

MODELS OF HEALTH PROMOTING SCHOOLS IN EUROPE  
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**Models**

**of**

**PROMOTING**

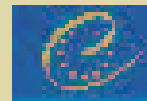
**in**

**HEALTH SCHOOLS**

**EUROPE**



EUROPEAN  
COMMISSION



COUNCIL CONSEIL  
OF EUROPE DE L'EUROPE

# **Models of Health Promoting Schools in Europe**

*edited by Bjarne Bruun Jensen and Venka Simovska*

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This booklet from the European Network of Health Promotion Schools: *models of health promoting schools in Europe* attempts to document the valuable experience gained through the last ten years working with processes of health promotion in schools throughout Europe. It describes models of health promoting schools as they are developed in different cultural, political and economic settings, and how they adopt shapes and structures that are compatible with the environments in which they are developing, while still subscribing to common underlying principles of democracy, action, equity and sustainability.

The aim of the booklet is to demonstrate the variety of approaches in constructing and reconstructing the process of developing and implementing the health promoting school over time in different educational and cultural contexts.

## **Keywords**

HEALTH PROMOTION  
SCHOOLS – standards  
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WHO Regional Office for Europe, Copenhagen

## CONTENTS

	<i>Page</i>
Foreword .....	2
An introductory note .....	4
Albania – A health promoting schools model by Engjell Mihali .....	5
Czech Republic – The health promoting school model by Miluše Havlínová .....	9
Denmark – Health promoting schools model by Bjarne Bruun Jensen .....	21
Promoting school health through participatory action research in Finland by Kerttu Tossavainen, Sirkka Jakonen, Hannele Turunen, Ulla Salomäki, Heli Tyrväinen & Harri Vertio .....	30
The development of a health promoting schools model in Ireland by John Lahiff .....	36
Exploring the Macedonian health promoting school concept – struggle between vision and reality by Venka Simovska, Mitko Cheshlarov and Snezana Jankulovska .....	44
The health promoting school concept – Slovenian Network of Health Promoting Schools by Eva Stergar .....	52
A general overview of the project “ENHPS” in Ukraine by Vitalyi Movchaniuk .....	56
United Kingdom – the eco-holistic model of the health promoting school by Carl Parsons, David Stears and Caroline Thomas .....	64
The development of the health promoting school in Scotland by Ian Young and Jo Inchley .....	67
Participants’ and national coordinators answers to the question: the aim of a health promoting school is .....	73
The ENHPS Conference resolution .....	78

## FOREWORD

A decade of development of the European Network of Health Promoting Schools (ENHPS) has resulted in a valuable “capital of experience” with regard to processes of health promotion in schools based on principles of democracy, action, equity and sustainability. This publication attempts to document part of this experience conceptualized as “models” of a health promoting school as they have been developed within different country networks.

The booklet is a follow up on the discussion that took place in Lisbon, 1999, at the Seventh Business meeting of the ENHPS national coordinators. The editors of this publication organized a workshop titled “Main components of a health promoting school – lessons learned”. The workshop participants were asked to work in small groups to outline a comprehensive model of a health promoting school by sharing, confronting and challenging ideas and experience from their own country networks. These joint models as well as the debate they raised served as an inspiration for further exploration and elaboration of the national health promoting schools models, of which some are presented in this booklet.

As a preparation for the workshop in Lisbon the participants were asked to phrase their own definition of a health promoting school. These definitions, which formed a valuable input to the discussions at the workshop, are included in the end of this publication.

Our aim when editing the booklet was to demonstrate the variety of approaches and different ways in which main aims and components of a health promoting school are being constructed, *reconstructed* and *deconstructed* over time and in different educational and cultural contexts. The dynamic interplay among various political, social, economic and other aspects influences what priorities are set and which methods are implemented in the development of the health promoting school approach in each particular country. Our basic assumption is that it is not possible or desirable to create *the* model of a health promoting school. Every model is a result of dialogue and consensus among its “constructors” and has meaning within a certain value-framework in a particular context. The health promoting school is more a *process* of contextual interpretation than an *outcome* of the implementation of global principles.

It is our hope that these models – as well as the different definitions - will be used as a basis in dialogue processes among the health promoting school stakeholders throughout Europe, aiming at developing more sophisticated and challenging new constructions, rather than as “objective” truths or normative standards.

Copenhagen, 2002

Bjarne Bruun Jensen and Venka Simovska

## AN INTRODUCTORY NOTE

The European Network of Health Promoting Schools (ENHPS) was initiated jointly by the three main European organizations: the European Commission, the Council of Europe and the WHO Regional Office for Europe.

The vision of the Network from those early days has not diminished over time, but has become strong and grown. This vision is encapsulated in the ENHPS Resolution of the 1997 ENHPS First European Conference. In the resolution, ten principles of the health promoting school are laid out; they form the framework upon which countries have built their own ideas, concepts and principles. The ENHPS has provided the unifying strength, which has, and will continue to, generate consensus on such issues as models and frameworks for health promoting schools, evaluation of the health promoting school, teacher education and curriculum development. This publication is an attempt to demonstrate that health promoting schools, while subscribing to common underlying principles, are also able to adapt to cultural, political and economic variables, and adopt shapes and structures that are compatible with the environments in which they developing.

We hope that this booklet will offer policy makers, planners and those who will implement health promoting school initiatives, some ideas to strengthen their approaches and build success.

Vivian Barnekow Rasmussen and David Rivett

## ALBANIA – A HEALTH PROMOTING SCHOOLS MODEL

*By Engjell Mihali*

One of the main projects of the health promoting schools network in Albania, in the field of health education for primary school pupils, has created a positive experience that has improved daily, with different activities organized by pupils of each school. It is important to mention the significant role of teachers that directly or indirectly make their contribution to strengthening those initiatives; the total integration of pupils full of enthusiasm, and the integration of parents in the realization of every concrete project.

To give a real description of the actual situation of the project in our country: there are many mini-projects related to oral-, physical-, mental health, and personal hygiene, etc. It is easy to see that all these projects have as their common denominator, the participation of pupils as well as teachers and parents.

Our experience has taught us that in order to achieve the maximum results from the different projects, the creation of a unique project for the promotion of health within schools is necessary, as in the project composed of three mini-projects:

**Project by pupils**, will be realized through knowledge in health education subjects; through other social subjects; through figurative exhibitions, videos, health competitions, theatre, etc.

**Project by teachers** will be realized through the organization of formative courses, seminars qualifying teachers, improvement of methodology of work, improvement of curriculum, etc.

**Project by parents** will be realized through the organization of meetings, round table debates, meeting them in small groups, and integrating them in daily school life.

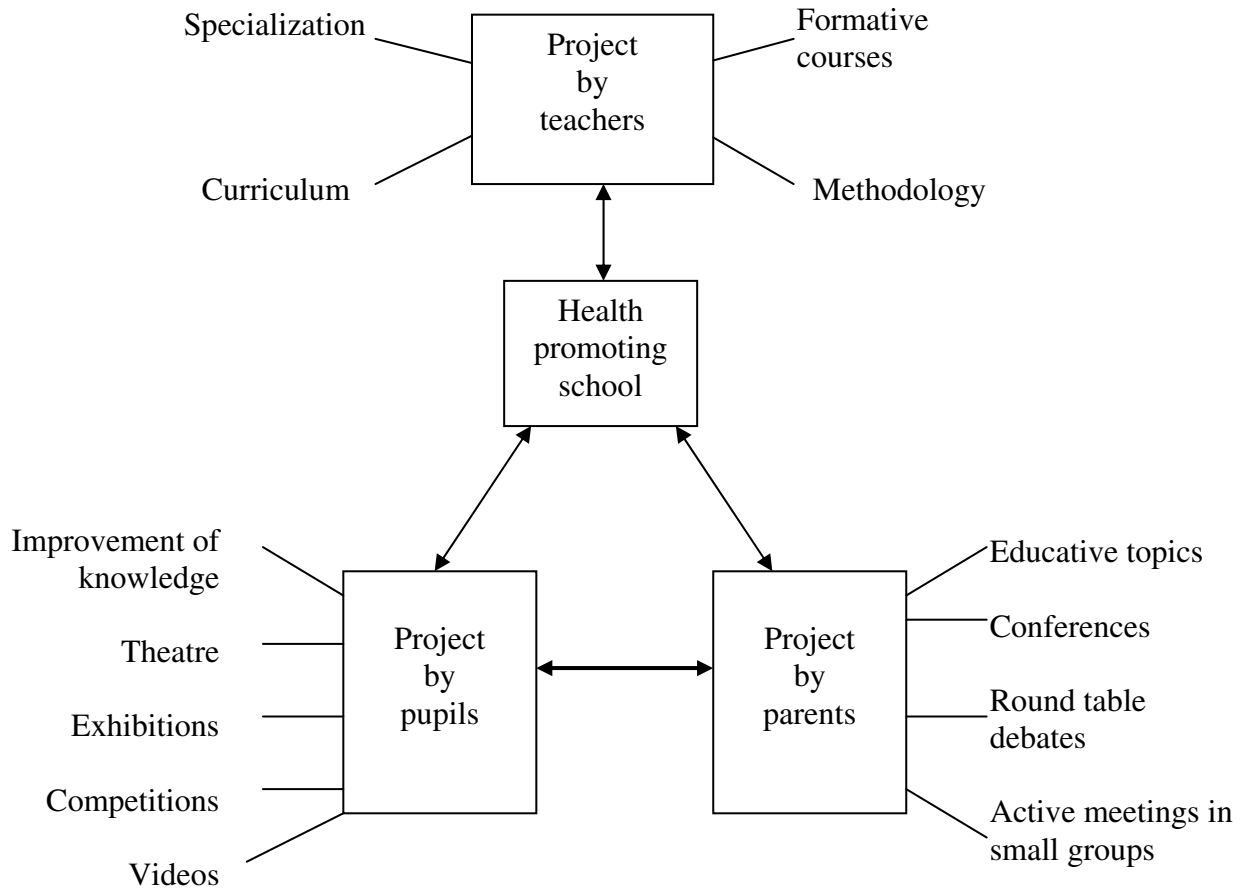
*For a graphic representation of the above-mentioned see Fig.1.*

As can be seen in Fig 1, a health promoting school has three important branches, pupils, teachers and parents. What we intend to do during our activity within the school is to realize the perfect



function of all those branches. So, we think that in order to have a health promoting school, it is essential to have good relationships between pupils, teachers and parents, not only within the school, but outside as well. (Thus the three arrows coming up from the centre (health promoting school), explain the absolute importance of having three elements in strong collaboration with each other). Without this collaboration it is difficult or impossible to realize the objectives of a health promoting school.

Fig. 1



This scheme supports other ways of thinking as well. It might seem that these parts are separate from each other, but it is impossible to have activities within the school organized only by teachers, without the collaboration of pupils or parents, as it is impossible to have activities realized only by pupils without the collaboration of teachers, and/or their parents. We are aware that we can realize our objectives, with maximum results, only when **these three elements are linked in a natural**

**way.** If not, the efforts will be unsatisfactory and certainly not beneficial for the actors of the school and the society.

The organized work of those elements needs the proper functioning of each element separately (so for teacher projects: teachers, principal of the school, school health personnel, policy makers in the education sector; parent projects: parents of pupils of the school, community leaders etc; pupil projects: all pupils of the school). If there is a weak teachers' project it will be difficult to achieve the objectives; the same if there is a weak pupils' projects or parents' project. So, before there is any collaboration with all projects, there needs to be proper functioning of the individual separate projects. And in order to have this, all activities of every project as described in the scheme above should be utilized.

In conclusion, we can say that proper functioning of individual projects with further good collaboration between the three projects within the school will make the realization of objectives of a health promoting school possible.

## CZECH REPUBLIC - THE HEALTH PROMOTING SCHOOL MODEL

*By Miluše Havlínová*

The health promoting schools model programme came into being in the school year 1997-1998. It was published in book form by the Prague Portal Publishers in 1998 (ISBN 80-7178-263-7). Its authors are a four-member team who have drawn on the material put together by a larger team of experts from various fields - school heads, managers of the health promoting school network and research workers from the National Institute of Public Health (NIPH). Both teams were led by Miluše Havlínová.

Contents:

1. Why do we need the health promoting school model programme?
2. How have we organized the health promoting school model programme and why?
3. How is the health promoting school model programme implemented?

### **1. Why do we need the health promoting school model programme?**

There were several circumstances that initiated the development of the health promoting school model programme:

- the specific nature of the health promoting school project
- the quality of education and the educational management in the Czech Republic
- the strategic goals of ENHPS at the beginning of the 21st century
- the existence of the health promoting school predecessors

### *The specific nature of the health promoting school project*

The nature of the health promoting school consists of two specific features:

- a) The holistic and interactive concept of health, which means that health promoting schools:
  - recognize the value of health and make health promotion an integral part of the life-long educational goals for both students and teachers
  - create conditions for health promotion in both their internal and external environment, striving to ensure physical, organizational and social well-being
  - project health promotion into all the activities taking place on their premises, including the teaching/learning process; this concerns all the members of the school community as well as the school's partners.

Thus, the health promotion programme for schools is an attempt to influence the so-called hidden curriculum (the school ethos) as deeply as possible, making it more visible and exposing it to the possibility of reflection and change.

- b) It entails methods of school and class management that are grounded in the concept of schools as autonomous subjects working in partnership with other subjects.

In light of this, the health promotion programme for schools calls for changing many old habits concerning school management, teaching methods, evaluation of students, teachers and schools, approach to students and their parents, and adopts others that are more in keeping with the holistic concept of health promotion.

With respect to the current situation in the Czech educational system, the change of an ordinary school into a health-promoting one, will have to be a principal and systemic change. Moreover, this change is of more general importance for the national educational system as a whole by demonstrating one of the well-tried ways that may move us closer to the vision of the school tailored to the needs of the 21st century.

### *The quality of education and educational management in the Czech Republic*

To achieve a better quality of education, schools have to have appropriate tools available and know how to use them. Tools for the management of change and improvement, however, have been

neither common nor widely used in Czech schools. This state is a heritage of the directive, centralized management of the educational system which did not expect schools to become autonomous educational subjects. So far, schools have not been forced to learn new skills, because they still lack the necessary motivation for this. It is true that they were granted a certain level of autonomy in 1991, but there have not yet been conditions for its most important aspect, which is the educational autonomy. So far, there has been no accredited national educational programme based on democratic management principles. There is no national curriculum framework covering all educational levels. The three educational programs accredited after 1995 represent a progress in comparison with the previous unified single programme; however, despite the differences they provide, they are all designed as mandatory for classroom teachers.

Since 1989, the educational policy has been in the process of formation, although not always a linear and progressive one. This fact has consequences on the school level: the employees of a regular school do not know how to analyse the initial conditions of the school in order to be able to start any manageable and feasible project. They lack criteria to follow. They have not been offered any other educational model than the traditional one that all are familiar with. They find it difficult to work out a long-term concept of school development and carry it out with the help of various projects. They lack the appropriate skills needed for the on-going evaluation of their own work and its results. They are not skilled in the development of a school curriculum they could use to design the class curricula. Many of them have not even heard of the advantages of networking and information exchange among schools.

The above-mentioned skills, however, are necessary for the effective implementation of health promotion programs in schools. This means that if the health promotion programs are to be successful, its participants must not only carry out the programme itself, but also learn new general skills in using effective strategies and programme management technologies.

We assume that the situation will change in the future, because a concept of the national educational development programme (the so-called White Book) has been prepared since the second half of 1999. It should result in a set of documents dealing with the practical aspects of educational change. Since such perspective was very unclear back in 1997, it was crucial to clarify the meaning of a health promoting school.

### *The strategic goals of ENHPS at the beginning of the 21st century*

Schools in the hitherto existing network of the health promoting school made much progress during the five or six years of the project implementation. They have made valuable findings and gained experience that can be passed on to new members and participants.

