to focus on the positive aspects when approaching the obesity prevention in children, how to increase learning experience efficiency by using informal and non-formal methods, support nurses, teachers, social workers to produce high impact on final target group – children, how to improve training feedback enhancing reflection and feedback and finally how to implement change and awareness raising after training.

Information is organized in six chapters, the same as for the on-line and face to face materials. Each chapter was developed by one of the project partners: Blended learning method. Advantages for obesity prevention in children. Innovative aspects by IP Portalegre, Portugal, Positive approaches in teaching the obesity prevention by Triskelion, Norway, Non formal & informal methods in teaching obesity prevention by KAI, Lithuania, How to reach children by University of Foggia, Italy, Evaluation, reflection, self-evaluation by OAMGMAMR Iasi, Romania and Steps beyond the curriculum. How to organize prevention activities and events by Asociatia Everest, Romania.

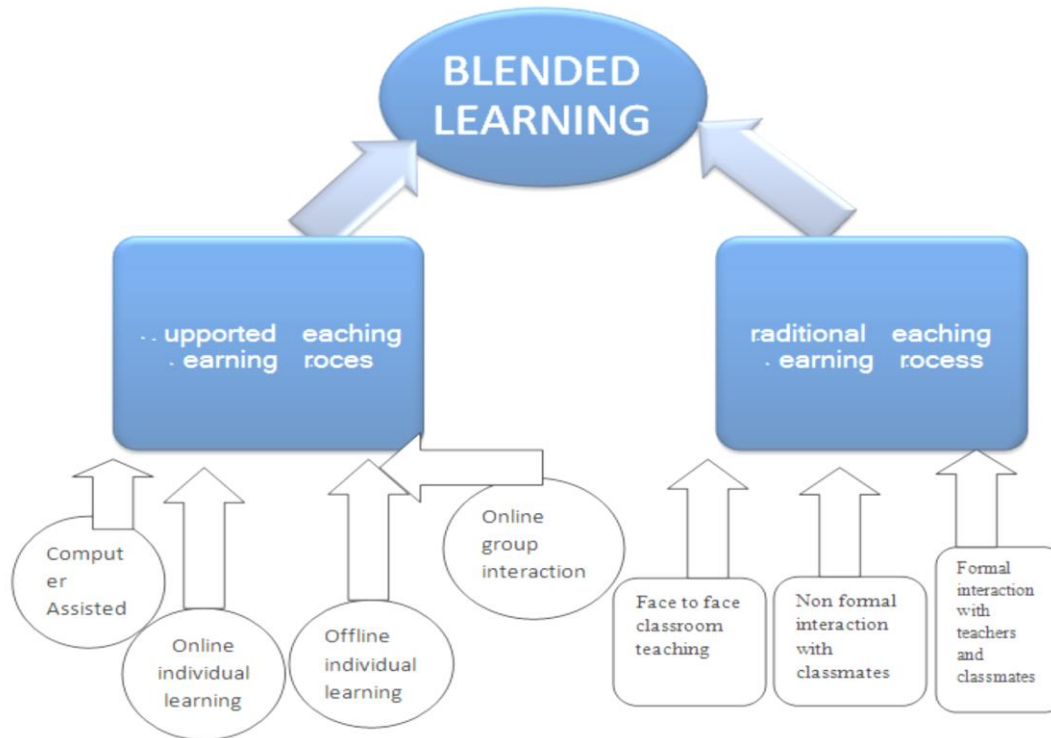
Chapter 1. BLENDED LEARNING METHOD. ADVANTAGES FOR OBESITY PREVENTION IN CHILDREN. INNOVATIVE ASPECTS

Keywords: *Obesity prevention, blended learning, methodology, education*

1.1 About blended learning

Blended learning is an approach to education that combines online educational materials and opportunities for interaction online with traditional place-based classroom methods. It requires the physical presence of both teacher and student, with some elements of student control over time, place, path, or pace. While students still attend "brick-and-mortar" schools with a teacher present, face-to-face classroom practices are combined with computer-mediated activities regarding content and delivery.

Blended learning can be explained by following figure:



As already mentioned in the previous paragraph, the **b-learning method consists of a mixed learning system**, combining the classroom and online components, that is, a "hybrid" teaching-learning regime that couples pedagogical practices of distance learning. Singh (2003) states that organizations should use a variety of learning approaches in their strategies to get the right content in the right format for the right people at the right time. The term b-learning is also used to describe a solution that combines different teaching methods, such as collaborative software, Web, EPSS¹ and practice of knowledge management (Ololube, 2013).

Driscoll (2002) identifies **four types of b-learning**:

1. Combine or mix web-based technology to achieve an educational goal;
2. Combine pedagogical approaches to produce an ideal learning outcome with or without instructional technology;
3. Combine any form of instructional technology with face-to-face training;
4. Combine instructional technology with real educational tasks.

B-learning focuses on optimizing the achievement of learning objectives by applying "right" learning technologies to match the "right" personal learning style to transfer "right" skills to the "right" person at the moment "right" (Singh & Reed, 2001).

The focus is more on the learning objective than on the teaching method, and the same authors consider that there are **principles underlying b-learning**, which are:

¹ *Electronic Performance Support System*

- many different styles of personal learning need to be supported to reach broad audiences;
- each of us brings different knowledge to the learning experience;
- in many cases, the most effective learning strategy is "exactly what I need, at the right time".

There are three **models used in blended learning**:

- the *supplemental model* is based on the structure of traditional courses and uses technology resources to supplement traditional lectures and textbooks. Although technology is incorporated, it does not change the structure of the course. Students work online and receive their study materials online. However, students meet their teachers as often as in the traditional course, due to the fact that the face-to-face meetings are still the basis of the supplemental model.
- the *replacement model* replaces some of the face-to-face classroom meetings with online, interactive activities. Students witness significant changes during the face-to-face meetings: online resources are integrated in the learning experience, as online communication is encouraged. There are also online resources to be studied, as the time spent in the classroom is dedicated to interactive and collaborative activities.
- the *emporium model* renounces to all face-to-face meetings, which are replaced with learning platforms or learning portals. The platforms offer access to online materials, counseling and support. The traditional lectures are no longer available, and communication relies completely on Internet connection. The supplemental model, the replacement model and the emporium model.

The Benefits of Blended Learning

- **Student-centered learning**

Incorporating online learning in the traditional classroom has the potential to target a learner's unique background, needs, and interests, as well as to focus on relevant and meaningful outcomes for each individual learner. Students become responsible for their own learning and have more options for collaboration under the guidance of their teacher.

- **Personalized learning**

Online learning opportunities allow for flexibility in student-teacher interaction – the students

can learn at their own pace and receive individual feedback on their performance. They can choose learning content tailored to their level, learning style, and interests. This makes learning more engaging and productive.

- **Flexibility**

Online learning allows access to a much wider range of specialists and learning content. It creates the potential for a higher level of parent involvement without requiring them to be present in the physical environment of the educational setting. It is also an opportunity to promote interaction between educational settings from different locations and serves as a means to conduct joint initiatives and activities. In addition, online learning provides more consultation or catch-up options for children who are absent frequently or for long periods of time.

- **Efficiency**

Blending traditional and online learning has the potential to improve productivity and reduce overhead costs, such as making hardcopies, transportation, etc. This cost savings could be used, for example, on teacher training and qualification, which would lead to improved quality and effectiveness.

- **Creativity**

Online learning can foster creativity in students by providing them with options to experiment, collaborate with peers to solve a problem, research topics, and develop their own projects. It also inspires teachers to innovate and develop new learning tools and solutions, which improve student-teacher interaction and learning opportunities.

The advantages of BL are dependent on the quality of the programs being implemented. Some indicators of excellent dependent programs are:

- facilitating student learning,
- communicating ideas effectively,
- demonstrating an interest in learning,
- organizing effectively,
- showing respect for students,
- assessing progress fairly.

1.2 Blended learning and the CORRECT IT! Project

Blended learning in the CORRECT IT project is the concept that includes framing teaching learning process that incorporates both face to face teaching and teaching supported by Information and Communication Technology (ICT). Blended learning incorporates direct instruction, indirect instruction, collaborative teaching, individualized computer assisted learning.

Units of Learning Outcomes	Face to face hours	Online study hours	Self-study hours	Assessment hours	Total learning hours	ECVET Credits
Causes of obesity and health risks	4	10	9	2	25	1
Nutrition education	4	10	9	2	25	1
Prevention strategies	4	10	9	2	25	1
Physical activity	4	10	9	2	25	1
Lifestyle and mental health	4	10	9	2	25	1
Attitude change and media influence	4	10	9	2	25	1
Correct IT Training Curriculum	24	60	54	12	150	6

The course includes both traditional and blended learning activities including conference style presentations, face to face, group and per-led tutorials as well as self-directed learning. Teaching include case-based discussion where students will be encouraged to utilise work-based experiences and consider the 'patient / 'client' perspective.

Face to face materials

The learning materials for face to face ``Obesity prevention and healthy lifestyle skills``training course. Materials are organized in six modules, the same as for the on-line materials. Each of the module was developed by one of the project partners and shared in a common teaching platform. Causes of obesity and health risks (by OAMGMAMR Iasi, Romania), Nutrition Education (by University of Foggia, Italy), Prevention strategies, (by KAI, Lithuania), Physical activity (by IP Portalegre, Portugal), Lifestyle and mental health (by Triskelion, Norway) and Attitude change and media influence (By Asociatia Everest, Romania).

ICT materials

The online course ``Obesity prevention and healthy lifestyle skills`` is available on the platform <https://correct-itcourse.eu> in English, Romanian, Italian, Lithuania, Portuguese, Norwegian languages. Here we can find several ICT materials for the online blended-learning, obesity prevention and healthy lifestyle skills training course.

These tools were built by CORRECT IT! team and are available for education for all, promoting social inclusion and non-discrimination.

We tried to use blended learning in order to help students learn more easily, helping them become interested in the both activities and knowledge.

Modules are available in a responsive format which is perfect for both mobile and computer access.

Blended learning strategies used in CORRECT IT are:

- **Reflection** is used to encourage learners to reflect on their learning about obesity prevention and to promote effective learning. Teacher encourage the students to share their understanding of the content, discuss with their peers and then write a short paragraph which summarizes their learning. Also they can share their thoughts with the class.
- **Case Study** is used to discuss their opinions in pairs or groups, and share it with the class as a presentation which is visually presented on obesity topic. Participants share their opinions by pasting cards on the wall and presenting them to their peers.
- **Story Mapping** is used to prepare a visual depiction of a story related to the concepts of obesity. They work in groups in order to create the setting, characters and ending that best relates to real life situations.
- **Mind Mapping** is used to create a mind map in class on obesity topic, and it's used as a strategy to help structure their thinking by organizing key words
- **Student interaction with course content - traditional mode** of teaching provides participants time to interact directly with the course content through printing material from curriculum and face to face materials,

- **Group discussion and exchange of ideas** -provides participant interaction with teachers and give students to undergo discussions with their class mates on different aspects of the course and exchange ideas.
- **Viewing expert lectures in YouTube** - the blended learning provides student to gain advantage of the experts of the obesity course content as they can easily watch the different lectures by renowned experts from heahcare available on you tubes.
- **Simulation** is used to prevent weight gain an will take place in a gym/classroom. The students will introduce the importance of physical activity to maintain/lose weight and reduce the risk of various diseases.
- **Motivational Interviewing**- is used to learn about the principles and skills required of motivational interviewing.
- **Food and Activity Journal**- is used to enter information regarding their daily diet and exercise behaviors.
- **Online assessment** represent an immediate feedback and a key factor in learning because it motivates the learner and is based on principles of readiness.

Innovative aspects:

Facing the challenge of universal healthcare access, online platform has the potential to reach a large number of inhabitants, be widely accessible and free.

The learning platform offer teachers and students a simple way to collaborate on projects and coursework. For students, the platform offers a variety of collaborative opportunities through, video, messaging and discussions.

The use of technology in physical education improve student performance,making lessons more attractive, prompt an interest for learning students,increase their enthusiasm and improve the quality of the lesson.

