

## CHAPTER 11

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# COLLABORATIONS THAT WORK:

# LESSONS FROM THE HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN (HBSC) STUDY

This chapter is dedicated to Dr. John Gregory Freeman (1956–2017),  
cherished colleague and inspiring HBSC member.

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## ABSTRACT

What makes cross-national collaboration successful? This simple question drives this chapter, which draws lessons from the Health Behaviour in School-aged Children (HBSC) study to shed light on what makes it a successful cross-national project. The HBSC has conducted research on adolescent health and behaviours continuously since 1983 providing a valuable dataset and expertise for national and international policy-making. This chapter focuses on exploring elements that make this network of researchers in 48 countries in Europe and North America such a thriving enterprise with the goal of offering readers and policy-makers a window into aspects that support cross-national work. The chapter begins with an introduction to the HBSC study, followed by sub-sections exploring three aspects of this collaborative research endeavour: partnerships; rules of engagement; and, sustained interactions. It concludes by making the case for an increased understanding of the elements that make collaborations work, in order to nurture the research landscape in support of thriving knowledge networks that can improve the quality of life of children and young people in Europe and serve as models for other focus areas.

**Keywords:** young people; cross-national research; collaboration; HBSC

## INTRODUCTION

Cross-national collaboration is often a principle aim in research and policy in Europe and around the world. For example, the European Research Area wants to 'ensure the free circulation of researchers, knowledge, ideas and technology' (Barroso, 2009) across the European Union. Collaboration here means 'to work jointly with others or together' (Definition of Collaborate, 2017) to produce something. This type of liaison, particularly between countries and across disciplines has also become a necessity to meet the scope of change embedded within the United Nations (UN) Sustainable Development Goals (SDG) (Albrechtsen, 2017) and the more region specific World Health Organization (WHO) European Child and Adolescent Health strategy (WHO, 2014), which 'requires whole-of-government and whole-of society approaches' (Inchley et al, 2017) to support the development of cross-national monitoring targets for young people. The shared global priorities driven by international agencies, like the UN and the WHO, fuel the need for increased collaboration amongst otherwise independent parties. Yet, there is no foolproof recipe that makes countries, projects and ultimately people work well together. Oftentimes the key ingredients that make collaborations thrive exist in projects but the balance that makes them operate smoothly fails to be found. One potential way to understand the qualities that make cross-national collaborations operate successfully would be to look at projects that have been able to withstand the test of time in the face of challenges; the Health Behaviour in School-aged Children (HBSC), a WHO collaborative study, represents such an example<sup>1</sup>.

Established in the 1980s, HBSC began as an informal collaboration between researchers in England, Finland and Norway<sup>2</sup> (Currie et al, 2000) the aim of which was to produce research on adolescence that was comparable cross-nationally. The study collects data every four years from 11-, 13-, and 15-year olds about their health and well-being, social environments and health

behaviours (HBSC, n.d.a). The study's inception in Venice, Italy (Aarø, 2017; Badger, 2014) was informal and humble in its aim – the common interest was to better understand young people's health and behaviours thus contributing to the 'theoretical, conceptual and methodological development in the said area of research' (HBSC, 2014). With this simple goal, these researchers established a more formal alliance over time; an alliance that has lasted "12 times longer than the longest project funded by the Norwegian research council" (Aarø, 2017). The founders understood early on that in order to foster a working collaboration, they needed structures that would enable collective creativity and that there needed to be a sense of formality to the discussions in order to make the work evolve over time (Wold, 2017) .

The pursuit of a formalized alliance between these researchers eventually grew to become the backbone to a thriving cooperative network that currently includes over 400 researchers in 48 countries in Europe and North America<sup>1</sup> (HBSC, n.d.b). This is a network that WHO sees as one "of key present and future relevance for evidence-based information and action" (Ziglio, 2001) to improve young people's health and tackle inequalities and the producer of 'a model study' (Currie et al, 2009) and that has produced internationally comparable data on children and young people since the early eighties. HBSC is a collaboration that from its inception embraced the need to link up with relevant stakeholders (i.e. researchers, health and education policy makers, health promotion practitioners, school staff, parents, young people...; HBSC, 2014) to disseminate findings and affect change to improve the quality of children's lives. The details of this alliance have been honed and embodied collectively by members and include traits such as formalised partnerships, rules of engagement, and sustained interactions. These ingredients depend upon a level of commitment and loyalty that only grows from continued interaction within a nurturing environment. This chapter aims to describe and reflect on these aspects to make the case for funding and structures that support similar endeavours. The community that has formed within this network and the collective products that have been produced since 1983 merit further scrutiny in order to help replicate this model in other areas of inquiry, thus shaping a more robust, sustainable and adaptable research landscape that can improve the quality of childhood into the future.

