

SCHOOL GUIDANCE TEAMS AND HEALTH PROMOTION

Analysis from the direction of community psychology and social pedagogy's management

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Abstract

The aim of the following paper is to characterize and analyze the intervention practices in prevention and health promotion carried on by school guidance teams in La Plata district. Is a transactional descriptive study with qualitative approach.

The analytical procedure focused on the analysis of interpretive content present in a series of semi directed in-depth interviews with key actors of the Community Psychology and Social Pedagogy's Direction of Buenos Aires province.

The investigation points to establish the necessary conditions to transform public schools into Health Promotion Schools identifying the dimensions that involve specifically the school guidance teams.

Interview analysis indicates an emphasis in characterize the school guidance teams as teachers. This is counter productive for establishing health promoting practices within schools because leaves health mostly as an outside dimension.

An overlapping between integral sex education and health education activities is identified. On the other hand, community operations carried on by the school guidance teams are established as the articulation between the school and other institutions of the community in solving various problems without establishing the specificities of implementing those operations within schools.

Finally, an emphasis in professionalization through situated practice for the school guidance team members is identified. This could be an advantage in orienting their activity to health promotion because their training depends on the work they carry on in the school regardless of their graduate training. This implies that the configuration of training documents, regulations and experiences would have a strong impact in orienting their activity to health promotion.

Keywords: school guidance teams, health promotion, community psychology, primary schools.

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The objective of the present work is to identify and analyze the approach and intervention strategies of the School Guidance Teams for prevention and health promotion to children in primary schools of La Plata district. Such research aims to define the necessary conditions for the transformation of public schools into Health Promoting Schools (H.P.S.).

The Regional Initiative of Health Promoting Schools was launched in 1995 by the Pan American Health Organization. It points to strengthen relations between the health sector and the education sector to reform school spaces turning them into environments conducive to the development of healthy lifestyles, promotion of citizenship and encouragement of protective factors of life and health.

In Argentina it has been implemented since 1996 in public management schools in provinces such as Mendoza, Córdoba, Misiones, San Juan, Salta, San Luis and La Rioja. The present research pretends to provide some guidelines to conceptualize its possible implementation within the province of Buenos Aires, delimiting aspects of specific concern of School Guidance Teams in that transformation.

Health and school

When talking about the school as a preventive space and promoter of health, special reference is made to think about prevention and health promotion as a political, educational and health strategy. This aims at socializing environments such as family and school, looking to transform and strengthen their identity so that they can become containing and transforming spaces of health problems with impact on the quality of life of the individuals.

The literature (García García, 1998, Meresman, 2005, St Leger, Young, Blanchard & Perry, 2010) highlights some essential elements stipulated for the promotion of health in the school setting:

- Healthy school policies (guidelines settled in documents to regulate work and living in the school setting, directing them towards health);
- Health education (subjects and activities related to health included in formal and informal curricular programs);
- Healthy physical environments (related to the amplitude of spaces, cleanliness, accessibility, ventilation, light inputs, etc.);
- Healthy social environments (quality of the social relationships developed in the institution that should be free of abuse with possibilities of democratic expression and listening);

- Links with the community (interrelation and cooperation between the school and the surrounding institutions with common and shared objectives);
- Articulation with Health Services (relationship with local / regional health teams that are responsible for the care and health promotion of children and adolescents through the provision of services to students);
- Participation (points to the voluntary and critical involvement of the subjects in the actions carried out by the institution).

In order for the school to be able and willing to accept health promotion as an inherent activity, it is necessary to put upfront that school population's academic and health outcomes increase when the institution adopts a health promotion approach as has been demonstrated through various studies (Lawrence et al., 2010; Meresman, 2005). On the other hand, this approach is a viable tool to address the problems and situations that the school inevitably faces (relationships with the community, violence, addictive behaviors, teaching / learning disorders, among others).

Augsberg (2004) states that the notion of a health promoting school needs an intersectional alliance. Such alliance constitutes a challenge for health and education institutions to be able to think themselves off-centre from their principal or official objectives and functions (educating and healing). A health promoting approach forces schools to place themselves in their unofficial functions (caring, safeguarding, disciplining, feeding) and their extracurricular problems. On the other hand, carrying out health promotion activities implies for health institutions to take care of subjects who are not sick or in need specialized assistance.

