

Schools for Health in Ireland

FRAMEWORK

for Developing a Health Promoting School

Primary



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Foreword

Ireland has been involved in the European Network of Health Promoting Schools (ENHPS) since the 1990s, and more recently with its replacement, the Schools for Health in Europe (SHE) Network. Over the years, many of the former health board regions developed their own Health Promoting School (HPS) process and networks, based on the ENHPS model. The contribution of Health Promotion personnel and Department of Education and Skills (DES) personnel supporting the introduction and implementation of Social, Personal and Health Education (SPHE) is particularly acknowledged in this regard. The development and support for these initiatives created strong links and contacts with schools and between key stakeholders in the Department of Health and Children (DoHC) and the DES. Recognising this work and the need for a consistent approach to HPS, an inter-departmental group from the Department of Health and Children and the Department of Education and Skills was set up to lead the development of a National Framework for Health Promoting Schools.

This framework is the direct result of the partnership between the DoHC and the DES. Both departments recognise that a core function of schools is to maximise learning outcomes. At the same time, schools can make a substantial contribution to pupil health and well-being. The framework outlines a co-ordinated approach to HPS and provides opportunities to create a strong evidence base for health promoting schools in Ireland.

Section 1:

Introduction

‘a health promoting school can be characterised as a school which is constantly strengthening its capacity as a healthy place in which to live, learn and work.’

(WHO, 1997)

This framework has been developed by an inter-departmental group to support and guide those interested and involved in what can be done to promote health in primary schools. It provides a brief outline of the ideas behind the Health Promoting School (HPS). In addition, it explains how and why the promotion of health and well-being in schools is important. Health promotion in schools can be defined as *any activity undertaken to improve and/or protect the health of all school users*. It is, therefore, a broader concept than health education. It includes activities relating to: healthy school policies, curriculum and learning, partnerships and the physical and social environment of the school.

Schools have long been viewed as important settings for the socialisation of children, thereby influencing their health and social development. Educational outcomes are a recognised determinant of both child and adult health, consequently schools have both an immediate and longer-term influence on children’s well-being. In recognition of this role, the concept of the HPS was first proposed.

With the help of the World Health Organization, the European Commission and the Council of Europe, the European Network of Health Promoting Schools (ENHPS)¹ was established in 1991. The ENHPS introduced new ideas and approaches to school health promotion and provided a framework for building these into school health in a systematic and coherent way. Ireland joined the ENHPS in 1992, and forty schools were involved in the initial piloting and rolling out of HPS in Ireland. Since that time, HPS models have developed and evolved in Ireland, and today many schools participate in the HPS to varying degrees around the country.

This national framework document sets out the context within which Health Promoting Schools are placed and describes the criteria required to become a HPS. It specifically looks at criteria in the context of four key Elements of a HPS. These are:

- Environment
- Curriculum and Learning
- Policy and Planning
- Partnerships

¹ In 2009, the ENHPS became the Schools for Health in Europe (SHE) Network. The SHE Network aims to support organisations and professionals to further develop and sustain school health promotion in each country by providing the European platform for work in this area. SHE encourages each member country to develop and implement a national policy on HPS, building on the particular context of each country and its experiences in Europe (International Union for Health Promotion and Education, 2008). This National Framework for HPS in Ireland can therefore be viewed as a positive step in the right direction.

At the school level, this framework advocates a whole school approach to the implementation of the HPS. A whole school approach implies:

- Systematic processes for planning and reviewing policies
- An inclusive and involved school community
- A teamwork approach to the HPS process

The sustainability of a HPS requires positive relationships, good communication and support from all key stakeholders. By working together these stakeholders can provide leadership and create opportunities for schools to engage and learn from one another.

This Framework document was developed through a partnership between the Department of Health and Children and the Department of Education and Skills. This partnership process emphasises the importance of participation by key stakeholders² at the various stages of HPS development.

