



S·H·E

Schools for Health in Europe



# SHE SCHOOL MANUAL 2.0

December 2019

A Methodological Guidebook to  
become a health promoting school

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## SHE SCHOOL MANUAL 2.0

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## CHAPTER 1.

# WHY A NEW EDITION OF THE SHE SCHOOL MANUAL?

The need to update the SHE online manual emerged from the current social challenges that countries face, as emphasized in the 5th European Conference<sup>1</sup> on Health Promoting Schools. Cultural and religious diversity, political and economic crisis, climate change, issues related to gender and non-communicable diseases among others are key and current issues which result in changes in the environmental and societal determinants of health; The lessons learned from the 5th European Conference on Health Promoting Schools [1] reaffirms the importance of a strong future commitment for action from all the Schools for Health Foundation members<sup>2</sup> (See below).

### Moscow Statement – “Recommendations for action” - 5th European Conference on Health Promoting Schools

**A.** We recognize and reaffirm the established values and pillars of the Schools for Health in Europe (SHE) network Foundation. Especially in times marked by uncertainties and ambiguities, the Health Promoting School stands by its inalienable democratic values. This foundation is the basis for all health-promoting activities in schools and reflects a human and social perspective characterized by openness and mutual respect. (...)

**B.** We recognize that environment, climate and health are closely intertwined and cannot be considered in isolation. Climate and environmental problems affect health, and health choices and actions affect climate and the environment. Environmental, climate and health issues are driven by the same fundamental structural determinants in societies. Health promotion and education for sustainable development or climate change have common goals and fields of action. (...)

**C.** We advocate for a health-in-all-policies approach. Health should be promoted in all environments in which young people live and are engaged in daily activities. Although schools play a significant role in the lives of young people, school health promotion cannot be regarded in isolation from the surrounding community. (...)

**D.** We recognize that Noncommunicable Diseases (NCDs) including mental illnesses are threatening the future of many countries' health and welfare systems and their economies. As emphasized in the Jakarta Call for Action on Noncommunicable Diseases from 2011, high priority should be given in national health policies and programmes to preventing NCDs. To tackle the rising incidence of NCDs, we need to start early; the Health Promoting School can serve as an appropriate setting in which to address the objectives of the WHO global action plan for the prevention and control of NCDs, 2013–2020.(...)

<sup>1</sup> The European conferences on health promoting schools, co-organized by SHE and partners of SHE, are a great opportunity for sharing, systematizing and disseminating the lessons learned by SHE members. Voices of all SHE participants are heard and taken into account to update and upscale the SHE pillars, values and strategies for action. Such pillars, values and strategies are the basis for the SHE manual.

<sup>2</sup> Since the creation of The European network of Health Promoting Schools (supported by a WHO), SHE national coordinators, who represent 33 countries from Europe and Central Asia, have the main role in supporting health promoting schools in their countries through contact and dialogue with school authorities and school practitioners. A few years after the creation of the network, a consortium of researchers and research institutions from different countries in Europe was created: “the SHE Research Group”. The main objective of the SHE Research Group is to support the development of school health promotion in Europe by stimulating, facilitating and coordinating conceptual, theoretical and empirical research.

Based on these recommendations, joint actions are needed to move from a focus on schools only (single setting) to the integration of schools and their surrounding community services, sports clubs, hospitals, workplace etc.. (integrated multi-setting approach). Actions at the school level should always be linked with actions in the local community. One of the strategies to do so is to use co-creation processes<sup>3</sup>.

## 1.1 What is the purpose of the new edition of the SHE manual?

The aim of this manual is to encourage national/ regional SHE coordinators, school principals, school management, teachers, other school staff, pupils and community partners to be involved in the development of health promoting schools. The open and flexible methods presented in this manual on how to become a health promoting school are designed to be tested and modified depending on the historical and socio-cultural specificities of each context and environment.

The SHE manual intends to inspire processes and opportunities to enable, encourage, support and guide children and young people to critically reflect, individually and as part of co-creation groups, to act individually and collectively to promote health and environmental sustainability. Therefore, children at kindergarten and pupils at primary and secondary schools should be involved in issues that concern their health and their environment. With the guidance of adult facilitators, children and young people should develop their action-competence to maintain their own health and improve the conditions for health and environmental sustainability where they live and study.

### **Summing up, this manual aims:**

1. To introduce the concept of health promoting schools.
2. To provide support and inspiration to national/ regional coordinators, policy-makers, school principals, teachers, local facilitators, and all other participants in becoming a health promoting school or in improving an existing health promoting school.
3. To encourage national/regional governments, ministries, in working towards an educational environment where all children and young people are taking part in effective health promotion in their schools.
4. To encourage the design of clear policies, strategies and action plans for the professional development of stakeholders participants in becoming a health promoting school or in improving an existing health promoting school.
5. To encourage national/ regional coordinators, school principals, teachers, local facilitators, and all other participants in co-designing the health promoting school strategy together (integrated multi-setting approach).
6. To support the school in developing pupils' action competence to promote their health.

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<sup>3</sup> Co-creation involves a transdisciplinary team which must include end users and professionals who have a "formal responsibility" in the process. It is based on shared understanding of a situation, creation of a shared language, dialog, combination and mutualization of skills and interdependence and involves shared negotiation of goals. The underlying objective of the process is to initiate a process of change leading to a new prosperity. [32]

## 1.2 Who is this manual for?

The SHE school manual is intended for national/regional SHE coordinators, school principals, school management, teachers, other school staff, pupils and other partners who are involved in the development of health promoting schools from kindergarten to primary and secondary schools. This manual can be used with the support of local/regional health and/or education officers if relevant and feasible. It is desirable that both education and health administrations at the national, regional / local levels support the development of the health promoting school model advocated in this manual.

While the focus is on local kindergartens (pre-school) and primary and secondary schools, the information may also be helpful to those involved in national health promoting school policy development and for use in other academic settings.

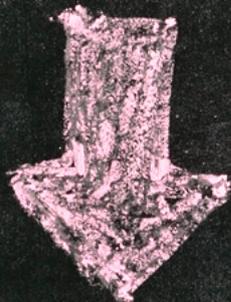
## 1.3 How is this manual structured?

This manual starts with an introduction of the important concepts relating to health promoting schools, which can be expanded in the Materials for teachers - Key concepts and activities: Learning about health and health promotion in schools [2], available on the SHE website. Also it is important to start with a common understanding of the SHE pillars and values and a flexible approach to health promotion, which fits the needs and specificities of the context.

The second section describes a step-by-step guide on how to become a health promoting school in five, consecutive phases that represent an on-going and cyclical process. This process was in the previous version of the SHE online manual. Feedback from SHE members highlighted that this 5-step process was useful to organize the strategy to become a health promoting school.

In the third section, stakeholders are encouraged to use activities to co-design and co-create together a health promoting school strategy, from beginning (collaborative problem formulation) to end (co-creation of solutions).

Good Health



Good Life

CHAPTER 2. \_\_\_\_\_

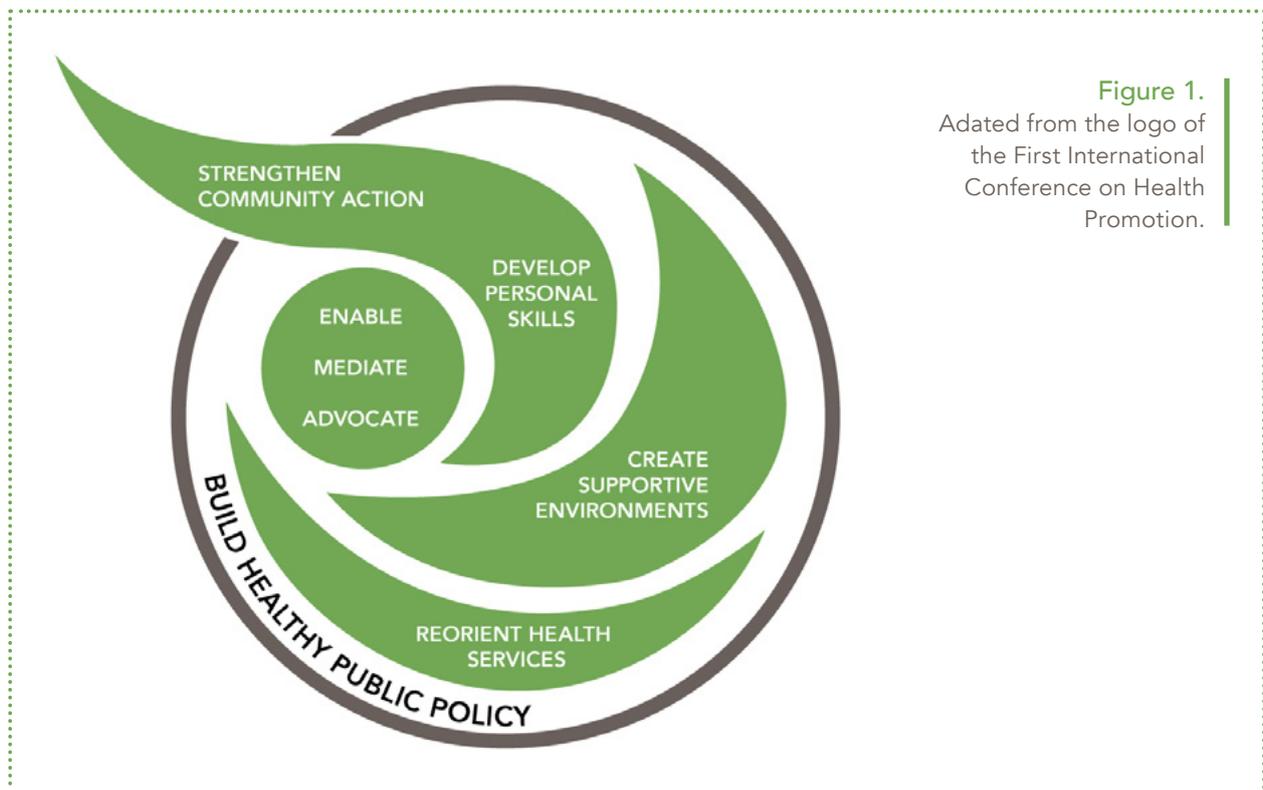
# WHY BECOME A HEALTH PROMOTING SCHOOL?

## 2.1 What is health promotion?

The Ottawa Charter from the First International Conference on Health Promotion, held in Ottawa in November 1986, stated that health promotion is “the process of enabling people to increase control over, and to improve, their health” [3]. The Charter also assumed that health should be treated as a resource rather than an objective. Peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity are among the necessary conditions to promote and sustain health.

### Relevant and efficient strategies to promote health include (See Figure 1)

- Strengthening community action
- Developing personal skills
- Creating supportive environments
- Enabling, mediating, advocating
- And reorienting health services



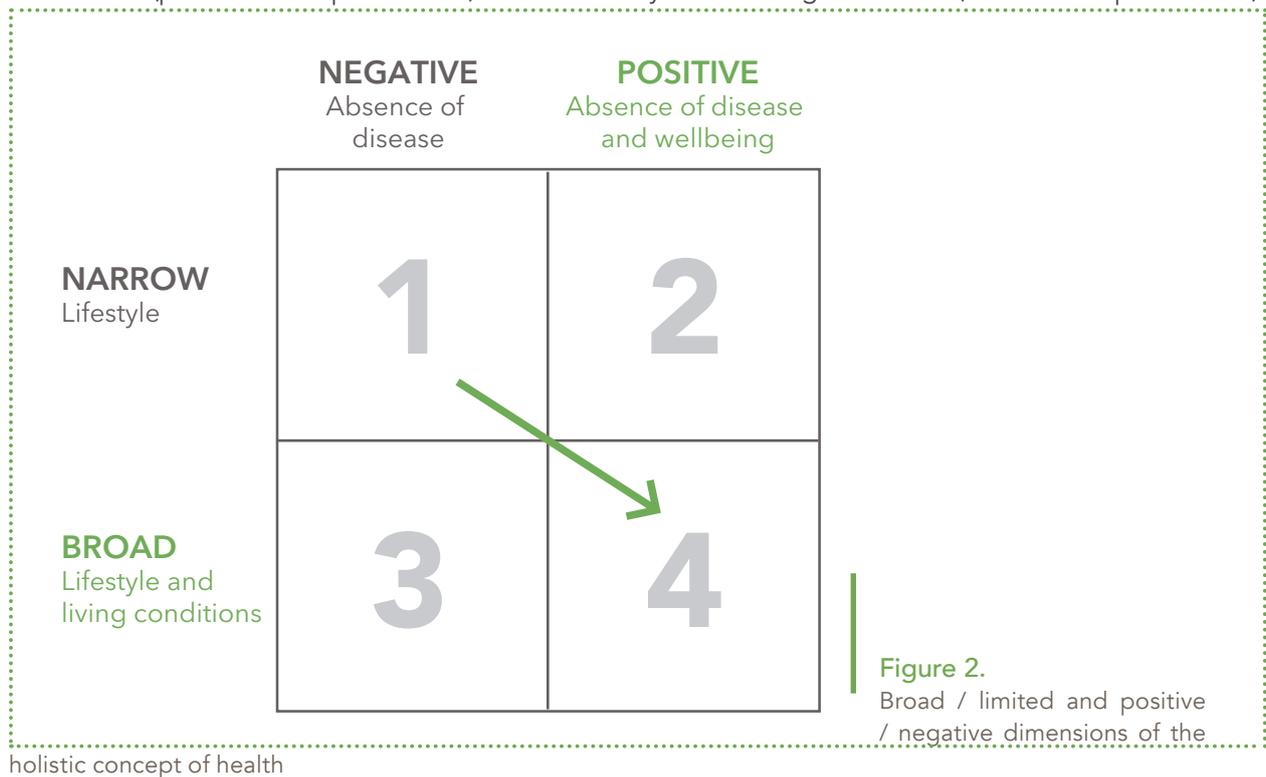
The Ottawa Charter puts forward five key action areas in Health Promotion (build healthy public policy, create supportive environments for health, strengthen community action for health, develop personal skills, and re-orient health services) and three basic Health Promotion (HP) strategies (to enable, mediate, and advocate). According to the World Health Organization, the logo in Figure 1 represents the idea that Health Promotion is a comprehensive, multi-strategy approach. Overall, the design of the Health Promotion logo is open showing the wings that are now reaching out of the circle, representing the fact that the field of health promotion has grown and developed. The present and future of health promotion is to reach out to new stakeholders and partners, at all levels of society, from local to global level.

Our health is dependent of both natural and social systems, and their interactions, therefore we need to adopt an eco-social approach in health promotion, recognizing the interactions between the ecological and social determinants of health [4]. In this sense we advocate that health promotion intervention has three key principles [5]: participation & co-creation; a positive & broad health concept; setting & synergy.

