

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

Edited by

Goof Buijs, Aldona Jociutė, Peter Paulus and Venka Simovska

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Edited by:

Goof Buijs

Netherlands Institute for Health Promotion NIGZ, the Netherlands

Aldona Jociūtė

State Environmental Health Centre, Lithuania

Peter Paulus

Leuphana University, Germany

Venka Simovska

Aarhus University, Danish School of Education, Denmark

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Background

The third European Conference on Health Promoting Schools; 'Better Schools Through Health', was held in Vilnius, Lithuania in June 2009. Presented at the conference were a range of case studies of practice or 'stories' of school based health promotion work. These were predominantly from within Europe but there were also three from Canada. These case studies have been gathered together to create this publication.

The aim of the conference was to provide a forum within Europe to increase the effectiveness of our partnership working through common cross-sectorial and inter-governmental actions. It also aimed to facilitate discussion and dissemination of research, practice, and policy developments in the area of school health promotion in Europe. The conference brought together more than 300 researchers, policy makers and practitioners on school health promotion from 31 countries in Europe as well as from Canada, USA and Australia.

Integral to the conference was the young people's workshop, with the participation of 39 young people from seven European countries. This event provided a space for young people to voice opinions and ideas concerning health promotion through schools and reflecting this they produced a statement which stands alongside the main Conference Resolution. In addition to the young people's statement, the Vilnius Resolution includes a set of recommendations for governments, local authorities and schools on effective ways to promote health and quality of life through a health promoting school approach.

In preparation for the conference, the Scientific Committee emphasised the importance of ensuring a balance between theory and practice. So there were contributions highlighting recent research and theoretical developments within the main conference topics and there were also specific examples discussing the realities of practice in different contexts. The latter contributions shaped the basis for this book.

Aim of the publication

We acknowledge that the practice of health promoting schools is complex, dynamic and dependent on the context in which it is embedded. Therefore as it is often difficult, if not impossible, to define what constitutes 'good practice' or 'best practice', this publication is underpinned with the concept of 'learning practice'.

So, rather than suggesting standardised 'best' approaches to school-based health promotion in Europe, this publication aims to continue the tradition of documenting examples of practice started in the late twentieth century by the European Network of Health Promoting Schools. This then contributes to the rich base of diverse experience from a variety of contexts. The stories feature a student's vision of an ideal school in

Portugal, an innovation at school level in Spain, a discussion of how regional or national networks of health promoting schools were developed in Wales, or Estonia. Each story describes a particular journey, or experience, which is embedded in socio-cultural, economic, historical and political circumstances. Each story highlights barriers to progress as well as those factors which facilitated progress. Importantly they all share the lessons learned in the spirit of 'learning practice'. It is our hope that documenting these lessons learned means others can learn from these experiences too.

Thus, our aim with the publication; 'Better schools through health: learning from practice', is to document real-life' experience; stories about obstacles and difficulties as well as success stories. We hope this facilitates learning, provides support and above all inspires those who work in the area of school health promotion.

Schools for Health in Europe

The SHE network has a strong foundation in developing and sustaining health promoting schools through its precursor - the European Network of Health Promoting Schools (ENHPS) which was founded in 1992 by WHO Euro, the Council of Europe and the European Union. Currently, there are 43 SHE member countries in the European region.

The SHE network uses a positive concept of health and well-being and acknowledges the UN Convention on the Rights of the Child and the Council of Europe's European Convention on the Exercise of Children's Rights.

The SHE approach to school health promotion is based on five core values and pillars.

SHE core values

Equity

Health promoting schools ensure equal access for all to the full range of educational and health opportunities. This in the long term makes a significant impact in reducing inequalities in health and in improving the quality and availability of life-long learning.

Sustainability

Health promoting schools acknowledge that health, education and development are closely linked. Schools act as centres of academic learning. They support and develop a responsible and positive view of pupils future role in society.

Health promoting schools develop best when efforts and achievements are implemented in a systematic way for a prolonged period, for at least 5-7 years. Outcomes (both in health and education) mostly occur in the medium or long term.

Inclusion

Health promoting schools celebrate diversity and ensure that schools are communities of learning, where all feel trusted and respected. Good relationships among pupils, between pupils and school staff and between school, parents and the school community are important.

Empowerment and action competence

Health promoting schools enable children and young people, school staff and all members of the school community to be actively involved in setting health-related goals and in taking actions at school and community level, to reach these goals.

Democracy

Health promoting schools are based on democratic values and practise the exercising of rights and taking responsibility.

SHE pillars

Whole school approach to health

There is coherence between the school's policies and practices in the following areas which is acknowledged and understood by the whole school community. This approach involves:

- a participatory and action-oriented approach to health education in the curriculum;
- taking into account student's own concept of health and well-being;
- developing healthy school policies;
- developing the physical and social environment of the school;
- developing life competencies;
- making effective links with home and the community;
- making efficient use of health services.

Participation

A sense of ownership is fostered by students, staff and parents through participation and meaningful engagement, which is a prerequisite for the effectiveness of health promoting activities in schools.

School quality

Health promoting schools support better teaching and learning processes. Healthy students learn better, healthy staff work better and have a greater job satisfaction. The school's main task is to maximize school outcomes. Health promoting schools support schools in achieving their educational and social goals.

Evidence

School health promotion in Europe is informed by existing and emerging

research and evidence focused on effective approaches and practice in school health promotion, both on health topics (e.g. mental health, eating, substance use), and on the whole school approach.

Schools and communities

Health promoting schools engage with the wider community. They endorse collaboration between the school and the community and are active agents in strengthening social capital and health literacy

For more information about the SHE network, please visit our website: www.schoolsforhealth.eu or e-mail the SHE secretariat at [NIGZ she@nigz.nl](mailto:she@nigz.nl).

OUTLINE OF THE PUBLICATION

The publication starts with two visions about the ideal school, written by young people (Ana Raquel Aguiar (Portugal), Viktorija Pratusėciūtė and Monika Kalinauskaitė (Lithuania)).

The 30 case studies are grouped in six chapters, following the main conference topics.

Chapter one: Whole school approach

(Including: school climate and school culture, health and well-being of students and school staff, physical environment, school health care, effective school policy, school development, links with other whole school approaches e.g. green schools, safe schools, child-friendly schools, effective schools, peace schools, UNESCO schools)

This chapter starts with a description of the development of a pre-school scheme in one area of Wales to complement the national healthy school scheme. Its goal is to develop a consistent approach to health and well-being from early years throughout the school setting. The second case study is from Italy and describes the development from smoke-free schools to a more comprehensive approach to health through the health promoting school. It emphasises the importance of ongoing support by local authorities to ensure that every school becomes a health promoting environment. Next, in Estonia, which has been involved in the European network of health promoting schools since 1993, a national structure of health promoting kindergartens and health promoting schools was developed. It is another interesting example of creating continuity of both health promoting teaching and the learning environment from early childhood.

Another case study from Wales describes the national quality award. Its aim is to develop consistent assessment criteria to recognise high standards and achievements in promoting and embedding health in those schools involved in the Welsh national healthy school scheme for at least nine years.

Slovenia is involved in the European network of health promoting schools since 1993. It describes the development of the national network and emphasises the importance of implementing programmes on school health in the everyday life of a school.

In Rotterdam, the Netherlands, the regional public health service has changed its approach to schools from the more traditional top-down approach to a demand-driven whole school approach on health. It is an example of how local politicians can be interested in health promoting schools.

Finally, in Chapter 1 there are two case studies from Canada. The first one describes the potential of using the internet in web-based promoting of system change, as well as better practices on international collaboration. The second one contains the development of the healthy school planner. This is an online tool that helps the process of implementation at school level. It was piloted and the results show that the tool is working as intended, and after some alterations will be offered to all schools in Canada as a resource to improve the health of their school.

Chapter two: Teaching and learning

(including: curriculum, participatory teaching methods, learning outcomes, special learning needs, absenteeism and early school leavers)

Chapter 2 starts with a description of a web-counselling project for young people in Slovenia. It shows that modern technology can open up new possibilities for more traditional counselling services and can be complementary to what pupils learn at school. The next case study describes the resource for professional development 'Growing through adolescence' in Scotland, a training resource for teachers which deals with healthy eating in relation to young people. It is an interesting example of how healthy eating can be incorporated into the health promoting school approach. Finally, from Greece a project in a school demonstrates how children can act as health promoters and researchers as part of the learning process. The story is on the issue of bullying, but focuses on improving the school climate.

Chapter three: Focusing on processes of change

(including: planning, implementation, evaluation, participation, support for change, evidence-based practice, management, school community involvement, contribution of professionals out of school)

Chapter 3 starts with describing how health and well-being have been imbedded in schools in Scotland. It is an interesting example of how a shift was made from projects on school health promotion to comprehensive whole school policies, finally being included in the national education reform. The next case study describes how in Poland the national certificate for health promoting schools was developed. It demonstrates the importance as well as the complexity of how to create sustainability for school health promotion. Next in a region in Russia, a school and community-based project is described with a focus on finding out how an effective approach in Finland and other Western European countries, can be transferred to the Russian Federation. This proves to be a time consuming but very encouraging experience. Finally, the improvement of the whole school approach in the Netherlands is described, focusing on the role of the regional public health services. It shows that a wider applicability and quality of regional variants and best practices is assessed and, where feasible, they are integrated in the national healthy school method.

Chapter four: Building capacities

(including: personal and professional development, in-service and pre-service training, resources, competencies, health assets, health literacy, action competence)

Chapter 4 starts with a case study about the development from project to policies on health promoting schools in Scotland, describing the partnerships with the different stakeholders. It focuses on the health promoting school now embedded within the education sector, at both a strategic and operational level. In the next case study a self-evaluation tool for quality of health promoting processes in schools in Lithuania is described. It shows that training the schools to use this innovative tool is very helpful. Finally, from Canada a contribution focussing on implementing a health promoting school model, including a school assessment tool.

Chapter five: School and the community

(including: collaboration, social capital, parents, schools and community development, private-public partnerships, school supporting organisations)

Chapter 5 starts with a case study about the annual national campaign for introducing health promotion in primary schools in the Netherlands. It is an innovative agenda-setting activity that motivates schools to implement school health promotion activities in a more structured way. Next, a contribution from Denmark describes how young people are actively involved developing healthy meals in schools. The project helped to change eating habits to be more healthy and demonstrates how important it is that young people are actively involved in all stages of the project. Another case study from a region in Wales shows how a professional sports club can be active supporters of implementing health promoting activities in schools. Finally, from Italy is a successful example of a regional project promoting physical activity by supporting schools and municipalities to organise a walk-to-school bus project and make this a structural activity.

Chapter six: Topics in school health promotion

(including: social health, spiritual health, sexual health, the environment and health, healthy eating, physical activity, safety, smoking, alcohol and other psychoactive substances use)

Chapter 6 starts with an example from Norway of how dental health goes hand in hand with overall health. An innovative programme was developed for adolescents in a small number of schools with an active role for dental hygienists and teachers. Next the case study from Portugal describes the development of a healthy eating school policy in one school. The case study from Slovenia gives an example of cross-agency working on how to promote fruit consumption, in this case eating an apple every day during school time.

In the next case study students played an important role in a sex education project in schools in the north of Portugal. They were encouraged to find solutions for changing their lifestyle choices. The case study from Wales describes the development of an interactive resource promoting children's emotional and social health. The next study, also from Wales, focuses on a project to promote healthy lunches in primary schools, with an active involvement from the pupils and by offering a more healthy choice.

In Estonia, a national competition was organised for pre-schools on creating more health awareness through healthy eating and movement games. Many entries that were submitted have now been published and distributed to all Estonian pre-school child care institutions. The last case study from Lithuania describes how the first health promoting university in the country has developed a health promoting university strategy.

Annex 1 contains information about the conference 'Better Schools through health'. It includes a summary from the Conference report as well as the Vilnius Resolution.

Annex 2 provides some more essays of the young people's workshop as well as the motivation statements of all participating schools.

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Katerina Sokou (Greece)
Aksana Valeckaitė et al (Lithuania)
Liana Varava (Estonia)
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The SHE secretariat at NIGZ can help you to get in contact with the authors of the case studies and essays. Please send an email to she@nigz.nl

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Goof Buijs, Aldona Jociutė, Peter Paulus, Venka Simovska

YOUNG PEOPLE'S VISIONS OF THE IDEAL SCHOOL

Written by participants of the young people's workshop at the 3rd European conference on health promoting schools these are two essays with visions of a school where everyone is healthily and happily learning.

1. My vision of an ideal school

by Ana Raquel Aguiar

In my opinion the ideal school is one which educates and builds happy and dignified human beings. For me, happiness is what people look for and dignity is found when people control their actions in order not to compromise anybody else's happiness and freedom. A school plays a fundamental role when it comes to the formation of individual people. It teaches them not just how to work while in an important job, but also how to deal with others in a harmonious and healthy way. For us to successfully communicate with each other we need interpersonal skills and also physical and mental well-being.

I had access to some of the health promotion programmes in my school and I think they are excellent. A lack of funds to develop these programmes is one reason why not all school pupils have this chance. Also there are teachers who, because of their work load, can't get involved with these programmes teaching us how to interact with each other.

Nowadays, we do not know how to face others as our parents did once. We are getting shy and lonely, hiding ourselves in front of a computer. We need the help of teachers to build the foundations for healthy relationships. Healthy relationships between each other are indispensable and there are programmes like the one developing in my school that can bring lots of benefits to young people.

I have been saying that interpersonal relations is a theme which needs to be deeply worked on in a better school. However, for students who are spending their whole day at school, basic needs, such as eating, need to be met as well. The school must provide a balanced and varied diet in the canteen. Fast food or "plastic food" should not be allowed because it will only develop bad habits for those who eat it. Physical exercise is also extremely important because exercising regularly and having good eating habits are the most significant things anyone can do to improve their physical health. Being fit is the key to being physically healthy, but everybody also needs mental health and in order to get it, one of the best ways I can think of is the programme I was involved with. I will now explain it in detail.

The program was divided into sessions, and although it was not a school subject we (the students of my classroom) took part in these sessions within school time. We worked together with a group of teachers and other older students who voluntarily participated in the project. Essentially in each session a different subject was discussed. Themes such as self-confidence, adolescence, bullying, expressing yourself, drugs, alcohol, sex, HIV were spoken about and we were taught how to deal with them. In this way we gained some experience in life and got to speak about taboo topics. We also learnt, in some cases, how to correct the problem or, in other cases, how to accept it. With this program I started to look at the others as human beings who might need

my help to ensure their happiness. Sometimes with one smile you can change one life. This program improved the knowledge of my classmates about bullying which is a phenomenon that has been spreading. By becoming more self-confident students are less likely to be mocked or bullied.

To conclude, I will answer two questions:

Firstly what do we need from the grown-ups?

Financial support from the government and the commitment of teachers to this type of programme. One of the aspects of Portuguese schools that foreigners comment on is the close relationships that students keep with their teachers. The kind of programmes I am writing about if applied all over the world would certainly improve relationships between teachers and students!

We need primary needs to be met at school such as facilities for sports and other physical exercise and washing facilities for use after physical education which would encourage students to do more physical activity. We also need other types of leisure facilities where the students can have fun such as social areas, libraries where they can access to the Internet, read, and happily spend their time in school.

Secondly, what can we do ourselves to make such a school?

Well, in my opinion the young people of my age are now starting to become aware of their rights, what they should and shouldn't do. Honestly, the only thing we can do is to keep fighting for those who will come after us to have a better future. However, there are some rules that we must obey to maintain the school as a fair place where everyone may coexist in harmony and peace. A place where you can learn happily without worrying too much about the bad but still beautiful world outside. A place where you love to interact with others beyond your computer and feel respected and unarmed before human beings that you know won't hurt you in any possible way. A magical place where you can love living!

Secondary school Ferreira Dias, Lisbon, Portugal

2. A school where everyone is happy and eager to learn

by Viktorija Pratusevičiūtė and Monika Kalinauskaitė

How do I imagine a school where everyone is healthy and it is good to learn?

Around 4 million children and young people are currently enjoying the benefits of attending a healthy school. All of this is about creating happier, healthier children and young people who do better in learning in life. Not only do young people spend about 1,150 hours a year at school, but also it is the best time to develop healthy habits. It only makes sense for all the school community (students, teachers, parents) to be involved in promoting healthy eating, physical activity and mental health.

All over the world there are many schools for all kinds of children and young people who all hope to be a part of a healthy, active and friendly community. We all must join in and create a better place, where everyone is healthy and it is pleasant to learn. It doesn't take a lot to create a healthier school. There should be more physical education and physical activity. That way students would be active, have more energy and would spend their free time usefully. Also, attention should be paid to psychology

lessons where students would get a lot of new information. They could attend various seminars, lectures and discussions. A healthy lunch or healthy food should be offered in the school cafeteria. Nourishment has a huge influence on our daily life, health and feelings. Teachers, students and parents should be involved in school activities and everyone should join and help creating a school which can promote both learning and healthier living.

Also, a lot depends on us. Every student must put a valuable contribution to his school life. Firstly, we all must show a lot of desire to what we do and be helpful to each other. Secondly, we should accept everyone's opinion and respect it. It is also important to take part in all activities and together try to change everything for the better. If we all want to create a healthier school which we could only imagine, we just have to work together and endeavour to achieve our aim.

In conclusion, children and young people from all over the world in health promoting schools say that they feel happier, healthier and safer. Everyone is involved in the school community, so everyone gets a chance to join in and take part creating a better place to learn. It is important that all schools in the whole world could participate in creating a healthier school and young people could get both education and healthy life habits. Everything depends on us and our desire.

Vilnius Fabijoniskiu secondary school, Lithuania



„VARPELIO“ GRUPĖS VAIKŲ
amžius 5-7 metai,
Vadovė Rasa Tupalskytė
Vilniaus lopšelis-darželis „Gėlynas“
Vilnius, Lietuva

CHAPTER 1: WHOLE SCHOOL APPROACH

1. THE PEMBROKESHIRE HEALTHY PRE SCHOOL SCHEME

*Lynne Perry, Mary Macdonald
National Public Health Service for Wales, United Kingdom*

Background

A Healthy Pre-School Scheme has been developed to compliment the Healthy School Scheme in one area of Wales. One of the aims of the new Scheme is to develop a consistent approach to health and well-being from early years and throughout the school setting.

The Healthy School Scheme was set up in the county of Pembrokeshire in 1999 as part of the Welsh Network of Healthy School Schemes (WNHSS). All schools in Pembrokeshire are part of this well established programme.

A 3 year Welsh Assembly Government funded oral health and nutrition programme was developed and established in the pre-school sector from 2004 to 2007, this programme received independent positive evaluation with a recommendation that the work should continue. On completion local partners agreed to extend this programme to nurseries and day care centres encompassing all areas of health and establishing a whole settings approach utilising the Pembrokeshire Healthy School Scheme model.

What happened?

A steering group was set up; the membership included early year's educationalists and health professionals, nursery managers, healthy schools officer, health promotion officer, area pre-school supervisor and information officer. It was agreed to develop the pre-school scheme in the same format as the school scheme and to include all the aims and health areas with minor adjustments to take account of education requirements and the health needs of this age group. The new scheme was piloted in two day care centres.

In the first phase both day care centres addressed the areas of exercise and nutrition incorporating a whole settings approach to involve parents, outside agencies, develop new menus for snack and meal provision, to comply with the varying nutrient requirements of this age group, in addition to developing food and fitness policies.

The two pilot nurseries were assessed at the end of year one and achieved accreditation from the Welsh Assembly Government for the first phase of the WNHSS. They were highly praised for their work by the Welsh Inspectorate for educational standards (ESTYN), who awarded a nursery grade 1 for 'The extent to which the setting contributes to the children's well-being'. As a result of the positive outcome of the pilot a funding bid was successful and the new scheme was extended to 20 pre-school settings in 2008 with funding to continue for 3 years in the first instance.

What went well?

What went well was how nursery and day care staff embraced the scheme and the enthusiasm of all partners. The scheme was easily adapted from the school scheme

and addressed a number of national and local agendas. The training events were well attended and the grant money, secured through the funding bid, ensured appropriate resources could be purchased for the groups which enabled them to extend their activities.

Discussion

Very few difficulties were encountered mainly because the previous nutrition and oral health programme had overcome barriers and informed the planning of the new scheme. There was concern regarding the cost implications of providing healthier food and snack items e.g. the need for more appropriate cooking facilities and staff knowledge to provide the new menus. Through advice, training and support, including the sharing of best practice between the groups, this was overcome. Training was provided which included nutrition and menu development and cooking on a budget. With the introduction of recycling schemes nurseries found that as they were business establishments there were cost implications, this was overcome by discussions with the Local Authority to treat the nurseries as education establishments and therefore the costs were waived.

Conclusions

Even though the scheme is still in the early stages the success so far has been gauged by:

- Monitoring and evaluation through process evaluation visits and end of phase assessments.
- The feedback from external agencies.
- ESTYN inspection reports.
- Feedback from parents and staff.
- The continued involvement of nurseries and day care settings and the achievement of phases.
- The interest from Healthy School teams in other areas of Wales to take this forward.

This new pre-school scheme has shown that the Healthy School model is adaptable, the aims and way of working can be used in a variety of settings to promote health and embed health policy and therefore is a key driver for promoting and improving the health of children and young people from birth.



2. “MY DEAR PINOCCHIO”: THE ITALIAN WAY TO THE HEALTH PROMOTING SCHOOL

Maria Vezzoni, Cristina Morelli, Antonella Calaciura, Chiara Mariani, Luigi Acerbi, Roberta Tassi, Marina Penati, Maurizio Bonaccolto, Luigi Fantini (Public Health Unit Milano2 (PHUMi2) Community Medicine); Chiara Sequi (Provincial Office of Education of Milan); Tiziana Germani (School Director 1 CD San Giuliano Milanese), Italy



Background

Pinocchio is a puppet who empowered himself to become a child. In doing this he is helped by a blue fairy, who tells him he can become a real boy, if he proves himself brave, truthful, and unselfish. Thus begin the puppet's adventures to become a real boy, which involve many encounters. Likewise pupils need to be empowered and the school represents the place where significant encounters take place and where empowerment can be developed.

