

SHE



Schools for Health in Europe

Effective networks
and partnerships
for health
promotion in
schools



Acting for better schools, leading to better lives

1 Introduction

This document is the third factsheet in a series ^{1,2} written for everyone who cares about health promotion in schools. It aims to share knowledge with practitioners on the underlying principles of effective partnerships and networking for health promotion in schools. It includes ideas, research and practical examples from health promoting school initiatives and from other settings. It is targeted particularly at teachers, co-ordinators of health promotion in schools and for those who enable this at regional and national level.

School health promotion is a broad concept which includes health education and is viewed as any activity undertaken to improve and/or protect the health and well-being of all school users. It includes provision and activities relating to: health promoting school policies, the school's physical and social environment, the curriculum, family and community links, and health services. In the SHE network a health promoting school is defined as '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. This is characterized as a whole school approach (or 'whole of school approach') and in different European countries other terms are used such as 'healthy schools', 'good and healthy schools', but they all have a similar intention.

What is SHE?

SHE is

- the Schools for Health in Europe network;
- an established network of national coordinators in 43 countries in the European region since 1992;
- focused on making school health promotion an integral part of the policy development in the European Education and Health sectors;
- providing the platform for European professionals with an interest in school health promotion;
- supported by three European organizations: WHO Regional Office for Europe, Council of Europe and the European Commission;
- contributing to making schools in Europe a better place for learning, health and living;
- using a positive concept of health and well-being and acknowledges the UN Convention of the Rights of the Child.



SHE core values

On the European level, the following core values are shared that underpin the health promoting school approach:

- **Equity.** Equal access for all to education and health
- **Sustainability.** Health, education and development are linked. Activities and programmes are implemented in a systematic way over a prolonged period
- **Inclusion.** Diversity is celebrated. Schools are communities of learning, where all feel trusted and respected
- **Empowerment.** All members of the school community are actively involved
- **Democracy.** Health promoting schools are based on democratic values

2 What are networks and partnerships in school health promotion and why are they important?

In school health promotion, it is essential for education practitioners to work in co-operation with other interested groups such as parents, community and business representatives, health educators, doctors, nurses, psychologists and a range of therapists. This may seem obvious, but the experience of health promotion in schools and other settings is that such co-operation can be elusive and may be difficult to sustain. Chapter 3 explores the structural and process issues which underpin the benefits and challenges of networking and partnerships.

We define a network as any collection of individuals or organisations who are connected. These connecting links vary in nature, for example they may be structural or they may be more about processes such as strategic working and joint goal-setting. Partnerships are often viewed as simpler than networks because they may have fewer actors co-operating but they are also complex. Partnerships can be formed between a number of individuals, agencies or organisations with a shared interest. They can be formalised with written agreements such as between education and health government ministries or between schools, children and parents. However they may also develop informally, for example between a school and a community agency, and this can

prove to be of practical value over time. In both cases partners aim to achieve goals that they could not do alone, by working together and sharing skills and resources. There is usually an overarching purpose for partners to work together and a range of specific objectives which need to be agreed. Partnerships may be formed to address specific issues, may be short or long term and partnerships may be part of wider, more complex networks.

It is self-evident that human beings have the capacity to co-operate socially for mutual benefit. Individuals and organisations have the potential to be more connected to others than ever before due to information technology. Within any network or partnership there may be organisations which may vary, for example in aspects of their partner type, services, funding, ownership and governance. The connectedness of a network involves two related issues. One is connectedness at the level of structure (who is linked to whom), and the other is connectedness at the level of behaviour. The fact that each individual's actions in a network may have potential consequences for everyone in the system, illustrates the complexity of a network.

SHE pillars

On the European level, the following pillars are shared that underpin the health promoting school approach:

- **Whole school approach to health.** Combine health education in the classroom with development of school policies, the school environment, life competencies and involving the whole school community
- **Participation.** A sense of ownership by student, staff and parent
- **School quality.** Health promoting schools create better teaching and learning processes and outcomes. Healthy pupils learn better, healthy staff work better
- **Evidence.** Development of new approaches and practices based on existing and emerging research
- **School and community.** Schools are seen as active agents for community development

3 Factors that promote and inhibit networks and partnerships

Below we have listed the main themes relevant to networking and partnerships:

- **p**olitical issues;
- **a**lliances and territorial culture;
- **r**espect for, and understanding of professional roles, concepts and language;
- **t**rust as a key component of networks and partnerships;
- **n**ature of schools and their roles;
- **e**valuation and monitoring;
- **r**esponsibility, accountability and rewards;
- **s**hared goals;
- **h**arnessing the potential of social media;
- **i**nhibition and fear of conflict;
- **p**ower and influence in networks.