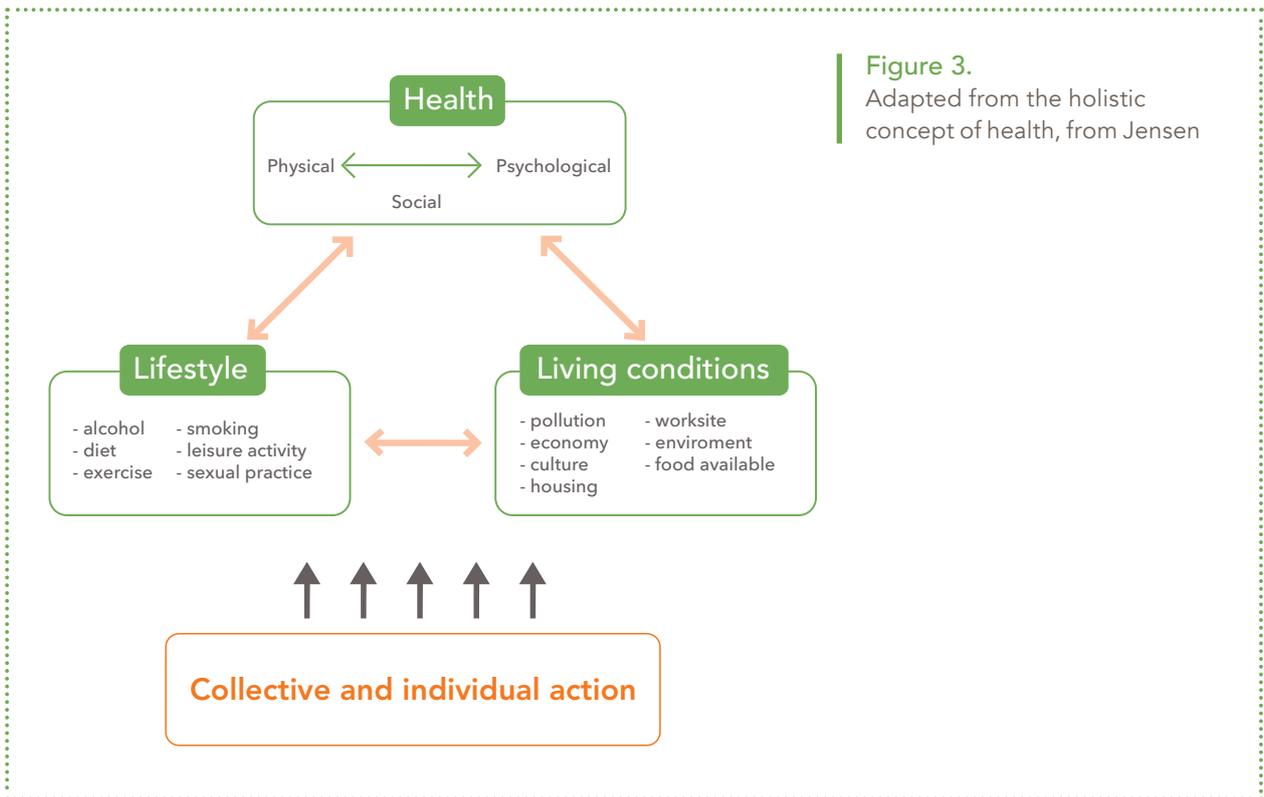
## 2.2 How is health defined from a health promotion perspective?

There is no single definition of health. However, health can be described as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” [6].

WHO’s holistic concept of health introduces the subjective dimension of “state of physical, mental and social well-being”. Huber provides a positive definition of “health” as “the ability to adapt and to self-manage, in the face of social, physical and emotional challenges” [7]. In this sense, it is useful to reflect on the educational implications of moving from a negative concept of health “absence of disease”, to a positive and holistic concept of health. This implies working with well-being without losing the perspective of the disease (positive concept of health) and with lifestyles and living conditions (broad concept of health).

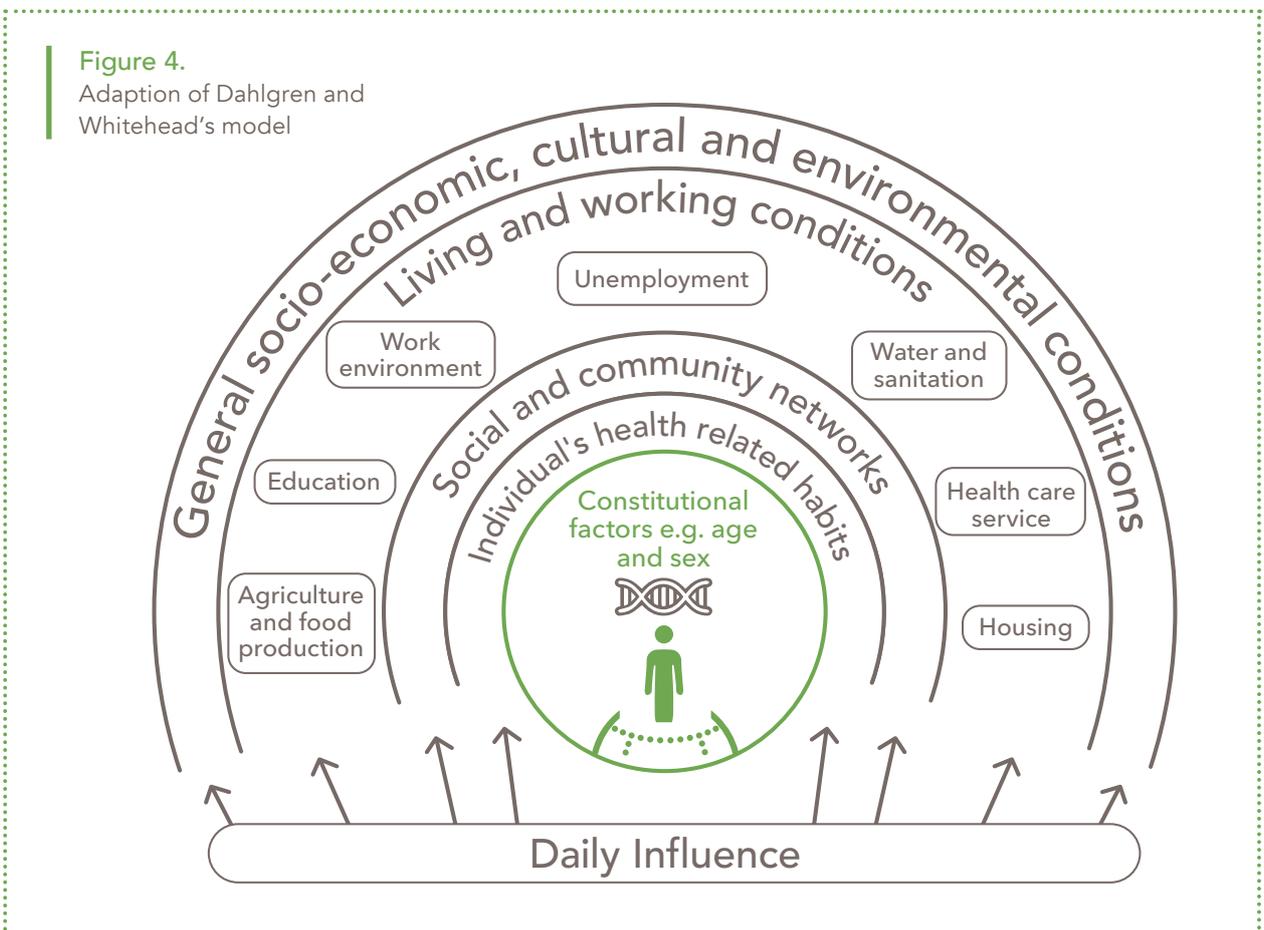


Pupils involvement in participatory and action-oriented projects that address health in the classroom, school and society indicates that the World Health Organization’s definition of holistic health is firmly embedded in the democratic health education paradigm. According to Jensen [8,10] the concept of health that can be used as a basis for teaching is holistically and action oriented. Holistic guidance involves two types of completeness, namely, looking at the person as a whole and in a whole environment (Figure 3).



**Figure 3.**  
Adapted from the holistic concept of health, from Jensen

Many determinants influence people’s health, as presented in adaptation of Dahlgren and Whitehead’s model (Figure 4):



**Figure 4.**  
Adaptation of Dahlgren and Whitehead’s model

Lifestyle and living conditions are two important factors in health [10]:

- **Lifestyle** includes health behaviours and habits such as diet, exercise, social relations, substance use and sexual behaviour. Individuals often have an influence over their own lifestyle choices.
- **Living conditions** refers to the settings where people live and work as well as how the surrounding environment and society impact an individual's life. Living conditions can be difficult but not impossible to change, and this is important to try to improve.
- **Lifestyle and living conditions** are interconnected. For example, living in a safe neighbourhood, where there are places for children to play outside increases the likelihood that the children will get enough physical activity.

**Health** is achieved through the interaction between people and their environment. Therefore, promoting health includes both individual behaviour and quality of their social relationships, environment and living conditions. Health promoting schools reflect how these individual and environmental factors are influencing health and well-being.

This holistic concept of health can be used by teachers to structure their teaching methods so that they, for example, enhance mental health and promote academic achievement at the same time (through the development of pupils' social skills).. The underlying aim is to ensure that pupils leave school with a positive view and positive attitudes towards health, and an understanding of the relationship between health and the social and physical environments, which they need to function as citizens in a democratic society [10].

### 2.3 Why is health promotion important in school?

Health and education are interconnected [12,13]:

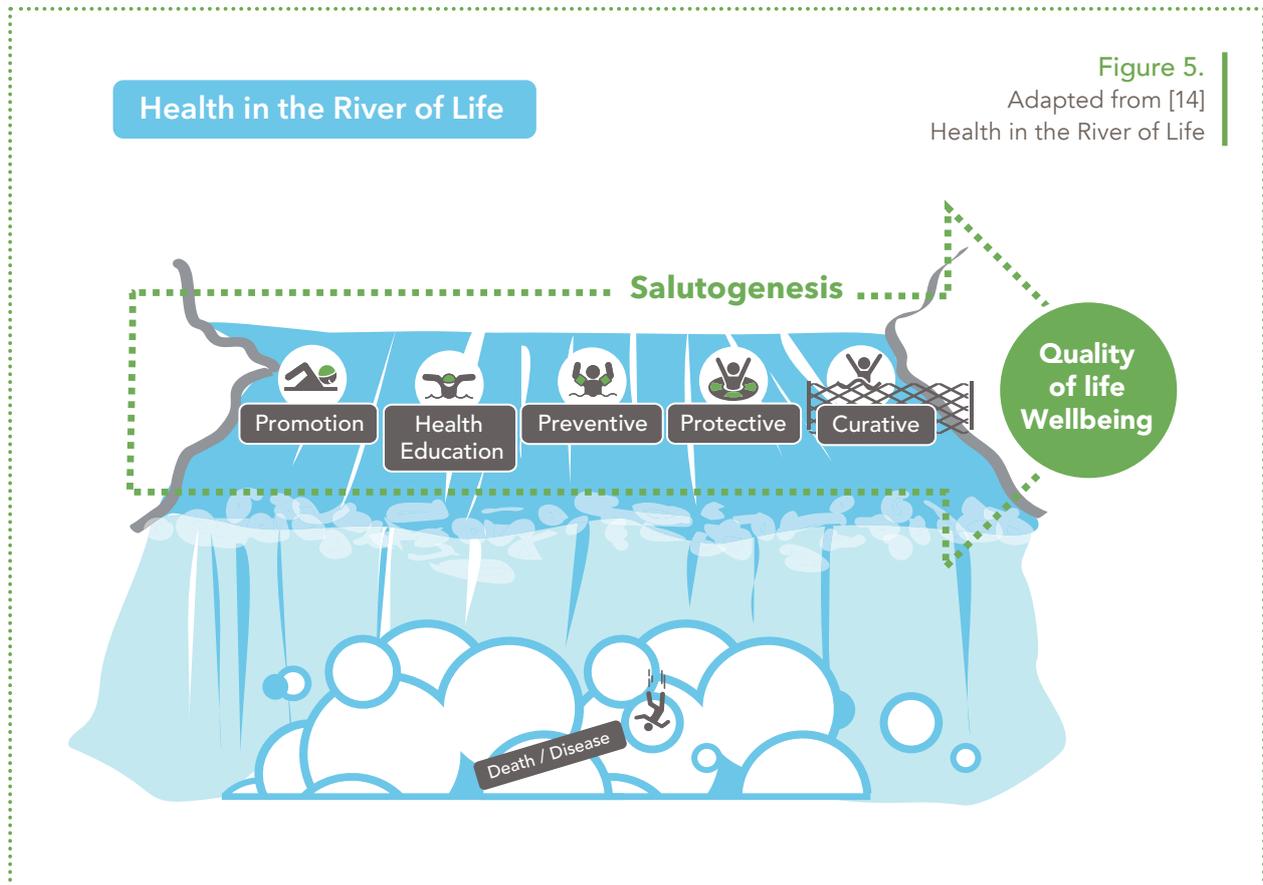
- Healthy children have a greater learning capacity and better school attendance
- Children who attend school are more likely to be healthy
- Pupils who have a positive connection with their school and significant adults are less likely to participate in risky behaviours and are more likely to have positive learning outcomes
- Educational attainment is positively linked to long-term economic prosperity and health outcomes
- Promoting the health and well-being of school staff can lead to reduced staff absenteeism and higher work satisfaction
- By actively promoting the health of school staff as well as pupils, the school staff will have the potential to be positive role models

Therefore, promoting health in your school can support you in reaching your school's educational, social and staffing objectives as well as impact the health of the whole school community.

For additional information on why health promotion is important in school, see SHE factsheet 2; the factsheet is available on the SHE website.

## 2.4 What is health promotion in school?

Health promotion in schools can be described as “any activity undertaken to improve and/or protect the health of everyone in the school community” [13]. Figure 5 represents a salutogenic interpretation of the Ottawa Charter [14].



From a salutogenic interpretation of the Ottawa Charter by Monica Eriksson and Bengt Lindstrom [13, p.194] “the river as a metaphor of health development has often been used. According to Antonovsky, it is not enough to promote health by avoiding stress or by building bridges keeping people from falling into the river. Instead people have to learn to swim (Antonovsky 1987).”

According to the Ottawa Charter, “health promotion is the process enabling individuals and communities to increase control over the determinants of health thereby improving health to live an active and a productive life [3].” “The salutogenic view implies strengthening people’s health potential making good health a tool for a productive and enjoyable life” [13].

Health promotion in schools includes efforts to create a healthy school environment, school policies and curriculum to make the healthier option more accessible. But it also includes health education, i.e. what you teach in the classroom.

A health promoting school is “a school that implements a structured and systematic plan for the health, well-being and the development of social capital of all pupils and teaching and non-teaching staff” (Marjorita Sormunen at the 5th SHE conference). A health promoting school is more than a school that has health promoting activities. It is a school that applies the whole school approach to health.

A health promoting school addresses health and well-being in a systematic and integrated way and has a written school plan or policy. It is action-oriented and participatory; the whole school community, including pupils, teaching/non-teaching staff and parents, takes an active role in the decision making and activities. It also focuses on capacity building which relates to developing the knowledge, skills and commitment of all school community members to promote health and well-being.

For more information, you could access the SHE website for the Module on School Health Promotion, Materials for teachers - Key concepts and activities: Learning about health and health promotion in schools [2]

## 2.5 Whole-school approach

The manual makes use of the whole-school approach to health promotion. The approach focuses on achieving both health and educational outcomes through a systematic, participatory and action-oriented approach. It is grounded in the evidence of what has been shown to work in school health promotion research and practice.

Evidence shows that whole school approaches to health and sustainable development are in fact closely linked, showing that the health of pupils and the sustainable environments in which they live are both fundamental to their learning outcomes. St. Leger [13] argues that advocacy is needed to strongly link health promotion and the promotion of sustainable environments.

**The whole-school approach to health promotion can be divided into six components:**

<b>Component 1</b>	Healthy school policies are clearly defined documents or accepted practices that are designed to promote health and well-being. These policies may regulate which foods can be served at the school or describe how to prevent or address school bullying. The policies are part of the school plan.
<b>Component 2</b>	School physical environment includes the buildings, grounds and school surroundings. For example, creating a healthy physical environment may include making the school grounds more appealing for recreation and physical activity.
<b>Component 3</b>	School social environment relates to the quality of the relationships among and between school community members, e.g., between pupils themselves and pupils and school staff. The social environment is influenced by the social competencies of the members of the school community, and also relationships with parents and the broader community.
<b>Component 4</b>	Individual health skills and action competencies can be promoted through the curriculum and through activities that develop knowledge and skills which enable pupils to build competencies and take actions related to health, well-being and educational attainment. Actions should be included in the school's everyday life. They should aim at, for example, healthy eating, daily physical activity, developing social skills and health literacy
<b>Component 5</b>	Community links are links between the school and the pupils' families and the school and key groups/individuals in the surrounding community. Consulting and collaborating with community stakeholders will support health promoting school efforts and support the school community in their health promoting actions.
<b>Component 6</b>	Health services are the local and regional school-based or school-linked services that are responsible for the pupils' health care and health promotion by providing direct pupil services. This includes pupils with special needs. Health service workers can work with teachers on specific issues, e.g., hygiene and sexual education.

