



S·H·E

Schools for Health in Europe

# Feedback and revision of the European Standards and Indicators for Health Promoting Schools

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Emily Darlington



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# Schools for Health Network Foundation

## Task team

**Emily Darlington**, SHE research group (core member), University of Lyon, France – task leader

**Rute Santos**, SHE research group, University of Porto, Portugal.

**Electra Bada**, SHE national coordinator -Greece, Institute of Child Health (Lead 2018-2019 task)

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**Anette Schultz**, SHE Manager

# Background



# Before we talk about standards



## HEALTH PROMOTING SCHOOLS



## SCHOOLS

Why is it important to promote  
health in schools?



## IMPLEMENTATION

How do you actually do it?

# WHY SCHOOLS?

School settings are at the very heart of health promoting strategies (Stewart-Brown 2006, I.U.H.P.E. 2009)

40% of awake time in school (Langford et al. 2014)

Schools foster inter-sectoral collaborations (ASCD & CDC 2014)

Great potential to implement health promoting strategies (Marmot, 2011)

Link with academic achievement (St Leger 1999)

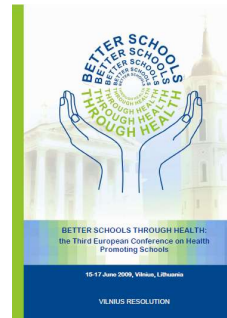
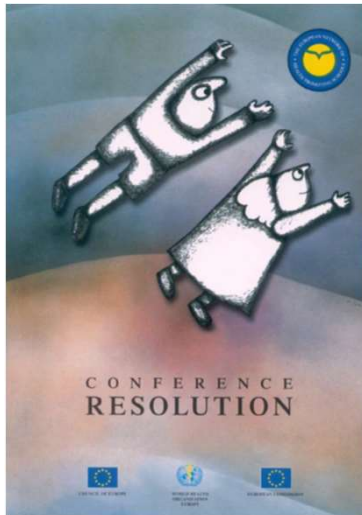
## Whole school, whole community, whole child (ASCD)



## A WHO framework since the 80's

- At first, schools for health called “healthy schools”
- Aim: reduction of social inequities
- Which calls for a whole school approach
- In order to target the déterminants of health (including education)