## PARTNERSHIPS

One of the most salient features of the HBSC study relates to the partnerships it has cultivated over the years. These relationships have supported the study's geographic expansion, its organisational development and its recognition as a source of trusted evidence on young people's health. Early in its development, the network reached out and engaged with one of its potential data users – the WHO, specifically the Regional Office for Europe (WHO/Euro). This partnership dates back to 1982 when the study became a 'WHO Collaborative study' (King, 1996). This designation has increased the study's legitimacy, credibility, and profile as a cross-country research endeavour in the area of adolescent health. In certain parts of the European region, WHO has provided direct financial investment to collect national HBSC data and indirectly supported the study through the services provided by WHO Collaborative Centres<sup>3</sup> (WHO CC) (Ziglio, 2001). This rather systematic, if not purposeful,

approach to promoting HBSC in the region has been critical to the inclusion of new countries in the study and the increasing power (e.g. in evidence and relevance to regional policy-making) that comes with a larger dataset. Currently, 42 out of 53 members of the WHO European region are part of the HBSC study<sup>4</sup>. The network owes its presence in particular countries within Europe to diligent and caring leaders at the WHO/Euro regional and country office level who sought to bring HBSC to their area<sup>5</sup>. Additionally, the WHO relied on WHO CCs to provide an organisational foundation for the network. WHO CCs are designated by the initiative of a WHO Department after a successful collaboration in carrying out jointly planned activities. “This means that WHO only considers for designation institutions with a long and solid history of contribution to WHO’s programme activities” (WHO Collaborative Centres Global Database (WHO CC GD), n.d.). These centres, first established in 1947 (WHO, 2018), exemplify WHO’s foresight in building upon existing expertise to support its national and international work. In the case of the HBSC they had specific aims that have been critical to the development of this research project, and have played an important foundational role in the success of the nascent network.

The first WHO CC workplans<sup>6</sup> containing the explicit mandate to support the HBSC study were based in Germany (WHO CC GD, n.d.a)<sup>7</sup>, Norway (WHO CC GD, n.d.b)<sup>8</sup>, Scotland (WHO CC GD, n.d.c)<sup>9</sup> and Wales (WHO CC GD, n.d.d)<sup>10</sup> (listed in alphabetical order). The hosting centers were either academic or public health institutions and they were mostly (but not all) HBSC teams. One such exception is the Scottish WHO CC that is based at the National Health Service (NHS) Health Scotland. The German centre, for example, took on the role of supporting the publication of international reports beginning with the 1997/98 survey (Currie et al, 2000). Their work evolved into the establishment of a Support Centre for Publications that was later taken on by the HBSC team in Denmark<sup>11</sup>. The WHO CC as an organisational vehicle also fostered the establishment and development of specialised management structures that provide a foundation for the day-to-day activities of the network and its data management. In Scotland, it led to the conceptualisation and establishment of the HBSC International Coordinating Centre (HBSC ICC), while in Norway it prompted the establishment of the HBSC Data Management Centre (HBSC DMC)<sup>12</sup>. These initiatives have proven to be critical to the development and sustainability of the network operations over time. The foresight to establish centres with dedicated responsibilities for such important aspects of the research production process represents a key component of HBSC’s success.

Over time, these designations to support specific work areas of the study have grown to include HBSC teams in Ireland (WHO CC GD, n.d.e)<sup>13</sup> and Scotland (WHO CC GD, n.d.f)<sup>14</sup> that host WHO CCs in their home institutions. These centres primarily support WHO work in child and adolescent health in health promotion research and policy respectively (in the latter case explicitly for the HBSC study) (See Box 1). All of these centres are individually represented at the WHO Partnership Meetings<sup>15</sup>, which provide a networking opportunity for WHO staff and collaborating centres in the WHO European Region with a focus on children and young people health promotion, public health and the social determinants of health (WHO, 2012). Furthermore, this expert network

integrates the study and its relevant WHO CCs into the region's public health apparatus and once again links these partners to a major stakeholder in the health arena. Additionally, the fact that HBSC features so prominently in these meetings underscores the value placed on the study as a source of intelligence on child and adolescent health in the region.

