

SHE EUROPEAN STANDARDS AND INDICATORS FOR HEALTH PROMOTING SCHOOLS



S · H · E

Schools for Health in Europe

FEEDBACK REPORT

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EUROPEAN STANDARDS AND INDICATORS FOR HEALTH PROMOTING SCHOOLS FEEDBACK REPORT

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INTRODUCTION AND RATIONALE FOR THE TASK

School settings are at the very heart of health promoting strategies (Stewart-Brown, 2006). They have a great potential to foster strategies and inter-sectoral collaborations (Lewallen et al., 2015) which promote pupils' health and wellbeing (I.U.H.P.E., 2009; Marmot, 2011). This will in turn promote academic achievement, progression, and a pathway towards a future healthy and fulfilling adult life (St Leger & Young, 2009). However, major difficulties have been experienced in field practices. Coherent actions and strategies are not always easy to coordinate, school professionals and community members do not necessarily have sufficient background training to engage in such complex and multi-level strategies, monitoring and evaluation of achievements is not always straightforward or even possible.

Against this backdrop, the SHE Network Foundation decided to provide schools with a hands-on pragmatic tool which could support the monitoring and evaluation of Health Promoting Schools achievements. The first phase of this endeavor was to write standards and indicators for Health Promoting Schools. In 2019, the task group created by the SHE Network Foundation developed the European Standards and Indicators for Health Promoting Schools (Bada et al., 2019). In 2020, according to the SHE workplan, a task group was designated to provide feedback on the European Standards and Indicators for Health Promoting Schools (HPS).

The European Standards and Indicators for Health Promoting Schools framework were designed as an adaptable monitoring tool with a view of developing, upscaling and sustaining existing and emerging HPS strategies and practices. Based on the feedback from pilot countries, the European Standards and Indicators for Health Promoting Schools will be revised and implemented in 2021.



GLOSSARY

SHE: School for Health in Europe Network Foundation S&I :
Standards and Indicators
HPS : Health Promoting School MD
: Doctor of medicine
CIPH : Croatian Institute of Public Health HE :
Health Education
WHO : World Health Organization



PROCESS DESCRIPTION

Ethical considerations

National coordinators contributed on a voluntary basis. The role of the task group was to facilitate the collection of relevant and important data, in order to revise the European Standards and Indicators for Health Promoting Schools in a pragmatic, translational, practice-informed way which aims to support future implementation at a later stage.

Specific aims of this task:

The aims set by the group were the following:

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

The data collection process was revised and adapted to the current COVID situation. Given the current COVID-19 pandemic, the data collection process was done interlay via only questionnaire and email exchange.

An online questionnaire was used to collect data from the National Coordinators who were involved in the task from the beginning. Feedback from stakeholders in each country was collected via e-mail, seminars or webinars, in-person meetings, small discussion groups, and also using comments made on the S&I document itself. Not all countries could provide feedback from a reference group.

The questionnaire was developed around 8 main sections:

1. General questions about the respondent
2. First impressions on the SHE standards and indicators: especially its readability, usability, and relevance in country contexts
3. Working with the reference group: which focused on National Coordinator's ideas on who should / could use the SHE Standards and indicators
4. The pre-requisites to use the SHE standards and indicators: with a view to identify how to best prepare the grounds for the use of the SHE standards and indicators in the different countries
5. The model: its clarity, usability, readability, usefulness, its relevance, the relevance of the organization of the standards and indicators, the coherence of the model, and who it is relevant for.
6. The Standards and indicators' formulation: in terms of clarity, usability, readability, usefulness, relevance, any changes needed, any additions needed, potential barriers and facilitators to use the standards and indicators, existing country standards and indicators, and feedback on the use of the indicatorscores.
7. User guidance: relevance, usability, readability, clarity, usefulness, and suggestions for improvement.
8. Additional suggestions: suggestions for improvement and missing information.



PARTICIPATING COUNTRIES

21 people were involved in giving feedback by questionnaire, 3 people provided additional feedback.

A selection of Research Group Members was also made, on the basis of their involvement in SHE activities and their knowledge of the Standards and Indicators produced by SHE. They were invited to contribute on the clarity, readability, usability, usefulness, relevance, adaptability, fit to different national contexts, added value, and expected enablers / barriers to the use of (1) the standards, (2) the indicators.

10 countries had initially expressed their interest in contributing to the pilot task with SHE. SHE National coordinators were contacted by the task leader SHE Secretariat accordingly. However, due to the COVID-19 situation, the task group experienced difficulties in keeping close contact with all the national coordinators who had initially signed up for the task.