Public Health Unit Milano2 (PHUMi2), located in the Lombardia Region, actually serves 46 municipalities in the hinterland of Milan, with 556.000 inhabitants and 351 schools with more than 60.000 pupils. In 2001 we investigated around 70% of the schools about their activities in health education. At that time, schools used a medical model of health education offering lectures on health-related topics, such as nutrition, hygiene and oral health, smoking habits, sexual education, prevention of accidents. The average number of health topics addressed in pre-school was 1.5, in primary school 1.8 and in secondary school 2.8. No strategies had been developed to promote healthy living through the whole school approach.

Strategy

We focused on the process of change. In 2002 we invited the Regional Office of Education in Lombardia and teachers from the schools of the area to participate in the development of a theoretical model of a “Smoke-free School” (SFS) using a health promoting approach. Subsequently, based on a whole school approach, we decided to certificate those schools that planned, implemented and evaluated actions in five areas;

1. Curriculum
2. Training for teachers
3. Partnership
4. Smoke-free school environment
5. Smoking cessation.

In five years 130 schools have been certified as “SFS” and 79% of them obtained results in at least three of the above areas.

After achieving this schools now asked for a more comprehensive working model and we accepted the challenge of a new approach and started to work toward a “Health Promoting School” (HPS).

In 2005 we invited schools to participate in developing a local model and the health promoting school. To do this school directors, teachers, parents, students and staff participated in several meetings. The Provincial Office of Education of Milan was involved, and representatives of a few municipalities and volunteers too.

The local model was outlined in a practical manual: "My dear Pinocchio: a health promoting school" which presents the basic concepts, values and principles of the HPS. The model is made up of 6 areas: school ethos, organisation and leadership, social climate, taught curriculum, environment and school opportunities, community participation. In each area objectives have been set and indicators sensitive to context have been developed. Thirty-seven objectives have been established and will be certified by School Health Teams.

Tools and promotional material to support schools to engage in the process of becoming a HPS have been printed: a descriptive manual for the school community, posters, gadgets for the pupils and HPS Certificate. In the meantime, we developed pages for the HPS on our website (www.aslmi2.it). In 2006 we introduced this proposal to schools through open days, courses, meetings and door-to-door consulting.

In order to begin the process, schools that had agreed to participate had to follow three steps:

1. A formal approval by the school committee
2. A description of the purpose to become a HPS in the school plan and on the school website
3. The formation of a school health team which involves teachers, staff, parents, pupils and health operators.

The school health team has the following four tasks:

1. To define and research the health problems in their school
2. To propose actions to prevent and to counteract the identified health problems
3. To integrate health topics into the formal curriculum using participatory teaching methods
4. To engage in a process of empowerment which involves the community and promotes participation.

The school health team meets at least twice a year; the first time in order to set objectives and indicators and second to evaluate the work.

Results

In 2006, fifty-six 'smoke-free schools' agreed to implement their process in health promotion and to become a HPS.

A major success in this certification process was the involvement of the members of the local school health team. It successfully engaged them in participating fully in discussing health issues with a democratic approach which sometimes even successfully included pupils (older than ten years). The development of a local network of Health Promoting Schools facilitated schools to share their experiences. This was achieved through staging an annual meeting which involved Health Promoting Schools certified by PHUMi2.

There are some challenges around the training needed for those developing these programmes. Since 2001 continuous professional development has been available

for Community Medical staff in health promotion and nine hundred and thirty-eight teachers have been trained in new teaching methods and how to promote HPS to their colleagues.

The aim of the project is to certify the improvement that schools achieve in the six areas and in 2007 fifty nine schools were successful in all identified areas. Specific achievement in individual areas was as follows:

In the area "school ethos" twenty-one schools achieved the objective to guarantee democracy and equity in the school through an analysis of the health needs of the pupils.

The area "organisation and leadership", was not approached by any school.

In the area "social climate" ten schools achieved the objective to promote inclusion through participation of pupils and parents in the local school health team, giving visibility to the work done by the children about health topics.

In the area "curriculum about health topics" fifty-three schools achieved the objective to structure the formal curriculum about health topics, and to develop it in all target classes. Health topics, integrated in the curriculum and taught with active and participatory methods, taking an approach of ten or more hours, were treated as follows: Hygiene by sixteen schools, oral health by twenty-six schools, mental and social health by eighteen schools, gender and sexual education by seventeen schools, physical activity by twenty-seven schools, nutrition by thirty schools, smoking habits and illicit use of drugs by thirty-four schools, emergency and accident prevention by forty-three schools, environment and pollution by twenty-one schools. The average number of health topics treated by a health promoting school is 3.9.

In the area 'environment and school opportunities' three schools achieved the objective to improve the scholastic atmosphere and well-being through the participation of parents and pupils.

The objective 'to supply opportunities for health through the school setting' was achieved as follows: smoke-free context by twenty-nine schools; walking bus by four schools, brushing teeth after lunch by one school, providing fruit snacks by six schools.

In the area 'alliance with stakeholders' eight schools achieved the objective to develop alliances with families, involving parents in health-related events.

Conclusions and lessons learnt

From this experience we learned that schools need support with the challenge of dealing with health promotion. Organisational investment is needed which means that school managers must be involved in the whole process. Teachers need continuous professional development especially with regard to planning in order to identify objectives and select appropriate indicators. Experiences should be shared amongst all involved in order to foster a strong culture of dealing with these health topics. Central and local authorities should develop health promoting policy to ensure that health services are part of this process supporting and monitoring this work towards making every school a health promoting environment.

3. THE NETWORK OF HEALTH PROMOTING KINDERGARTENS AND SCHOOLS IN ESTONIA

*Siivi Hansen, Liana Varava, Karin Streimann
National Institute for Health Development (NIHD), Estonia*

Background

Ten Estonian schools joined the European Network of Health Promoting Schools in 1993. The first kindergartens joined the network in 2001. By the beginning of 2009, 262 kindergartens and schools from all counties joined the network, which is 23% of the 1126 educational institutions.

In 2005, a network of coordinators was established from all counties (15) and bigger cities (3) in Estonia to assist kindergartens and schools in linking health promotion activities with everyday school work. This has been financed by the Estonian Health Insurance Fund project “Development of School Health Board Activities” and the Strategy to Guarantee the Rights of the Child.

The growth of the kindergarten network and the school network led to a need for local coordination with the aim being to raise the capacity of all kindergartens and schools to do health promotion. This can be achieved by inclusion, cooperation and exchanging experiences. The assumption was that a coordinated network with planned activities would provide this opportunity.

Organisation and coordination

The National Institute for Health Development (NIHD) became the leading institution in the network. Health promoters from counties and cities joined the project at the time of its launch and acted as local coordinators. The task of the coordinators included:

- Coordination of the health promoting kindergartens and schools network locally
- Advising the school teams with regard to establishing school health boards
- Organising the work of school health boards and helping with their action plan, if necessary
- Managing health teams within the institutions belonging to the network
- Advising in matters of planning, implementing and assessing health promoting activities
- Finding opportunities for sharing good practice and establishing strong local networks of health promoting institutions
- Assisting new institutions to join the network and monitor their activities with regard to the principles of the health promoting schools movement

In the last three years, the coordinators have empowered 350 institutions in several different ways.

NIHD offers regular trainings (2 times a year) and supervision (2 times a year) to coordinators as well as summer schools and conferences to networks.

Guidelines and other materials supporting the principles of health promoting schools have been developed to assist school’s health boards; these materials discuss different issues, beginning with the role of the school health board in the institution, through to a collection of examples of good practice. Financing the work of school coordinators



began in 2005; since 2009 the work of kindergarten coordinators has also been funded.

All counties have a network coordinator. Most health promoters are supported by school coordinators and the network of kindergarten coordinators is being supplemented. School health board advise to institutions is voluntary and provided free of charge. Methodological materials related to health promotion and the work of school health boards have been developed and are available to anyone interested.

Research

In 2008, school coordinators conducted an assessment of school health board activities in health promoting schools, which is being used as a basis on which to plan future counselling and training.

The key findings of the assessment include:

- the local networks show different levels of activity in different areas
- both health promoters as well as coordinators are needed in order for a network to function well
- the personality of the coordinator has an important role in empowering the network. It is very difficult to keep the network working if the key person changes
- as networks operate differently, it is necessary to provide individual advice and supervision to coordinators as well as representatives of local networks by NIHD
- project based financing of the work of coordinators is not sustainable
- cooperation with the Ministry of Education and Research has been weak. However, it is crucial in order to sustain the effectiveness of the work.

Conclusions and discussion

Project assessment feedback reveals that kindergartens and schools have benefited from advice resulting in a steady flow of institutions joining the Estonian network of health promoting kindergartens and schools, although there have been regional differences depending on the operational activeness of coordinators.

Due to trainings and summer schools, ties and cooperation between networks in different regions have grown stronger.

Health promotion in kindergartens and schools is increasingly being valued and is

changing from an event-based activity to a holistic health promotion approach. In a situation where financial resources for the empowerment of networks of health promoting kindergartens and schools are limited, it is very important to find a motivation mechanism that would support the development of the movement. Estonia has developed a mechanism which makes it possible to reach all institutions in need of support and advice with the help of coordinators and to bring the idea and good practice of health promoting kindergartens and schools to all children and young people through regional events and inclusion.

4. THE WELSH NETWORK OF HEALTHY SCHOOL SCHEMES - NATIONAL QUALITY AWARD

Lynne Perry

National Public Health Service for Wales

Background

The Welsh Network of Healthy School Schemes (WNHSS) was launched in September 1999 to encourage the development of local healthy school schemes within a national framework. The Welsh Assembly Government has provided funding and guidance for local healthy school schemes in all areas of Wales. Currently 1712 schools (91%) are actively involved in the WNHSS.

The WNHSS was set up with clearly defined national and local responsibilities. Initial guidance was provided for the first 3 phases (usually one year per phase) and subsequently for beyond phase 3 (usually 2 years per phase).

A high percentage of schools are working through the phases and a number have achieved Phase 5.

The aim of the new National Quality Award is to develop consistent assessment criteria for Wales to recognise high standards and achievements in promoting and embedding health in schools involved in the scheme for at least 9 years.

Developing the National Quality Award

A small working party which included local coordinators and the national lead was set up to identify the key themes and develop the criteria ensuring good links with all Wales strategies and frameworks and incorporating all the principles of school health promotion.

The award criteria has been developed around 7 health aspects:

- Food & fitness
- Environment
- Personal development & relationships
- Safety
- Mental & emotional health & well-being
- Hygiene
- Substance use & misuse

Each aspect has indicators under 4 headings:

- Leadership and communication,
- curriculum,
- Ethos and environment,
- Family and community involvement.

At each stage of development local coordinators were consulted for their views.

The pilot

The new assessment tool was developed and piloted in 3 schools, one secondary school

and 2 primary schools. Each of the schools was asked to complete 2 health aspects for the pilot. The assessment process involved schools presenting evidence for each of the 7 health aspects in advance and a school visit which included discussions with pupils, staff and agencies that support the school plus a tour of the school led by pupils. The focus of the visit is to establish the presence of:

- A whole school approach
- A positive approach to health
- An understanding & commitment to the healthy school ethos – mission statement/school aims
- Communication on all levels - school prospectus, pupil involvement, parents, all staff
- How each area is embedded
- Links with national & local policies & programmes
- Partnership working & support
- The assessment tool and the process were well received by the pilot schools and minor changes were made.

Implementation

Schools that have been engaged in the Healthy School Scheme for a minimum of 9 years will be supported by the local coordinators over a 2 year period to gather evidence of the work carried out for the 7 health aspects and their progression during involvement in the Scheme.

When the local coordinator is satisfied that the evidence is in place an assessment will be arranged. The local coordinator will present and discuss the evidence with the external assessor prior to a school visit.

The assessment will be carried out by external assessors who will be appointed by the Welsh Assembly Government. A training programme has been developed for local coordinators and newly appointed assessors.

The National Quality Award will replace the Welsh Healthy School Scheme phase 6 and ensure a consistent quality standard across Wales, the emphasis is on quality and schools that achieve this award will be exemplary.

Work towards the award has only recently begun involving a small number of schools including further work by the pilot schools. To date the feedback has been positive with an expectation that the first schools will complete the process this year.

5. SETTING APPROACH THROUGH THE SLOVENIAN NETWORK OF HEALTH PROMOTING SCHOOLS

Mojca Bevc Stankovič

Institute of Public Health of the Republic of Slovenia

What did we do?

Slovenia was among the first countries that joined the European Network of Health Promoting Schools. The Slovenian Network of Health Promoting Schools (SNHPS) has been operating since 1993, when twelve pilot schools joined the network. In 1998 the number of member institutions grew to 130, which then represented 25% of all Slovenian schools. In the school year 2008/09 all Slovene schools were invited to join the network. 268 institutions, of which 212 are primary schools, 49 are secondary schools and 7 are student residencies, are now members of SNHPS. So, 43% of all Slovenian primary and secondary schools are now members of the national network.

The national coordination of the network is conducted by the National Institute of Public Health of Republic Slovenia (IPH) and regional coordination is performed by the Regional Institutes of Public Health. The Ministry of Health and the Ministry of Education and Sport have helped SNHPS right from its inception.

Over the past sixteen years an established Network of Health Promoting Schools has developed in Slovenia which has had an impact on the everyday functioning and thinking about health and healthy living in its member schools. Through the health promotion activities of these schools the health of all involved in their school communities has been improved.

The work of the network has been guided from local, national and European level. Locally there have been activities involving schools, regional institutes of public health, community health centres, non-governmental organisations and other institutions all working together. At a national level there has been an annual main health theme and at a European level the guidelines of the Schools for Health in Europe network (SHE) have been used.

The evaluation of our work demonstrated that the outcomes were positive leading to further expansion of the network in 2008 as already described.

What actually happened?

We organised our work in a very systematic way. From the very beginning we put a lot of effort in to teacher training on health promotion (HP) topics (promotion of mental health, promotion of safe sex, stress management, planning and evaluation of HP programmes, improving relations between pupils, teachers and parents, school violence prevention, healthy nutrition, prevention of tobacco use and alcohol abuse). This work around teacher training paid dividends as it changed the ways schools were thinking about and planning activities.

Every member school has a health promoting school team, which consists of a leader and representatives of teachers, pupils, parents, school management, health professionals and local community. They meet at least three times a year to analyze

the situation in their school. They identify the needs, plan activities and programmes in health promotion. They also evaluate the work which has been done.

Also, at least three times a year, the national team of IPH meets with the leaders of school teams and regional coordinators for health education. During these meetings we discuss various health issues, inform schools about events and activities concerning health and jointly offer initiatives for solving problems in schools, exchange experiences and examples of best practices.

In cooperation with school leaders we select the main health theme for every school year. The following themes have been covered:

- Young people and alcohol
- Mental health
- Healthy eating and physical activity
- New methods of working with parents
- Quality use of leisure time
- Healthy lifestyle
- Being sun aware

In the framework of the main health theme, schools prepare different activities, including lectures, workshops, discussions, camps, natural science days, marches, project days, days of activities, different class meetings, exhibitions, etc., during which the issues within the theme are discussed. In their evaluations schools report that common activities involving pupils, teachers and parents have improved interpersonal relations and encouraged the performance of pupils.

Every year schools present their achievements in relation to the leading theme of the year on the National conference of SNHPS where good practice case studies are discussed during lectures and workshops. All the contributions of the conference are available in the SNHPS's Bulletin.

Which aspects of the network proved particularly successful?

Over the years we have learned that the most successful methods are:

- in-service trainings for teachers on health promotion/education
- a school team in every school
- systematic planning and evaluation of school tasks related to health
- working meetings with school leaders three times per school year
- a leading theme for each school year
- yearly national conferences of SNHPS
- Bulletin of good practices
- Professional management of the network and support to schools performed by the national team from the Institute of Public Health

What difficulties were encountered and how were these overcome?

During our work we also face difficulties and barriers, such as frequent government changes (especially in the education and health sectors), lack of financial resources for schools and national projects and the fact that teachers' time is increasingly taken up

with tasks core to the curriculum and therefore have significant lack of time for projects like ours. But these difficulties are general and common to most of the projects or other work. With persistence, professionalism from the national team and the enthusiasm of school leaders, we work to overcome these difficulties.

How do we know how successful it was?

Evaluation of planned activities over the last years show that schools have made efforts in the areas of mental health, diversification of learning, physical activity, addiction, healthy eating, etc. Evaluation also highlighted the most important elements crucial to the effectiveness of our work. These elements are:

- support of the project by headmasters
- inner-motivation of members of school project team
- team work
- support of the national team.

Leaders from school project teams emphasised

- systematic planning
- evaluation of good projects
- working on interpersonal relations between pupils, teachers and parents as the most important topic for schools.

What could be learnt?

We have learned that it is important that programmes are tailored to the needs of an individual school and integrated into and across the whole work of the school. School management must support new programmes if they are to be successful.

The SNHPS aims to develop good quality work at national as well as local level. Together with the Ministry of Education and Sport a model for healthy lifestyles is being developed for use in primary schools in the period 2008-2010. This aims to incorporate into the core curriculum topics such as healthy nutrition, physical activity, mental health, alcohol and tobacco use. So, health topics are being worked into all parts of the school life making the promotion of health part of the everyday for all those who live and work in the school setting.

6. EFFECTIVE AND EFFICIENT HEALTH PROMOTION IN SCHOOLS; THE ROTTERDAM EXPERIENCE

Geert Bruinen

Public Health Service Rotterdam-Rijnmond, The Netherlands

A year and a half ago the Public Health Service Rotterdam-Rijnmond changed its approach to health promotion in schools. Instead of determining from within what the schools were offered the Public Health Service became 'needs led' and responded to schools' demands. Since making this change almost 20% of all Rotterdam schools (in total almost 300, both primary and secondary schools), embrace the healthy school method.

How:

By changing the way of working at the Public Health Service and the specific skills of the health workers, by involving the school management and recognizing the important role of the local politicians.

Until now it has been the common practice of regional public health services in the Netherlands to offer standard health promotion interventions to schools. The Rotterdam Health Service used the same strategy; the workers would visit schools which were reporting health issues which needed to be tackled and the workers would directly offer solutions and interventions. The workers 'owned' the interventions.

The response of the school management was often negative in response to this kind of intervention citing lack of time as a reason to reject it. Alternatively, if they were willing to spend time on the issue, they would want it done immediately and gave responsibility to an individual committed member of staff who would deal with it in their lessons. Many health promotion workers entered the schools and each with their particular expertise and partners were satisfied when health promotion was being done. But...

The school management was not pro-active and did not take the initiative. This was because they perceived it as someone else's responsibility and that others would come and administer proven interventions. However, this relied too much on individual responsibility and when personnel changed, the work stopped. This way of working is not efficient and, more importantly, does not make for sustained change on the behaviour of children and young people.

So in Rotterdam in January 2008 we changed our way of working and, with the support of the Netherlands Institute for Health Promotion NIGZ, we started working with the Healthy School Method.

Most important was the change towards working co-operatively with schools as partners. We communicate openly about the health issues in their school, make it clear that the responsibility for the work is theirs but offer support to equip them to tackle the problems.

Management became the main point of contact with schools with support to help them understand the 'health status' of their pupils and help them to work with the healthy

school method to promote healthy change. So one of the main skills that is really important for the health promotion workers is that they are really communicators and are able to listen very well. By doing that they will get the real issues on the table. It is right to say here that it takes a lot of time and energy to get all the workers on the same line. Some of them felt really comfortable in their (old) way of working. But overall, everybody understood that the method has to be made more effective and efficient.

Healthy schools make pupils smarter

The overall environment and ethos is most important in this approach and the well-being of all in the school; teachers, other staff, parents and the youngsters. Research demonstrates that this approach promotes positive outcomes across the school community. Teachers have less days off work, because of stress and illness, parents will be more involved in extra-curricular activities, pupils feel better and there is less fighting and aggressive behaviour among the whole school population. Last but not least, because of this approach, the school results of children and young people improve significantly!

Health promotion then becomes a core set of tools towards meeting the school's main goal: good education given by enthusiastic and really involved teachers, involvement of parents so that other activities were picked up by enthusiastic parents and as a result of that; pupils reaching higher scores; the development of young people as better workers and participants in society. An effective way of getting a higher talent/ability developing! For school management then this becomes the main reason to take responsibility on health topics.

A teacher from a healthy primary school in Rotterdam:

For us it is really important that our children can develop totally on all topics. Being a healthy school we benefit from this and increase the well-being and self-assurance of our population. It is our mission to facilitate our children so that they all enjoy school and behave as well social persons. We recommend the 'totally healthy school approach' to all other schools

A teacher from a healthy secondary school in Rotterdam:

Now, working as a teacher on my healthy school, it is much easier to talk in the class about love and sex. Talking about how to develop their knowledge and the pupil's wishes and borders in relation to this topic. We talk about how to handle in certain circumstances. I am convinced this simply decreases youngsters getting exposed to traumatic situations or sexual misbehaviour.

Smart politicians support Healthy Schools

Politicians are easily shocked by figures about suicide rates, fighting, drugs and alcohol abuse, obesity, sexual promiscuity and the difficulties in schools. However, usually it is hard to convince them to put long term investment into processes which do not show immediate results since politicians are elected for relatively short periods.

Using the 'maximising their potential' message was the way we were able to get local politicians on our side. Rotterdam is a big harbour city with poor levels of educational attainment for young people and a high rate of school drop-out. We

were able to persuade politicians, who were interested in better education for young people, to be ambassadors of the Healthy School approach.

Local councils will pay for health promotion workers to work with schools towards becoming 'Healthy Schools'. So it benefits school managers to use this method which is low in cost and maintains the school's autonomy since schools develop their own health curriculum.

Politicians become engaged when they are made aware of the long term results to be gained from this efficient and effective approach. Once engaged we can also demonstrate the short term benefits to be gained, namely good exposure to the media, including newspapers which highlight their role in developing the health and talent of young people in their area. In addition they can also illustrate to the public that this type of investment reduces insecurity, danger and aggressive behaviour in society. So, politicians will stimulate the management of the schools; the enthusiastic reactions of the schools stimulate the politicians. And in that way the healthy school method will stand and overcome the change of political statements and colours.

This begins a movement that will strengthen itself with the involvement of the whole community from school management and local councils through to parents and pupils.

This experience turned out to be successful, so will be continued in Rotterdam.

In this way, we both invest in our most precious asset; the well-being of children and young people and the optimal development of their talents and capacities.