# Key conferences



## THE EGMOND AGENDA

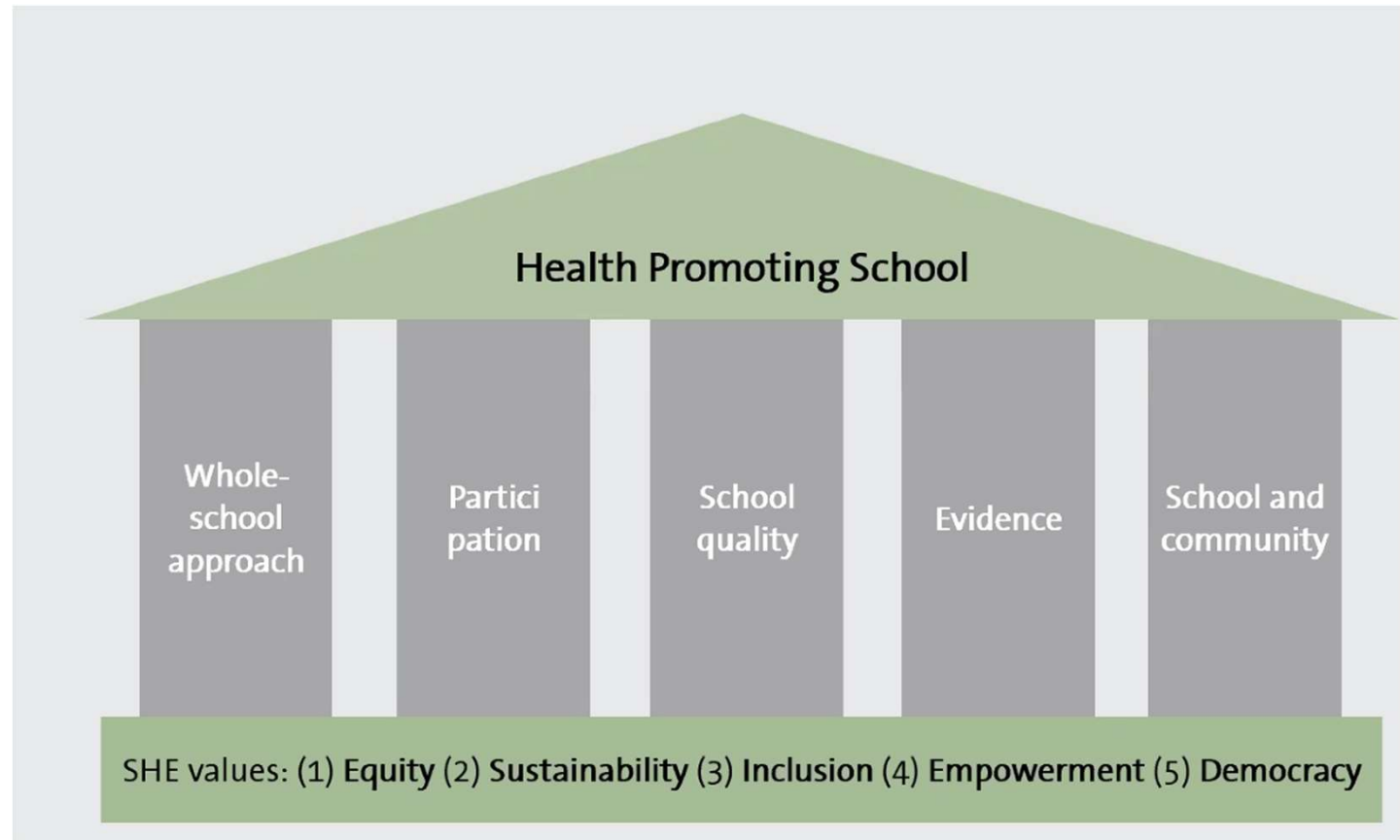
*A new tool to help establish and develop health promotion in schools and related sectors across Europe*



1<sup>st</sup> conference in Thessaloniki-Halkidiki

- ◆ Principles of health promoting schools
- ◆ Conference resolution for the 1st European Conference on HPS (WHO, 1997)
- ◆ The Egmond Agenda: Education & Health in Partnership (WHO, 2002)
- ◆ The Vilnius Resolution: Better Schools through Health (WHO, 2009)
- ◆ The Odense Statement: Our ABC for Equity, Education and Health (SHE, 2013).