**Box 1:** WHO CCs in support of making children's lives visible

The WHO CC (WHO, n.d.f) at the University of St Andrews has worked with the WHO/Euro and the HBSC study to improve the visibility of CAH data and its relevance to policymaking. For example, the centre supported the development of publicly available Country Profiles for every Member State in the WHO/Euro region through the European Health Information Gateway (WHO Regional Office for Europe, 2018a). These profiles were built to improve the availability of children specific data for the region and to inform technical assistance efforts tied to the region's implementation of the 2015-2020 CAH strategy. The profiles collate data available in a number of existing databases and present them in a coherent manner relative to relevant priority areas in the European strategy. A number of HBSC indicators were also included in the profiles and the WHO CC in Norway (WHO, n.d.b) as well as the HBSC ICC were critical in the identification and data extraction associated with such data. The profiles are free to access and represent a valuable resource for advocates and policymakers seeking to improve the quality of childhood in Europe.

An important component of these partnerships has been the political entrepreneurship and vision of individuals involved in the early setup of this network, and those that continue to contribute towards its development<sup>5</sup>. These leaders saw and continue to see the need for financial investment and the value of developing institutions, such as the HBSC International Coordinating Centre and the Data Management Centre, that can further the goals of the study. These centres currently employ full-time staff in Scotland and Norway to carry out the day-to-day activities associated with the HBSC's network development and its relationship to the four-year research cycle (built broadly around protocol development/adoption, data collection, data cleaning, and the publication of results). This support complements the individual national team contributions, financial and in-kind, towards the development of the research project. For example, teams are expected to budget for annual subscription payments towards the international coordination and data management (HBSC, 2014). They are also expected to volunteer time towards network groups and the development of publications such as the HBSC International Report published every four years. While these partnerships take a different form – than say the relationship between the WHO, the WHO CCs and the study – they are also based on the premise that the whole is greater than the sum of its parts. The synergy means that national teams contribute their national data, following international standards, towards the creation of an international file that can be used for cross-national publication and comparisons. The file, and the value of its components, grows with time, attracting new participants that can help complete the regional picture. This very concrete objective drives national

commitment and provides a strong incentive for partnering teams to adopt and abide by the agreed rules of engagement.

## RULES OF ENGAGEMENT

One of the most salient features of the HBSC network has been the development and adoption of Terms of Reference (ToR) (HBSC, 2014) to describe a set of principles, rights and responsibilities for the members, teams, and partners involved. These rules of engagement or conditions, which are internal to network participants, were not adopted until 1998 within a decade of the network's establishment when 'it was clear that a major reorganisation of working practices was required' (Currie et al, 2009). They include the study's aims and objectives along with guidelines for network activities (see Box 2) and the production of scientific work. The ideas behind them are: to give participants a sense of the network's ethos and its working practices and to establish a governance model based on democratic principles. For example, the document includes a description of the network's decision-making groups, such as the Principal Investigator's Assembly, which is made up of a leading representative from each member team and represents the network's main governing body. The terms also include guidelines for sub-groups that pull together the survey instrument and contribute to the theoretical, conceptual, methodological and policy development of the study. These guidelines provide ground rules for members to participate, identify the core competencies and skills necessary to carry out particular functions and they describe how different groups relate to others within the network.

**Box 2:** HBSC Terms of Reference, Section 3 – Primary activities of HBSC (HBSC, 2014)

- 1 The development of research protocols and instruments for the scientific study of health behaviour, health and well-being and social contexts among school-aged children at national and international levels.
- 2 To conduct regular cross-national HBSC surveys among school-aged children.
- 3 The publication and dissemination of the findings of the study through various channels including scientific peer-reviewed journals, books, reports, factsheets, policy briefing papers and online through the HBSC website and twitter account.
- 4 The organisation of international meetings and workshops for the coordination of work, scientific exchange, research development and the production of publications.
- 5 Collaboration with WHO Euro as its primary study partner.
- 6 The development of partnerships and collaborations with other related projects, organisations and agencies.
- 7 To provide access to HBSC databases for partners and external researchers at appropriate times for coordinated work and external data use.
- 8 The development and maintenance of a members' intranet for internal resources and a public website as a source of information on the study for external audiences.