The WHO Regional Office for Europe has issued for the coming period a new strategy concerning participation of schools in the health promoting school programme. The WHO strategy recommends that participating countries:

1. maintain and further support the existing network of the schools participating in the project
2. extend the health promoting school programme to other interested schools; participation can be in one of two ways:
  - without being forced to join the official network
  - take advantage of joining the network on the basis of competition.

The new strategy of ENHPS includes also the idea of a perspective change of the health promoting school network into a health promoting school movement. This idea, however, cannot be put into practice in the Czech Republic before the health promoting school model programme is tested and revised by its authors. Another reason why this idea is premature is the fact that the health promoting school model programme has not yet gained all the necessary conditions to function within the educational system. This concerns especially the inclusion of the school health promotion programme into the national education development programme, and the inclusion of health promotion issues into both the pre-service and in-service teacher training.

### *The predecessors of the health promoting school model programme*

The health promoting schools model programme could come into being only because of the programmes that can be seen as its predecessors. In 1992-93 the Czech Republic developed a framework of health promoting schools based on the holistic concept of health and the principles of community health promotion (The Scottish project Healthy School) and the 12 characteristics of the World Health Organization.

In 1994-95 the national coordinator was addressed by a national teachers' association with the request to develop a model programme for kindergartens which represent an independent educational institution within the Czech educational system. The model programme was meant to become a practical tool for kindergartens that would help them structure their own projects. At that time, elementary schools had no health promoting school model programme.

After five years of health promoting schools project implementation that included the evaluation of the acquired experience and the presentation of modern trends in school leadership and education, it became clear that the existing handbooks had to be replaced with a new one, better suited for the next phase of the project implementation. It had to present a model programme structured into concrete procedures and activities that could be carried out in everyday school life. Moreover, we intended to design the health promoting schools model programme in such a way that it contained all the elements of the process of changing an ordinary school into a health-promoting one.

Schools can use the health promoting schools model programme to identify the initial state (analysing the conditions and needs), outline improvement techniques (school development plan, concept and plan framework), structure and evaluate the achieved change at any stage of the project implementation (evaluating the effectiveness of the project), spot the potential risks impairing health promotion, plan the influencing of the hidden curriculum and make the health promotion curriculum a controllable part of the hidden curriculum of the school.

In 1997 the network took the first steps towards the development of the health promoting schools model programme. It was to be useful both for the health promoting schools already participating in the network (to evaluate and update their projects), and the new schools interested in participation. Last but not least, the model programme was to be distributed to the partners of the health promoting schools.

The model that was developed became the core of a handbook called Health Promotion Programme for Schools, which was written by a team of research workers from the National Institute of Public Health (NIPH) in collaboration with educators and with the financial assistance of the National Health Programme of the Ministry of Health of the Czech Republic (1997).



The general availability of the Health Promotion Programme is ensured by the fact that it was published in the form of a book and schools can order it directly from the publisher (Prague, Portal Publishers 1998).

The Ministry of Education adopted the following attitude towards the Health Promotion Programme in Schools: "The strategy of the programme of health promotion in schools is consistent with the educational concept of the Ministry of Education of the Czech Republic and its implementation is supported by the Ministry of Education (recorded under no. 24 028/98-22)". The quoted attitude of the Ministry of Education to the health promoting school project extends the opportunities of mutual communication and collaboration of the health promoting schools network with the school administration and the Czech School Inspection at both central and local levels.

## **2. How have we organized the health promoting school model programme?**

In their projects, schools have to manifest their understanding of the interactive concept of health (mutual interactions between physical, mental and social health, between health of the individual and environmental health) and of the two principles that permeate all the spheres (pillars) of health promotion in schools. These principles are:

- Respect of individual needs
- Development of communication and cooperation.

They will try to find appropriate methods of teaching and management as part of the programme.

The health promoting projects of schools will be based on three pillars and the nine underlying principles, i.e.:

- Pillar 1: Well-being in the school environment:
- Comfort of physical environment (1)
  - Safety of social environment (2)
  - Organizational well-being (3)

Pillar 2: Healthy teaching/learning:

Relevance (4)

Possibility of choice and appropriateness (5)

Participation and cooperation (6)

Motivating evaluation (7)

Pillar 3: Open partnership

School as a model of democratic community (8)

School as a cultural and educational centre of the community (9)

In the model programme, each of the nine principles is worked out into several parts, namely: rationale, means, activities, risks, questions, appendices, examples.

*Why is the health promoting school model programme organized the way it is?*

We have tried to organize the health promoting schools model programme in a way that characterises all constituents of the school structure as thoroughly as possible. This was supposed to help schools make these constituents well-defined parts of health promotion programmes. There could only be a few steps from such programmes to the schools' individual projects that could under certain circumstances be called school curricula.

Our intention was to identify as many areas of school life as possible in order to take them out of the realm of the hidden curriculum and make them parts of the health promotion programme. What takes place without being noticed may become a source of serious risk that may neglect or even impair health. The identified parts of the structure called school are seen as ones that can be influenced within the health promoting schools model programme. If the programme manages to influence some of them, they move from the hidden level to one that can - at least partially - be controlled, reflected and evaluated.

Another aim was to put also the formal, taught curriculum into the wider context of the health promotion programme. First, by observing how the teaching/learning process impacts the health of its participants, and second, by including health promotion issues explicitly into the formal curriculum. The latter, however, is of less significance than the former.

### 3. How is the health promoting schools model programme implemented?

#### *Conditions of admission to the network of health promoting schools*

Schools interested in joining the network must make the following eight steps:

1. Becoming familiar with the method of the health promoting school project described in the handbook programme of Health Promotion in Schools (Prague, Portal 1998), making use also of other available publications on the health promoting school project. Orders of the handbook should be made to: Portal publishers, Klapkova 2, 180 00 Prague 8.
2. Deciding whether they wish to announce their interest in participation in the programme of Health Promotion in Schools to the project supervisor, the NIPH.
3. If they decide to do so, their interest should be declared by a letter which will comprise 1-2 pages (A4 format) containing the following:
  - complete name and address of school, telephone/fax number and name of the school head
  - presentation of the school (basic data including the title of the chosen educational programme)
  - answers to the following three questions:
    - i why is the school interested in the health promoting school programme ?
    - ii who is interested in the health promoting school programme (headmaster, teachers, parents, pupils, community, other partners)?
    - iii what do you expect from the health promoting school?

By submitting the preliminary application a school is in contact with the coordinating centre of the health promoting school programme. The preliminary application will be registered officially if sent in a registered letter to the national coordinator address.

4. Select a procedure to develop the project. Schools can take advantage of the offer of NIPH to participate in training in project development, or use only the description of the method of project development as presented in the handbook Programme of Health Promotion in Schools (part III).

5. Depending on the selected procedure, preparatory work for the development of the project begins.
6. Put the project into the written form to start the implementation of the Health promoting programme.

The project elaborated in this way is the initial step for the school and its staff to become familiar with the general concept of the health promoting school project outlined in the handbook of the health promoting school programme, and to see to what extent they can identify with it.

The project should also enable schools to work step-by-step on the development of their own health promotion programmes suited for long-term use, re-evaluated stepwise and developed with the help of other projects.

The development of the health promotion programme will involve the application of the common philosophy, principles and strategy of the health promoting school model programme to the specific conditions and needs of various schools (this concerns the overall school curricula as well as classroom activities). Prior to this, schools must therefore analyse and evaluate their specific conditions according to the criteria described in the handbook (Part III).

In keeping with the handbook (Programme of Health Promotion in Schools), schools focus, above all, on the formation of the so-called hidden health promotion curriculum which permeates practically all school activities and concerns all people in the school (who all become participants of the programme).

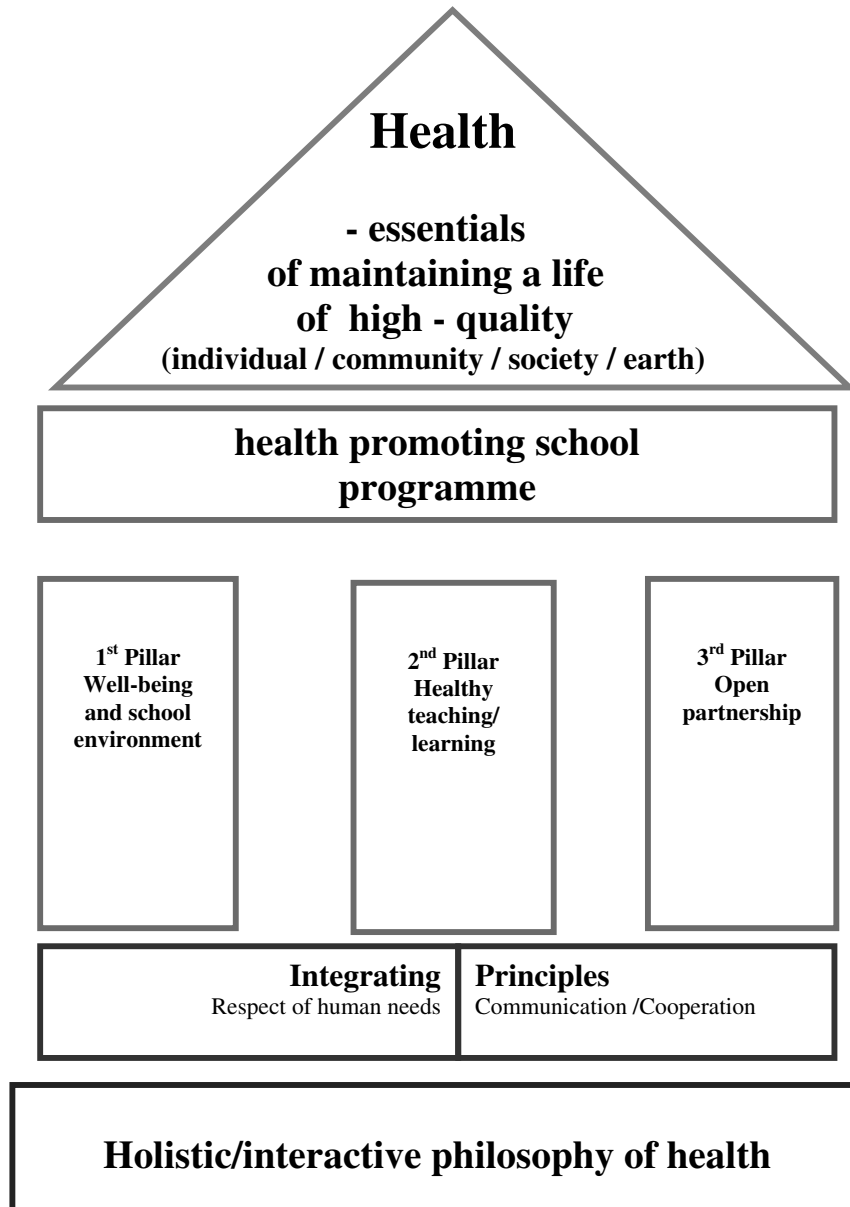
7. Once the school is satisfied with its project, one copy will be mailed together with the application form to the coordinator of the health promoting school programme.
8. Competition proceedings
  - members of the competition committee get acquainted with the projects and decide whether they meet the criteria both in terms of the form and contents
  - several members of the committee visit the applying schools, become acquainted with their internal conditions and talk to the authors of the projects
  - invited schools present their projects (in groups of about 10) at a round-table meeting

- the project guarantor announces the results of the competition session and hands in the health promoting school certificate to the schools admitted to the health promoting school network.
- schools admitted to the network and the guarantor of the project sign a contract of cooperation.

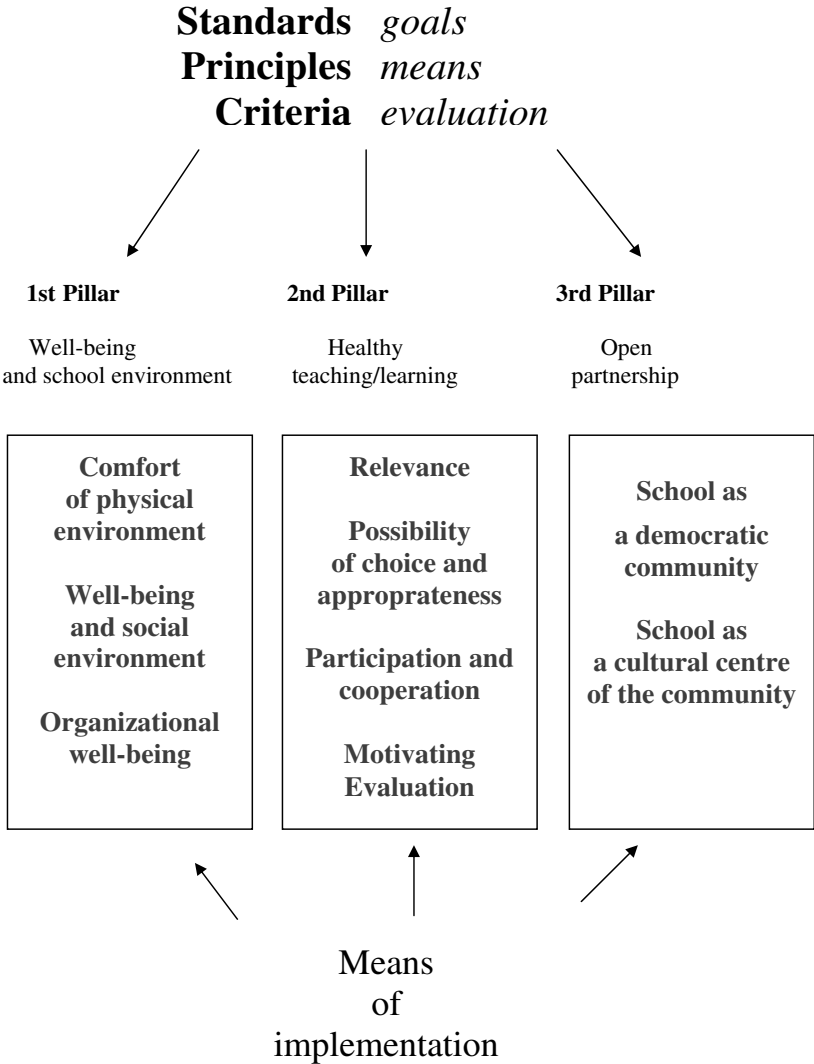
### *Supporting network*

The National Institute of Public Health, whose research workers have experience with the implementation of health promotion programmes in different communities, has the necessary means to provide schools participating in the network with professional and organizational assistance (e.g. access to information, educational activities and supervision in all major steps of the implementation procedure).

To facilitate communication of the special group of the project guarantor with schools in different places of the Czech Republic, NIPH will create a network of regional consultants for the health promoting school project. These will be specialists recruited from interested institutions and organizations working in health services or education, in particular from schools participating in the network of the health promoting school project.



# Health promoting school



## DENMARK – HEALTH PROMOTING SCHOOLS MODEL

*By Bjarne Bruun Jensen*

The model presented here aims at conceptualizing the health promoting school. The model presents a number of components that have been in focus within the Danish network of health promoting schools. The first model described is one used in the European context.