7. WEB-BASED PROMOTION OF SYSTEM CHANGE & BETTER PRACTICES ON INTERNATIONAL COLLABORATION

Douglas McCall

International School Health Network, Canada

Background

Professional networks and networking have been instrumental in making progress around the world in school health promotion. In Europe, the Schools for Health in Europe network (SHE network, formerly known as the European Network of Health Promoting Schools) began as a loose network of interested schools and grew into an inter-governmental network. In the United States, a close partnership between the American School Health Association and government agencies has led to a highly developed system of coordinated school health programmes. In Canada, the Canadian Association for School Health and its NGO network created a comprehensive approach to school health that survived severe cutbacks at all levels and recently re-emerged with numerous national activities in research, intergovernmental and knowledge exchange. In Asia, leadership from the Chinese University of Hong Kong has formed the primary thrust for programs for two decades.

This practice story attempts to describe a new generation of such professional leadership. We describe Canadian efforts to promote better practices using web-based and other professional networking strategies to support systems, agency and professional change. We then suggest that it is possible that this story will continue, where the International School Health Network will be using similar techniques to promote an ecological, systems-based approach to school health promotion centred on ten key strategies and numerous concepts that will be included in an online glossary and encyclopedia that will be supported through bibliographies of research/resources and a series of handbook chapters.

Professional networking for systems change

The Canadian experience is similar to many countries around the world. We began in 1988 with voluntary networks of professionals and agencies in each of our provinces/territories. We developed a Consensus Statement in 1990 that created an enduring, shared vision. We applied that comprehensive approach to a number of health and social problems. A 1999 survey of provincial-local-school policies in the education and health systems reported progress just as an economic downturn was diverting attention away from school health programs.

However, our collective vision survived and was revived in 2005, when a fortuitous combination of events led to the creation of a stronger NGO network, a researcher's network, an intergovernmental consortium of health and education ministries, several large scale research projects and parallel movements on safe schools and community schools.

The 1990 Consensus Statement was revised, a research agenda in school health promotion was established, a series of annual school health conferences was started, a 2005 capacity assessment was completed and a knowledge/resource centre was established. For the first time, the school health movement in Canada had multi-year funding in the non-governmental, intergovernmental and research arenas. A new paradigm for school health promotion was defined as well; one that was based on an

ecological and systems-based approach. A new conversation was started on concepts such as capacity-building, complexity, local community contexts, sustainability, implementation and systems change. We also recognized that the discussion was broader than just education and public health. We needed to engage the welfare, law enforcement and other sectors.

Changing the conversation and shifting the discussion to the web

A research grant gave us the opportunity to reconceptualise school health promotion in the light of emerging knowledge about ecological approaches to health promotion and continuous improvement strategies to school system change. Our revised 2007 Canadian Consensus Statement captures the “new” school health ideas that revolve around concepts such as capacity, complexity, changing systems and local community context. We turned to knowledge exchange to promote this new set of ideas.

Recognizing the fragility of the new funding, as well as the fickle nature of political and hence bureaucratic attention, the Canadian Association for School Health has used the web effectively to support change. This is particularly important in a country as vast and diverse as Canada, and perhaps it holds lessons for professional dialogue at the international level. Our four-year plan included these elements:

- Creating a knowledge network with at least one contact in every school board, health authority, police department and other agency that receives a monthly email report and, more recently, is being invited to join a school health equivalent of facebook
- Digitizing a document collection collected since 1990 and creating a virtual library of bibliographies with web-linked research references as well as reports and resources
- Publishing a teachers magazine sent to all schools in print format three times a year while building an email “alert” list
- Publishing a regular insert in the Canadian Journal of Public Health
- Creating Communities of Practice that bring together local agencies, university experts and national/federal organizations to focus on specific issues or aspects of school health through webinars, wiki-based toolboxes, annual symposia and regular conference calls
- Facilitating the development of intergovernmental consortia and networks on healthy schools, safe schools and community schools while continuing to support a national NGO network and a national researcher network.
- Supporting the development of an international school health network and applying for recognition as a WHO Collaborating Centre

Successes and challenges

The recent success in Canada in promoting knowledge exchange is remarkably fragile as well as remarkable for its rapid development. Despite the agreement of our First Ministers on inter-sectorial work, we still have over 50 national agencies and parts of federal departments competing for the attention of schools. Our new national strategies appear more than willing to develop their own infrastructure and issue-specific frameworks that will compete or duplicate previous school health efforts. Our new intergovernmental consortium has just published a limited statement that shies away from concepts such as capacity-building.

Consequently, it is even more important to Canada that we can continue to use the

web and to work with our international colleagues so that we become as efficient and as effective as possible.

Our success has been quite remarkable. We have an agreement among our Premiers and the Prime Minister to promote inter-sectorial work on schools. Recently launched federal strategies on drugs, mental health, cancer, and other topics can now easily invite provinces/territories to join the discussion without our usual Canadian jurisdictional wrangling. Canadian studies using multi-level analysis is at the forefront of such research around the world. Our innovative use of knowledge exchange strategies such as Communities of Practice and web 2.0 technologies is also effective as reported in our ongoing assessments and surveys. We have a self-financing knowledge network that can survive without external project funds and that includes electronic newsletters, an annual conference, blog and wiki-based tools.

Four reasons for our previous and recent success have been;

1. Despite the significance of our ideas and our long term vision, we have always been able to translate our proposed actions into practical, small scale projects that can be funded by a variety of agencies and we have not tried to become a large organization
2. We focus on understanding the needs and preferences of the participants in our knowledge exchange activities. For example, our webinars and toolbox wikis are all focused on programs and practical applications for our Canadian participants.
3. Our effective and efficient use of webinar, wiki and blog technologies, done in conjunction with conference calls, email and face to face meetings/annual conference keeps people involved
4. Leveraging the ideas and expertise from around the world and across our vast country means that our participants meet and learn from new people and new ideas. This is both exciting as well as helps us to think outside our traditional boundaries.

The International School Health Network (ISHN) is now committed to using these same four strategies by creating “International Discussion Groups” that will gradually develop a Glossary and Encyclopedia on school health, social development and other programs. These two reference tools will be supported by a series of Handbook Chapters built from Bibliographies of convenient, web-linked lists of research, reports and resources. For those interested in being part of these international knowledge translation activities, please contact dmccall@internationalschoolhealth.org.

8. THE HEALTHY SCHOOL PLANNER: PILOT TEST OF A SCHOOL SELF-ASSESSMENT AND SELF-IMPROVEMENT RESOURCE

Claire Avison, Stephen R. Manske
Joint Consortium for School Health, Canada

Background

The Pan-Canadian Joint Consortium for School Health (JCSH) is a leader in advancing the comprehensive school health approach in Canada. To facilitate grass-roots implementation and sustainability of the approach, the JCSH developed an easy-to-use, contextually appropriate, on-line tool that helps schools

- assess their health status
- share that knowledge with the school community
- identify areas for improvement
- develop strategies and activities to achieve their improvement goals and
- measure and demonstrate progress over time.

Available in English and French versions, the tool also generates aggregate data useful for broad policy development, further research in the area, and evaluation of the implementation of comprehensive school health.

Following research into existing assessment tools and an analysis of options, the JCSH partnered with the University of Waterloo to modify their School Health Action, Planning and Evaluation System (SHAPES) assessment tool and incorporate adapted versions of the work done at the University of British Columbia on a School Smoking Policy Survey and many features of the Michigan Healthy Schools Action Tools. Development and technical testing were completed in September 2008. Pilot testing in schools was completed in February 2009.

Developing the Healthy School Planner

The Healthy School Planner (HSP) consists of:

- a process to help schools use the tools effectively within a team-centred approach;
- a series of questions to assess the current health status of the school;
- a report showing the results of the assessment and how to interpret them;
- a planning component to help schools develop goals and an action plan to improve health status;
- links to resources to help develop and implement the action plan; and,
- a final feedback report including assessment results, action plan, recommendations and resources or areas selected for action

Currently, there are 3 modules to assess the health of a school in the areas of physical activity, healthy eating and tobacco use. Each contains a series of questions that captures the broad categories of the Comprehensive School Health Framework: social and physical environment, teaching and learning, health school policy, and partnerships and services. The number of modules will be expanded to address other health related topics in the future as interest, evidence and capacity allows.

Schools using the planner need support from key stakeholders, such as the school administrator and a health sector representative. A team approach is critical to success as is someone to take the lead on the assessment and manage the process. The degree of commitment can be managed by choosing one or more modules, and the number of people involved.

The pilot test

The main purpose of the pilot was to elicit feedback on the tool's functionality, including usefulness, ease of use, and clarity. A more fulsome evaluation of the implementation and impact will be conducted at a later date.

A total of 33 schools registered online to participate in the pilot. Of these, two-thirds completed use of the tool and one-third completed a feedback form. Overall, feedback indicated the tool resulted in a better understanding of comprehensive school health by the team, and in some cases, by the school community. All of these schools would use the tool again in the future and would recommend it to other schools. Highlights of the results include the following:

- Most schools completed at least 2 modules.
- Most schools found it easy to enter, exit, and move around the tool.
- Almost all schools found questions in the assessment tool to be clear, and most schools found it easy to obtain the answers and interpret the results.
- Most schools chose 3 or 4 indicators to focus on and moved on to the planning portion. All found the results and recommendations useful and agreed they helped identify areas to work on.
- Most schools said instructions for indicator selection, directions for the planning portion, and the instructions on setting priorities were clear.
- Schools on average spent 2.2 hours per module on assessment and the time required to develop an action plan ranged from 1 to 6 hours.
- Almost all schools found the feedback report to be useful. All schools planned to share the report with others.

Discussion

A few difficulties were noted:

- Few of the schools used the Tool Guide (intended to facilitate understanding and use of the tool) but found it overall to be useful.
- The team approach was not fully embraced: in some cases, individuals answered assessment questions or made decisions on what areas to work on, rather than a team; in most schools proceeding to planning, the tool was completed by an individual.
- Few of the schools used the support materials on developing a plan but they found the material very useful or useful.
- Only 1 school used the glossary.

Conclusion

The pilot study revealed that the tool is working as intended, the instructions are generally clear, and the tool is having the anticipated benefits.

Minor changes to the tool are recommended, such as making users aware of what using the tool entails and the amount of time needed for completing the process.

Other improvements under consideration include:

- Review information and instructions for clarity, succinctness, and presentation
- Make the Tool Guide more prominent.
- Add options for going back and deleting indicators/goals
- Provide more encouragement to schools to use a team approach, which benefits the process while building understanding and support for a comprehensive school health environment.

This tool will be offered and promoted to schools by the JCSH as a resource to help them improve the health of their schools. As well, the aggregate level data offers valuable information for jurisdictions on school progress in this area, and encourages consistency of assessment across projects aimed at improving school health environments.



CHAPTER 2: TEACHING AND LEARNING

9. WEB COUNSELLING FOR E-TEENAGERS

Ksenija Lekić, Nuša Konec Juričič, Petra Šafran (Institute of Public Health Celje); Borut Jereb, Ph.D (Faculty of Logistics, University of Maribor, Slovenia)

The first question was sent on Saturday 7 April 2001. 'This is Me', our web counselling service for adolescents had just opened at www.tosemjaz.net. Our first user was a 16-year-old girl who was in love head over heels. We published the answer the next day. And so we successfully started our web-based youth counselling programme. 'This is Me' is the largest youth counselling web portal in Slovenia, providing teens with a friendly, simple, fast, free, anonymous and efficient public access to expert information and problem solving advice. Over the last eight years, our experts have answered 17,000 questions about dilemmas and problems faced by teens. The programme was created by the Institute of Public Health Celje. 'This is Me' supports teenagers with their problems. The programme focuses on development of positive mental health, with an emphasis on self-image, social and life skills. The programme responds to their needs and makes efficient use of web technology.

Web space as everyday support

You're right, nobody can do anything that matters instead of you and all crucial decisions, even those on life and death, are yours alone. Yet the everyday becomes a bit easier and nicer if we help each other as fellow beings, friends, experts - as people. Tell us more about yourself and I promise to respond. You will still have to choose a path and pull yourself through. Maybe someone can lend you a helping hand - if you, of course, accept it. (Excerpt from an answer to a troubled teen, www.tosemjaz.net).

Results and characteristics of the e counselling service:

- Our network of web counsellors includes 33 experts: 12 medical specialists, 12 psychologists, 9 social workers. All our counsellors are volunteers from 12 different institutions
- Over 2,500 answered questions and more than 100,000 users were registered in one year
- Every day we carefully edit e content and manage e contacts between experts and teens
- On average, the answers are published within three days
- Most users are between ages of 13 and 18
- The e counselling service is further augmented through preventive self image development workshops in schools
- The programme is funded by the Institute of Public Health Celje with support from the Ministry of Health
- The programme has won five national and international awards

A lot of dialogues that develop in the safety of our e-counselling website would never have happened in the office of a school physician, gynaecologist, psychiatrist or psychologist. Many service users clearly say that they would never have gathered the courage to open up face to-face, or would not even have sought help. The majority of questions deal with subjects that preoccupy teens the most: being in love, dating, curiosity about the first sexual experience, contraception, love problems, temporary family disputes. They are followed by more severe issues stemming from poor self-image. The most difficult and pressing questions the adolescents ask us touch the subject of suicidal thoughts, suicide attempts, self-harming behaviour, depression, eating disorders, sexual abuse and teen pregnancy. About 5.5% of questions involve the most difficult subjects.

E dialogue

hey!

what I wanna know is, which are the best pills you can use to kill yourself? does it hurt? will a pack of sleeping pills do the job? how much, so it's all over 100%? been thinking about suicide a lot... really hope you can give me some kind of answer, 'coz I can't handle it anymore ... fallen angel, 17, www.tosemjaz.net

The main limitation that comes with web counselling is the absence of face to-face contact i.e. lack of social and visual clues. The counsellor doesn't see the client. Their face is hidden, eye contact is impossible, body language is not visible, the personality and energy can only be guessed at. In fact, the communication is even more restricted than with phone conversations. Contact is reduced to written messages. Language is the sole communication channel. A message example: *»Been cutting myself for a year. I want to stop.«* Such messages are sometimes the only thing the counsellors have to work with. They will try to respond to such curt words (perhaps indicative of several problems) in a way that will encourage the user to speak up again. E counsellors are not a virtual shoulder to cry on. Serious problems are never easy to solve and the teens have to work hard. E counsellors carefully and suitably support and motivate the adolescents. They explain possible problem-solving scenarios and available sources of help.

Benefits of web counselling:

- Anonymity (promotes openness while expressing problems)
- Easy access to experts (from the safety of the teenager's room, no referrals, no waiting rooms)
- One e counsellor can help several teenagers with a single answer
- Insight into others' experience and problem solving approaches
- A quick 'first aid' effect
- Networking of institutions, experts and users

Limitations of web counselling:

- Limited communication (insight via written word only)
- Limited possibilities for establishing a therapeutic relationship
- On-line relationships are insecure and can be broken off at any moment

- Insufficient user information and incomplete problem description
- Adolescents' abilities to put problems into words
- Unrealistic expectations (hoping for a quick fix through a few mouse clicks)
- Useful insights

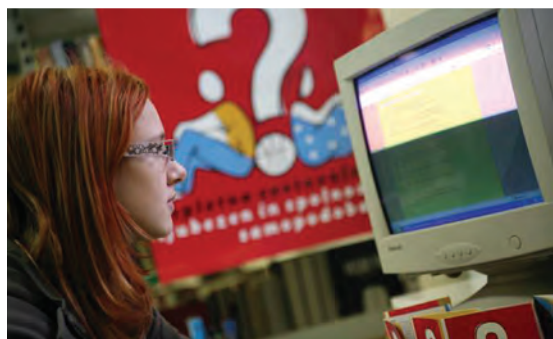
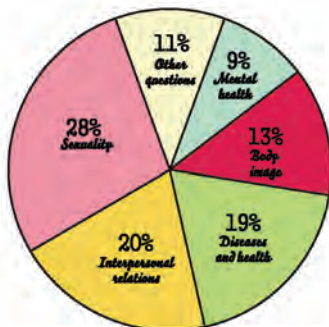
I first started visiting this site as a teenager. Here I found support in the hardest moments of growing up and it helped me learn good patterns of behaviour.

Mateja, a student, www.tosemjaz.net

Modern technologies open up new possibilities for traditional counselling services. The »This is Me« portal is one possible response to the current teen lifestyle. After eight years of web communication we can confirm:

- The Web is indeed a useful counselling channel and problem-solving aid. The e counselling service provides easy access to expert advice during moments of difficulty or everyday dilemmas;
- Through web communication and counselling we can reach typical adolescents with everyday problems. Before the new communication technologies became widely available, the insight into this particular group was not as good;
- The Web truly connects people, organisations, and sources of help. The web social network provides us with information, answers and increases the number of problem-solving options;
- E counselling cannot replace face to face counselling and assistance in cases of more severe issues;

The role of e counselling is above all preventive. E counsellors try to guide the problem solver. They use various information to help teenagers understand their situation, help them create problem-solving strategies and help them take responsibility for their lives. Whenever the counsellors succeed in guiding the teens towards making positive changes in their lives, e counselling has been a success.



10. GROWING THROUGH ADOLESCENCE

Anne Lee, Katie Paterson
NHS Health Scotland

Background

Research in Scotland (HBSC) shows an increasing number of young people are overweight. There is also mounting evidence that growing numbers of young people are unhappy with their body shape, and that the gap between their perceived ideal shape and their actual body shape is growing. Too add to this there is evidence of an increase in dieting behaviours in teenagers, now affecting boys as well as girls.

In addition longitudinal research which took place in four schools as part of the European Network of Health Promoting Schools: Healthy Eating Project between 1997 and 2001 investigated alternative approaches to promoting healthy eating within the school setting, adopting a health promoting school approach. This research found that school staff did not require another educational resource for children and young people, but a resource that would equip and skill them as educators; and that a whole school approach was central to success.

Growing Through Adolescence was developed by NHS Health Scotland and partners, Child and Adolescent Health Research Unit (CAHRU), Edinburgh University as a result of this research. The partnership was essential in bringing the research agenda to this resource, and in highlighting that teachers needed help in dealing with the complexities around food choices for young people.

Action

Growing Through Adolescence took 4 years to develop. It is a professional development resource that offers a comprehensive evidence based overview of healthy eating in relation to young people. It enables trainers to build on teachers existing knowledge and experience, and increase their confidence in exploring a broad range of issues relating to young people and their food choices within a health promoting school approach.

It is aimed at those working with children and young people in upper primary and lower secondary schools; it focuses on healthy eating. It explores how young people cope with emotional and physical health issues as they grow and develop, addressing topics such as: food for growth, puberty, physical activity, self esteem, body image and dieting.

Six national training events were provided by NHS Health Scotland between June 2005 and October 2008, bringing together a wide range of disciplines - teaching staff, community dieticians, school nurses, health promotion staff and physical activity specialists. This training was interactive and engaging, with each event taking place over 3 days.

Evaluation

In 2008 an evaluation was carried out to consider the National Training for Trainers

programme, Regional Training, the *Growing Through Adolescence* Resource itself and to make recommendations for future delivery.

Key themes emerged, for example:

- *Growing Through Adolescence* is a relevant, innovative programme and resource
- General misunderstanding of the purpose of *Growing Through Adolescence*
- Low level of regional and local implementation after initial training
- Local partnerships and networks are crucial for the successful implementation of *Growing Through Adolescence*

Action

In taking *Growing Through Adolescence* forward:

- a clearer marketing strategy must be employed to clarify the role of *Growing Through Adolescence* as a professional development resource and not as a classroom resource
- the potential contribution of *Growing Through Adolescence* in addressing other priorities and linked agenda e.g. child healthy weight must be highlighted
- it is important to ensure that those undertaking the training are in a position to ensure role out and that networks have been identified and plans agreed

Some learning points:

- Partnerships are a key to success at both national and regional levels
- Where possible demonstrate links to and links between national and regional developments
- Identifying the right people to train as trainers is not easy but necessary
- Developing capacity is important but it's important that there is an infrastructure, a plan and a commitment to take things forward at regional level

This training resource has now been translated and produced as part of NHS Health Scotland's collaborating Centre agreement with The World Health Organization's European Offices in Copenhagen and Venice. It supports the work of Schools for Health (SHE) and in particular the HEPS project.

11. PUPILS AS HEALTH PROMOTERS AND RESEARCHERS ON UNDERSTANDING, GENUINENESS AND RESPECT

*Katerina Sokou, PhD.
Institute of Child Health
Greece*

Background

From the mid 1980s until 2009, all types of bullying have increased in Greek primary and secondary schools. Recent research findings show that about 67% of pupils have experienced bullying in the school community and about 63% have practiced it. There is evidence that health promoting school projects through the active participation of pupils can counteract the emerging culture of bullying and violence.

Bullying was the problem that the school headmaster of the 24th Primary School of Piraeus, Greece, together with other teachers, pupils and parents wanted to solve. A few pupils in the school, supported by their parents, had cultivated a culture of bullying which made the school feel unfriendly. School breaks sometimes even ended in such violence as resulted in broken arms or noses.

Description of the project

During 2007-2008 the school headmaster invited researchers and school health promoters from the Institute of Child Health to help them develop a health promoting school project. Researchers in collaboration with school teachers made an assessment of the school conditions. They implemented an eight month school health promotion project, starting in October 2006 and ending in May 2007. It was carried out by the pupils and was coordinated by the teachers. The project was carried out on a fixed day and time during the week. It included two continuous hours as part of the school curriculum which was the official time provided for organised innovative school activities. Health promoters had monthly meetings with the 4 teachers/coordinators and 6 meetings with the pupils who were the active participants.

The main objective of the project, mutually agreed by pupils, teachers and the health promoters, was to change the school climate and to develop a friendly school emphasising understanding, genuineness and respect among school pupils, parents and teachers. The aims of the project included teachers' training in health promotion skills, pupils' empowerment and active participation in all the activities and project dissemination, evaluation and sustainability. The expected results were: the change of the school climate, the improvement of relations among all school pupils, teachers, and parents with teachers, awareness of the need for emotional health, the dissemination of the project to other schools, the sustainability of the project for another school year.