**Box 3:** HBSC Terms of Reference, Section 4 – Principles of the HBSC Network (HBSC, 2014)

The HBSC network is an international alliance of groups of researchers (national teams) in member countries who conduct the HBSC study. The network operates through mutual adherence to the rules laid down in the Terms of Reference. The HBSC study is not the property of any single group, person or organisation; rather it is a product of national and international collaboration. These collaborative efforts are coordinated by an elected International Coordinator (IC).

The aim of the following guiding principles is to foster such collaborative work:

- 1 Inclusion: the network respects differing research perspectives and the promotion of a supportive learning environment.
- 2 Participation: all members are expected to participate in, and contribute to, the development of the study. This obligation includes not only active participation in the research activities but also in operational aspects of the study.
- 3 Communication: network-wide, ongoing communication is essential. Members are expected to respond to and initiate communications. Working groups/committees are also expected to regularly inform others of developments.
- 4 Language: the working language of the network is English. All efforts are made to ensure that communication – both oral and written – is clear and comprehensible to all members, the majority of whom are not native English speakers.
- 5 Ongoing evaluation of the network's organisational structure: in order to remain dynamic the network must be prepared to regularly review and to change the organisational structure and/or operational issues whenever necessary.
- 6 Management of change: any changes in the study's organisational structure always take place through consultation with the network members and are agreed by its executive body – the HBSC Assembly which is comprised of the Principal Investigators of member countries.

In 2014, with support from the European Commission<sup>16</sup>, the study embarked on the production and publication of public Terms of Reference (ToR) to share best practice in the governance of this network. By sharing the public ToR, the HBSC study gives interested parties a window into the challenges of managing an international research enterprise and how these could be met, addressed and overcome. The document showcases the processes through which network decisions are reached and the responsibilities elected officers and members have within this group. It underscores the principles that drive the network (See [Box 3](#)), i.e. inclusion, participation, communication, common language, continuous evaluation of the organisational structure and management of change (HBSC, 2014). These principles embody the idea of active citizenship, where members are encouraged and empowered to play an active role in the established collaborative endeavour. The principles

drive network leaders, inform its management structures and form the foundation of the network's structure and processes. Currie et al (2009) for example describe the 'collaborative production process' associated with the development of research products. And while members may consider that network processes are sometimes weighed down by the adherence to these democratic principles, their embodiment over generations of researchers underscores their robustness and relevance.

The principles contained in the ToR underscore the importance of people working together to achieve common goals and the value of providing a common framework to direct their interactions which does not stifle their exchanges. The establishment of these guidelines can be interpreted as a determinant factor in the success of the network and drove intellectual interactions that otherwise may have remained tangential to the research endeavor<sup>17</sup>. These interactions have enabled the development of ten international protocols<sup>18</sup>, with the most recent being established in 2017/18; six international reports<sup>19</sup>, with a seventh being conceived for the latest round of data collection; and the publication of at least 700 English-language peer-reviewed articles using HBSC data (HBSC, n.d.c). The prowess of this network stems from the utilisation of structures to facilitate interactions amongst groups from diverse disciplines and cultures, and the "willingness to re-examine and prioritise the functionality of working relationships...in an inclusive, democratic way..." (Currie et al, 2009). This shows members' willingness to learn and to join in as equal participants in the production of one of the largest adolescent health research projects in Europe and North America.

## SUSTAINED INTERACTIONS

There are three aspects related to sustained interactions that provide the backbone of HBSC collaboration: face-to-face and virtual spaces, brand identity and capacity building.

'Face-to-face meetings' (Currie et al, 2009) have been a sustaining factor for this research network. Bi-annual meetings (see [Box 2](#)), which are open to all active members and invited guests, are organised by national teams in partnership with the HBSC ICC, who fosters continuity and sets priorities for each event. Generally, spring meetings are used to present emerging work and autumn meetings focus on development of scientific work. Their focused nature enables a continuous cycle of work and promotes sharing and development of ideas. Currie et al (2009) say that "...meetings have been instrumental in developing a sense of membership and commitment". They provide dedicated time for organisational and research brainstorming, as well as invaluable networking opportunities for members. In addition, the network has invested in technology to develop a collaborative platform to facilitate communication, information sharing, document development and to provide a clearing house for network members. The platform, originally envisioned as an intranet in the Terms of Reference (see [Box 2](#)), complements the bi-annual gatherings and signalled the adoption of novel ways to interact for a network which is increasingly geographically dispersed. The online platform was evaluated and was found to be a convenient place, especially around meeting



times, to effectively share information. While technology provides a means for enabling sustained interactions at a lower cost than face-to-face meetings, the bi-annual interactions provide a space for a special type of exchange. One could argue that perhaps the size of these gatherings, often fewer than 150 people, and their frequency make these meetings, ideal as a space for community building and networking, hard to replicate.