## Values and Pillars

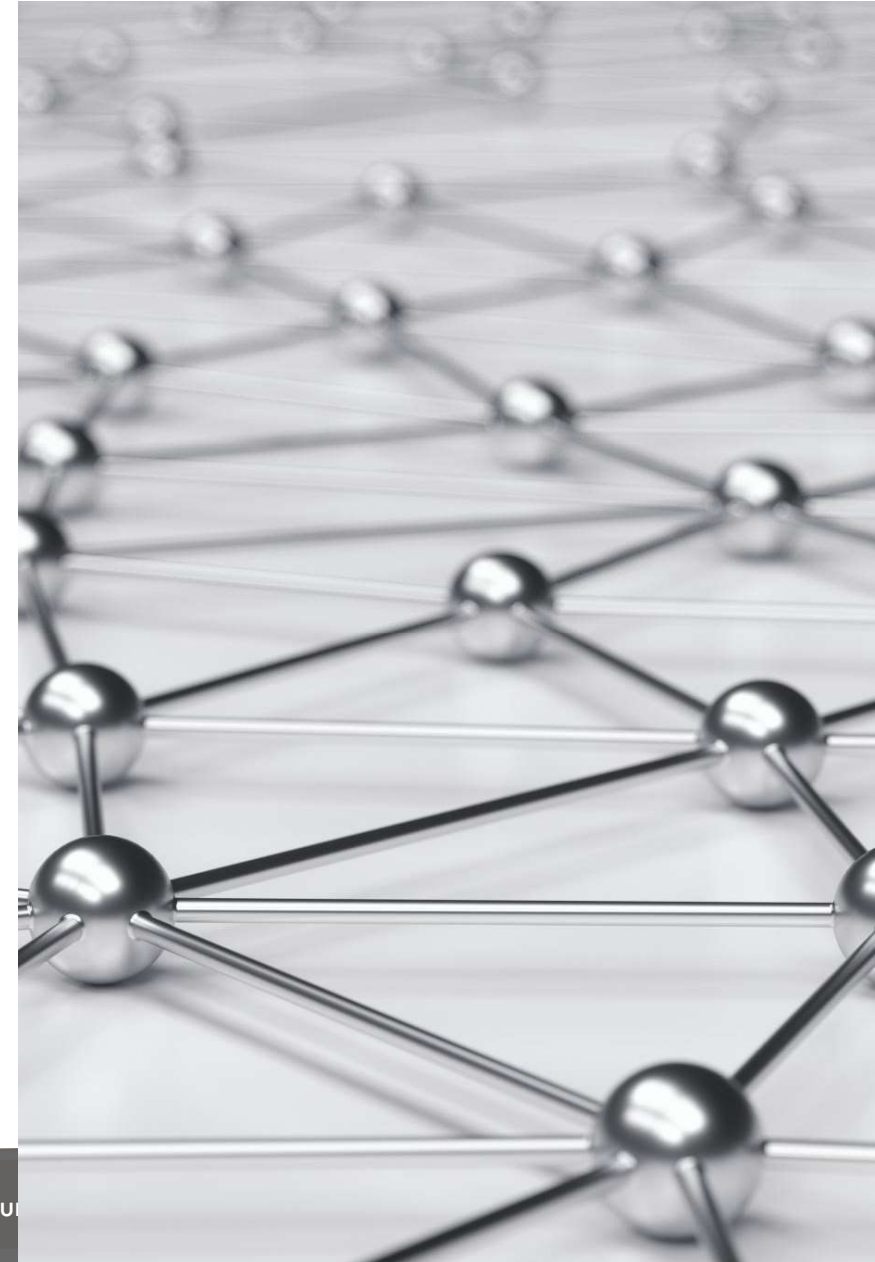


From Kevin Dadaczynski – co-chair of the SHE Research Group



# Key features

- 3 key characteristics identified by Langford (2015) in the face of the numerous existing definitions of what is (or is not) a Health Promoting School)
  - The integration of health issues in **the curriculum**
  - Working towards a **school climate / environment** which promote health and wellbeing
  - **Strong links** with the whole community