Principles of a Health Promoting School

The principles of a health promoting school are similar to the principles of health promotion as outlined in the Ottawa Charter (1996). The components of a HPS reflect these principles and include:

- Promoting the health and well-being of pupils
- Enhancing the learning outcomes of pupils
- Upholding social justice and equity
- Providing a safe and supportive environment
- Involving pupil participation and empowerment
- Linking health and education issues and systems
- Addressing the health and well-being issues of school staff
- Collaborating with parents/guardians and the wider community
- Integrating health into the schools' ongoing activities, curriculum and assessment standards
- Setting realistic goals built on accurate data and sound evidence
- Seeking continuous improvement through ongoing monitoring and evaluation

² Key stakeholders include: HSE personnel working with schools, Education Centre personnel, DES Inspectorate and those involved in former School Development Planning and other relevant agencies

Benefits of a Health Promoting School

According to the ENHPS (2002), the most successful outcomes for Health Promoting Schools arise from programmes developed through collaboration between health and education sectors. In particular, the Egmond Agenda (2002) describes the importance of partnerships within and between stakeholders involved in the development of HPS. This includes ministries (Ministry of Health and Ministry of Education), their institutions, pupils, parents/guardians, teachers, NGOs and other parties/agencies in local communities.

Ongoing evaluations of the European Network of Health Promoting Schools have identified the following benefits³:

- Better learning results for pupils
- More done to promote staff health
- A co-ordinated approach to social, physical and environmental needs
- Increased pupil self-esteem
- Lowered incidence of bullying
- School environment is safer and more secure
- Better understanding of schools' health aims
- Improved relationships within the school
- More involvement of parents/guardians
- Better use of outside agencies
- Pupils receive better quality education

Reducing Inequalities

Addressing health inequalities is an important priority for the DoHC and the DES. Both departments have set high level goals to ensure children reach their full potential. In particular, the DoHC has set out a comprehensive and wide-ranging programme of action aimed at tackling the challenges faced by the socially excluded (National Action Plan for Social Inclusion, 2007-2016). Similarly, the DES social inclusion strategies target pupils at risk of not achieving their full potential. The long-standing commitment of the DES to Delivering Equality of Opportunity in Schools (DEIS) emphasises the need for a more integrated and joined up response to the issue of inclusion. DES strategies in this area focus on establishing partnerships and collaboration between parents/guardians and teachers in the interests of children's learning.

The HPS can make a significant contribution to reducing inequalities. The principles underpinning the HPS and the process used in its implementation strengthen the development of partnerships and encourage home, school and community links. Similarly, the determinants of health and health inequalities cannot be influenced by the health sector in isolation; therefore an inter-sectoral or partnership approach is essential. The HPS provides an ideal mechanism for achieving this collaborative action.

³ The evidence for these benefits is provided in Appendix 1

Section 2:

Health Promotion in the Context of Education

'Health is directly linked to educational achievement, quality of life and economic productivity'
(WHO, 1995)

With regard to promoting health in schools it should be noted that the inter-dependence of the Education and Health sectors is significant⁴. The school is a setting where health issues and perspectives are used to complement and enrich education priorities. The Education Act states that schools should *'promote the moral, spiritual, social and personal development of pupils and provide health education for them, in consultation with their parents, having regard to the characteristic spirit of the school'* (Education Act, 1998, Section 9(d)). In addition the Inspectorate publication *School Self-Evaluation: Guidelines for Primary Schools* (2012) provides practical support to primary schools in examining evidence, identifying needs, agreeing on where improvement is needed, setting targets and evaluating and reporting on outcomes.

Both the Education Act (1998) and the *School Self Evaluation: Guidelines for Primary Schools* (2012), fits very well with the concept of the Health Promoting School (HPS) which was introduced and developed by the World Health Organization (WHO). The HPS has been defined as *'a school which is constantly strengthening its capacity as a healthy place in which to live, learn and work'* (WHO, 1997).

The context for the HPS within the Irish educational system is considered in terms of policy and strategy, the curriculum, planning and evaluation.

⁴ The literature clearly documents that healthy pupils learn better and that better educational outcomes lead to healthier lives (Caccamo, 2000; Konu et al., 2002; Samdal, 1998; HM Treasury Department of Health, 2002). This is strengthened by the research which shows the similarities between the effective school as a centre of learning and the health promoting schools' own evidence of effectiveness (Denman et al, 2002; International Planning Committee WHO, Europe, 2006; IUHPE, 1999).

