

School health promotion

Edited 28 th July 2017 within the
HEPCOM project

SHE



Schools for Health in Europe

School health
promotion:
evidence for
effective action



Acting for better schools, leading to better lives

SUMMARY

This factsheet summarizes the evidence of the effectiveness of school health promotion. It is based on a report with comprehensive scientific references entitled, 'School health promotion: an overview of the evidence for effective action' which you can access at www.schoolsforhealth.eu.

It is clear from the countries that have successfully established health promoting schools within their national educational systems, that this takes time and requires the following:

- *political will;*
- *partnership-working and mutual understanding between the education and health sectors;*
- *leadership and support from school managers;*
- *building of ownership within the education system;*
- *recognition of local/regional initiatives within the national development programme;*
- *training of teachers.*

There is a growing body of evidence that the more connected young people feel to their school, the greater their emotional well-being and educational attainment. Schools have the potential to play an important part in improving the education, health and well-being of all young people and in the task of reducing inequalities in health in Europe and across the world.



1 Introduction

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 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 and health;
- using a positive concept of health and well-being and acknowledges the importance of the United Nations Convention on the Rights of the Child.

What is a health promoting school?

A health promoting school is a school that implements a structured and systematic plan for the health and well-being of all students and of the teaching and non-teaching staff. There are variations in the names used in different European countries, but the approaches are similar and all are characterized by a whole school approach.

Why is health promotion in the school setting important?

Health promotion in a school setting is important because health and education are intrinsically linked:

- healthy children are more likely to learn effectively;
- education plays an important role in health and economic outcomes throughout life;
- promoting the health of school staff can lead to more effective teachers, greater work satisfaction and reduced absenteeism;
- actively promoting health in schools can aid schools and policy-makers in reaching their educational, social and economic targets.

The SHE network has grown out of the European Network of Health Promoting Schools. There is a global sharing of research and activities with networks such as, the International School Health Network (ISHN) and teachers' bodies such as ASCD supporting a whole school/whole child approach internationally. In addition, there are related networks in for example community schools, school connectedness, sustainable schools and eco-schools which share many of the SHE core values and approaches. They all share to improve the education, health and well-being of all young people.

Maj Černe, Slovenia



2 What do we mean by school health promotion?

School health promotion could be defined as any activity undertaken to improve and/or protect the health of the whole school community. Health education in a school is a communication activity and involves learning and teaching pertaining to knowledge, beliefs, attitudes, values, skills and competencies. It is often focused on individual health topics; or it may involve reflecting on our health in a more holistic way. Both health promotion and modern concepts of education share a participatory approach. Health promoting schools are regarded as a whole school approach. A health promoting school approach includes:

- a participatory and action-oriented approach to health education;
- understanding that students have their own concepts of health and well-being;
- developing healthy school policies which promote health and well-being;
- developing a healthy physical and social school environment;
- developing life competencies;
- making effective links with home and the community;
- making efficient use of health services in the school context;
- developing the health and well-being of students and school staff.

A more traditional approach to school health education focused on individual topics such as healthy eating, smoking, physical activity and mental health. These health topics are not separate in the lives of young people or in their health-related behaviours. In a topic-based approach, health may be viewed at the level of the individual and their relationship to the topic being explored, when in fact the social environment may be more powerful in determining behaviour.

Education and health are closely related. The evidence suggests that:

- healthy young people are more likely to learn more effectively;
- health promotion can help schools to meet their social aims and to improve educational attainment;
- young people that attend school have a better chance of good health;
- young people that feel good about their school and who are connected to school and significant adults, are less likely to undertake high risk behaviours and are likely to have better learning outcomes.

Research reveals many interactions between education and health and we have sufficient evidence to justify action. Many government education ministries have not yet fully invested in what they may perceive as a health-related initiative and yet it is now clear there are potentially huge benefits in educational terms for the education sector to consider.

Transfer of learning

A topic approach still has a place in school health promotion. New research looks at the 'transfer of learning' across different health topics. The term transfer refers to a process in which knowledge and skills learned in one context (e.g., a particular health behaviour domain) are applied to another context (e.g., a different health behaviour domain). This is based on the assumption that the knowledge and skills relevant to various domains share common factors. A recent research study in the Netherlands concluded that transfer is possible. This involved a specially designed transfer-oriented programme about smoking and safe sex, to achieve effects on behaviour and determinants not only in the domains of smoking and safe sex, but also in the closely related domain of alcohol and the less closely related domain of healthy nutrition.

3 The research on the effectiveness of school health promotion

Context

The following section summarises the evidence on the contextual matters which are most influential in relation to change and innovation in schools, including the introduction and establishment of health promoting schools.