One aspect of these sustained physical and virtual interactions that have developed over time is the adoption of an HBSC brand identity. While this development is often associated with corporate culture rather than research projects, it has given the network a common visual element which identifies its work and its members. The brand project has increased the profile and visibility of the study through a recognisable visual identity that unifies work across members, groups and teams. This exercise, which often takes a top down approach, stemmed from collective brainstorming into better ways to support dissemination, fundraising and the professionalisation of the research network. And while the artwork was produced professionally by media experts<sup>20</sup>, it aimed to embody the network principles (see Box 3). The brand style has evolved (with the most recent evolution adopted in 2011) and the sophistication of its materials has increased (e.g. with the development of an Ambassador's package, but the goal of branding has been consistent over time – to give this group of individuals identifying elements that can be used to build community and establish an external professional presence.

Finally, and perhaps most importantly, internal capacity building has been a critical aspect of this network. For example, the Norwegian team has trained three generations of researchers in its HBSC team<sup>21</sup> (Wold, 2017). In Scotland, the study has also blossomed under a lineage of nurturing leaders since it first joined the HBSC in the mid-eighties<sup>22</sup>. These examples are not all that uncommon in the network, and speak to the career development opportunities and pathways that HBSC has afforded its members. The first example showcases the research capacity building qualities embedded into the network, where the tool (e.g. data) is used to train others in the country in research design and methods, as well as in instrument development, data collection, and analysis. The second instance reveals the professional pathways that exist within national teams, while also pointing to a level of continuity within them that fuels commitment to the study and its sustainability over time. These traits are reinforced by the sustained interaction and long-term outlook that is embedded within the study's practices and its teams.

## DISCUSSION

In times of political turmoil, research networks can serve as a 'tool of international diplomacy' (Adams 2012). These networks often operate on the periphery of the political/policy worlds while producing knowledge that is vital to policy-making. They operate in the pursuit of knowledge building rapport and linkages that otherwise may not exist; providing a conduit for external support that contributes towards the development of internal country capacity. At a practical level, these research networks can support national research development, capacity building, improved data systems and evidence-informed policies. As Banekow and Muijen described, HBSC represents 'an

example of partnership practice in research' (Barnekow & Muijen, 2009), a living example of cross-border health cooperation. This chapter sought to show the organisational elements that have sustained the HBSC over so many decades.

This chapter, however, did not evaluate HBSC's research or policy successes (see for example Aleman-Diaz et al, 2017; Currie & Aleman, 2015; McQueen, 2009; Barnekow & Muijen, 2009) but rather highlights the potential that exists in providing researchers with the elements necessary to replicate HBSC's best attributes to support other areas of inquiry. The WHO, a critical stakeholder in global health policy, understood the importance of HBSC as a source of data for policy making in Europe. Early in the life of the study, it invested in partnerships that could support foundational aspects of the network's activities. These partnerships have been influential in mobilising cross-national support in favour of children and young people's health in Europe with tangible policy effects and improvements in health outcomes (see [Box 4](#) and WHO, n.d. and WHO, n.d.a). And while the network members at the national level often reside in academic institutions<sup>23</sup>, their collective products (e.g. HBSC data and international reports) feed directly into national policy-making bodies and into one of the most important stakeholders in the health policy arena, the WHO. The founders strove to enable impact by associating with an influential policy-making organisation and built this principle into the terms of engagement that guide the network's interactions. Their efforts have also included more pragmatic ways of engaging with the public, like having HBSC data featured in WHO's European Health Information Gateway (WHO Regional Office for Europe, 2018b) and making it downloadable onto mobile phones (WHO Regional Office for Europe, 2018c).