Policy and Strategy

Schools operate in a complex legal environment and are required to have a number of important policies in place. The need for these policies originates in one or more of the following pieces of legislation:

- Education Act (1998)
- Education (Welfare) Act (2000)
- Employment Equality Act (1998)
- Safety, Health and Welfare at Work Act (1998)
- Equal Status Act (2000 – 2004)
- Education for Persons with Special Needs Act (2004)
- Data Protection Act (1988) and Amendment Act (2003)
- Protection for Persons Reporting Child Abuse Act (1998).

Strategies and policies aimed at promoting healthy schools must comply with the provisions of existing laws as well as a range of constitutional provisions and international conventions, including, for example, the Constitution of Ireland (1937), the European Convention on Human Rights (2003), the UN Convention on the Rights of the Child (1989), Children First – National Guidelines for the Protection and Welfare of Children (2009, 2011), the National Children’s Strategy ‘Our Children Their Lives’ (2000).

Furthermore, promoting health in schools will be influenced by various DES circulars, the experience of individual schools, health promotion strategies and related policies, including, for example, the National Men’s Health Policy, the National Alcohol Policy, and developments within the Health Service Executive (HSE) generally.

Health promotion is central to many of the DoHC policies. It is also reflected in the mission statement of the HSE which states that: *“We will promote health and empower people to maintain their own health”* (2005).

The Health Promotion Strategic Framework (2011) identifies education as one of the key settings for health promotion. It advocates the implementation of a nationally agreed framework for HPS at both primary and post-primary levels.

Curriculum

The 1971 curriculum did not identify SPHE as a discrete subject, but rather placed Health Education as part of the Physical Education curriculum. The Report of the Review Body on the Primary Curriculum (1990) stated that Health Education should be integrated with all sections of the curriculum (p.73). The introduction of the Revised Primary School Curriculum (1999) and the SPHE curriculum up to Junior Certificate level, heralded the inclusion of SPHE into the formal curriculum of Irish schools.

The SPHE curriculum at primary level is delineated into three strands: *Myself, Myself and Others*, and *Myself and the Wider World*. These strands are further grouped into strand units, ten in total. The curriculum guidelines specify that SPHE is to be delivered in schools:

- In the context of a positive school climate and atmosphere
- As a discrete subject in its own right
- Integrated across the curriculum.

(Primary School Curriculum, SPHE Guidelines, DES, 1999)

The primary curriculum gives equal weighting to what the child learns and to the process by which s/he learns. The principles of learning espoused in the primary curriculum are child-centred and advocate that the child should be an active agent in learning (DES, 1999: p.14). Teaching and learning have implications for personal and social development and the curriculum emphasises that the child's social and emotional development significantly influences success in learning. A positive school climate and atmosphere are also essential for the effective implementation of the HPS. Active learning is the principal methodology advocated for the teaching of SPHE (ibid., p.54).

Planning

School Development Planning (SDP) was established nationally in 1999, following the enactment of the Education Act (1998) which introduced the requirement that all schools prepare a School Plan using a collaborative process⁵. This was underpinned by various programmes for government that identified SDP as a significant component in plans to modernise the education sector at first and second level. For example, the National Women's Strategy (2007-2016) highlights SDP as a mechanism for addressing gender equality issues in school, and the National Anti-Poverty Strategy specifies SDP as a strategy for raising standards.

Planning for the implementation of the HPS should happen in the context of the SDP (Nic Gabhainn, and Clerkin 2004). The Professional Development Service for Teachers (PDST) offers support at primary level in this regard. This approach is further supported by the SPHE curriculum documents (1999) and the planning prompts for SPHE developed by the Primary Curriculum Support Programme (PCSP) and the National Council for Curriculum and Assessment (NCCA).

Representative bodies, such as teacher unions and professional teacher groupings, recommend that schools engage in collaborative activities and arrangements⁶. As early as 1995, the Education White Paper, *Charting our Education Future*, suggested the development of 'networks' as a means of providing mutual support for principals, transferring good practice among schools, identifying training needs and developing school planning processes. In addition, local HSE personnel should work in partnership with primary schools to develop networks interested in promoting health within schools.