By addressing health and well-being simultaneously through the six components, they reinforce each other and will make your efforts to promote health more effective.

For example, healthy eating behaviour can be promoted through school policies that regulate which foods can be served and made available at school. The school canteen can be designed to be a positive social and physical environment where pupils and staff come to eat and socialize. By creating a positive environment, pupils and staff will be less likely to go off campus for lunch where they are more likely to choose less healthy food options. Furthermore, nutrition, food appreciation and knowledge of healthy food choices can be taught in the classroom as a group and individually. Involving parents and local restaurants and other businesses can further strengthen your efforts in the school setting.

For more information, you can access the SHE website - the Module on School Health Promotion: Materials for teachers - Key concepts and activities: Learning about health and health promotion in schools [2].

## 2.6 What works for Health Promoting Schools?

Several factors have been found to contribute to effective health promoting schools.

### **These factors include [13]:**

- Developing and sustaining democracy and participation within the school community.
- Ensuring that school community members, including pupils, staff and parents, have a sense of ownership in the life of the school.
- Following the whole-school approach to health promotion instead of the traditional classroom-only or single intervention only approach.
- Creating a social environment that supports open and honest relationships within the school community.
- Creating a climate in which there are high expectations of pupils' social relations and academic achievement.
- Using diverse learning and teaching strategies, to account for different learning styles including providing the same information through different channels (e.g., curriculum, policy/rules, activities outside the classroom).
- Exploring health issues in the context of pupils' lives and community.
- Keeping in mind that health promoting school outcomes occur in the medium to long-term period (3-4 years after becoming a health promoting school) and that effective implementation is the key to success.

For more information about the history of the approach - see Appendix 1 "Let's go back in time to understand the key challenges and priorities".



## CHAPTER 3. \_\_\_\_\_

# HOW TO BECOME A HEALTH PROMOTING SCHOOL IN FIVE STEPS?

The *Guide* described in this chapter is a revised edition of the SHE online school manual. The changes made to the first version of the SHE Manual, namely the SHE online manual, were directed by the results from interviews of SHE members about their use of the manual, and their suggestions for improvement. As mentioned by Safarjan, Buijs and Rüter (2013) this *Guide* is based on “HEPS Tool for Schools: A Guide for School Policy Development on Healthy Eating and Physical Activity and the Dutch online Manual healthy high school” [15].

**Here are a few examples of the feedback and value given to this step-by-step guide on how to become a health promoting school by SHE researchers from different countries:**



*Well, when we received the five-step SHE manual to become a health promoting school, the truth was that it was very exciting as it is a very good, and a fantastic resource. It's fine. It's a great resource for those who had nothing to becoming a health promoting school. There was nothing in the country and one way to start organizing a network of health promoting schools is to have a common document. The idea was fantastic and a great help. (...) I know that in Spain it is used at least in various autonomous communities"*

*(SHE researcher from Spain, 2019)*



*I think SHE school manual is very useful and a good starting point for our schools. I think it is important to transform the SHE manual into a mobile application. In Croatia all pupils have mobile phones and use many different applications"*

*(SHE researcher from Croatia, 2019)*

The *Guide* “5 Steps to a Health Promoting School” can be used in different ways depending on your school community’s needs and priorities. It is meant to support you in the process of becoming a health promoting school. It is important to emphasize and recognize that **most schools may already have done a lot of work on health promotion, such as teaching health topics as part of the curriculum or making projects to promote social/emotional health.**

The five phases to become / remain a health promoting school can be used to initiate, upscale, sustain, and inspire the process of becoming and/or remaining a health promoting school. It is intended to support the design of making a more comprehensive action plan to put your own project into practice. For schools that are already health promoting schools, the phases can be used to assess and update the current health promoting school plan and activities, with a view to make further improvements and improve sustainability.

This step-by-step guide on how to become a health promoting school, presents five consecutive phases that represent an on-going and cyclical process (Figure 6).

**Figure 6.**

Key phases for a whole-school approach to becoming and remaining a health promoting school



Ideally, it is a cyclical process, but in reality, you may want to start with step 4 straight away. This is not a problem in itself, but when using the school manual we hope that schools will also consider earlier steps.

This *Guide* does not include suggested health topics to address in your health promoting school. Choosing your health topics is part of the process. The content of your health promoting school should be your decision as a school, which you will make during phase 2.

### 3.1 Phase 1: Getting started

#### ➡ Making the commitment

Your decision to become a health promoting school can arise from different situations and can be initiated by different actors either in or outside your school community.

**For example:**

- National or regional health authorities in your country have made it their goal to assist schools in becoming health promoting schools and approach you to gain your support and co-operation in becoming a health promoting school.
- School staff notice a trend in health topics (e.g., mental health, substance use, bullying or overweight) in your school and decide to address these problems through a health promoting school approach.
- Specific schools in your region or country have become health promoting schools. The attention they receive leads your school staff to become aware of the advantages of incorporating health promotion into your school community.

- It is now your government's education/ health policy to implement the health promoting school approach in schools, requiring you to become a health promoting school.
- Parents of pupils have raised issues with your school about a particular health topic, e.g., mental health, life skills, the quality of food that is offered. You want to address this problem and build it into a health promoting school approach.
- You want to better organise and improve your existing health promoting school activities.
- Your motivation is important for the discussion and the decisions you will make when becoming a health promoting school. Regardless of how the decision has been reached, your health promoting school should include the six components of a whole-school approach.

## Ensure the support of school leaders

The initial support and sustained commitment of the school leaders, school management and head teachers, is essential to becoming and remaining a health promoting school. While health and education officers from outside the school are important in the process, school leaders should take a leading role and responsibility for the health promoting school in partnership with the other school community members.  
ex: providing guarantees of support to the process such as local policies, resources, training etc.

If the decision to become a health promoting school is coming from outside the school, the school leadership may have to be convinced of the benefits of becoming a health promoting school and express their long-term commitment.

The continued and active support of school leadership is important because a health promoting school is a long-term, evolving process, to be planned, carried out, evaluated and improved (Figure 6).

- It may take you a whole year to establish support and to make your health promoting school action plan, and it is also important to maintain that support throughout all other steps.

To effectively communicate the benefits of becoming a health promoting school to your school leaders and get their support, it is very helpful to develop a communication plan. See below how to communicate to school leaders on the advantages of the health promoting schools' approach:

When preparing to communicate the advantages of a health promoting school to the school leaders, it is helpful to consider the following questions and come up with arguments to refute or address them.

What might prevent the school management or head teacher from supporting the decision to become a health promoting school? **For example:**

- The school is already involved in similar programmes, e.g., a sustainable or safe school, and is afraid that the health promoting school will overshadow what is already in place or might require additional work \*
- Limited time/funding
- The belief that health promotion is not a priority for the school setting
- Not convinced of the benefit to the school

What are the priorities of the school management or head teacher?

\* If this example applies to your school, you may want to see the following information: (next page)

## Schools with similar programmes or activities



*“What if my school is already involved in similar programmes or activities to the health promoting school (e.g., safe school or other activities related to health) and the head teachers or school management are reluctant to make another change? They feel that becoming a health promoting school will overload the team and also, they feel that the whole-school approach will replace their current activities.”*

### Suggestion:

The health promoting school can provide a framework to organise such other programmes or activities. This will contribute to making them more effective. This can be an important communication message to express to concerned school leaders.

For more information on developing a communication plan see Table 2 - Planning for communication (and the School action planner (Appendix 2)

## ➡ Gain school community support

Gaining the support and consensus of your school community is crucial to the effectiveness of your health promoting school. Members of the school community need to share a similar vision of what a health promoting school is and what they want to achieve. It helps when there is a sense of ownership and feeling of being involved in the decision making among the whole school community. Head teachers can play an important role in motivating other school community members, e.g., other teachers and school staff.

### Suggestions for building consensus within your school community [9]:

1. Organise a meeting (e.g., for staff, parents and/or pupils) or a school assembly. At the meetings, the head teacher and health representative can involve your school community in a dialogue on becoming a health promoting school. This should be an open discussion in which participants can share their opinions and concerns. At the same time, it is also your opportunity to present the advantages to becoming a health promoting school. When preparing for the meeting/assembly, you may want to refer to Planning for communication and to School action planner (Appendix 2).
2. Visit another health promoting school. Taking your colleagues, pupils and their parents to see a health promoting school can help them see the advantages of the health promoting school approach. Ultimately, it can motivate them to support the decision to become a health promoting school.

## ➡ Identify and engage other stakeholders

There will be other individuals or groups outside the school community who are interested and important in the process of becoming a health promoting school. These stakeholders are individuals or groups, such as community leaders and local public health agencies, who could assist in the process of becoming a health promoting school.

Identifying and engaging these stakeholders can lead to stronger support for your health promoting school within the broader community (Figure 7).

How and when these stakeholders are involved in the process of becoming a health promoting school depends on the type of stakeholder and is ultimately your decision. If stakeholders can assist you in becoming a health promoting school, they should ideally be involved from the beginning and might be a good candidate for the health promoting school working group. You can also engage stakeholders later in the process.

**For example:**

Once your health promoting school priorities have been chosen, collaborating with stakeholders outside the school may be necessary to be able to carry out the essential changes.

**For example:**

Once you have a draft version of the health promoting school plan, you may want to contact stakeholders from outside the school (e.g., community leaders) to get their feedback and support. You may choose instead to inform them of the health promoting school plan in the Taking action phase (phase 4) of becoming a health promoting school.

**Figure 7.**

Examples of engaging other stakeholders

Further, engaging local health experts and developing a partnership with them can lead you to become a more effective health promoting school. Local health and education experts can provide advice and support in developing, implementing and evaluating your health promoting school.

Each school has their own stakeholders. Some stakeholders will be common to most schools and others will be specific to the school and the school community's priorities. For example, if the school wants to make the route to school safer for walking or cycling, the local or regional government would be an important stakeholder.

**Example: Gaining a politicians support**

In some cases, gaining the support of local politicians is important, but convincing local politicians to support health promotion in schools can be challenging given that the benefits are often observed over the longer term. In Rotterdam, a city in the Netherlands, local politicians were persuaded to support health promoting schools by using the 'maximizing their potential' message. (In this harbour city with high school drop-out rates, local politicians with an interest in educational attainment became ambassadors for the health promoting school approach.)

**➡ Identify your available resources**

Having support for your efforts to become a health promoting school will make your school plan and activities more effective and efficient. At the same time, having sufficient resources to carry out the changes you want to make is equally important.

Before you start planning your health promoting school, you need to take a look at what you already do with regard to school health promotion and what resources you have available to you to further expand and improve your current efforts.

Resources include:

- Human resources such as school staff, parents, key-people of the community and outside experts who are already involved in activities at your school.
- Financial resources including funding that can be used in the process of becoming and remaining a health promoting school.

In doing this you may find that:

- You can plan and carry out your health promoting school with limited resources, and you have the resources that you need.
- You don't currently have sufficient resources. You need to mobilize human capital and/or find a way to raise money or apply for funding.
- There may be a regional or national scheme that can assist you in obtaining additional human or financial resources.
- Your health promoting school activities will have to be limited based on your current resources.

## Set up a working group

Setting up a health promoting school working group is an important first step in your preparation to become a health promoting school. The role of the health promoting school working group is to guide the school community in becoming and remaining a health promoting school. (Box 1)

Note: it is not always necessary to start a new working group. Another approach is to integrate health promotion into an existing working group, eg working group on environment at school. It is for example the case in Flanders, where schools have many working groups.

### Box 1 - What does a working group do?

The role of the health promoting school working group is to guide the school community in becoming and remaining a health promoting school.

- The working group does an assessment of the school's current health related policies and practices to determine the needs and priorities of the school community.
- The working group guides the school community through all the phases of health promoting school development and maintenance.
- The working group supports the continued commitment of the school community in becoming and remaining a health promoting school.

Your health promoting school working group can consist of representatives from your school community and may also include important stakeholders from outside the school. Box 2 shows the possible questions to identify potential working group members and may also include important stakeholders from outside the school.

### Box 2 - Questions to identify potential working group members

1. Who belongs to or is representative of your school community and what perspective/insight could they provide to the activities mentioned in What does a working group do? (Box 1)
2. Are there organizations/individuals outside your school community who should be in the working group? Think of relevant expertise that may be lacking within the school community.
3. What can their role be or what can they contribute to the working group?
4. Who are the most relevant and motivated members both inside and outside your school community?
5. Can these members commit the time necessary to fulfil their role now and, ideally, the next several school years?

Potential members represent your school community, are well respected and competent or particularly interested in the field of school health promotion and are motivated to participate.

#### **Members of the health promoting school working group may include:**

- School director or principal
- Head teacher
- Pupils (past/present)
- Parents
- Teacher who teaches health education
- School nurse/school doctors
- School social worker or psychologist
- Physical education staff
- School governors or boards of management
- Health/education experts outside the school

Once your health promoting school working group is established, it is important to assign a coordinator who will organise the group activities. The coordinator should be someone who can make the time commitment and can competently take on this leadership role. She or he has the support of the whole school community and has the capacity to effect change in the school. She or he may volunteer to be the coordinator or be asked to take on the role. Box 3 presents some tips for setting up a working group.

### Box 3 – Tips for setting up a working group

It is recommended to keep your working group small, preferably between 5 and 8 participants. In a larger group, it can be more difficult to reach a consensus and requires more human resource. At the same time, getting the opinions, support and help of all the representatives of the major target groups is necessary.

It is important to engage pupils actively in the process of developing, carrying out and evaluating the health promoting school. Pupils have an important perspective and giving them an active role in the process will increase their sense of ownership and commitment to adopting and continuing to follow the new policies and practice. Active participation of pupils is central to your health promoting school activities.

Once your health promoting school working group has been established it is important to confirm the role of each member and their commitment to their role. Further, members should agree on how often they will meet and how long each meeting is expected to last. See the School action planner (Appendix 2, p 56) for tables to complete these important steps.

The document *School action planner* can be helpful in establishing a health promoting school working group.

You may already have a school committee or other group that can serve as your health promoting school working group. Box 4 shows an example of a working group based on the My dear Pinocchio: The Italian Way to the Health Promoting School [16,17].

#### Box 4 – Example of setting up a working group and carrying out tasks

**Schools in the Lombardia region of Italy that agreed to participate in the My dear Pinocchio health promoting school programme were asked to follow three steps:**

1. Gain formal approval from the school board
2. Provide a description of the purpose of becoming a health promoting school both in the school plan and on the school website
3. Form a health promoting school working group consisting of teachers, staff, parents, pupils and health officers

**The health promoting school working group was responsible for the following tasks:**

1. To define and research the health status in their school
2. To choose health promoting school priorities with the help of the school community
3. To propose aims, objectives and actions to address the health priorities
4. To integrate health topics/ focus areas into the formal curriculum using participatory teaching methods
5. To integrate health topics/focus areas into the school policy, environment and health services
6. To engage in the process of empowerment which involves the school and outside community and promotes participation
7. To evaluate the health promoting school activities and outcomes in collaboration with an evaluation expert at the local university/or health agency.

The health promoting school working group met at least once a month as needed. In the first meeting they discussed their communication plan to communicate the advantages of becoming a health promoting school to the school community; they had follow up meetings to plan for all the phases of becoming a health promoting school.

## Start to plan for communication

Communication is an important part of every phase of becoming a health promoting school. Within the school community, communicating the right messages and using the right channels will help you gain support for the health promoting school. It will help clarify important steps in the process and can help ensure that the school community has a sense of ownership for the process and results. It is also important to have good communication with stakeholders outside the school community, e.g., to inform them about your health promoting school, gain their support and possibly ask for their assistance.