Indeed, the pandemic has put major

constraints on working conditions, and it is quite understandable that any agreement made before the COVID-19 outbreak could be revised at a later stage. SHE National coordinators, who were initially invited to provide feedback from a group of stakeholders could not all get their colleagues involved. As this task was carried out, additional feedback from research group members and national coordinators was collected. Any opportunity to collect feedback was taken during the course of the task.

Against the difficult context, the task group however managed to collect some information from 8 countries: Northern Europe: Iceland and Denmark; Central Europe: Germany; Eastern Europe: Latvia, Hungary and Croatia; Southern Europe: Greece and Portugal.

REFERENCE GROUPS

| Country | Reference Group |
|----------|---|
| Croatia | <ul style="list-style-type: none"> National coordinator MD, resident of school and adolescent medicine, CIPH |
| Portugal | <ul style="list-style-type: none"> National coordinator Technical Advisor Technical Advisor Teacher |
| Greece | <ul style="list-style-type: none"> National coordinator Health visitor Public health researcher |
| Iceland | <ul style="list-style-type: none"> National coordinator <p>Directorate of Health:</p> <ul style="list-style-type: none"> program manager for Health promoting preschool national network specialist at the Department of Public Health specialist at the Department of Public Health program manager for Health promoting upper secondary school national network <p>Others who gave an opinion:</p> <ul style="list-style-type: none"> specialist in external evaluation at the Directorate of Education project manager at Reykjavík City Department of Education and Youth project manager at Reykjavík City Department of Education and Youth |
| Latvia | <ul style="list-style-type: none"> National coordinator The head of Health promotion unit of Latvian Centre for Disease Prevention and Control Health promotion coordinator of Latvian Centre for Disease Prevention and Control |

RESULTS

from the Feedback

Positive feedback was given on the work which participants characterized as “comprehensive and elaborate”, “holistic”, “clear and well organized, easy to follow and read” and “needed”.

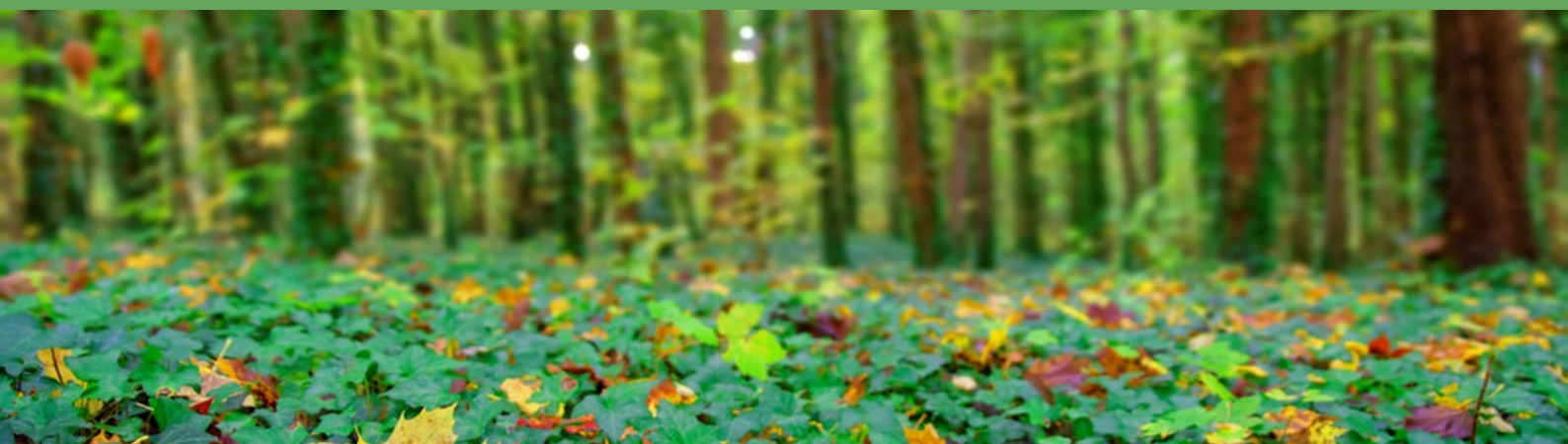
“It contributes for each country to find their own strategies and rules that adequate to their particular reality as well as their corresponding indicators”

First/general Impressions

According to one of the respondents, however helpful the document may be, “filling a gap” in HPS practices, it would be unrealistic to consider that schools could easily engage in a monitoring / evaluation of current practices due to “the lack of an evaluation policy framework”. The SHE standards and indicators could nevertheless support Ministries in choosing the right way to move forward in the process of implementing the HPS approach. Finally, a respondent pointed to the fact that the document “looks complicated and is difficult to read” and the language should be made easier to understand.