The author argues that this notion would imply stop thinking about students as subjects who necessarily spend a number of hours within an institution and upon which one can focus centrally established and vertically implemented preventive plans. This approach needs to effectively think about them as subjects of law. At the same time, it would mean to stop thinking about health as a corpus of actions carried out by a specialized sector and start considering it as a basic dimension of the human being whose promotion constitutes a transversal content and action in the school that affects it even when it's not addressed.

As it has been developed in previous works (Noriega, 2017a) the main regulations governing the educational institutions of the province demonstrate a progressive positioning of health as a school dimension of its own concern, an aspect that must take care and promote with his resources and effort.

The point of closest approach to the constitution of the school as a health promoting space is given by the document called "Education and Health" (Direction

of Curricular Management, 2009) (only addressed to teachers of primary schools in the province). In there, health is declared as a constitutional right that represents priority school content in the formation of citizens. It also establishes that the relationship between education and health must be carried out from a health promotion approach as an integral pedagogical perspective. This should imply the construction of healthy practices as a pedagogical product of collective work.

Consequently, the establishment of community operations aimed at strengthening the self-esteem of the subjects is encouraged, as well as the promotion of critical thinking and empowerment in order to take decisions and make life projects with good health as the objective. This aims at leaving aside the approach that consider the school as a place of control and emission of specific information for prevention of particular diseases to build the institution as a scenario of multiple and unspecific actions to rise the health potential of its inhabitants taking the prevention of the disease as a consequence of it.

On the other hand, in 2016 the National Ministry of Health establishes the National School Health Program (2016), intended for primary schools (especially those with multiple grades, those with a population of indigenous peoples or those considered at socio-sanitary risk).

The program follows the strategy of Primary Health Care bringing agents from first level of attention to the school for collecting data on students through an Integral Health Control, follow up and resolve the detected problems, carry out the actions of health promotion and referral of situations considered in need of an intervention of the first, second or third level of health care.

The National School Health Program implies a rapprochement of the health care system to schools, although in its dispositions leaves the school in a passive position regarding the health care of the school population.

The program is framed within one of the possible guidelines on the implementation of health promoting actions in the school: the implementation of lectures, campaigns and health control by external agents such as grade students, local health agents, parents, etc. Without underestimating these efforts, it has been proven (García García, 1998, Meresman, 2005, St Leger et al., 2010) that punctual and focused interventions have a smallest impact than long term integral approaches. This approaches should add educational value to health interventions using the school setting for the active involvement of students in the identification of risk factors and promotion of healthy behaviors as proposed in the document "Education and Health".

School guidance teams and health promotion

A study conducted by St Leger et al. (2010) for the International Union for the Health Promotion and Health Education reviews hundreds of papers, books and evaluation reports for health promotion initiatives in schools. In their analysis, the authors find a substantial coherence in the importance and the crucial role of socio-emotional factors (student-teacher and teacher-teacher interactions, the culture of the school, the atmosphere of the class, the relations between peers) in the way in which teaching / learning configurations take place, in the way in which a H.P.S. works and in the way the school achieves its academic and health objectives.

This makes decisive actions to the health promotion in schools those that are carried out to influence the way in which people relate within the institution, the degree and quality of involvement of the beneficiaries and the way in which the institutional actors help to express and resolve their emotional conflicts.

Within these institutions there are currently teaching staff with professional qualification conforming the School Guidance Teams (S.G.T.) which have a great impact on the socio-affective aspects of members of the school community. Such teams depend of the Direction of Community Psychology and Social Pedagogy (D.C.P.S.P.) and have as objective the establishment of community operations that strengthen the relations humanizing teaching and learning configurations within the school space.

The S.G.T. constitutes a basic teaching staff that having fulfilled the specific entrance requirements performs teaching tasks linked to their professional qualification.

The D.C.P.S.P. is defined in the Province of Buenos Aires's Education Law (2007) as a

modality with a specialized approach to community operations within the school space, strengthening links that humanize teaching and learning; promote and protect the development of education as a structuring capacity of the subject and the educational community as a whole, respecting the identity of both dimensions from the principle of equal opportunities that articulate with the common education and that complement it, enriching it. (p.16)

In one can find a linking point with the document "Education and Health" that invites the establishment of community operations that aim to strengthen the self-esteem of the subjects, the fostering of critical thinking and empowerment to

make decisions and plan life projects taking health as axis. The establishment of community operations is the central task of the S.G.T. within the school setting, which is why they would have a fundamental role in the implementation of the actions suggested in the 2009 document.