⁵ Section 21 of the Education Act (1998) requires that a school's Board of Management shall 'make arrangements for the preparation of a plan and shall ensure that the plan is regularly reviewed and updated'. It specifies that the school plan shall be prepared 'in accordance with such directions, including directions relating to consultation with the parents, the patrons, staff and pupils of the school, as may be given from time to time by the Minister in relation to school plans'.

⁶ Teaching in Multi-Classes, INTO (2003); Teaching and Learning in the 21st Century Project, TL 21, NUI Maynooth (2005); The Future of Small Schools and Teaching Principalships in Ireland, IPPN (MulRyan 2004).

Evaluation

One of the main aims of education policy in Ireland is the maintenance of the quality of education in primary schools. Schools have a key role to play in identifying existing good practice and areas for further development. The process of identifying strengths and opportunities for development also has a central role to play in HPS implementation. Schools are recommended to engage in an audit/needs assessment at the early stages of the HPS process. This enables schools to identify and prioritise action areas and to develop plans accordingly.

The Inspectorate has developed documents to support schools in their process of self-evaluation. These include; the Inspectorate's publication of *Looking At Our School (DES, 2003)* and *School Self-Evaluation: Guidelines for Primary Schools* (2012)

Looking At Our School considers five themes for evaluation purposes:

- School management
- School planning
- Curriculum provision
- Learning and teaching in curriculum areas
- Support for pupils

These themes are central to the Whole-School Evaluation process conducted by the Inspectorate. Links can be drawn from these themes to the HPS and work has been done in this area by Lahiff (2003). The process of HPS and the process of SDP are, therefore, complementary, in that they both invite a school to engage in a planning process, to prioritise goals, to formulate an action plan and to review progress.

Section 3:

The Health Promoting School Model

Developing as a HPS involves establishing and maintaining policies, practices and programmes that promote health over a sustained period of time. This work is not instantaneous or based on ‘one-off’ events in the school calendar; it is incremental, developmental, takes time and involves a cycle of planning, action and review. It needs the support of the whole school community working towards better health for all.

A HPS requires strong leadership from the principal and ongoing support and commitment from the board of management, staff, pupils and the wider school community. Effective communication structures and the maintenance of respectful relationships in the school are essential ingredients in the HPS process as well as appropriate training and support for staff.

Promoting school health is core to school self-evaluation and development planning and involves a strong commitment to fostering the health and well-being of the whole school community and ideally the HPS initiative should happen in the context of school self-evaluation and development planning.

School self-evaluation and development planning and the HPS process are mutually supportive. Evaluation of the school using the School Self-Evaluation: Guidelines for Primary Schools (Inspectorate, 2012) may highlight specific areas that could be explored using a HPS approach. In addition Looking at Our School – An Aid to Self-Evaluation in Primary Schools (Inspectorate, 2003) is designed to assist schools in reviewing and evaluating the work of their school under the following areas:

- Area 1 - School management
- Area 2 - School planning
- Area 3 - Curriculum provision
- Area 4 - Learning and teaching in subjects
- Area 5 - Support for students

The Four Key Elements of a Health Promoting School

The process of working towards becoming a HPS involves attention and focus on Four Key Elements namely:

- Environment
- Curriculum and Learning
- Policy and Planning
- Partnerships

A HPS aims to achieve progress in each of these four key Elements, and in that way, each element influences and supports the other and the whole school is stronger as a result of this interlinked approach.

Environment

Each school has a distinctive atmosphere which usually reflects the extent to which the school takes care of the social, emotional and physical needs of those who learn, work and visit there. It is reflected not only in the physical environment but in the social environment which is felt in the school.

Curriculum and Learning

Teaching, learning, assessment and reporting form the core work of every school. The SPHE curriculum is vital, along with a menu of subjects and activities that nurture, challenge and support pupils. The primary curriculum provides a broad scope for schools to develop and reinforce a young person's key skills in critically important areas such as managing self, staying well, communicating and working with others, all of which are important to the HPS ethos. The quality of teaching, learning, assessment and reporting, and the relationships fostered within the classroom also contribute to the health and well-being of the school community. Supporting staff to do the best they can is essential to ensure a healthy learning and working environment.