Most participants declared that they thought the document was easy to read, even though a few repetitions were highlighted.

However, some comments were on the language which is “heavy”, difficult to understand, and for the moment lacking easiness. Also, comments were made about the design, which requires some work, “otherwise, when the teacher or principal open the material, it’s hard to focus and maintain the attention on



Results from the Feedback

One respondent stated that the document doesn't match their need as they consider "the developments in the educational and youth welfare sector more important", arguing that "the standards" reflect only the developments from the past e.g. "Health Promoting School Approach".

Other respondents highlighted that "It presents a global view of rules and strategies, uniformizes criteria and helps schools", which will "strengthen our work with HPS". The need for systematic external evaluation of HPS implementation was emphasized.

The S&I were described "as a great tool and guidance on the European Standards and Indicators for Health Promoting schools", which "allows for further planning and identification of needs". Even in countries where the implementation of the HPS framework, the S&I could be helpful to engage in or "restart the process".

First/general Impressions

"It provides a framework for planning and evaluation that is much needed in my country. Although there are more basic needs that need to be addressed at a legislative national level, the document is a good tool to propose for future use. It has been already presented and received by both Ministries of health and education, although it hasn't been possible to implement it yet."

Each country will need to find their own strategies to formulate their own indicators depending on what stage they are at in terms of the development of the HPS approach. Most countries stated that evaluation of health promotion practices in schools was something new.

"It will strengthen our work with HPS, it will be a good addition to add to the work which has been processed. There is a need for systematic external evaluation for HPS in Iceland."



Results from the Feedback

Most participants declared that the S&I matches their needs. Most participants answered that the S&I did make sense in their country.

"we need such material, because it would be helpful for schools to get material – clear guidelines in this field".

The document was described as helpful as it provides guidance and support for quality improvement with regards to planning, implementing evaluating and monitoring of HPS.

"It allows for schools in different phases of health promotion to be guided according to the needs of their environment".

First/general Impressions

The S&I can be used from the start of the process, even though the policy framework "is still missing to make full sense at a local level". However, one participant pointed out that, as the S&I were not linked with the educational reform in their country, they were not sure whether they totally made sense in their country.

"To some extent it is new, in our HPS program we have checklists and an interactive website where they can register indicators for their internal evaluation. There have been some research project and we have external evaluation for schools (not with special focus on HPS). This S&I Tool will add to the focus on HPS and hopefully give some holistic view on HPS external evaluation."



FROM THE FEEDBACK

Participants gave some reasons to recommend this document:

- It could be used to reflect on countries' own approaches. School lack knowledge and awareness of concrete steps to make assessment and evaluation and benefits from these processes
- It is a useful tool which gives exceptional guidance for schools, and it is easy to follow and understand
- Schools need something concrete in the daily work with HPS, and the SHE standards and indicators could be that help.
- Very useful for HPS teams
- Because an excellent job was done to develop it!



Potential pre-requisites to the use of the SHE HPS S&I

Relevant suggestions were made as to how to start working with the HPS S&I in schools in the different countries:

- The Standards and Indicators should be introduced to the school heads and teacher associations Webinars or seminars should be organized for schools so they are informed about this tool, and know how to use it.
- The perfect conditions to start working with the HPS S&I in schools in our country is well-organized cooperation with the Ministry of Education and the Agency which helps from the aspect of the education sector. It would be perfect if every principal and school received the information and we could set up teams which could start helping schools.
- We have some national standards for HPS and the SHE standards should be incorporated into this work. As a pre requisite the schools should be already working in school promotion based of the SHE pillars and values, considering a whole school approach
- A policy framework that gives permit to do so, together with the creation of a team and training school participants.
- Reach the specialists / institutions (the Directorate of Education and Reykjavík city) who conduct external evaluation for schools. Get a consented/ approval from the Ministry of Education to improve the external evaluation for schools with the standards & indicators for HPS.
- All countries stated that they would have to translate the material into their own language.



RESULTS

from the Feedback

Participants identified the main issues to address before using the standards:

- The link with existing official guidelines: e.g. the recommendations on school health promotion and prevention of the German Ministers of Education in 2012.
- The translation of the material as many stakeholders do not necessarily speak English
- Potentially difficult co-operation from schools, as they already have a lot to do and cannot necessarily take on additional tasks. Help and guidance is needed to make the process as easy as possible, and show the benefits of the approach for schools.
- An official agreement with the Ministry to use the translated version of the standards and indicators, as one of the respondents highlighted that they had already asked for an official permission.
- Talking to relevant people working in the field of external evaluation has started with reviewing this document. Next step is to talk to the Ministry of Education. Translate the document. Bring everyone who should be involved together and call for further feedback etc.