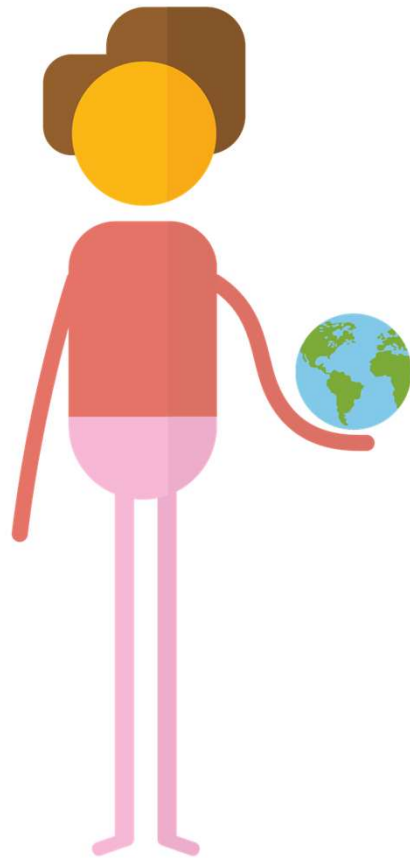


# Working strategies

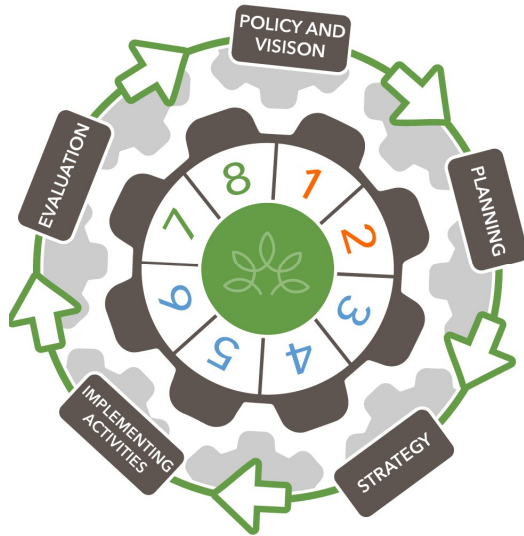
- **Active participation** of children and adolescents in all actions which concern them, their health and wellbeing (cf IUHPE statement at the WHO conference in Paris in 2016).
- A focus on **inclusive approaches** (See Paris Declaration which followed the WHO conference in Paris)



Now back to our main topic



Last year...European Standards and Indicators for Health Promoting Schools (Bada, Darlington, Masson, & Santos, 2019)



- Standard 1**  
School policy organisational structure resources & training
- Standard 2**  
- Leadership - Advocacy - Communication
- Standard 3**  
Physical & social environment
- Standard 4**  
HP Curriculum
- Standard 5**  
Developing resources & expertise
- Standard 6**  
- Collaboration - Partnerships
- Standard 5**  
Developing resources & expertise
- Standard 6**  
- Collaboration - Partnerships
- Standard 7**  
Health literacy
- Standard 8**  
Pupils' health well-being & academic achievement

STANDARD 1	<b>School policy and organizational structure support health promotion and a whole school approach.</b>
STANDARD 2	<b>School leadership, advocacy and communication promote and implement a whole school approach.</b>
STANDARD 3	<b>A health promoting school provides a physical and social environment conducive to the safety, health, and well-being of pupils and school staff.</b>
STANDARD 4	<b>The school implements a health promotion curriculum to pupils.</b>
STANDARD 5	<b>The school develops its health promoting resources and expertise.</b>
STANDARD 6	<b>The school develops collaboration and partnerships conducive to health promotion quality, sustainability and impact.</b>
STANDARD 7	<b>The school improves pupils' health literacy.</b>
STANDARD 8	<b>Positive Impact on the pupils' health, well-being and academic achievement.</b>

# Examples of standards

## Standard 1

	Standard components
<p>School policy and organizational structure support health promotion and enable a whole school approach.</p>	<p>1.a Health promotion and a whole school approach are high on the agenda and included in school policy.</p>
	<p>1.b Resources are allocated (staff, funding, space, materials and time) for health promotion activities including teacher's training.</p>
	<p>1.c The tasks of the school staff include developing school health policy, planning, implementing and evaluating health promotion activities.</p>
	<p>1.d School-linked health services are provided to pupils</p>

## Standard 2

	Standard components
School leadership, advocacy and communication promote a whole school approach to health promotion.	2.a Information on the health promoting school concept and whole school approach is disseminated to the school community members by the school leaders and/or health promotion coordinators and school team.
	2.b Creation of a small group, actively engaged in leading and coordinating actions including teachers, nonteaching staff, students, parents and community members
	2.c School members including pupils, teaching and non-teaching staff and parents are aware and advocate for the health promotion concept and whole school approach.
	2.d Good communication between teachers and school health service providers.
	2.e Fair and smart allocation of HPS tasks according to the professional abilities of teaching and non-teaching staff.