Let us briefly explore each of these themes in turn to consider issues that may assist in reaching a better understanding of networking and partnerships.

Political issues

National governments and international agencies can be very supportive of partnership working and networking. Governments use expressions such as 'joined-up thinking' and 'participation', therefore within networks there are positive national contexts for this approach to promoting health in schools. However practitioners need to be sensitive to political issues and national priorities linked to them when prioritizing how and where to invest their time and energy in partnership working³. For example curriculum development and setting priorities at national and local authority level in schools can be highly political⁴. One political philosophy may wish to stress language or numeracy or vocational outcomes and see health issues as peripheral rather than central to learning. Another example is the pressure to emphasise one particular health topic such as obesity/healthy eating when in fact the health promoting school approach is linked to a holistic approach. However it is still possible to work from a single topic and take a health promoting school approach as seen for example in the Kosovo case study referred to in Chapter four. In addition, the deployment of health professionals such as school nurses or doctors may be subject to political and resource decisions at national and area level. Practitioners who are aware of such political dimensions will be more able to recognize appropriate opportunities and to prioritize their

partnership work to achieve outcomes where they can demonstrate success. Such success may in turn lead to a better profile and improved funding for future initiatives.

Alliances and territorial culture

Both within organisations, such as schools, and across sectors, a common barrier to effective working is what is termed in the business world a 'silo mind-set'. This is when certain departments or sectors do not wish to share information with others who should be working to the same goals. This phenomenon reduces efficiency and productivity and can have negative effects on culture and morale. Outside the commercial sector, it can also exist between sectors such as education and health, in a country, on the European level or even between agencies in a global organization such as the United Nations. Lencioni⁵ suggests that silos can devastate organizations. He believes that a unified leadership team will encourage trust, create empowerment, and break managers out of the "my department" mentality and into the "our organization" mentality.

There is a need to look at the whole system⁶ and in the context of an organization to identify other players who are working in the same or overlapping fields. It is also important to recognize the interconnections between parts of a system and where possible, to help to produce a unified vision across organizations. SHE has played a role in building these alliances with other national and international players. The SHE network started in 1992 as an initiative of three European organisations: WHO/Europe, the European Commission and the Council of Europe; all of these bodies lend co-operative support to SHE through its advisory board and assist in co-funding of the network activities. In addition SHE collaborates with other international agencies such as the European Centre for Disease Prevention and Control (ECDC), the American ASCD, the International School Health Network (ISHN) and at a national level with NGO's, universities and government education and health agencies. SHE is working within the collaborative context of Health 2020^{7,8}, which calls for a health-in-all-policies in Europe and advocates a whole-of-government and whole-of-society approach. Health 2020 uses governance as a "lens" through which to view all technical areas of health.

Respect for, and understanding of professional roles, concepts and language

WHO has been highlighting the importance of inter-sectoral collaboration since the start of the current health promotion movement in the 1980's^{9,10}. In 2014 WHO/Europe as part of their Health 2020 strategy has emphasized the synergy between the health and education sectors, that foster better education and lead to health outcomes¹¹. Yet many challenges remain because of the nature of professions which tend to create barriers to interaction. For example one professional group has a tendency to define other professions' roles more narrowly than reality. We need to take time to understand and respect all partners respective roles¹². A related issue to this is the professional concepts and associated language which have different nuances of meaning to different professional groups. Words such as curriculum, intervention, health promotion, health literacy are examples of key terms which do not necessarily have a shared meaning across education and health professions. These need to be shared and explored to remove misunderstanding and barriers to communicating and networking.

Trust as a key component of partnerships

Trust is a central pillar of effective teams and partnerships both in business and in collaborative public sector initiatives such as school health promotion¹³. This means that members must be confident that other partners have been open and clear about their intentions within the shared project and that there is mutual recognition of the strengths and weaknesses of partners. It also means that partners should be able to show their weakness or vulnerability in a task, without this being perceived as a threat to individuals or their organization. This does not only apply to the skills and experience partners bring to the table but also to the budget and political constraints on individuals and organizations. This trust between partners and the building of credibility takes time to build, but it can be accelerated with group training exercises which involve getting to know more of the personal qualities and weaknesses of partners and sharing those in a safe environment.