Chapter 2. POSITIVE APPROACHES IN TEACHING THE OBESITY PREVENTION

Keywords: Obesity prevention, positive approach, methodology, pedagogy, education

2.1. Steps for establishing a positive learning environment for kids

Positive, productive learning environments are key to students' academic, emotional and social success in school. Unfortunately, positive learning environments don't just happen on their own—they must be created. There are many components that go into making a positive learning environment for students.

Creating a classroom environment where all students feel welcome, valued and cared for is what every teacher wants to have, and what every parent hopes and dreams their child has: a Place that encourages positive social interactions that support the developmental skills of the child. We also want to use teaching strategies to create a place where all the students feel safe, inspired, and educated. Unfortunately, for many classrooms, structuring a positive classroom environment means students showing up to school eager to work, then going home ready to do even more homework.

Many teachers are so busy trying to make sure that all of their students pass their tests that they forget that creating a positive atmosphere is much more than just passing a test. It's using teaching strategies to make sure that not just the academic needs of the students are met, but the social and emotional ones are as well. By implementing a few teaching strategies you can ensure that you are creating a positive classroom atmosphere that supports the child academically, socially, and emotionally.

Create a classroom code of conduct

A positive and productive classroom requires a common understanding of positive and negative behaviours. Oftentimes teachers just assume that their students already know this, but unfortunately many students do not. This is where character education comes into play.

To establish this understanding, teachers ask students to identify the ways they like to be treated. This discussion elicits lists of behaviours that are respectful, fair, kind, and empathetic. Together, teacher and students conclude that treating others the way you want to be treated is the best code of conduct, and they agree that this code will dictate the behaviours that are appropriate for their classroom. Then all students are required to sign the list. This code will help to ensure that you will have a positive classroom community.

Teach or reinforce Positive Actions

We need to teach students positive behaviours in a thorough, consistent, systematic way; we cannot assume that students just know them. Recognize any and all positive actions that you see in your classroom. You can do this with something as simple as your spoken word, or you can use a tangible reward like a token, stickers, etc

A Positive Action curriculum could cover the following concepts.

- The importance of doing positive actions to feel good about yourself.
- Positive actions for a healthy body (such as nutrition, exercise, and sleep).
- Positive actions for the intellect (such as thinking, decision-making, and problem-solving skills).
- Positive actions for self-management (such as managing time, energy, emotions, and other personal resources).
- Positive actions for getting along with others (such as treating others fairly, kindly, and respectfully).
- Positive actions for being honest with yourself and others (such as taking responsibility, admitting mistakes, and not blaming others).
- Positive actions for improving yourself continually (such as setting and achieving goals).

Focus on Self-Motivation

People need to feel good about themselves. The teachers can help students understand that people are likely to feel good about themselves when they engage in positive actions. The idea explains a three-step process for choosing positive actions: First, we have a thought; second, we act consistently with the thought; third, we experience a feeling about ourselves based on the action. That feeling leads to another thought, and the cycle starts again. With practice, students learn that if they have a negative thought, they can change it to a positive one that will lead to a positive action and a positive feeling about themselves—a powerful intrinsic motivator.

With repeated reinforcement by the teacher, this simple explanation helps students understand

and improve their behaviour in any situation.

Give the students codetermination

Find out what your students' talents, interests, and learning styles are. Then offer them some say on what they would like to learn, and how they would like to learn it. By adjusting your teaching methods to incorporate your students' wants and needs, you are giving them some control. And, everyone knows how it feels when you are in control. By letting students have a say, you are therefore increasing their sense of ownership in the classroom. This will help build a sense of community within your classroom.

Always be positive

Perhaps the most important strategy, yet often the most difficult to carry out, is to be positive—from classrooms to playgrounds, during school and after. There is always a positive way to respond to a situation. A positive attitude is the change agent that will create positive classrooms and schools that produce happy and successful students. Teaching students how to communicate and interact with each other in a positive manner is also key to fostering a positive learning environment in the classroom. Positivity is one of the most powerful agents of change for establishing and maintaining a positive learning environment at school and in the classroom.

2.2. Strategies and tips from experienced teachers

Relationships first, school second. Don't jump straight into school work the first day of school. Break the ice and help get students out of their comfort zone at the onset by playing some interactive games and holding some team building exercises. This helps students get to know each other on a personal level, and experience the "human" side of their teacher. Let each student know that the most important part of their education is them. Show students that they are valued for their contribution. There will be plenty of time to focus on academics tomorrow.

- ***Share some stories from the summer.*** Before you transition into the school year have the students share some of the fun things they, or their families did over the summer. Also, take a moment to share with your students what you did over the summer. This helps the students get to know each other and their teacher, and helps you build rapport with your students. Or simply share some stories of something on a topic that everyone presumably could find interesting.

- **Get to know each student.** At the beginning of the new year, or term, ask parents to write a "in a million words or less" letter describing their child. Once you have received letters from all the parents, take some time to read each letter and learn about the unique character, desires, needs and talents of each child. Reading these letters at least once, if not regularly, will help you see each child in a different light.
- **Duration.** Remember that kids do not have the same ability as grown-ups to endure long theoretical lessons. They are made to be active. So make sure your lessons are not too theoretical, but engages the kids in an active and interesting way. 10 minutes on one issue, then change the angle of your teaching. You can break up with short role plays, interactive ideas or short films or group work.

2.3. Evidence based approaches

In addition to the strategies and approaches in the beginning, there are a few evidence based approaches to teaching and learning that we cannot get away from if we want results for our kids when we teach obesity prevention.

John Hattie's meta study Visible Learning (2009) is a milestone of educational research. The Times Educational Supplement called it 'holy grail of teaching'. Hattie's research of over 800 meta-analysis and 82 million respondents, gives an evidence based answer to the question 'What works best for students' achievement?' Hattie's book is designed as a meta-meta-study that collects, compares and analyses the findings of many previous studies in education. Hattie focuses on schools in the English-speaking world but most aspects of the underlying story should be transferable to other countries and school systems as well.

Hattie uses the statistical measure effect size to compare the impact of many influences on students' achievement, e.g. class size, holidays, feedback, and learning strategies.

Hattie's round-up of core influences for better learning outcomes has many implications of what is good teaching and how to become a successful school: First, teachers are the central aspect of successful learning in schools. Second, Hattie's results suggest that school reform should concentrate on what is going on in the classroom and not on structural reforms.

Here are a few of the essential approaches that teachers need to have in mind:

Clear lesson goals

It is crucial that you are clear about what you want your students to learn during each lesson. The effect that such clarity has on student results is 32% greater² than the effect of holding high expectations for every student (and holding high expectations has a sizeable effect). If you cannot quickly and easily state what you want your students to know and be able to do at the end of a given lesson, the goal of your lesson will be unclear. Clear **lesson goals** help you (and your students) to focus every other aspect of your lesson on what matters most.

Show and instruct students

You should normally start your lessons with **show and tell**. Put simply, **telling** involves *sharing information or knowledge* with your students while **showing** involves *modelling how to do something*. Once you are clear about what you want your students to know and be able to do by the end of the lesson, you need to **tell** them what they need to know and **show** them how to do the tasks you want them to be able to do. You don't want to spend your entire lesson having the kids listening to you, so focus your show and tell on what matters most. To do this, have another look at your lesson goal.

Check for understanding

Research suggests that teachers typically spend a large amount of teaching time asking **questions**. However, few teachers use questions to **check for understanding** within a lesson. However, you should always check for understanding before moving onto the next part of their lesson. Techniques such as *randomised sampling*, *student answer-boards* and *tell-a-friend* help you to check for understanding before moving on from the show and tell part of your lesson while you can use other questioning techniques at different stages of your lesson.

Provide students with feedback

Feedback is the breakfast of champions, and it is the breakfast served by extraordinary teachers around the world. Put simply, giving feedback involves letting your students know how they have performed on a particular task along with ways that they can improve. Unlike praise, which focuses on the student rather than the task, feedback provides your students with a tangible understanding of what they did well, of where they are at, and of how they can improve. In John Hattie's view⁵, any teachers who seriously want to boost their children's results should *start by giving them dollops and dollops of feedback*.

2.4. Examples from CORRECT-IT curricula

Kids face new experiences all the time. Making changes, like trying something new or starting healthy habits, can test even the most seasoned grown-ups. So how do you teach kids to motivate themselves in the face of a challenge?



That's where the power of positive self-talk comes in. Whether you're trying to get your child to try a new sport so they can be more physically active or remind them that they can make healthy food choices, positive self-talk can give kids the motivation they need to succeed.

When we teach children about for example the topic " POSITIVE SELF-TALK" from chapter 5 of the CORRECT-IT curriculum there are a few elements to begin with in the classroom: Ask the kids "how do you feel about yourself"? or "Are you happy about yourself"?

- **Teach the child to recognize negative self-talk.** Listen for when you hear the child say things about himself that are negative, things that begin with "I can't", "I never" or "I always". Talk with him about how he feels when he hears himself say that he can't or will never be able to do something. Point out how that can actually stop the child from doing his best because it takes away his confidence.
- **Help the child turn things around.** So if the child is afraid she will not be able to speak in front of her class, for example, ask her why she feels that way. Maybe she feels like she is not prepared enough. Reassure her that you believe that she can do it. And then help her practice some more. Ask her to think of some positive things about herself that she can say when she is nervous or upset, like "I practiced this. I will do my best."

- **Give the child positive phrases to say.** Sometimes it helps to have a positive phrase to use when the child is feeling nervous or afraid or is doubting himself. For example, teach him the phrase “I am, I can, I will”. You and the child could come up with his own phrase or something that has special meaning for the family. Then help the child to remember that when he starts saying negative things to himself, he should stop, take a breath, and think of his special phrase.
- **Model positive self-talk.** Just like with modelling good self-esteem, it is important to let the child hear you talking positively to yourself. So try to avoid negative self-statements and using phrases like “I can’t”, “I never” and “I always”. Instead, model the things that you would like the child to say to herself, like “I know today was hard but I can try again tomorrow” or “I believe I can be my best”. Positive self-talk can help you as well.



3. Examples from face to face lessons

Healthy relationships are something all parents want for their youth. In school, they teach them how to be a good friend and how to play well with others, they teach them about bullies, later

on about puberty and “the talk” about sex and healthy romantic relationships when they get older

How do we start to teach youth about healthy relationships?

1. Define, model, and give examples of what a healthy relationship is. There are several ways to discuss this, but emphasizing that all good relationships must have trust, honesty, respect, communication, and understanding is a good way to start. A healthy relationship will allow both parties to have other friends, develop personal interests, and remain individuals while being a couple. Defining each of these elements and showing them examples of what they look like is important.

2. Explain what an unhealthy relationship is. There are many factors that make a relationship unhealthy or abusive. According to breakthecycle.org, an unhealthy relationship is defined as “an imbalance in which one partner tries to exercise control and power over the other through threats, emotional abuse, and physical abuse. At its most extreme, an unhealthy relationship can include name-calling and insults, withholding of money or other resources, threats to isolate a person from friends and family, coercion, violent acts, stalking and significant physical injury.”

3. Discuss digital abuse. Technology is such a big part of youth’s lives these days. Constant and instant communication via social media and texting opens the door widely to many unhealthy behaviours, including digital abuse. Digital abuse occurs when a person uses technology, such as smartphones and computers, to harass another person usually through texting or social media. Digital abuse can include:

- Constant unwanted calls or texts
- Harassment/cyberbullying on social media
- Sexting – Pressure to send nude or private pictures or content
- Using social media, texts, calls to monitor whereabouts, send insults, or control
- Pressuring their partner for their passwords to social media sites and email

4. Help them define boundaries. Personal boundaries are something every teen needs to establish. Boundaries protect against sexual and physical abuse in a relationship. They also let each person in the relationship understand the other’s values and what is okay and not okay. Work with your child to identify and articulate their personal values and boundaries. Revisit

family values and how that translates to romantic relationships. While it is important for adolescents to understand their own boundaries, it is also important to understand that their partner has boundaries that need to be respected.