TARGET USERS FOR THE S&I

HIGHLIGHTS



TARGET GROUP FOR THE S&I

School directors are the preferred target group for the use of the SHE HPS S&I as well as the teachers responsible for the health promotion /health education. School directors should fill the SHE HPS S&I indicator tool.

USING THE S&I

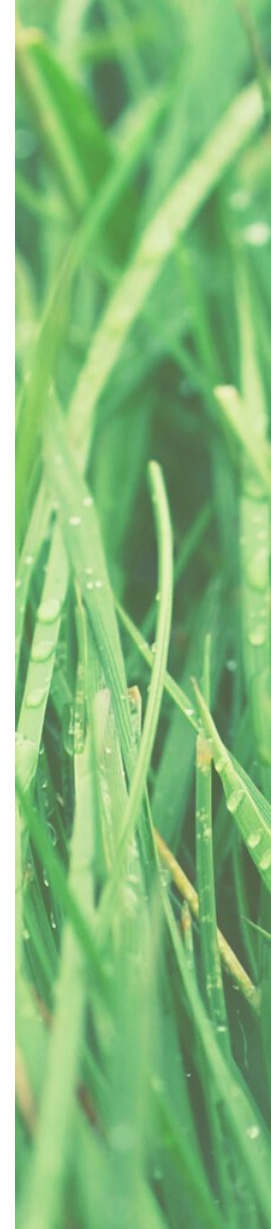
The reference group should use the SHE HPS S&I to initiate an HPS whole school approach in a school
Translation of the SHE S&I would be needed.

Participants stated that the target users of the S&I would be:

- School professionals
- Principals
- Teachers
- School health staff
- Other school staff
- Health professionals, health education professionals, health promotion professionals
- Regional Education Boards (that give methodological support to schools)
- Regions and municipalities who are responsible for HPS, municipalities who run pre- and compulsory schools
- Ministries of Education and Health, policy-makers, Health Education Officers
- Academics
- External evaluators, evaluation specialists
- Institutions



TARGET USERS



Participants thought that the S&I would be most useful for:

1. School directors
2. Teachers responsible for health promotion /health education
3. School nurses/doctors and a selected group of parents
4. A selected group of students and a selected group which includes all of the above

“Although we would like all other groups to participate, this is not the case yet in pragmatic terms in Greece”.

According to participants, the stakeholders who should fill in the indicator tool are:

1. School directors
2. Teachers responsible for health promotion / health education
3. School nurses/doctors and a selected group of all stakeholders
4. A selected group of students and a selected group of parents

Participants thought that the S&I Model would be most useful for:

- Ministries of health and education
- Regional Educational boards
- Institutions and Agencies, eg: The Latvian centre for Disease Prevention and Control
- School principals and coordinators
- Anyone making decisions about health in schools, anyone working with school health promotion, which could be the principal, teachers (eg health and physical education), technical staff, academics, health professionals, and Health Education officers.
- Specialists (researchers) and institutions who perform external evaluation.

Other stakeholders were mentioned: health education officers and school counselors.

One participant stated however, that only limited use could be made of this model in their country.



PURPOSE OF USING THE S&I

When asked for what purpose they thought the S&I should be used, participants answered:

1. to initiate a HPS whole school approach in a school
2. for policy-making and to monitor the progress of a HPS whole school approach in a school
3. to evaluate the achievements of a HPS whole school approach in a school

According to participants, the stakeholders who should fill in the indicator tool are:

1. School directors
2. Teachers responsible for health promotion / health education
3. School nurses/doctors and a selected group of all stakeholders
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One participant stated however, that only limited use could be made of this model in their country.



USABILITY, READABILITY, USEFULNESS AND RELEVANCE

Participants gave the following feedback on the S&I as a whole:

Overall, the document was described as well written, well explained, good indicators are included. The document is also described as very comprehensive and readable, and it follows a logic sequence.

The S&I are usable because they provide a concrete framework with concrete steps, everything is clearly defined.

It helps schools and teachers to define their own indicators, allowing them for an objective and proper evaluation.

"We consider this a very useful tool which can greatly help aid schools in their willingness to benefit their students and their health. The document is readable, clearly outlines standards and indicators, and further details them."