The methods of the project developed according to the guide: 'Development of Emotional Health in the School Community: A Health Promoting Guide for Schools'(ICH, E. Bada). The methods included teachers training, research through questionnaires and interviews made by pupils to pupils, teachers and parents, stories written by pupils, pupils' drawings, role playing, theatre, games, festival for the dissemination and process evaluation of the project.

The main target group of the project included pupils aged 8-12 years old, from the third, fifth and sixth school grade. However, the project involved all school pupils, school staff and parents. Therefore it was a whole school project on health promotion.

Pupils, coordinated by teachers, did research on the experiences and feelings that all pupils, teachers and parents had about bullying. They also collected their visions of a health promoting school and their best moments in school. Pupils wrote stories and made drawings about positive and negative school events; did role-play and theatre focusing on communication, friendship and problem solving, played games raising awareness about bullying, worked through decoration and sports games to improve school conditions and to create an emotionally pleasant and rewarding environment.

The project included 9 hours training of 5 school teachers. The training focused on assessment of the school situation, the development of skills relating to school health promotion projects, practicing methods of active learning, process and final evaluation methods, working on the activities described in the guide of the project. Training included awareness of the basic values of health promotion related to democracy, equity, children's rights, empowerment, sustainability and action competence; the importance of the whole school approach and the significance of parents involvement in the project. The project included about 36 hours active work of the pupils who were direct participants and about 12 hours of all the other pupils of the school. School staff and parents were actively involved for about 5 hours.

To celebrate the end of the project pupils organised a festival and an exhibition presenting their work to their school community, to other schools, parents and teachers. They discussed the findings from their research. They made plans for the project to continue into the next school year in cooperation with a neighbouring school that was interested.

Discussion and conclusions

Throughout the project difficulties were discussed and solved. For example, questionnaires had to change according to the level of the pupils' age and development, discussion of negative stories had to stop because it increased anxiety among pupils.

For teachers the project was successful because they had a guide which analytically described the aim and the action of each step of the project. They benefited from the monthly meetings with the health promoters and they found that the training was very important as it empowered them to handle the project and understand the concept of health promotion and of the whole school approach. Pupils had ownership of the project. Being interviewers and researchers made them feel important and valued and a spin-off was that they made new friendships. Another result of the project was that sporting facilities were installed in the school yard.

The project created awareness and according to school teachers, pupils and parents the school climate improved together with the process of the project. Pupils became the guardians of positive behaviour in the school yard. Relationships among parents

and teachers improved. In October 2009 the project will be continued and the neighbouring school wants to implement it as well.

Acknowledgments

The project was carried out by Electra Bada, the writer of the guide and trainer of the school teachers. The project was organised due to the initiative of the Health Education Officer Mrs. Maria Argyriou and of the School Head Mrs. Despoina Tsihli. The teachers Mr. Ioannis Lanaras and Mrs. Evi Dimitriadou were the class coordinators. All the pupils proved to be excellent researchers and collaborators. Parents and all school staff were involved actively. We congratulate them for their cooperation in working for a health promoting school.



**ANJA GONČAN,
NUSA YIBER,
NUSA CMAGER, 15 let**

OSNOVNA ŠOLA BORČEV
ZA SEVERNO MEJO MARIBOR
SLOVENIJA
Likovna pedagoginja
Rozika Pevar

CHAPTER 3: FOCUSING ON PROCESSES OF CHANGE

12. EMBEDDING HEALTH AND WELL-BEING IN SCOTTISH SCHOOLS

Anne Lee, Iain Ramsey

NHS Health Scotland and Learning and Teaching Scotland

Introduction

Having moved on significantly from project to policy, the Schools (Health Promotion and Nutrition) Scotland Act 2007 and Curriculum for Excellence are the two main drivers of health promotion activity in and around schools for children and young people from 3-18 years old. This paper deals with both, outlining the developments and the impact these will have on the pupils, teachers, partner agencies and the whole school community.

Background

Work to support health promotion in schools and the education sector has been an ongoing feature for some time at both a national and regional level. For Health Scotland this has certainly been an important area of focus and has seen work with partners focus on a range of initiatives, for example encouraging children to eat healthily and become more physically active, including:

- Physical Activity in Scottish Schoolchildren (PASS) Project
- Health Behaviours in School Children (HBSC-study)
- Growing Through Adolescence
- Adventures in Foodland
- Nutrient Standards for Early Years
- Class Moves
- Confidence To Learn

However Scotland is currently in an exciting phase in schools focused work where there is a strong strategic and policy framework, with the Schools (Health Promotion and Nutrition) Scotland Act 2007 and Curriculum for Excellence. Both build on the foundations of earlier developments such as Hungry For Success (2003), embed health promotion within education policy and practice, and provide a vehicle for taking forward all health promotion developments, including for example healthy eating and active living.

The Schools (Health Promotion and Nutrition) (Scotland) Act 2007

The Schools (Health Promotion and Nutrition) (Scotland) Act 2007 was passed by the Scottish Parliament in March 2007, and introduces a new duty for Scottish Ministers and local authorities to ensure that health promotion is at the heart of schools' activities. Additionally, it details new duties and powers for local authorities to ensure that the food and drink served in schools meets the nutritional standards set out by Ministers.

This aspect is currently being rolled out in primary schools, and is set to follow in secondary schools later this year.

Curriculum for Excellence

In 2002 the Scottish Executive embarked on an extensive consultation exercise on the state of school education - the 'National Debate on Education'.

The Debate confirmed that a number of features of the present Scottish curriculum are highly valued. These include the flexibility which already exists in the system, the commitment to breadth and balance in the curriculum, the quality of teaching and, importantly, the comprehensive principle. However, there were clear demands for change and improvement; reduce overcrowding in the curriculum, make learning more enjoyable and make better connections between the stages in the curriculum from 3 to 18.

In 2004 the Curriculum Review Group made a commitment to update, simplify and prioritize the curriculum. The experiences and outcomes in health and well-being are the fulfilment of that promise.

Health and Well-being: Experiences and Outcomes

Curriculum for Excellence has at its heart the aspiration that all children and young people should be successful learners, confident individuals, responsible citizens and effective contributors (known as the 'four capacities'). There are strong connections between effective successful learning and health. Through this curriculum area, Curriculum for Excellence takes a holistic approach to health and well-being.

The experiences and outcomes are in keeping with the United Nations Convention of the Rights of the Child, which sets out the right for all children to have access to appropriate health services and to have their health and well-being promoted. They build on the considerable work of Health Promoting Schools and the publication of 'Being Well, Doing Well' which underlines the importance of a 'health enhancing' school ethos – one characterized by care, respect, participation, responsibility and fairness for all. The framework complements the duty in the Schools (Health Promotion and Nutrition) (Scotland) Act that Scottish Ministers and local authorities endeavour to ensure that all schools are health promoting.

The experiences and outcomes draw upon the best of current practice in early years, primary and secondary schools and in youth work settings. They are structured under the following headings:

- Mental, emotional, social and physical well-being
- Planning for choices and changes
- Physical education, physical activity and sport
- Food and health
- Substance misuse
- Relationships, sexual health and parenthood

13. ESTABLISHING THE HEALTH PROMOTING SCHOOL NATIONAL CERTIFICATE IN POLAND

Barbara Woynarowska (Faculty of Pedagogy Warsaw University);

Maria Sokolowska (Methodological Centre of Psycho-Pedagogical Assistance), Poland

Background

In Poland the health promoting school national certificate was established in 2007. It was the response to the needs and expectations of the schools who belong to the 16 regional networks of Health Promoting Schools (HPS) (about 1500 schools). There is a regional certificate but a national certificate is a different challenge. The rules of assignment of this certificate were elaborated and broadly discussed with schools and regional HPS coordinators.

The basis for the certificate procedure were five national standards of HPS. A school is assumed to be health promoting if it:

1. Helps the members of the school community to understand and to accept the concept of HPS
2. Manages health promoting projects in a way favourable to participation, partnership and cooperation involving school community, parents and local community partners, and to effective and sustainable activities
3. Implements health education for students and school staff and aims to improve its quality and effectiveness
4. Creates a positive school climate that promotes the health and development of students and school staff; gives opportunities to achieve success for all and supports their self-esteem; provides conditions for participation, partnership and cooperation among school community, parents and local community
5. Creates a physical environment within the school that supports the health and safety of students and school staff.

Tools for monitoring and evaluating these standards were set out by a task group and checked in the survey carried out in 24 schools in six regional networks.

Aims

To give recognition and value of long-term and systematic school activities according to the concept and standards of HPS in Poland. It will contribute to the school prestige, be a source of satisfaction for the members of the school community and motivation for further work;

- identification of specific school achievements and examples of good practice. It will help in their dissemination and exchange among schools in different regions;
- development of a data bank about schools and their achievements which will strengthen the activities in the process of school support on the regional and national level as well as it will support the implementation (marketing) of the concept of HPS.

Procedure

The certificate will be awarded to a school for a period of 5 years, if the school:

- has been a member of a regional network of HPS for at least 3 years;
- has made a self-evaluation of its activities in the field determined by the five standards,
- has made a public presentation of its achievements over the last 3 years, including the results of the self-evaluation;
- has specified its own speciality (strong features) in the field of HPS development, which the school is ready to share with other schools and will propose the way of sharing this speciality;
- has submitted adequate documentation and received the recommendation of the regional coordinator.

The certificate was given by the committee of the health promoting school national certificate. Its members were appointed by the head of the Methodical Centre of Psycho-Pedagogical Assistance, where the national coordinator is stationed. They are people who work at the Centre; honoured members, experts in the field of health promotion and regional coordinators.

Experiences, difficulties and ways of overcoming them

In 2007, 17 schools from 5 regions applied for the certificate. Results of the interviews with the school coordinators indicate that:

- the main reasons to apply for the certificate were
 - A will to resume activities thus far – school achievements and diagnosis of problem which need to be solved (it was possible on the base of self-evaluation)
 - Fulfilment of the expectations of school community, which is satisfied with its accomplishments
 - Higher prestige of the school in the local community.
- the main difficulties derive from the long and complicated procedure of self-evaluation (lot of questionnaires, respondents, documents, etc.).

Analysis of documents sent by schools showed that some schools had a problem in defining their specific achievements. Schools specified other activities, such as various programmes of health education (especially in the field of addiction prevention) and other activities (competitions, parties). Two ways to solve the problem were:

- The certificate will be given to schools which fulfil all HPS standards and are ready to share their experiences with other schools;
- Some schools will not receive the certificate but will be accessed to the national network of health promoting schools (this level of network has not existed before); procedure of admitting the certificate will be withheld for one year. The headmaster and school coordinators were proposed to take part in workshops organised on the national level about the concept of HPS and strategy of its implementation as well as rules of admitting the certificate. These workshops showed that

although there is a good knowledge and understanding of the concept of HPS, teachers have difficulties with presenting their activities and achievements in a way that will show their specific features.

Up to now 32 schools and 3 kindergartens applied for the certificate: 22 received it, 5 became a member the national network of health promoting schools; 5 schools are waiting for a decision.

Benefits and lesson learnt

The main benefits are as follows:

- for schools
 - Conducted self-evaluation which will lead to a diagnosis of the actual situation in school, identification of strengths and weaknesses which need to be solved, activation of the school team of health promotion
 - Exchanged experiences and cooperated with other schools
 - The majority of schools paid special attention on assessment of social school climate and planned its improvement;
- for national and regional coordinators - identification of
 - Difficulties that teachers have in the presentation of their accomplishments and competences from the perspective of the HPS approach
 - Diversity of activities undertaken by schools; further work in cooperation with regional and school coordinators will be aimed at supporting schools in the presentation and marketing of their activities.

Establishing the certificate corresponds with the school expectations and it immediately offers a new challenge for schools and teams supporting their activities. Information from regional coordinators indicate that schools which received the certificate have a better position and prestige in local communities. Although the procedure of self-evaluation is difficult and time consuming, it creates a firm basis for building the plan of further work in health promotion and school development.



14. “TOGETHER AGAINST SUBSTANCE MISUSE” – A SCHOOL AND COMMUNITY BASED INTERVENTION PROJECT IN PITKÄRANTA, RUSSIA

*Hanna Heikkilä, Ari Haukkala, Miia Mannonen, Mihail Uhanov,
Tiina Vlasoff, Tiina Laatikainen
National Institute for Health and Welfare, Russia*

Background

Russia is undergoing a demographic crisis, and one of the main reasons for premature illness and death is substance misuse. Health behaviours are adopted in early life with smoking and alcohol abuse usually started during adolescence. Russia has a tobacco legislation under which smoking is forbidden in schools and selling cigarettes to minors is illegal. However, there are problems with compliance with the law and with the mechanisms for its implementation.

In the Karelian district of Pitkäranta, studies show a sharp increase in use of alcohol and tobacco among young people within the past 10 years. At the same time, there are few models for doing preventive work, and there is a lack of effective professional development for teachers in this area. Thus, effective methods for preventing young people’s substance misuse are needed.

Description of the project

The ‘together against substance misuse’ project tried to find out how preventive methods which had been proven effective in Finland and in other European countries, could be applied in the Russian cultural and social environment. The goal of the project was to raise awareness of and communal responsibility for issues related to substance use. The project aimed at preventing the use of alcohol and tobacco among young people by encouraging a substance free lifestyle and by strengthening the role of teachers, schools and families in supporting the healthy life style. The project consisted of:

- a) activities targeted directly at influencing the health-related behaviour of young people
- b) activities aimed at making an impact on the school environment and the community

The classroom intervention utilised participatory methods and concentrated on social skills such as recognising and resisting peer pressure. The main target group were 6th and 7th graders. Ten lessons were offered and included role plays in which young people practiced refusal of tobacco and alcohol and participatory activities that supported participants to process information on the reasons and consequences of substance misuse.

On the school level, activities included developing smoking policies within the schools through collaboration of teachers, other staff, parents and pupils. Other school activities such as theme days and acting and drawing competitions on the theme of non-smoking were organised. Professional development of staff throughout the project was also a core part of the intervention.

On the community level, the project aimed to raise awareness by using media, producing

and distributing posters and organising a 'public health fair'. We also organised meetings for parents where we had discussion on supporting substance free lifestyle in homes, schools and communities.

The project was carried out over a period of three years (2006-2008) in four schools within the district of Pitkäranta. The goal was to create a framework for action that could be utilised in the whole republic of Karelia in the future.

We have started co-operation with the teacher training institute in order to distribute the teaching materials produced by the project and to offer complementary education units for teachers supporting the use of these materials.

Research

A survey of health habits and attitudes related to alcohol and tobacco was conducted in each of the four schools before and after intervention. The baseline analysis showed that 37% of the 6th and 7th graders had already experimented with tobacco. This breaks down as 22% of 6th and 49% of 7th graders. The baseline also showed that the majority of the children found it easy to smoke at school. These results informed the design of the intervention project.

The preliminary results of the follow-up study show that after the intervention the number of smokers was smaller in the schools where the project had been undertaken than in the control schools. The intervention also had an effect on young people's attitudes to substance misuse.

In addition we got positive feedback from the school staff. They took an even more active role in the project than was originally planned and are now committed to continue the work on a longer term. They felt that there is a definite need for methods and resources for addressing problems related to alcohol and tobacco use among young people.

Conclusion and discussion

One of the challenges faced in the project was the difference between Russia and Finland in the teaching culture. Participatory methods, which were central in the project, were new to the schools in Russia. Establishing effective co-operation between different people in order to produce non-smoking policies for schools also required more time and support than was expected.

On the other hand, schools felt that one of the main achievements of the project was the network of co-operation that was created between the schools, healthcare personnel and pupils' families.

Acknowledgements

The project was funded by the Ministry of Foreign Affairs, Finland. The project coordinator was the Finnish National Institute for Health and Welfare (former Finnish National Public Health Institute), and other partners included: the University of Helsinki, University of Kuopio, Central Hospital of Pitkäranta, Pitkäranta Project, Public Health Centre of North Karelia and the schools of Läskelä, Räimälä, Salmi and Pitkäranta no 2.

15. IMPROVING THE WHOLE SCHOOL APPROACH IN THE NETHERLANDS

Vivian Bos, Danielle de Jongh, Mariken Leurs (Centre for Healthy Living, National Institute for Public Health and the Environment (RIVM), the Netherlands); Nicole Boot (Academic Centre for Public Health Limburg, Maastricht; Department of Health Promotion, Regional Public Health Service (GGD) South Limburg, Geleen; Department of Health Promotion, CAPHRI, Universiteit Maastricht)

Interest in whole school health promotion is on the rise in the Netherlands. However, health promotion is not a prescribed part of the school curriculum. Schools are quite autonomous in organising their curriculum and of course, the main goals of a school are mastering skills in language and mathematics. Yet, many schools do organise ad hoc activities that promote the health of children such as a school fruit, regulations for use of alcohol at school parties and education about safe sex.

In the Netherlands regional health services have a legal obligation to help children with health problems. Schools install multi-disciplinary pupil care teams focusing on support for pupils, teachers and parents around the issue of behavioural problems. Prevention work is not part of these obligations.

Many local, regional and national organisations see schools as ideal settings for health promotion. Co-ordination of health promotion support has been lacking so health promotion agencies competed for the access to schools. Schools experienced an overload of initiatives and were unable to make an informed choice between everything offered to them.

The Ministry of Health and Welfare in the Netherlands established the coordination of Health Promoting Schools at the RIVM Centre for Healthy Living in 2007. The Centre of Healthy Living collaborates with 9 national health promotion institutes focusing respectively on healthy eating, smoking prevention, stress prevention, prevention of alcohol and drugs abuse, sexual health and health-enhancing physical activities. Additionally, for the coordination of Health Promoting Schools, the Centre of Healthy Living works together with 10 (out of 29) regional health services. The RIVM Centre of Healthy Living aims to facilitate local and regional organisations to support whole school health promotion to reduce and structure the overload of initiatives that are directed at schools and to link demand and supply in restructuring and refining the whole school health manual for school support organisations. It deals with the search for effective and practically applicable interventions taking into account the needs of regional agencies and incentives for national bodies.

Research

In 2008 the Centre of Healthy Living researched how much the specific components of the whole school approach were being implemented. These components are:

1. Determining health needs of the school
2. Setting health promotion priorities
3. Assessing the important and changeable determinants

4. Compiling the school health plan
5. Realising the school health plan
6. School-based evaluation

Experience of these components were looked at as well as needs of schools and intermediate partners such as regional public health services. It was done by means of focus groups, questionnaires and interviews.

The results showed that three quarters of regional public health institutes in the Netherlands do support schools with health promotion activities by using variants of the whole school approach. Most regional public health institutes and schools experienced the whole school approach as too intensive and adjusted the approach according to available local resources and the immediate needs of schools. The number of schools that are supported by regional public health institutes is still limited and most schools that are assisted are still in the early phases of becoming 'a healthy school'.

Some components of the whole school approach are used by almost all regional public health institutes and are valued highly. For example, many institutes who do assess the health needs of the students and schools generally find this useful. Discussing the health needs of the students with schools gives good opportunities to discuss health promotion activities and to motivate schools to undertake such activities. Also, the needs led nature of the approach and its structural, systematic and integral character are highly valued by both schools and public health institutes.

The research also gave insight into regional variations of the whole school approach. Some of these regional variations are very interesting examples from which others can learn:

- Some regional public health institutes do not try to motivate single schools. Instead, they focus on gaining the support of local government. Local government consequently has a role in motivating schools and in financing school assistance by the regional public health professionals. The whole school approach is then not only embedded in the school system but also in the local public health policy. This gives a stronger financial basis making it easier to get the involvement of schools and thus, to reach more schools.
- One regional public health institute works with whole school advisors that operate on behalf of various regional and local organisations. This gives a sense of collective responsibility and commitment among these participating organisations. For schools, it is practical and useful to have one contact person that gives access to a varied supply of health promotion activities.
- Some other regional public health institutes work with school nurses as contact people for the whole school approach. Schools are already familiar with their school nurse which helps the schools to engage with the health promotion activities. It also enhances opportunities to link health promoting activities with individual pupil care which helps to embed the whole school approach in the school system. Lastly, making use of somebody who is already on a regular basis in schools increases the available capacity inside schools for health promotion activities.

Conclusion and discussion

The findings mentioned above were supported by a recent regional study, both qualitative and quantitative, into the implementation of whole-school health promotion (Schoolbeat-approach) among schools for secondary education. The study was undertaken in the South of the Netherlands and indicated that the Schoolbeat-approach, for systematic school health promotion is only partially implemented. Reasons given for this were high workload and lack of health promotion as part of the school quality measures. Nonetheless, teachers and school management felt a shared responsibility for the health and well-being of students, although schools want and need more guidance.

These results are being used to refine the whole school approach in the Netherlands. A team of professionals from the national health promotion institutes, regional public health organisations and education advisory organisations are working together under the coordination of the Centre for Healthy Living to further improve the Dutch school health manual. The wider applicability and quality of regional variants and best practice is assessed and, where feasible, they are integrated in the method. In order to better integrate the whole school approach into the school schedules results for schools have been made more tangible and the flexibility of the method has been improved. These changes should enhance the applicability of the whole school approach in the Netherlands.



CHAPTER 4: BUILDING CAPACITIES

16. FROM PROJECT TO POLICY: LESSONS FROM HEALTH PROMOTING SCHOOLS IN SCOTLAND

*Anne Lee
NHS Health Scotland, Scotland*

Introduction

Focusing on the process of change within Scotland over recent years this paper describes key developments in Scotland, highlighting important learning which has seen a shift from individual health promoting school initiative/projects to all schools being 'health promoting schools'. It will conclude by pointing to the road ahead as the health promoting school approach now moves to become fully embedded in education policy and practice, through policy and legislation.

Background

Developing the school as a health promoting setting has been an area of focus and discussion for almost 20 years in Scotland. In 1986, 150 delegates from 28 of the 32 member states of Europe attended the first Health Promoting Schools conference hosted by The Scottish Health Education Group (SHEG) in Peebles. The discussions and debates from this formed the basis of the Healthy Schools Report (Young and Williams, 1989). Scotland's commitment to this area of work was formalised in 1993 when it joined the European Network of Health Promoting Schools.

To strengthen the evidence base for health promoting schools close links were established with Edinburgh University from 1993, which led to involvement in the Health Behaviour in School Children (HSBC) study with the Child and Adolescent Health Research Unit (CAHRU). This has been crucial in the way research has impacted on policy development.