Within its different functions (set out in provision No.76 of the D.C.P.S.P. of 2008) is stipulated for the S.G.T. the design of specific projects involving children and adolescents and articulate actions for the care of their physical and mental health, pointing to relevant issues in the health area that have arisen in the community.

To think about promotion and prevention actions that the members of the S.G.T. can carry out requires focusing on the potential of its community operations within the school setting beyond its functions of attending and solving psychopedagogical problems.

Promoting health and healthy lifestyles implies removing the focus of the attention of diseases, deficit or problems installed as situations of individual cut. Instead, the focus should be put in thinking dialectical links between individuals and groups, between institutions and their social context to evaluate the lifestyles that they carry on.

In this sense, is essential the contribution of the School Guidance Teams in the generation of participative approaches focused on the promotion of healthy relations between adults and children and children among themselves that promote the best way to inhabit the institution for all.

It is necessary, so that the school can be positioned as a health agent, that the individuals that inhabit it and give life to it can be considered in the same way. That is that they can be considered as agents in the institution and not as receivers or transmitters of information. Thus, the actions of empowerment, generation of real involvement spaces within the school, not only in the solution of problems but in their construction, would contribute to improving the quality of life, health and education of the individuals.

To constitute the school as a promoter space involves rethinking its institutional dynamics, that is, the stimuli and obstacles that surround how people work and how children learn in school; how people modify and preserve the conditions for learning; how the staff negotiate the working conditions; what reciprocal exchanges take place between the school, the neighborhood and the community; how the relations between men and women are established; what rules resolve conflicts; what opportunities are given for playing, recreation, doing physical activity, etc (Augsberg, 2004). For this, the view and professional interventions of the members of the School Guidance Team are indispensable.

To place community operations as a central element in the potential of the S.G.T. for health promotion in schools, it's necessary to develop what is understood by this type of operations.

Community practices arose in Latin America in the sixties and seventies by the hand of Community Psychology. This discipline emerged as a reaction against the predominant social psychology of that time, psychology of individual character and with fragmented approaches and studies forcing the definition of subjects within pre-defined frames. In contrast to this type of approach, community psychology was proposed as a psychosocial practice aimed at the solution of concrete social problems and social transformation through the participation of the people involved (Montero, 2004).

Today we think about community psychology as a

[...] practice aimed at a social group, with a delimited territorial location, in relation to sectors and organizations aiming to broadening their social goals, increasing their critical content applying technologies and techniques coming from social psychology, clinical psychology, or developmental psychology (De Lellis, 2010, p.26).

In this line, community operations are understood as practices carried out with a community aiming at the prevention of different problems and the improvement of their quality of life through social and personal transformation. Within the school scenario would be, initially, actions taken with the educational community to prevent conflicts of students with teachers, parents with teachers or managers, parents with students and students among themselves promoting links and resolving conflicts in a healthy way in order to improve the time that de individuals spend in the institution and the teaching and learning practices. On the other hand, community operations in the school setting point to the articulation between the educational institution with the community in which it is immersed and with the other institutions and organizations that are part of it in a synergistic and exchanging relationship that promotes improving the quality of life of all its members.

On this basis it's possible to understand a relationship of multiple benefits between community psychology and school guidance teams. Establishing approaches according to the guiding and methodological principles of community psychology implies, on the one hand, placing the actions of community psychology within a sphere that favors the invitation and involvement of the community. On the other hand, this articulation would place the work of school guidance teams towards constant actions of health promotion and primary prevention within the school setting.

There are no particular methodologies to apply in the field of community psychology, which makes it difficult to define how these types of approaches should be. However, a series of orientations or guidelines for action could be pointed out that could be useful to address community actions in an educational setting. They have been developed in previous works (Noriega, 2017b) and can be summarized in the following points.

Contextualization: framing and considering the emerging situations of the institution within the social, cultural and community context in which the institution is placed.

Group work: perform, as a strategic and ontological principle, actions with the whole group of subjects involved in a community and avoid individual interventions as much as possible.

Involvement promotion: favor the active involvement of the individuals in the determination and resolution of their conflicts as well as in the search and work for what they wish to achieve.

Empowerment search: think concrete activities that involve the subjects and their groups in the resolution of their issues, returning to the community the result of what has been worked on. This has as goal that the groups reach the greatest possible autonomy in the resolution of their problems or concerns through critical reflection about reality and the construction of knowledge and skills.