Equity

Inequalities in health and the impact these have on peoples' lives are crucial for a health promoting school. The WHO report on the social determinants of health refers to the importance of making schools a healthy place for children and young people. It states that investments in children, particularly those designed to reduce the effects of inequalities, can be effective. Head-teachers and senior officers in social and health care need to be visibly committed to reducing health inequalities if changes are to be implemented. Such multi-sectoral approaches will not be effective unless they are sustainable and given sufficient time.

Teacher education and training

The level and quality of the preparation of teachers to implement health promotion is a crucial factor. Both initial and/or pre-service teacher education are central for school health education and health promotion. Teacher attitudes and knowledge are key factors in their intention to work with health-related content. Teacher education helps to shape teachers' identities as educators of the whole person as well as their role as subject experts.

Understanding the culture of schools

Schools are complex social structures, and this has to be recognised when innovations are planned. The research indicates that there are powerful factors at the level of the whole school which can inhibit or promote change. It also suggests that teachers must feel ownership of any major change in their way of working in the system. The teacher's 'moral purpose', defined as the commitment to make a difference in the lives of students, is a critical factor in addressing and sustaining complex reform.

Student participation and ownership

There is evidence that the more connected young people feel to their school the greater their emotional well-being and educational attainment. The challenge for policy makers and school managers is putting into place policy and strategies which can increase the connectedness

students feel towards their school. There is also evidence that, with respect to the students' acquisition of knowledge and competencies, the active participation of students is beneficial. The approach empowers students giving them a sense of ownership, efficacy, and achievement in working with 'real-life' problems.

Linking health promotion to the core tasks of schools

The evidence suggests that establishing effective partnerships between the education and health sectors is the way forward. In Germany the health promoting school movement has been linked to the school core tasks relating to learning, through the concept of 'the good and healthy school'. Also, there is evidence on the nature of the barriers to successful partnerships between education and health and there are examples of countries where these barriers have been successfully negotiated. Partnership-working requires shared clarification of basic concepts, terminology, assumptions, values and methods. In countries such as Poland, Portugal and Scotland, health promoting schools are now established in the mainstream of the education system. This is characterised by policy statements at national level in the health sector feeding into the education sector.

Involving parents and carers in school health promotion

The evidence is clear that parents and family are the main influence on young peoples' lives. A review of the impact of parental involvement on children's education confirmed the view that the impact of parental involvement is large. Also, there is strong evidence that school-based interventions with the involvement of family or community and multi-component interventions can increase physical activity in adolescents.

Promoting staff health and well-being

Schools are sometimes viewed as 'settings' for health promotion of the students, staff and all school users. A review of the evidence on work-based health promotion programmes suggested that successful programmes have the following features:

- take account of employee needs;
- have senior management support;
- are aligned with the schools' overall goals;
- allow teachers to lead on-going change and initiatives;
- build in assessment of the outcomes of the programme.

There is evidence that investing in the personal development of school staff can have positive effects on their self-esteem, attendance rates and their own view of their professional work. There is also evidence that young people learn better from teachers they respect. Teachers who provide emotional support, reward competence and promote self-esteem, can decrease the vulnerability of high-risk students in response to stressful life events.

Research on health topics

Most of the evidence on the effectiveness of health education and health promotion in schools is from work on specific health topics. The most positive evidence is found in the topics of mental health promotion, healthy eating and physical activity and the weakest evidence is in the area of substance use.

Mental health and emotional health

The evidence shows successful mental health initiatives in schools:

- are well designed and grounded in tested theory and practice;
- link the school, home and community;
- address school ecology and environment;
- combine a consistency in behavioural change goals through connecting students, teachers, family and community;
- foster respectful and supportive relationships among students, teachers and parents;
- use interactive learning and teaching approaches;
- help to increase the connections for each student;
- help to develop improvements in achievement tests, social and emotional skills and decreases in classroom misbehaviour, anxiety and depression;
- produce significant benefits in relation to reductions in aggressive behaviour, school drop-out rates and in building a sense of community in the school.

Substance use

Some successful gains in substance use school programmes may include a short term delay in use and or short term reduction in usage; positive effects are more likely to occur influencing tobacco, rather than alcohol or illicit drugs. Specific programmes are more likely to have no effects or harmful effects on alcohol use. Teaching staff who understand mental health issues, achieve higher health and educational outcomes for the students.

The evidence shows that school-based drug reduction initiatives are more likely to be effective if:

- the programmes are interactive rather than teacher-centred;
- focus on life skills, e.g. refusal skills, assertiveness;

- take a whole school approach;
- link with the family and local community;
- address the improvement of connections for students.