The messages and channels used will depend on the target group and can differ depending on the phase you are in. For example, the messages you want to communicate to the school community will be different when you are just getting started compared to when you are planning for action.

From the beginning, e.g., when you want to get support from school community members and outside stakeholders, it is helpful to make a communication plan. In this plan you map out your communication goals, messages you want to get across and channels you want to use for each target group. Doing this will help you be more organized and effective.

In your school there may be staff who can help you in making the communication plan. To get more information and to get started, see the document *School action planner* (Appendix 2, p 56).

## Start to plan for evaluation

When you are setting up a health promoting school working group, it is recommended that you start planning for evaluation. It may seem early in the process, but a well thought out and meaningful evaluation requires early planning. This will make the whole process go better.

Once you have established a working group, one of the first tasks can be to decide who will do the evaluation.

- Will your health promoting school working group members coordinate and carry out the evaluation?
- Do you prefer to bring in an evaluator from outside the school? For example, an outside evaluator may come from a local or regional health agency or a local university in the department of social science, public health or education.

For more information on the steps in the evaluation process, see the section *Planning for evaluation*.

Once the evaluator or evaluation team have/has been established, it is a good idea to start planning for the evaluation, e.g., what activities will need to be carried out, when, who and what is in your budget. The details of the evaluation plan, such as what to evaluate and which methods to use can be determined later when you have assessed your school's situation and have chosen your priorities. Your evaluation plan is a part of your overall action plan.

## 3.2 Phase 2: Assessing your starting point

### Assessing your starting point

In this phase of becoming a health promoting school, assessing your school's health status is a central starting point; this includes identifying your school's current health and well-being related policies and practices to determine your school community's priorities and needs. It also includes an assessment of organizational, physical and personal factors and how these factors encourage or hinder the school's health promoting activities.

You may choose to use the *SHE rapid assessment tool* (You have a copy of the SHE rapid assessment tool in the Appendix 3 (p 73) or you can download a copy or fill it out online on the SHE Foundation website to help you in making this assessment or choose your own strategy. *The SHE rapid assessment tool* consists of a series of questions related to the whole-school approach.

Discussing and reaching a consensus on these questions can help you decide what your school's needs and priorities are for your health promoting school. Making this assessment of your school can help you establish a starting point for development, monitoring and evaluation of your health promoting school.

If you decide to use the *SHE rapid assessment tool* it can be used in combination with other assessment methods. For example, it can serve as a starting point for discussion and be followed up with a priority setting workshop; through the priority setting workshop, you can ensure that your health promoting school priorities are priorities of your school community.

Before using the SHE rapid assessment tool or any other assessment method, it is helpful to first discuss, as a health promoting school working group, questions of the type described in Box 5. The questions can help you begin to think about and assess your school's starting point.

#### Box 5 - Questions to help assess your starting point

1. Do you already have an existing school policy that focuses on promoting the health of the school community? If yes, is it generally known to and used by staff/the school community? Is it currently in use?
2. Do you have any current priorities in relation to health promotion and well-being in your school?
3. What are your current practices around health promotion in your school? Do they differ by grade level or teacher? Do they include the entire school community?
4. What organizational factors promote or hinder health promoting activities in the school by pupils and staff? For example, the belief that this is a job for the health education teachers only and not a job for the whole school.
5. What physical factors promote or hinder health promoting activities in the school by pupils and staff?
6. What individual factors such as attitudes, beliefs or time, promote or hinder health promoting activities in the school by pupils and staff?
7. Are there ethnic, religious or socioeconomic differences in health behaviour with your school community? If so, what are these differences and how can they be addressed?
8. Are there stakeholders outside your school community who are currently supporting your school health promotion efforts? If so, who are they and what are their roles?
9. What are the current human and financial resources that you have available for your health promoting efforts?
10. Do local/regional/national policy-makers support your project?

You have a copy of the *SHE rapid assessment tool in the Appendix 3* (p 73) or you can download a copy or fill it out online on the SHE Network Foundation website.

## Setting priorities

An effective health promoting school takes a broad approach to promote health and well-being. At the same time, it is important for you to set priorities regarding which health topics to focus on. We recommend that you focus on 2 or 3 health topics, introducing one topic per year, to ensure that your school can effectively carry out and continue them. Of course, priorities depend on country contexts, for example, in Hungary, schools have to focus on all 4 basic health promoting tasks (healthy eating, daily physical activity, enhancing mental health, developing health literacy). Setting priorities in Hungary is consistent with how to improve the implementation of the 4 action targets.

The health promoting school working group can play an important role in prioritizing health topics, but their specific role will depend on the school. Your health promoting school working group may decide to choose the health topics. For example, they may use the SHE rapid assessment tool and further discuss, to choose tentative priorities and then ask other school community members for feedback before finalizing their choices.

## Priority setting workshop

Alternatively, your health promoting school working group can play a supervisory role in assisting the school community in setting priorities. This approach can take the form of a priority setting workshop (Box 6).

### Box 6 - Priority setting workshop

#### **The purpose of the priority setting workshop is:**

- To obtain further school community support for becoming a health promoting school
- To gain consensus on and a sense of ownership for the health promoting school focus and priorities
- To discuss and choose priority areas

Role of the health promoting school work group: One or two health promoting school working group member(s) can serve as the workshop leader(s). They develop a strategy for choosing and approaching potential workshop participants and organizing the workshop(s). The entire working group votes on the final health topics to include in the health promoting school based on the results from the workshop.

How the workshop works: Members of the school community are selected or volunteer to take part in the workshop. They are divided by groups of school staff, parents and pupils.

#### **We suggest carrying out the workshop in three parts:**

1. Introduction: Participants are informed about the outcome of the school assessment and provided with an overview of how the workshop works along with the goals and the process of setting health priorities.
2. Setting priorities: The workshop participants are guided by the workshop leader to choose several health priorities.
3. Conclusion: As a group, the participants choose 3-5 health priorities to address over the next 3-5 years, introducing one topic per year.

At the end of the workshop, each group can present their final health priorities. The workshop leader or leaders compile(s) the results and presents them to the health promoting school working group for discussion and final priority setting. The workshop can be carried out in 1.5–2 hours.

#### **Involving pupils**

Depending on the pupils' age and capacity to understand and participate in setting health priorities, it may not be appropriate to include them in a workshop group. You will have to make this judgment. If the pupils do participate, the workshop should be adapted to their level of development.

Alternatively, it might be more appropriate to ask the pupil's teacher to lead a priority setting session in the classroom, consisting of brainstorming, prioritising and finally choosing two or three priorities.

In the priority setting workshop, a selection of school community members is separated into groups of school staff, parents and pupils and guided by workshop leaders to prioritize and choose health topics to be addressed in the health promoting school. The health promoting school working group then uses the results of the workshop(s) to finalize the health topics.

## Questionnaire-based feedback

Instead of the priority setting workshop, school community members can complete a written questionnaire in which they indicate to what extent different health topics are important to them. After gathering the results, the two or three most highly scored items are included as health promoting school priority areas. Once you set priorities you may find that addressing your priorities requires involving outside stakeholders in your health promoting school, e.g., experts on a specific health topic.

### 3.3 Phase 3: Planning for action

#### Planning for action

Once you have assessed your school's starting point and have identified your school community's needs and priorities you can use this information to make your health promoting school action plan.

In this phase, members of your school community work together to decide the future of your health promoting school, i.e., what they want to focus on, what they want to achieve and how and in what timeframe.

It is recommended to focus on implementing one priority per school year. That is, in the first school year activities related to priority A are implemented. In the second school year the activities related to priority A will continue and new activities related to priority B will be put into action. In school year three activities related to priority A and B will continue and activities related to priority C will be put into action. Continuing the activities related to each priority may include checking regularly whether a certain activity which was introduced is still in place. By phasing in priorities in this way, the amount of time spent on priorities that were introduced earlier will be less and the activities will be more focused on maintenance/refinement then introducing new things.

## Developing an action plan

A next step in turning your health promoting school ideas into actions is to develop a concrete action plan. The action plan helps you to achieve your health promoting school aims and objectives and to evaluate the success of your health promoting school. It includes a list of strategies and activities that will be used to achieve the aims and objectives along with a timeline of when they will be implemented. It might also be useful for you to write down the materials that you will use and who will be responsible for carrying out specific activities (Box 7).

### Box 7 – Things to consider when writing your plan

**When writing your action plan it is important to consider the following things:**

1. The characteristics, needs and priorities of your school community
2. The action plan/activities in the action plan should be reasonable in the expected completion time and with consideration of your available human and financial resources
3. The tasks, roles and timeline for action should be clearly outlined and documented. The School action planner may be helpful in mapping out the details before writing the planning document
4. A limited number of activities and focus areas should be introduced at one time. Carrying out too many changes at one time may overload your school staff, reducing quality and motivation

Your action plan should also include a strategy for preparing the school community to implement the health promoting school plan, for example, providing your school staff with related professional development training.

Before you develop the action plan, it is advisable to link up with regional education or public health experts for guidance in formulating a realistic plan.

You can develop your own sustainable action plan using the *School action planner* (Appendix 2).

## ➡ Aims and objectives

Developing clear and reasonable aims and objectives helps clarify the health promoting school goals over the next school year and coming 3-5 school years. Aims and objectives also set the stage for evaluation; they are the basis for determining whether the health promoting school was successfully implemented and whether it achieved the intended outcomes.

- **Aims** are the overall desired improvement in health and well-being and should be based on the chosen priority areas. Schools may also set aims relating to knowledge, skills and the environment which will influence health and wellbeing.
- **Objectives** are aims broken down into measurable activities and outcomes that are expected to achieve the aims.

Objectives should be SMART, i.e., Specific, Measurable, Achievable, Relevant and have a Timeframe in which they will be reached. SMART objectives help you in making your evaluation plan.

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## Process and outcome objectives

**There are two types of objectives, process and outcome objectives:**

- **Process objectives** are activities that will be implemented to achieve the aims, e.g., a specific number of teacher training sessions related to health promotion or the number of pupils who participated in the priority setting workshop. Process objectives correspond with the process evaluation.

- **Outcome objectives** are measurable outcomes, more specific versions of the aim that determine whether the aim was achieved. For example, an outcome objective may be a measurable change in pupil/staff health behaviour or emotional well-being, or knowledge, skills, and also pupils' environment. Outcome objectives correspond with the outcome evaluation.

See the components of the whole-school approach when coming up with your aims and objectives. Ideally, you will approach your priorities through several if not all of these channels. This will help ensure that your health promoting school is effective and imbedded structurally in the school which will ensure that it is sustained.

Be realistic when choosing the timeframe for completing the objectives and the level of change that is expected. Health and/or education experts from outside your school community can help you in this process. Box 8 describes an example of a plan regarding school bullying and violence.

### Box 8 – An example on how to address school bullying and violence

An alarming trend in school bullying and school violence lead the headmaster at the 24th primary school, Piraeus, Greece to invite researchers and health promoters from the Institute of Child Health to help in developing a health promoting school plan. The school's starting point was assessed with the collaboration of researchers and school teachers.

The main objective of the health promoting school was to develop a friendly school emphasizing understanding, genuineness, and respect among school pupils, parents and teachers. The objective was chosen in collaboration with the pupils, teachers and health promoters. Pupils chose and carried out the health promoting school activities with the guidance of teaching staff.

#### Activities:

- Pupils, guided by teachers, did research on the experience and feelings of the school community regarding bullying
- Pupils outlined their vision of a health promoting school
- Pupils wrote stories and made drawings of both positive and negative school events
- Pupils did role-play and theatre performances related to communication, friendship and problem solving
- Pupils worked to make the school an emotionally pleasant and rewarding environment
- 5 school teachers received 9 hours of training related to creating and evaluating the health promoting school, developing skills related to school health promotion and practicing methods of active learning
- The health promoting school was celebrated with a festival and exhibition to present the pupils' work to the school community

## Indicators

An indicator can be compared to a road sign; it "shows whether you are on the right road, how far you have travelled and how far you still have to go." [18]. In other words, indicators help measure the health promoting school's progress, how far you have come and how far you still have to go to reach the aims and objectives. Indicators reflect the programme/activity development and implementation process or outputs/outcomes; they are used in monitoring and evaluation of the health promoting school.

Indicators should be SMART (Specific, Measurable, Achievable, Relevant and have a Timeframe in which they will be reached).

Sometimes your objectives can serve as indicators, but sometimes you will have to create separate indicators. This will depend on how complex, specific, and measurable your objectives are.

- Once you have a good plan, carrying out the actions in a complete and systematic way is the key to success of the health promoting school.
- Most goals will be achieved between 3-4 years after becoming a health promoting school.

## Planning for communication

Communication plays an important role in all the phases in becoming a health promoting school. For example, good communication is important in:

- Gaining support for your health promoting school from members of the school and the surrounding community and keeping that support.
- Expressing who is responsible for which activities, e.g., when carrying out your health promoting school action plan and making sure the activities are completed on time.

To communicate effectively in different situation, a communication plan can be very useful.

Steps in the communication plan [19,20]:

1. Make clear communication goals
2. Make clear and simple messages
3. Decide on good communication channels
4. Describe all the communication activities
5. Make a budget for carrying out the communication activities

The first three steps are described in this chapter. You can write down key components of your communication plan in the School action planner (Appendix 2).

## Make clear communication goals

It is important to have clear communication goals as a basis for your communication activities. Communication goals are what you want to achieve with your communication messages [20].

- The goals should relate to the knowledge, attitude or behaviour of the target group.
- The goals should be SMART (Specific, Measurable, Achievable, Relevant and have a Timeframe in which they will be reached).

For example, here is a goal for the target group school staff related to knowledge: All of the school staff are aware of the benefits of becoming a health promoting school within the first three months of the planning process.

Examples of possible target groups:

- Pupils
- School board
- Teaching and non-teaching staff
- Parents
- School health professionals (e.g., school social worker and school nurse)
- Local health agencies
- Local media
- Community leaders

## Make clear and simple messages

Once you have made your communication goals, it is important to come up with clear and concise messages for the target groups based on the communication goals.

We recommend spending time making the right messages. Looking at the research about which messages work can be very helpful. In most situations, it is better to use a positive message. For example, you can say that 'pupils will be healthier' or 'pupils will be sick less frequently'.

Here are some tips to creating effective messages:

- Think about whether a positive or a negative message is more appropriate for your target groups and goals
- Think about whether a serious message should be used or whether humour would be more effective
- Make the messages SMART
- Relate the messages to knowledge, attitude or behaviour
- Think about how the messages can support you in becoming a health promoting school

## Decide on good communication channels

The right communication channel is as important as the message itself. When choosing a channel of communication, it can be helpful to ask yourself if it assists you in reaching the communication goal. The channel should also be appropriate for your specific target group. If the parents of your pupils do not use the internet or social media, online and social media channels are not appropriate for spreading communication messages to this group.

Some examples of channels for communication are:

- Brochures, flyers or posters
- School newsletters
- School website
- Informational meetings (e.g., school assembly or meeting with teachers and parents)
- Press release
- Social media (Twitter, Facebook, Instagram)

Note: you may wish to emphasize informal contacts. Addressing people in person at the school gate, for example, vulnerable parents who are difficult to reach through other channels.

## Planning for evaluation

The evaluation for your health promoting school should be planned as part of your health promoting school action plan. Once you have chosen your health promoting school priorities, aims and objectives, you have a better idea what you want to evaluate and in what timeframe.

## Steps in the evaluation process

There are several steps to planning and carrying out an evaluation; they are as follows [21]:

1. In phase 1 (of becoming a health promoting school): Begin planning for the programme evaluation
2. In phase 1: Decide who will conduct the evaluation (e.g., members of the health promoting school working group or an external evaluator in a local or regional health agency; evaluator in a university social science, public health or education department)
3. In phase 2-3: Develop an evaluation plan including details on the evaluation design, timeframe, necessary resources and assignment of tasks
4. In phase 3: Chose an appropriate evaluation method, such as interviews, observations or questionnaires. The appropriateness of the evaluation method will depend on several factors, e.g., how much time and resources you have and what it is that you are measuring. Note that the results from the initial assessment of the school's starting point serve as the starting point for the health promoting school evaluation
5. In phase 5: Carry out the evaluation
6. In phase 5: Use the evaluation results to adjust the existing health promoting school and communicate the results to all partners

The following matrix (Box 9) is based on the scheme that a school in Switzerland made for their health promoting school with the aim of being able to evaluate their programme [21].