Policy and Planning

Policies are written documents which support the everyday running of the school through active implementation on a day-to-day basis. They form the background script by which the school navigates its way. They are developed and implemented by the whole school community, not just by one or two people.

Partnerships

Developing strong partnerships with parents/guardians and the wider community is a central part of the HPS process. The school recognises the value of these links for the promotion of health.

Section 4:

Criteria for a Health Promoting School

Developing as a HPS involves policies and practices that enable the school community to develop sustainable programmes of action. It involves the whole school community coming together and working towards better health for all. This process encourages schools to focus on the four key Elements of a Health Promoting School (Environment, Curriculum and Learning, Policy and Planning, Partnerships).

Criteria have been identified that support schools to develop as a HPS. These are internationally recognised quality criteria and they form the benchmark for a HPS (IUHPE, 2008)⁷. This framework document identifies nine criteria that are grouped under the four key Elements of a Health Promoting School⁸. Actions undertaken within these key Elements can also in turn be linked to the themes employed by the DES in terms of School Development Planning and Whole-School Evaluation.

Environment

These criteria incorporate both the physical and social environment.

- | | |
|--------------------|---|
| Criterion 1 | Promoting a healthy school involves the provision of a safe, secure and stimulating environment that encourages and supports pupils, staff and members of the whole school community, both in and out of school. |
| Criterion 2 | Promoting a healthy school encourages and promotes self-esteem and self-confidence by providing opportunities for all members of the school community to contribute to school life. The school community is encouraged to make healthy choices and to take responsibility for their own health. |
| Criterion 3 | Promoting a healthy school involves the creation of a climate in which good relationships, respect and consideration for others prosper, and where individuals are encouraged to make a vital contribution through their personal skills and qualities. |

⁷ The Health Promoting School and School Self-Evaluation are mutually supportive and therefore the above criteria may also be considered within the context of the DES themes for school self- evaluation in Looking at Our School: An Aid to Self-Evaluation in primary Schools (2003) and in School Self Evaluation: Guidelines for Primary Schools (Inspectorate, 2012)

⁸ It is important to note that whilst the criteria have been broken down into the four elements of a HPS which specifically addresses that criterion, all nine criteria can each be explored in the context of Environment, Curriculum and Learning, Policy and Planning, Partnerships.

Curriculum and Learning

This refers to formal and informal teaching

- Criterion 4** Promoting a healthy school involves the planning and implementation of a curriculum that promotes health and well-being, adheres to statutory requirements and is accessible to all pupils.
- Criterion 5** Promoting a healthy school provides challenges for pupils and staff through a wide range of physical, academic, social and community activities.

Policy and Planning

Effective policy development involves consultation and collaboration

- Criterion 6** Promoting a healthy school involves the formulation, implementation and regular review of health-related policies for staff and pupils that are in accordance with the school aims, philosophy, vision and ethos.
- Criterion 7** The whole school community should be encouraged to participate in the development of policies where possible and appropriate.

Partnerships

This involves developing links and working together towards agreed goals.

- Criterion 8** Promoting a healthy school engages parents/guardians, other schools and the local community in a range of health-related initiatives.
- Criterion 9** Promoting a healthy school involves the efficient use of appropriate agencies and specialist services to advise, support and contribute to health and well-being, teaching and learning.

Section 5:

The Health Promoting School Process

The HPS process is a dynamic concept and is underpinned by a reflective planning and learning cycle that supports ongoing development and growth.

The management and staff of Health Promoting Schools are committed to implementing the following 11 stages (see Figure 1). A more detailed outline of each of the stages and supporting documentation to assist the process are provided in Schools for Health in Ireland: Co-ordinator Handbook for developing a Health Promoting School, Primary.

Stages of the Health Promoting School Process

Stage 1 Expression of interest

Schools express an interest in becoming involved in the Health Promoting Schools process by contacting their local HSE Health Promotion Department.

Stage 2 Meeting with the principal and key staff

A local Health Promotion Officer will contact the school to arrange a meeting with the principal and any other key staff. The purpose of this meeting is to outline what is involved in developing as a HPS.