### **The health promoting school – some principles!**

At the conference entitled "The health promoting school – an Investment in Education, Health and Democracy", which was held in Halkidiki in Greece in 1997, the European Network of health promoting schools presented a number of experiences for a broader audience (WHO, 1997). This conference was attended by 375 people – politicians, researchers, teachers, teacher trainers, health workers, etc. It produced a final resolution emphasizing:

- that the health promoting school is an investment in both education and health
- that health is regarded in a social perspective, from which young people are seen as persons closely involved in an interactive process with a dynamic environment
- that the focus is on the development of both vision and action on the part of the agents involved in the life of the school

Based on these resolutions, the health promoting school aims at facilitating action and change, and the goal is that pupils improve their skills and competencies in relation to health in such a way that they can change their own lives and conditions in their environment. This emphasis on change is made clear in the conference resolution in the form of ten principles, which are seen to be fundamental for a fruitful investment in teaching, health and democracy for coming generations. The ten principles are:

1. Democracy
2. Equity
3. Empowerment and action competence
4. School environment



5. Curriculum
6. Teacher training
7. Measuring success
8. Collaboration
9. Communities
10. Sustainability

These ten principles, of course, have to be operationalized in relation to the cultural context of the participating countries and their schools. Even so, together they indicate a common foundation for the development of the health promoting school. These principles and the way they are interrelated are briefly presented below in relation to the model described.

### **Components of the health promoting school – a model**

The model presents a number of general components in the health promoting school. Furthermore, emphasis has been placed on including factors explicitly related to the principles contained in the conference resolution referred to above.

The overall aim of the work in Danish health promoting schools is that pupils are enabled to act in relation to their own lives and their living conditions. In this connection, the resolution states that the overall aim is the development of the pupils' "**Empowerment and Action Competence**", and it is further stated "*...The health promoting school improves young people's abilities to take action and generate change*".

### **Teaching and educational processes in focus**

In the figure shown here (Figure 1), teaching contributes to the development of pupils' action competence, which in turn should enable the pupils to act with regard to their own lives and living conditions. Teaching and educational processes have been put in the center of this model in order to stress that a health promoting school is not only about the food in the canteen, a smoke-free environment etc. This also means that pupils and teachers are considered to be the key-players at a health promoting school. The school's teaching has to reflect the overall aim of a health promoting school. This means that the teaching has to fulfil a number of criteria.

One pre-condition for the pupils' developing this competence is that teaching is made relevant, and organized in such a way that the pupils feel a sense of ownership concerning the topics and themes they are working with. The principles contained in the resolution speak of the importance in this connection of "**Curriculum**", and the resolution points out that teaching should be organized in such a way that it is: "... *relevant for the needs of young people ... as well as stimulating their creativity.*"

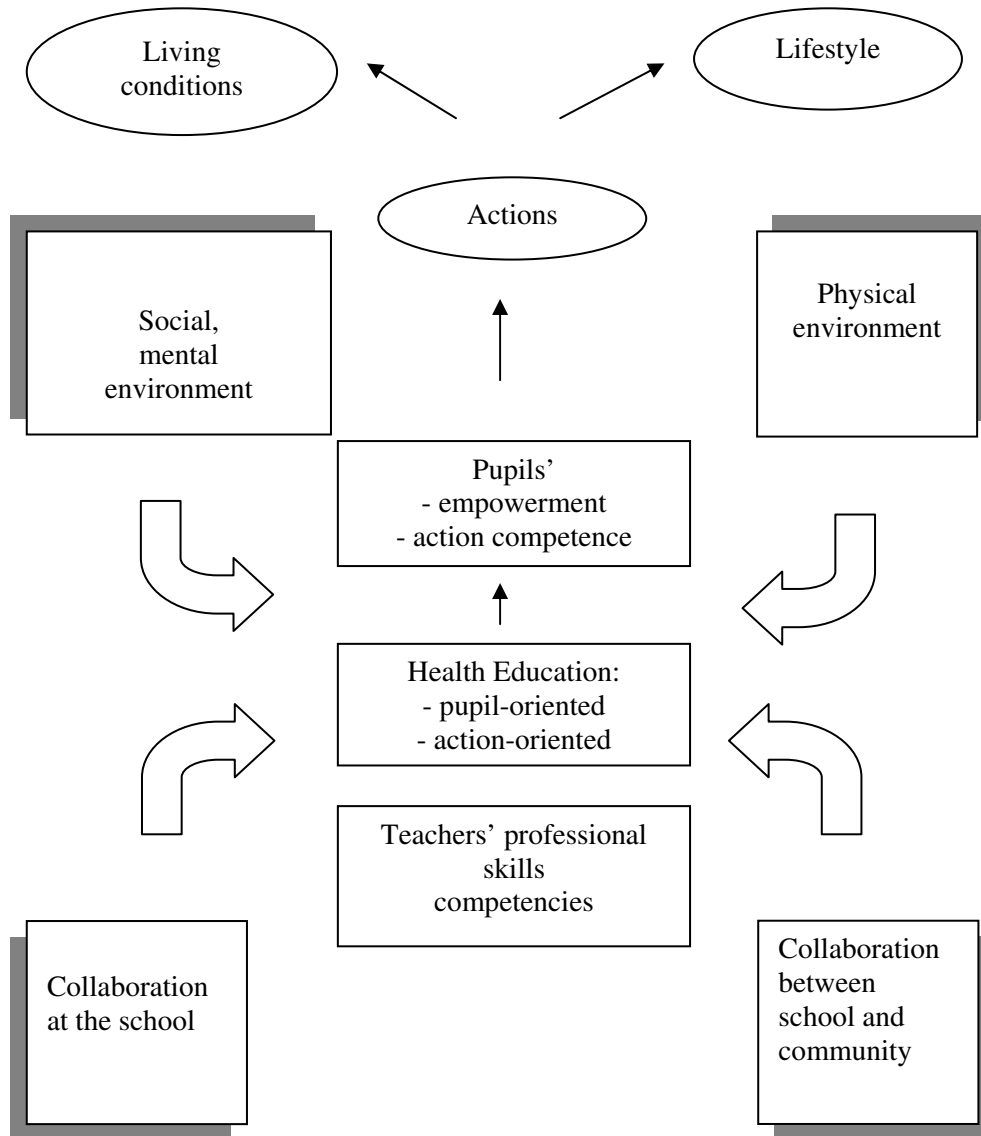
In short the Danish projects emphasize that the curriculum has to be 1) student-oriented and 2) action-oriented in order to make any difference regarding the pupils' practice and actions (Jensen, 1997). It is suggested that schools work with the so-called "IVAC"-approach which helps and supports teachers and students in the phases of "Investigations", "Visions", "Actions" and "Changes" when working with specific health issues.

To this end, teachers have to possess a range of important professional skills. They have to have a store of professional knowledge about health issues. In other words, teachers must possess insights into such areas as: the effects of health problems in our society, the root causes of the problems, strategies for solving the problems and promoting health and ideas about how people, including pupils as young citizens, can take action to influence such strategies.

At the same time, teachers must be able to use different methods in teaching, so that the pupils themselves become actively involved in carrying out investigations, formulating visions and initiating actions. The acquisition of professional skills and teaching competencies by teachers is thus a decisive pre-condition for the development of empowerment and action competence in the pupils. In other words, the professional (academic and educational) skills of the teachers are – as the figure shows – the basis on which teaching rests.

The focus on these participatory processes does not, however, mean that demands on the teachers are lessened and that the teacher's knowledge regarding health should play a less important role in this work. Maybe even the opposite is true. The teacher should be in a position to fulfil the consultant role and, furthermore, from his own experience and talent be able to perceive today's conditions and problems related to health from an inter-disciplinary and action-oriented point of view.

Figure 1: Important components of the health promoting school



This also means that adequate teacher training and professional support is a crucial area for investment of resources for a health promoting school. This is also reflected in the conference resolution as one of the 10 principles deals with “**Teacher training**”.

### **External conditions that influence**

At the same time, the teachers' qualifications are not the only precondition for the effectiveness of teaching. Even though teaching and teacher skills are regarded as central elements in the health promoting school, it is important to stress that these in turn are subject to a number of different conditions related to the exterior framework. These conditions, which appear in the resolution as "**School environment**", "**Collaboration**" and "**Communities**", can either promote or obstruct the aims of teaching and education. They might influence the teaching itself or they might even affect pupils directly.

In this model (Figure 1), the arrows from the four boxes indicate that these factors influence teaching and the health and skills of the pupils. It is for this reason that efforts must be made to develop them so that they may, as much as possible, promote those learning processes and development of competence, which are the aims of the health promoting school. In terms of the school environment, a distinction is made between the physical and psychosocial environment.

Does the physical environment of a school, for instance, allow for flexible teaching processes, and for working in both large and small groups? How is the hygiene at the school and what about the temperature in the classroom? And are the pupils, for example, involved in formulating rules for social behaviour in their class and in their school? These questions indicate what is covered by the two boxes relating to the environment of the school.

The ministry or the school management may in some cases lay down rules and requirements concerning the environment of the school. However, there is no doubt that rules, values and requirements which the pupils have helped to develop and formulate in cooperation with their teachers and others, make a much greater impact on pupils' lives than rules laid down from outside. The code word here is "ownership".

The boxes concerning cooperation distinguish between cooperation within a particular school, and cooperation between school and the surrounding society. Interdisciplinary cooperation at the school – between teachers in different subjects and between teachers and professional health workers – is a condition for the all-round treatment of a variety of health themes. In turn, such interdisciplinary teaching is a necessary condition, if pupils are to build up a coherent set of perceptions concerning health topics, and concerning how to influence conditions that affect our health. For example, a biology teacher might deal with health in one particular way, while in social studies and in the creative subjects teachers would bring out completely different aspects. Together, they help contribute to the study of health as a multidimensional concept which, for better or worse, forms part of our culture in a variety of ways. And together they help promote the ability of the pupils to take action in relation to health issues of interest for them.

Cooperation between the school and the local community opens up many exciting dimensions. Experts from the local area (technical experts, politicians, people in advertising, doctors, artists, etc.) can be drawn into the teaching offered by the school, adding a very valuable, and inspiring authentic touch. On the other hand, the community may also gain benefit from the work done by the school if the pupils help to call attention to health matters in the local community, and perhaps make suggestions or help to launch particular courses of action in the community.

By investigating real-life conditions in the school district, the pupils can gain insights into matters related to health in a manner far more relevant than teaching within the four walls of the school normally allows for. The conference resolution emphasizes this function, in which pupils and teachers become active agents in the local community: "*...young people themselves are more likely to become active citizens in their local communities. Jointly, the school and its community will have positive impact in creating a social and physical environment conducive to better health*". In other words the school has a role to play as a health promoting social agent in the local community, and the community has a potential for providing a more authentic learning environment for the pupils.

An example helps to illustrate the possibilities. When working, for instance, with the use and abuse of alcohol, thinking of the local community as a cooperative partner is an obvious

move. Experts working in the area of alcoholism in various social situations can contribute to teaching by throwing light on the many roles alcohol plays in our culture. The pupils can go out "hunting" in the local area to find and describe all the various situations in which alcohol appears. The "observations" thus collected may form the starting point for a subsequent discussion in class of questions relating to alcohol, with the aim of preparing pupils for the fact that they will run into alcohol in many different situations both in their present lives and in the future. Role play and drama can be used to help prepare the kind of behaviour called for in these situations. And important discussions may be launched if pupils present these problems to parents or selected groups in the local community – in the form of presentations, drama, exhibitions, etc. held at the school itself, or out in the community, at the local library, for example.

### **Links between teaching and the external framework**

The above model emphasizes that teaching is a central activity of the health promoting school, and also illustrates a number of factors in the social framework that affect the development of pupils and the teaching itself.

It is also clear, that teaching itself can play an important part in shaping, changing and modifying these framework factors. Examples that illustrate this, are cases where the work done in class leads to the pupils setting up ethical rules applied to behaviour in the class or the social environment of the school.

In other words, there is a close and reciprocal relationship of influence between the teaching at school and the action competence of the pupils on the one hand, and a number of factors relating to the school environment and cooperative partners on the other.

### **The use of the model**

The model described above has been used for a number of different purposes within the Danish Network of Health Promoting Schools.

It has been useful in presenting the project to a broader audience, for example, to the parents or the teachers at a school. It has also been of value when different stakeholders (teachers, the school nurse, the local municipal health consultant, etc.) are discussing their possible roles and tasks within the development of a health promoting school. In this respect, it has also proven to be useful to structure and prioritize the tasks and projects at a school. Maybe it is decided that the social environment among the teachers is the most important issue to address before any other projects could be initiated. The model will then help to keep the focus, which is to improve the social environment in order to create the best possible preconditions for student-oriented health education.

Finally, a number of schools are using the model in developing their own school health policy. The model serves as a tool for structuring the different areas in which a policy has to be formulated, and it helps to keep health education in focus as an area where a policy also has to be developed.

Throughout the entirety of this presentation of the model and its various elements, the active participation of the pupils has been especially emphasized. There is no doubt that the most unequivocal conclusion, reached by schools involved in the Danish Network of Health Promoting Schools, is that active involvement of pupils is absolutely decisive if the work and teaching of the school are to make their mark on the actions and behaviour of the pupils.

For this reason, as much as possible, the pupils must be thought of as active and visionary partners in the development of the health promoting school. According to this the model it is useful for structuring the discussion of how pupils – in relation to the different components in the model – can be given influence.

The health promoting school project is still a developmental project and our pupils are among the most important stakeholders in this process.

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## PROMOTING SCHOOL HEALTH THROUGH PARTICIPATORY ACTION RESEARCH IN FINLAND

*By Kerttu Tossavainen, Sirkka Jakonen, Hannele Turunen, Ulla Salomäki, Heli Tyrväinen & Harri Vertio*

### **Background**

Finland joined the ENHPS in 1993, and 75 schools and colleges were selected as pilot schools. Thirty primary and secondary schools across Finland were chosen for the second triennium, 1997-1999. In the third triennium 2000-2002, about 60 primary and secondary schools, high schools and vocational schools are involved the programme. Each school is committed to the programme and will implement it according to local needs and circumstances. A national curriculum for comprehensive schools defines health education as a key set of subjects that can be incorporated into other subjects. The newly established right of schools to plan their own curriculum offers schools the opportunity to give greater consideration to health matters in planning their curricula. Nowadays, health education is an optional subject in the Finnish comprehensive schools. Schools vary, very much, in how they incorporate and implement health education and health promoting activities. In some schools successfully, and in other schools, not so well. Thus, decentralization has increased inequalities between the pupils in different schools. Fortunately, this failing is under wide public discussion and the amendment to the school law is being introduced.

The coordinated network of the school health promotion in Finland contains three parts: ENHPS, CONNECT.Fi and COMENIUS 3.1. (Figure 1)

The ENHPS programme in Finland contains four levels:

#### *International level:*

- the national coordinators meet annually
- the network's schools are encouraged to build international connections
- international congresses are organized

*National level:*

- at least once a year an education event, which provides the opportunity for sharing experiences and examining health-improvement related questions.
- the programme has an executive team that stipulates the main themes of these activities.

*Local level:*

- ENHPS network schools form local activity networks. To support these activities suitable cooperation partners, like universities, are approached.
- the local meetings and seminars concentrate especially on the topics that arise from the needs of the area. Close cooperation allows collaboration in the planning and evaluating of the promotion of health.

*School level:*

- Schools plan actions depending on their own needs. Planning is guided by the whole project.
- Every school has a contact person and a health promotion working group.

**CONNECT.Fi – network "Mental health promotion of children and young people and combating violent behaviour of girls and boys"**

The European Commission's Education and Culture Directorate-General chose for the years 2000 and 2001, sixty projects to fill the gap between education, culture and the new technology. Six of these projects are fighting against violence in schools. The proposal of the Finnish Centre for Health Promotion, "*Mental health promotion of children and young people and combating violent behaviour of girls and boys*", was put under Finland's coordination.

The Finnish Centre for Health Promotion coordinates the CONNECT.fi project in a close cooperation with Ministry of Social affairs and Health and Ministry of Education. Partner countries are Belgium, Ireland, United Kingdom, Austria, Greece, Norway, Portugal, France and Germany with their own activities. Three international conferences and three international seminars will be organized during the project, and there will also be teacher education modules on the subject. A proposal for an action plan for combating violence in schools will be constructed from the project's results.

More information available <http://www.health.fi/connect/index.html>.