Box 9 - Example: Mapping-out the action plan				
	What do we want to change? (quality aim)	How do we see the change? (indicator)	How do we want to achieve the aims? (actions)	When and how do we measure the change? (evaluation)
Aim 1	To increase the participation of pupils and parents	Pupils are involved in decisions; parents have an official delegation	Install a pupil council or parent's meeting and a method for recording and feeding back of the meetings content to the whole school/school principal	At the end of the school year, the work of the pupil council will be evaluated; in summer of the second year it will be clear how the parents' meetings worked
Aim 2	Avoid violence-meet conflicts and difficult situations in a constructive way	Pupils meet difficult situations through dialogue, perhaps with the support of a third neutral person	Peacemaker project which aims to increase pupil dialog and respect for each other	Monthly evaluation at the meeting of the peacemaker children and written evaluation after two years

When planning for evaluation, the following questions related to evaluation may be helpful to consider.

If you choose to answer them in your evaluation, you will have to develop corresponding indicators and measurement methods:

1. To what extent have the activities been implemented as planned?
2. To what extent have the aims and objectives been reached?
3. What are the difficulties and challenges and how can they be addressed?
4. What lessons can be learned from overcoming the challenges?
5. What are the attitudes of the school staff toward the new health promoting school practices?
6. What are the attitudes of parents toward the new health promoting school practices?
7. What are the attitudes of the pupils toward the new health promoting school practices?
8. Have the health promoting school successes been communicated and celebrated?

## Evaluation types: Process, output and outcome

One way to classify evaluation types is by process, output and outcome evaluation.

**Process evaluation** measures to what extent the health promoting school activities are carried out as planned. It is a way to monitor the progress and process of the health promoting school programme and in doing so, to assess what works, what doesn't work and why. Once you know what isn't working and why, you can make changes to the activities, communication or resources so that the programme process is more faithfully and effectively executed. At the same time, successes can be celebrated.

Output evaluation measures the short-term changes. For example:

- A more supportive environment
- A health promotion section added to the school website
- Parents evening on health promotion
- Provision of bicycle storage
- To provide healthy options in the school canteen
- Increased knowledge about making healthy choices and a healthy lifestyle

Outputs are the result of health promoting school activities. The results of the process and output evaluation provide helpful information for mid-way modifications to the plan and programme [22].

**Outcome evaluation** measures to what extent the outcome objectives and/or indicators have been achieved or how effective the health promoting school has been in impacting positively on health. Using the School action planner (Appendix 2), you can fill in your own evaluation plan.

## Writing and revising your plan

Your health promoting school working group is responsible for writing the health promoting school action plan, but we advise you to keep the school community informed of the progress in a way that is simple and clear. It is also good to get feedback from diverse school community members before finalizing your health promoting school action plan. This ensures a sense of ownership for and commitment to the plan and to carrying it out. It might be easier to get feedback in the form of questionnaires adapted for the different respondents (i.e., pupils, teaching/non-teaching staff and parents).

Note that it will take time to get and apply the feedback. This time should be calculated into the health promoting school action plan.

Once all the feedback on the draft of the plan is collected, your health promoting school working group should discuss the feedback and makes the necessary changes.

When writing and revising your action plan, it may be helpful to discuss questions of the type indicated in Box 10. The questions may help you refine your plan.

#### Box 10 - Questions to discuss when writing and revising your plan

- Are your chosen focus areas and aims based on the health promoting school framework and school values?
- Are your chosen priority areas and aims based on your school community's current health needs and priorities as well as the vision for future school development?
- How will the proposed aims and objectives influence the teaching objectives, school targets and organization of everyday activities?
- How will this health promoting school plan/activities influence the existing school policies?
- Have the members of your school community, including pupils been sufficiently consulted during the plan development process?
- Are there specific groups of pupils or components of school life that should receive particular attention in the health promoting school plan/programme as shown in the needs assessment (assessing your starting point)? If so, have they received appropriate attention in your action plan?
- Have all the suggestions and comments been analysed systematically and applied to reflect the wishes of the school community?
- Are the proposed aims and objectives SMART and reflective of your school community's feedback?

### 3.4 Phase 4: Taking action

#### Spreading the word about your final plan

Becoming a health promoting school is a collaborative process, shared by the whole school community. Therefore, distributing and celebrating the final health promoting school plan is part of the process. This gives everyone involved a chance to appreciate the fruits of their labour. It is also an opportunity to inform and gain further support from stakeholders outside the school community. It is important to decide on how and to whom to distribute your final health promoting school plan as a part of your communication plan.

**The School action planner** (Appendix 2) can help you to decide on your communication strategy.

The channels you choose to use to inform school community members and stakeholders outside your school community about your final health promoting school plan will vary depending on the school and target group.

However, possible channels are as follows:

- Circulate the plan among all the parents and school staff by publishing it on the school website and advertising it in the school newsletter
- Organise informational meetings to present and discuss the health promoting school plan
- Inform the pupils through pupil council meetings, classroom discussions, school assemblies, posters and other visual communication methods
- Have a health promoting school noticeboard
- Organise awareness events, for example in the school canteen
- Involve the local media in raising local (surrounding) community awareness of the plan and inform them about the health issues

## Making your plan part of everyday practices

In order to achieve your health promoting school aims and objectives, you will have to make your plan part of the everyday life of your school community. To turn your plan into practice, you will have to carry out the strategies in your health promoting school action plan. Accordingly, the specific activities related to each objective will have to be organized, delegated and provided with sufficient resources.

At this stage in the process, you may want to get additional support from parents, pupils and local partners/stakeholders outside the school community. Box 11 presents different tips for taking action.

### Box 11 - Tips for taking action

- It is advisable to set milestones [8]. Milestones allow you to evaluate the action process along the way and make adjustments accordingly.
- Effective co-ordination and communication is vital at this stage of the process. This ensures that challenges are identified and solved, the necessary actions are taken and are completed on time and that successes can be celebrated. For this reason, it is important that you take the time to share experiences, progress and challenges.
- Sharing good practice examples of the process of becoming a health promoting school with your whole school community can also ensure that everyone has a good understanding of the vision, process and outcome; can stimulate interest in what has been achieved and generate debate leading to refinements in the health promoting school.

It is important to consider the following group of questions when taking action:

- Do members of your school community have a sense of ownership for the health promoting school plan and a commitment to putting it into action?
- Have you promoted your health promoting school in the local community?
- Is your school staff confident in their ability to carry out your plan?
- Is there sufficient time, human and financial resources to adequately carry out your plan?
- Are tasks, targets and timetables clearly presented and communicated?
- Do you have a system in place to provide on-going support and motivation to staff during the action process?
- Have you considered how you will inform and motivate new pupils, staff and teachers about your health promoting school?
- Are there conditions in place to continue carrying out your health promoting school activities over the longer term?

## 3.5. Phase 5: Monitoring and Evaluation

### Monitoring and Evaluation

Monitoring and evaluation provide you with essential information about the health promoting school plan and activities including:

- Progress of on-going activities
- Challenges of and successes in carrying your plan
- Effectiveness of the health promoting school in relation to intended health aims and objectives
- Appropriateness of the health promoting school for the school community over time

The priorities, needs and desired outcomes in a school community can change. Therefore, planning, adapting and carrying out your health promoting school plan is an on-going process. It requires repeated monitoring, evaluation and revision, at least every 3-4 years.

Note that the idea of being evaluated can be seen as a negative experience by school staff and other members of the school community. They may feel like they are being judged. It is important to communicate the benefit of monitoring and evaluation. It is a learning experience, a chance for improvement.



CHAPTER 4. \_\_\_\_\_

# HOW TO CO-DESIGN SCHOOL HEALTH PROMOTION?

## 4.1. Why create bridges between healthy settings?

A setting for health is “the place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and wellbeing. (...) Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organizational structure [23]. Settings such as the school, home and community frame the contexts within which health is influenced, so that the setting approach, has become one of the fundamental international foundations and a focus of attention for planning and implementing health promotion [24].

See Appendix 4 to learn about the history of the setting approach through the charters and declarations.

Schools, cities and communities are critical settings for health. Health is created in the settings of everyday life - in the neighbourhoods and communities where people live, love, work, shop and play [29].

Health promoting schools could build bridges between healthy settings programmes and networks of the local community, and / or act as catalysts for the development of a range of healthy settings programmes in their communities by involving key institutions, organizations or stakeholders in their own collaborative problem formulation and problem solving from the beginning of the identification of school community's needs and priorities.

## 4.2. How can health promoting schools benefit from co-creation?

Co-creation in the context of health promoting schools refers to the fact of inviting school community (usually pupils, teachers, non-teaching staff, school principal, Parents Association, Pupils Association) together with experts and/or stakeholders (such as nutritionist, nurse, a representative of the town hall, a representative of the municipal market or a representative of the local sports club, etc.) to participate in a design or problem-solving process. The aim of such process is to produce a mutually valued outcome regarding health promotion. Therefore, co-creation is a form of collaborative innovation, because ideas are shared and improved together to the collaborative development of new value (concepts, solutions, products and services).

Schools need to establish who are the facilitators (e.g., class tutor, health educator, the team of health education, pupil leader) with competences, or to train them, to carry out this open process of interaction, collaboration and knowledge sharing between participants of the co-creation group, whereby the participating parties engage in a dialogue to jointly define and solve problems in shared, non-hierarchical distributive environment.

In the co-creation process of health promotion using the whole-school approach, all ideas and knowledge (scientific or contextual) are equally valid and valued throughout out a participatory and dialogic sustainable cyclical process (Figure 8).

**Figure 8.**  
Key phases for using co-creation in a whole-school approach



The facilitator needs to prepare and plan the meetings' agenda in advance ("who", "what", "why" and "where", to decide "how" to carry out the meeting), clarifying the objectives and the expected time of each activity, co-creating community rules to establish appropriate ways to interact with each other during the meetings, keeping the discussion moving, monitoring the time of activities, and closing the meeting and renewing the action items for the next meeting or for the future.

According to the Centres for Disease Control and Prevention [25], community rules establish appropriate ways to interact with each other during the meetings of the co-creation group (e.g. pupils in a class with teachers, doctor from local Health Centre and City Council representative).

See examples in Box 12.

### Box 12 - Examples of group rules for a co-creating community

#### Participants are invited to:

- Contribute to the co-creation community through their experiences, skills and time;
- Distribute leadership responsibilities and collectively share co-creation community management;
- Engage in insightful and non-threatening discussions of ideas and experiences;
- Be respectful and use appropriate language in team discussions;
- Listen and respond to each other with open and constructive minds;
- Be willing to share challenges, lessons learned, constraints / barriers faced and successes;
- Not be afraid to respectfully challenge each other by asking questions;
- Refrain from personal attacks;
- Be committed to build on each member's strengths;
- Be committed to help others to improve areas that need further development;
- Use short, clear sentences and avoid using obscure expressions without an explanation;
- Be committed to search for opportunities for consensus or compromise, and for creative solutions;
- Be willing to contribute to an atmosphere of problem solving;
- Promote their personal and professional goals through participation in the co-creation community.

It is helpful that facilitators have skills to promote open dialogue, namely [25]: i) engaging in an open, participatory, transparent, and jargon-free conversation with the co-creation team in meetings, clarifying issues, bringing out viewpoints and synthesizing differences; ii) valuing stakeholders and their ideas; iii) promoting mutual respect among the team members; iv) using essentially open questions to develop open conversations, find out the other person's opinion or concerns, ask for more detail, help to find solutions to problems or negotiate; v) encouraging participants to continue talking; vi) responding to stakeholders' remarks; vii) never impose a solution on to the team; viii) be an active listener to improve communication and address controversial and difficult issues; ix) elicit multiple viewpoints and value opposite opinions.

Co-creation in health promoting schools values the collaborative exchange among multiple and equally valid points of view (pupils, teachers, non-teaching staff, school principal and experts or stakeholders of local community), that weaves new and more shared understandings regarding health promotion.

### 4.3. What kind of activities can be carried out to promote co-creation?

To inspire schools to use co-creation in their processes of becoming and maintaining a sustainable health promoting school, some of the activities built and tested under the Co-creating Welfare project [26] will be described.

Below is a selection of worksheets from the "Co-creating Welfare: Training course material preparing professionals to co-create welfare solutions with citizens" [27] <sup>4</sup>.

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## WORKSHEET 1 - Creating a common understanding of cocreation with the CUbe Activity

### Purpose:

The Coventry University Cube (CUbe) is an easily handled box (no more than 30cm<sup>3</sup>), passed around a group. The CUbe is a tool to capture ideas from everyone in an idea generation session even those who might not normally be able to project their thoughts. The surface of the CUbe is intended for writing and sketching. Every participant has the opportunity to write/draw on the CUbe surface.

As the CUbe is passed around, fast ideas can be generated through upbeat discussion and then these can be written down as they are generated in order to keep a record on the cube. Connections can be made from one idea written on the CUbe to another idea regardless of which side of the CUbe they exist upon (e.g. people can draw arrows between two written notes on the CUbe). Once the artefact is opened out flat, it can be scanned to produce a graphic that can be easily emailed to people who took part in the activity.

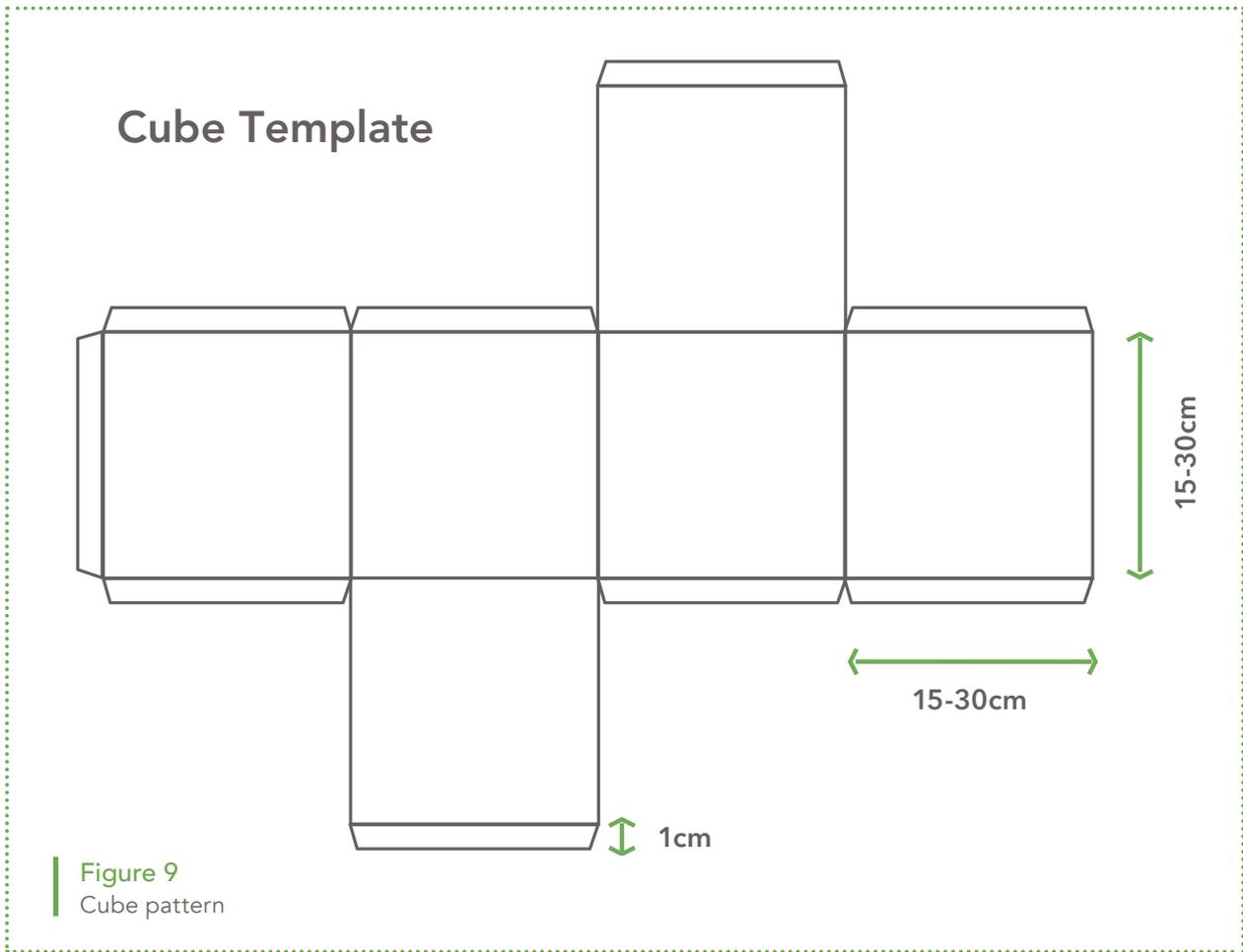
It is preferable if this activity is carried out in a different environment to what participants are used to, for example: If participants usually sit down round a table to discuss things, then we recommend they stand up to make it a driven, active experience. You may want to choose a different part of the room to stand or leave the room and find a different space (e.g., in a less formal room or outside).