Stage 3 Whole staff presentation

If the principal supports the idea of becoming involved in the HPS process, then a whole staff presentation is given to introduce and explain the initiative to the rest of the staff.

Stage 4 School agreement and appointment of a co-ordinator

If the whole school decides to proceed with the HPS process, the school nominates a HPS co-ordinator (and assistant co-ordinator if possible) and signs the agreement form. The HPS co-ordinator will be the key contact in the school for all health promotion activities and will receive ongoing support and training from the Health Promotion Department.

Stage 5 Health Promoting School team is established

The co-ordinator will establish a HPS team to support, plan and develop the initiative. Ideally the HPS team should be representative of the whole school community, including pupils, staff and parents.

Stage 6: Raising awareness and consultation

Participation of the whole school community in the HPS process is encouraged and awareness raising activities are organised. The school undertakes a self assessment and a consultation process to get the views of the whole school community and to record what is working well and what needs attention in relation to health. Raising awareness of the HPS concept within the school community is an essential part of the process. Awareness can be raised in many ways and will be decided by the HPS team. Some examples include hanging HPS banners, distributing HPS leaflets, using email and other social media, or discussing the HPS concept at assembly or in class.

Stage 7: Setting priorities and developing an action plan

The HPS team will identify areas for action from the results of the consultation process. Evidence of best practice in relation to identified priority areas will be researched and these priority areas will then form the basis of a HPS action plan. The action plan is developed in the context of the four key Elements of a HPS. The Health Promotion Officer supports the co-ordinator through the development of the school action plan.

Stage 8: Implementing action plan

The action plan is implemented over an agreed timeframe and is assessed and monitored on an ongoing basis by the in-school HPS team.

Stage 9: Application for HPS recognition

At the end of an agreed timeframe, the HPS team completes an application form for recognition as a Health Promoting School and submits to the Health Promotion Department.