Nature of schools and their roles

In the early development of school health promotion three decades ago there was often an assumption by health professionals that schools were useful settings where health authorities could achieve health improvement, without there always being a good understanding of the

role, functions and viewpoint of managers and teachers in schools. It is now recognized that it is important to integrate health measures with the core business of schools¹⁴. It has been established for some time that at a population level good standards of education improve the health status of a population. According to a UN report, a cross-country comparison over time shows that increases in educational attainment precede improvements in health status¹⁵. This consistent pattern over time makes it probable that there is a causal relation between education and health status. This could be because education leads to better economic status. It could also be related to education producing better health literacy, that is the ability to find, process and interpret information relevant to their health.

There is growing evidence of the importance of physical activity and emotional health to learning¹⁶. This is also true of the nutritional status of children in relation to learning¹⁷. In addition, in developing countries the health of other family members affects educational enrolment, as healthy siblings and parents reduce the need for children to care for other family members at home¹⁸. The evidence for causative mechanisms within health and education's interaction is not complete, but Bloom concludes that the interactions between them can create 'virtuous development spirals' and he believes that national and international policies that take advantage of these interactions should be further developed and implemented. Health promoting schools and other related initiatives, such as eco-schools and sustainable schools, have the potential to make a significant contribution to such partnerships and networks.

It is important that health professionals working with schools, acknowledge that effective education in itself will have the potential to produce health benefits at an individual and population level and use this as a starting point for their partnership work. There is a need for the health sector to integrate their indicators of effectiveness and quality with the type of indicators already in place in some education systems¹⁹. This has happened in a limited number of cases to date in health promotion in schools, such as in Scotland where health promotion indicators of effectiveness were incorporated into the general school improvement indicators of effectiveness.

Evaluation and monitoring

There is a growing literature relating to the evaluation of health promotion in schools^{17,20}. SHE has outlined

the basic dimensions of evaluation in health promoting schools in the SHE online school manual²¹. Monitoring of progress and evaluation can provide essential information about the health promoting school plan including:

- progress of on-going activities;
- challenges of and successes in carrying out the plan;
- effectiveness of the health promoting school in relation to health aims and objectives;
- appropriateness of the health promoting school for the school community over time.

It is clear that planning, adapting and carrying out a health promoting school plan is an on-going process. It requires repeated monitoring, evaluation and revision, at least every 3-4 years.

The evaluation of partnership-working within and between health promoting schools and their partners is in some respects in its infancy. We know that whole school approaches give added value to initiatives based on learning and teaching in the classroom^{2,17}. However, much of the evaluation work in schools has been linked to specific programmes on single topics such as healthy eating or substance use. There is a need for evaluations of the complex interactions and inter-relationships within settings such as schools and the partners with whom they interact²². It will be important to augment the work done on specific topics to look also at the complexity of organizational changes²³. This in turn will give a firmer empirical base to support partnership working and intersectoral working.

Responsibility, accountability and rewards

In addition to the importance of appropriate evaluation methods, the value and attention given to the outcomes of the research on a team or partnership programme are highly significant. If partners care more about other issues than the success of the partnership or network then this will obviously undermine the programme. However for some members of a partnership or network, merely being part of a prestigious group is satisfying and the achievements of the goals of a group may not be high on an individual's priorities¹³. The SHE network has tried to reduce such risks by formalizing the commitment that network members make to the whole and by building trust and responsibility through training events, publications and the celebrating of success where appropriate.

At present recognition and rewards such as a career promotion may be more linked to success within a

profession, rather than due to recognition of inter-sectoral achievements, therefore it is essential that success in partnership initiatives is well recorded and recognized by professional hierarchies or this may undermine the status of partnership-working.

Shared goals

In networking there is a strong need to clarify what the network or partnership is trying to achieve and to encourage partners to play their part in clarifying these targets. This is a complex issue in a network such as SHE because most members are from government agencies or universities who have other responsibilities within their own organization and at a national level in addition to their international role. It is important to clarify any ambiguities in the role of partners. Any doubt on these matters could eventually undermine commitment and trust in any network. Another issue in international networking is the use of language. English is the language commonly used in European and international networks for communication, but it should be acknowledged that only a relatively small group are native English speakers. Therefore attention should be paid to make all network activities and communications accessible to the different languages and cultures.