### Process:

- 30 minutes is the maximum recommended time for the CUbe activity. The session intends to be a short, punchy experience to encourage rapid, out loud idea generation rather than dwelling on thoughts.
- A short explanation of the question to explore should be proposed to the group before the activity starts (maximum 2 minutes).
- Split the larger group into smaller teams.
- Teams of 6 are preferable but this can be done with teams of 4 to 8 people if needed. Be aware that teams of 4 people require more facilitation to ensure an even spread of involvement during the session. More than 8 requires more control from facilitators and may not yield an even spread of contribution across the participating team within the allotted 30 minutes.

### How to facilitate the CUbe:

- Before starting the activity, explain that the session will take 30 minutes. After this time the CUbe will be removed from the team by the facilitator.
- Introduce the question (maximum 2 minutes).
- Provide 1 CUbe per team. Provide a pen (team may also use their own if preferred).
- Use a Power Point Presentation that has pre-set timing intervals that will indicate time elapsed. An audio file may be recorded by the trainer on each slide to announce the timing interval, otherwise there is a graphic indication. The trainer may wish to adjust the timing interval to indicate time remaining instead of time elapsed. Some trainers may wish to facilitate without the additional support of the presentation. In this case, the trainer will need to announce timing intervals to the group.
- Begin the 30-minute session.
- Let the team know when they have 10 minutes, 5 minutes and 2 minutes left.
- At 30 minutes announce that the session is complete. Remove the CUbe from the team.
- End the Powerpoint presentation.
- Open the CUbe up from the 3D cube shape to its 2D cross shape. Scan or take photo to share with team.



## WORKSHEET 2 - Initiating the co-creation process through collaborative problem formulation with the Fishbowl technique

### Purpose

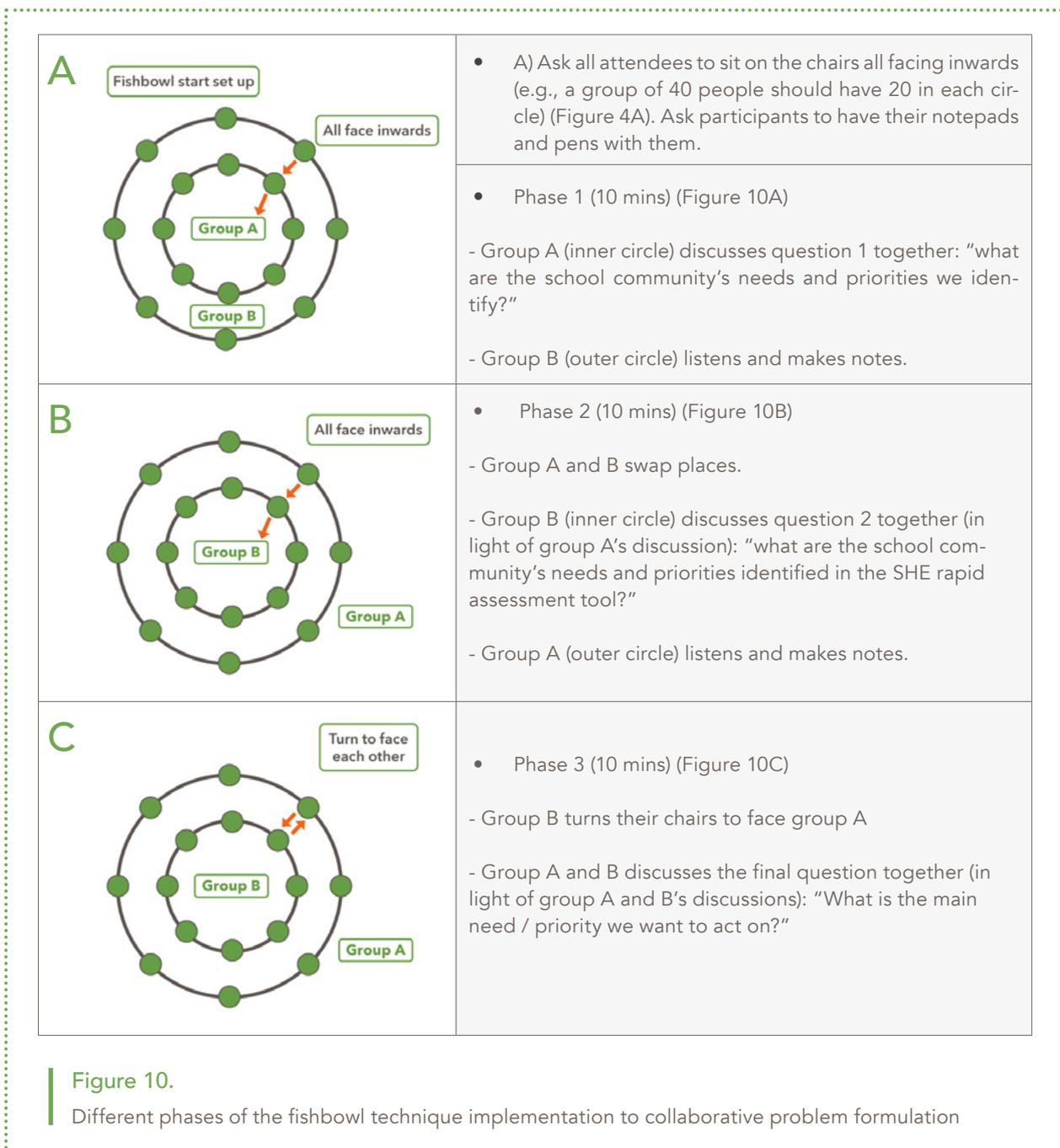
The fishbowl technique was developed largely in clinical psychology practice as a new co-creative think tank helping people to get from insight, to ideas, to evaluation of those ideas in just a single session. In the traditional Goldfish Bowl a small group of people discuss a scenario or case study whilst being observed by an outer ring of people, who reflect on the discussion individually from their own perspectives. The groups then swap over, with the outer group coming into the middle and sharing their thoughts on what they saw, heard and felt during the discussion. Finally, the whole group discusses the issue, capturing key learnings and conclusions.

The fishbowl is a technique to enable simultaneous internal and external observation. By switching observational points of view, the range of perspectives can be increased. The fact of gathering the perspectives together at the conclusion of the fishbowl, provides a rich data set and greater insight.

There are many different versions of doing the fishbowl activity, and this worksheet is one of the ways to do it. This method was chosen because it involves all in the room together in one activity and allows everybody the opportunity to speak, listen and make decisions. It encourages reflection and promotes understanding of individual perspectives.

## Process

The room needs to be set up with chairs in two circles (or whatever shape fits in your room) with the same amount of chairs in the inner and outer circle.



**Figure 10.** Different phases of the fishbowl technique implementation to collaborative problem formulation

### Alternative ways of delivering this fish bowl technique

1. This fishbowl technique has also been used so that group A are one type of co-creator (e.g., pupils) and group B are a different type of co-creator (e.g., teachers, experts). In this scenario, usually group A and B are asked to discuss the same question in phase 1 and 2 (this often helps to emphasise people's needs and constraints as separate groups), and then come together in phase 3 to agree on the main need / priority (or when implemented in other phase to agree on solutions together) taking into consideration the needs and constraints discussed).
2. If you are tight for space you can try splitting the room up and arranging smaller groups (for example around the already existing tables).

## WORKSHEET 3 - Managing the co-creation process with the LEGO ACTIVITY (@Agnes\_Crepet)

### Purpose

This LEGO activity was designed to promote co-creating a solution, and co-creating an evaluation activity/ tool using design thinking. The focus for this activity will be: “how can we evaluate a co-created project? How can we evaluate the benefits of co-creation?”



### Process

If working with a large group, split in groups of 10-12.

### STEP 1: Promoting empathy, and defining needs – 20 Minutes in total

#### Aim of this step:

##### **enabling participants to put themselves in users/patients/citizens place.**

- Each participant is asked to create 2 personas, who represent the users / citizens they work with. (See Persona Worksheet for inspiration) (10 minutes).
- Use Legos to represent the persona, and sticky notes to provide a short description of the person.
- When all the personas are created, ask everyone to introduce their personas. The facilitator writes the main issues/ problems/ stakes on the board at the same time.
- At the end of this phase, participants should have a good idea of what type of problem they are dealing with, what issue they are trying to address (10 minutes).

## Persona Template

NAME		PERSONA TEMPLATE		
AGE		MOTIVATIONS ( Shade bar)	PERSONALITIES	
SEX		Incentive	Extrovert	Introvert
OCCUPATION		Fear	Sensing	Intuition
STATUS		Acheivement	Thinking	Feeling
LOCATION		Growth	Judging	Perceiving
		Power	TECHNOLOGY	
IMAGE		Social	IT and Internet	
		GOALS (that person hopes to achieve)	Software	
		-	Mobile Apps	
		-	Social Networks	
		-	BRANDS (positive or negative characteristics, stigmas, etc.)	
		-		
		FRUSTRATIONS (The pain points he/she would like to avoid)		
		-		
		-		
		BIO		
OBSERVATIONS				

### STEP 2: PROTOTYPING – 20 minutes

- Each team of 10-12 splits into groups of 3-4 people.
- They then generate ideas to find a solution to the problem identified in step 1 and prototype it (15-20 minutes max).

### STEP 3: ITERATION PROCESS – 15 minutes

- Each group of 3-4 pitches their idea to the group of 10 people in 3 minutes.
- Then each participant puts forward the strong points, ideas they liked, as well as the weaker points or changes to be made. This is done very quickly (1 minute per person).

### STEP 4: PROTOTYPING – 15 minutes

- Each group of 3-4 people works on their prototype again taking comments into consideration.
- They then generate new ideas and a new prototype. (15 minutes max)

### STEP 5: ITERATION PROCESS – 15 minutes

- Each group of 3-4 pitches their idea to the group of 10 people in 3 minutes.
- Then each participant puts forward the strong points, ideas they liked, as well as the weaker points or changes to be made. This is done very quickly (1 minute per person).

### STEP 6: PROTOTYPING – 15 minutes

- The whole group then prototype a new solution together.

## WORKSHEET 4 - Dissemination and Communication of the co-creation process and its results with the Pecha Kucha

### Purpose

The word Pecha Kucha is Japanese and means chit chat. It is also a presentation style in which 20 slides are shown for 20 seconds each – this means that your presentation takes in total 6 minutes and 40 seconds. This format keeps presentations concise and fast-paced, but it also encourages you to think more creatively about how to get your message across to your audience.

The Pecha Kucha method is effective when you need to present an idea in a very short timeframe. The exercise focuses on how personal enthusiasm can be transformed and made visible for a larger group/organization. The presentation in Pecha Kucha can help in a very concrete way to engage other people, share knowledge, get new perspectives etc.

### Process

- 10 minutes: Short presentation by facilitator, what is the purpose, how to do a Pecha Kucha and perhaps one example. When making a Pecha Kucha presentation for the first time, it's common to become frustrated by the tight format and to struggle getting the timing between speech and slides right. This information could be shared with participants to make them prepared to become frustrated.
- 50 minutes: Each group that created the shared narrative in the Story Cubes activity prepares one presentation. Due to the time limit they might have to shorten their presentation to less than 20 slides.

### In order to make a Pecha Kucha presentation, you should:

- Start by finding out what your message is. You might have many messages that you would like to share with the audience, but due to the tight format you will have to choose a few.
- Then build up your story. For each slide you have time for what corresponds to approximately 2 or 3 sentences written in the word computer program. You can choose to spend more than one slide on a specific point or topic – that's up to you.
- When making a Pecha Kucha, you can put images, pictures, cartoons, headwords etc. on your slides. Avoid too many words on the slides as the audience won't have time to read it. Remember: Images speak louder than words.
- Then create your slides. In order to keep to the tight format you are encouraged to set the slideshow to automatically change slides every 20 seconds. Now it's time to practice your presentation. And it does take practice, you might feel stressed about the format to begin with, but do not despair. It will get easier along the way and you will make some great presentations. Your audience will love to listen to and look at presentations and messages that will be remembered.
- You can find some great Pecha Kucha presentations on YouTube in order to get some inspiration on how to do it. Good luck working on your new, creative, and effective presentation style.
- 60 minutes. Each group hereafter presents their narrative for the whole group of attendees. Feedback from attendees and facilitator focuses on how the presentation is conceived and what the presentation could perhaps comprise of in the next step.

# REFERENCES.

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- [1] Schools for Health in Europe Network Foundation (SHE) (2019). *The Moscow Statement: Health, wellbeing and education in times of uncertainty*. Retrieved from: <https://www.schoolsforhealth.org/resources/conference-statements>
- [2] Paakkari, L., Simovska, V., Pedersen, U., & Schulz, A. (2019). *Learning about health and health promotion in schools: Materials for Teachers - Key concepts and activities*. Haderslev, Denmark: Schools for Health in Europe Network Foundation (SHE). Retrieved from: <https://www.schoolsforhealth.org/resources/materials-and-tools/teachers-resources>
- [3] World Health Organization (1986). *Ottawa Charter for Health Promotion*. Geneva: WHO. Retrieved from: <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
- [4] Hancock T. (2015). Population health promotion 2.0: an eco-social approach to public health in the Anthropocene. *Can J Public Health*, 106(4):e252–5.
- [5] Jensen, B.B. (2019). *Health Promotion, Version 2.0 - Key principles and challenges*. Retrieved from: <https://www.ntnu.edu/documents/1268773379/1281392859/01-Trondheim+25.9.18+bbj+finals.pdf>
- [6] Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. The definition has not been amended since 1948
- [7] Huber, M., Knottnerus, J. A., Green, L., van der Horst, H., Jadad, A. R., Kromhout, D., & Schnabel, P. (2011). *How should we define health?*. *Bmj*, 343, d4163
- [8] Jensen, B. B. (1997). A case of two paradigms within health education. *Health Education Research*, 12 (4), 419-428.
- [9] Simovska, V., Dadaczynski, K., Viia, N.G., Tjomsland, H.E., Bowker, S., Woynarowska, B., de Ruiter, S., & Buijs, G. (2010). *HEPS Tool for Schools: A Guide for School Policy Development on Healthy Eating and Physical Activity*. Woerden: NIGZ.
- [10] Jensen, B. B. (1995). Concepts and models in a democratic health education. In B. B. Jensen, (Ed.). *Research in environmental and health education* (pp.151-169). Copenhagen: Research Centre for Environmental and Health Education. The Danish University of Education.
- [11] Jensen, B. B. (1994). Health promoting schools in Denmark: an action competence approach to health education. In C. Chu & K. R. Simpson (Eds.). *Ecological public health: from vision to practice* (pp.132-141). Canada e Australia: Institute of Applied Environmental Research, Griffith University & Centre for Health Promotion, Toronto, Canada.