### **COMENIUS 3.1 European teachers' further education programme: "Social skills and group dynamics in a class room"**

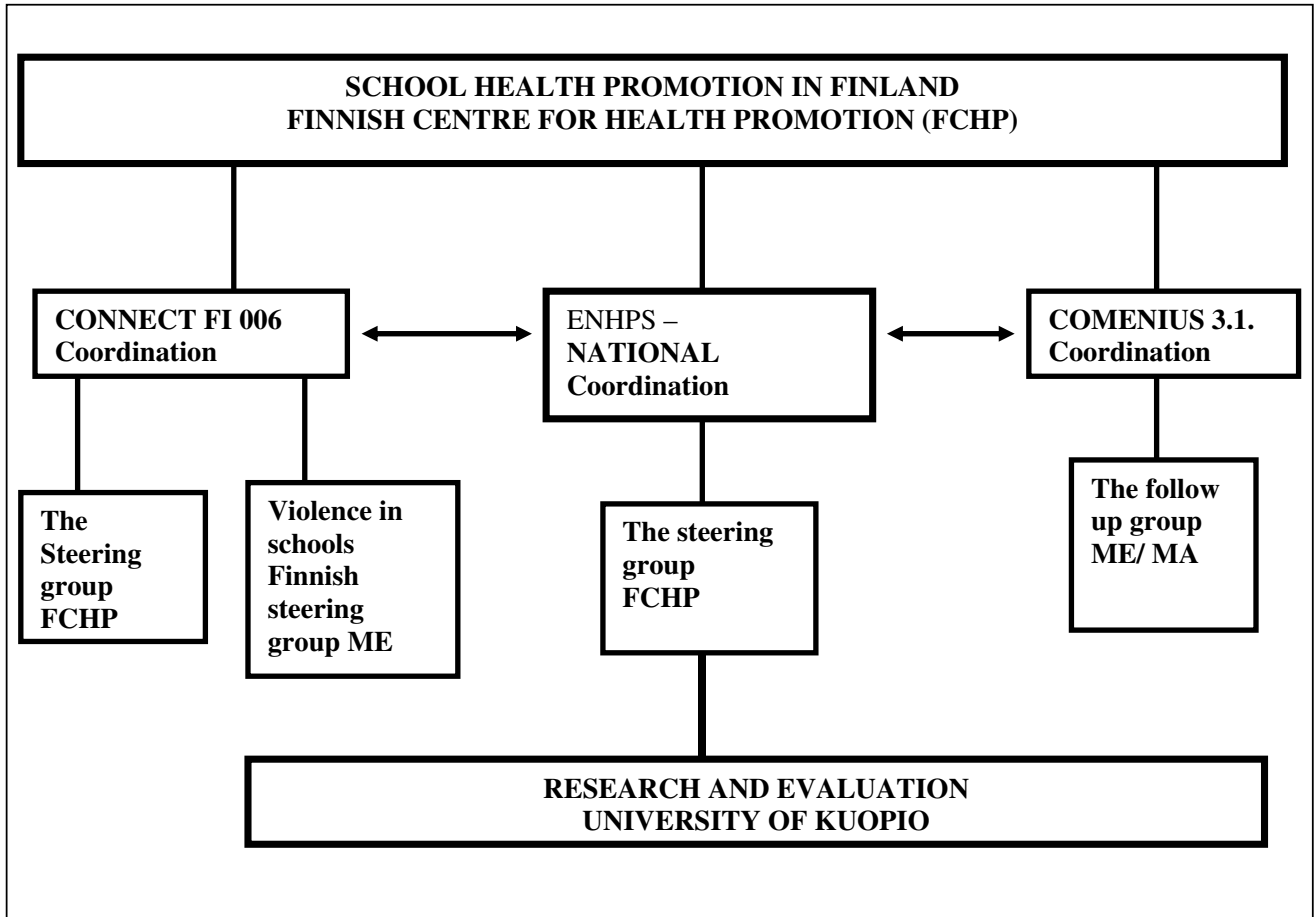
The Finnish Centre for Health Promotion which is coordinating this programme is aiming at creating a week-long further education course for European teachers. Partner institutions are the University of Lüneburg in Germany and the University of Jönköping in Sweden.

The goal of these education courses is to give teachers tools for observing and understanding group dynamics. Because the teacher is a part of the group, it is also a goal of these courses to help teachers reflect upon their own inner world in relation to the group. For example, teachers' work management is one of the themes of the course.

Social skills help create a good learning atmosphere, and improve individual well being. What are social skills, how will these be taught to pupils, how much should teachers be expected to handle?

During the first year 1999-2000 of the Comenius project, each of the partner institutions tested a part of the project plan with a test group of each country's teachers. During the second year, teachers will test learning tools and work through the activities in the class while supervising. From these experiences, the partners will gather material to build a week-long course, which will be carried out during the third year.

Figure 1 Coordinated network of school health promotion in Finland



(FCHP = Finnish centre for health promotion, ME= Ministry of Education, MA = Mental health association in Finland)

## **The elements of ENHPS learning process in Finland**

The process of collaboration between different groups in the planning and delivery of health promotion initiatives has gained considerable footing and interest over recent years. One explanation for this growth in activity is that it is now widely believed that both goals and processes of health promotion lend themselves to interagency working. Today greater collaboration and cooperation within multidisciplinary education and health contexts is currently viewed in the ENHPS schools in Finland as an important means by which professional groups (e.g. teachers, school nurses) can develop their understanding of the complex nature of health promotion practice. (Figure 2)

One main aim of education is also to empower and promote pupils' action competence. However, it seems that education, learning and teaching methods are quite traditional. Thus, it is a great challenge to introduce new action methods overall in the school community in order to achieve more commitment among teachers, other personnel, school nurse, pupils and parents.

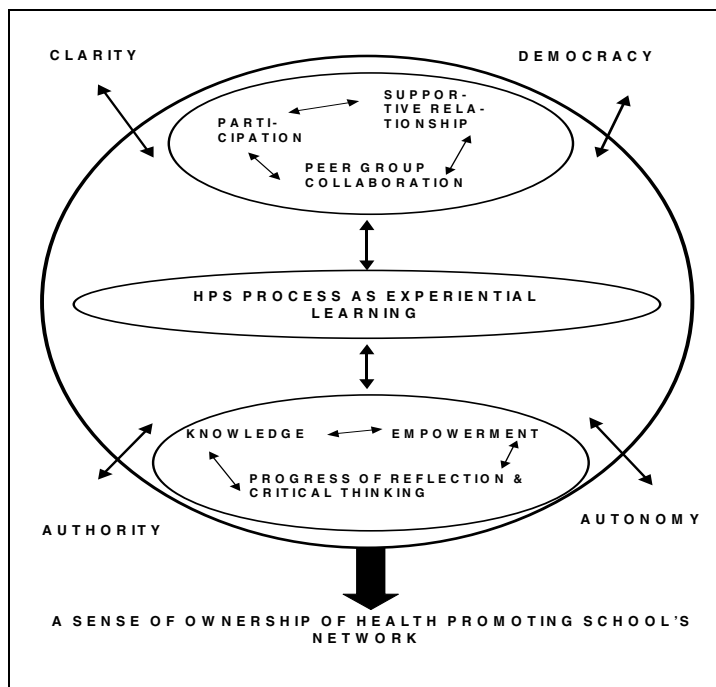
The main aim of the ENHPS programme has been to initiate a gradual change in the working culture of the schools by helping teachers and school nurses to train collaborative and experiential learning and teaching methods. Collaborative and active experiential methods should become a part of everyday school life, and are also a central part of the evaluation process. All parties should be active participants in the experiential learning process "action, learning by doing".

Everyone working collaboratively in the school community should be aware of the school ethos and be committed to it. The health promoting school programme provides social context: the kind of community in which normal discussion occurs: a community with knowledgeable participants in health promotion. Central to the notion of collaboration and action is the importance to communicate one's own ideas, and to gain and share knowledge and understanding. This is vital to the success of health educational change generally in the school community.

In the health promoting school programme, it is an assumption, that if the participants have been part of a successful cooperative and experiential learning process, and have been empowered by the level of ownership, trust and mutuality, they may be more prepared to invest their time and resources in establishing similar interactions elsewhere. This includes a sense of ownership where

the participants must be involved in the negotiation and development of the proposed change. The infrastructure where health promotion can be best practiced contains four key elements, clarity, democracy, authority and autonomy. Clarity involves people experiencing structure and boundaries, knowing what is expected of them and what they can expect of others, understanding what their role is, and what the norms, values and rules of the school are. Authority is close to clarity. Every school needs clear leadership and support, with feedback of the quality of the work of the personnel. Autonomy is the goal of empowerment. It means self-determination and control of one's own work and life, thinking for oneself and being critical and independent, while being able to take full responsibility for one's own actions. Democracy means balance between authority, clarity and autonomy. The cultural changes will happen slowly, so the programme has to progress step by step and the venture has to be given time. Incorporation of health promotion into the development of the school's image would also promote the personnel's commitment.

Figure 2: Elements of ENHPS learning process in Finland



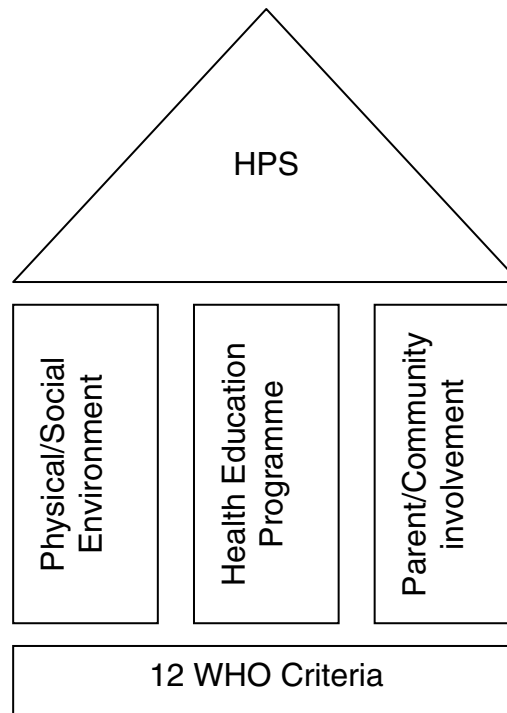
## THE DEVELOPMENT OF A HEALTH PROMOTING SCHOOLS MODEL IN IRELAND

*By John Lahiff*

In 1993 Ireland joined the ENHPS and 10 schools were invited to embark on a pilot project. These schools formed the INHPS (Irish Network of health Promoting Schools). From the beginning this was seen as a school-driven project, with external support provided by the National Support Centre, sponsored by the Department of Education and Science and the Department of Health and Children with support from the European Commission.

‘The 1993 model’ (Figure 1) represents the model that was suggested to schools.

*Figure 1: 1993 model*



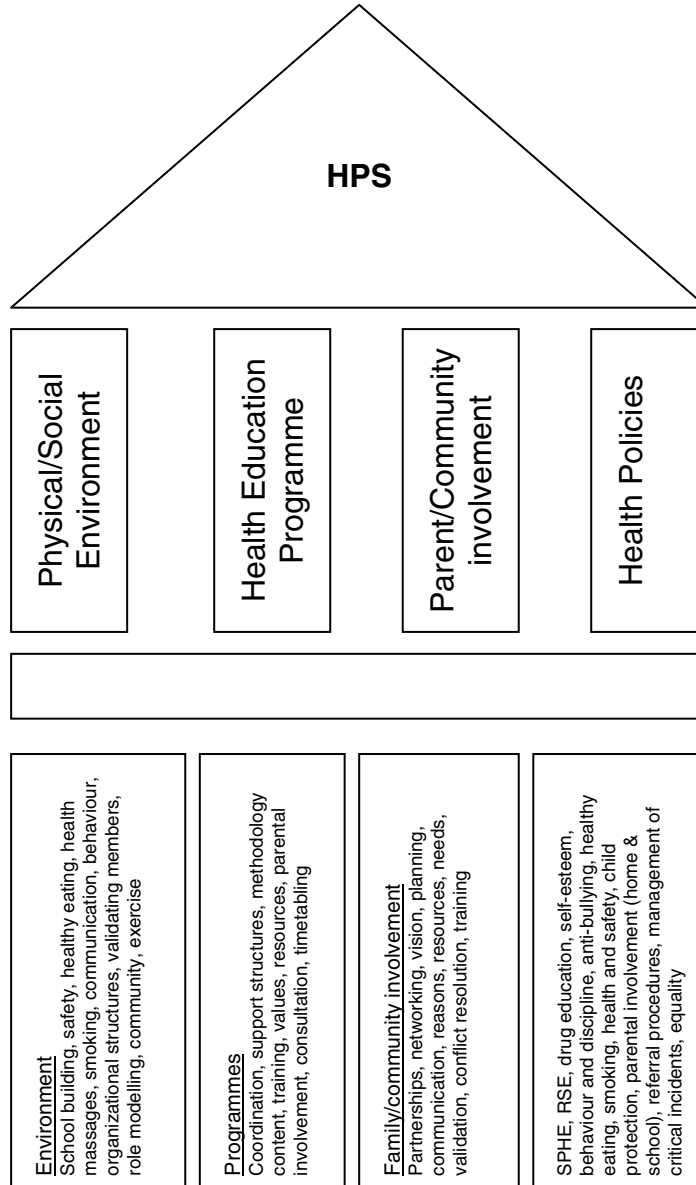
Schools found this helpful but challenging against a background of an education system driven by central government. Teachers were used to having a prescribed curriculum and 'ready-to-use' resource materials. The centrality of the system remains, but schools are now given more choice and options with regard to curriculum.

In 1996 the Steering Committee for INHPS decided to expand the network by recruiting an additional 30 schools. It appeared that, after three years, the original 10 schools were still struggling with the health promoting school concept. They had worked with much energy and enthusiasm with various aspects of health education /health promotion but appeared to be looking for clarification of the 'full picture'.

With this in mind, the development of a 'planning framework' to assist the new schools was initiated. In the process "the 1996 model" emerged (Figure 2).



Figure 2: 1996 model



It was felt that sustainability was an issue. There was a danger that schools might focus on 'one-off interventions' that might have questionable long-term impact. To address this concern it was decided to include 'Health Policies' as a focus. We began to refer to the health promoting school as having four pillars:

- the physical and social environment
- the health education programme
- the involvement of parents and community
- policies that support health education / health promotion.

It was suggested that schools might need some clarification to illustrate the four pillars. A list of key concepts and ideas to underpin each pillar was developed, and so the model took on a sub-structure of four pillars. This illustration could have a positive or negative effect. When viewed as being used for clarification purposes only, it allowed schools to move beyond it, to think laterally and to be creative. If viewed as prescriptive, there is a danger that it might be confining and inhibiting.

The planning framework suggested that schools assess their own standing in each of the four areas. In doing so they should acknowledge strengths, establish priorities for development in each of the four areas, and plan implementation of one or more sustainable goals.

Each of the 40 network schools was issued a school planner and invited to engage in a consultative process that was as inclusive as possible. Schools were invited to review progress at the end of the school year by revisiting their plans and to send a short progress report to the support centre. All 40 schools engaged in this process, making it possible to produce a resource booklet of school reports which was distributed to the schools. This aided networking.

Schools reported that they found this process useful. The 'School planner' helped to clarify the health promoting school concept, and the process of completion provided useful base-line data on the school's standing as a health promoting school.

Schools also found that time was an issue and that some elements of the 'School Planner' were difficult to understand. More consultation took place in some schools than in others. It became

apparent that the 'key' was not the planning instrument itself but the process by which it was completed.