4. Look for signs of an unhealthy relationship and talk. **Unhealthy relationships are all about lack of mutual respect, failing to respect a partner's boundaries, and an inequity of power and control. If you feel like your child is spending a lot of time with his/her partner and not as much time with family, other friends, or hobbies, then that's a warning sign. If you notice any of these red flags, it is time to talk with your teen. Offer strategies to get out of the relationship quickly and safely.**

Chapter 3. NON FORMAL & INFORMAL METHODS IN TEACHING OBESITY PREVENTION

Key words: *Formal learning, Non-Formal learning, Informal learning, Experiential Learning*

“Tell me, and I will forget. Show me, and I may remember.

Involve me, and I will understand.” Confucius

3.1 Non –formal learning definition

VET blended-learning training in obesity prevention and healthy lifestyle skills is based on non-formal learning.

Nurses, teachers and social workers are constantly learning everywhere and at all times. Not a single day goes by that does not lead to additional skills, knowledge and/or competences for all individuals. For people outside the initial education and training system, adults in particular, it is very likely that this learning, taking place at home, at the workplace or elsewhere, is a lot more important, relevant and significant than the kind of learning that occurs in formal settings.

To work toward a broader conception of education, it is essential to have a clear understanding of the three main kinds of learning - Formal, Non-Formal and Informal learning (UNESCO 2006, page 39):

Formal learning constitutes continuous, full-time intentional learning for nurses, teachers and social workers that occurs within an organised and structured context (technical colleges, VET schools and universities). It may lead to a formal recognition (diploma, certificate).

Non-Formal learning (NFL) comprises learning embedded in planned, organised and sustained education activities that are outside formal education institutions. It provides

alternative learning opportunities to people of all ages who have no access to formal education or need specific life skills and knowledge to overcome different obstacles. Non formal learning is intentional from the learner's point of view.

Informal learning is a process whereby nurses, teachers and social workers acquires values, skills and knowledge from daily experiences and activities and the educative influences and resources in their environment - from family and neighbours, from work and play, leisure, library, the mass media, and others. It is continuous and incidental for each individual, outside the organised situation of formal or non-formal education.

Learning methods

Formal Learning	Non-Formal Learning	Informal Learning
Provided by an educational institution	Not provided by a traditional educat. institution	Not provided by an educational institution
It is structured (in terms of learning objectives, support and time)	It is structured	Not structured
Intentional (from learner perspective)	Intentional	Non-intentional
Leads to recognised certifications/ qualifications	Does not lead to recognised certifications/ qualifications	Does not lead to recognised certifications/ qualifications

Source: Synergies between Formal and Non-Formal Education. An overview of good practices. UNESCO, 2006.

The defining characteristic of non-formal education is that it is an addition, alternative and/or a complement to formal education within the process of the lifelong learning of individuals. It is provided to guarantee the right of access to education for all. It caters for people of all ages, but does not necessarily apply a continuous pathway-structure; it may be short in duration and/or low intensity, and it is typically provided in the form of short courses, workshops or seminars.

VET blended-learning training in obesity prevention and healthy lifestyle skills mostly leads to qualifications that are not recognized as formal qualifications by the relevant national educational authorities or to no qualifications at all.

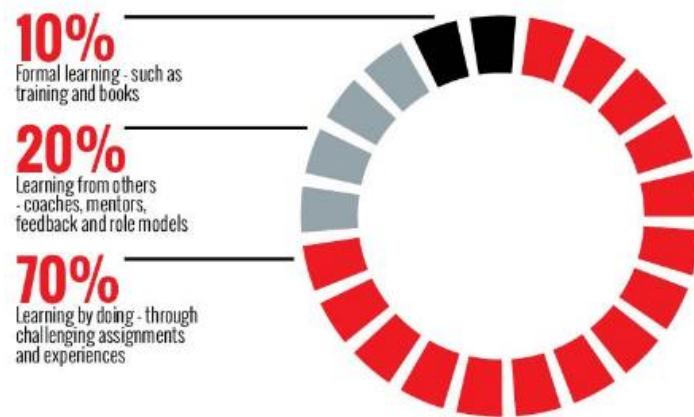


Fig.2. Workplace learning structure

Source: <https://academy.capgemini.nl/en/topic/what-workplace-learning>

We now know that 70% of workplace learning happens on the job, 20% comes through our peers and manager and only 10% comes from the classroom, but how can we make the whole 100% work together as an integrated whole? VET blended-learning training in obesity prevention and healthy lifestyle skills will help nurses, teachers and social workers develop a core set of flexible skills so they can successfully navigate today's on-demand information environment.

In other words, we provide new ways of learning for new ways of working. What is required is people with the ability to search and find answers, think critically about information, create new ways forward, analyze complex problems, make decisions based on available information, and collaborate with the right people to get things done.

3.2 NFE teaching and learning methods, used in CORRECT IT! training course

The palette on non-formal teaching and learning methods derives quite directly from the essential features of non-formal education. These methods enable nurses, teachers and social workers to improve the health of their peers and increase their wellbeing.

Non-formal teaching and learning methods, used in **CORRECT IT!** training course, we can

classify in 4 categories:

1. **Communication based methods:** icebreakers, warm-ups
2. **Activity-based methods:** role-plays, case study, game, open ended drama, field trips.
3. **Socially-focused methods:** team building, panel discussions, small group discussions
4. **Self-directed methods:** film analysis, reflection

Below you can find explanation and instructions of these methods.

Icebreakers: short active jobs with a duration of +/- 5 minutes, allowing you to cheer up, to relieve stress, increase concentration, and easy, simple to implement, usually do not require special training and materials; can be loud and chaotic. *Important:* must not be repeated within the same event.

Warm-ups: A warm-up is like an icebreaker in that it relaxes and energizes participants, but it is used after everyone knows each other, usually at the start of a morning or afternoon training session.

Film analysis: This learning activity allows students to practise being a critical viewer and examine a film. The ultimate aim of the activity is to help students generate more ideas and critical responses from the viewing. Viewing film in the gives visual representation to abstract thoughts. It helps trainees gain indepth knowledge, develops critical interpretation, and actively involved students in to training process. Before deciding to use video for teaching purposes, it is vital to watch all the material to be shown to trainees beforehand, just in case there is any unnecessary or unsuitable content. It may also be helpful to look through lesson plans from other institutions for ideas on how video has been used effectively to illustrate specific topics. If a video has been chosen to demonstrate a specific topic, does it do so succinctly and effectively?

A lesson plan that involves video material might be thought of in terms of three distinct phases:

- **Pre-viewing** Before viewing it is important to prepare students for what they are about to see and to introduce the broad topic. Pre-viewing exercises such as mindmapping may help to focus attention.

- Viewing. students can be given simple tasks to carry out while watching a video which will help them to engage with the videos content.

- Post-viewing Many different types of activity might follow on from watching a video. Content might be used to begin a discussion, individual reports might be written from different perspectives or students could role-play further scenarios.

Team building: tasks, which help to create a group of team – a cohesive group with common goals, values and history; create a sense of cohesion, clarify roles, help to understand the impact of human behavior on the team; give direct experience of interaction, develop trust, they allow physical contact. *Important:* take into account the willingness, active group and depending on this model the complexity of the task to avoid psychological shock. It is important that the job was doable.

Game: a different kind of challenge with a competitive element; allow to pay attention to any subject/issue, to get to know each other, develop cooperation; usually take a little time, easily adapt to the needs of high-level one. *Important:* to support the implementation of the rules and ensure the safety of the game.

Role-play: formulation of real-life situations; demonstrates practical decisions in situations close to real life; the participants act and react to what is happening on their own, without defined roles; job have a high degree of realism and give immediate feedback; require careful preparation and time. You can use role plays to let participants practice new behavior they've learned, to experience new perspectives, or to come up with solutions to a common problem. You can make up a role play yourself or let participants create a dramatization of their own. *Important:* to conduct the debriefing after the simulation.

Open-ended problem drama - An open-ended problem drama is like a role play in that it illustrates a problem or conflict familiar to participants, but it is left unresolved to stimulate discussion and critical thinking. It can be created by the facilitator or by a group, and, like the role play, may be acted out by participants alone or facilitator and participants together. It can be written in detail or simply discussed in outline, practiced and revised by participants who may have limited literacy skills.

A case study: the search for solutions to situations based on the story of life (with details to understand the problem analysis and finding solutions); develop critical thinking, analytical skills, learn to distinguish between facts and assumptions; takes a lot of time, requires context, consider the case of real life and the subject of study.

Demonstrations - A demonstration is a structured performance of an activity in order to show, rather than simply tell an audience how it is done. A demonstration brings to life some information that you have presented in an explanation or discussion. It is essential to gather all your materials and practice the demonstration beforehand so that your audience is convinced it is easy enough to try themselves.

Field trips - A field trip is an excursion to a site where participants can see a real life example of an activity or a situation that concerns them.

Panel discussions - A panel discussion is a presentation of an issue by several resource people sitting rather formally at a table in front of an audience. Usually, each presenter speaks briefly on the topic and then a moderator solicits questions from the audience. The moderator introduces the presenters, keeps the discussion on the topic and within time limits, and sums up the panel discussion at the end of the session.

Small group discussions - A small group discussion is a short, structured session in which three to five participants exchange opinions about a particular topic or accomplish a task together. Usually the facilitator begins a session by briefly presenting a topic to the large group and then setting a clear task for small groups to accomplish. The facilitator then divides the group into smaller groups either by asking participants to count off ("all number ones go together," etc.) or simply by dividing the group into smaller clusters according to where people are sitting. How to lead group discussions, you can read: <https://teachingcommons.stanford.edu/resources/teaching-discussions/how-lead-discussion>.

More methods you can find:

<http://collections.infocollections.org/ukedu/en/d/Jm0042e/7.7.html>

3.3 Evaluation techniques for training workshops

Evaluation is important to the trainers in directing as well as guiding teaching and learning. Evaluation helps trainer to discover the needs of the trainees. Evaluation helps trainers to evaluate in which level learning outcomes were acquired. Evaluation results will show for trainer, which learning outcomes or competences (i.e. knowledge, skills and attitudes/behaviours) are acquired/improved by nurses, teachers and social workers in each planned activity of your training and at what level.

At the end of each nonformal education activity or session, spend fifteen minutes or so doing an evaluation. Since participants are often exhausted after a full day's work they will need the evaluation to be short, interesting to do, and varied in format.

Here are some possibilities:

EVALUATION CARDS: Hand out 3x5 cards to participants (or have them write on a scrap of paper) the answers to these open-ended questions:

I really liked...

I'm still confused about...

I hope...

FEELINGS: Draw a series of three faces on large envelopes one with an unhappy face, one with a confused face and the last with a smiling face. Hang the envelopes on the wall. Ask participants to place a slip of paper or some other type of counter in the envelope that best shows how they feel about the previous activity, the session thus far, or whatever you wish to evaluate. Leave the room while participants individually place their slips of paper in the envelopes. When you return, count the slips in each envelope aloud, and ask for information about why they felt satisfied, confused or unhappy.

"HOW TO" EVALUATION: This type of evaluation is longer than the previous two examples. It is both formative (mid-program, for adjustments to participants' needs) and summative (end-of program, for determining if objectives have been met).

Divide the blackboard or flip chart paper into two columns and label them "Strengths" and "Problems to be Solved." Ask participants to brainstorm both the good things about the program and the things that need improvement. These problems to be solved should be expressed by a "how to" statement, in other words, "how to provide hot food at lunch time" or "how to provide participants with written materials before the session begins."

Although participants may need help at first with this kind of phrasing, they will soon develop a knack for it and discover that they have started to suggest their own ideas for how these problems can be solved. Such an evaluation focuses on solutions instead of simply airing dissatisfaction with the program, which increases participants' sense of responsibility for the activity and is easier on the facilitators' feelings, as well.