## Standard 3

	Standard components
<p>A health promoting school provides a physical and social environment conducive to the safety, health, and well-being of pupils and school staff.</p>	<p>3a The school provides a safe and clean physical environment (building, classrooms, toilets, outdoor spaces, etc.) that promotes positive attitudes towards health and healthy lifestyles.</p>
	<p>3.b The school cultivates a friendly and respectful social culture among members of the school community.</p>
	<p>3.c The social environment is inclusive, peaceful and promotes equity and democratic processes in all aspects of school life.</p>
	<p>3.d The school community members actively participate in promoting health and well-being in their school environment.</p>
	<p>3.e The school has a monitoring tool for health and pro-social behaviours.</p>



# But this was a first step. Now...



First draft of the Standards and indicators



Feedback from expert stakeholders



Revision of the Standards and Indicators



Pilot implementation in real-life contexts



Feedback? Good stories? Examples?



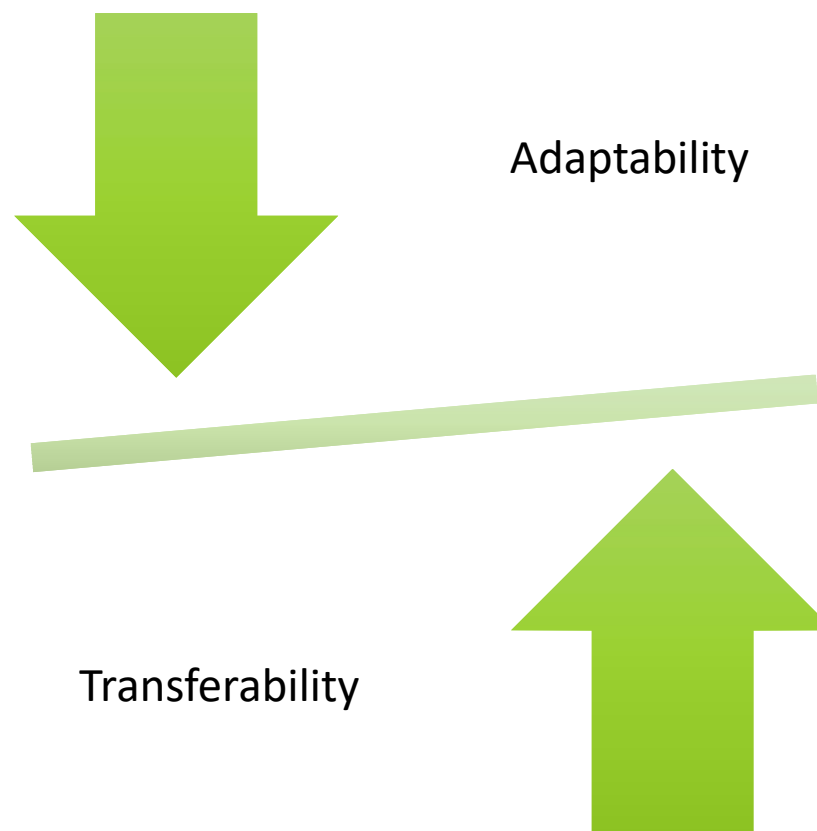
# Specific aims of this task

- **To identify potential pre-requisites** to the use of the SHE HPS standards and indicators (i.e. are there any conditions / enablers/ barriers to take into consideration / activate before introducing the standards and indicators in a country?)
- **To assess the clarity, readability, usability, usefulness, relevance, adaptability, fit** to different national contexts, added value, expected enablers / barriers to the use of (1) the standards, (2) the indicators, (3) and the user guidelines.
- **To draw key lessons/essential knowledge to revise** the standards and indicators developed in 2019, as well as the user guidelines.