Harnessing the potential of social media

If we view social media as any internet tools which can be used to share information, then these are not only important to an international network such as SHE but are also very important to the school-aged young people with whom SHE has an interest. There is general concern at an individual level about the misuse of data uploaded onto social-networking websites, however there are clearly many positive outcomes which can arise from effective use of these media^{24,25,26,27}. SHE uses media such as Facebook, LinkedIn and Twitter to inform, share and debate at an international level with young people, parents, schools, universities, local authorities, government agencies and other international agencies. These media are also excellent for keeping members of the SHE network up to date with issues, meetings and current research relevant to SHE's work without the need for frequent face to face meetings. There are large differences in Europe in the use of, and access to, social media. As a consequence, advice and training is required to support and encourage colleagues in the use of these media.

Inhibition and fear of conflict

Healthy partnerships face up to problems and openly discuss them rather than pretending they don't exist. If there is insufficient trust in a partnership then problems are buried and the fear of addressing them can allow problems to fester and grow and this in turn can fragment and destroy the partnership. For example in the work of SHE, there can be conflict in relation to potential funding sources for SHE's work. Members may have conflicting views on accepting funds from specific commercial sources for ethical reasons, or an international agency may wish to fund work on a specific topic such as obesity rather than a whole-school approach. In the SHE network such tensions and conflicts are openly discussed and the long term survival of partnerships depend on resolving such conflicts openly. The SHE ethical code which is accessible on the SHE website, provides a transparency statement that provides a helpful framework for decision making and conflict resolution.

Power and influence in networks

In health promotion in schools and other settings we need to develop methods which tap the potential of "joined up organisations" and these are more likely to be based on networks rather than traditional hierarchical structures²⁸. However networks are complex and in any given network, various factors can influence who has power and influence. For example the number of communication connections an individual has is important. However, influence in a network is not only related to how many connections an individual has developed. If a member is connected to many people who in turn have few connections this reduces influence. In addition there is the potential of 'gatekeepers' who control links with all parts of the network and can have great influence, positive or negative on the flow of information and ideas within the network. As well as the factors such as the above there are a range of issues such as past networking experience. For example people who are used to a single hierarchical profession may not necessarily be effective networkers at the outset.

Power and influence in a network is also linked to access to data and data sources. Access to data can have powerful effects on members of networks locally and globally. Large companies such as Google have demonstrated how powerful 'big data' can be in this electronic age. Even in small local networks access to data sources can influence who holds power in such relationships. Last but not least, are issues related to the budget in a network. Often individuals with limited budgets have learned to be good networkers because only by working with others can they access supportive funding. However it is essential that budgetary issues are discussed openly to resolve conflicts at the outset in a given programme as a lack of clarity on budgets can be disruptive in the course of a project and reduce the sustainability of the work. It takes time to build effective networks and in health promoting schools work, networking demands a high level of priority if it is to be successful and sustainable.

4 Case studies of sustainable networking and partnerships in school health promotion

Here some case studies of networking and partnerships within health promotion in schools are presented from Germany²⁹, Kosovo³⁰, Scotland^{3,31} and Lithuania which can enhance our practical understanding of this work.

Germany

The case study from Germany highlighted the importance of “overcoming conflicting intentions of alliance partners and to establish a structure that enabled synergistic effects”. Time was taken to establish a shared understanding of relevant problems in school health promotion. In addition, an economic analysis of the possible benefits to members of the partnership was undertaken to convince and motivate potential partners to work together. Issues of sustainability in relation to a high level of political support were explored.

Kosovo

The context of the partnership approach in Kosovo was the aftermath of the conflict in The Balkans which left Kosovo with severe problems in its infrastructure and degradation of parts of the environment. Environmental pollution caused by heavy metals, especially lead, was causing great concern in relation to vulnerable children in the urban area of Mitrovica/e. The partnership model that was developed to respond to this crisis involved the relevant ministries of health, education and the environment as well as the institute of public health, women’s associations and experts from the lead mining industry.