Establishing the partnership

From the early developments described above there was a gradual realization that for the health promoting schools approach to be sustainable in Scotland there required to be a strong partnership between the health and education sectors, recognising and acknowledging the contribution of each and building developments into existing education structure, policies and practice.

The policy context for health promotion in schools is to be found in a number of Scottish Executive documents, which span both health and education:

- Towards A Healthier Scotland: A White Paper on Health (1999)
- Integrated Community Schools (1999)
- Our National Health – a plan for action, a plan for change (2000)
- Improving Health in Scotland: The Challenge (2003)
- Tackling Drugs in Scotland – Action IN Partnership (1999)
- National Programme for Mental Health and Well-Being (2003)
- Hungry for Success – A Whole School Approach to School Meals in Scotland (2003)

- Enhancing Sexual Health and Well-being in Scotland – A Sexual Health and Relationships Strategy (2003).

It was from 1998 the policy context for health promotion in schools entered an important phase. Critical was Towards a Healthier Scotland: a White Paper on Health (Scottish Executive 1999) and the New Community School Prospectus (1998) that provided fresh impetus for health promotion in schools.

The report Towards A Healthier Scotland, demonstrated the government's commitment to this area of work stating: 'Working with the Convention of Scottish local authorities and Learning & Teaching Scotland, Health Scotland will establish a specialist unit to develop health education and health promotion in schools'. With a new partnership created and the development of a specialist Unit (SHPSU), a key aim was to embed the health promoting schools approach within the education sector at both a strategic and operational level.

Key developments

The work undertaken by partners cannot be underestimated, significant developments to embedding the approach include:

- Being Well, Doing Well: A framework for health promoting schools (SHPSU 2004)
- How Good Is Our School: The Health Promoting School (HMIe 2004) a self-evaluation framework
- Policy Partners Strategic Group (PPSG) – the steering group for health promoting schools
- National Accreditation, Local Accreditation for Health Promoting Schools
- PPSG – Strategic Plan 2006-2008

Mainstreaming developments

With a clear shift evident and health, education and other key partners collaborating to ensure policy co-ordination and coherence, two further developments have now taken health promotion in schools to another level. Introduced into Scottish Parliament in the spring of 2006 this Act enshrines the health promoting school and the new nutritional regulations for food in schools in legislation.

Curriculum for Excellence is the new education framework for all schools in Scotland. Health and Well-being is a new and important curricular area, which has been identified as the 'responsibility of all staff' along with literacy and numeracy. Curriculum for Excellence will be the 'vehicle' that will ensure future delivery of health promotion in Scottish schools.

Lessons learned

Key findings in learning from practice, highlight the importance of:

- recognising and acknowledging existing practice
- establishing strong partnerships between health and education at all levels
- building onto and into existing mechanisms and structures where possible
- strengthening cross sectorial collaboration
- cross government working.

17. SELF-EVALUATION AS A METHOD FOR IMPROVING THE QUALITY OF THE HEALTH PROMOTION PROCESSES IN SCHOOLS

*Aldona Jociutė, Aušra Krupskienė, Dalia Sabaliauskienė, Nijolė Paulauskienė
Bureau for the Health Promoting Schools of the State Environmental Health Centre,
Lithuania*

Background

In 2007 specialists from the Bureau for Health Promoting Schools of the State Environmental Health Centre (VASC) in close collaboration with the Moletai Educational Centre and schools within the Moletai municipality developed the model for self-evaluation of health promoting schools (HPS) at the school level.

This model is designed to compliment the methodology for the internal auditing of the education system so that they both can be done together and do not require a large amount of extra resources. This takes into consideration the schools' interest, as well as the interest of social partners.

Strategy

In March 1993, with ten schools in its network Lithuania joined the European Network of the Health Promoting Schools (ENHPS). The Lithuanian participation in the ENHPS (now SHE), and the scientific assessment of the pilot stage has shown that different schools taking part use the professional expertise and organisational structures within the network that are acceptable to them.

Schools at the local level are involved in the entire process of planning health promotion in school thus having an impact in solving problems at the national level. Being independent to a certain degree, schools are free to choose the scope and type of activities.

Seeking to ensure the quality of the development of the HPS concept in a sustainable way and to promote the capacities of school communities to improve health promoting processes in schools, there was a need to develop a system of evaluation.

Self-evaluation is the first step towards providing information for decision makers on the effectiveness of the school health promotion.

These were the reasons for developing the model which are assigned to schools to help them to do self-evaluation.

Activities

The work was carried out in three activities:

1. A research-based model for self-evaluation was developed, which is available in a printed version as well as on-line for all Lithuanian general education schools since 2007. The model covers six areas including the following indicators consistent with the HPS concept:
 - structure, management and quality improvement of the HPS
 - psychosocial environment of the school (school ethos)
 - physical environment
 - resources (including human resources)
 - health education (curriculum, teaching and learning)

- dissemination of the HPS concept and its sustainability
- 2. Since the model became available, specialists from the Bureau for Health Promoting Schools prepared two training modules for schools aiming to improve their capacity to do the self-evaluation. A team-oriented approach combining theory and practice were central to the training modules. In close collaboration with the Educational Centers at municipal level, 19 training sessions were organised with the attendance of 489 school headmasters, HPS coordinators, teachers, psychologists and schools' public health specialists and social pedagogues.
- 3. Based on the self-evaluation model and feedback reports from the trainings that were conducted, the specialists from the Bureau for Health Promoting Schools have prepared the tool, which has been available since 2009 after pilot testing. It provides support to schools for the process of self-evaluation.

Discussion

Collaboration based on partnership between researchers and practitioners was the strong point which successfully allowed us to meet our task of developing and implementing the model for self-evaluation.

Partnership working at municipal level to organise and deliver theoretical and practice based training modules was crucial to the success of the whole training programme that was team-oriented.

At the beginning, it was difficult to find schools to be involved in the project for several reasons. Firstly, the work had to be done on a voluntary basis. Secondly, it was time consuming for schools especially when they were already busy with other activities (especially in the period before the New Year). Seeking to overcome this difficulty, the proposal was given to Moletai Educational Centre, who have lots of experience in developing methodology for internal auditing in education institutions and they are familiar with health promotion in schools. VASC and the Moletai Educational centre came to a mutual agreement to do this work for a year from January 2005 and based on this agreement areas of responsibility were established and a timeline for the project was designed to help the schools to manage the project.

Conclusions

The feedback from the pilot schools has been positive. The self-evaluation model was accepted positively by HPS and by schools who are planning to include the HPS concept into the educational system. "When we know the indicators before starting the HPS process, we are able to plan more accurately".

On 16 August 2007 both the Minister of Health and the Minister of Education and Science of the Republic of Lithuania by Order of No V-584/ISAK-1637 confirmed the legal act of the recognition of the schools of general education as the HPS. This document determined the policy of the HPS and approved the criteria for the HPS. The above mentioned model of self-evaluation served as a basis for issuing the document.

Recommendations

The collaboration based on a partnership between researchers, stakeholders and practitioners provided a strong basis, which allowed us to successfully meet our task. Other factors contributing to the success included:

- a well prepared, tested and approved self-evaluation model
- well organised capacity building for the users of the model
- adopting an official and approved document at inter-ministerial level



18. APPLE SCHOOLS PROJECT AND REAL KIDS EVALUATION

*Marg Schwartz M Ed.
APPLE Schools, Canada*

Background

The school setting can positively influence the lifelong physical, social, and mental health of students. In 2006, the World Health Organization found that health promotion programmes most effective at changing behaviours in schools were those focused on positive social behaviour, physical activity, and healthy eating. There is a need to determine what practices and programmes best support the development of healthy school communities and affect health and behaviour outcomes of school-aged children.

The Alberta Project Promoting active Living & healthy Eating in Schools (APPLE Schools) is a privately funded research intervention that is implementing a health promoting school model in Alberta, Canada. APPLE Schools aim to make the healthy choice the easy choice by changing the school environment. The project creates and sustains supportive physical and social environments that foster lifelong health and learning. Home, school, and community work together to improve a child's health so we involve parents, students, staff, and community stakeholders to impact students' knowledge, skills, attitudes, and behaviours.

Strategy

APPLE Schools worked with 5 individual school jurisdictions in centred in the Edmonton, Alberta area and schools that would benefit from a high-dose intervention were identified by each jurisdiction. One School Health Facilitator is assigned to each of 10 APPLE Schools. The facilitators work year round for 3.5 years to engage all stakeholders within the school community to identify and create supportive policies and programs that support healthy eating, mental well-being and active living choices for students. In addition, they help school communities identify barriers that prevent students from making healthy choices. The creation of a healthy school culture is key to the success of each school program. A school assessment tool (Health Assessment Tool for Schools – HATS) has been developed to facilitate this process and this tool was presented at the conference.

A 6 week training program was developed to train the School Health Facilitators and the curriculum will be discussed during the session. Further professional development has been provided for each Facilitator and this will be presented, as well.

A variety of strategies are used to engage the school community including monthly campaigns that provide whole school activities, messages for parents, classroom activities for the teachers and engagement of community partners. New and creative physical activities and nutrition resources and ideas have been developed and will be shared throughout the session. A website to capture promising practices from all of the schools can be found at www.appleschools.ca. Specialized professional development for teachers and parents has been developed for each school to support adult learning in the school community. We have developed strategies to

affect the teaching and learning in all school communities as well as increase the school's capacity for health promotion.

Conclusions

The project team has tracked changes in the health, nutrition, and physical activity of students through a government funded evaluation: REAL (Realizing healthy Eating and Active Living) Kids Alberta and the resulting baseline data will be presented during the session. There have been several tools developed to present the findings of the project to different audiences including internal reports for the funder, reports to government and individual school reports. The dissemination strategies of lessons learned will also be discussed at the session.

Although the project is still in it's first year, there have been some lessons learned that will be shared and discussed. Changes to baseline data found in each school will be available soon.

Acknowledgements

The Director Paul J. Veugelers, PhD, is a professor in the School of Public Health at the University of Alberta who studies the importance of nutrition, healthy lifestyles, and other factors that relate to becoming and being overweight and obese. The aim of his research is to provide advice to direct health policies for preventing chronic diseases and improving quality of life. Dr. Veugelers' research has revealed that school health programmes can make a big difference.

Marg Schwartz, MEd, is the APPLE Schools manager at the School of Public Health and has much experience implementing health-promoting school models. She has served with many provincial and national healthy school initiatives including Schools Come Alive, Ever Active Schools, Physical and Health Education Canada and the Alberta Coalition for Healthy School Communities.



LARA KRAJNCIČ, 9 years,
IZA PROKOPOVIČ, 9 years,
ANJA TRBEŽNIK, 9 years,
Teacher Mrs. Mojca Pengov,
Osnovna šola Toneta Čufarja
Ljubljana, Slovenia

CHAPTER 5: SCHOOL AND THE COMMUNITY

19. GO FOR HEALTH THE DUTCH NATIONAL SCHOOL CAMPAIGN FOR PRIMARY SCHOOLS

*Sandra Bon, Goof Buijs
Netherlands Institute for Health Promotion, the Netherlands*

The majority of children and young people living in the Netherlands are healthy. Yet more and more children are becoming overweight, less physically active, do not have breakfast regularly, are drinking alcohol at a younger age, etc. The school is the best setting for reaching children and young people and for promoting healthy behaviour in a population. Most schools in the Netherlands think of health as an important issue, but a coherent and sustainable school plan for health promotion does not exist in most schools. Dutch organisations who offer programmes on health promotion, and schools themselves can profit from joining together to combine common interests. That is why from school year 2006/2007 in the Netherlands the national school campaign “Go for health” was launched by the Netherlands Institute for Health Promotion NIGZ.

What is “Go for health”?

“Go for health” (in Dutch: “Ga voor gezond!”) is a national campaign for primary schools in the Netherlands. With the annual campaign children, teachers and parents do fun and challenging activities around health and safety. It combines existing initiatives and is a good example of cooperation between public and private organisations.

“Go for health” has been developed to inspire schools about health promotion and to link initiatives, programmes and materials on the issue of health promotion in order to create more coherence and to guarantee a better quality. NIGZ and the cooperating organisations see the campaign as an activity that helps to get the issue of health promotion on the agenda of primary schools in the Netherlands in a more structured way. Also NIGZ intends that all members of the school community - pupils, teachers, and parents - do experience that being engaged with health promotion in school can be fun. “Go for health” focuses on five general health issues: healthy eating, physical activity, physical health, social environment and a healthy and safe school environment.

The goals of “Go for health” are:

- Agenda-setting: structurally putting health promotion on the agenda of Dutch primary schools
- Combining forces: acting as an umbrella for high-quality and evidence-based initiatives and programmes related to school health promotion
- Support: stimulating and supporting the introduction of the Dutch health promoting school method (“Gezonde School Methode”) in primary schools

The campaign consists of:

- A digital, self-administered test for pupils, parents and teachers. The test

consists of a questionnaire about health behaviour (for pupils), the situation in school (for teachers) and how parents perceive the health of their child (for parents). The questions are grouped around the five health themes.

- The results of the test are included in a school report for each group or each school, which schools can access online. Based on their report, the school selects priority areas and activities to work on.
- A teaching pack including a worksheet for pupils, a set of stickers, digital work sheets, a teacher's manual and a poster for classroom use.
- The "Go for health" tour visits a number of participating schools. On the playground tracks with fun games were carried out.
- A weekly programme on national television during spring time, that focuses on each of the five "Go for health" themes and includes a registration of the school tour and the idea and problem of the week. The programmes are broadcasted by JETIX, a national television channel for children.
- The website www.gavoorgezond.nl supports the campaign and contains all relevant information for the different target groups.
- Regular digital newsletters provide information for pupils, parents, teachers and regional public health services, about activities and news.

Results

During the first year of "Go for health" (the school year 2006/2007), 978 primary schools registered to participate with the campaign. There are about 7.500 primary schools in the Netherlands. Around 90,000 pupils, their parents and almost 4,000 teachers were reached. In 2007-2008 1278 schools participated and in the school year 2008-2009 1722 primary schools have signed up for "Go for health".

The results of the digital test among pupils were included in an annual report. This report offers a comprehensive overview of the health of schoolchildren in the Netherlands.

At the end of the first school year, an external process evaluation was carried out among teachers/school management and pupils. Some of the outcomes were:

- *Active participation*
A third of registered schools had not yet reserved time for "Go for health" at the time of the study. The main reason for this was a lack of time or because of working on another health project.
- *Schools' investment of time in "Go for health"*
Over half of the schools spent more time on the topic of health thanks to participating in the campaign.
- *Including health on the school agenda*
A quarter of the schools aim to pay more structural attention to health and well-being in the lessons. A third are setting out to include health and well-being more structurally in their school policy. Twelve percent are planning to participate again in the campaign in the next school year. The campaign has led to a considerable number of schools giving health and well-being more structural attention. Continuing attention however is not guaranteed just by participating in the campaign.
- *Support*
Over half of all schools feel a need for support from the regional public health service. Over 75 % would like the municipality to support them financially.

- *Effects*
Over half of the teachers indicated that the campaign had a positive influence on both pupils' knowledge and their behaviour. The pupils themselves indicated the same. Their knowledge about the themes included in the campaign increased and their self-reported health behaviour has improved.

Participation among regional public health services

Twenty-four regional public health services, making up over two thirds of all public health services in the Netherlands, were interested in the test results and indicated they wanted to use the campaign at the local/regional level. This demonstrates that the campaign has the potential to intensify relationships between primary schools and regional public health services and can have a supporting role in recruiting schools who want to pay structural attention to a school health policy.

The campaign stimulates and attracts primary schools to ask for consultation from the regional public health service. The regional public health services often experience difficulties in getting schools interested in health programmes. "Go for health" is easy, accessible, fun and the school can start immediately with their own health priorities. The campaign acts as a good introduction for regional public health services in primary schools. Once the regional public health service is introduced in the school, it makes it easier to convince schools of the benefit of working on a structural health programme, such as the health promoting schools programme.

Partners

The campaign is supported by four Dutch ministries (including the Ministry of Health, Welfare and Sport, the Ministry of Transport, Public works and Water Management, the Ministry of Agriculture, Nature and Food Quality and the Ministry of the Environment) and several other public and private organisations from the health sector. The ministries use the campaign to get the attention of schools, pupils, their parents and teachers to their school themes.



20. YOUNG PEOPLE'S INVOLVEMENT IN DEVELOPING HEALTHY MEALS IN SCHOOLS

*Kathe Bruun Jensen, Marianne Lykkeby, Rikke Wael
Ballerup Municipality, Denmark*

Background

This project was part of the European project "Shape Up: a School Community Approach to Influencing the Determinants of Childhood Overweight and Obesity" (www.shapeupeurope.net), involving schools from 20 European cities. The key participants in Denmark were children from two year 3 classes (9-10 years old) and one year 7 class (13-14 years old), and their teachers. The participating schools worked closely with the local community.

Method

The framework used in the project was the Investigation-Vision-Action-Change (IVAC) approach (Jensen, 1997; Simovska et al., 2006), indicating that pupils have to be actively involved in Investigating the health topic in question and in developing Visions as a basis for taking Action to facilitate healthy Change. In the following, we present the work under the different parts of the IVAC-approach.

The process

During the Vision phase pupils from year 3 did a brainstorming activity on how to promote the health conditions in the school. Health was discussed from many different perspectives. The topics that were discussed were among others:

- What is a good life for you?
- What does it mean to feel fine?
- How can you take care of your health yourself?

At the end of this session the pupils decided, in collaboration with their teachers to work on how to establish a place where pupils could buy healthy food, fruit etc. It is important to note that the school did not have a canteen or any other facilities providing these items.

After the brainstorming phase the pupils worked on developing their ideas of a 'food stall' – their 'dream-food stall'. All pupils were drawing their favourite places and from these a number of ideas were selected by the class for further investigation. The pupils were guided by their teachers and the final decision on what to do next was chosen in collaboration between the pupils and their two teachers. The main idea was to establish food and fruit-selling places in different spots around the school. The work in this phase was crucial for the development of the pupils' ownership of the whole project.

At that time the pupils from year 7 had just finished another health project in which they had examined the views on health of people in the local community and in the school. During their investigations they used both interviews and questionnaires. To use the skills that were developed during that project, the teachers encouraged the students from year 7 to support their younger peers from year 3 during the investigation phase concerning healthy eating at the school.

After some consideration the students from year 7 took up the challenge and a joint

meeting was set up between the pupils from the 3 classes. Together the pupils worked out a questionnaire to hand out to all 600 pupils in the school. The reason for this was that the pupils from year 3 wanted to ask every single pupil at Måløv School about their opinion on healthy food in the school. On the basis of the analysis of the answers the 10 most frequent suggestions were identified by the 7 graders and handed over to the pupils from year 3. The suggestions were among others: meatballs in curry sauce with rice, sausages, club sandwiches and pizzas.

During the action phase the pupils collaborated with the teacher in home economics to develop healthy recipes. For instance they only used sausages with low fat and made of chicken, and the flour that was used to bake the pizzas and the sausage rolls was rye flour rich in dietary fibres. Further, they developed ideas of how to make the places where they were going to sell the food nice and welcoming. They planned to have two places where the pupils in the school could go and buy food.

During these activities the pupils from year 3 and year 7 worked together across the classes. They spent a full week (of 25 hours) on this part, and they ended up with a detailed plan for buying products, cooking, advertising the activity around the school and running the two 'shops' during two breaks every day.

After this first pilot period where students produced and sold healthy meals at the school, the students from year 7 went back to their normal teaching and lessons, while the pupils from year 3 decided to continue the project with the help of their parents.

During this period each pupil in year 3 committed themselves to produce 25 'items' of food at home with the help of their parents. They did this in turns so that they had enough 'stock', and only needed to heat up the food produced at home.

Once a week they also cooked a hot meal with their teachers in the school.

Outcomes

The project was a success viewed from a number of different perspectives:

- It changed pupils eating habits in a healthier direction. This was a consequence of pupils participation and ownership. During this project pupils were motivated to buy and eat healthy food because they had an influence over what kind of meals was produced. So even for the pupils who were not involved in the project about making the food the initiative had a healthy impact. Even the oldest pupils, aged 14-16 years old, who normally leave school during their breaks to buy junk food in the neighbourhood, were queuing up to buy the 'home-made' healthy food.
- The third grade pupils' learning about health. The key participants in the project, which are the pupils from the third grade classes, learned a lot about healthy food and during the project they developed awareness about what ingredients to use to make the food healthier.
- Increased social capital at the school. The peer collaboration improved social relations at the school. The pupils from the third grade classes made a lot of friends among the older pupils from the seventh grade. Especially, the younger pupils claimed the importance of feeling safe at school which their relationship with the older students contributed to.

Lessons learnt

In conclusion, the project illustrates that young people are able to have an impact on health determinants. Furthermore, a variety of positive outcomes might follow from

a project where young people are genuinely involved in the decisions being made during the process.

The project also demonstrates that adults need to guide and support young people in taking healthy actions if they are to succeed. Both the home economics teacher as well as the other teachers had a crucial role with this respect.

21. HOOPS FOR HEALTH

Andrew Johnson

Flintshire Healthy Schools Scheme, Wales, United Kingdom

Introduction

The Flintshire Healthy Schools Scheme worked in partnership with the Big Storage Cheshire Jets Basketball Club with a view to introducing their Hoops for Health community programme into the Flintshire Area. The Cheshire Jets are one of only two professional sports clubs in Chester and one of twelve teams playing in the British Basketball League (BBL), the premier basketball league in the United Kingdom. The Hoops for Health initiative aims to provide a healthy living programme with professional sporting role models, using basketball as an activity to convey a range of positive health messages to young people in Primary Schools, including the importance of keeping physically active and eating healthily.

Why we chose to do this

We chose this project as one way to address the Welsh Assembly Government's 5-year Food and Fitness implementation plan which aims to promote healthy eating and physical activity to children and young people in Wales. One of our primary schools had independently chosen to take on this initiative knowing a member of staff working with the Cheshire Jets and had shared the information with us.

Approach

The programme began with a road show which took place at each primary school taking part in the programme and comprised of four workshops – healthy eating, anti-smoking, fitness and basketball. After an introduction in the main hall, the pupils split into four groups of up to 20 children each and visited each of the workshops before returning to the main hall for a plenary session.