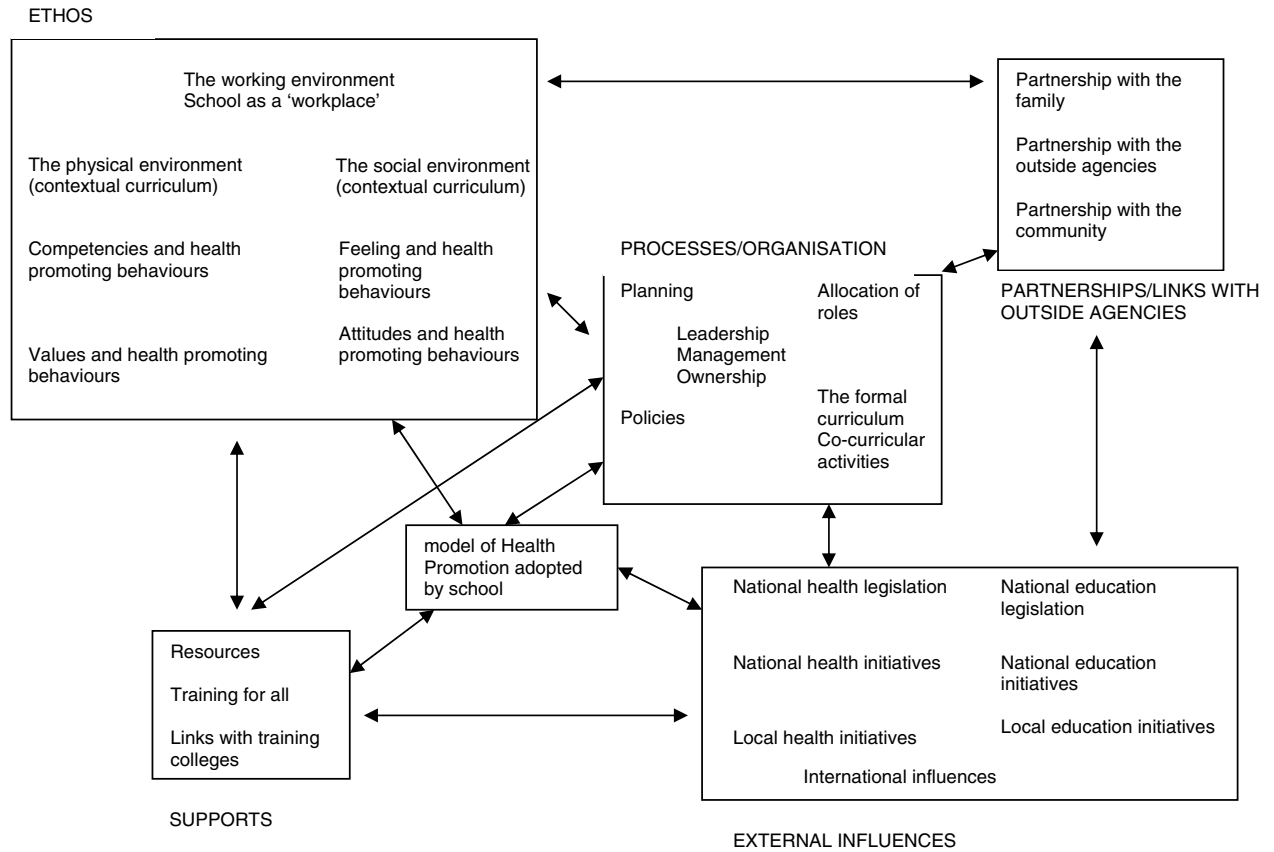
As part of the evaluation process of this second phase of INHPS, the ENHPS Radial Profile Graph as developed and used by Parsons et al. in 'The implementation of ENHPS in different National Contexts' (ENHPS 1997), was administered in the network schools.

It became apparent that the process of planning and reviewing was useful to schools and that an instrument should be developed for auditing health assets in schools in Ireland. Schools seemed to relate to radial profiling and so a decision was made to develop an instrument, suitable for schools in Ireland, with radial profiling being underscored by a series of objectives and indicators.

With this in mind, Carl Parsons and David Stears (Canterbury Christchurch University College) were invited to facilitate a workshop for key personnel from the Departments of Education and Science and Health and Children. This was held in Dublin in November 1999.

The first part of the workshop focused on developing a model of a health promoting school for Irish schools. Six models emerged and the amalgamated version is presented here in Figure 3.

Figure 3: A model of health promotion in schools (Ireland)



Reflecting the uniqueness of each school, the box at the heart of the model suggests that a school defines its own health promoting school model at any given time. This will depend on the physical and social environment; and on the feelings, attitudes, values and competencies that shape the working environment of the school. Collectively, this is the school's ETHOS, which is not something that appears as though by magic. It influences and is deliberately shaped by the school PROCESSES and ORGANIZATION. Included here are planning and policies; the place of health education/health promotion on the formal and informal curricula; how roles and responsibility are allocated; and the ownership that is promoted by school leadership and management. The model of health promotion adopted by the school depends on how parents and community interplay with ethos and influence and are supported by the processes and organization of the school.

A health promoting school so defined is informed by legislation and initiatives in health and education at national, regional and local levels. Schools should also have a role in shaping such legislation and in tailoring initiatives to suit their needs.

This might suitably be mediated through a national and regional support service which provides a variety of training activities and resources to meet the needs of schools as they strive to become more health promoting.

The 'model of Health Promoting in School' should be seen, then, as a framework which assists schools in assessing their standing and deciding priorities for action. The November 1999 workshop in Dublin went on to develop objectives and indicators in 10 key areas. These become the arms for a Radial Profile Graph. The 10 Key Areas are:

- management structures and policies
- partnerships
- ethos and social environment
- physical environment
- resources
- health education curriculum
- dissemination of the health promoting school concept
- teaching and learning styles
- external supports and links with agencies

- support for transition

The process as described here has resulted in an instrument called "Monitoring and Recording Health Assets in Schools". This has been piloted in five schools with promising results.

It is planned to introduce Social, Personal and Health Education (SPHE) to all schools in Ireland as part of the required curriculum. It is to be hoped that the 'model of health promotion in schools', with accompanying objectives and indicators, will assist schools to introduce SPHE in a 'health promoting school' context.

## EXPLORING THE MACEDONIAN HEALTH PROMOTING SCHOOL CONCEPT – STRUGGLE BETWEEN VISION AND REALITY

*By Venka Simovska, Mitko Cheshlarov and Snezana Jankulovska*

### **Introduction**

The Macedonian Network joined the ENHPS in 1995 with 10 elementary schools. Since then, the national network of health promoting schools (MNHPS) has been established and structured into three “circles” of schools, 34 of which are elementary, and 6 secondary. The total number of students participating in school health-promoting activities is approximately 25,000, and the number of teachers and other school staff is 1,500.

The project is placed within the education sector and cooperates closely with the health sector. National support centre for the MNHPS is the Bureau for Development of Education in partnership with the Institute of Psychology at the University of Skopje. Each school has designated a school health promotion coordinator, educator, as well as a project team consisting of both teachers and students.

In accordance with the main ENHPS principles (WHO, 1993), the health promoting school is defined as an educational setting that attempts to constantly develop its capacity for healthy learning, working and living. The whole school environment is seen as an important concept if a school is to be health promoting. This actually means that emphasis is not placed exclusively on teaching, and learning processes, but also on the whole school atmosphere, relationships, management structures, and physical environment. It is considered important that a health promoting school is a “learning” and “growing” organization, where students learn to develop their skills and competencies in classrooms, but also, in everyday (school) life, including overall strategies for making decisions, relationships among all individuals at school and the use of resources.

## **Main components of the Macedonian health promoting school**

### **Genuine student participation as a key component**

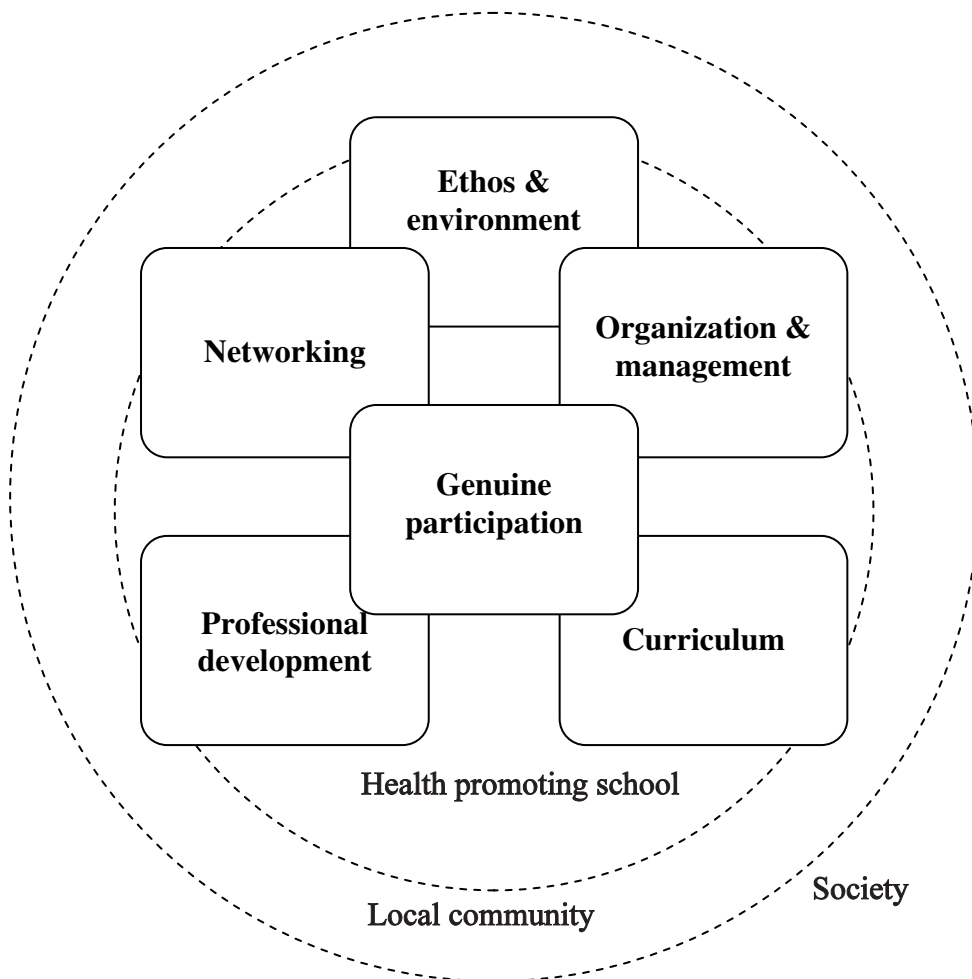
As shown in figure 1 below, the central concept in the Macedonian model of health promoting school is student participation. Arguably, one of the key elements of a health promoting school is appropriate space for the students to genuinely participate in relevant aspects of decision-making processes at school. A participatory approach to health promotion means more than the improvement of the health status of individuals in a given school community. Health promoting school should provide resources and possibilities for students to develop, promote, exercise, and exert their competencies to be qualified participants in a democratic environment. In other words, a health promoting school aims at developing students' action competence (Jensen, 1997). Within this perspective, participation presupposes improving students' self-awareness, decision-making and collaboration skills, connecting students with themselves and with the school, and empowering both students and school communities to deal with health issues (Simovska, 2000). Thus, the health promoting school approach addresses issues of democracy, empowerment and action competence. As Hart points out:

*... 'It (Participation) is the means by which a democracy is built and it is a standard against which democracies should be measured. Participation is the fundamental right of citizenship'* (Hart, 1992: 5)

Using Hart's conceptualization of the ladder of children's participation as a basis, the Macedonian health promoting schools project has been attempting to explore and develop school processes and structures conducive to genuine student participation, instead of token or formal ones (Simovska, 2000).



Figure 1: Main components of the Macedonian health promoting school



## School ethos and environment

It could be argued that one of the main characteristics of a health promoting school ethos is the existence of a shared vision regarding aims and purpose of the school, as well as common values that a school tries to endorse in all aspects of its functioning. Some of the underpinning values that the Macedonian Network of health promoting schools attempts to actualize are the following: *democracy, equity, safety, self-determination and participation*. Within the Macedonian context these values are related to the overall post-communist transition and value transformation in the society as a whole. Therefore, the importance of the health promoting school network for Macedonia, and perhaps also for most eastern European countries, is broader than improvement of health education and health promotion at schools. The health promoting school approach represents a frame to work out, test, and implement strategies for redefining the philosophy of education in general, towards more substantial actualization of the above mentioned values. In the context of large political and economic instability that the country has been facing over the last several years, these value-actualization processes are even more complex than usual. Meanwhile, the struggle to initiate structural change, rather than addressing health promotion at schools by using individualistic and behaviouristic approaches, is still one of the major challenges of the Macedonian health promoting school approach.

Both aspects of school environment, physical and psychosocial, are important elements of the school health promotion. It is well known that physical conditions at school affect the way students learn, feel, and behave. Therefore, it is important that health promoting schools constantly attempt to improve their conditions and resources. A health promoting school's physical environment should be safe, adjusted to students' aesthetics, flexible, stimulating, adequate for action-oriented teaching methods and active student participation. Given the economic reality in the country, as is the case in many ENHPS countries in the region, it is uncertain how much the schools and students can influence this. However, Macedonian health promoting schools try to address and improve conditions within their power.

Main aspects of the psychosocial environment that have been emphasized in MNHPS as preconditions for a democratic approach to health promotion and development of action competence are interpersonal relationships and the social connectedness at school. Promoting mental and emotional well being, improving the relationships between all individuals at school as

well as the development of communication skills and “emotional intelligence” of students (Goleman, 1995) are seen as vital to the health promoting school.

### **Organization and management**

It is difficult to profile a health promoting school without taking into consideration school structures, mechanisms, and procedures. Democratic management with a high degree of staff participation in decision-making, procedures for authentic student participation in the school life, as well as transparency of the rules, boundaries and information, are main elements of the school structure that the Macedonian model suggests are important for a health promoting school to consider.

In addition to that, the crisis management policy, or school’s readiness to respond sensitively in case of individual and collective crisis is considered to be an important dimension of this component. The refugee crisis in many Macedonian schools following the war in Kosovo was the most recent demonstration of the importance of this aspect to be included in the Macedonian model of health promoting school. Moreover, there are many other kinds of crises that demand sensitive, well organized, and competent response on the part of schools. Thus, it is important that a health promoting school tackles this issue and improves its “organizational resilience”, or the potential to deal with difficult situations (Simovska & Sheehan, 2000).

### **Curriculum**

At the moment, there is no health education or health promotion curriculum in the Macedonian education. Health education is part of the national curriculum and schools’ annual plans. It is integrated in several subjects such as biology, chemistry, and language. In addition, it is taught through separate lessons conducted by experts invited to schools occasionally. The style of these lectures is often quite traditional and focused on passing on information to the students. One of the important aims of the MNHPS is to design and suggest a new health education curriculum consistent with the main principles of the health promoting school approach. Health education would be considered as one element of the broader, health promotion process at a whole school level. The main qualities of the health education curriculum that the MNHPS model puts forward are: focusing on process instead of content; health as a broad, holistic, and positive notion;

participatory and student-oriented teaching strategies; as well as action competence development, and responsible freedom.

### **Professional development**

There is no institutional in-service teacher training in the country at the moment. Therefore MNHPS puts a lot of emphasis on the continuing training of the teachers and other school staff involved in the project. Within the health promoting school approach, the role of the teacher is changing. Instead of the traditional role of the “key keeper” of morality, rationality and knowledge, the teacher’s role is seen as more of a facilitator and partner in dialogue with students. This brings implications for teachers’ competencies and teacher training. The Macedonian network of health promoting schools provides a framework to explore teachers’ skills and competencies for student-oriented teaching strategies. In order to provide sustainability, these experiences have to be embedded into the overall national strategy for educational reform, and consequently in the pre-service teacher training curricula (The Ministry of Education and Science, 2000).