5. Guidelines for planning participatory training programs

An effective training program has a beginning, a middle, and an ending, whether it is a half-day session or a month-long program. Normally, a training program begins with ice-breaking or getting-to-know-your activities and ends with planning for the future and evaluating the program. The training program should follow a logical sequence, both in the individual sessions and in the overall course of the program

2 table

How to SUCCEED in planning NFE training programs

If you want to SUCCEED, you need to:	If you do, you will
Set a brief, clear task rather than lecture or ask questions	Share Power
Use "hands on" multi-sensory materials rather than rely on only verbal communication	Broaden the base of participation
Create an informal, relaxed climate	Equalize status
Choose growth producing activities	Draw-out talents, leadership, mutual respect
Evoque feelings, beliefs, needs, doubts perceptions, aspirations	Ensure relevance

Encourage creativity, analysis, planning self-esteem, resourcefulness & skills	Enhance personal confidence
Decentralize Decision-making action	Develop capacity for practical

Source: <https://bit.ly/2RksbZo>

Educators and trainers know very well that there is no one method and material for making learning sessions successful and effective. Their understanding of various methods and materials for using in different contexts of learning lead you to a more varied and interesting way of holding the attention of learners. the planning for teacher own selfdevelopment appears to be a key for your success as the more you have a feeling of self-confidence and clarity of your professional goals the better is going to be your success in making learning processes more effective.

6. Recognition of non formal learning outcomes

Nurses, teachers and social workers improve their learning outcomes or competences (i.e. knowledge, skills and attitudes/behaviours) during training. Trainers evaluate new level of these outcomes. Next stage – recognize these outcomes.

Recognition of NFL (and In-formal learning) outcomes is a sensitive and complex process. Many countries in Europe and around the world have grasped the importance of having a holistic and inclusive educational system, thus recognising the NFE and foremost the NFL outcomes. Depending from the Country very diverse tools and mechanisms are being used in order to fully and better introduce the recognition process. For example, people in Spain have the possibility to take test that are leading to the award of certificado de profesionalidad, which are accepted on the Spanish labour market and on that way individuals have opportunity to access to the lifelong learning system. Norway has similar tool of giving currency to qualifications irrespective of the way they were acquired through the implementation of the so called “skills passport”.

Slovenia on the other hand is dedicated towards the recognition on qualifications through

the National Vocational Qualifications. Switzerland, Denmark, Austria and Czech are continuously analysing different advantages of NFL outcomes recognition, on the other side Ireland, Iceland, Italy and Norway are considering of returning to LLL systems in order to answer to the rising challenges of frictional unemployment. Conclusive in Norway, South Africa and Ireland through the recognition mechanisms individuals can hold a qualification which was previously only delivered by the formal system. In cases when the recognition of the NFL outcomes does not lead to qualification, it is needed to be in some tangible form, such as skill-passport or learning portfolio. This reflects on the aspirations of individuals to identify, document and furthermore use his or her competence gained through non-formal and informal learning.

According to OECD (The Organisation for Economic Co-operation and Development) report there are 5 steps for a recognition process to take place, some of the European Countries have gone through some steps but only few have gone through the whole process:

- ✓ The first step is identification and documentation – identifying what someone knows or can do, and typically recording it. This is a personal stage, possibly with external guidance.
- ✓ The second step is establishing what someone knows or can do. This may be a personal stage of self-evaluation or, it could involve reliance on an external evaluator.
- ✓ The third step is validation – establishing that what someone knows or can do satisfies certain requirements, standards. Level of performance is set and requires involvement of a third party. Australia and Canada have indigenous populations. Brandon University, in Manitoba, is involved in a project with the First Nations to develop the recognition of non-formal and informal learning outcomes. As research conducted in Saskatchewan confirms, this approach is all the more promising as Aboriginal people value most experiential lifelong learning, which includes spiritual, emotional, physical and intellectual learning. By comparison, the Western formal learning approach tends to focus primarily on intellectual learning. (OECD, Report 2010)
- ✓ The fourth step is certification – stating that what someone knows or can do satisfies certain requirements, and awarding a document testifying to this. This necessitates the

involvement of an accredited authority to certify performance and possibly its level.

- ✓ The last step is social recognition – acceptance by society of the signs of what someone knows or can do. Ultimately, it would be possible for a recognition process to deliver fully equivalent qualifications to those obtained through formal learning.

As a respond to the rising demands for recognition of NFE and NFL outcomes and on the base of the previously mention initiatives, communications and programs, the EU has developed the following concrete tools which directly are responding to those demands: Europass is created in 2004 as a framework for qualification and competence which provides young Europeans with the possibility to have clear picture of their skills, competence and qualifications, understandable within the EU. Europass gives opportunity to Europeans to highlight their abilities through it's 5 forms: europass CV, Language Passport, Mobility, Diploma and Certificate supplement. The European Qualification Framework (EQF) is a reference framework which links countries' qualifications systems together across Europe. The two aims are to promote citizens' mobility between countries and to facilitate their lifelong learning. It applies to all types of education, training and qualifications, from school to academic, professional and vocational education. The EQF is one of the main engine for reforms, under it's guidelines many EU States are developing their NQF based on learning outcomes and thus encouraging LLL by promotion of the validation of NFL and IFL. With these initiatives, communications, programmes and other specially tailored tools the best educational practices around Europe will be preserved and enhanced European co-operation models will be promoted for the development of common European references.

Chapter 4. HOW TO REACH CHILDREN

Keywords: *Obesity prevention, positive approach, methodology, pedagogy, education, children.*

4.1. For a Therapeutic Education (ET)

Therapeutic education (ET) is a process of therapy and prevention of obesity in childhood. It is an intervention aimed at promoting a better lifestyle and health conditions of the individuals involved, such as children and families. In fact, food related issues and eating behaviours involve not only young people but the whole family along with its characteristics.

The aims of an intervention focused on the topics of our research study are the following:

- a) learn about obesity as a pathology and its effects on health (know);
- b) learn the principles and the rules of a healthy lifestyle (know);
- c) learn about the role of media when obesity is concerned, with special reference to food advertising (know);
- d) learn the importance of physical activity versus a sedentary lifestyle (know);
- e) handle potential treatments suggested competently (know how to do);
- f) apply the principles of a healthy diet and physical activity to improve lifestyle and health conditions (know how to do);
- g) prevent potential circumstances and the inevitable complications (know how to be).

Objectives:

- a) improve health conditions;
- b) promote autonomy of choice;
- c) promote responsibility.

Purposes and objectives that can be achieved through the implementation of specific educational methodologies and techniques will be the focus of the following pages.

4.2. Step One: Build a School-family-healthcare Professionals Network

The approach chosen as the background integrator of therapeutic education (ET) actions is based, above all, on the promotion of what is called "therapeutic alliance" in the literature. It is a term borrowed from psychotherapy, where it indicates the pact between doctor and patient aimed at sharing treatment objectives and methods to build a solid common front against the disease. The approach we want to describe here is to indicate the building of a "care team" around the child, in which each member interacts with the others involved in the relationship in order to support the children managing issues related to their own health. This relationship is based on respect, trust and collaboration, and teachers and educators, parents and medical personnel should be included in it. According to the *child and family centred care* model, children are at the centre of the actions with their specificities and needs (whether they are educational, psychological or emotional-affective) proper to their age. The family, as we have seen, can act as scaffolding, or supporter, to their children but only in the event that the family is adequately supported.

The „care team" includes all the professionals of children's health:

- a) paediatricians of free choice (PFC): they represent the professionals referent of the prevention of childhood obesity by promoting protective actions, early interceptions of any problems related to weight (or anthropometric monitoring). They play a key role in the process of parents' awareness and training, motivating the change of eating habits with a view to a correct lifestyle, and the practice of physical activity;
- b) hospital paediatricians: they take care of treating children with severe obesity;
- c) dieticians: they promote changes in the quality of food choices, co-construct a diet which is appropriate to the children's level of development with the children themselves and the family, but also to the child's food preferences. Dieticians may also suggest different ways of cooking and teaching children and parents the correct way to interpret food labels;
- d) experts in physical education: they promote physical activity in the gym with the aim of planning and supporting programmed physical activity (physical education) and free physical activity (walking, outdoor playing, etc.), as well as reducing the length and the situations of sedentariness;
- e) psychologists: they support psychologically, they support family's motivation and active involvement, representing a guide to therapeutic education, in order to guide the change towards the promotion of well-being and health;

- f) sports doctors: they assess children's and family's physical activity level and they "prescribe" personalized physical activity.

The model of therapeutic education (ET) we want to outline here includes only essential contents and actively involves families, exploiting the knowledge and skills already in their possession.

The educator and the other members of the *care team* must use the following tools:

- a) effective communication;
- b) simulation of gestural skills;
- c) building of an intervention check list;
- d) illustration of an educational brochure.

Co-build the Educational Path: Preliminary Interview with the Family

The *child and family centred care* approach is on the basis of the proposed therapeutic education (ET) actions and requires the involvement of the family from the very beginning of the training course carrying out both group and individual activities. This because food behaviours and styles are learned in the family. On the one hand, families are the place where the most powerful and significant stereotypes are hidden in relation to food and diseases linked to it; on the other hand, in families it is possible to make significant changes to mental representations, attitudes and behaviours linked to the concepts of health, illness, obesity and healthy lifestyle.

The preliminary group interview conducted by the "care team" involved in the project is a reflection on the possible dysfunctional behaviours that favour the excess weight (table 1). The discussion is completed by open-ended questions aimed at encouraging the narration of the "food stories" of each single family involved in the project. Each of them will then be left with the possibility to continue the journey individually. The latter strategy is particularly useful in case of childhood disease already manifested.

The aim is to promote *empowerment*, that is cultural growth and the conscious and autonomous care of the choices of living and health, and support parents' and children's *self-efficacy*.

BMI		Degree of weight excess	
z-score	Percentile	Age < 5 years old	Age > 5 years old
≥ 1 - < 2	≥ 85 - < 97.7°	Overweight risk	Overweight
≥ 2 - < 3	≥ 97.7 - < 99.9°	Overweight	Obesity
≥ 3	≥ 99.9°	Obesity	Severe obesity

Table 1. Degrees of excess of weight according to the child age

Step Two: Working with Children: Activities and Narrative and Educational Strategies for the Prevention of Obesity and the Promotion of a Healthy Lifestyle

The following activities have the main purpose to inform children ("corrective" in case they are overweight or obese, or "preventive" in case they are normal weight) about all the matters related to the treatment and prevention of obesity and to the promotion of a healthy lifestyle. At the same time, these activities allow to re-elaborate the emotional experiences inevitably connected to them, as it was essential in a therapeutic education (ET).

The course is divided into the following teaching units:

- 1) obesity: causes and risks for health;
- 2) learning by eating: nutritional education;
- 3) modify lifestyle: prevention strategies and physical activity.

Unit 1 – Obesity: Causes and Risks for Health

This unit is carried out by the educator, the paediatrician of the free choice and the psychologist.

First of all, we introduce a video entitled *Winnie the Pooh meets Rabbit*. In the video, Winnie the Pooh goes and meet Rabbit but he cannot get out of his friend's den after having a feast of honey because he gets stuck at the entrance door. Rabbit has to call Christopher Robin to solve the problem.

After watching the video, the educator starts a free discussion trying to understand the video. The discussion can be motivated with some simple questions, such as: "Why does Winnie the Pooh eat all that honey?", or "What happens to Winnie the Pooh after eating?".

Then, we proceed explaining some essential concepts: to know the factors that contribute to

obesity, recognize the symptoms of obesity, know the Body Mass Index, and learn about the risk factors associated with obesity.

After the brief presentation of the main concepts related to the discussion topics, a worksheet is provided as shown in Box 1.

Work card and Text card of the unit
For first cycle of primary school students

OBESITY

What is obesity?

What are the symptoms?

What is Body Mass Index?

What are the risks connected to obesity?

Box 1. Work card and test card of the unit for first cycle of primary school students

Unit 2 - Learning by eating: Nutritional Education

This unit is carried out by the educator, the paediatrician of the free choice, the dietician and the psychologist. It provides information about the content of foods, with particular reference to nutritional principles and food groups, as well as energy expenditure, basics about food safety, information on *media marketing* and *junk food game advertising*, and lastly the principles of a correct diet.

The unit proposes specific audio-visual material, while the part that is more closely linked to media marketing and game advertising will go through the operative proposal of a research to be conducted at home, with the support of parents: research the main advertising campaigns for children's food, in print or video. In a subsequent meeting, those advertising campaigns will be discussed, and parents will also be allowed to participate because it is important to highlight the techniques of an advertising message that is almost always deceptive and might lead to the acquisition of incorrect food habits.