Following the road show, each school received up to six hours of coaching for up to 30 pupils, delivered by Cheshire Jets community basketball coaches. A member of staff attended the coaching sessions to gain experience with a view to delivering basketball sessions in school following the schools involvement in the initiative. The school then had the opportunity to participate in a tournament at a local high school. The top two teams went through to the final held at the Cheshire Jets arena, at half time during a home game.

The winning school team will go through to the national Hoops for Health final, played at the British Basketball League play off final in Birmingham, England. To support school staff wishing to ensure that the coaching of basketball becomes sustainable, there will be an opportunity for any teachers to attain the Level 1 English Basketball Association Coaching Qualification.

Outcome

14 schools took part in the initiative, a number of which submitted their work as part of a healthy schools action plan. 1120 pupils took part in the road show activities and 420 went on to participate in coaching sessions. Staff and pupil evaluations have been very positive and discussions are underway to arrange a tournament later in the year for participating schools to attend.

22. A LIFESTYLE THAT MAKES THE DIFFERENCE: LET'S WALK TO SCHOOL-THE PIEDIBUS PROJECT

Margherita Assirati, Maria Vezzoni, Cristina Morelli, Antonella Calaciura, Silvia Cornalba, Luigi Acerbi, Luigi Fantini, Angela Marra, Patrizia Braga, Giusi Capitanio, Rossella Fumagalli ASL MilanoDue - Public Health Unit, Italy

Introduction

The Public Health Unit in Lombardy (ASL Milano 2) has set up a "Piedibus" (literally foot-bus in Italian), a "home-to-school" walking-bus. The project was implemented with the help of adult volunteers. The aim was to encourage children to walk whenever possible.

Background

It is well known that an inactive lifestyle is an important determinant of obesity, which in Italy has a high prevalence rate. It is estimated that there are around 16 million obese and overweight people in Italy. 12% of children are obese and 24% are overweight. A study of behaviours conducted by ASLMI2 showed that 22.6% of respondents do not engage in any sport, and 8.9% state they never play games which involve physical activity. Moreover, boys spend a considerable time in front of the video with 22.3% spending 3 hours or more in front of the television or computer. This is more common among obese children than among children of normal weight (30% vs. 20.4%). It is also well known that physical activity improves learning ability, allows better emotional control, improves self-esteem, and increases the ability to socialise.

While in the 70's the majority of children went to school by foot, nowadays only half of the 11 year old children do. More and more children are taken to school by an adult, usually by car.

The inhibiting of children's autonomous exploration of the world is a worrying phenomenon because the acquisition of environmental knowledge is influenced by experience. We can conclude that the transport to school by car has different effects. On the one hand, it increases inactivity and reduces the autonomy of children. On the other hand, traffic congestion near the school results in an increase of air pollution.

The process and responsibilities of partners

Starting from the school context, but with the shared commitment of teachers, volunteers, parents and grandparents, the aim of "Piedibus" is to increase physical activity in children, and provide an alternative means of transport. To take the trip from home to school in groups accompanied by adults, like a walking-bus, is a practice that was set decades ago in Denmark and then spread through the rest of Europe and the United States.

Our project is primarily intended for 6-10 year old children through intensive community participation. First proposed by a school, the project subsequently involves families, administrators, policemen, and volunteers: everyone is involved in the organisation, implementation and diffusion of the project, by becoming a model of good practice. The commitment is shared among those involved in the following way:

1. The Public Health Unit is committed to providing advice to those teachers, parents, and volunteers who wish to implement the initiative in their

- school. It also prepares and distributes the training aid.
2. School is committed to inform and motivate all teachers and to include the project in its teaching plan.
 3. Families take responsibility for a decision that gives autonomy to their children, helps to motivate them and work towards the realisation of the project.
 4. The local council provides advice on road conditions, supports the recruitment of companions and oversees the practical implementation of the project.
 5. Associations that collaborate help to achieve the project's objectives.
 6. Adult volunteers actively working for the organisation are responsible for accompanying the children to school by "Piedibus".
 7. A working group is formed from a range of interested parties such as the local council, school professionals, parents, reps from voluntary organisations, health care professionals and any others involved in the project. This group undertakes the following tasks:
 - To study and evaluate the feasibility of the project
 - To inform the pupil's families
 - To assess how many students go to school by foot, bike, car or public transport
 - To evaluate the applications to the project
 - To decide the project programme
 - To choose the routes and stops
 - To select and experience the way
 - To activate at least one route and a trial period within the year
 - To assess to possible extension of the project and new routes.

Where possible there should be a daily Piedibus service following the school calendar. Each local council or school can perform this cutting-edge initiative by making the best out of its own resources.

Facilitating and hindering factors

The major difficulty is reaching a successful partnership between schools, institutions, the Public Health Unit, parents and volunteers. Also, it can be difficult to find a sufficient number of available adults to accompany the children.

The project's success depends on overcoming these difficulties. Active involvement and participation of the entire community is the key facilitating factor. In order to become a real alternative means of transport Piedibus has to be properly and carefully planned.

Outcomes

The main outcomes so far include an increasing number of participants and their great enthusiasm and positive attitudes towards the project. Since 2006, 30 schools and 11 municipalities have been progressively involved in the project: 97 Piedibus lines are currently active and 2849 children have rediscovered the healthy practice of going to school on foot.

The increasing number of members over the years and the enthusiasm and participation of both children and adults strongly motivate us to extend the project, including all schools, beyond “health promoting schools” and municipalities.





CHAPTER 6: TOPICS IN SCHOOL HEALTH PROMOTION

23. “DENT-TASTIC” – DENTAL HEALTH, HEALTH AND SCHOOL, HAND IN HAND

*Lise Birkeland, Arid Bjordal, Wencke Dyngen Kvamen, Anne Erlen Stakkevad, Ruth Gausvik, Eivind Hauge
Haugesund sentrum dental office, Norway*

Background

Teeth are ‘the mirror of life’ which means that dental health personnel are among the first to discover eating disorders, smoking and a high intake of sweets and soft drinks. So at this point health promotion work should begin. This program is based on clear ideas about the causes of unhealthy behaviour and on research-based knowledge of health promotion in schools. Dent-tastic includes strategies for influencing young people’s ideas about health, for promoting the social aspects of health behaviour and for increasing understanding within the local community of the need for a healthy lifestyle including physical activity.

Dent-tastic is a complete program of activities for 14 year-olds, where the themes of dental health, healthy lifestyle, physical activity, and healthy diet are covered in the whole range of subjects specified in the lower secondary school syllabus. Dent-tastic was initiated by dental hygienists in cooperation with the head of the public dental health service in Haugesund, Norway. The program was developed within a broad interdisciplinary framework. In order to draw on the full range of professional expertise and the insight of the participants, we invited students, parents, school nurses, dental hygienists and teachers, as well as the head of the school, to participate in its development. So all those involved had ownership of the programme which then ensured their active role in its implementation.

Ten different Norwegian schools completed Dent-tastic. The pilot version was developed and carried out at Håvåsen School in Haugesund so the school now has 7 years’ experience with ‘Dent-tastic’.

Teaching material

Dent-tastic is based on a set of teaching materials. It includes ready-made suggestions for lectures and projects. It also contains repetition exercises, overhead sheets, a CD-rom with pictures and illustrations, examples of games, a list of internet sites and an information letter aimed at parents. There are also tips about different ways of implementing the programme and of organising the teaching framework. The teaching methods have been worked out by and for teachers in co-operation with dental hygienists, while the material concerning dental hygiene has been produced by dental health professionals with a separate chapter aimed at dental hygienists.

Classroom practice

The actual implementation is adapted to the needs of the school in question. Time spent will vary from 3 days up to 2 weeks according to the school’s own wishes. All students in

the relevant age group participate. The ordinary timetable is suspended as is the class structure, so that the students work across classes and subjects and the activities are thus integrated in with the ordinary schoolwork. As an example, the programme can be carried out as a two-week project for all students in the 8th grade. In such cases, all lectures and presentations of facts will be made in the first week. The school day begins with a breakfast meal followed by tooth brushing so as to emphasise the connection between a healthy diet and a good learning environment. Daily physical activity is carried out in between the theoretical lessons. In week 2, students choose project tasks according to individual interests and abilities. This freedom of choice allows students to freely use their newly acquired knowledge. Finished projects are presented at an open day event to which fellow students, parents, siblings and others are invited.

The role of dental hygienists and of teachers

In advance, dental hygienists give teachers a 4 to 5-hour preparation course about dental health and about how to implement the Dent-tastic programme. During the actual carrying out of the programme dental hygienists are available to offer guidance and assistance. In addition, the dental health service provides the finances for school breakfasts, toothbrushes and toothpaste for the students.

Teachers in co-operation with the dental health service determine the scope of the dental health project for their school. Teachers then are responsible for the implementation of the project. Individual teachers choose to teach on the aspect of the program closest to his or her field of expertise. They also choose project themes to fit in with this, and they prescribe how much time will be needed for their activities.

Why did we do it?

By the end of the 1990's annual reports showed that the dental health status of children and teenagers in Norway was deteriorating. Politicians and media, as well as dental health professionals, were concerned about the poor results from dental health efforts. There was agreement about the need for increased preventive care and for a stronger public awareness of the importance of good dental habits.

Difficulties we encountered, and how we overcame them

Dent-tastic does not include evaluation tools to measure the effect of the program. Our assessment is based on conversations and on our own experiences during the project weeks at the schools that have implemented the program.

The lack of time available in school curricula is a difficulty we overcame by making it possible to adapt the programme to different time schedules. In our experience, once a school has carried out Dent-tastic it is relatively easy to get it to give priority to the programme in the following years.

What went well and why we know it is a success

We find, after carrying out the project, that students have a very positive experience of it, and they are clearly both more conscious of and knowledgeable about teeth and lifestyle diseases. Dental health workers see students who understand the negative impact of sugar.

The school nurse is a natural partner who can help in the teaching of lifestyle related topics. Through focusing on teeth and dental health unpleasant subjects like obesity, eating disorders and diabetes 2 can be approached in a natural way. Interdisciplinary co-operation ensures that students are taught by teachers who understand the

subject and are using good teaching methodology. Dent-tastic is recommended in the handbook for the school health service used by Norwegian school nurses.

We find that the program involves all students, regardless of ability. Weak students find topics to work on at their own level on an equal basis with stronger ones. Together, they produce interesting things for the open day. Students tell about school days where they were able to combine new knowledge, creative abilities and humour in a product they could show others.

Teachers appreciate the program's positive angle on health problems. The flexibility of the program allows teachers to adapt it within their given framework.

24. DEVELOPING A HEALTHY EATING SCHOOL POLICY IN BRAGA, PORTUGAL

*Ana Catarina Meileres, Clara Costa Oliveira, Margarida Barbosa Teixeira
Unidade de Saúde Pública, Instituto de Educação e Psicologia da Universidade do Minho, Escola Secundária D. Maria II, Portugal*

What did you do?

ROMÃ,SA is a school health promotion project which aims to implement a healthy eating policy. As part of this project activities are developed to cover all aspects of food and nutrition.

Why did you choose to do this?

During the last decade the percentage of overweight children in Europe increased from 5% to 10%, with the increase in Portugal even higher. This increases the risk of several diseases, namely cerebrovascular diseases of which Portugal has the highest mortality rate in Europe.

What actually happened?

At the beginning of the school year the eating habits in school were evaluated and a plan of action for that year was devised. Each student group suggested activities according to their thematic area which used a variety of methodologies; lectures, films, interviews, news reports, documentaries and online publications and also a change in the kind of food supplied through the school's retail outlets. By the end of each school year the results of these activities are presented in an open forum to other schools and the general public in order to share experiences and disseminate good practice.

Which aspects went particularly well?

- the project's reception at school,
- the formation of 11 work groups from various curricular areas,
- the assignment of all eating healthy themes as proposed by the project,
- the diversity of the proposed activities,
- the diversity of resources inside and outside school,
- good relationship between peers resulting in effective information exchange.

What difficulties were encountered and how were these overcome?

It was decided to implement the project in a pilot-school (Escola Secundária D. Maria II), as it was the first time that such a project had been developed and applied at this level of teaching in the municipality of Braga.

In order to reinforce the students' commitment to the project, the activities were integrated into the syllabus of the subject Project Area (PA), which promotes informal learning but is formally evaluated.

Students' autonomy and the massive amount of simultaneous activities were expected to become difficult to manage so teachers were involved and permanent contact with the coordinating team was established.

Although some sponsorship was raised, the budget was still tight. Dissemination was

carried out through the local press, radio and direct contact with colleagues from other schools. An online portal is under construction.

How do you know how successful it was?

- The proposed activities were carried out.
- The methodology enabled the participation of students and teachers among other school staff.
- Several partners of the community were involved (institutions and multidisciplinary professionals).
- The financial costs recorded so far are minimal.

The following results are expected from a project of this kind:

- an increase in the knowledge level of the students involved which was evaluated according to their work and compared to the whole student population, and indirectly evaluated by a change in the eating habits at school.
- an improvement in the school's eating practices (meals, food in the canteen and vending machines).
- an improvement in the physical and social atmosphere e.g. redecorating the common eating spaces.
- gathering documentation: photos, videos, statements of the participants.
- the project can be implemented in other schools.

What could be learnt?

Schools can be autonomous institutions self-managing the health programs and empowering students.

It is essential to network by using the community's resources and the new information technologies.

About the logo

The word for pomegranate in Portuguese is Romã. This fruit is well-known in the Mediterranean. The word also means 'united' and 'organised'. We chose this symbol to represent our project because we recognised that having a united and organised approach to health is key to our success.

25. A GOOD EXAMPLE OF CROSS-AGENCY WORKING: THE “APPLE IN SCHOOL” PROJECT

Alenka Pavlovec

Ministry of Education and Sport, Slovenia

Background

In Slovenia healthy eating is considered to be very important and as such is central to the work of a school. The school is bound to educate children so that they can make responsible choices within an understanding of what a healthy lifestyle is. In Slovenia there are a range of strategic documents, legislation and regulations which govern this area of work. For example, it is obligatory for every school to offer children at least one meal daily and in primary schools the school nutrition organiser is responsible for ensuring that there is a properly balanced composition of menus for children, for high-quality foods and for the preparation of meals. It is also required that a chef must be employed for the preparation of snacks for pupils and all schools have their own kitchen.

Health is a subject which cuts across the subjects in the school curriculum and includes ‘healthy food’. In elementary school there are two optional topics on nutrition. This area is subject to regulation in Slovenia with a resolution on the national programme of nutrition policy 2005-2010. Based on this resolution the Ministry of Health in cooperation with the Ministry of Education and Sport drew up guidelines for healthy nutrition in educational institutions. They also drew up manuals with quality standards for food and standardised healthy menus for use in kindergartens and schools

Purpose of the project

Using the resources described above, the project “Apple in School” was carried out by the Ministry of Education and Sports in collaboration with the Ministry of Agriculture and the Institute of Public Health of the Republic of Slovenia.

There were 25 primary schools and 25 secondary schools selected from different regions and who already had experience in healthy nutrition gained through participation in the “Healthy Schools” network. The Ministry of Education and Sport provided funds for schools to buy apples at a commonly agreed price for all pupils for three school days per week. Schools were provided with a list of local producers who could offer schools at least four varieties of apples.

Process

Firstly, schools were given guidelines to help them devise a programme of activities appropriate to their circumstances. Secondly, they set up a contract with the selected provider who in most cases was a local producer. They created inter-subject links, links with other projects, they prepared various activities using creative and investigative methods, they organised lectures, study trips to orchards, natural science days, project days or weeks, open door days for parents related to apples. As part of this pupils interacted with the local community particularly through contact with the local producers who facilitated the tours of their orchards and education about the growing and processing of apples. Schools used the project for numerous forms of informal involvement of parents.

Evaluation

At the end of the academic year schools performed an evaluation in which they had to state what changes had resulted from the project, state how they measured these changes and to answer whether they had implemented the programme in line with the established plan and to explain any variances. Schools also had to assess the level of satisfaction with the project among pupils, teachers, administrators and parents. They had to assess the cooperation with the local supplier, evaluate the accompanying activities and give a general assessment of the project.

The main changes that we saw were as follows:

There was an increased consumption of apples among pupils and the popularity of apples grew compared with other fruits. Children expressed pleasure and the desire to eat apples. Children recognised the many different things that can be made with apples which increased their positive attitude to apples; this was also reflected in what was eaten. Apples added variety to menus and occasionally replaced unhealthy supplementary food. Among pupils there was an increased awareness of the importance of healthy food.

It offered schools a diverse range of possibilities for the active participation of pupils and parents, encouraged the creativity of pupils, increased ties between children and parents and in view of the visible success, pupils, parents and teachers became highly motivated to cooperate.

Conclusion

This project successfully linked theory and practice offering children the chance to be actively involved. They took part in investigation work and tested and verified their knowledge practically. The project surpassed its initial aim and indeed it was shown that children can learn the basics of environmental education in a really enjoyable and participative way.

The local community responded well to the project because of its integral and active approach which encouraged healthy lifestyle and a positive attitude to nature.

It seems significant that the project motivated schools to source local food, something which is increasingly encouraged in Europe as a sustainable way forward. At the same time local producers participated in the education process and in so doing developed potentially long-term customers which increases the viability of their business.

Since various local societies, experts and local leaders were involved in the promotional activities, the educational effect has been visible, and this has increased the motivation of all involved.

26. POTENTIALS OF ACTION-ORIENTED SEX EDUCATION PROJECTS IN THE DEVELOPMENT OF ACTION COMPETENCE

Teresa Vilaça (Department of Methodology of Education, Institute of Education and Psychology, University of Minho, Braga, Portugal); Bjarne Bruun Jensen (Danish School of Education, University of Aarhus, Copenhagen NV, Denmark)

What was done in the projects and why?

Participatory and action-orientated sex education projects were carried out in 15 preparatory and secondary schools in the north of Portugal. This involved three hundred and fifty students from the 7th to the 12th grades. The main objectives were to analyse the level of students' participation in the project phases and the student's action competence. The research techniques used were field notes, semi-structured group interviews and documental analysis of material put online by students regarding their projects, online class diaries and discussion e-forums. This project was developed in the following phases:

Year one:

1. the students created the online infrastructure to participate in the project's website
2. debated the concept of sexuality and sex education
3. selected the themes/problems and planned their action-oriented project to solve the first problem
4. elaborated on e-class diaries, put the material produced online and participated in the e-forum discussions
5. evaluated part of the first action-oriented project

Year two:

6. the students developed and evaluated one or two action-oriented projects

This methodology was selected because in Portugal sex education is part of the entire educational process and one of the components of health promotion where it is hoped that the students will take the lead (Vilaça, 2008). Since sexuality is treated as part of real life it is taught with a space for dialogue. Students are invited to put forward problems and learn through collaborating to resolve them. (CNE, 2005). Jensen (1995, 1997, 2000) proposes the democratic health education paradigm and the IVAC approach (investigation, vision, action & change) to promote the development of students' abilities to act and change. According to Jensen, knowledge and insights should be action-oriented, meaning this should include four action-oriented dimensions:

- (1) What type of problem is it?
- (2) Why do we have these problems?
- (3) How can we change things?
- (4) Where are we going?

At the end of this process it would be hoped that 'action experiences' or the students' real experiences from participating individually or collectively in initiating health changes within a democratic framework, could then be carried out. Considering how to overcome the barriers to change would be part of this.

What actually happened and which aspects went particularly well?

The problems chosen by the students in order to carry out their action-oriented projects, were mainly related to: the prevention of adolescent pregnancy and contraceptive methods (73,3% of the schools); prevention of sexually transmitted infections (STIs) (60,0%); the first sexual relationship (46,7%); sexual behaviour (40,0%); dating (40,0%); dialogue with parents concerning adolescent sexuality (40,0%); puberty (33,3%); homosexuality (20,0%); interpersonal relationships and friendship (13,3%); youth consultation at the health centre (13,3%); the morning-after pill (13,3%); human fertility (6,7%), abortion (6,7%); love and intimacy (6,7%); paedophilia (6,7%) and other paraphilias (6,7%); adult sexuality (6,7%); and sexual dysfunctions (6,7%).

Investigation, Vision, Action & Change

Following the IVAC approach a plan of action was undertaken to investigate recognised problems. During the course of this plan, the students had a range of experiences which they incorporated into the plan to achieve the visionary objectives:

1. changing the school policies and home environment in order to involve parents in sex education for youths (60%)
2. peer education with their colleagues of the same age or younger (60%)
3. peer education with their older colleagues (30%).

One of the action-oriented projects carried out in schools used preventing an unwanted teenage pregnancy as the starting problem. In order to better understand the problem, they discussed in class what a teenager can do to prevent an unwanted pregnancy. They suggested several methods:

1. taking the pill
2. using a condom
3. simultaneously taking the pill and using a condom
4. taking the 'morning-after pill'
5. withdrawing the penis before ejaculation
6. oral and anal sex as an alternative to vaginal sex
7. mutual masturbation without coitus
8. not having sexual relationships during the fertile menstrual period
9. not having sexual relationships

The class was divided into four research groups in order to investigate the consequences of the use of these methods. In a class assembly, the spokesperson presented the conclusions of his/her group research. After a class debate, students decided that the best methods to protect adolescents against unwanted pregnancies and STIs are: not having sexual relationships, using both the pill and a condom simultaneously, and, if something wrong happened, taking the 'morning-after pill'. As a consequence, students started thinking about why teenagers do not use these methods.

The reasons suggested and debated by students focused on personal issues relating to their lack of knowledge or personal competence to act on their knowledge and on social causes. They suggested in defence of young people that some causes of these problems were related to their life conditions and specifically to their families and social environment. Students then moved on to think about how to gain control over their own life. They decided that in order to do this they needed to increase their practical

knowledge about the use of contraceptive methods and how to acquire them, improve their personal abilities to talk with parents and their partner about contraceptives and safer sex, and lose their shame and fear of going to the health centre or buying contraceptives at the pharmacy.

The students thought creatively to find solutions for these challenges. They showed how much they wanted to be more able to talk with their partner and parents about sexuality, resist the pressures of others and access the pill and condoms.

In order to realise this vision, they planned events which were held in school. The first one was to develop a roundtable for parents, coordinated by students and professionals. The students presented their desire to increase dialogue with parents regarding adolescent sexuality, and the professionals helped them to promote a final debate with parents in order to develop a contract regarding parent/student dialogue.