### **Networking, cooperation and collaboration (locally, nationally, internationally)**

The holistic and broad concept of health which is a starting point for the health promoting schools approach means that the focus is moved from individual behavioural change to factors that have influence on health. This implies that a health promoting school cannot be seen as a distinct educational setting responsible for the health status of its students. The health promoting school is part of a system, embedded within the immediate and more distant social and political web. Therefore, it is necessary to consider whole school structures rather than teaching only. It is equally important to establish continuing cooperation with the local community as well as with other schools, contexts, and countries. In order to resist negative influences and pressures imposed by the unstable political and economic situation, and to ensure sustainability of the developmental processes, the Macedonian health promoting school project tries to build both internal and external support mechanisms. Networking, connectedness and broader collaboration are some of these mechanisms.

## Endnote

This model was developed as an ideal towards which the MNHPS aims, as well as a reflection frame to guide health promoting school activities nationally. It is not designed as a fixed model to be accepted and implemented as such. Instead, it aims to map the past-present-future line in project development and to serve as a source of inspiration and debate on further development and conceptualization of the health promoting school concept. As we write this article, the MNHPS is faced with new challenges due to the most recent political changes in the ministry of education. The effect of this is the need to reorganize and restructure the health promoting school project so it can continue to function as well as sustain previously achieved outcomes in exceptionally unstable circumstances. Continuing support for schools and school staff, as well as a shared vision for better school and better health, are among the main resilient resources of the Macedonian Network of Health Promoting Schools in these times of fundamental uncertainties.

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### **Acknowledgment**

We would like to express our gratitude to all MNHPS expert team members as well as school coordinators and educators of the 23 health promoting schools from the “first circle”, who have participated in numerous discussions over the previous years and contributed invaluable to the development of the concept.

## THE HEALTH PROMOTING SCHOOL CONCEPT - SLOVENIAN NETWORK OF HEALTH PROMOTING SCHOOLS

*By Eva Stergar*

The concept in its present form (a kite) was born at the business meeting in Lisbon. Nevertheless, the meaning, its components and interpretation have been used since the programme of health promotion within school framework has been introduced in Slovenia (1993).

There are three basic elements of the Slovenian health promoting school concept:

1. education for health curriculum
2. hidden curriculum at school
3. close links with the surrounding community.

It is desirable that all schools will benefit from the Slovenian culture which has been created over centuries.

### **Education for health curriculum**

Knowledge, information and skills are necessary to make decisions. In order for people to make good decisions regarding their health, they have to have knowledge, information and skills. Education is one of the most important determinants of health. That is why the health promoting school project in Slovenia is interested in building a curriculum for health to be delivered in primary and secondary education.

Health education has never been a subject in Slovenian primary education. It was a subject in secondary schools from 1981 till approximately 1992; currently, it is a compulsory facultative subject in the 1<sup>st</sup> grade of secondary education (15 hours).

In primary education, there were strict guidelines on teaching material for every grade. Teachers were not trained for teaching health during their pre-service studies.

In 1991, when Slovenia became independent, education was one of many reforms that were introduced. The new curricula will be introduced to all schools in 2002/2003 (in past 2 years approximately 100 primary schools have begun to introduce new curricula and other changes – one year younger children, different teaching methods).

At the same time, the health promoting school programme was introduced in Slovenia. There was strong emphasis on in-service training for teachers in the area of health promotion/health education, different manuals were prepared, etc. The possibilities of introducing health education into every day teaching and learning processes were discussed. The necessity for acknowledgement, and the “obligatory” curriculum of health education was raised and discussed on many occasions.

In 1998, a group of experts was nominated to prepare health education as a cross-curricular theme as a part of curricular renovation of the Slovenian education system. Health education should be delivered through other subjects. The project was expected to be completed at the end of 2000.

At the same time, the schools and teachers involved in health promoting school project introduced different ways and methods of teaching health. Their experiences will be used to prepare guidelines, examples of good praxis for other teachers who will have to start delivering health contents within their subjects in 2002-2003.

### **Hidden curriculum at school**

The content of what children learn in school is important, but it is as or even more important how they live at school, what their experiences are. The hidden curriculum contains everything necessary in a supportive environment; the way you live and feel at school: positive climate, good personal relationships, taking into account needs and wishes of children, teaching and learning methods (with children, not for them!), ways of decision-making (all interested groups), teachers who are aware they are role models, caring for the environment (inside, outside school, ecology), organization of school work (timetable, curriculum deliverance, project days, ...), parents' involvement, openness to community, school meals, available drinks, cooperation with school doctors and nurses, etc.

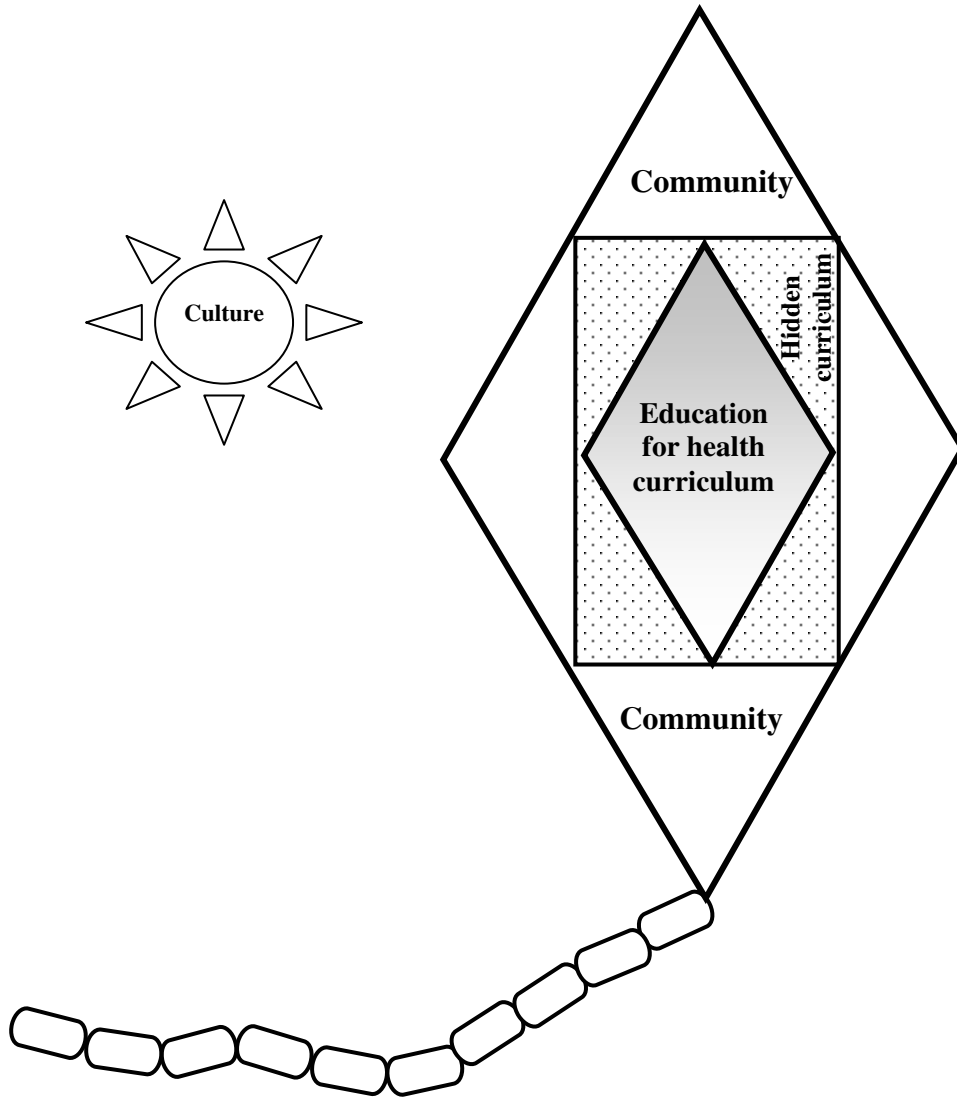
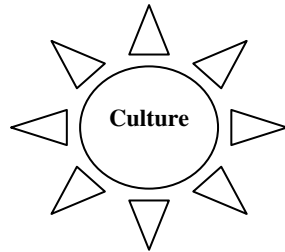


## **Close links with the surrounding community**

School should not be a place one fears, but a place one feels welcome. Teachers attempt regular contact with parents of all children – not only with those who have gifted or hard-working children. They attempt to nourish good relationships from the early years of school, and they try to involve parents in various activities and keep them in dialogue.

The school has to be open for the community, and the community should be open for school. It is essential that decision-makers from the community are aware and informed of the health promoting school in their community and that they support health promoting schools. It is important that the school has links with all services that could support them and take part of their work – school doctor's team, counselling centre, centre for social work, etc.

The interpretation of the model has been used since the beginning of health promoting schools project in Slovenia in 1993. Generally, it has been well accepted and seems to be understood.



## A GENERAL OVERVIEW OF THE PROJECT “ENHPS” IN UKRAINE

*By Vitalyi Movchaniuk*

*The health promoting schools are founded on democratic principles, encouraging the promotion of learning, personal development, and health.*

During the 1996-1997 school year, our activity within the Ukrainian network of the health project schools (UNHPS) was carried out under the theme of improving both the way the work is undertaken as well as its content, which is invariably based on the principles of the ENHPS. Chief among them remains the principle of the complete voluntary participation of schools from those countries involved in this project, and democratic principles. We were pleasantly surprised that many more are wishing to join this project. In some regions (for example, in Dnipropetrovsk oblast) the number of schools wanting to operate within the ENHPS network turned out to be so great (more than 20) that a regional network of health schools was created with its own regional coordinator, Vira Morozova. She is both the director of the Dnipropetrovsk Institute For Education, and a member of the ENHPS Coordinating Council in Ukraine.

In other regions of Ukraine, many others wishing to work with the ENHPS project have also appeared. On this basis, a decision was made to create the National health promoting school network. The Ministry of Education and the Ministry of Health are now drawing up the pertinent documents corresponding to this decision. It is important to note that other education institutions – a preschool and extra-curricular – have expressed their desire to join this project. As a result, in 1997, two such new members were added to the ENHPS: kindergarten #288 in Odesa and the extra-curricular ecology-health center of the Minsk district in Kyiv.

So, one of the most ambitious tasks for us in 1998 was to establish links between the local and regional health promoting schools and the National Network

*Parents and the school community have a vital role to play in leading, supporting and reinforcing the concept of school health promotion*

The democratic principles in the activity of the UNHPS were also evident in the face of the ever-expanding participation of parental organizations and other community organizations as well as the students themselves in the activities of health project schools. This participation took different forms. For example, the decision of many schools to join the ENHPS project was taken jointly by their teaching staffs and authorized representatives of parents (parent committees), and students (student committees). These community organizations also took part in other decisions made on health promoting school activities (versions of teaching plans and programs, periods of study, choice of health monitoring systems, etc.).

Various kinds of health events in the health promoting school were implemented with direct parent participation. For example, the “Monthly Anti-smoking Campaign” in school #59 in Kharkiv, the parents’ club “Help yourself” in school #18 in Zaporizhzhia, sports competitions involving both parents and students in school #13 in Ivano-Frankivsk, etc. The implementing of democratic principles in UNHPS activities was facilitated by the Resolution of the ENHPS First Conference, which was aimed at all health promoting schools. Unfortunately, due to financial constraints, the Resolution could not be sent out to all schools in Ukraine, which would greatly have benefited from our activities.

One of our major tasks is to get financing  
for the expansion of methodological support  
to all health promoting schools and provide them with the  
necessary materials  
concerning the ENHPS project

*In keeping with the ENHPS Resolution, we were able to take a further step in carrying out Point 5 on “Curriculum”*

For the past several years, we have been working on improving our programmes for project schools. At the moment, there is the National Valeology Programme (taken from the Latin word

“valeo-“, meaning to be healthy) as well as textbooks for various age groups and corresponding curriculum materials for teachers.

It is very important that these programs require, not only for health education, but also a wide range of measures to improve the health of the generation growing up, and for a healthy school environment, to optimize the teaching process, and to introduce physical education into the daily lives of students – and to have all this continue with the participation of parents and teachers.

Thus, the subject of valeology plays a very important role as a catalyst in this process

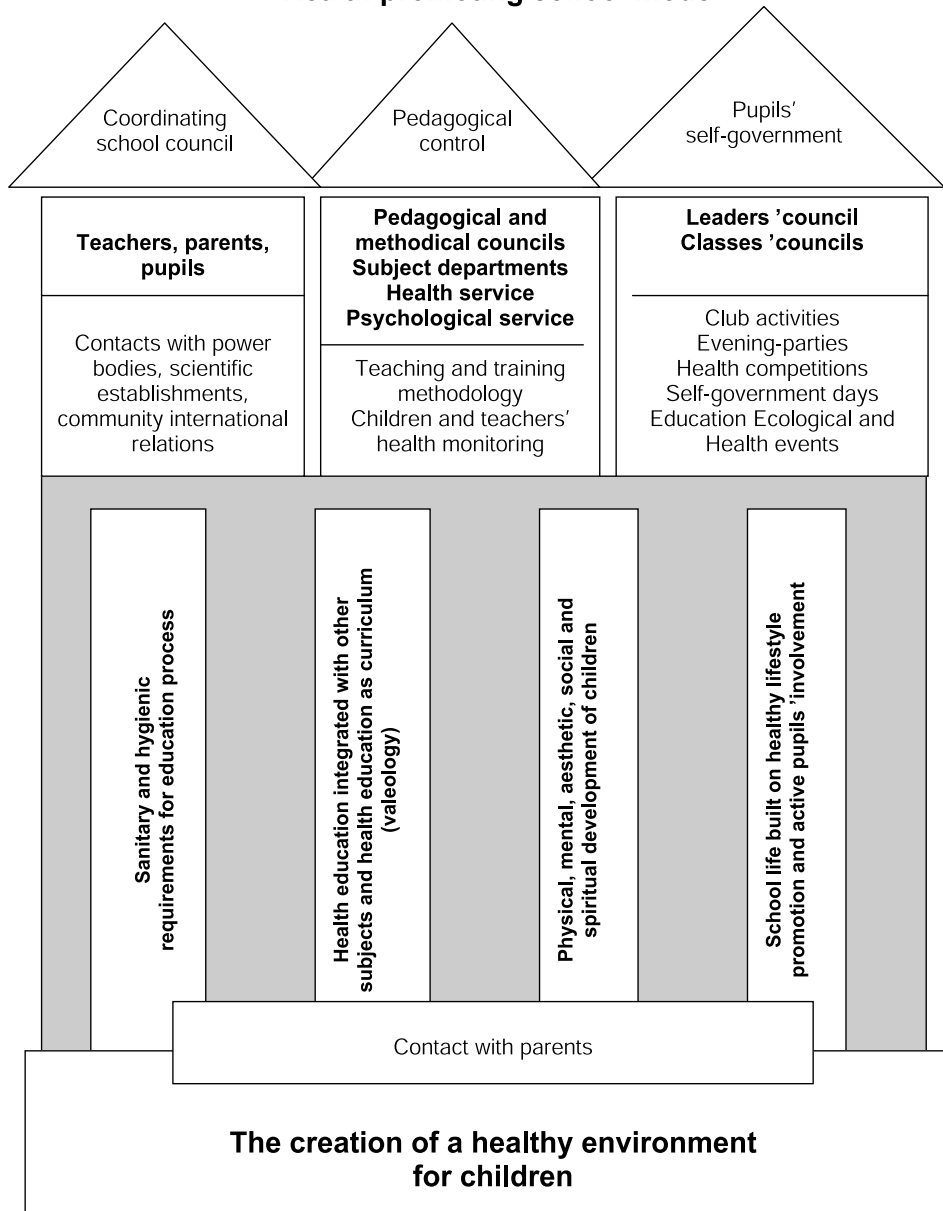
### **The training of teachers is an investment in health as well as education**

Much attention was given to Point 6 of the Resolution on “teacher training”. A number of teaching methods were conducted for teachers: regional seminars and conferences in the spring and summer 1997 (Kyiv, Dnipropetrovsk), summer school in the Slovak Republic in August, the September seminar running for a week in Kyiv with the participation of Canadian specialists, the activities of the permanently-operating club at the House of Teachers.