Then, based on the discussion, we proceed and we will outline the basic principles of a proper diet.

Unit 3 - Modify Lifestyle: Prevention Strategies and Physical Activity

This unit is carried out by the educator, the paediatrician of free choice, the dietician, the psychologist and the sports doctor. Audio-visual materials will be used to achieve the objective and to compare the principles and rules of a healthy lifestyle (along with the importance of physical activity to maintain a healthy psycho-physical state) with a sedentary lifestyle.

After the discussion about the healthy lifestyle, a writing workshop is proposed. Each child will be supported by the team in drawing their own personalized diet, on the basis of his own food preferences and acquired knowledge, as well as his own program of physical activity that will be implemented in the course of a month.

This work will be documented by a food diary in which the children will take notes of their daily their behaviour in terms of food (box 2).

FOOD DIARY Name Surname Class Height Weight
--

DATE				DAY	
TIME	PLACE	FOOD & DRINKS	QUANTITY	EXTRA	QUANTITY
BREAKFAST					
SNACK 1					
LUNCH					
SNACK 2					
DINNER					

Box 2. Example of food diary for elementary school students

Step Three: Towards a Formative Assessment

After one month the whole team holds the first evaluation meeting to assess the effectiveness of the therapeutic education (ET) project. The objective is to evaluate family relationships and parenting skills, increase knowledge on what causes obesity, promote the search to a change and prefer physical activity to a sedentary lifestyle, and verify the results of the daily personalized diet.

Autobiographical laboratory is the method expected to be used, as it allows sharing stories, experiences, emotions, in a highly profitable process with respect to the construction of children's personal empowerment.

Afterwards, a meeting with the children takes place and this becomes an opportunity to analyse the food diaries, compare them and intervene, where necessary, with corrective actions.

A month later, two more meetings will take place, one with the parents and the other one with the children: both meetings are similar to the previous ones and have the purpose monitoring the results obtained and providing, where necessary, positive reinforcements.

Step Four: Follow-up

It represents the summative assessment moment. It is vital to carry it out 3 and 6 months after the beginning of the project to avoid *drop out* episodes that might invalidate the results obtained.

Therapeutic education (ET) aims to give the patients an active role in terms of preventing obesity and promoting a healthy lifestyle. Basic objectives of a therapeutic education path are the following:

- a) Improve the health conditions of the individuals involved;
- b) Promote their autonomy of choice;
- c) Promote their sense of responsibility.

To prevent the onset of dysfunctional behaviours or to treat them, it is not enough to provide new information, but it is necessary to be able to activate narrative paths aimed at sharing experiences, feelings, moods, to allow the individuals involved to describe their feelings and get to the solution. For these reasons, it is believed that therapeutic education (ET) may be, especially in the paediatric age group, a new tool of effective treatment and the most indicated and functional one in the treatment of childhood obesity, because it is characterized as an

approach centred on the person and on its context of significant development, the family. It is a set of interventions characterized by an approach that has been defined as *child and family centred care* and which appears to be capable of responding adequately to the specificities of the individual subjects involved.

Thanks to the planned teaching actions, it is possible to give the individuals and the family a new method of management and organization, which is realized not only through theory, but also and above all through a practice that is based on behaviours which represent modalities different from the usual ones. In this way, children become experts and promoters of their own health, following a path that can, ideally, continue throughout their lives, determining their growth as healthy adults who are able to choose and consciously guide their lifestyle.

Chapter 5. EVALUATION, REFLECTION, SELF-EVALUATION

Key words: **Evaluation, reflection, self-evaluation, outcomes, impact**

“Without proper self-evaluation, failure is inevitable” John Wooden

The evaluation can become a valuable resource for those who want to improve constantly and achieve the best level of performance that they can get. The outcomes are sure to improve, once a program or activity is well built and constantly evaluated so that it can become more effective and apprehend the exact skills or abilities that are expected to be learned.

According to Rosset and Sheldon (2001), evaluation is a process of examining a program or activity to determine what’s working, what is not and why. This offers learning programs and trainings value, and acts as a blueprint for improvement.

Evaluation can be a critical tool, not a goal, in the progress and success of a program or activity.

5.1 Assessing the need of evaluation

A logical step in a program’s evaluation is to clearly define the need of the evaluation, and the goals that it should achieve. We can ask ourselves “What is the purpose of the evaluation? or Why do we need an evaluation?”

Well, first of all, we want to assess the program’s effectiveness, we want to see if what we proposed with the program actually happened, to use evaluation so that we can perfect our program and improve service quality, to provide accountability, and last but not least, to provide evidence to partners and our target group that what we do actually matters.

Who will this evaluation help? Well, everybody. The costs of evaluation, are worth it, compared to the benefits. If we understand clearly what the purpose of the conducted evaluation is, we can decide easier what type of data we need to collect, and ultimately, what kind of evaluation to conduct. The next section addresses the major types of evaluation.

5.2 Major types of evaluation

There are several types of evaluation, each of them with different levels.

First, there is Formative evaluation, called internal too, and it's used to evaluate a program during its advancement, during its forming in order to make early improvements.

Also, it helps to clarify the program. "Formative evaluation is also useful in analyzing learning materials, student learning and achievements, teacher effectiveness and so on. This type of evaluation is primarily a building process which accumulates a series of components of new materials, skills, and problems into an ultimate meaningful whole" said Wally Guyot (1978)

When starting a new course, activity, or even program, the formative evaluation can help. This will act as an aid to the development of the program.

For example, we can ask questions like:

"How can we improve the program?"

"What strategies would be useful in making the program more attractive?"

"Is the program being delivered well?"

"Did the information reach the target group as I/we expected?"

Secondly, the Summative evaluation, also called external evaluation, provides data on how effective or useful was the program. This applies best at the end of a program, and it's a good method to judge if an activity or program was worth it. We can use different instruments to make the sum of a program. Surveys, direct observations, tests, questionnaires, all of those can be useful in addition to a good and well planned evaluation strategy.

After analyzing the data, we can determine if we should continue the program/ activity or not. It helps us expand our vision above or personal and subjective opinion.

In this situation, we can ask questions like:

"Should we hold the class in this location again?"

"Is it advantageous to expand the classes to other schools too?"

"Should we continue to invest time and energy into this activity?"

"Are those results satisfactory for the proposed training or activity?"



Fig. 1 Types of evaluation

Third type of evaluation is the Process evaluation, that determines whether a program or activity was conducted as planned or finished as intended. Mostly, it's important because it focuses on how well a program was implemented. This can help us find the program delivery problems and determine why the program has changed in time.

This type of evaluation should be conducted several times to identify and correct unintended inefficiencies. If a program doesn't achieve a certain goal, this type of evaluation might address the issue before it becomes a problem and jeopardizes the whole program.

Whatever the goal, the process evaluation focuses on how well the program functions and addresses its materials and activities for the target group.

Some questions that we may ask can be:

„Did the participants received the materials prepared?“

“Has the program meet its goals to offer the advertised number of hours?“

“Was the training effective in meeting the participant recruitment goals?“

The fourth type of evaluation is the Outcome evaluation. This has as a goal, the measurement of

the effect of the training over its audience.

This apprehends the changes in behavior and attitudes which can be difficult to evaluate, changes in comprehension and practices, that result from the program's activities. This type of evaluation measures changes at least six months after the implementation of the program, having clear long-term effects and benefits.

For this type of evaluation, we can ask questions like:

"Did the participants apply the methods learned in their work"

"Was the program helpful in the trainee's day to day activities"

"What are the results observed among the participants in the follow-up interview"

Lastly, the Impact evaluation, assesses the desired and undesired results, what was planned to happen and what was not, what was desired to achieve and what was achieved. It focuses on long-term changes, on the results of an activity or program. This method can be used to see what impact the program had, to adjust policies and measure the results in longitudinal studies and comparison groups.

Some of the questions we can ask in this type of evaluation are:

"What abilities would the participants lack if they wouldn't attend our program"

"What behavioral changes can be attributed to the program?"

"What attributes would apply to those who finish the program?"

Case studies can be very efficient in understanding how the pieces of a lesson fit together and how different elements like the (implementation, context and other factors) produce the desired outcome. It helps us evaluate the positive results of methods and tools and provide a cost-effective way to ensure that process changes provide the desired results.

For example, in the Booklet, at annex 3 of Module 1, Causes of obesity and health risks, we have the case study of Tommy. These case studies help us add realism in examples and serve the role of a mental map, emerging ourselves in the story. It can have an exploratory function, that is descriptive and aids in generating ideas, rather than just providing simple examples.

Also, case studies focus on examining the links between what applies in real world and a set of standards and norms. This links to the observed results, like outputs and outcomes.

5.3 Evaluation methods

In the effort to determine the quality of the results and progress, we have at our disposal an arsenal of assessment methods and tools. The evaluation method is a way through which the didactic framework "offers students the ability to demonstrate the knowledge, the formation of different capacities that they master, measured using a variety of tools appropriate to the intended purpose."

The assessment tool is a constituent element of the method, through which the student

becomes aware of the task assessed. He is the one who “puts it that way, so that the evaluation objectives and the approach taken achieve the proposed goal ”

Choosing the right method and evaluation tool is an important decision for a pertinent and useful evaluation approach. Belgian teacher Gilbert De Landsheere said: "An accurate assessment of education will never be possible with the help of a unique and universal instrument. We need to focus firmly on a multidimensional approach (...) " Stanciu, M. p.284. (2003).

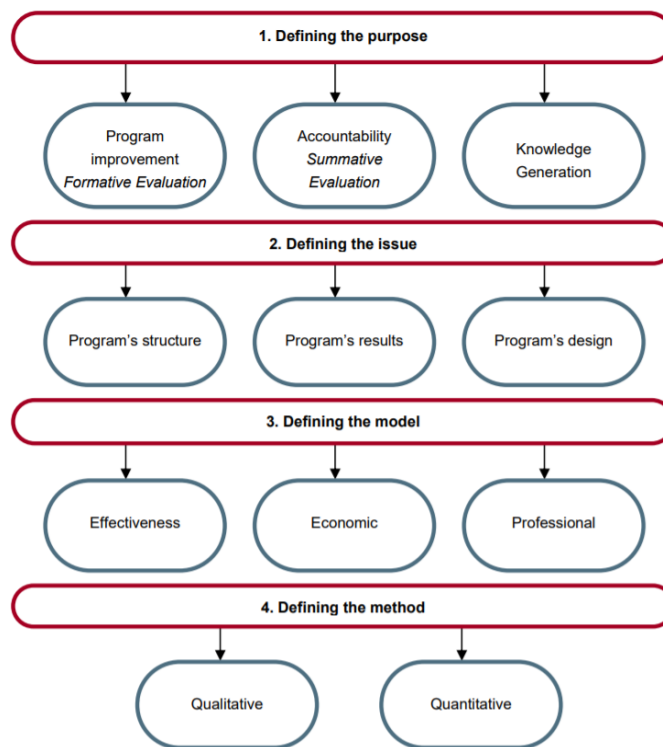


Fig. 2 – Evaluation process

If we take exercise from Module 2 of the Curricula (2.1.1the Body composition and measurement), in which the teacher will briefly introduce the body measurements methods, then divide the class in groups of two asking the students to use stadiometer (if available) and/or picometer on the partner and record the measurements. After the recording, each student must report his/her evaluation of the measurements done and significance for the health.

Evaluation is very good in the process of acting or making decisions, which provides the necessary information for the regulation and improvement of didactic activity, through taking

measures appropriate to the training situation.

Using educational activities, evaluation is designed to achieve knowledge and appreciation using the changes made by students in all their personality plans (intellectual, affective, psychomotor, creative capacities, etc.).

The essence of the evaluation action is to know the effects of the activity being pursued, improving the process in the next steps. The results found, may be appreciated and properly applied to the extent in which the process components are connected didactic and with the whole activity.