At the end of the project students from the six participating schools were interviewed in groups and talked about the importance of participating in a project like this out of their personal choice as opposed to being part of a set curriculum. This made the project very enjoyable and impacted on their self-confidence about solving personal problems in the future.

Teachers experienced barriers including the pre-conceived ideas of parents and students. Teachers were concerned about their professional function and the role of formal education in this area of work.

What could be learnt?

The results of this study revealed that by using this educational approach, these students:

1. worked on the four dimensions of action-oriented knowledge
2. used a positive and broad concept regarding sexual health
3. developed visions aimed at the causes of the problems
4. actions were carried out in partnership with specialists that involved their parents and their colleagues
5. most of the students perceived themselves as having a high level of participation in the project.

27. DEVELOPING INTERACTIVE, BI-LINGUAL SEX AND RELATIONSHIPS EDUCATION AND RESOURCES FOR WELSH SCHOOLS

Judith Roberts

National Public Health Service for Wales, United Kingdom

Background

Education resources in the Welsh language are very limited and it is often up to the Healthy Schools Co-ordinators throughout Wales to develop new resources or to identify good quality resources for translation.

A new interactive CD-Rom called 'Growing up and keeping safe' by Sense Interactive CD's was identified as an excellent resource to present all aspects of the Personal and Social Education curriculum for students between 8 and 11 years of age.

Development of the resource

'Growing up and keeping safe' is a valuable resource in promoting children's emotional and social development, it also provides specific information about different health issues. It is designed for children to watch with adults, in either group or one-to-one sessions as a trigger for discussion. It helps children develop new information, explore their own and others' values and beliefs and forms a basis from which they can participate in activities to help them develop a range of emotional and social skills such as communication and assertiveness. The CD can be used in a variety of ways and with a range of age groups depending on their ability, maturity and understanding.

There are two different packages available, one to be used with parents or guardian which helps bridge the often large gap between what children are taught at school or in other settings and the information and support they are provided at home. The second package is targeted at professionals working with children. It also includes a booklet which provides an overview of key principles for effective emotional and social development.

'Growing Up and keeping safe' follows a group of characters through different situations and scenarios. It is divided into five sections aligned to the five themes reflected in section 25 of the Children Act (2004):

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- economic and social well-being

Within each of these five sections are a number of sub-sections. Each sub-section comprises of students discussing and giving their views on all related subjects. Each sub-section also consists of an animation of various scenarios which provides valuable information. Downloadable pdf 'lesson ideas' for teachers are also available to facilitate further discussions.

The main character within the CD is the FLY i.e. the 'FLY on the wall'. FLY introduces every section in the CD and provides important additional information for students.

The interactive 'Buzz Word' is a glossary of terms and is a useful tool in providing explanations of terms used throughout the CD. The CD also contains a true or false quiz where students can assess what they have learnt.

The CD Rom is licensed to be installed on school's computer network system so that every class teaching students from 8 to 11 year olds are able to use it.

The Welsh Assembly Government agreed to invest financially to translate the 'Growing up and Keeping Safe' package from English to the Welsh language. They also committed to provide every primary and special education school throughout Wales with a bi-lingual package i.e. two CD's Welsh and English and the information booklet.

The developmental process

The developmental process took approximately 4 months to complete. For the animated section in the CD, child and adult actors were auditioned and chosen for voice overs. All transcripts were amended to coincide with the Wales Curriculum, Strategies and Guidance they were then translated from English to Welsh. All documents and transcripts were again checked for consistency and accuracy following translation.

No major difficulties were encountered during the translation process of the CD. However, this was probably due to the fact that all documents, transcripts for the animated sections and all documents and information presented within the CD were carefully checked for quality assurance and consistency with the Wales curriculum guidance during the development process.

The Welsh Assembly Government also funded three separate Training the Trainers courses in order to ensure appropriate training was undertaken. This training enabled the Wales Healthy Schools Scheme Co-ordinators to cascade appropriate training in their own local Schemes. These training sessions resulted in school teachers being knowledgeable with the content and being confident in how to use the CD.

Within my own County I delivered teacher training sessions to all 106 primary and special schools. Teachers were also provided additional support in order to develop a whole school approach to sex and relationships education. This additional support included a sample whole school sex and relationships education policy, further lesson plans, guidance and mapping documents of how to integrate 'Growing up and Keeping Safe' to the Personal and Social Education curriculum.

The CD-Rom is now widely used in all aspects of personal and social education in all primary and special schools within the County. The success of the production of the bi-lingual 'Growing up and Keeping Safe' is seen within the Welsh Network of Healthy Schools Schemes assessment process.

Healthy Schools Co-ordinators have also noticed an increase in knowledge particularly within sex and relationships education. This subject is often difficult for some teachers to present however, this resource has facilitated discussions and the lesson ideas provided in the CD has supported further developments in the subject area.

Further developments

There is also a secondary school resource for students between 12 and 16 years of age called 'Sex and Relationships Education'. Due to the fact that this has been identified

as an excellent resource for secondary schools the Welsh Assembly Government has again agreed to translate this interactive CD-Rom and to supply all secondary schools throughout Wales with a bi-lingual package. I have also been involved in project managing this secondary school resource and it will be completed and available to all schools in Wales from May 2009.

I believe it is possible for both the primary and secondary Sense CD's to be translated into any language. However; the role of the project manager is seen as crucial for its success. The role of the project manager would be to amend all documents and transcripts to coincide with the Country's curriculum guidance, strategies and policies before translation. Following translation, all documents and transcripts should again be carefully checked for consistency. If all these steps are undertaken the translation process should hopefully be successful and problem free.

28. PROMOTING HEALTHY LUNCHES IN PRIMARY SCHOOLS

Marina Carter

Flintshire Healthy Schools Scheme, Wales, United Kingdom

What we did:

We chose to improve lunchtime for primary school pupils by enhancing the environment and adding new equipment in addition to promoting healthier options.

Why we chose to do this:

Obesity and being overweight are increasingly problems in Wales, both of which impact on an individual's health and well-being. A poor diet is a contributing factor to this epidemic, highlighting the importance of a balanced diet and regular physical activity. Recent data has shown that twenty two per cent of fifteen year old boys and seventeen per cent of fifteen year old girls in Wales are overweight or obese (Welsh Assembly Government, 2006).

Improving school dining environments and in turn the dining experience will have a positive impact on the uptake of school meals, whilst also making a significant contribution to pupils' health (School Food Trust, 2008).

Background

In 2005 the Welsh Assembly Government set out their 5-year Food and Fitness implementation plan which aims to promote healthy eating and physical activity to children and young people in Wales. A 'Food in Schools' working group was established to look specifically at ways "to improve the food and drink consumed throughout the school day".

In 2007 The Welsh Assembly Government published 'Appetite for life', an action plan, which sets out the strategic direction and actions required to improve the nutritional standards of food and drink provided in schools throughout Wales.

In 2008 Flintshire was successful in a bid for funding from the Welsh Assembly Government to support progression over the next two years towards the new standards set out in the Appetite for life action plan.

The Flintshire Appetite for life project aims to increase the uptake of school meals and healthy options within primary and secondary schools and to evaluate the impact of a range of interventions within schools and the community to address the aim. The objectives include: improving the dining environments in primary and secondary schools and promoting the nutritional content, taste and value of school meals in primary and secondary schools.

What actually happened?

In September 2008 twelve Flintshire primary schools were selected, based on their uptake of school meals and free school meals eligibility (those with poorest uptake were initially targeted), to take part in year one of the Flintshire Appetite for Life project. They each received 3 new pieces of striking dining room equipment (an apple shaped menu board, salad bar and clearing trolley).

School catering staff also received training relating to nutritional standards and using the equipment to best advantage.

After four months of using the equipment a child-friendly evaluation was developed and pupils aged between 7 and 11 years from each of the 12 schools were randomly selected to complete an evaluation session.

The evaluation was undertaken in the form of an interactive lesson for pupils using a target assessment tool and a 'graffiti wall'. Questionnaires were also completed by a selection of school teachers, the school cook and the parents of those same children who took part in the interactive evaluation session.

Pupils from the school involved in the pilot evaluation sessions shared their experiences with a presentation involving singing, rapping and aerobic activity at our County Celebration Event.

What went particularly well?

The pupil evaluation activities were a great way to involve and empower the pupils. Being more involved has meant that they understand and are more willing to make the healthy choices on offer. The pupil performance inspired other schools to follow suit! There didn't seem to be any difficulties probably because pupils, teachers and cooks were all involved in the process from the beginning.

How we know how successful it was

Results from the pilot evaluation session, which included seventy-seven pupils are encouraging.

Overall for all three pieces of equipment combined on the target assessment tool 74% of the stickers were placed in the red area (good), 24% were placed in the yellow area (ok) and 2% were placed in the blue area (poor).

The 'graffiti wall' contained many positive words such as;

Salad bar: It encourages children to eat healthily, very healthy, fresh, very clean, colourful, full of fruit and vegetables.

Suggested improvements included: more fruit and vegetables, a day of tropical fruit, a bit bigger.

Menu board: Easy to read, interesting, gives information, good size, big, clear.

Suggested improvements included: Bigger, more detail.

Clearing trolley: a fantastic idea, a very good idea, fantastic!

Suggested improvements included: make it bigger, have a recycle area.

The parental questionnaire was completed and returned by 55 parents. 89% of parents had seen or were aware of the menu board, 72% said that the menu board had made them more aware of the school meals on offer. For those who's children had school meals 7% used the salad bar more than once a week and 37% felt that their child/ children were eating more fruit and vegetables in the last 5 months (since the salad bar had been made available).

Two teacher evaluation forms were completed and both thought that the new equipment had had a positive effect on the dining experience in their school.

Conclusions

The results clearly indicate that there is an increase in fruit and vegetable consumption

following the introduction of the salad bars into all of the selected twelve schools, which meets the aim of increasing healthy options within primary schools. This is also supported by the interactive classroom activities (target assessment tool and graffiti wall), completed by the pupils.

Caterers, teaching staff, pupils and parents have all been working together towards the same aims and this has had a huge impact on the success of the project. Following completion of the evaluations in the other eleven primary schools we anticipate providing other schools with similar resources.

29. HEALTH AND HEALTH AWARENESS THROUGH NUTRITION AND MOVEMENT GAMES

Liana Varava

National Institute for Health Development (NIHD), Estonia

Background

In 2006, the National Institute for Health Development (NIHD) in Estonia carried out a national competition of ideas “Health and health awareness through nutrition and movement games” aimed at pre-school nurseries.

Purpose of the project

The purpose of this competition was to make teachers and parents think more about daily choices, including nutritional choices and behavioural patterns affecting the health and well-being of children. Both home and educational institutions can support children to understand and accept the principles of healthy nutrition by offering healthy choices, age-appropriate teaching and practical activities.

A further aim of this competition was to improve the cooperation between children, parents and staff of nurseries.

There are few materials in Estonia looking at the theme of ‘health’ for use with pre-school children. We aimed to bring a collection of examples of good practice together to be used in daily work with that age group.

Strategy

The NIHD outlined the rules and guidelines for the competition including how it would be judged. All Estonian kindergartens/kindergarten-primary schools were invited to participate through the county network of health promoters. We stipulated that children and parents should be involved in the preparation of competition submissions.

All participants had two months to complete their submission and then they were all sent to the NIHD either as paper or electronic submissions. We were looking for games/activities which would help to increase children’s knowledge and skills to make choices about food, to help develop positive attitudes about eating and to promote physical activity and social skills.

The criteria for judging the competition were:

1. Meeting the criteria of the competition rules and aim
2. Inclusion of participants
3. The simplicity of playing pieces
4. Clarity of the presentation of the content and description of game;
5. Game being age appropriate

The jury looked at the games under three categories:

I – the board games aiming to develop and strengthen healthy nutrition through getting the children to think about the issues involved

II – the movement games developing and strengthening healthy nutrition and physical activeness

III – other activities and games promoting healthy nutrition (dramatizations, singing games, family events, etc.).

Results

The jury decided to give one main award and six surprise awards. In total, 49 different games from 20 Estonian preschool nurseries participated in the competition of ideas; many of them were created as a result of team work, engaging children in the process too.

The winner was a game promoting healthy nutrition which involved active movement and was dynamic and fun. As well as involving movement this game promoted an understanding of healthy and less healthy food. It was simple to play and still had scope for further development.

There were other games which were also rewarded. 'The food pyramid game' stood out with its interesting interpretation of the subject and had been developed really well.

There were other examples of good practice including health events, singing and outdoor games, performances, family parties, all of which can be used in the kindergarten or out and about. Also of importance was the substantial involvement of parents in some of the submissions. This is crucial given how much children's behaviour reflects the modelling of their parents.

Then in 2007 as a way of disseminating knowledge and practical experience to as many kindergarten teachers and parents as possible it was decided to publish a selection of these games on the net. This was financially supported by the money attached to the national strategy to guarantee the Rights of the Child.

Next it was decided to put together a publication; „Health and health awareness through nutrition and movement games“ (authors Liana Varava, Tagli Pitsi, Leila Oja) setting out the best examples of the games. We included in it a chapter aimed specifically at teachers in order to increase their understanding Overall this book is aimed at increasing the capacity of teachers and others to work interactively with small children on the principles of healthy nutrition.

Evaluation

Most of the games published in the publication were prepared for the age group 3 to 7 years although it is possible to play some of them with 2-3 year old children. The staff of pre-school nurseries can use it to promote healthy nutrition through playing games. Since there is no maximum age limit for the games, it is also possible to use them in general education schools when dealing with the theme of healthy nutrition.

In 2007 the book was published and distributed to all Estonian pre-school nurseries. We found that then others from general education schools and other organisations began to ask for this publication seeing it as potentially useful in their work with children. Parents also asked for it. As a result we decided to issue an additional publication which was distributed in all general education schools at the end of 2008

Conclusions

For those who care about the well-being and health of children it has been a valuable experience to share these ideas from kindergartens throughout Estonia. All these examples of good practice have been shared through conferences, training, summer schools, internet pages and the publications. As a result of this great success we ran another competition in 2008 entitled "Health and safety in teaching and the educational work of kindergartens".

30. LITHUANIAN UNIVERSITY OF AGRICULTURE: TOWARDS A HEALTHY UNIVERSITY

*Rita Garškaitė, Romualdas Povilaitis, Albinas Pugevičius
Lithuanian University of Agriculture*

Background

The health of its citizens is something of great value to a society and impacts on its economics (Law on Health Care of the Republic of Lithuania, 1994). In order to be healthy people need to take care of themselves and others and of importance to this is being able to make decisions and manage your own life and the choices which are presented in it. A society needs to ensure that its members have the chance to be healthy. Research shows that after the transition into being democratic market economies, Lithuania and other Central and Eastern European countries suffered an unprecedented crisis in health and high death rates. This was created in part by the unhealthy lifestyle prevalent in the society; alcoholism, addiction to nicotine and other narcotic substances. A healthy lifestyle has not yet become the norm and students also live unhealthy lifestyles but as yet there are no health improving universities in Lithuania.

Purpose

The Lithuanian University of Agriculture (LUA) is no exception in having to deal with these problems added to which the psychological stress on students and staff is increased by an ever changing environment and other factors. Research involving the majority of students from a variety of faculties which was undertaken at the LUA in 2006-2007 revealed the following which is:

- Only 48.7% – 61.1% women from various faculties and 63.6% – 76.5% of men consider that they are in good physical health
- Only 69.1% – 81.7% of women and 74.9% – 80.8% of men from various faculties consider they have good emotional health

That students' behaviour is risky or hazardous to health is evidenced by the following:

- 42% of men and 54% of women have never tried smoking
- Three quarter of smoking men and the greater half of the smoking women smoke every day.
- Only 12.9% – 24.5% of men and 20.3% – 36.9% of women from various faculties do not use alcohol or use it only several times a year. Almost every second man and every fifth or sixth woman use alcohol once a week or more often.
- 33.2% – 39.3% of men and 14.0% – 21.3% percent of women from various faculties have at least once tried narcotics.

The economic crisis can make the situation even worse.

While understanding that a university is not able to alter society as a whole the LUA believes that some of these problems can be helped by using the principles and

approaches of health improvement. This starts by creating positive relationships and building a sense of community through developing youth appropriate interventions, modelling a healthy lifestyle and trying to reduce the environmental factors which increase the problems.

Strategy

The mission of the LUA emphasises education through the broadening of young people's knowledge and experience, the development of their abilities and the need to pay attention to each member of the university community. As part of this, improving the physical and psychological health of students and members of the university community can help equip them to deal with the changes and challenges of their life, to foster healthy personality development and to therefore produce young people who will make a greater contribution to the cultural and moral development of our society.

So, the most active university community members worked to develop the strategy for being a health improving university and it was adopted at the LUA Rectorate in 2008. A detailed activity programme for a health improving university has recently been prepared and implementation has begun. It is expected that if the university consistently increases the factors improving health:

- Relations within the university community and people's relationship with the natural environment will be more harmonious
- People's physical and spiritual well-being will be improved through communication with nature
- Addiction will be reduced
- Physical activity will increase
- People's lifestyle will become healthier.

This will increase people's chance of meeting their potential. It will create the environment in which spiritual values can flourish. Social activity, optimism and a feeling of happiness among community members will expand. It is expected that this activity at the LUA will have a positive effect on the development of a healthy lifestyle in Kaunas district, primarily amongst schoolchildren and the Lithuanian academic community. The university hopes that graduates of the university will contribute to the improvement of the quality of life all over the country.

Conclusions

The development of a healthy environment through fostering a healthy relationship between humankind and nature is a key priority in this work which aims at strengthening the university through the improvement of the physical and mental environment. This is set within the global context, the peculiarities of the university's natural environment (the LUA is the only university in Lithuania situated in the countryside) and the LUA's aims as an institution training specialists for the agricultural society.

KAZAKHSTAN
Kokshetau

School / city



ORGANIZATION OF THE CONFERENCE
CONFERENCE VENUE
CONFERENCE PROGRAM
CONFERENCE RESULTS

ANNEX 1: ABOUT THE VILNIUS CONFERENCE

ANNEX 1: ABOUT THE VILNIUS CONFERENCE

Summary from Conference Report

The third European Conference on Health Promoting Schools held in Vilnius, Lithuania, 15-17 June 2009, titled "Better Schools through Health" gathered 333 participants, including 39 young people, from EU states as well as from Norway, Switzerland, Kazakhstan, Kyrgyzstan, Kosovo and the Russian Federation, Australia, Canada, Israel, and the USA. The three day international event brought together specialists from health, education and social sectors, policy makers, representatives from municipal and youth organizations, parents' organizations and academic institutions as well as all those with professional interest in school health promotion. They discussed effective ways of investing in school health promotion in Europe by common action across sectors and across borders. Also, it was an occasion to alert policy makers that improving health of the children and young people in the school setting and the broader community needs stronger political support. The conference provided ample opportunity to disseminate best practice in the scientific, practical, and political aspects of school health promotion.

Warm greetings to the 2009 conference were extended from the leading officials of the Lithuanian Ministry of Health and Ministry of Education and Science as well as from representatives of the World Health Organization Regional Office for Europe, the Council of Europe, the European Commission, and the SHE network.

The focus areas of the conference clustered around the following main themes: education, health determinants, policies and strategies, effectiveness and evidence, sustainable development, and new challenges. These themes were supplemented by discussions on professional capacity building and deliberations aimed at supporting the EU member states in reducing the current gaps in the implementation of health promotion in schools. Support to all European countries in developing effective strategies, policies and good practices on school health promotion in Europe was also an important issue on the agenda. Conference key points were extensively covered in three plenary sessions, three panel discussions, four focus sessions including four symposia and nineteen oral sessions, and in three poster sessions.

Young people had a parallel program consisting of a poster session, a panel session, and a young peoples' workshop where students shared ideas and demonstrated their ability to carry out impressive projects that serve the aims of the SHE network. They also showed their potential to work towards a shared goal as it was illustrated by the young people's contribution to the conference resolution.

During the conference the Vilnius conference resolution was presented, discussed and accepted. The Vilnius resolution marks the main outcomes of the conference as a next step in the development of school health promotion in Europe.

Altogether, the conference allowed a significant opportunity to contribute to the process of collecting and consolidating the evidence base for school health promotion. It also created possibilities for examining variations in national and regional implementation policies, strategies and models of good practice in school health promotion among the SHE member countries. Evidence was provided for identifying the already existing, but less developed areas, including the links of health promotion and sustainable development. This effectively contributed to better visibility and further development of the SHE network

that would be further enhanced through the dissemination of the conference deliverables. The conference also revealed the increasing importance to focus on the promotion of health in the school setting and build on the European Mental Health Pact. The conference proved to be a success, and the objectives identified as the key targets for the conference have certainly been reached. The high quality of the papers, the rich social programme together with the efficient work of the conference organizers contributed to intensive networking and a noteworthy debate that ensured the realization of the expected conference achievements.

Vilnius resolution: better schools through health

17 June 2009

Introduction

Education and health have shared interests. Unifying these interests allows schools to become better places to enjoy learning, teaching and working. 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 of teaching and non-teaching staff. Health promoting schools have shown evidence of improving the health and well-being of the whole school community. Schools, being part of the surrounding community, are designated as one of the settings to help reduce inequalities in health. Collaboration with other relevant policy areas, for example youth, social and environmental policies and sustainable development is essential.

Statement by young people

We, the young people at the conference, have concluded that there are some problems that we can deal with and others for which we need adult's help.

We emphasize that true health is holistic health, meaning mental and physical balance, clean environment, cooperation with people, good rest and a balanced diet.

We want school leaders, teachers and students to try to create a healthier and better society which should think about the present and the future. We want to have greener school surroundings. We want to cooperate with students from other countries to have more discussions with scientists and politicians about our problems. We want more practical and learning activities on health promotion and consultations by experts in stressful situations. We think that if we follow the holistic approach, we will be able to deal with our health, (including eating disorders and a lack of rest) and make our society or even the country stronger.

We believe that if we lead an active life, help the poor, believe in what we do, cooperate with teachers to make our learning environment better and warmer, that we will then be able to have a healthier and happier life.

We can and must lead a healthy lifestyle ourselves, showing how wonderful it is to be healthy, active and positive. We also must persuade parents to be active and take part in health promoting activities.