Hygiene

The scientific evidence about the health benefits for children and adolescents of hand washing, drinking clean water and using proper sewage systems is very strong. The evidence indicates that in developing countries, well designed and implemented initiatives, which have included:

- a whole school approach involving the physical environment;
- links with the health sector;
- have suitable policies and curriculum;

have increased school attendance rates and reduced worm infestations (mainly through the provision of worm-eliminating drugs).

Sexual health and relationships education

Sexual health and relationships education programmes, when conducted by trained and empathic educators:

- increase sexual knowledge;
- may increase safe sex practices;
- may delay the time of first sexual intercourse resulting in young people reporting on better communication in their relationships;
- do not promote earlier or increased sexual activity in young people;
- can build school connectedness for students, and this is strongly associated with reduced sexual activity in adolescence.

Healthy eating

Healthy eating programmes that follow evidence-based teaching practices and a whole school approach have been shown to regularly increase student knowledge about food and diet. However, changes in student eating behaviours have been less successful. Girls tend to benefit more than boys and some quality initiatives have reported a modest increase in vegetable consumption.

Successful initiatives have some or all of the following features:

- a whole school approach;
- links with parents and food preparation at home;
- consistency between the taught curriculum and food availability in the school;
- programme longevity (over three years) and regular inputs by staff and students in planning and implementing activities;
- on-going capacity building opportunities for staff.



Irina Demiclova, Russian Federation

Physical activity

The evidence suggests that:

- physical activity initiatives in schools are most effective if they adopt a comprehensive approach; e.g. the development of skills, establishing and maintaining suitable physical environments and resources, upholding supportive policies to enable all students to participate;
- daily physical activity at school improves students' motivation and has no negative effects on cognitive development even though less time may be available for cognitive tasks;
- there is a strong direct correlation between being physically active at school and undertaking physical activity in adulthood;
- students gain more benefit from physical activity if they have opportunities to be active at regular times during the school day;
- if students collaborate with school staff in deciding the type of physical activity to be undertaken, which could include other activities not viewed as sport, such as dance, then they will be more committed to participation;
- positive effects have been recorded on the effects of physical activity in schools on the duration of physical activity, television viewing, VO₂ max (a measure of oxygen uptake) and blood cholesterol;
- the results from biological measures, e.g. body mass index (BMI), blood pressure measures and measures

of oxygen use, have limitations and may be ineffective in assessing physical fitness levels of growing young people and other outcomes of school-based physical activity;

- programmes that cater for student diversity in areas such as ethnicity, physical ability, gender, age and social factors are more effective in terms of student participation and engagement.

Whole school approach

There is evidence that mental health should be a feature of all school health promotion initiatives. Effective mental health promotion is more likely to reduce substance use and improve other aspects of health-related lifestyles that may be driven by emotional distress. A review pointed out the shortage of experimental studies relating to a health promoting schools approach but said there was evidence that multifactorial approaches, contribute to effectiveness. The overall conclusion of reviews of the research is that there is evidence to show that sustained, multifactorial, whole school approaches in schools are the most likely to be effective.

CONCLUSION

Evidence on both educational and health outcomes is very positive. Also, there is evidence on the factors that influence the process of change in schools and educational systems. To successfully achieve the universal establishment of health promoting schools within the national educational systems takes time and it requires the following:

- political will;
- partnership-working and mutual understanding between the education and health sectors;
- leadership and support from school managers;
- building of ownership of a health-related initiative within the education system;
- recognition of local/regional initiatives within the national development programme;
- training of teachers.

Schools alone will not solve the problem of reducing health inequalities. A multi-strand and multi-level approach is required. Other strands such as pre-school, social services, parental support, clinical health, transport access and safe stimulating environments are also needed. The evidence

suggests targeting vulnerable children within schools and other settings if a reduction in health inequalities is to be achieved. Any investment in children, particularly those specifically designed to reduce the effect of inequality, will take time to show positive results. It is evident that we need to support research which uses a wide range of methods. There is also a need for more systems research which attempts to assess the synergistic interactions which can occur in the complex ecology of a school.

This is necessary to make sure that professional practice in this vital work continues to be based on the best possible evidence. Good practice needs to be seen as part of the evidence; this needs to be acknowledged and disseminated through good case studies. Schools have the potential to play an important part in improving the education, health and well-being of all young people and in the task of reducing inequalities in health in Europe and across the world.



Further information

For more information about the SHE network, or to obtain a copy of the full report with scientific references, please visit our website, www.schoolforhealth.eu or contact the SHE secretariat.

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The SHE network is coordinated by CBO as a WHO Collaborating Centre for School Health Promotion.

This publication arises from the CBO_FY2013 operating grant which has received funding from the European Union, in the framework of the Health Programme.