# In other words...

How can we improve the European Standards and Indicators for Health Promoting Schools so that they are

- Usable
- Adaptable
- In tune with the variability of the different country contexts



# 3 targets for revision

## The model

- Does the model make sense?
- Is this model usable?
- Is this model relevant?
- Do changes need to be made?
- What is the target group for this document in each country?
- Who is this document relevant for?
- Etc...

## Standards and indicators' formulation

- Do the standards and indicators make sense?
- Are they usable?
- Are they relevant?
- Do changes need to be made to their formulation?
- Do any standards / indicators need to be added to the list
- Etc...

## User guidance

- Does the guidance make sense?
- Is it usable?
- Is it relevant?
- Is additional information required in the guidance in order to use the standards and indicators?
- Etc...

# Process



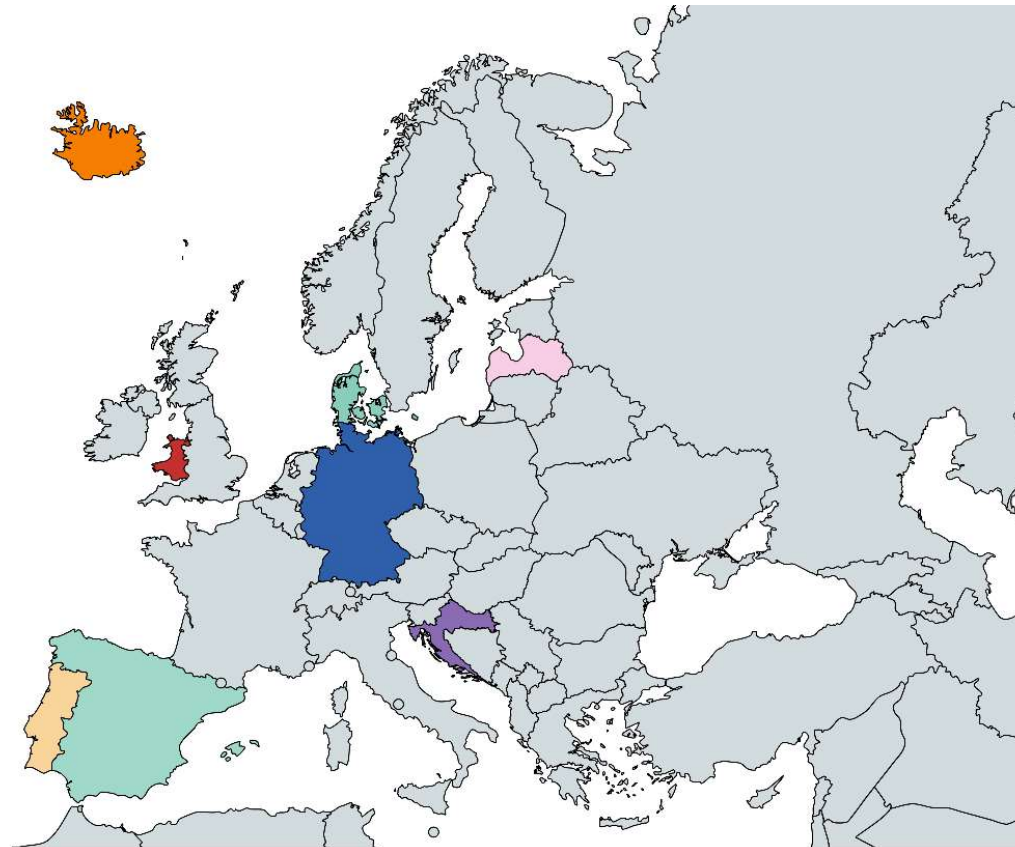
- A key role for National Coordinators who will contribute to
  - (1) framing the relevant questions which need to be addressed by this task
  - (2) identifying the best way to retrieve information and report to the task group.