**Box 4:** HBSC and children's lives (adapted from WHO, n.d. and WHO, n.d.a)

The HBSC study has been used to inform national policies that have had a direct effect on children's lives across Europe. These policies have resulted in reductions in adolescent drinking in Germany and soft drink consumption in Latvia. They have also served to highlight worrying trends around adolescent mental health in Sweden and the Nordic countries. In Scotland, HBSC has helped identify some successes and areas of needed improvement in adolescent sexual health behaviours. The study has also informed strategies to tackle these issues nationally elsewhere and serves as the backbone for the European CAH strategy adopted by every Member States in the WHO/Euro region.

Throughout its lifetime, HBSC has also served as a place where cross-country collaboration has thrived for the benefit of child and adolescent health. While the study instrument has increased understanding of how adolescent health is shaped by factors related to the social spheres and the economic conditions in which young people grow up (Aarø et al., 1986), the network has served to establish research liaisons and build capacity where that data did/does not yet exist (see [Box 5](#)). During the launch of the 2013/14 HBSC report the Armenian team shared their journey to adopting HBSC for the 2009/10 survey and

identified their need for better data on adolescent health as the major reason that they joined the study (WHO, n.d.a). The Armenian team has also liaised with other Central Asian and Eastern European countries seeking to become part of HBSC (WHO, n.d.a). Most recently Azerbaijan and Serbia joined the network (HBSC, 2017), bringing the research network to 48 members (HBSC, n.d.b). In June 2017 when presenting to the group the Serbian Principal Investigator underscored the potential for knowledge exchange and collaboration as two of the expected outcomes of joining HBSC, i.e. the possibility to perform cross-country comparisons, and the need for data on children and young people as reasons to join (Rakic, 2017). Wagner and Leydesdorff (2005) posit that “to the extent that networks increase efficiency by connecting rather than recreating capabilities in each national system, the overall system may benefit...”. The HBSC connects national teams to a system which seeks to produce what individual members cannot, and links their individual expertise, for example through membership of thematic sub-groups established in the ToR, to the larger scale goal of producing internationally comparable data on children and young people.

**Box 5:** HBSC, a unifying factor in improving the quality of childhood in Europe

The HBSC study has been a trusted source of national and international CAH data since 1983. Since Armenia joining the study for the 2009/10 survey, there have been a number of countries in eastern and southeastern Europe and Central Asia that have joined. For example, in the 2013/14 round Albania, Bulgaria, and the Republic of Moldova joined. While for the most recent round (2017/18) Azerbaijan, Kazakhstan and Serbia joined.

These additions mean that the HBSC network has a stronger presence in the WHO European region to sustain the production of internationally comparable data on CAH and to support the development of research capacity. The effect has, for example taken the shape of the first nationally representative dataset on CAH as evidenced by Armenia (WHO, n.d.a) or the ability to perform cross-country comparisons in this area. Thus, the HBSC, represents a unique example of the opportunities available in the region to support international work that improves our understanding of adolescence and the quality of childhood.

Dally and Downey (2017) postulate that “the culture of research...benefits immensely from the diversity of thought and practice that international collaborations bring”. In the case of HBSC, participating teams have been becoming progressively more diverse as the network gets closer to including all 53 members of the WHO/Euro region. This growth benefits enormously from the bi-annual face-to-face deliberations because these meetings enable an integration of the new and the old to weave a new network fabric that can sustain the study for years to come. Additionally, teams have sought to develop from within, meaning that individuals can see the potential personal and professional benefits of joining the network. This type of meaningful engagement provides the necessary environment for relationships to build and connections to strengthen over time. Over time the HBSC has achieved

what it set out to do in the eighties, to build capacity in large scale survey methodology and quantitative methods in all participating countries.

The Terms of Reference provide an additional foundational layer for members to understand the relationships in the organisation and how their voice is represented through the network's groups and deliberations. An important aspect of these terms of engagement has been the establishment of the general competencies necessary to join the network, which applies to teams as well as to individual members, especially at the Principal Investigator level. The terms recognise individual member diversity (e.g. cultural, disciplinary and financial) and support their equal representation on its governing body (i.e. 'one national team, one vote' (HBSC, 2014)). This characteristic has proven important in empowering teams, building a sense of network ownership, maintaining membership quality control and enabling member contributions to the network's products. The joint outputs from this network provide crucial data that provides a robust evidence-base, comparable cross-nationally and over time, for targeted interventions aimed at improving the quality of childhood.