Detection and construction of networks: Identifying the affective relationships between subjects, the existing groups, the different power relations and the quality of their links serve in this way as a support element when working with a community evaluating what elements can be strengthened, which ones can function as an obstacle to the task and which ones would be convenient to emerge.

The direction of community psychology and social pedagogy and the promotion of health. Observations of the management.

Methodology

Based on what has been developed, a research has been carried out with the objective of investigate the orientation, obstacles, forms of evaluation and training mechanisms that the management of the D.C.P.S.P. has about the health care actions of their teams. The research constitutes a descriptive transectional study with a qualitative approach. The analytical procedure was focused on the analysis of interpretative content on a corpus of semi-directed in-depth interviews with the director, sub-secretary of coexistence and three inspectors of the Direction of

Community Psychology and Social Pedagogy of the Province of Buenos Aires.

The interviewees will be recognized with the following labels: E1, E2, E3, E4 and E5. The interpretive content analysis will focus on four main areas:

- Functions and formation of the School Guidance Teams (S.G.T.)
- Health care activities and community management of the S.G.T.
- Diagnosis, planning and evaluation of the S.G.T. activities
- Training of the S.G.T.

Results

The theoretical and normative framework established allows identifying diverse characteristics and tensions within the functioning and formation of the S.G.T. These characteristics and tensions are of interest when thinking about the implementation of Promoting Health Schools in the province.

Regarding the area Function of the S.G.T. and formation there is an emphasis from the management on the characterization of the members of the S.G.T. as teachers beyond any qualifying professional degree they may have. The members of the S.G.T. are expected to work as a team, whether it is constituted by two members of the S.G.T. or through the formation of pedagogical partners with teachers. The joint work is not only limited to the actors of the institution but also includes establishing cooperation and co-management links with other organizations in the community. From the characterization of the S.G.T. as teachers, it is clear that they must take care of sustaining the right to education. To do this they should focus primarily on guiding teachers and parents in the presence of psycho pedagogical problems or other problems that directly affect teaching and learning configurations. In the words of the subjects interviewed:

E1 "... a psychologist in the school doesn't carry on a clinical task; he is a teacher for us, that's why he accepts the teacher's regulations that explain how to access a position in education."

E2 "We are not doctors, nor psychologists within the institution. We can have a qualification that says that we are doctors, psychologists, psychiatrists, educational psychologists, but within the school institution we are teachers. We aim that the teachers who form our teams can transform everything into a pedagogical act, with all that baggage they bring. That's the only possibility. When health issues get worse and really get out of the possibilities of the institution, of course the necessary referrals are made. "

E3 “We are not part of the health sector, we are marked by our teaching role within the institution. Faced with a situation that generates doubt or a presumption that something is wrong is when the S.G.T. says “let’s ask the opinion of a health professional or a neurologist”. That’s because the S.G.T. is not part of the health sector. “

E5 “We never have to lose sight of the fact that the school is the place where it is taught and where it is learned under a policy of care recovering that the central activity is teaching.”

“At school we are counselors, we do not diagnose, even though we may be psychologists but we need an external perspective. With health situations rather than putting on the table that something is happening and the need to expand the look we can’t do anything. “

This emphasis, although is understandable due to the high number of demands regarding various problems that the S.G.T. supports, can be an obstacle for the school when thinking outside its traditional and official functions and adopting health care as a function of its own that can cross all its activities. This would involve taking health care beyond those cases where some anomalous situation affects the learning capacity of a student, but as a dimension that affects all the actors of the institution, have a professional degree related to health or not. For this it would be necessary to incorporate the health promotion approach as a framework that would unfailingly improve teaching-learning configurations since it has been proven by several studies that healthy students learn more and better (St Leger et al., 2010).

The characterization of the members of the S.G.T. as professionals in the education sector and not in the health sector makes a lot of sense when faced with health problems, but it can be counterproductive when thinking about preventive actions and health promotion within the school space. Such characterization seems to be used to separate to the professional members of the S.G.T. of all aspects related to health care as if they were something particular to a sector outside the school.