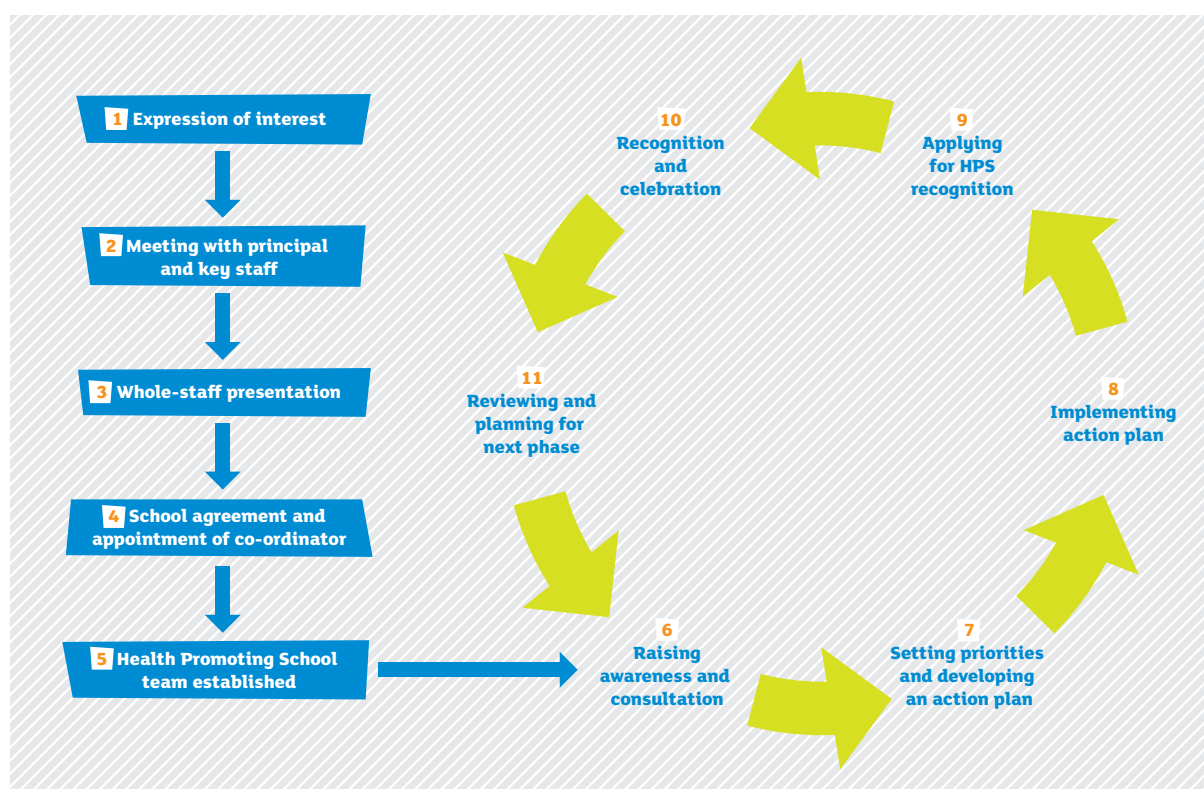
Stage 10: Recognition and celebration

The HSE formally recognises the school as a HPS and the school celebrates its achievements.

Stage 11: Reviewing and planning for next phase

The HPS team carries out a review including self reflection of the process and the cycle of work continues. There is no single end point to the Health Promoting School process but rather a cycle of review-plan-do-review that enables participating schools to reflect, sustain and build on earlier work.

Figure 1: The Stages in the Health Promoting School Process



Section 6:

Evaluation, Acronyms, Appendix, Glossary of Terms & References

Evaluation

Evaluation of the health promoting school can be complex, because the essence of the HPS is to effect change at individual, group, organisational and community level. Despite these complexities, a number of common features that influence how well schools are able to adopt and apply the HPS approach have been identified (ENHPS, 1998).

This framework draws on the evidence from the international literature on the HPS, and endorses the various evaluative themes and indicators that have been identified as useful for highlighting what is required for an HPS to be effective. These include:

- Ownership and empowerment
- Leadership and management
- Collaboration
- Integration

(Inchley et al., 2007)

From a health promotion perspective, creating a strong evidence base is essential to inform future policy and direction for the HPS initiative. All health promotion evaluations of the HPS initiative that come under the umbrella of SHE (Schools Health in Europe) will be carried out in accordance with the WHO principles of evaluation (IUHPE, 2000).

Promoting school health is core to school self-evaluation and development planning and involves a strong commitment to fostering the health and well-being of the whole school community.

As previously stated, the Health Promoting Schools' Framework acknowledges that planning for the implementation of the HPS initiative should happen in the context of school self-evaluation and development planning which are mutually supportive. Evaluation of the school using the *School Self-Evaluation Guidelines for Primary Schools* (Inspectorate, 2012) may highlight specific areas that could be explored using a HPS approach. In addition, *(Looking at Our School – An Aid to Self-Evaluation in Primary Schools'* (Inspectorate, 2003) is designed to assist schools in reviewing and evaluating the work of their school under the following areas:

- o Area 1 - School management
- o Area 2 - School planning
- o Area 3 - Curriculum provision
- o Area 4 - Learning and teaching in subjects
- o Area 5 - Support for students

These evaluation areas are also reflected in the four key Elements of a Health Promoting School and in using a HPS approach schools are supported in their own self-evaluation and planning processes.

Acronyms

DES	<i>Department of Education and Skills</i>
DoHC	<i>Department of Health and Children</i>
DEIS	<i>Delivering Equality of Opportunity in Schools</i>
ENHPS	<i>European Network of Health Promoting Schools</i>
HPS	<i>Health Promoting Schools</i>
HSE	<i>Health Service Executive</i>
IUHPE	<i>International Union for Health Promotion and Education</i>
SHE	<i>Schools for Health in Europe</i>
SPHE	<i>Social, Personal and Health Education</i>
UNESCO	<i>United Nations Educational, Scientific and Cultural Organization</i>
UNICEF	<i>United Nations International Children's Emergency Fund</i>
WHO	<i>World Health Organization</i>

Appendix 1

Evidence of Effectiveness of the Health Promoting School

There is a correlation between educational attainment and current and future health status. An analysis of over 100 Local Education Authorities areas in the UK found educational attainment at age 15-16 to be significantly associated with both coronary heart disease and infant mortality.