Some of the “tools” that we can use in evaluation are:

Focus groups – interviews as a group, conducted as a discussion with about 8 people, that has the purpose of linking social and cultural dynamics that becomes more and more detailed. Participants often interact with new information that is shared, and it offers them a new perspective into the subject. Organizing a focus groups is harder than individual interviews, but it has more potential for some of the members to influence others. Also, this evaluation tool works best if the individuals feel safe with each other.

Observation – this method can be highly subjective for the “naive observer”, but for the trained eye, it can be a very accurate and reliable tool.

For this to work, the observer needs to understand the process and describe it in detail. We can be a simple observer, passive to the action, or engage in it, becoming an evaluator. Observation also provides the evaluator with a more open and inductive process of exploration that is more likely to lead to findings because it is less constrained by notions imbedded in evaluation protocols. Even if observational data is more difficult to analyze, mainly because of its volume, it offers a new active perspective to the process.

Dialogue/ evaluation survey – is not a distinctive assessment instrument. Discussing about the findings can often provide the assessor with great insights. Participants can highlight concerns that might require attention in order to perfect the process.

5.4 The importance of reflection

What is **reflection** and how can we learn from it? Well, reflection is the process of learning by reflecting on our experience, in order to learn from that. We often forget how important is to reflect on what we have learned and how was it useful, or how we applied what we have learned. We take actions or experiences individually and miss the learning experience from

every potential opportunity. We refer to that as “episodic grasp of reality” or, creating experiences and linking a meaning to them. This type of learning implies reflection.

Reflection has many forms. We can reflect on the manner of what we do, this increases the meaning, or our experiences improve learning and encourages insight. Each time we reflect on an experience, we help our mind in making meaningful links and foster our own growth. We control learning, so reflection can be a great tool if used properly, alone, or among others.

Exchanging experiences with others can expand our vision, and even offer us a better understanding of emotion, involving drawing forth cognitive and emotional information from several sources (visual, auditory, kinesthetic, and tactile).

For example, we can learn how to act in one situation, from reflecting (synthesizing and evaluating the data) over a similar situation that someone encountered, a context original from what was previously learned.

“It is possible to reflect on an experience, especially when reflecting at a shallow (recount or report) level, without evaluating that experience. It is difficult (but not impossible) to evaluate an experience without reflecting on that experience (Johnson, 2015).”

If we structure our program or course as a reflective one, we ensure that everyone is fully engaged and creating meaning from what they learn. Organizing this way, everyone becomes a creator, not just a listener.

There are several methods (guided reflection, discussions, interviews, questioning, keeping a log or journal, reflection based on a model) of ensuring a good metacognitive strategy, but we also need to take into consideration that some developmental issues might appear.

Teaching a person how to reflect might seem simple, but it has a direct link to developing reading and writing skills. Fortunately, there are methods to stimulate reflection, developing also the meta-cognition.

Also, reflection as an evaluative perspective can help us improve considering questions like:
What worked well and what didn't work well?
What I will do the same next time and what I will do differently?

5.5 Self-evaluation

Through self-evaluation and reflection, students discover how to evaluate their own knowledge for improving it. To become competent in assessing their own knowledge, learners must set clear goals.

They also should make their own definition of what means to do a good job, how should the feedback be provided, and perfect their own work before they apply it.

After finishing this evaluation trial, learners need to reflect on the strengths and weaknesses of their work, make plans for improvement, and integrate the assignment with previous learning.



Fig. 3 – Self-Evaluation Process

Self- evaluation can include:

Writing sessions

Debates

Reflection

Self-assessment

Interviews

Using this method, we ask the learners to review their work so that they need to establish what they have to improve in order to determine what have they learned, how have they learned and where are there still problems.

Through these procedures learners assess their progress in knowledge, skills, strategies, processes, and attitudes. The strategy of “Assessing Projects” has numerous sections of self-

reflection evaluations to help learners assess their individual efforts, their participation in a group capability, their thinking processes, their written assignments and presentations, and their performance of skills and processes.

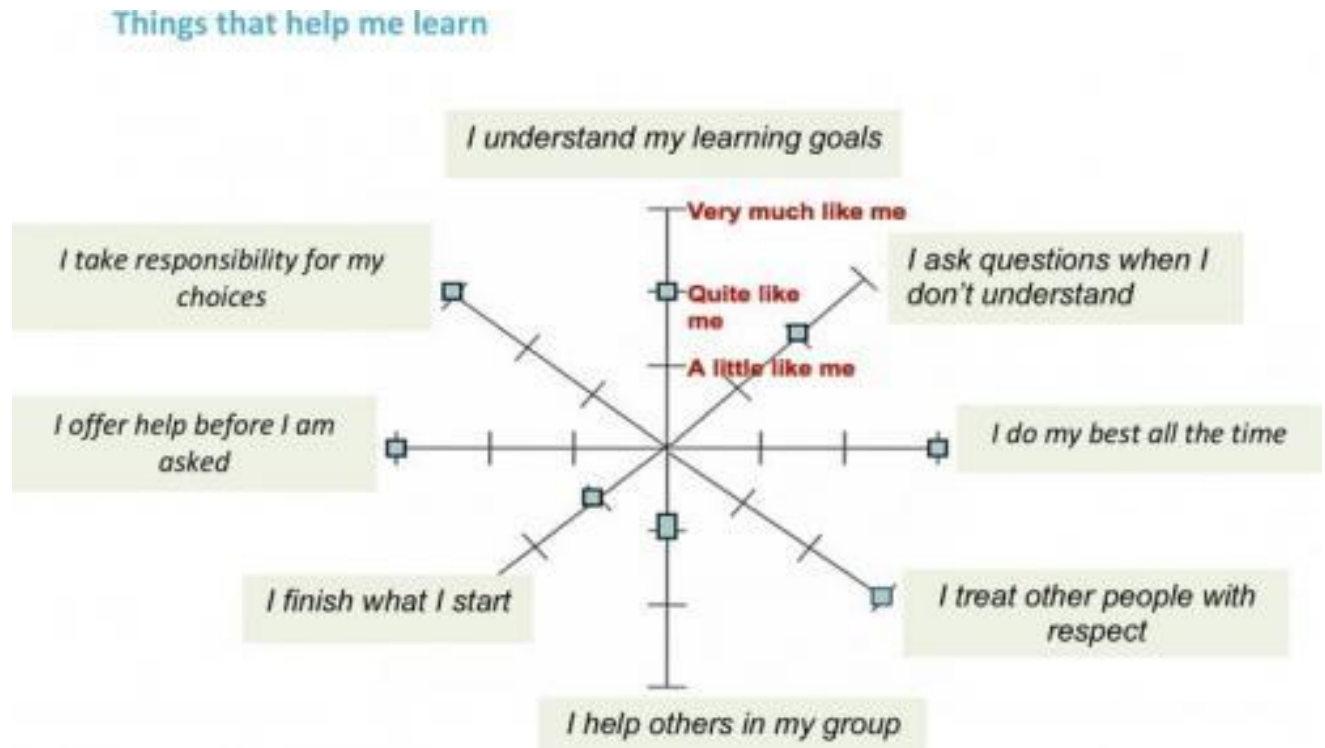


Fig. 4 Self-evaluation guide

Chapter 6. STEPS BEYOND THE CURRICULUM. HOW TO ORGANIZE PREVENTION ACTIVITIES AND EVENTS

Key words: **awareness raising, health promotion, seminar, campaign, social media**

Participating in the VET blended-learning training in obesity prevention and healthy lifestyle skills (<https://correct-itcourse.eu>) represents an empowering initiative for fighting child obesity. Nurses, teachers and social workers having such a training course became resource-persons for teaching and learning, as well as for health promotion activity facilitating at their job and in their community. They have acquired knowledge, skills and competences, as well as teaching methodologies and methods that enable them to improve the health of their peers and increase their wellbeing.

They can be accessed as experts by children, parents, grandparents, colleagues who can address a question, concern or health issue and gain information while being advised of a plan of action directly or right over the phone. They can also recommend obesity prevention efficient online resources and assist clients/patients to decide which websites and what information is indeed suitable for the topic.

When they are working within a health promotion model, every interaction with a client can be an educational intervention. Every interaction with a client/patient is an opportunity to discuss about healthy lifestyle, healthy food or the importance of physical education. Nurses, teachers and social workers can practice health promotion strategies constantly. Recognition of these subtle yet effective interactions is important in giving credit to the significance of these specialists as health promoters.

They can also practice health teaching in a variety of organised settings, involving other experienced health professionals or community members and resources, and a larger number of clients/patients with higher impact on obesity prevention and healthy life style promotion at

school, hospital, social work unit, neighbourhood, village, community level.

In this last chapter, we will support nurses, teachers and social workers who like to take their role of resource persons in obesity prevention and healthy lifestyle promotion seriously and provide them practical and helpful ideas and resources to assist in planning, facilitating and evaluating health promotion awareness campaigns, seminars and workshops, other community events, that will help effectively engaging public.

How to plan, organise and evaluate an obesity prevention and healthy life style promotion awareness campaign.

Hosting an awareness campaign in your community is a great opportunity to kick off an ongoing conversation about the obesity topic. This may also evolve into a community-wide effort to stop harmful behaviours lifestyle related. It also makes space to have those difficult discussions. Your campaign should help educate your community on a specific subject (healthy dietary choices, hydration, physical activity, breastfeeding, etc) by sharing basic information and providing examples. This will help community/school/health unit members have healthy conversations and increase awareness. This will begin the prevention process.

Any awareness campaign should include these next steps. They will help you create a strong obesity prevention and campaign that will increase community awareness on the health topic.

1.Choose your topic or goals

The first step in setting up a campaign is deciding what you want to accomplish. These will be your goals. Your goals should include a few different things, but focus on one main point you want to get across.

Goals Should Focus on Big Issues, such as:

The best prevention stops real community issues from happening over time. In finding your goals, you must identify what the main issues are in your target population. There are a few ways to know which issues to look at:

-Does your employing authority collect information about your community?

-Do you have programs in your community focused on specific issues or are any programs being used more frequently?

- Do members of your community want more information about a certain issue, or have you been asked to provide support or information on a specific topic?

Goals Should Be Measured.

After you know what you want your awareness campaign to accomplish, it is important you know how you will reach those goals. Awareness is great, but it takes more for real prevention. Part of identifying your goals is knowing what success looks like. Measuring success can come from many areas, some include:

- Different community groups you reach
- Number of people using resources
- An increase in people reporting concerns
- Feedback collected from the community/school/social work unit/ municipality
- Formal surveys of the community and their opinions
- Number of people attending events and awareness activities

These measures should be **specific, realistic, and time-oriented**. They will help you know the impact of your campaign, give a reason for the money you spend on promotional resources, and help you influence partners within the community/school/social work unit/ municipality.

Knowing your goals for the campaign first, helps you plan your schedule, events, and your focus for awareness training.

2.Find your resources

Awareness campaigns take a lot of resources. You might have a set budget to implement your campaign. Money is not the only resource you will be using. The following are all the resources needed for a good awareness campaign.

○ Identify Your Support

Begin with your colleagues, you may need to get their support for your efforts. Parents

and grandparents will also may want to join you in obesity prevention activities. For sure they want to know the concerns you want to address and to understand why you believe it's an issue in your community.

Public authorities and other stakeholders should also be approached before you begin your campaign. They may have suggestions to consider before and during your campaign process. This may change how you will reach your goals.

- **Money**

Knowing how much money you have to spend on your campaign is important before you begin. This will determine how you will advertise for your campaign, such as needing to pay for an ad in social media or time to talk about your event on the radio.

When considering money, you should spend time learning what has worked and what hasn't, so that you are not wasteful. If this year's budget is set, track what is working well, what isn't, and the impact of your campaign. Use this to learn about how to adjust your budget for next year.

- **Time**

Time is an important resource, especially if you have other jobs or only a few people to help with events. When planning timing for your campaign, carefully figure out how much time every event you are putting on requires. Know how much time it will take to plan, organize, and prepare the events. Decide if you will need volunteers or help from other programs, and how much time they will be giving to make your campaign successful.

- **Marketing and promotional material**

Awareness campaigns often use promotional materials to draw interest to your table or event. These promotional materials are key to any campaign because they provide a passive way to allow the person receiving it to walk away with information and education on your topic.