- [12] St. Leger, L. (2015).  
Foreword. In S. Venka, & P. Mannix- McNamara (eds.). *Schools for Health and Sustainability: Theory, Research and Practice* (pp.v-viii). Dordrecht, Heidelberg, New York, London Springer.
- [13] St Leger, L., Young, I., Blanchard, C., Perry, M. (2010)  
*Promoting Health in Schools: from Evidence to Action*. An International Union for Health Promotion and Education (IUHPE) publication. Retrieved from: <http://www.iuhpe.org/index.html>
- [14] Eriksson, M., & Lindström, B. (2008).  
A salutogenic interpretation of the Ottawa Charter. *Health promotion international*, 23(2), 190-199
- [15] Safarjan, E., Buijs, G., & Ruiter, S. de (2013).  
*SHE online School Manual. 5 steps to a health promoting school*. Retrieved from:  
<https://www.schoolsforhealth.org/resources/materials-and-tools/health-promoting-school-manuals/english>
- [16] Bruinen, G. (2009).  
Effective and efficient health promotion in schools; the Rotterdam experience. In G. Buijs, Jociute A., Paulus P. & Simovska V. (Ed.), *Better schools through health: learning from practice. Case studies of practice presented during the third European Conference on Health Promoting Schools, held in Vilnius, Lithuania, 15-17 June 2009* (pp. 33-35). Netherlands: Netherlands Institute for Health Promotion NIGZ. Retrieved from:  
<http://www.academischewerkplaatslimburg.nl/wp-content/uploads/131109-Better-schools-through-health.pdf>
- [17] Vezzoni, M., Morelli, C., Calaciura, A., Mariani, C., Acerbi, L. Tassi, R., Penati, M., Bonaccolto, M., Fantini, Luigi, Sequi, C. & Germani, T. (2009).  
"My dear Pinocchio": The Italian way to the health promoting school. In G. Buijs, Jociute A., Paulus P. & Simovska V. (Ed.), *Better schools through health: learning from practice. Case studies of practice presented during the third European Conference on Health Promoting Schools, held in Vilnius, Lithuania, 15-17 June 2009* (pp. 22-24). Netherlands: Netherlands Institute for Health Promotion NIGZ. Retrieved from:  
<http://www.academischewerkplaatslimburg.nl/wp-content/uploads/131109-Better-schools-through-health.pdf>
- [18] Barnekow, V., Buijs, G., Clift, S., Jensen, B. B., Paulus, P., Rivett, D. & Young, I. (2006).  
*Health-promoting schools—definition and role of indicators in Health Promoting Schools: a resource for developing indicators* (pp. 41-60). Copenhagen: IPC, WHO regional Office for Europe.
- [19] RIVM (2013).  
Handleiding Gezonde School middelbaar beroepsonderwijs. Retrieved from:  
<https://www.gezondeschool.nl/communicatiematerialen-en-instrumenten-gezonde-school-1>
- [20] RIVM (2013).  
Handleiding Gezonde School middelbaar beroepsonderwijs, Communicatieplan. Retrieved from:  
<https://www.gezondeschool.nl/communicatiematerialen-en-instrumenten-gezonde-school-1>
- [21] Lanfranconi, E. (2006).  
A self-evaluation tool for linking health-promoting schools with school development in Switzerland. In V. Barnekow, Buijs, G., Clift, S., Jensen, B. B., Paulus, P., Rivett, D. & Young, I. (Eds.), *Health Promoting Schools: a resource for developing indicators* (pp.159-168). Copenhagen: IPC, WHO regional Office for Europe.

- [22] World Health Organization (2008).  
*School Policy Framework: implementation of the WHO global strategy on diet, physical activity and health*.  
Geneva: World Health Organization Press. Retrieved from: <https://apps.who.int/iris/handle/10665/43923>
- [23] World Health Organization (1998).  
Health Promotion Glossary. Geneva: World Health Organization Press. Retrieved from:  
<http://www.who.ch/hep>.
- [24] Kokko, S., Green, L.W., & Kannas, L. (2013).  
A review of settings-based health promotion with applications to sports clubs. *Health Promotion International*, 29(3), 494–509. doi:10.1093/heapro/dat046
- [25] Centres for Disease Control and Prevention (2016).  
*Public Health Information Network Communities of Practice. Resource Kit*. Atlanta: CDC. Retrieved from:  
<https://www.cdc.gov/phcommunities/resourcekit/index.html>
- [26] *Co-creating Welfare* (2019).  
Retrieved from: <http://ccw.southdenmark.eu/>
- [27] Anastacio, Z., Bernard, S., Carvalho, G., Christensen, F., Darlington, E., Hansen, H., ... Vilaça, T. (2019).  
*Co-creating Welfare - Training Course Material Preparing Professionals to Co-Create Welfare Solutions with Citizens*. Braga, Portugal: Universidade do Minho. Instituto de Educação Centro de Investigação em Estudos da Criança.

# APPENDIX.



# Appendix 1.

## Let's go back in time to understand the key challenges and priorities

The European network of Health Promoting Schools (ENHPS) held its first conference on Health Promoting Schools in Thessaloniki, Greece in 1997. The resolution from this conference named "Investment in Education, Health and Democracy" states that "every child and young person in Europe has the right, and should have the opportunity, to be educated in a health promoting school" (ENHPS, WHO Regional Office for Europe, 1997, p. 1). Determinants of both education and health are intricately linked. The Health Promoting School (HPS) approach is an investment in both education and health and a relevant strategy to reduce inequities.

Succeeding the 2nd European Conference on Health Promoting Schools the Egmont Agenda: A New Tool to Help Establish and Develop Health Promotion in Schools and Related Sectors Across Europe (ENHPS, WHO Regional Office for Europe, 2002), emphasizes health conditions, programming and evaluation as essential to develop and sustain health promoting schools. Evidence shows how successful and sustainable HPS approaches can be and how such approaches might be supported by policies that establish the process within health and schools.

The Vilnius Resolution: "Better Schools through Health" (3rd European Conference on Health Promoting Schools, Schools for Health in Europe, 2009) highlights that education and health have shared interests. If schools unify such interests they become better places for children and young people to enjoy learning, teaching and working. Schools, as a key element in the surrounding community, are settings of choice to contribute to the reduction of health inequities<sup>5</sup>. Collaboration between stakeholder from other relevant policy areas, for example youth, social and environmental policies and sustainable development is essential.

The Odense Statement: "Our ABC for Equity, Education and Health" (4th European Conference in Odense/Denmark - Schools for Health in Europe, 2013), recognized the core values and pillars of school health promotion as a strong contribution to the aims and objectives of the WHO policy framework for health and well-being in Europe, Health 2020, and the EU2020 strategy for inclusive and sustainable growth. Health Promoting Schools contribute to improving the health and wellbeing of the European population. Schools have the potential to contribute to the development of children and young people's health-related competences and lifestyles.

The last European Conference took place in Moscow - Russian Federation on 20–22 November 2019 (5th European Conference on Health Promoting Schools). Over 450 participants from 40 countries joined the conference. The Moscow Statement: "Health, Well-being and Education: Building a Sustainable Future" recognized and reaffirmed the importance of the Schools for Health in Europe (SHE) Network Foundation values and pillars as a strong contribution to address health inequities and improve children's and young people's health, well-being and academic achievement. An emphasis was put on the fact that recent societal changes<sup>6</sup> "should not be seen as being separate from school health promotion, the aim of which is to support young people to develop healthy and self-determined lifestyles and enable them to co-create their social, physical and ecological environments and the determinants of health positively and sustainably" (Schools for Health in Europe, 2019, p.1).

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<sup>5</sup> Health inequity relates to health between population groups that is unnecessary and avoidable as well as unjust and unfair

<sup>6</sup> e.g. wars and violence, and climate change alter the environmental and societal determinants of health significantly

## REFERENCES

World Health Organization (1991).

The Sundsvall Statement on Supportive Environments for Health. Retrieved from:

<https://www.who.int/healthpromotion/conferences/previous/sundsvall/en/>

World Health Organization (1997).

The Jakarta Declaration on Leading Health Promotion into the 21st Century. Retrieved from:

<https://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/>

World Health Organization (2005).

The Bangkok Charter for Health Promotion in a Globalized World. Retrieved from:

[https://www.who.int/healthpromotion/conferences/6gchp/bangkok\\_charter/en/](https://www.who.int/healthpromotion/conferences/6gchp/bangkok_charter/en/)

World Health Organization (2009).

Nairobi Call To Action Declaration. Retrieved from:

<https://www.who.int/healthpromotion/conferences/7gchp/en/>

World Health Organization & Finland. Ministry of Social Affairs and Health (2013).

Health in all policies: Helsinki statement. Framework for country action. Retrieved from:

<https://apps.who.int/iris/handle/10665/112636>

World Health Organization (2016).

Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development.

Retrieved from: <https://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration.pdf?ua=1>

World Health Organization (2016).

Promoting health to delivering on the Sustainable Development Goals. Retrieved from:

<https://www.youtube.com/watch?v=T8qMwDxpwOs#action=share>

## Appendix 2. School action planner

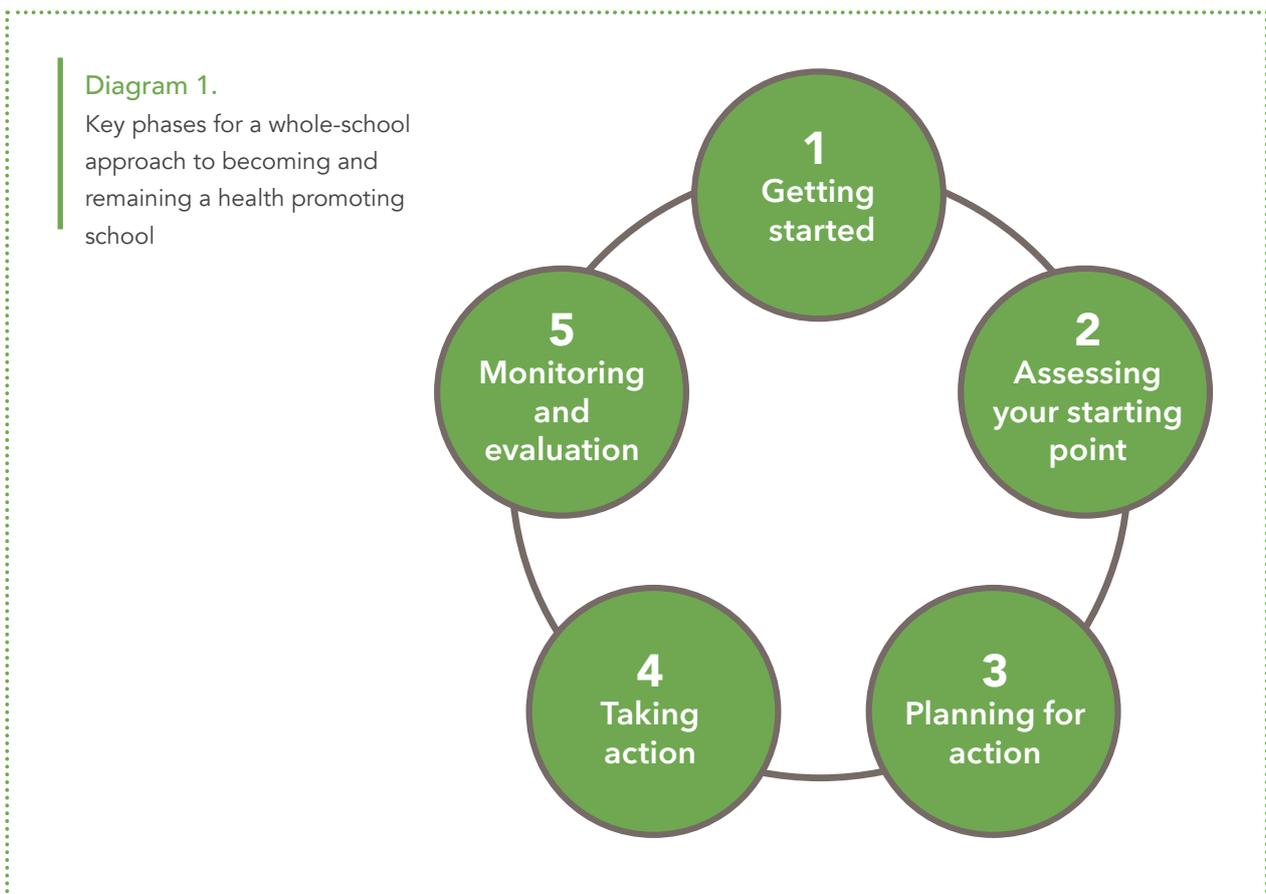
### Introduction

Becoming a health promoting school is an interesting and important process. It will take you time and good preparation but will ultimately lead you to create a more efficient and effective health promoting school.

Our experience is that it may take a whole school year to make your health promotion school action plan. The *School action planner* is designed to assist you in this process, for example to describe your aims and actions and determine who will be responsible for what. In doing this, it helps you make the process of becoming a health promoting school go better, organise your communication and help you move forward effectively in your plan.

The five phases of becoming and remaining a health promoting school are shown in the following diagram (Diagram 1). As you can see from the arrows in the diagram, the process is on-going and cyclical. This document focuses on the first three phases of this process with the aim of helping you to develop your own health promoting school action plan.

While the *School action planner* includes some examples of key concepts to help you complete your action plan, comprehensive explanations are not included. Please refer to corresponding phases and sections in the SHE online school manual: 5 steps to a health promoting school for additional information.



## 2. Phase 1: Getting started: Set up a working group

### 2.1. Setting roles and tasks

Once you have established a health promoting school working group, it is helpful to assign and confirm roles/responsibilities and tasks for the working group members. Filling in the following table can help you in this process.

Roles and tasks:

*health promoting school working group members*

Name	Position	Tasks	Roles / responsibilities	Time commitment hours per school year)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

## 2.2. Establishing a meeting agenda

Establishing a meeting agenda for the next school year(s) helps to ensure that the working group members are available to meet together on a regular basis and for an extended period of time. It can also prevent miscommunication and clarifies key roles.

Health promoting school working group meeting agenda
Who will lead the meetings?
Who will record the meeting minutes/take notes?
How often will you meet?
What will you cover in the meetings?
When will you meet (which dates)?
Where will you meet?
How long will the meetings last?

## 3. Phase 2: Assessing your starting point

### 3.1. Setting your priorities and writing them down

Once you have assessed your school's current situation with regard to health promotion, you can start to think about what your health promoting school priorities and challenges are and how you want to approach them.

When you have chosen your school's priority areas/topics, you can include them in the following table to document your choices.

Your school's health promoting school priorities
1.
2.
3.
4.
5.

## 4. Phase 3: Planning for action

### 4.1. Aims and objectives

Once you have determined your school's priorities for your health promoting school, it is important to decide on your corresponding aims and objectives. Aims are the overall desired improvement in health and well-being and should be based on the chosen priority areas. Objectives are aims broken down into measurable activities and outcomes that are expected to achieve the aims.

#### Example 1.

A whole-school approach: aims and objectives to prevent and deal with bullying

#### Priority: To prevent and deal with bullying

##### Aims for priority

1. To develop a school policy for dealing with and preventing bullying
2. To document incidents of bullying
3. To create a social environment in which bullying can be openly discussed and reported
4. To train teachers and other school staff to better identify and deal with school bullying
5. To educate pupils about school bullying in the classroom

##### Objectives for priority

1. A comprehensive\* policy on bullying is in place within the next two years.
2. A system is established within the next year for identifying and documenting incidents of bullying.
3. There is a social environment in which pupils and school staff feel respected and free to report incidents of bullying.
4. Teachers and other key school staff have taken a course on identifying and dealing with school bullying.
5. Teachers and other school staff know how they need to respond to incidents of bullying, how it needs to be reported and to whom.
6. Pupils know why bullying is harmful and know who they need to tell if they or other pupils are being bullied.