In relation to the area Health care activities and community management of the S.G.T. a coherence in the characterization of community operations as the articulation of the school institution with the institutions near it is shown in the responses. This has as objective to work with share responsibility in addressing the problems that arise in the subjects and the school community. In the words of the subjects interviewed:

E1 “In that sense we think about the community, to think any intervention in a specific context, whether is a preventive intervention or a conflict-related intervention. If we work thinking that there are recipes, I would not say magic, but if they say that if this happens you have to do this, ignoring the particularities of those students who attend, families that attend... It is also about thinking about the possibilities that these schools have. That’s why the team usually knows the institutions that surround the school or a professional who may be able to give a lecture as a favor. In that sense we talk about community, to not forget that this school has a particularity because it is located in a place that is different from the one next to it. “

E2 “With community operations we refer to all the connection that an S.G.T. should have with the institutions that the school should interact. I say it must because there are schools that work in a “behind closed doors” way, that have greater difficulties to build networks. “

E3 “The articulation with other institutions and organizations to act in a co-responsible manner. That is, in the face of a situation, being able to intervene with other institutions, each one from its specificity. From our department and through the S.G.T. we have to generate networks, generate teamwork, and put together joint interventions when thinking about proposals for children, adolescents and young people. “

E4 “... every intervention in the school setting is a situated intervention. It always has to do with a general context and in the context of every child or adolescent there is always the family or the community. You can not intervene without taking into account the context, convening and working jointly with all the actors that have to do with the school career of that child. That can be the psychologist of the club, the church, etc.”

E5 “The school cannot give an answer to everything that happens and that’s where the concept of co-responsibility comes in. To think with others about the integral promotion of children’s rights. Thinking with others involves thinking with neighborhood institutions, with external professionals that serve students, with organizations, with local children’s services, the ombudsman’s office, as promoters. “

It should be highlighted that the articulation with health institutions, institutions that protect the rights of children and adolescents, social development institutions and security appears mainly linked to the approach of manifest or installed

problems. It remains unclear how such articulation would work for right promotion actions, including the right to health.

On the other hand, the characteristics of the implementation of community operations within the school setting do not appear delimited in general. That is, what actions of a community operation should be carried out by the members of the S.G.T. along with the actors of the institution where they work (eg. detection and construction of networks between institutional actors, group work, involvement promotion devices that empower the subjects, etc.)

In reference to the characterization of the most frequent health problems in the school, the members of the management of the D.C.P.S.P. mention behavioral disruptions, violation of institutional agreements of coexistence, self-harm and cases of children that present learning disorders (G.D.T., A.D.D.) and disability, which are worked in conjunction with special education sectors.

At this point it should be noted that the knowledge of the health problems that afflict the school community depend exclusively on the professional view of the S.G.T. without mediating mechanisms of participatory diagnosis or involvement of the target subjects in the determination of the problems that afflict them.

In these situations, the physical and psychological health care actions of the S.G.T. mentioned by the members of the management present a tension between recognizing the team's own preventive and health promotion activities and taking health as an external matter, referring it to an external professional when a problem is detected. In the words of the subjects interviewed:

E1 "There are some of the most varied. In terms of mental health, that the relationships between individuals are healthy, respect among people, create a favorable climate so that teaching and learning can be carried forward, that's why the school deals with these issues, because when conflict breaks out in school it makes it difficult to teach and for students to learn.

It varies a lot depending on the particularity of the place, but you can resort to own activities that the team proposes. For example, in a classroom where students have many conflicts relating to each other, we don't just take a day to talk about violence and what it means to respect ourselves. A sustained work is done where we can start by watching a movie and talk about human relations, shoot ideas and that the kids can start to rethink or that someone from outside (civil society organizations, ombudsman's office) comes to talk about the subject. In that matter the team articulates and proposes a lot. "

E2 "... all the anticipatory actions so that students have the least possible physical or psychic suffering is our task. To generate spaces of participation, creative spaces where the children can express themselves, creating libraries, promoting the writing of stories, all what is related to the pedagogical. In this way, in addition to encourage the learning of specific or academic content, we also generate learning of coexistence, of good relations amongst ourselves.

We do not talk about health, we talk about education. That includes everything for sure. Obviously we think it's healthy to live in this way in institutions and not another but in that sense comes the anticipatory. And when a team through interviews or observations begins to detect that the situation of that young person or child is more delicate than what a group activity supposes, the family is contacted and it is suggested that it should be attended in another space besides the school."

E3 "The team when noticing a situation regarding health and seeing that the family has not noticed or detected it has to contact the family, make known what they observe and contrast with what the family observes. This in relation to problems not detected.