The S&I document may help to define indicators in the different areas, therefore it is a useful tool to develop HP school projects. The S&I are highly relevant as health promotion is the basis to feel safe and comfortable at school.

One participant suggested that all the schools should be informed about on this information – about the concept of HPS and about how to operate to gain good enough quality in this area.

Participants also stated that, all the information is very useful, especially the evaluation part, which is very important as schools should evaluate their progress more often.

"These are very relevant to Croatia because schools and principals and teachers needed guidance and resources which they can use and come from organizations which give them evidence-based practices which they can transfer into practice at their school."

"Translation was not easy but it reads well in both English and Greek."



USABILITY, READABILITY, USEFULNESS AND RELEVANCE

OF THE S&I AS A WHOLE

One participant stated that the S&I are coherent with what has been developed in their country. The S&I could increase cooperation with institutes at national and municipality levels.

“With this tool in our toolbox we would have the frame around HPS more holistic.”

They described the S&I as relevant in their country context “because we are running national networks for Health promoting pre-, compulsory and upper secondary schools. Also it leads to our next step in this process and supports our previous work.”

The SHE S&I can be used:

- To improve projects and HP interventions in schools.
- To contribute to improve collaborative processes between the education and health sectors.
- To support schools with evaluation and encourage them to engage in evaluation.
- To train teachers, health professionals, in advocacy planning ahead for HPS.
- To advocate and push for policy change.

“We have already translated it and used it as a proposal for quality criteria to experts from the Ministry of Education, Ministry of Health, Universities, and public health prevention organizations. At this level, it was usable in the sense that it can form the basis for developing a national evaluation tool and for improving schools and HPS. However, at the school level, it is not usable yet”.

However, one participant stressed that the S&I did not reflect their country context, as they did not mirror the quality development of the educational reform movement. Indeed, the standards do not reflect the development of school health promotion in the last 10-15 years in Germany.

“This document will build on systematic work with HPS in Iceland (checklists in schools, interactive website and other tools) which are already being done in schools. This document could add to development for external evaluation for HPS in Iceland that is not done in a systematic way yet.”

USABILITY, READABILITY, USEFULNESS AND RELEVANCE

OF THE LOGIC MODEL

In terms of the model's usability, participants provided the following feedback:

- The model does not fit well with our concept of good healthy school. We use another model, which makes this approach only somewhat relevant.
- If the school follows the Logic Model, it will gain results. Standard components are clear, so the school knows what to do to fulfill concrete standards.
- The model is usable but maybe giving examples of how it is used in different practice scenarios could be helpful.
- There will always be a need to adapt the model to the school and its context.

The model was described as well written, coherent, clear and precise. It gives guidance for schools to follow so that activities can be planned based on what the schools identify as lacking in their environment. It is a useful tool to help plan and highlight various core areas and to think about what the standards entail. Many ideas and concepts can be addressed through the Logic Model. It is a great tool to work thought what is needed, to monitor interventions in schools, define strategies for interventions. Schools, ministries, policy makers, HP professionals do not necessarily use Logic Models, whole school approach, or project management cycles. However, it is relevant for training, for advocacy. It offers them a useful and structured way to improve existing practices.

One participant put forward the fact that a whole school approach was not possible at present in their country.



All participating countries stated that the logic model makes sense and is useful.

Most participants stated that the model is usable or perfectly usable.

None of the participating countries stated that it was difficult/very difficult to read.

None of the participating countries stated that it was not relevant.

CHANGES TO THE MODEL



Most countries stated that there is no need to change the categories of the model

All countries stated that there is no need to change to the organization/coherence of the model

“This model is in line with the material in the document (S&I). Our model is similar but not exactly the same. We are not going to change our material but we could consider to adapt to connect with the model in the document (S&I).”



BARRIERS

AND FACILITATORS TO USE THE MODEL

Main barriers

- Extra work for school staff and other people in the educational system
- The difficult language and lack of visual design.
- Health promotion not being very high on schools' agenda at the moment.
- Time constrain
- Discontinuity of some projects and /or constant project reformulation in some schools
- Limited resources.
- If changes are needed it could be complicated (everyone has a lot to do, everyone with their model and to get everyone together).

Main facilitators

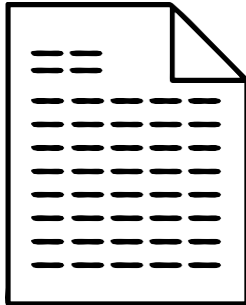
- Partnerships between the health and education sectors
- The increasing awareness of all stakeholders for health to be included in all policies



A suggestion to explain the model via a webinar, or seminar was made, as it would be easier to use and more understandable. One participant suggested to use videos to explain the model.