While the success of a network can be attributed to some of the factors explained in this chapter (i.e. partnerships, terms of engagement and sustained interactions), there are threats to research enterprises like HBSC, such as fluctuating sources of funding that jeopardise the accomplishments that established research networks like HBSC have achieved. Financial pressures can deter individual members from carrying out the study, which undermines the regional system of regular monitoring that a network like HBSC can provide. The Terms of Reference provide safeguards against this type of risk by enabling a team not carrying out a survey to participate in network deliberations as a way of maintaining continuity. But they do not control the national fiscal environment in which individual teams operate, and thus teams remain subject to such volatility. Policymakers and funding agencies should be more responsive to the financial threats that networks like HBSC face. If they fail to do so, they will be undermining the international diplomacy work and the monitoring foundation in support of European young people's health that a long-lasting network like HBSC has built up over time.

## CONCLUSION

Governments need reliable information on priority and emerging health concerns for young people to inform policies aimed at improving their well-being and reducing their health risks. HBSC has been monitoring the health, health behaviours and social determinants of health for school-aged children for over 30 years. With HBSC data, policymakers can foster young people's healthy growth and maximise their potential contribution to their economies and society. The data produced by this international network enables participating governments to react swiftly to identify programme and service needs for young people and evaluate their success. Despite the transaction costs associated with a network which is highly dispersed and the cultural barriers that exist due to its diverse membership, HBSC exemplifies a network with a resilient structure and practices that has withstood the test of time.

The partnership model embodied by the HBSC study contains many elements of a long lasting, scalable and transformative enterprise that has created shared value for its members and their participating Member States. Its most important byproduct has been a research collective that produces something that is greater than that which individual teams can produce on their own. HBSC represents the type of cross-national collaboration that we should be encouraging in Europe and elsewhere; the type necessary to face and address our most pressing societal challenges. It is important to note that these networks do not operate in a vacuum, they require financial investment, institutional development, partnerships and sustained human interaction to facilitate their growth<sup>24</sup>. Let us work to better understand and support the elements that make collaborations work; in this way we can nurture the European research landscape with the aspects necessary to support thriving knowledge networks for children and young people and other areas of global concern.

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## BIOGRAPHY

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## ENDNOTES

- 1 HBSC is an international cross-national study carried out in collaboration with the WHO Regional Office for Europe. The International Coordinator of the 2017/18 study is Dr. Jo Inchley, University of St Andrews, Scotland; and the Databank Manager is Professor Oddrun Samdal, University of Bergen, Norway. A complete list of participating countries can be found at <http://www.hbhc.org/membership/countries/index.html> and further information on the study can be found at [www.hbhc.org](http://www.hbhc.org)
- 2 Countries in this sentence are listed alphabetically.
- 3 WHO collaborating centres are designated by the WHO Director-General to carry out activities in support of WHO's programmes. Currently, there are over 700 collaborating centres in more than 80 Member States. See <http://www.who.int/collaboratingcentres/en/>
- 4 In order to calculate the number of WHO/Euro countries in the HBSC, we used the list of countries in the region, as listed on this page: <http://www.euro.who.int/en/countries>. The WHO European region 'comprises 53 countries, covering a vast geographical region from the Atlantic to the Pacific oceans.' We then looked at the link available through