Marketing and promotional materials appear in two ways:

- Promotional materials acquired from a larger source giving your community an understanding about the topic on the national level.
- Promotional materials that highlight facts and information about the topic and your community. It may also include additional events in your community on the same topic.

The VET blended-learning training in obesity prevention and healthy lifestyle skills provided you a large range of promotional materials and factsheets that you may use in your campaigns.

Here are some more examples:



Source: <https://imgur.com/a/fgsIA>



Source: <https://www.sta.co.uk/news/2015/07/06/join-stanleys-childhood-obesity-awareness-campaign/>

Keep in mind that people and especially children, are drawn in by our visual interest or by touch so your marketing materials should appeal to your target audience. Your marketing materials for your obesity prevention campaign might change over time and need to be recreated frequently. When buying or making promotional materials, consider materials or hand-outs that can last longer and need less work to be reordered or redone. Place your orders ahead of time to make sure they arrive before you begin your awareness campaign.

Your resources determine how you will bring awareness on a topic and the type of events you can provide. Like goals, it is important to address these resources before moving forward with any other part of your campaign.

3. Segment your audience

When setting up an obesity prevention campaign, you will need to know the different groups you will be impacting. A specific goal of your campaign might be to educate children to eat fruit and vegetables or to educate parents to do more physical activity with their children. This is an example of an audience segment that will require specific information.

Think about the possible reach of your campaign outside of your audience segment. Then, consider who else may benefit from the information and how you will reach those people.

Your audience will vary in each community, however, here are three common audiences:

- People who are doing harm or at risk of doing harm regarding the awareness issue.
- People affected by the issue in the community, or who are at risk of being affected by the awareness issue.
- Community members.

It is important you determine which group will be your focus and how much information and education you can provide each group.

The first step is to look at each of your goals, and then use each goal to shape your work

with the different groups or audience segments. When looking at each goal, it's important to understand what goal applies to each group, and how much information and education you can provide each group.

Each group will be impacted by different information and events. When setting up the campaign, it is also important to know how much of your resources you can spend on the different groups or audience segments.

The final step is **efficiency**. This means you want to reach the most people with as little resources as possible.

For example, you may militate against stigma and discrimination of obese persons in your community and focus your campaign on anti-bullying activities.



4. Create a schedule of events, programs, and initiatives

Once you have your goals, know your resources and audience, you can plan the specific events of your obesity prevention awareness campaign. The type of events you put on should build from your goals, resources, and audiences to include various active and passive awareness campaigns.

1. A **passive campaign method** uses promotional materials or hand-outs to bring awareness and education on a specific topic.
2. An **active campaign method** may use educational sessions that present information directly to individuals and are designed to reach multiple groups.

What are active versus passive events?

- **Active events** require involvement from your audience members. These events ask community members to give time and attention to your program. They can offer a big

impact but need community members to be involved and will require more time for planning from your staff, volunteers, and partners.

Example of such events are:

- workshops
 - seminars
 - healthy food fair
 - walk, march or parade walk
 - fun fitness activities for kids and parents
 - theme dance party
 - sports competitions
 - cooking sessions with kids and parents
- **Passive events** need less work. These include sharing and spreading information, or awareness materials, such as:
- brochures, pamphlets, flyers, posters
 - public service announcements
 - public displays
 - short video for Facebook and Instagram
 - images for Twitter and Pinterest
 - banner event on Facebook

They are passive because it takes little effort to read promotional material and community members can do it on their own time without pressure.

- **Use passive and active events together for the best impact.**

When making the schedule for the campaign, always consider how many different types of events you are hosting. A great campaign uses activities that require active participation but also hosts passive events in the community/school/social work unit/ municipality.

Be aware of the time volunteers and other programs will take to make your obesity prevention campaign successful. You don't want to wear out your volunteers and other programs too early in the campaign. A good schedule will include a mix of events that are spread throughout the campaign. When you plan your schedule, it is okay to have overlap as well.

Above all, events should always tie to your goals. Each event you create should meet at least one, if not multiple goals.

5.Create action plans for the obesity prevention campaign

Once you have a schedule and outline for each event in your obesity prevention and campaign, get specific. Every event or program requires planning. Plan and be prepared so your volunteers and other participating programs stay involved. With calendar in hand, build lists for each event you are hosting and work with these lists. The general idea of planning should answer the questions who, what, where, when, why and how.

WHO?	includes the audience or community members you are hoping to reach and the volunteers, staff, additional programs or experts you need to make the campaign work.
WHAT?	is the description of the event. What type of activities will be happening during this event? What are the resources involved behind the scenes of the event?
WHERE?	covers where the event will take place and where you are going to advertise your event.
WHEN?	includes dates and times of the events and what needs to happen leading up to the event. When will you start advertising the event, and when will the event occur?
WHY?	is the goals of your campaign. In your "why", focus on each goal and the event that will meet the goal. Include how you plan to meet the goal.

HOW?	includes the methods you are using to advertise and coordinate your event. This step needs to describe what your resources, volunteers and staff members will need to do for this event
-------------	--

You should be able to answer each of these questions about every item on your schedule to both prepare for and set up plans for what comes next.

6. Find partners

Partners make any awareness campaign easier, especially when the partner provides access to a larger audience. When you are running your campaign, you do not need to be and should not be alone in your efforts.

During any campaign, you can create strong partnerships with members of your community/school/social work unit/ municipality or other influential people who care about health promotion and the success of what you're wanting to accomplish.

Any time you meet with a potential partner, ask how you might help each other. Knowing the support you can provide to one another will increase your chances of building long-term relationships.

7. Implement the action plan

Throughout the obesity prevention campaign, your focus should be on accomplishing your goals, adjusting as necessary, and assessing the effect or impact. Be aware of your contracts or investments that are set in stone. Adjusting the way you accomplish your goals and changing your plans as the program evolves is okay. If you do change or remove an event, be sure to notify your audience as necessary in advance. With the proper planning and support, you should be able to adapt and measure your campaign accordingly.

When conducting a longer campaign, fatigue of education can set in. Your educational trainings may start to blur together if you have multiple events. It's important to take care of yourself during this time.

Flooding your community with information on obesity prevention and healthy lifestyle strategies is always good, but make sure you have a good support in place or resources for the community members ahead of time. Be careful to not lose the ability to measure the impact of your campaign. Evaluate or survey your audience during or after each event to ensure you gain their thoughts and feedback. This is a great way to measure results of your event in an efficient manner.

8. Evaluate the obesity prevention and healthy lifestyle promotion awareness campaign

Measuring your goals continuously during the campaign will make evaluation easier. Collect feedback from your volunteers and partners as you put your campaign into action. When measuring the goals of your obesity prevention and healthy lifestyle campaign, you want to look at each event as an individual piece, and then identify common trends through the entire campaign.

Reviewing the success of individual events can occur by collecting feedback at each and every event. Using **individual surveys** allow you to determine what programs work better than others, or what information might be helpful for community members. **Measuring the entire campaign is a little more complicated.**

9. Continue ongoing awareness

Obesity prevention and healthy lifestyle promotion campaigns are most effective when they are part of an ongoing program. Although you are going to spend large amounts of time preparing for your specific campaign, you should also consider long-term prevention.

One of the best ways to carry-out your campaign during the year is to continue to host similar events or provide education to make awareness of the obesity prevention part of your community. Another option is to create new ways of engaging community members, keeping track of their information, and building a list of who might be willing to volunteer with future events.

References

Chapter 1

- COM (2001) 172 final. Comunicação da Comissão ao Conselho e ao Parlamento Europeu: Plano de Acção eLearning, Pensar o Futuro da Educação. Bruxelas, 28.3.2001. Retrieved from <https://goo.gl/qhM6G5>
- Cross, J. (2004). The future of eLearning. *On the Horizon*, 12(4), 150-156. Emerald Group Publishing Limited.
- Driscoll, M. (2002). Blended Learning: Let's Get beyond the Hype. IBM Global Services. Retrieved from <https://goo.gl/XzL8e>
- Khan, B., (2001). *Discussão em torno das dimensões do E-Learning*. Disponível em http://www.intervir.net/intervir_old/n1/Khan/K1.htm.
- Maio, V. M. G. (2010). *Plataformas de Gestão de Aprendizagem e Inovação Educativa: contextos e práticas de colaboração*. (Tese de doutoramento). Lisboa: Instituto de Educação da Universidade de Lisboa.
- Masie, E. (2006). The Blended Learning Imperative. In C. J. Bonk, & C. R. Graham (Eds.), *The Handbook of Blended Learning: Global Perspectives, Local Designs* (pp.22-26). San Francisco: Pfeiffer.
- Moreira, J. A., & Monteiro, A. (2013). Blended learning: uma estratégia dinâmica ao serviço da educação. In H. M. G. Henriques (Org.), *Educação e Formação de Professores. História(s) e Memória(s)* (pp. 85-94). Portalegre: Instituto Politécnico de Portalegre – Escola Superior de Educação. Retrieved from <https://goo.gl/M8SvYT>.
- Oliveira, C. M. S. (2013). *Aprendizagem em Ambientes de Blended-Learning – Uma Abordagem na Formação Contínua de Professores*. (Tese de Mestrado). Lisboa: Instituto de Educação, Faculdade de Ciências.
- Ololube, N. P. (2013). *Advancing Technology and Educational Development through Blended Learning in Emerging Economies*. Hershey, Pennsylvania: IGI Global.
- Osguthorpe, R. T., & Graham, C. R. (2003). Blended learning environments: Definitions and directions. *Quarterly review of distance education*, 4(3), 227-33. Retrieved from <https://goo.gl/DXnMrC>.
- Ozan, O., & Kesim, M. (2013). Rethinking Scaffolding in Mobile Connectivism Learning Environments. In Z. L. Berge, & L. Y. Muilenburg (Eds.), *Handbook of mobile learning* (pp. 166-175). New York: Routledge.
- Peres, P.; Pimenta, P. (2016). *Teorias e Práticas de B-Learning*. Lisboa: Edições Sílabo, Lda.
- Santos, M. I., & Carvalho, A. A. (2012). Formação de Professores na Utilização de LMS: Proposta de um Modelo em Blended-Learning. In J. F. Matos, N. Pedro, A. Pedro, P.

Patrocínio, J. Piedade, & S. Lemos (Orgs.), *ticEduca'2102 - II Congresso Internacional TIC e Educação* (pp. 2687-2703). Lisboa: Instituto de Educação da Universidade de Lisboa.