SHE HPS S&I FORMULATION

Highlights



All countries stated that the formulation SHE - HPS S&I makes sense
None of the participating countries stated that the S&I were not usable in their country
Only 1 country stated that the S&I were difficult to read
None of the participating countries stated that the S&I were not useful
All participating countries stated that it was somewhat relevant/ relevant or very relevant

CHANGES TO THE FORMULATION OF THE S&I

Most countries stated that there is no need to change the formulation of the SHE - HPS S&I
Most countries stated that there is no need to add more S or I
All countries considered the SHE HPS Indicators to be relevant in their own work

All countries considered the SHE HPS S&I Tool to be measurable, factual, valid, verifiable, and sensitive. However, one participant highlighted that in order to verify this, each of the indicator stages / points would have to be assessed and tested with schools.

All countries consider the scores in the Indicators useful.

Most countries state that health promotion in schools is something new in their country.

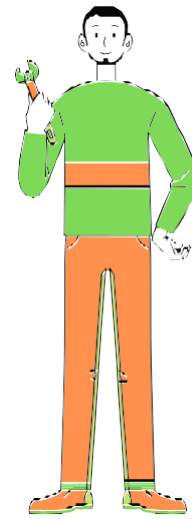
Most countries consider the SHE – HPS S&I relevant and helpful for their current HPS projects.

Most countries state that the data/information needed to fill the scores in each indicator is not easily available and accessible in their country.

Most countries state that the statistical measures (percentages) are not used in their country to evaluate the achievements of HPS.



USABILITY OF EACH STANDARD AND INDICATOR



In terms of usability, participants stated that the S&I is a well-written and very clear instrument to use, very usable for training, advocacy, but not usable for teachers at present given real-life conditions. The S&I could perhaps be used by school directors. Also, the S&I are helpful to assess the situation. Such a tool was said to be missing. "It is a useful document to work with the HPS teachers. However, whether people use the tool will depend on the policy and the philosophy of each school and each professional", as one participant pointed out.

In countries where there are no HPS schools as such, the S&I could be relevant for health professionals who implement health education in schools, as well as school directors.

The S&I can be relevant for participants:

- In their teaching
- When working with schools
- During assessment processes

Indicator scores

The principle is good and useful. Indicators can be measured which is helpful. The scores make this measure more concrete. However, participants emphasized that the data / information needed to fill out the scores for indicators were not easily available or accessible in their country, for example in countries which have a complex state system, or when there are no evaluators to do the job. Schools will have to decide themselves how they plan to collect data to assess the scores for each indicator. Participants stated that statistical measures were not usually used to evaluate HPS achievements in their country.



BARRIERS AND FACILITATORS

TO USE EACH STANDARD AND INDICATOR



Barriers mentioned

- The S&I are not in line with current approaches of school health promotion.
- The design is “boring”.
- The cooperation needed to use the standards and indicators could be an issue.
- Limited resources.
- Limited time.
- Lack of legislation.
- Extra work.

Facilitators mentioned

- The S&I would be useful to identify downfalls and issues in practices and mitigate them.



OVERALL

Participants stated that good practice standards are relevant and needed. It is helpful to use frameworks which support planning and taking action. The S&I offer a good framework to work and upscale practices. Evaluation tools do exist, but one participant pointed out that a lot of work is needed to develop it. Also, the fact that most people do not know about the standards and haven't been trained was mentioned.



The S&I would be most useful:


1. in the planning phase
2. in the strategic phase
3. during planning
4. in the beginning
5. during the implementation of activities

"It could/ will be very useful as a tool/ form for systematic external evaluation. However, it is possible that not everything in the document (S&I) will be used for the development of the external evaluation form/ tool even though the plan is to translate the whole document. This has been discussed but a decision has not been made. Further talk with the Ministry of Education and the Directorate of Education is needed."



GUIDANCE TO USE THE STANDARDS

HIGHLIGHTS



All countries considered that the user guide makes sense
All participating countries stated that it was somewhat usable/usable/very usable.
None of the participating countries stated that it was difficult/very difficult to read.
All participating countries stated that it was somewhat useful/useful/very usable.
All participating countries stated that it was somewhat relevant/relevant/very relevant.

Most countries stated that there is a need for more information on how to use the S&I

Participants mentioned that the guidance made sense, however there was no specific chapter relating to user guidance. Nonetheless, guidance on how to use the material is present in the S&I document. This guidance could be made more appealing in terms of its design.