Then the team can guide the family to consult a health professional if they consider that the adolescent or child needs to be treated in some aspect of his health. This could be for a pediatrician in some clinical aspect or another professional in the mental health aspect. The S.G.T. requests an intervention to the family when considers it's pertinent or necessary. "

E4 "I believe that the ability to learn is one of the capacities that must be observed if one is not in psychic and organic conditions. If the organic area is not in condition that is attended, if a child does not listen, if he does not speak well, if he does not see well, all that in the first degree is taken care of in great manner because if the sensory apparatus does not work well the child cannot learn well. The same in the affective sphere, that is attended, is a variable to consider. "

E5 "We never have to lose sight of the fact that the school is the place where it is taught and where children learn under a policy of care but to recover that what is central is teaching. What we can do as counselors is to think along with the parents on the health issues describing what we see and what draws our attention and

makes us think about the need to broaden the view and let them know that we work with this child, that his case is treated. At school we are counselors, we do not diagnose, even though we may be psychologists but we need an external look.

In health situations rather than putting on the table that something is happening and the need to expand the look we do not have. “

Given this, it should be noted that beginning to think about the implementation of health promoting schools does not necessarily imply that the health problems should be addressed in their entirety within the school, but it would be necessary to recognize the health promotion and preventive actions of each member of the school staff as something central so that health care can become a policy of the institution that marks all its activities.

In that sense, a certain overlap between health education and health promotion actions with integral sexual education activities is noticed. In the words of the subjects interviewed:

E1 “For example, in cases of abuse, the Ministry has the Integral Sexual Education National Program (I.S.E.). With it we work many issues concerning health. What is new is that it doesn’t only address sexual education in the upper grades and limited to the use of prophylactics as in other times but that it’s addressed in the integrality and means that sex education serves not to discriminate against the other, to respect the other, to respect the sexual orientation of the other. That policy that is being carried out in the last 5 years in the province of Buenos Aires has given very good results. Allows children from the initial level to work in body care, health care, from knowing that you have to exercise, eat well to be healthy, to recognize your own body, limits, which allows among other things to prevent abuse. It’s not something linear where one talks about it and the abuses end but one can put in the children some alerts. That’s what the S.G.T. works along with teachers. There are projects in all schools on I.S.E. That is one of the strong legs that we have to work all that is psychic and physical health. I insist with the I.S.E. because it is a young policy that we have, it’s been implemented in the last 4 years and there is a lot to work, it is necessary to break many preconceptions in the adults. But I think that in about 15 years we will be able to see the result of the the program throughout the country because it addressed this in a different way in all schools at all levels. With the I.S.E. many health

and gender issues were addressed and many families were called to work with their children and with the school. And it surprises the level of involvement when you invite the families.”

E2 “At the primary level in relation to health as interdisciplinary and complementary teams we try to work together with teachers in relation to all areas of natural sciences and I.S.E. as a program. In that framework amongst all the tasks that the S.G.T. develop in school, one of the areas would be related to Sexual Health, body care, affection, all lines of I.S.E. should be dealing with these issues. “

“For example, if you constitute a good link with the health unit and the health agents along with the teachers, they can detect that there are several young girls pregnant. This becomes a health problem when these girls are very young, although it might be an apparent desire of that young woman to have that baby. Also if there is a weight problem. There, the I.S.E. program will be combined with some orientations that can be given to families from school. In this sense, we talk about health issues. “

E3 “Generally the team registers everything, if they did a workshop of I.S.E., if in a classroom there are problems of coexistence and they do a workshop of I.S.E. on the subject “respect the diversity” or “affectivity”. The workshop is set up, proposals are being considered for 5 meetings and all this is recorded, what is being worked on, the impact on the children’s, the productions, whether a change is generated or not. “

E5 “We have the promotion and integral protection of children’s rights law, the integral sexual education law, from there can be linked in the promotion of health. With that students can articulate in words doubts, concerns, and myths about sexuality. Between them they are generating always from the preventive point of view. The I.S.E. provides guidelines that not only have to do with sexuality but also with the care of the body, with the appreciation of the other, with respect for the other, privacy and many issues that make the promotion of health.

Without denying the fundamental importance of having a transverse policy of integral sexual education, especially as an essential part of the full healthy development of subjects, the characterization of any health promotion action as a sex education activity could be an obstacle to the greater involvement of

the institution with health interventions of its own. Giving health care and health promotion actions a status of their own would be a fundamental step to build responsibility and progressive commitment of the school with the promotion and strengthening of the health of the individuals that inhabit it.