The role of the task group: **facilitator**.

As this task is carried out, in-depth feedback from stakeholders on issues the task group and national coordinators identify as being essential is being added to the data collection.

# Countries involved

- Wales
- Spain
- Croatia
- Portugal
- Latvia
- Germany
- Iceland
- Denmark

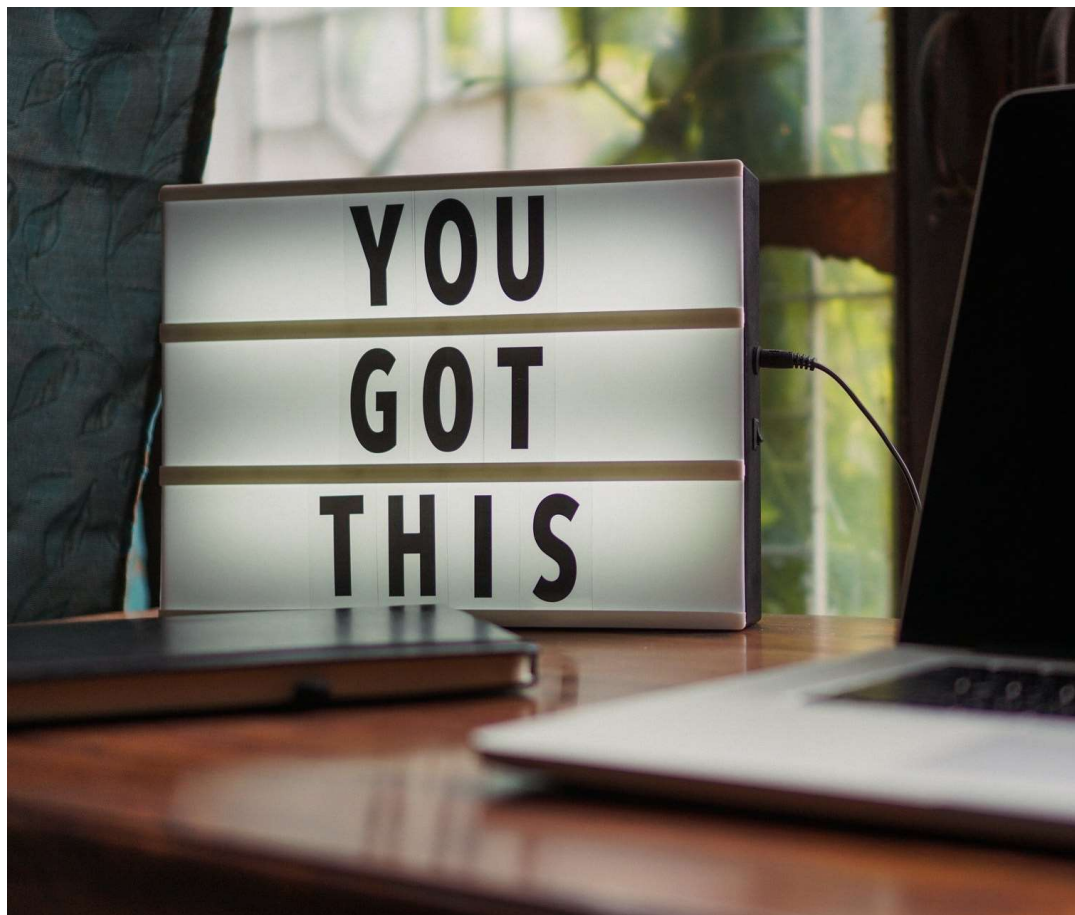


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## But then...

- Challenges are what make life interesting and overcoming them is what makes life meaningful. – Joshua J. Marine







# An example in Lombardia



## Discussion points

- What would you expect from standards and indicators?
- How do you think the standards could be applied in your country?
- What the challenges could there be?
- How do you think the standards should be adapted?
- Do you have any suggestions?





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