THE WHOLE SCHOOL APPROACH

IS USED IN HUNGARY

Items which could be used for the standards:

"Holistic health promotion means a holistic, whole school approach where health promotion has to be part of the everyday life of the school.

There are four main health promoting tasks for schools to do in their daily work - with the participation of the whole school, of parents and the public environment:

I.) Healthy eating;

II.) Daily physical education fulfilling health; promotion criteria and other forms of physical activity;

III.) Appropriate pedagogic methods (including also the use of arts) to enhance mental health;

IV.) Improving health literacy and health competencies of the children."

Full text on SHE website and

<http://egeszseg.hu/holistic-health-promotion-in-hungarian-schools.html>"



COUNTRY EXAMPLE OF HOW THE

STANDARDS COULD BE USED



ICELAND

"In Iceland, we have developed and built a system for HPS to follow to work systematically with health promotion. This system includes an interactive website with checklists, action plans based on checklists, metrics and various information from the schools that is good to keep track of.

In addition, schools receive detailed guidelines or manual on implementing health-promoting school as whole school approach.

All the material is based on the material from SHE such as the Manual, Rapid Assessment Tool, School Action Planner etc.

The tools that we have developed for Iceland overlap some of the things in the SHE Standards and Indicators.

At the interactive website schools have the opportunity to keep track on their internal evaluation but we need a tool to conduct the external evaluation.

In order to use the document as a basis for external evaluation, we would need to have a formal discussion/consultation with the education authorities (the Ministry and the Directorate of Education) and examine whether it would be possible to implement an emphasis on health- promoting schools in the external evaluation that already exists. If that conversation goes well, then it can be expected that certain factors will be selected from the SHE S&I for the existing external evaluation."

"However, it will take some time to reach this conclusion (probably months). In the feedback we did include some of the staff conducting the external evaluation in our review group to see if it would be a viable option to add S&I HPS items to the national external evaluation. They considered it a viable option so the next step would be to have this formal conversation with the education authorities.)"

"To some extent it is new, in our HPS program we have checklists and an interactive website where they can registered indicators for their internal evaluation. There have been some research project and we have external evaluation for schools (not with special focus on HPS). This S&I Tool will add to the focus on HPS and hopefully give some holistic view on HPS external evaluation."



SUGGESTIONS FOR IMPROVEMENT



GENERAL COMMENTS

Language

- Language should be easier to understand.
- For teachers the document should read easier – in a more simple and objective language.
- The document may be simplified and more pragmatic so that teachers and health professionals can better use it and understand it.
- The document should be shortened to make it quicker to read, synthesize it and formulate it so that it is straight to the point.

Design

- The graphic design needs to be improved with visual materials and infographics to make it easier to read and more visually appealing and attractive.
- Diagrams should be used, especially in parts where there is a lots of text.
- School principals, teachers and other staff will lose interest to read the document because it looks technical at the moment (“it looks like legislative act”)
- The text should be structured in blocks, schemas, tables.
- The text should be written simply in black (grey /or blue?/ letters are difficult to read).

There is one broken link in the document: <https://www.gov.scot/policies/girfec/well-being-indicators-shanarri/>?

fbclid=IwAR0ISF2RSrxKLBzEyVcotgJ7b5fUNGFvmzRgPRKPG0WQObmzVylkWzWtJIM

"It's worth to use more principles of infographics in material with pictures, that makes the material more visually appealing, dynamic and interesting that could promote willingness to go into depth and read it. Otherwise, good content can stay unread because of the `boring` form."



SUGGESTIONS FOR IMPROVEMENT



MODEL

- The S&I should be linked with existing frameworks of quality development in the fields of educational administration and government.
- The benefits of using the standards should be emphasized more.
- Examples from field experiences should be included – e.g. examples of real life experiences. It would be helpful to us to see practical parts of HPS better.
- Provide a selection of indicators that can be applied in real life practice.
- Introduce key points and highlights with links that schools can follow if they are interested.
- Include more basic and specific HE quality criteria for health and educational institutions to support the design and development of an HE programme. This would help countries which are not yet at ready to carry out an evaluation of the HPS approach.
- Further suggestions were made to change the whole model to another approach which would fit the educational and youth welfare point of view.

References

One participant stated that the model relied only on English publications, which they thought was a problem as far as the educational system and schools are in focus. They suggested to recognized publications from other countries who are members of SHE. Another comment was that some of the references are a little bit old but probably very valuable and newer references could be added. Environmental issues could be more combined into the work. A reference should be made to the WHO publications on HPS indicators. The whole- school approach and the setting approach need a proper referencing, not to the SHE website. One participant pointed out that these are research-based concepts, and there is plenty of good literature.