HM Treasury and Department of Health (2002) *Tackling Health Inequalities*

There is a strong relationship between poor student health and poor student educational achievement, behaviour and attitude. Good health in pupils is closely linked to positive educational outcomes.

Caccamo, J.M. (2000) Sharing the vision: healthy achieving students. *Journal of School Health* 70/5

The capacity of each student to learn effectively is influenced significantly by his/her health status.

Australian Health Promoting Schools Association (2000-2003). *A national framework for health promoting schools*

Schools can provide effective sites for health promotion interventions that are comprehensive, multi-level and address the social determinants of health.

European Commission, WHO – Europe, Council of Europe (1995). *Towards an evaluation of the European Network of Health Promoting Schools – the EVA Project*

Positive mental health and educational attainment are linked. School context (school conditions, social relationships, means for self-fulfilment and health status) has a major influence on pupils' general subjective well-being.

Konu, I. et al. (2002). Factors associated with schoolchildren's general subjective well-being. *Health Education Research*. 17/ 2

Pupils most engaged in school (enjoy school and are progressing academically) are more likely to succeed academically and to display positive health behaviours. Those most alienated (least like school and are achieving less well academically) are most likely to engage in risk behaviours.

Samdal, O. (1998). Achieving health and educational goals through schools – a study of the importance of the school climate and the students' satisfaction with school. *Health Education Research* 13/ 3

The success and sustainability of Health Promoting School interventions depends on the extent to which they focus on long term cognitive and social outcomes and are seen to be supporting the core work of education in schools.

Denman, S. (1999). Health promoting schools in England – a way forward in development. *Journal of Public Health*, 21: 215-220

Successful school health promotion interventions with a major partnership component are nearly always resource intensive.

Lister-Sharp, D. et al. (1999). Health Promoting Schools and health promotion in schools – two systematic reviews. *Health Technology Assessment*, Vol.3, No. 22

School organisation, environment and policies all influence the health and well-being of pupils and teachers.
Department for Education and Employment (2001) *National Healthy School Standard Guidance*

The school is an appropriate location to ensure co-ordinated work on the promotion of emotional health.

Wagner, G.H. et al. (2003) Health Promoting School – Evidence for Effectiveness. *Health Promotion and Education* 10/4

A whole school approach to health promotion programmes results in the most benefits and is the most effective.

Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and specifically what is the evidence of effectiveness of the health promoting school approach? *Health Evidence Network Report*, WHO Regional Office

There is a need for stakeholders to recognise that school-based change takes time, systems change takes time and embedding change in school practices and ethos takes time.

International Committee of the ENHPS (2002) *Egmond Agenda*, Education and Health in Partnership: European Conference on linking education with the promotion of health in schools – Conference Report

Glossary of Terms

Health Promoting Schools (HPS)

A Health Promoting School is one in which the whole school community comes together to promote the health of everyone by developing policies, practices and a supportive environment that will enable sustainable change.

Schools for Health in Europe (SHE)

The SHE Network (formerly known as the ENHPS) focuses on making school health promotion an integral part of policy development in both the education and health sectors in Europe.

Partnerships

These can include statutory organisations such as local health services, An Garda Síochána, local authorities, and community / voluntary groups who can support the work of the school.

Whole School Approach and Planning

A whole school approach recognises the active involvement of all in the school community (pupils, staff, parents/guardians, board of management, and outside agencies) in seeking to change and develop aspects of school life. The Health Promoting School action plan should be an integral part of the School Development Plan

Whole School Community

A whole school community includes staff, pupils, board of management, parents, members of the wider community and relevant agencies working together in a planned way to promote the health of everyone in the school community.

Integration

This involves making connections between learning in different subjects. It gives children's learning a broader and richer perspective, emphasises the interconnectedness of knowledge and ideas, and reinforces the learning process.

Ottawa Charter

This charter is the most seminal document for all health promotion work. It emerged following an international conference in Ottawa in 1986, and identified five strategies for health promotion practice. These are:

- Building healthy public policy
- Creating supportive environments
- Developing personal skills
- Strengthening community action
- Re-orientating health services.

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