International, national and regional level

As a result of the discussion at this conference we, the conference participants, call on governmental, non-governmental and other organisations at international, national and regional level:

1. To adopt and extend the health promoting school approach as part of school development
2. To guarantee long-term support through international, national and regional policies and strategies, combined with sufficient resources and capacity
3. To acknowledge that planning, monitoring and evaluating and the involvement of children and young people are all necessary, when implementing a comprehensive health promoting school programme with realistic objectives
4. To foster continuous professional development for education, health and

other staff

5. To develop and maintain an infrastructure for international, national and regional coordination and communication on and support for health promoting schools
6. To celebrate and share milestones and successes

School level

We urge those within the school community (including pupils, parents, teaching and non-teaching staff, management, school boards) to use the support available:

1. To introduce, maintain and further develop the health promoting school approach building this into sustainable school development.
2. To involve the whole school community and partner organisations.
3. To secure sufficient commitment, resources and capacity.
4. To foster continuous professional development for staff.
5. To ensure that children and young people are actively involved in decision making and all stages of programming.
6. To celebrate and share milestones and successes.

Conference background

At the first European conference on health promoting schools the main principles for health promotion in schools were outlined (Greece, 1997). Every child and young person has the right to education, health and security. And every child and young person has the right to be educated in a health promoting school.

At the second European conference on health promoting schools in Egmond aan Zee, the Netherlands (2002), the importance of partnerships of education with health sectors was emphasised. The Egmond Agenda is a tool to help establish and develop school health promotion across Europe.

The third European Conference on health promoting schools: Better schools through health, Vilnius, Lithuania, 15-17 June 2009, aims to make a next step in school health promotion in Europe by common actions across sectors and across borders. During the conference young people play an active role in sharing their ideas and working together on making their school a better place to learn and to work.



ANNEX 2: ABOUT THE YOUNG PEOPLE'S WORKSHOP AS PART OF THE CONFERENCE

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Young people were invited to participate in the conference to ensure active involvement from children and young people in preparing and carrying out the 3rd European conference on health promoting schools. After all it is about their schools, their lives and their future. The main aims of young people's involvement were:

- to encourage young people to share their ideas, to be creative and to work together on making their schools a better place to learn;
- to contribute to the conference resolution with young people's vision on better schools through health;
- to stimulate young people's communication and cooperation across Europe.

In total 39 students, ranging in age from 14 to 16 years old, and their teachers from seven countries participated in the conference. The countries that were represented were Estonia, Finland, Latvia, Lithuania, the Netherlands, Portugal and Spain.

The young people met during the conference and discussed their visions of what a health promoting school should be. They presented their ideas on the topic "What is a healthy school – a better school" and shared their ideas on how to make their schools a better place to learn. They had intensive discussions which lead to the conclusion that a big job has been done already on various health promoting issues and that the remaining problems can be solved by listening to each other and by cooperating. At the end of the young people's workshop the young people summarised their work in the young people's statement that was presented during the final plenary session of the conference. Their statement is included in the Vilnius resolution:

We, the young people at the conference, have concluded that there are some problems that we can deal with and others for which we need adult's help.

We emphasize that true health is holistic health, meaning mental and physical balance, clean environment, and cooperation with people, good rest and a balanced diet.

We want school leaders, teachers and students to try to create a healthier and better society which should think about the present and the future. We want to have greener school surroundings. We want to cooperate with students from other countries to have more discussions with scientists and politicians about our problems. We want more practical and learning activities on health promotion and consultations by experts in stressful situations.

We think that if we follow the holistic approach, we will be able to deal with our health, including eating disorders, a lack of rest, and make our society or even the country stronger.

We believe that if we lead an active life, help the poor, believe in what we do, cooperate with teachers to make our learning environment better and warmer, that we will then be able to have a healthier and happier life.

We can and must lead a healthy lifestyle ourselves, showing how wonderful it is to be healthy, active and positive. We also must persuade parents to be active and take part in health promoting activities."

Some of the ideas that were discussed derived from the essays which were written in preparation for the conference. The theme of the essays was „my vision about a school where everyone is healthy and happy to learn“. Specific questions were:

- What can we do ourselves to make such a school?
- What kind of help do we need (from the grown-ups)?

Here are four more essays that were written by the young people that participated in the Conference.

My vision about a school where everyone is healthy and happy to learn

A hundred years from now, it will not matter what kind of car I drove or how large my bank account was, but the world may be a better place because I made a difference in the life of a child. A child can be happy if one feels love from parents, family, friends, care, understanding at home and school and has a chance to experience success.

My vision school is like a large family. Students treat each other as younger or elder brothers or sisters and all students are like a family.

My philosophy is that each child has its own unique potential as well as his own preferred style in reaching it. If there is a will for learning, then it goes on constantly, regardless of time or place. In order to lay grounds for this learning system, one has to adopt the very basic values: Respect, Responsibility and Art of Relationships. Of utmost importance is respect for the individual's dignity and self-worth. All individuals need to feel valued and encouraged. A teacher will have lasting positive effects on a child's life by building strengths in her/him to remedy the weaknesses and thus help each child feel to unique, important and valued. Only in this way one can help children „to be the best, they can be“ and develop their individual potential. Students will feel empowered to take responsibility for themselves, that is to take on an „I can do this“ attitude. So students can develop self-confidence, be free and feel encouraged to form relationships with others, which is so necessary in our society. Different awards can help so that students have to work for their priorities. This could be a good motivation for them. The bigger and harder competition, the greater the progress.

Smoking, alcohol and other unhealthy activities would be unacceptable and so there would be penalties for this behaviour. Every morning could be started with physical activities, there should be 3 physical education lessons a week. And, of course, healthy school food.

It is not possible to make a school good enough for everybody because students are so different and have a lot of opinions of health and happiness. But there are also many things that are good for most of the students – make them active learners, offering optional programmes and subjects, well-equipped labs, quick computers and other modern technologies, a variety of healthy out-of-class activities, opportunities to attend contests, competitions, concerts, chances to go on project trips and excursions in Latvia, the other Baltic States and Europe. All that prepares one for real life. Learning and teaching processes must be students` orientated.

There must be good order and democratically discussed rules at school. And penalties if somebody tries to break the rules- work for school, no priorities, no awards. That kind of a school could be happy for those who are ready and willing to study.

Think good, speak good, do good!

*Prepared by Ieva Kazāka, Agata Gajevika, Mikus Spalviņš
Jaunpiebalga Secondary School, Latvia*

How I imagine school in which every one of us is healthy and happy

Health is our life helps us to be a success and the most important treasure. School is a place in which students spend the biggest part of their day. It is very important that in a school we can feel healthy, happy, and it can be good for us to study. Health consists of physical, emotional, personal, social and spiritual feelings and school is an inherent part of it. It is important to know how to keep good mood and feelings at school. But how? First of all you must imagine everything.

A healthy school begins with us. We can make a good environment for learning. When we are healthy, it is easier to study. Everyone must give a little part of herself/himself in making a better school. Of course, many things depend on the adults and teachers. Without their help it would be very difficult to reach our aims, but we, the pupils are the basis of a healthy school. If we do not try to reach it, efforts from adults will be useless. So, how can we make our school community healthier and happier?

The most important thing in the school is our activity and our desire to change our life for the better. When we promote a healthy life we would attract fewer diseases, our feelings would be better too, and anger would disappear. Even scientists proved that when people feel good, it is less likely they will be angry with other people. Striving for healthy hygiene is very important too. You have to wash your hands before eating. Our school canteen menu should be made better. That would be a support from adults for us. We can't make the menu in the canteens on our own.

It is important to do lectures or lessons after school for students to inform them about what they need for a healthy life. Also, adults must encourage young people to do sport. When you are doing sports you feel better. It is known that talking with schoolchildren is very important too, because when you are talking about your feelings your spiritual health gets better and then your physical health will get better too.

While we are trying to reach a healthy and happy school the most important thing is collaboration and relationships with each other. Everything is possible; all we need is time and patience. Our aims aren't reached over one day and that also includes making a healthier school. In our school community students should do more activities and adults should write more projects for young people. All we need is a simple wish to change our life for the better.

This essay was written considering to the questionnaires which were filled by students from fourth and eleventh classes of Anyksciai Antanas Baranauskas secondary school.

*Prepared by Aksana Valeckaitė, Algirdas Norkūnas, Aivaras Namajuškus
Anykščiai Antanas Baranauskas secondary school, Lithuania*

Healthier school – better school

It would be great to have an atmosphere of friendship, understanding and sympathy at school. There should be a place where students could listen to music and relax during the breaks. There should be a secure place for keeping the bicycle in the school grounds. The school without bullying - the school with the future! Noise could be blamed for everything. Shower facilities in order to ensure hygiene and health. There should be toiletries one needs in every restroom. Students should breathe fresh air during the breaks which is essential for a healthy body and soul. Understanding but not judging is the most important thing. It is important to be active. One break should be spent outside. Comfortable desks help to be attentive. Lighter schoolbags - relief for backs. Extra curriculum activities could help to keep perspectives in one's life. Healthy food

will guarantee energy for the whole day. Dancing helps to keep fit. Modern teaching technologies help to gain more knowledge. Singing will guarantee a good mood for the whole day. This is our gymnasium thinking about: healthier school - better school.

*Prepared by Eglė Vyšniauskaitė
Skuodas Pranciškus Žadeikas gymnasium, Lithuania*

What we can do...

We can help younger students so that they listen to us more than teachers. We can say our ideas and help to make them true. We should start doing things practically not only in theory. If we demand healthy food and other healthy things from our school, then the teachers would have to listen to us. We can look for teachers or people who can give us lectures about important things. We should make school trips to places where we can also learn about health. Young people should ban smoking, or they should tell people not to smoke near them. It is hard to make a healthy school when teachers prefer unhealthy habits, so the only thing that we can't change is teachers habits. We can prefer real sporting in sport classes not just skipping them. We should teach other young people, who just don't know anything about a healthy lifestyle.

*Prepared by Ene Sepp and Kaisa Kuusemets
Rapla Vesiroosi gymnasium, Estonia*

Motivation letters from school

Schools that wanted to participate in the young people's workshop were asked to send a letter with their motivation to the conference secretariat. They were invited to answer the following questions:

Why our school should represent my country?
Why we should represent my school?

Here are the letters from the schools that participated

RAPLA VESIROOSI GYMNASIUM, ESTONIA

Why should our school represent my country?

Our school – Rapla Vesiroosi Gymnasium – was the first school from Estonia, to join the European network of the health promoting schools. Health promotion in the schools of Rapla county has been developed since 1998 and today half of the schools are health promoting schools. Rapla Vesiroosi Gymnasium is committed to develop a safe environment for students and activate youngsters to be physically active. We have good cooperation with parents and we have organised many different events together. Parents have helped to create a healthy park behind the school with hiking trails. Our

students have the possibility to take part in many different extracullicular activities. We also started first aid classes this year. Students from our schools have only healthy meals - they can buy healthy products from the school cafe. The psychological environment of our school has always been warm and good – we have all learned in the same building for 12 years and take care of each other. Together we have made our school what it is – health promoting, offering good education, a place where students want to go, to be in and to learn.

Why we should represent my school?

*Kaisa Kuusemets (18 years old female) and Ene Sepp (17 years old female).
Teacher Ms. Pilvi Pregel.*

Involvement of students in the health promoting activities and school leading has been always important in our school. We are involved in the organisation of the drugs prevention weeks in the country since 2004. Nowadays we organise trainings for students at 6th grade about safety and take part in the safety and health fair. We both organised a HIV week in the country, in beginning of March this year. Kaisa Kuusemets is trained in sexual health, Erne Sepp has been acknowledged as a young journalist. After the conference we would like to write an article in the local as well as a national newspaper about the conference. The international conference is a very good opportunity to share our experiences and to learn from others.

OULUN NORMAALIKOULU SCHOOL, FINLAND

Why our school should represent my country?

Our school is a teacher training school, which means that apart from teaching our pupils we also teach future teachers. Our city is geographically situated in the northern part of the country, which will enhance the role of the students in many respects.

Why we should represent my school?

*Emmi Ojala (14 year old female) and Tanja Vimpari (14 year old female).
Teacher Ms Virpi Sivonen-Sankala.*

A lot of preventive work has been done in our school. Each year the groups are interviewed with the help of a questionnaire. This helps to gather information on how things really are. Information is given on alcohol, smoking and drugs. The purpose is to raise awareness of the dangers of these harmful substances which seem all too common among young people.

JAUNPIEBALGA SECONDARY SCHOOL, LATVIA

Why should our school represent my country?

Our school has been a Health Promoting School (HPS) since 1993. We are one of the first 10 HPS in Latvia. We want to become Healthy school, because Healthy school = Good school. Our strengths are: healthy environment, good relationships, healthy activities during leisure time. Mental health is of great importance in our school. It is needed for happiness therefore we try to do our best to strengthen self-esteem, self-evaluation and

self- confidence of every person at school.

Why we should represent my school?

*Kristine Ozere (16 years old female) and Rūta Kazerovska (17 years old female).
Teacher Ms. Ulla Logina.*

We are in form 10 and all these years we study health education in HPS. We are active. We like our school; its environment-inner and outer and enjoy good relationships. We are the only class that has health education in the school curriculum. We like to help younger pupils to study health matters. We have a lot of out-of-class activities at school, every pupil has a chance to develop themselves and use their free time; to develop talents, skills, personality. We have experience of international projects and friendship in Europe for 10 years. We want to share our experiences.

GRAAF ENGELBRECHT, BREDAS, THE NETHERLANDS

Why should our school represent my country?

Our school has participated in the health programme since 2004. Not only food interests but also sport and social behaviour. We were the partners in the creation of the website: www.i-respect.nl and our school is leading in sport education. Sport as a way of achieving cooperation with and among the students.

Why we should represent my school?

*Michiel Bongaerts (17 years old male) and Lotte den Boogert (17 years old female).
Teacher Mr. Paul de Groot.*

We can make a contribution to work together with other schools to share ideas and programmes. With enthusiastic students we can illustrate this by showing powerpoint presentations. We have students which are willing to give a lecture about these subjects.

SECONDARY SCHOOL PEDRO NUNES AND SECONDARY SCHOOL FERREIRA DIAS, LISBON, PORTUGAL

Why should our school represent my country?

We have several years experience working as a health promotion school. Successful projects in nutrition education, sexual education and STD (sexually transmitted diseases) prevention.

Why we should represent my school?

*Pedro Francisco (17 years old male) and Ana Raquel Aguiar (15 years old female).
Mr. Rui Lima (technical adviser in the Ministry of Education).*

Our schools have good references in promoting health and we would like to share our projects with other countries and contribute for better schools through health.

Why should our school represent my country?

The secondary school I.E.S. TOKI ONA BHI is carrying out numerous educational projects in order to educate beyond merely academic knowledge. One of these projects is «REEPS». This school year we started integrating and coordinating all the fields directly related with health in our school community, where health means a good physical, mental, and social state of mind.

We are very interested in participating in this European conference for three reasons:

4. We would like to know what the rest of Europe is promoting health in schools.
5. We would present and share our project in the conference.
6. We would share with the rest of the Spanish schools the information gathered and in this way establish general working lines.

Why we should represent my school?

Blanca Satrustegui Aklzugaray (17 years old female) and Matixa Oteiza Goienetxe (16 years old female). Teacher Mr. Iñaki González Olaizola.

The students Blanca Satrústegi and Matixa Oteiza have formerly participated in courses of coexistence, mediation and conflict resolutions and they are student tutors.

The teacher Iñaki González has also participated in courses (mediation and conflict resolutions) and is a member of the teachers' group in charge of coexistence in our school. He is also directly in charge of the CLIL project in which he teaches Physical Education in English to different groups.

Why should our school represent my country?

Our Antanas Baranauskas secondary school in Anyksciai is an active participant of different events, programmes on health issues. Our school organises health festivals and events in which students are very interested. Students can improve their knowledge, acquire skills during different extracurricular activities on human health. We have established close relations with other health promoting schools. We organise exhibitions on actual health themes such as „genetically modified products“ for both the school community and wider community of the area. Every year more and more students from our school are engaged in the activities related to health.

Why we should represent my school?

Aksana Valeckaitė (18 years old female), Algirdas Norkūnas (18 years old male) and Aivaras Namajuskus (16 years old male). Teacher Mrs. Daiva Guobužienė and Nijolė Živatkauskienė.

We all are active members of our school community. We are not only active in the school, but represent our school at regional and national level. Aksana and Algirdas we both are members of the school club „Nature and health“, active participants of events on health, organised at regional level and national level. Me, Aksana is interested in the scientific work on health themes and successfully participate in the final national stage

of the European Union contest for young scientists. Aivaras is student's president of A. Baranauskas secondary school. Since my childhood I have sung and played the guitar. Also I am the author of the school's health hymn. I could present a Lithuanian song to the conference participants, to sing together and to strike up a friendship.

PANEVĖŽYS ŽIBARTONIAI BASIC SCHOOL, LITHUANIA

Why should our school represent my country?

For many years we aimed for health education to be integrated into the strategic school plan. We organise events for the whole school community; common lessons, discussions, health days, two day camps for students, their parents and teachers. The ecology programme is implemented as part of the strategic school plan and is related to health. A majority of our community members recognise that they are owners of their school. Our school is active in the dissemination the concept of the health promoting school and experience of the health promotion activities between the schools at regional level for eight years.

Why we should represent my school?

*Aurelija Simaitytė (15 years old female) and Ignė Urbanavičiūtė (14 years old female).
Teacher Mrs. Daiva Adamkevičienė (deputy director).*

We very much like go to the school and are studying well. We are active both inside and outside the school. We participate in different events and conferences where we present our work. Also we are coordinators of several projects. We are communicable students; therefore we easily find an alternative for the common activities. We think that we have something to say to other people.

VILNIUS FABIJONIŠKIAI SECONDARY SCHOOL, LITHUANIA

Why should our school represent my country?

Our school has been dealing with health promoting issues since 1993 and has gained experience in making the school a more attractive place for learning. Recently we started doing many different activities through working on a health promoting project. Also we would like to share our experience and ideas on the health promoting issues such as the well-being of students and school staff, healthy eating and physical activity, mental health and creating a good school climate.

Furthermore, we would like to say, that our school has been awarded by the Lithuanian Ministry of Education and Science for the active participation at the national event "Sveikatos laiptai" ("The staircases of health"). We expect a productive collaboration and would like to establish links with other schools from Europe.

Why we should represent my school?

*Viktorija Pratusevičiūtė and Monika Kalinauskaitė (16 years old females).
Teachers Mrs. Jolanta Navikienė and Mrs. Alė Steckienė (deputy director).*

Viktorija and Monika are willing to participate at the conference as being active and motivated in making the school a more attractive place. They are participating in the activities and projects dealing with health promotion in our school. They are working under the scientific research as the young scientists. Besides, both of them have an ability to work in a team and have experience of collaborating with students in England, as one of them, Viktoria had an opportunity to live in England for a short time and to learn to speak English. Recently, the girls were working on the CD about our healthy school's activities and now would be glad to present this. We look forward taking part at the conference and collaboration in the multicultural European society.

VILNIUS RADVILAI GYMNASIUM, LITHUANIA

Why should our school represent my country?

Our gymnasium is a member of the national network of the health promoting schools since 2004. Health education and promotion is the one of the priority areas in our school. In our gymnasium the project „Healthy environment – healthy human“ is implemented. Members of the school community are active participants of different events, conferences, projects, disseminate good practice to other schools communities. The gymnasium is open to new ideas. We always seek innovation in our work. The international conference is a good place for it.

Why we should represent my school?

*Agnė Balkevičiūtė and Paulina Simutytė (18 years old females).
Teacher Mrs. Genovaitė Kuzmickienė.*

We are working in the area of health promotion in our gymnasium. We are motivated about this. Agne is an active student, a member of the gymnasium students' board, participant and organiser of many activities and projects. She is able to make teams from students for meaningful actions, to lead discussions.

Paulina is laureate of different competitions, takes a lead on different health activities, including educative.

SKUODAS PRANCIŠKUS ŽADEIKAS GYMNASIUM, LITHUANIA

Why should our school represent my country?

Skuodas Pranciškus Žadeikas gymnasium implements a lot of different projects. Most of them are aimed at self development and self-expression. There are integrated days of nature, history, art, health and sports, which take place in amazing locations in Skuodas. Our gymnasium has close collaboration and implements general projects with students from Poland and Latvia. We play an active part in the activities organised outside the school in our city and region, as well as in events organised by the Lithuanian centre of young naturalists and initiate the activities by ourselves. We have trained young students, who are working with peers in our gymnasium and students from primary school on health issues.

Why we should represent my school?

Eglė Vyšniauskaitė (16 years old female), Kamilė Sirputytė (14 years old female), and Julius Zalonskas (17 years old male). Teacher Mrs. Irena Kondrotienė.

All students are active members of the gymnasium. They take part in the different projects, activities. Julius is former president of students in the gymnasium. He was leading the students camp „Survival“. Our gymnasium is located in the north part of Lithuania, 350 km from Vilnius. It is a great opportunity for us to present our work on health, our culture, to meet new friends, to grow in experience and continue our work.

ŠLIENAVA BASIC SCHOOL, KAUNAS DISTRICT, LITHUANIA

Why should our school represent my country?

The vision of our school is to be a safe, healthy and intellectual school. This is a result of the school community working as a health promoting school for more than 10 years and seeking to change the attitudes of the school community members towards health through education, teaching and learning, collaboration with social partners, local government, NGO's, health services and mass media. From our school came an idea to develop the regional network in Kaunas region district and now this local network involves all educational institutes, including kindergartens.

Why we should represent my school?

*Julius Burbulis and Kęstutis Žiūra (15 years old males).
Teacher Mrs. Daiva Adamkevičienė.*

We are good in learning and are active in school. We both haven't harmful habits. We know principles of healthy leaving and try to put these into everyday life. We know what we want to achieve.



TIBA LODEA, 7 years
 OLIV ZALUAR, 7 years
 ALEX PRINCEANU, 6 years
 TRIN BULEZNEKA, 5 years
 Teacher: Mrs. Mihaela Petreanu
 Location: St. Theresia Catholic
 Laboratory, Sibiu

The editors want to thank the pupils and teachers who contributed to this publication with their art work.

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Better schools through health: learning from practice

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