KEY REFERENCES TO ADD



WHO-EC-CE (1993). The European Network of Health Promoting Schools. Copenhagen: WHO Regional Office for Europe.

World

Health Organisation (1991). Background, Development and Strategy Outline of the Health Promoting Schools Project. Copenhagen: WHO Regional Office for Europe.

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Young, I. and Williams, T. (1989). The Healthy School. Edinburgh: Scottish Health Education Group.

Dooris, M. (2004). Joining up settings for health: A valuable investment for strategic partnerships? *Critical Public Health*, 14(1), 49-61.

IUHPE. (2017). Thematic resources on school health. Retrieved October 9, 2017, from <http://www.iuhpe.org/index.php/en/iuhpe-thematic-resources/298-on-school-health>



SUGGESTIONS FOR IMPROVEMENT



GUIDANCE

The guidance to use the S&I needs to be accessible to the target audience.

More examples are needed, this would help readers grasp the ideas conveyed in the material.

School professionals should be trained to use this material, discussion forums could also be used.

More detailed guidelines are not always needed, however they should be written in more detail for countries which need them.

Also, it would be very useful and relevant to write specific guidelines which are suitable and tailored for each country context.



SUGGESTIONS FOR IMPROVEMENT



STANDARD FORMULATION

Formulate standards and indicators in more pragmatic terms.

Avoid repetitions (especially in the indicators section).

Some formulations seem theoretical and vague.

It could be useful to differentiate between physical and social environments and split them into two different standards. Perhaps "training" could be a category of its own.

There should be examples of good practices for teachers when "good practices" are referred to in the indicators section.

No suggestions were made to add standards or indicators, but one participant argued for another approach.

"The scores are a little bit different from what we use in Iceland. Numbers are used to grade performing the external evaluation, but 4 colors are used to present the evaluation. The HPS check lists have a 5- point scale. The S&I scores could be adapted to colors to meet the existing external evaluation form being used."



SUGGESTIONS FOR IMPROVEMENT



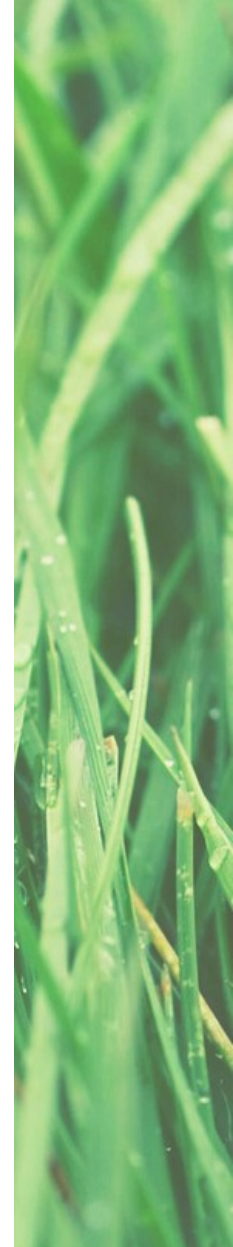
SUGGESTIONS FOR SPECIFIC STANDARDS

- Standards 1 and 2 could be arranged differently.
- Standard 3: an explanation of what school ethos means is needed.
 - Indicators 3.4 and 3.5 are similar and seem to be repeats with the indicators for well-being.
Indicators could be added in section 3.4.: a Holistic Health Promotion (HHP) task: Appropriate pedagogic methods to enhance mental health, and section 3.5: HHP physical activity (not daily PE)
- Standard 4: When a school is doing whole-school-approach of health promotion, or with other words holistic health promotion (eg in Hungary), teachers have to do some practical health promotion tasks in their everyday life, and these should be seen in the standards and indicators better and more clearly. This could be added to standard 4 and would have to be reflected in the indicators as well.
- Standards 5 and 7 are interlinked and should be checked again. Ø Indicator 5.1 is a repeat from 5.3. There is are repetitions in the signs /evidences, eg 5.4 is similar to 5.5.
- Standard 8 is vague and difficult to measure.
 - Section 8.2. appropriate pedagogic methods to enhance mental health could be added.
 - Indicators/evidence/signsinsection8.3mentionsscales,butthere shouldbealink forthisspecificscale. Itwasn'tsurewhatwasreferredto as "scales" and it didn't seem to be relevant for Greek schools for example.





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SHE EUROPEAN STANDARDS AND INDICATORS FOR HEALTH PROMOTING SCHOOLS

FEEDBACK REPORT