- endnote 1, which reveals that the HBSC study currently includes 48 countries in Europe and North America. We then adjusted the count to conform to the WHO listing since some of the countries in the European region account for more members than would otherwise be counted. For example, for historical reasons within the study UK member countries are counted separately, i.e. England, Scotland and Wales are counted as 3 countries; and Belgium (French) and Belgium (Flemish) are counted as 2 countries.
- 5** At the WHO/Euro regional level we would be remiss not to mention Vivian Barnekow and Martin Weber, former and current Programme Managers for Child and Adolescent Health and Development respectively; at the national level individuals include Darinka Sedlakova in the Slovak Republic as well as Luigi Migliorini and Tatiana Kolpakova in the Russian Federation.
  - 6** Information on WHO CCs workplans can be found in the WHO Collaborating Centres Database & Portal: <http://apps.who.int/whocc/>
  - 7** This was the WHO CC for Child and Adolescent Health Promotion (DEU-98) established in 1998 at the University of Bielefeld and the Bielefeld School of Public Health. The centre supported HBSC with publications and led the first international report publication of the Health Policy for Children and Adolescents (HEPCA) series in 2000 and later took up the topic of gender issues. The centre closed in 2014.
  - 8** This is the WHO Collaborating Centre for Health Promotion and Education (NOR-14) established in 1990.
  - 9** This is the WHO Collaborating Centre for Health Promotion and Public Health Development (UNK-61), established originally in 1982.
  - 10** This was the WHO Collaborating Centre for Health Promotion & Health Education Development (UNK-151) at the Health Promotion Authority for Wales & the Institute for Health Promotion, College of Medicine, University of Wales established in 1991. The centre supported HBSC with sampling and other related issues. The centre closed in 2004.
  - 11** Though the Support Centre for Publications moved its work to Denmark, the WHO CC designation remained in Germany along with other duties. See endnote 7.
  - 12** For contact information on either centre, go to: <http://www.hbsc.org/contact/>
  - 13** This is the WHO Collaborating Centre for Health Promotion Research (IRE-8), established in 2009.
  - 14** This is the WHO Collaborating Centre for International Child and Adolescent Health Policy (UNK-254), established in 2013. The chapter's author is a founding member and Policy Advisor at this centre.
  - 15** There have been five partnership meetings: an inaugural meeting in Edinburgh, Scotland in March 2011; the second in Berlin, Germany in March 2012; the third in Galway, Ireland in May 2013; the fourth in Copenhagen, Denmark in February 2016, which was a joint meeting with sexual and reproductive health WHO CCs. It was decided then that WHO/Euro WHO CCs in child and adolescent health would meet with WHO/Euro WHO CCs in the sexual and reproductive health area every other year. A fifth partnership meeting took place in Edinburgh in February 2017. Another joint meeting with sexual and reproductive health WHO CCs is planned for 12-13 March 2018 in Edinburgh.
  - 16** Details on the grant can be found at: [https://webgate.ec.europa.eu/chafea\\_pdb/health/projects/20133301/summary](https://webgate.ec.europa.eu/chafea_pdb/health/projects/20133301/summary)



- 17** The survey follows a quadrennial cycle that begins with protocol development and ends with the publication of the International Report.
- 18** International study protocols for HBSC members have been issued for data collection in the following years: 1983/84, 1985/86, 1989/90, 1993/94, 1997/98, 2001/02, 2005/06, 2009/10, 2013/14, and 2017/18. Public protocols have been developed for every round since 2009/10.
- 19** International reports have been published for surveys conducted in 1993/94, 1997/98, 2001/02, 2005/06, 2009/10, and 2013/14. All International Reports are available from: <http://www.hbsc.org/publications/international/>
- 20** Mr. Damian Mullan from So it Begins in Edinburgh, Scotland was responsible for developing the most recent version of the HBSC brand. For more information, visit website: [www.soitbegins.co.uk](http://www.soitbegins.co.uk)
- 21** Professor Bente Wold described the PhD training lineage that has stemmed from HBSC in Norway: she was trained by Mr. Leif Edvard Aarø (one of the HBSC founders), she trained Professor Oddrun Samdal (current HBSC Data Manager), and Professor Samdal is now training Frida Matthisen.
- 22** HBSC in Scotland was originally led by its first Principal Investigator (PI) David V. McQueen at the University of Edinburgh who passed the baton to Professor Candace Currie in 1988 and she then passed the baton to Dr. Jo Inchley in 2015.
- 23** The author reviewed the organisations listed in the HBSC website as hosting national teams (<http://www.hbsc.org/membership/countries/index.html>). Approximately two thirds of organisations are universities or research centres and thus were coded as academic. Others list public agencies within the national context (e.g. Ministry of Health, Public Health Agency) as hosting the national team, those were coded as government. Three teams list more than one hosting organisation, often of an academic and a government nature and thus were coded as both.
- 24** Note that there are also intrinsic participant qualities, like high individual commitment, that make HBSC a special case that would require further qualitative study to describe.

## GLOSSARY

DMC: HBSC Data Management Centre

HBSC: Health Behaviour in School-aged Children, a WHO collaborative study

ICC: HBSC International Coordinating Centre

NHS: National Health Service

SDG: Sustainable Development Goals

TOR: Terms of Reference

UN: United Nations

WHO: World Health Organization

WHO CC: WHO Collaborative Centre