The Autumn School for school coordinators of UNHPS in Kharkiv was held 21-25 October 1997 at school #59 and conducted at a very high organizational and academic-methodological level. Here, the results of the activities of the health promoting school for 1996-1997 were reported on, problems, shortcomings were identified, and ways to further implement this very important topic were defined.

Much work and very promising initiatives are ahead, and we are ready.

## Health promoting school model



The aim of the health promoting school is to encourage the population to actively view health as the highest value in life, to deliver knowledge and develop skills to maintain and improve this value.

The teachers' efforts are aimed at teaching children to value life and health to consider life situations from the philosophical point of view, to understand the deep correlation between the individual person and the whole world; to understand themselves, their wishes and possibilities, to be aware of the best sides of their souls and use them to the benefit of the community. It is important to show pupils that the pleasure of awareness, creativity and enthusiasm are closely connected with health maintenance. So the concept of health education means, that the health of the child has to be the main value in the school teaching process.

The main components of the health promoting school are:

- political decisions and establishment of a work structure
- training and child-rearing
- public initiatives and activities
- school environment
- health infrastructure
- health-improving events
- monitoring

The management solutions for the creation of health promoting schools are based on the understanding of the health structure as a union of physical, mental, social and ecological aspects. So, these solutions include:

- the reformation of the educational curricula aimed at encouraging a healthy lifestyle during the educational process.
- the introduction of Health Education lessons in all grades,
- the creation of special organizational structures (e.g. ecological and sanitary council, psychological services, etc.)
- the correction of physical training programs according to the indices of the child's "health passport",

- the attraction of local power structures and public organizations to solve the problem of health improvement in a growing generation

The health promoting school model means the wide usage of training programs and other teaching actions:

- seminars, conferences, meetings, competitions, exhibitions and other forms of discussion on sanitary pedagogical directions, hygiene, etc.
- assistance from innovators in the area of teaching, child-rearing and shaping healthy children, broadening of their experiences and adaptation and realization
- the development of active forms of teaching and child-rearing (role games, group discussions, etc.) on health education issues.

Community assistance and parental activity is very important for the efficient running of a health promoting school. So, our model represents the healthy way of life, and demonstrates the necessity to have the parents' involvement in fighting against gypodynamics, malnourishment, alcohol usage, etc. The activity in this area includes:

- a center organizing public talks for parents on topics like “The family as a main factor in health formation”, “Health as a component of harmonically developed personality”, “The introduction of sanitary and health improvement information in the family”, etc.
- regular sports competitions “Father, mother and I are a sports family”,
- actions promoting healthy lifestyle and prevention of addictive behavior.

The health promoting school model means great attention to the influence of the school environment on children's health. The school environment has aesthetical and psychological effects on pupils' and teachers' health. We think, that health and wealth of teachers and other school employees are important parts of school spirit which influence health. The school sets an example for pupils.

The necessary component of a successful programme is the active participation of the children in:

- a variety of health improvement programs



- training sessions, seminars, “round tables”, competitions, quizzes on health themes,
- sports and sports-cultural events.

The actions for health improvement:

- the pupils’ physical health level examination using the diagnostic programme “Shkolyar”; all other actions are based on defined levels.
- individual health improvement programs development and implementation, meaning the physical load correction according to medical testing data; the programs are to be used in organized groups and in the family,
- group health improvement programs for pupils development and implementation,
- children’s professional orientation according to their health level; attracting parents to this activity;
- “Groups of Health” activity organization,
- swimming lessons (where applicable) for children and teachers alike
- sports groups for children and teachers’ organizations
- the creation of a room for psychological relief
- the development of sanitary and health improvement actions, the correction of the education regime, the implementation of the sparing regime of education,
- assistance with as many outdoor activities for children as possible

Monitoring:

- dynamic monitoring of the pupils’ physical health level using medical, physical and psychological testing,
- medical examination in medical establishments for pupils with poor health, and the permanent surveillance of prescription status
- implementation of “Individual Health Passport” for every pupil, its form and methods of maintenance; recording the health examinations’ results and monitoring such in the “Health Passport”,
- examination of the health of teachers

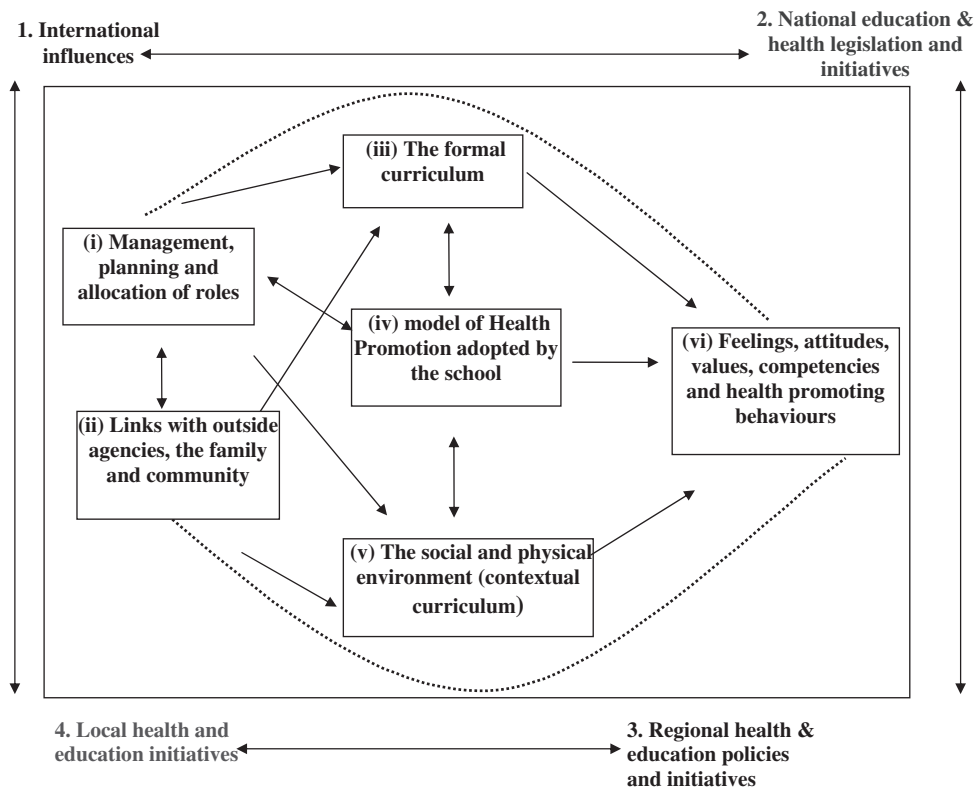
- examination of the values system – the children's, parents' and teachers' attitudes to health and health improvement
- the prevalence of tobacco smoking among pupils and examinations and the correlation of these factors to the level of health.

# UNITED KINGDOM - THE ECO-HOLISTIC MODEL OF THE HEALTH PROMOTING SCHOOL

*By Carl Parsons, David Stears and Caroline Thomas*

The Eco-Holistic model of the health promoting school highlights the existence of, and demonstrates the relationship between, factors that influence the structure and development of schools as health promoting settings. Some of these factors are external to the school, others are internally generated .

## The Eco-holistic model of the health promoting school (Parsons et al, 1996)



These areas of influence form a useful structural framework for enquiry, measurement and ‘valuation’ of health promotion. For example, in the context of schools in Europe *external factors* (1 - 4) might be:

- international influences such as the concept of the health promoting school held by the European Network of health promoting schools;
- national sex or drug legislation and guidance on health education in schools;
- regional nutrition and safety education policies and initiatives; and
- local health campaigns and education programmes.

The key *internal factors* (i-vi) are:

- allocation of roles within the school, such as health promotion / education coordinator;
- links with the outside community, for example home-school liaison teachers, governors and parent associations;
- the formal and contextual health education curriculum, in other words what is taught or learnt in the classroom and what negative or positive health messages are exemplified by practices and behaviours in the school;
- the model of, or approach to health promotion adopted by the school for example a behaviour change, self empowerment, or social change approach; and
- outcomes such as the feelings, attitudes, values, competencies and positive health behaviours of pupils and staff.

Each of the six internal factors (i-vi) and four external factors (1-4), shown in diagram 1, can be used as clear foci for the collection of data. In the context of evaluation research these may be identified as evaluation *objectives* and data is generated from the responses of interviewees to specific questions *or indicators* which relate to these 10 factors or influences. More specifically, these factors can be related to the criteria of national, regional or local health promoting school programmes. The compliance or level of agreement with specific criteria or objectives can be established by using a framework of indicators (questions) which underpin the objectives (criteria).

This Eco-holistic model of the health promoting school has been the basis of an evaluation instrument developed by the Centre for Health Education and Research at Canterbury Christ Church

University College for the European Network of health promoting schools. Reports on the use of this model and evaluation instrument in different European countries (Stears, 1998; Stears et.al. 1999; Stears 2000; Stears et.al, 2000) are available from the Technical Secretariat of the ENHPS, WHO Regional Office, Copenhagen. Further information may also be obtained from Mr David Stears, Head of Department / Reader in Health Education, The Centre for Health Education and Research, Canterbury Christ Church University College, North Holmes Road, Canterbury, Kent CT1 1QU, England. (E mail: d.f.stears@canterbury.ac.uk).

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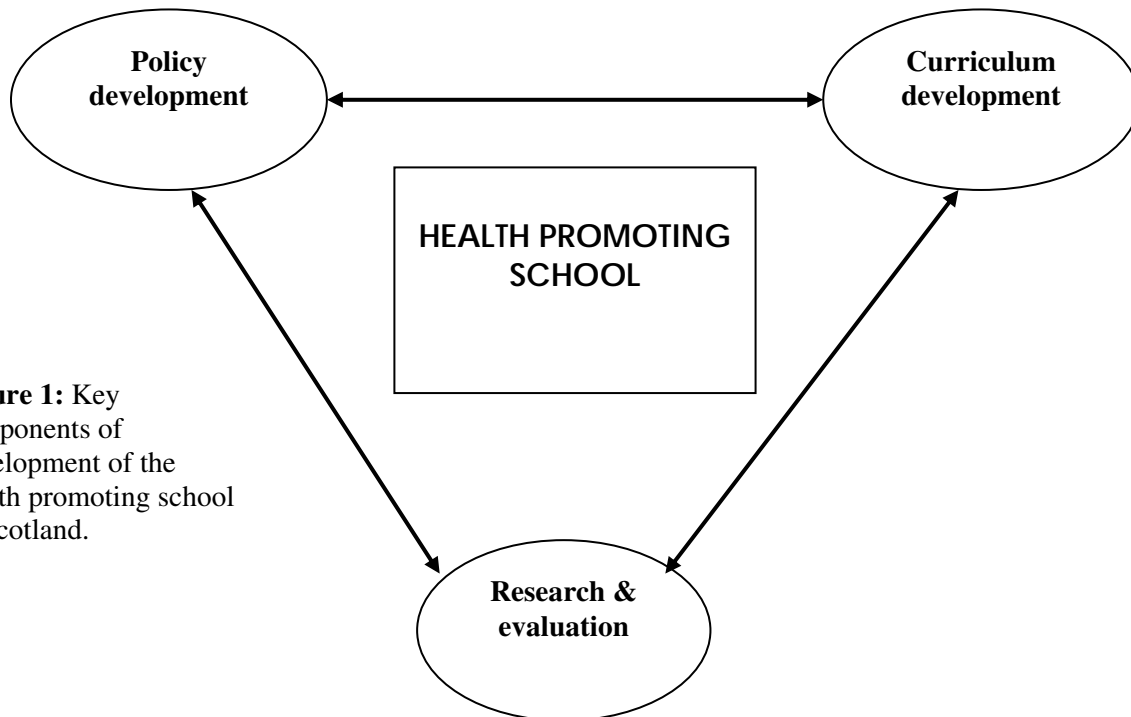
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## THE DEVELOPMENT OF THE HEALTH PROMOTING SCHOOL IN SCOTLAND

*By Ian Young & Jo Inchley*

Scotland is part of the United Kingdom but it has maintained its own distinctive cultural identity. In July 1999, Scotland's new parliament came into existence, and education and health are now devolved powers under the control of Edinburgh rather than London.

Collaboration at national level between the Health and Education sectors to develop and support implementation of the health promoting school concept.



**Figure 1:** Key components of development of the health promoting school in Scotland.

The development of the health promoting school concept at a national level in Scotland has consisted of three key components, as shown in Figure 1. Over the last decade there has been

increased collaboration between the health and education sectors to ensure development of policies and initiatives that are relevant and sensitive to the education culture.

## **Policy Development**

The first key to successfully embedding health promoting school development in the education system in Scotland has been in the arena of policy development. Recent government policy papers have highlighted the importance of the health promoting school concept:

*“The Government recognizes the concept of the health promoting school as important in ensuring not only that health education is integral to the curriculum but also that school ethos, policies, services and extra-curricular activities foster mental, physical and social well-being and healthy development.”<sup>1</sup>*

In addition, the government has given support for the establishment of a specialist unit for the further development of health education and health promotion in schools.

In 1990, the Scottish Health Education Group (now the Health Education Board for Scotland) produced their first major policy statement on health promotion in Scotland, which set out the key principles for health promotion in schools specifically for a national audience<sup>2</sup>. This document provided the basis for a more recent policy statement *A Route to Health Promotion*<sup>3</sup>, which is combined with practical support for teachers and school managers wishing to implement health promotion initiatives in their schools. This publication was the product of a partnership between national and regional agencies from the health and education sectors as part of a series of self-evaluation audit tools. Throughout the 1990’s, the 32 education authorities in Scotland have developed their own health promotion policy statements and several have explicitly adopted the health promoting school model as a framework for action.

## **Curriculum Development**

A second key area of development for health promoting schools has been in curriculum development. Scotland does not have a centrally prescribed, statutory national curriculum. However there are curriculum guidelines for all subject areas and those for the 5 to 14 age range

have recently been re-written by a working group chaired by the Scottish ENHPS National Coordinator. Significant features of the new guidelines are:

- health education now has its own clearly defined set of guidelines.
- emotional health, social health and physical health are seen as three interwoven strands throughout the guidelines and this ensures that the physical health emphasis does not dominate the others.
- the health promoting school is acknowledged as the context for all the curriculum work in health education in schools.

### **Developing the evidence base**

One of the biggest changes made in Scotland is the investment in research and evaluation, which has increased in quality and quantity in the field of health education in the last decade. This association has been helpful to the health promotion lobby in making the case for investing in health promoting schools in Scotland. The use of research as an integral part of the teachers role as a reflective practitioner has been encouraged and a number of classroom resources have been developed based on the 'draw and write' technique<sup>4</sup> which uses the pupils' own knowledge and experience as a starting point for all learning and teaching in the primary classroom.

### **Development and evaluation of the new health promoting school initiatives within the European Network of health promoting schools (ENHPS) in Scotland**

Scotland joined the ENHPS, as part of the United Kingdom, in 1993 and the work is funded and supported by the Health Education Board for Scotland (HEBS). Initially, school-based initiatives were funded on an annual basis, with 17 individual projects receiving funding between 1993-97. These projects covered a range of issues including: oral health, healthy eating, sexual health, physical activity, self-esteem, staff wellbeing, peer support and safe and active routes to school. Each project was developed in line with the principles of the health promoting school and evaluated locally. However, time-scale was short and quality of both interventions and evaluations was variable.