\*to identify and appropriately reprimand pupils identified as bullies; to make it easier to report bullying and to address the causes of bullying

In the following tables you can write down your school's health promoting school aims and objectives based on your chosen priorities. If you have more than three priorities, you can add additional tables.

### Priority 1.

Aim(s) for priority 1

Objectives for priority 1

### Priority 2.

Aim(s) for priority 2

Objectives for priority 2

### Priority 3.

Aim(s) for priority 3

Objectives for priority 3

## 4.2. Indicators

With the help of indicators, you can determine whether you are on the right track, how far you have come and how far you still need to go to achieve your aims and objectives. Comparing your indicators to your draft action plan can further help you to refine your plan.

### Example 2.

Indicators: Spreading the health promoting school concept

Aims	Indicators
<ol style="list-style-type: none"><li>1. To disseminate/spread the concept of the health promoting schools among the school community members</li><li>2. To promote the feeling of knowing this concept among the school community members</li></ol>	<ul style="list-style-type: none"><li>• New teachers, other school staff, pupils and parents are informed about the concept and strategy for becoming and remaining a health promoting school</li><li>• Teachers and other key staff have been provided with access to publications and other materials concerning the health promoting school concept and school health promotion</li><li>• Key school staff have participated in health promoting school training activities as indicated in the plan</li><li>• School staff, pupils and parents feel that their knowledge about the health promoting school concept and plan is satisfactory to carry out the health promoting school activities</li></ul>

In the following table you can write down your school's indicators which correspond with your aims or objectives.

Aims/Objectives	Indicators

## 5. Planning for communication

Communication is vital to every phase of becoming a health promoting school. Within the school community, communicating the right messages and using the right communication channels will help you gain support for the health promoting school. It will help clarify important steps in the process and ensure that the school community has a sense of ownership for the process and results. To communicate effectively in different situations, a communication plan will be very useful. In the following tables you can write down important components of your communication plan (3).

### 5.1 Make clear communication goals

Communication goals are what you want to achieve with your communication messages.

#### Examples 3. Communication goals for school staff:

**Goal 1 (knowledge):** All of the school staff are aware of the benefits of becoming a health promoting school within the first three months of the planning process.

**Goal 2 (attitude):** To convince the school management (school director/head teacher), that becoming a health promoting school will have a positive impact on the health and educational attainment of pupils and on the functioning and image of the school.

**Goal 3 (behaviour):** At least 75% of the school staff is actively involved in the development and implementation of the health promoting school over the coming 3-5 years.

In the following table, you can write down your school's communication goals by target group.

Communication goals	
Target group/receiver	Goals

## 5.2 Make clear and simple messages

Communication messages are the messages you want to get across to specific school community members or individuals/groups outside the school community with regard to your health promoting school.

### Example 4. Communication messages

Communication goals	
Target group/receiver	Target group/receiver
School management	Health promoting school activities can improve a school's image in the community
Head teacher	Health promoting school activities can improve both the health and well-being of the whole school community and the educational attainment of pupils
Local media	Our school is in the process of becoming a health promoting school in order to promote/improve the health and well-being of the whole school community and to further promote the educational attainment of our pupils

In the following table you can write down your own communication messages by target group. You will probably have different messages for a target group at different phases of the process. It might be helpful to divide the messages by phase/timeframe.

Communication messages	
Target group/receiver	Message

### 5.3 Decide on good communication channels

Communication channels are the means for spreading your communication messages. The method/channel you choose will depend on several factors, including the preferences of your target group, the time-frame you have to spread the message and cost. In the following table, you can see examples of possible communication channels for pupils and parents.

Communication channels							
Target group	Channels						
	School newsletters	School website	Informational meetings	Press release	Social media	Print materials (e.g., posters/flyers)	...
Pupils							
Parents							

In the following table you can indicate your chosen communication channels by target group

Communication channels							
Target group	Channels						
	School newsletters	School website	Informational meetings	Press release	Social media	Print materials (e.g., posters/flyers)	...

## 6. Planning for evaluation

Evaluation is an important part of the process of becoming and remaining a health promoting school. Your evaluation (what, when and how) depends on the other components of your health promoting school plan, including your communication strategy and health promoting school priorities, aims and objectives. Creating SMART (Specific, Measurable, Achievable, Relevant and Time-bound) goals, aims/ objectives, activities and indicators will allow you to evaluate your health promoting school.

### 6.1 Choosing your evaluation questions and evaluation methods

#### Example - Evaluation questions and methods

Evaluation questions	Evaluation method
1. To what extent have the health promoting school activities been implemented as planned?	e.g., observation, documentation, questionnaire and/or interviews of school staff and pupils
2. What communication activities have taken place?	e.g., observation, documentation, questionnaire and/or interviews of school staff and pupils
3. To what extent were the communication activities carried out as planned?	e.g., observation, questionnaire and/or interviews of school staff and pupils
4. To what extent have the programme aims and objectives been reached?	e.g. compare baseline and outcome measures to assess progress (quantitative change) using questionnaires and documentation
5. To what extent have the communication goals been reached?	e.g., questionnaire or interview of school staff and pupils
6. What are the attitudes of school staff and parents toward the new health promoting school practices?	e.g., questionnaire or interview of school staff and parents

In the following table, you can write down your own evaluation questions and methods.

Evaluation questions	Evaluation method

## 7. Putting it all together: The health promoting school action plan

Now that you have written down the key components of your health promoting school action plan, you can put it all together to complete your plan, including the timeframe for activities, who is responsible for what and what your budget is for the activities.

The following three tables can help you put the components together into one action plan, including your communication plan and evaluation.

Table 1: Health promoting school action plan						
Aims	Objectives	Success criteria / indicators	Tasks/ activities	Key personnel & responsibilities	Resources & costs	Timeline

**Table2: Health promoting school communication plan**

Target group(s)	Goal(s)	Message(s)	Activities	Channel(s)	Key personnel & responsibilities	Resources/costs (human & financial resources)	Timing (phase and duration)

**Table 3: Health promoting school evaluation plan**

Indicators/ Evaluation questions	Method of assessment	Tasks/activities	Key personnel & responsibil- ities	Resources & costs	Timeline

## Food for thought when setting the priorities and action plan

### 1. Identify existing school health promotion policies

- a. Identify regional policies for health promotion in school
- b. Identify the existing resources to support health education projects at school in the regional educational administration
- c. Assess the commitment of the administration / institution / municipality for the development of the Health Promoting School
- d. Assess the commitments of the educational administration for the development and monitoring of the Health Promoting School plan
- e. Identify the department in charge of coordinating Health Promoting Schools in the region. As well as the responsible person / s
- f. Identify support systems to evaluate and monitor health promotion in schools

### 2. Prerequisites to develop an action plan

- a. The SHE action plan is explicitly included in the school's educational plan
- b. Identify existing resources for the development of the SHE action plan
- c. Detail the relationship between the school curriculum and the SHE action plan.
- d. Training in innovative methodologies to encourage the participation of the entire school is organized

## References for Appendix 2

1. RIVM (2013). Handleiding Gezonde School middelbaar beroepsonderwijs, Projectplan.  
<http://www.gezondeschool.nl/mbo/materialen-en-instrumenten/>
2. Woynarowska, B. & Sokolowska, M. (2006). A national framework for developing and evaluating health-promoting schools in Poland. In V. Barnekow, Buijs, G., Clift, S., Jensen, B.B., Paulus, P., Rivett, D. & Young, I. (Ed.). Health-promoting schools: a resource for developing indicators (118-125). International Planning Committee, ENHPS
3. RIVM (2013). Handleiding Gezonde School middelbaar beroepsonderwijs, Communicatieplan.  
<http://www.gezondeschool.nl/mbo/materialen-en-instrumenten/>

## Appendix 3. SHE rapid assessment tool

### Introduction

In phase 2 of becoming a health promoting school, you assess your school's current policies and practices related to health promotion to determine your school community's needs and priorities.

The SHE rapid assessment tool has been designed to help you in making this assessment. The SHE rapid assessment tool consists of a series of questions related to the whole-school approach. Answering the questions can help you identify what your school already does well, what areas need improvement and what you want to focus on in your health promoting school.

The SHE rapid assessment tool can also be used once your health promoting school is in place. You can compare your answers from the first assessment to those of the second to assess your school's progress, and it can help you make further adjustments to your health promoting school.

### Instructions

We advise you, as a health promoting school working group, to discuss the questions in the SHE rapid assessment tool and reach a consensus.

#### Each question should be approached in two ways:

1. **Current:** the school's current situation on a three-point scale, 1= not in place; 2= partly in place; 3 = fully in place. See left-hand columns in the assessment tool labelled *current*.
2. **Priority:** the school community gives to the question on a three-point scale, 1 = low/no priority; 2 = medium priority; 3 = high priority. See right-hand columns in the assessment tool labelled *priority*.

The results of the assessment can be interpreted by looking at the score for each question with regard to *current* situation and *priority* level or by calculating the means for current situation and the means for priority level per section. Areas with both a low score/mean on the school's *current* situation and a high score/mean on *priority* can be the focus of future action in the process of becoming a health promoting school.

## SHE rapid assessment tool

### Your current situation:

1= not in place; 2= partly in place; 3 = fully in place

### Your priority:

1 = low/no priority; 2 = medium priority; 3 = high priority

	Current			Priority		
	1	2	3	1	2	3
<b>1. Orientation</b>						
1.1 Our school has an overview of the current situation regarding pupils' health (including physical, mental and social health) and well-being.						
1.2 Our school has an overview of the current situation regarding teaching/non-teaching staffs' health (including physical, mental and social health) and well-being.						
1.3 Our school can estimate the current health behaviours (eating and physical activity, sexual activity, drinking, smoking, drugs and hygiene) of our pupils with regard to age, background and gender.						
1.4 Our school has undertaken an assessment of the needs and wishes of pupils, teaching and nonteaching staff concerning health and well-being (e.g. survey, wish boxes).						
1.5 It is known to the whole school community who is responsible for health topics in the school including mental health promotion.						
	Current			Priority		
	1	2	3	1	2	3
<b>2. Healthy school policy</b>						
2.1 Our school has a written policy on health and wellbeing of pupils and teaching/non-teaching staff, including promoting health and well-being and preventing and dealing with health related problems.						
2.2 Health and well-being are linked to the educational goals of our school.						
2.3 Health and well-being are part of the curriculum of our school.						
2.4 Our schools' approach to health and well-being reflects the views, wishes and needs of the whole school community (pupils, teaching/non-teaching staff and parents).						
2.5 Pupils, teaching/non-teaching staff and parents are encouraged to participate in the planning and implementation of health related activities in the school.						

	Current			Priority		
	1	2	3	1	2	3
<b>3. School physical environment</b>						
3.1 School facilities such as the playground, classrooms, toilets, canteen and corridors are pupil-friendly, safe, clean and promote hygiene (enough hand soap and paper towels in the toilets) for all pupils.						
3.2 School facilities such as the playground, classrooms, toilets, canteen and corridors are appropriate with regard to age, gender and for pupils with special needs.						
3.3 Pupils and staff have access to school facilities for physical activity outside school hours.						
3.4 All the physical activity facilities and the canteen of our school meet common safety and hygiene standards.						
3.5 The route to our school is safe and designed to encourage pupils to engage in physical activity (e.g. cycling or walking).						
3.6 All of the buildings in our school are kept at a comfortable temperature, are well-lit and ventilated.						
3.7 The school canteen, the school shop and vending machines offer food and drinks that are healthy and affordable and meet national food standards.						
	Current			Priority		
	1	2	3	1	2	3
<b>4. School social environment</b>						
4.1 Our school facilities such as canteen, playground, classrooms and corridors are designed in a pleasant and sociable way.						
4.2 Our school offers regular shared activities such as project weeks, festivals, competitions and breakfast clubs that are at least in part designed to promote health and well-being.						
4.3 Health education and health promoting activities including opportunities for practicing and developing life skills are included in after-school programmes.						
4.4 At school a trusted person is always available for all pupils who have the need to talk with someone privately when they want to share concerns or thoughts.						
4.5 At school there is always a friendly and jovial atmosphere where all pupils and teaching/nonteaching staff feel comfortable and respected.						
4.6 School health professionals (school nurse, social worker or psychologist) are involved in individual and whole school health promotion and work together with the school management to integrate health topics into the school curriculum and policy.						
4.7 A support system (services and accommodations) is in place at our school for pupils with special learning, developmental and physical needs.						
4.8 Our school has a system for identifying and referring pupils with special needs to outside professionals if the pupil's needs are beyond the scope of the school's expertise.						

	Current			Priority		
	1	2	3	1	2	3
<b>5. Health skills</b>						
5.1 Our school implements programmes that are focused on individual skills and knowledge of health topics including mental health promotion.						
5.2 Our school has clear rules that promote healthy behaviour.						
5.3 Activity breaks are regularly included in the school lessons and the school breaks.						
	Current			Priority		
	1	2	3	1	2	3
<b>6. Community links</b>						
6.1 Parents of pupils in our school are active participants in the school community.						
6.2 Our school has established a connection with local partners such as sport and youth clubs, community or regional health agencies, counselling services, health insurance companies, restaurants, local shops, etc.						
6.3 Our school arranges regular visits to local partners/stakeholders to encourage our pupils in healthy eating, physical activity, to promote their emotional or social health and development, etc.						
	Current			Priority		
	1	2	3	1	2	3
<b>7. Healthy school staff</b>						
7.1 Our school offers regular teacher training and capacity building related to promoting health and well-being of the school community.						
7.2 There are sufficient resources available to provide the school staff with up to date materials on health topics including mental health promotion.						
7.3 Our school promotes a balance between work and private life, a reasonable workload and provides an open environment to discuss work problems and stress.						
7.4 New school staff at our school receive mentoring and training to assist them in their professional development.						
7.5 The school has a protocol for dealing with recurring staff absenteeism and in helping returning school staff to reintegrate and adjust after a period of sick leave.						
7.6 Our school supports school staff in achieving and maintaining a healthy lifestyle, e.g., by creating a healthy enhancing environment.						

## Appendix 4

### The development of the healthy setting approach through the Charters and Declarations

The Ottawa Charter for Health Promotion (WHO, 1986) [3] advocates that health is created and lived by people within the settings of their everyday life; where they learn, work, play and love.

The Sundsvall Statement on Supportive Environments for Health (WHO, 1991) [23] reinforced the concept of Healthy Settings argues that:

- We need to make the environment - the physical environment, the social and economic environment, and the political environment - supportive to health.
- Everyone has a role in creating supportive environments for health.

The Jakarta Declaration on Leading Health Promotion into the 21st Century (WHO, 1997) [24] assumes as prerequisites for health:

- peace, shelter, education, social security, social relations, food, income, the empowerment of women, a stable eco-system, sustainable resource use, social justice, respect for human rights, and equity.
- "Settings for health" represent the organizational base of the infrastructure required for health promotion. New health challenges mean that new and diverse networks need to be created to achieve intersectoral collaboration. Such networks should provide mutual assistance within and among countries and facilitate exchange of information on which strategies have proved effective and in which settings.

Bangkok Charter  
(WHO, 2005) [25]

Nairobi Call To Action  
Declaration  
(WHO, 2009) [26]

The Helsinki Statement  
on Health in All Policies  
(WHO, 2013) [27]

Shanghai Declaration on promoting health in  
the 2030 Agenda for Sustainable Development  
(WHO, 2016) [28]

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# SHE SCHOOL MANUAL 2.0

| A Methodological Guidebook to  
| become a health promoting school

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