- Singh, H. (2003). Building Effective Blended Learning Programs. *Educational Technology*, 43(6), 51-54. Retrieved from <https://goo.gl/ez7DsQ>
- Singh, H., & Reed, C. (2001). A white paper: Achieving success with blended learning. *Centra software*, 1, 1-11. Retrieved from <https://goo.gl/3UkikP>

Chapter 2

- Adair, C.E., McVey, G., deGroot, J., McLaren, L., Gray-Donald, K., Plotnikoff, R., Marcoux, G., Linder, J. Obesity and Eating Disorders: Seeking Common Ground to Promote Health. A national meeting of researcher, practitioners, and policy makers. Final Discussion Document: February 6, 2008.
- McVey, G.L. Program of Research on the Prevention of Weight-Related Disorders.
- Neumark-Sztainer, D. (2003). Obesity and eating disorder prevention: An integrated approach? *Adolescent Medicine*, 14, 159.173.
- Neumark-Sztainer, D. R., Wall, M. M., Haines, J. I., Story, M. T., Sherwood, N. E., & van den Berg, P. A. (2007). Shared risk and protective factors for overweight and disordered eating in adolescents. *American journal of preventive medicine*, 33(5), 359-369.
- Obesity and Eating Disorders: Seeking Common Ground to Promote Health. A national meeting of researcher, practitioners, and policy makers. Final Report: 2007.
- O'Dea, J. (2007). Everybody's different: A positive approach to teaching about health, puberty, body image, nutrition, self-esteem and obesity prevention. *Everybody's Different: A Positive Approach to Teaching about Health, Puberty, Body Image, Nutrition, Self-esteem and Obesity Prevention*.
- Prevention of child obesity: 'First, do no harm', Jennifer A. O'Dea, *HEALTH EDUCATION RESEARCH Theory & Practice*, Vol.20 no.2 2005 Pages 259–265
- Rabin, Caryn Roni (2016, June 16). Parents Should Avoid Comments on a Child's Weight. *New York Times*.
- McVey, G. L., Levine, M. P., Piran, N., & Ferguson, H. B. (Eds.). (2013). Preventing eating-related and weight-related disorders: Collaborative research, advocacy, and policy change. Wilfrid Laurier Univ. Press.
- McVey, G. L. (2013). Integrating weight bias awareness and mental health promotion into obesity prevention delivery: a public health pilot study. *Preventing chronic disease*, 10.
- Teaching approaches and strategies that promote healthy eating in primary school children: a systematic review and meta-analysis, Dudley, Cotton & Peralta, *Eating Disorders, The Journal of Treatment & Prevention*, Volume 16, 2008 - Issue 3
- The Dangers of Disordered Eating. 2008

Chapter 3

- Synergies between Formal and Non-Formal Education. An overview of good practices. UNESCO, 2006.
- <http://unesdoc.unesco.org/images/0014/001460/146092E.pdf>
- <http://collections.infocollections.org/ukedu/uk/d/Jm0042e/1.html>
- <https://www.erasmustrainingcourses.com/non-formal-education-teaching-methods.html>
- https://europa.eu/youth/hr/article/54/21492_en
- <http://www.nwlink.com/~donclark/hrd/styles/kolb.html>
- <https://bit.ly/2RksbZo>
- <https://academy.capgemini.nl/en/topic/what-workplace-learning>
- <https://www.simplypsychology.org/learning-kolb.html>
- <https://bit.ly/2AzqyBT>
- <http://hrlibrary.umn.edu/edumat/IHRIP/circle/part2/usingthemanual.html>
- <http://www.icye.org/wp-content/uploads/2017/06/NFE-Handbook-May-2017.pdf>
- <https://teachingcommons.stanford.edu/resources/teaching/small-groups-and-discussions/how-lead-discussion>
- <http://collections.infocollections.org/ukedu/en/d/Jm0042e/7.7.html>

Chapter 4

- Baur LA. The art of medicine: Changing perceptions of obesity. Recollections of a paediatrician. Lancet 2011;378:762-3.
- Blake-Lamb TL, Locks LM, Perkins ME, Woo Baidal Ja, Cheng ER, Taveras EM. Interventions for Childhood Obesity in the First 1,000 Days A Systematic Review. Am J Prev Med 2016;50:780-9. 4. Woo Baidal Ja, Locks LM, Cheng ER, Blake-Lamb TL, Perkins ME, Taveras EM. Risk factors for childhood obesity in the first 1,000 Days. Am J Prev Med 2016;50:761-79. 5.
- Cacciari E, Milani S, Balsamo a, et al. Italian cross-sectional growth charts for height, weight and BMI (2 to 20 yr.) J Endocrinol Invest 2006;29:581-93. 6.
- Caroli M, gianfreda V. Curve di crescita: quali scegliere e come leggerle. Area Pediatrica 2014;15:27-32. 7.
- Cremonese P, Picca M, Battino N. Parliamo di cibo. Riflessioni sul problema dell'eccesso di peso. Quaderni acp, 2014;21:90-1.
- Cunningham SA, Kramer MR, Narayan KM. Incidence of childhood obesity in the United States. N Engl J Med 2014;370:403-11.
- De Onis M, Lobstein T. Defining obesity risk status in the general childhood population: which cut-offs should we use? Int J Pediatr Obes 2010;5:458-60. 10.
- De Onis M, Onyango aW, Borghi E, Siyam a, Nishida C, Siekmann J. Development of a WHO growth reference for school-aged children and adolescents. Bull World Health Organ 2007;85:660-7. 9.

- Edmundus L, Waters E, Elliott EJ. Evidence based paediatrics. Evidence based management of childhood obesity. BMJ 2001;323:916-9.
- Epstein LH, Roemmich JN, Raynor HA. Behavioral therapy in the treatment of pediatric obesity. Ped Clin North Am 2001;48:981-93.
- European Health Report 2018.
- Gibson EL, Manios Y, Summerbell C, et al. A narrative review of psychological and educational strategies applied to young children's eating behaviours aimed at reducing obesity risk. Obes Rev 2012;13:85-95. Glenny AM, O'Meara S. Systematic review of interventions in the treatment and prevention of obesity. NHS Centre for Reviews and Dissemination, University of York. York: York Publishing Services 1997.
- Gruppo OKkio alla salute. Variabilità sociodemografica nelle prevalenze di sovrappeso e obesità dei bambini in Italia nel 2014. Epidemiol Prev 2015;39:64. 2.
- Lacroix A, Assal JP. Educazione terapeutica dei pazienti. Nuovi approcci alla malattia cronica. Torino: Minerva Medica 2004.
- Lager G, Pataky Z, Golay A. Efficacy of therapeutic patient education in chronic diseases and obesity. Patient Educ Coun 2010;79:283-6.
- Lobstein T, Baur L, Uauy R, for the IASO. Obesity in children and young people: a crisis in public health. Obes Rev 2004;1:4-104.
- Marcolongo R, Rossato E. Educazione terapeutica del malato e della sua famiglia. Bologna: Collegio IPASVI 2011.
- Morris R, Feinstein R, Fisher M. Laboratory screening in overweight/obese adolescents: do the results change the management? Int J Adolesc Med Health 2016 Mar 16. [Epub ahead of print].
- Nishtar S, Gluckman P, Armstrong T. Ending childhood obesity: a time for action. Lancet 2016;387:825-7. 11.
- Nsiah-Kumi PA, Kang LY, Parker JR. Let's move our next generation of patients toward healthy behaviors. J Multidiscip Health 2012;5;115-19.
- Peirson L, Fitzpatrick-Lewis D, Morrison K, et al. Treatment of overweight and obesity in children and youth: a systematic review and meta-analysis. CMAJ Open 2015;3:E35-E46.
- Tanas R, Marcolongo R, Pedretti S, et al. L'educazione terapeutica familiare nel trattamento dell'obesità. Medico e Bambino, pagine elettroniche 2007.
- Tirosh A, Shai I, Afek A, et al. Adolescent BMI trajectory risk of Diabetes and Coronary Disease. N Engl J Med 2011;364:1315-25.
- Ufficio Regionale Europeo OMS (2014).
- Valerio G, Licenziati MR, Manco M, et al.; Studio Obesità Infantile della Società Italiana di Endocrinologia e Diabetologia Pediatrica. Health consequences of obesity in children and adolescents. Minerva Pediatr 2014;66:381-414. 3.
- Valerio G. Conseguenze dell'obesità sulla salute del bambino e dell'adolescente per il Gruppo di Studio Obesità Infantile della Società Italiana di Endocrinologia e Diabetologia Pediatrica. Minerva Pediatrica 2014;66:381-414. WHO, 2014.
- Vallgård S. Ethics dilemmas of early detection of obesity. Scand J Public Health 2016 Jun 2. [Epub ahead of print].

- Waters E, Edmunds L, et al. Interventions for treating obesity in children. (Protocol for Cochrane Review). In: The Cochrane Library, Issue 2, 2002.Oxford: Update Software.
- Wong EM, Cheng MM. Effects of motivational interviewing to promote weight loss in obese children. J Clin Nurs 2013;22:2519. 13.
- World Health Organization Multicentre growth Reference Study group. WHO child growth Standards based on length/ height, weight and age. Acta Paediatr 2006;(suppl 450):76-85.

Chapter 5

- Boyd, H. (2002). Avoid these mistakes as you plan your evaluation: Quick tips #16. University of Wisconsin-Extension. Retrieved April 12, 2011 from <http://www.uwex.edu/ces/pdande/resources/pdf/Tipsheet16.pdf>
- Coulson, D. & Harvey, M. (2013). Scaffolding student reflection for experience-based learning: a framework. Teaching in Higher Education, 18 (4), 401-413. doi:10.1080/13562517.2012.752726
- d'Estree, T.P., & Colby, B.G. (2003). *Braving the currents: Evaluating conflict resolution in the river basins of the American West*. Norwell, MA: Kluwer.
- Elliott, M., Gray, B., and Lewicki, R. (2003). "Lessons Learned about the Framing and Reframing of Intractable Environmental Conflicts." in R. Lewicki, B. Gray, and M. Elliott, editors. Making Sense of Intractable Environmental Conflicts. Washington DC: Island Press.
- Guyot, W.M. (1978). Summative and Formative Evaluation. The Journal of Business Education. 54(3):127-129.
- Johnson, B. (2015). Your two best teachers will always be reflection and evaluation—so practice both daily. The Johnson Letters blog. A short discussion differentiating reflection from evaluation.
- Rossett, A., Sheldon, K. (2001). Beyond the Podium: Delivering Training and Performance to a Digital World. San Francisco: Jossey-Bass/Pfeiffer
- Stanciu, Mihai (2003), Postmodern teaching, University press, Suceava
- Wick, C.W., Pollock, R.V.H., Jefferson, A.K., Flanagan, R.D. (2006). The Six Disciplines of Breakthrough Learning. San Francisco, CA: Pfeiffer.
- <http://www.tillvaxtanalys.se/download/18.1af15a1f152a3475a818975/1454505626167/Evaluation+definitions+methods+and+models-06.pdf> – Fig. 2
- <http://www.gtcs.org.uk/professional-standards/self-evaluation/self-evaluation.aspx> - Fig. 3

Chapter 6

- Adair, C.E., McVey, G., deGroot, J., McLaren, L., Gray-Donald, K., Plotnikoff, R., Marcoux, G., Linder, J. Obesity and Eating Disorders: Seeking Common Ground to Promote Health.

A national meeting of researcher, practitioners, and policy makers. Final Discussion Document: February 6, 2008.

- Besity and Eating Disorders: Seeking Common Ground to Promote Health. A national meeting of researcher, practitioners, and policy makers. Final Report: 2007.
- McVey, G.L. Program of Research on the Prevention of Weight-Related Disorders.
- Neumark-Sztainer, D. (2003). Obesity and eating disorder prevention: An integrated approach? *Adolescent Medicine*, 14, 159-173.
- Neumark-Sztainer, D. R., Wall, M. M., Haines, J. I., Story, M. T., Sherwood, N. E., & van den Berg, P. A. (2007). Shared risk and protective factors for overweight and disordered eating in adolescents. *American journal of preventive medicine*, 33(5), 359-369.
- O'Dea, J. (2007). Everybody's different: A positive approach to teaching about health, puberty, body image, nutrition, self-esteem and obesity prevention. *Everybody's Different: A Positive Approach to Teaching about Health, Puberty, Body Image, Nutrition, Self-esteem and Obesity Prevention*.
- Prevention of child obesity: 'First, do no harm', Jennifer A. O'Dea, *HEALTH EDUCATION RESEARCH Theory & Practice*, Vol.20 no.2 2005 Pages 259–265
- Rabin, Caryn Roni (2016, June 16). Parents Should Avoid Comments on a Child's Weight. *New York Times*.
- McVey, G. L., Levine, M. P., Piran, N., & Ferguson, H. B. (Eds.). (2013). *Preventing eating-related and weight-related disorders: Collaborative research, advocacy, and policy change*. Wilfrid Laurier Univ. Press.
- McVey, G. L. (2013). Integrating weight bias awareness and mental health promotion into obesity prevention delivery: a public health pilot study. *Preventing chronic disease*, 10.
- Teaching approaches and strategies that promote healthy eating in primary school children: a systematic review and meta-analysis, Dudley, Cotton & Peralta, *Eating Disorders, The Journal of Treatment & Prevention*, Volume 16, 2008 - Issue 3.



CORRECT IT!

Corrective VET international training
for obesity prevention and healthy life style promotion

<http://correct-it.eu/>

© 2019



Erasmus+

Disclaimer: The content of the present material represents the exclusive responsibility of the authors and the National Agency or the European Commission will not be held responsible for the manner in which the content of the information is used

Project nr. **2017-1-RO01-KA202-037373**