In 1998 a new approach was adopted to allow comprehensive evaluation of the health promoting school at national level. HEBS and project evaluators at the Child and Adolescent Health Research Unit, University of Edinburgh, are working closely with four schools to develop and implement the health promoting school model through healthy eating initiatives. The focus on healthy eating was chosen in response to recent policy documents which highlight diet and nutrition as a priority area in Scotland and emphasize the important role that schools can play in promoting healthy eating among young people. Additionally, a topic-based approach is used to facilitate adoption of health promoting school principles by schools.

Within the general theme of healthy eating no specific guidelines were laid down concerning the shape and form of intervention. The aim was to develop interventions at the school level based on a comprehensive needs assessment and working in partnership with the research team, health promotion specialists, education advisers and others with a valid interest in school nutrition. Each school selected between 3-7 of the original 12 WHO criteria for a health promoting school as overall project objectives to work towards. However, in practice, other criteria were also addressed in the process.

The national research project in Scotland is a demonstration project using a multiple-case study evaluation design, the unit of intervention being the school. The advantage of a multiple case study design is to allow identification of *common processes* across the schools and across different intervention models. The evaluation aims to identify the key opportunities and barriers for schools in adopting the health promoting school model, as well as assessing the effectiveness of various healthy eating interventions.

### **Work among primary and secondary schools at local level**

Over the last few years support for, and implementation of, the health promoting school model has increased at local level. Substantial progress has been made in terms of policy development, teacher training, establishing local networks, inter-agency working and school-based projects. The health promoting school concept is also central to the development of New Community Schools which are being introduced throughout Scotland.

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Implementation of the health promoting school in Scotland through a healthy eating project		
Level of intervention	Type of intervention	Criteria addressed
ORGANIZATIONAL	<p>Establishment of multi-agency steering groups</p> <p>Establishment of School Nutrition Action Group (SNAG)</p> <p>Development of pupil councils</p> <p>Pupil management of healthy vending machine</p>	<ul style="list-style-type: none"> <li>• Promotion of self-esteem</li> <li>• Development of good relations between staff and pupils</li> <li>• Provision of stimulating challenges for pupils</li> <li>• Realization of potential of specialist services in the community</li> </ul>
ENVIRONMENTAL	<p>Redecoration of school canteen</p> <p>Improvements to the playground environment</p> <p>Pupils' work displayed in the canteen and corridors</p> <p>Plants in canteen and school entrance hall</p> <p>Involvement of pupils in developing rules for the classroom, dining room and playground</p>	<ul style="list-style-type: none"> <li>• Improving the physical environment of the school</li> <li>• Promotion of self-esteem</li> <li>• Development of good relations between staff and pupils</li> <li>• Clarification of social aims of school</li> </ul>
INDIVIDUAL	<p>Provision of fresh fruit in canteen</p> <p>Reduction in sales of sweets, cakes and chocolates</p> <p>Improvements to cooking methods</p> <p>Installation of 'healthy vending machine'</p> <p>Installation of water filter/cooler systems</p> <p>Health day for pupils</p> <p>Cooking classes</p> <p>Development of playground games</p> <p>Implementation of fitness programme</p>	<ul style="list-style-type: none"> <li>• Provision of stimulating challenges</li> <li>• Development of good links with community</li> <li>• Promotion of staff health</li> <li>• Role of school meals</li> <li>• Realizing potential of specialist services</li> <li>• Developing role of school health service</li> </ul>
CURRICULAR	<p>Development of teacher training resource materials around healthy eating</p> <p>Purchase of new library books</p> <p>Programme to promote reading and improve achievement levels among boys</p> <p>Use of 'draw and write' technique in the classroom</p>	<ul style="list-style-type: none"> <li>• Provision of stimulating challenges</li> <li>• Consideration of role of staff as exemplars</li> <li>• Realisation of specialist services</li> </ul>

**Participants' and National Coordinators' answers to the question:  
The aim of a health promoting school is ...**

Austria, Beatrix Haller

The aim of a health promoting school is to establish a broad view of health.

Belgium (Flemish), Pascale Hoelebrandt

The aim of a health promoting school is to assure the health and well being of all school-participants.

Belgium (French), André Lufin

The aim of a health promoting school is to give pupils tools, which enable them to make healthy choices.

Bulgaria, Roman K. Dimitrov

The aim of a health promoting school is to create models for health in schools on regional and national level and also to develop crises intervention competence of the school teachers.

Bosnia and Herzegovina, Mira Grbic

The aim of a health promoting school is to gain a healthier way of life for all pupils, by providing a healthier environment, which promotes health.

Croatia, Marina Kuzman

The aim of a health promoting school is to provide a healthier environment engaging pupils, teachers and parents, using interactive learning methods, building better communication and seeking partners and allies in the community.

Cyprus, Eleni Djiama-Dubart

The aim of a health promoting school is to be understood clearly, by all members of the school community (pupils, their parents, teachers and all other persons working in this milieu), the “real value of health” (physical, psycho-social and environmental) in the present and in the future and how to promote it for the well being of all.

Czech Republic, Miluše Havlínová

The aim of a health promoting school is to be an effective (perhaps the most effective) long term workshop for practising and learning humanity and democracy.

Denmark, Bjarne Bruun Jensen

The aim of a health promoting school is to increase pupils' action competencies within the health field meaning to empower them to take action – individually and collectively – for a healthier life and healthier living conditions locally as well as globally.

Denmark, Lars Theilgaard

The aim of a health promoting school is to make an environment, which contributes to giving pupils a basis for health promoting actions for themselves as well as others.

Estonia, Ruuta Kruda

The aim of the health promoting school is to create basic conditions for new generations through a healthy school environment, active collaboration and effective health education to take the competent control over their life and to be an active responsible persons in society.

Finland, Ulla Salomäki

The aim of a health promoting school is to activate everyone at school environment to health promotion.

Germany, Regine Gabriel

The aim of a health promoting school is to give all the people in the school (pupils, teachers, parents and non-teaching staff) the feeling for their own health and the empowerment to change the organization, the lessons, the school life and the social togetherness for working and learning successful.

Greece, Katerina Sokou

The aim of a health promoting school is to empower pupils and teachers and all people involved in the school community in making school a learning and working environment characterized by its ethos, its democratic way of taking and implementing decisions, its respect for human and children's rights to peace, love, equity, health, education, participation, its responsible involvement for the improvement of a safe environment, community, world and oneself, its updated information on contemporary daily issues, its open and hidden curriculum supporting good communication and relations among all its members, support of physical activity, health nutrition, visions for the future, preparation for the labour market and family life.

Hungary, Katalin Felvinczi

The aim of a health promoting school is to provide a healthy friendly environment for the kids in all senses, but with special emphasis on personal relationships, skills and competencies which might be helpful for them in conducting a happy and healthy life.

Iceland, Anna Björg Aradóttir

The aim of a health promoting school is to create a supportive environment for the wellbeing of pupils, staff and parents.

Ireland, John Lahiff

The aim of a health promoting school is to make healthier choices easier choices for all members of the school community.

Israel, Irit Livne

The aim of a health promoting school is to increase awareness, responsibility and sharing.

Kazakhstan, Aliya Aborakmetova

The aim of a health promoting school is to achieve healthy lifestyles for the total school population by developing supportive environment to the promotion of health.

Latvia, Melita Sauka

The aim of a health promoting school is to promote democracy and responsibility for person's own and others health.

Lithuania, Robertas Petkevicius

The aim of a health promoting school is to strengthen health of school children, broaden their related knowledge and skills, and using joint efforts of teachers, medical professionals, family and society, to create an integrated all embracing health promoting system through children's educational institutions.

Luxembourg, Pascale Petry

The aim of a health promoting school is enabling pupils and teachers, so that they may progress, consciously and in accordance with themselves and with the group/team, each day in whatever they expect/are expected to do.

Malta, Marianne Massa, Yvette Azzopardi

The aim of a health promoting school is to empower the whole school population to improve their health

Moldova, Varfolomei Calmic

The aim of a health promoting schools is the extending and updating of health education within the children's groups and young people, teachers and parents according to their age, sex and activity in order to acquire the needed knowledge in the areas of salutogenesis, protection of environment, personal hygiene,

food hygiene, prevention of diseases, giving up of drugs, smoking of alcohol, to form and consolidate the skills of an adequate hygienic behaviour, prevention of disease in a positive change of the attitude towards the health, to transform the hygienic knowledge into habits and concrete actions to improve the responsibility for our own health, of the family and the community.

Netherlands, Goof Buijs

The aim of a health promoting school is to promote the health and well-being of pupils and school staff.

Norway, Oddrun Samdal

The aim of a health promoting school is to promote health and subjective well-being by facilitating and supporting a positive development through satisfying basic human needs, i.e. affiliation, agency and recognition, in the total school community.

Poland, Halina Szczepanek-Osinska

The aim of a health promoting school is the implementation of a settings programme of health education and the improvement of nourishment of school children in 600 health promoting schools.

Portugal, Isabel Loureiro

The aim of a health promoting school is to enable people to deal with themselves and the external environment in a positive way and to facilitate healthy behaviour through policies.

Romania, Mioara Predescu

The aim of a health promoting school is to develop the capacity within our kids to choose and to promote a healthy life style.

Slovak Republic, Miro Bronis

The aim of a health promoting school is to promote health currently and to prepare pupils to use health promotion principles during their life until death.

Slovenia, Eva Stergar

The aim of a health promoting school is to enable living, personal growth, learning and teaching in a safe, warm and positive setting.

Spain, Carmen Perez Rodriguez

The aim of a health promoting school is to work together to reach a way of a healthy life.

Sweden, Ulla Marklund

The aim of a health promoting school is to promote better health for all people having the school as their working place.

Switzerland, Barbara Zumstein

To develop the school as a place where the focus is on wellbeing of all participants and where people like to be and feel related to. To create a place where everyone involved in the school setting has a feeling of well being, can identify themselves with the school ethos, and is a place where they would like to be.

The Macedonian network, Mitko Cheshlarov

The aim of a health promoting school is to provide opportunities for promoting healthy life alternatives for all pupils, teachers and school staff, to enhance respect for diversity and personal choice as well as to empower pupils to be active agents in their lives and societies.

Turkey, Zübeyde Ozanözü

The aim of a health promoting school is to increase the quality of life.

Ukraine, Vitalyi O. Movchaniuk

The aim of a health promoting school is to improve population participation in health as the highest value in life, to deliver knowledge and develop skills to maintain and improve this value.

United Kingdom, Marilyn Toft

The aim of a health promoting school is to be aware of its strengths and weaknesses and have the ability to plan and deliver effectively to make both education and health improvements, in partnership with parents and local communities, with a view to helping pupils achieve their full potential – personally and socially, as well as academically.



**Conference Resolution  
First Conference of the  
European Network of health promoting schools**

**“The health promoting school -  
an investment in education, health and democracy”**

**Thessaloniki-Halkidiki, Greece, 1-5 May 1997**

***Every child and young person in Europe has the right, and should have the opportunity, to be educated in a health promoting school***

Evidence shows us that the determinants of both education and health are indivisibly linked. There is a dynamic at work which cannot be ignored if we are to protect, sustain and enhance the education and health of our young people. The European Network of health promoting schools has indicated that the successful implementation of health promoting school policies, principles and methods, can contribute significantly to the educational experience of all young people living and learning within them. The health promoting school has been shown to be an investment in both education and in health. Moreover the Network has a major positive impact upon all those who teach, administer, maintain and support the schools and their community.

Schools are the prime force in creating a generation with raised expectations and high educational achievements. Health promoting schools will have a substantial impact in reducing inequities in society, thereby contributing to the health and wealth of the population at large.

The health promoting school is based upon a social model of health. This emphasizes the entire organization of the school as well as focusing upon the individual. At the heart of the model is the young person, who is viewed as a whole individual within a dynamic environment. Such an approach creates a highly supportive social setting which influences the visions, perceptions and actions of all who live, work, play and learn in the school. This generates a positive climate which influences the way relationships are formed, the decisions of young people are made, and their values and attitudes are developed.

This Conference resolution, which advocates government action for full implementation of the health promoting school concept throughout Europe, has been agreed, at the First Conference of the European Network of health promoting schools. The resolution is designed to encourage the formulation of policy, including legislation, and indicate what needs to be put in place by way of enabling mechanisms. The resolution defines the principles and actions necessary to realize the full potential of the health promoting school.

This Conference, which reflects the views of a wide range of professionals from 43 countries, urges the governments of all European countries to adopt the concept of the “health promoting school” and calls upon them to create the conditions for the following principles to be put into practice.

### **1. *DEMOCRACY***

The health promoting school is founded on democratic principles conducive to the promotion of learning, personal and social development, and health.

### **2. *EQUITY***

The health promoting school ensures that the principle of equity is enshrined within the educational experience. This guarantees that schools are free from oppression, fear and ridicule. The health promoting school provides equal access for all to the full range of educational opportunities. The aim of the health promoting school is to foster the emotional and social development of every individual, enabling each to attain his or her full potential free from discrimination.

### **3. *EMPOWERMENT AND ACTION COMPETENCE***

The health promoting school improves young people’s abilities to take action and generate change. It provides a setting within which they, working together with their teachers and others, can gain a sense of achievement. Young people’s empowerment, linked to their visions and ideas, enables them to influence their lives and living conditions. This is achieved through quality educational policies and practices, which provide opportunities for participation in critical decision making.

#### **4. *SCHOOL ENVIRONMENT***

The health promoting school places emphasis on the school environment, both physical and social, as a crucial factor in promoting and sustaining health. The environment becomes an invaluable resource for effective health promotion, through the nurturing of policies which promote well-being. This includes the formulation and monitoring of health and safety measures, and the introduction of appropriate management structures.

#### **5. *CURRICULUM***

The health promoting school's curriculum provides opportunities for young people to gain knowledge and insight, and to acquire essential life skills. The curriculum must be relevant to the needs of young people, both now and in the future, as well as stimulating their creativity, encouraging them to learn and providing them with necessary learning skills. The curriculum of a health promoting school also is an inspiration to teachers and others working in the school. It also acts as a stimulus for their own personal and professional development.

#### **6. *TEACHER TRAINING***

The training of teachers is an investment in health as well as education. Legislation, together with appropriate incentives, must guide the structures of teacher training, both initial and in-service, using the conceptual framework of the health promoting school.

#### **7. *MEASURING SUCCESS***

Health promoting schools assess the effectiveness of their actions upon the school and the community. Measuring success is viewed as a means of support and empowerment, and a process through which health promoting school principles can be applied to their most effective ends.

## **8. COLLABORATION**

Shared responsibility and close collaboration between Ministries, and in particular the Ministry of Education and the Ministry of Health, is a central requirement in the strategic planning for the health promoting school. The partnership demonstrated at national level is mirrored at regional and local levels. Roles, responsibilities and lines of accountability must be established and clarified for all parties.

## **9. COMMUNITIES**

Parents and the school community have a vital role to play in leading, supporting and re-enforcing the concept of school health promotion. Working in partnership, schools, parents, NGO's and the local community, represent a powerful force for positive change. Similarly, young people themselves are more likely to become active citizens in their local communities. Jointly, the school and its community will have a positive impact in creating a social and physical environment conducive to better health.

## **10. SUSTAINABILITY**

All levels of government must commit resources to health promotion in schools. This investment will contribute to the long-term, sustainable development of the wider community. In return, communities will increasingly become a resource for their schools.

### ***Investing in the Future***

These principles are enshrined within the concept and practice of the health promoting school. They provide the basis for investing in education, health and democracy for generations to come.

The Conference invites the European Commission, the Council of Europe and the WHO Regional Office for Europe to continue their support and leadership for this important work. The Conference asks all three organizations to act on this resolution.

***Every child should now have the right to benefit from the health promoting school initiative.***



**European Network of Health Promoting Schools**  
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WHO Regional Office for Europe  
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