Thinking about a transformation of such a dimension would require political, institutional and social commitments of great magnitude. On the other hand it would be necessary to take into account the transformations in the roles of the different members of the S.G.T. to be able to adjust its task to the promotion of integral health within the school institution.

Here, the role of the management of the D.C.P.S.P. is central since they are in charge of supervising the functions of the S.G.T. and they are in charge of training them.

In relation to this, according to the interviewees, there is a strong component of professionalization through the practice located in the members of the S.G.T. In the words of the subjects interviewed:

E2 "You have your qualification but once you enter the role you have a framework that shapes you, that enriches you so that your performance is within the expected.

A psychologist who has access to being a recovery teacher may not have previously worked in a classroom, so the pedagogical aspect will have to be complemented it with training, beyond having professional qualification. The training he had at best is one year but then the curricular designs, institutional planning, etc. are learned in the job, as happens in other careers, not only for the experience but also for the content. "

E3 "...in relation to the training that each one has, each role can be accessed by several people with different backgrounds. Surely they have some training in psychology, pedagogy, social work. Surely within the career there are moments where aspects linked to 'What is to work in education?' If you ask me if that training reaches the requirements to be included in an educational institution and know everything that has to do with the conformation and specificity of the role, the place in the team, the functioning, the interventions and concerns, maybe not. I think that all of them are formed as they develop and experiment the specificity of the work in the S.G.T., although they have access to the professional title. I do not think that they reach it, maybe they have an idea and they have seen aspects

during the grade education but to learn about the specificity of the role they have to work in that role. “

E4 “This is something very personal, I have been working in management for many years and I believe that in a short time there will be a specific career to work in school guidance teams because you would need to study for 5 years to know how to develop your role. The career of psychology does not enable you, in paper it does, but does not enable you to work in a school. Neither does the social work career. For that reason the career of psycho pedagogy is more oriented for the role of learning counselor. I believe that much more specific training is needed. That implies a lot of work for us because we have to have many plenary reunions, work in the specific role, because it is very different to be a psychologist than to be an educational counselor.”

This quality of professionalization in the practice of the members of the S.G.T. could constitute an advantage when transforming its functions towards the promotion of health, since its training for the different roles would be given within the work in the school institution with enough independence of the professional careers of degree that each individual has. If you adopt a health promoter approach from the management of the D.P.C.P.S., the practice of the S.G.T. could be reoriented through the training mechanisms that management has at its disposal (plenary meetings, legal documentation, training, visits to schools, etc.). For this it is necessary to understand that any professional with the appropriate training can adjust their practice towards the promotion of health, as long as it is taken as a transversal approach to all the activities carried out in the institution.

Discussion

It is obvious that the transformation of schools into health promoting institutions is not an exclusive task of the members of the S.G.T. but without a doubt they are indispensable and central actors in this change.

We can think, through the current normative / ideological framework for the function of the schools and the members of the S.G.T., that several conditions to promote community health / mental health within the school setting are given. It is also noted that many of these possible actions are hampered by the emphasis of the S.G.T. as exclusively teaching professionals. This emphasis is used many times to detach them from possible actions related to health, and when these actions are carried out they are confused with integral sexual education activities.

It is necessary to reinforce the statute of health promotion interventions in the work of the S.G.T. to encourage this type of work frames that improve the health status of the students. This would also improve the work situation of the teachers by directly impacting the physical and social environment in which they carry out their activity.

Adapting a professional practice towards the health promotion of a target groups would not mean that the professional staff should be trained in therapeutic techniques and practices like health care professionals. It implies thinking about health as a dimension that must always be present when thinking about individual, group, institutional and community interventions; it means to propose an optimal state of health of the individuals that inhabit the school institution (workers and students) as one of the primary and constant objectives when carrying out orientation practices in the school; it means taking health as a dimension of concern within professional practice as it crosses and determines everything that happens in school, even if it is not addressed.

Thinking about schools as health promoting institutions, with the capacity for action that works with a power that was conferred by others who represents (Augsberg, 2004), involves doing a double job: on the one hand, including health as a constant dimension in the work of their actors; on the other hand, to shift the focus towards the conditions of well-being and discomfort in the institution, towards the quality of life within the school, rather than to the attention of emerging problems or illnesses.

In this sense, the role of the S.G.T. presents fruitful horizons to think about health promotion in schools and the links that exist there, although there is still a way to go.