In addition, expertise on this issue was also available from partners in WHO/Europe, Macedonia, The United Kingdom, Poland and Slovenia. After extensive sharing of views, signed agreements were established with all the government agencies in Kosovo in relation to the programme of work which was undertaken utilising a health promoting schools model. The work not only involves a major educational programme on lead poisoning with children and mothers, but has a strong clinical component and an environmental change component in terms of the source of the problem and reducing children’s exposure to heavy metals. The Kosovo work has been sustained because of a realisation by all partners that there was a need for long-term capacity

building in terms of the educational and environmental aspects. It is also relevant that there has been a degree of continuity in the continuous involvement of key personnel in Kosovo who can assist in keeping the issue high on political agendas over a fifteen year period.

Scotland

In the Scotland case study, partnerships are seen as an essential component in the establishment of health promoting schools in the mainstream of education provision. Much of the original drive for this work in Scotland came from the health promotion sector and the partnership approach evolved over a period of twenty years. It became clear to health professionals that they needed to be sensitive to the language, concepts and structures in the education system³¹, rather than imposing their own assumptions or views on colleagues in education.

Another factor which was seen as vital to this development in Scotland was a clear political will from both the education and health sectors of the government to prioritise health promotion in schools and other settings. There was also a strategy to give clear guidance and targets at national level but to avoid a hierarchical approach by recognising local authority expertise and to allow some flexibility in local practice. Although this example is a partnership approach, ownership of this work is now viewed primarily as being with the partners in the education sector to enable a sustainable approach in the schools with health promotion being embedded in the day to day management and life of the schools.

Lithuania

The Lithuania case study is an example of collaborative partnership in the Baltic Sea Region. In this case, the Kaunas Regional Network of Health Promoting Schools in Lithuania led by the Kaunas Region Education Centre got involved in the BERAS project (Baltic Ecological Recycling Agriculture and Society). The project partnership involved 24 project partners from nine countries around the Baltic Sea including three the three EU Baltic states Estonia, Latvia and Lithuania; also Denmark, Germany, Finland, Poland and Sweden and 35 associated organisations as well as representatives from Russia and Norway.

The BERAS project combined research, innovation and entrepreneurship to develop and implement ecological alternatives for the whole food chain from farmer to consumer.

The Kaunas Region Education Centre participated in this project because education can make a change: raising awareness and teaching the society to make sustainable choices. Through education they hope to have a positive impact on the Baltic Sea environment. Another reason was the great emphasis on educating children, starting from very early age as well as schoolchildren, students and teachers, to give the students inspiration to take an active role in the development of the future. One of the project outputs was developing an educational package for children of all age groups to be used in the school curriculum and in the kitchen. The municipalities involved in the project worked on improving school meals.

Participation in the project has created ample opportunities to share examples of good practice, to give inspiration and motivation for sustainable development. Instead of creating fixed frameworks, it has proposed an education toolbox to work with taking into account the educational and cultural context of each country. Also, participation in the project led to the creation of strong partnership among participating countries and especially between the Kaunas Region Municipality (Lithuania) and the Södertelje municipality in Sweden. Comprehensive schools from both municipalities have established strong partnership relations and continue collaboration in other international projects.



For practitioners in school health promotion, there is a body of research and practical case studies to inform our approach to networking and partnership working. However our understanding of how complex systems such as schools and education systems change and develop is at a relatively early stage. We do know that partnership working and networking is essential to work effectively in these systems. Partnerships and networks can enable the exchange of knowledge and skills, they can assist in achieving and sustaining vital political support and they can achieve more efficient use of scarce resources. Our understanding of the



barriers and promoters to effective networking is still growing but has developed greatly since WHO raised the issue^{7,8} of the need for inter-sectoral working. This fact sheet offers an introduction to networking and partnership working that will provide a theoretical starting point and some practical examples for

practitioners to utilise in their practice. Networking can be rewarding and fun, but it is also complex and readers are encouraged to read and reflect on the additional material recommended in the references. Investing time in partnership working will benefit the quality of work outputs and personal work satisfaction, go ahead and build on the work you are already doing!

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Authors:
Ian Young,
Goof Buijs,
Aldona Jociute

Further information

For more information about the SHE network, or to download this factsheet, please visit our website, www.schools-for-health.eu or contact the SHE secretariat.

CBO
SHE secretariat
P.O. Box 20064
3502 LB Utrecht
The Netherlands

T: +31 (0)30 284 39 36
E: she@cbo.nl



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