S·H·E
Schools for Health in Europe

Schools for Health in Europe Network Foundation,

# EUROPEAN STANDARDS & INDICATORS FOR HEALTH PROMOTING SCHOOLS 2.0



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# European Standards and Indicators for Health Promoting Schools version 2.0


## Authors:
Emily Darlington (University of Lyon, France)
Electra Bada (Institute of Child Health, Greece)
Julien Masson (University of Lyon, France)
Rute Marina Santos (University of Porto, Portugal)

## Expert review:
Venka Simovska (Aarhus University, Denmark)

## Editor:
Anette Schulz (SHE manager)

## Layout and Design:
Jacob Munch



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### Portugal
Marta Freitas e Sá, school teacher, Escola Básica Integrada dos Biscoitos, Ilha Terceira.
Luís Afonso, school teacher, Escola Básica 2° e 3° ciclos da Correlhã, Ponte de Lima.
Teresa Pereira, school teacher, Agrupamento e Escolas Dr. Guilherme Correia de Carvalho, Seia.
Ana Paula Cerqueira, school teacher, Health Promoting School coordinator, Agrupamento de Escolas de Santa Maria Maior, Viana do Castelo.
Susana Lourenço, school teacher, Escola Secundária de Ponte de Lima.
Ricardo Araújo, school teacher, Escola Secundária de Ponte de Lima.
Joaquim Barbosa de Sá, school teacher, Escola Secundária de Ponte de Lima.
Luís Miguel Pereira, school teacher, Escola Secundária de Ponte de Lima.
Eduarda Sousa- Sá, assistant professor, Universidade Lusófona de Lisboa
João Paulo Santos, school teacher, Agrupamento de Escolas Dr. João de Araújo Correia, Peso da Régua.
José Pereira, school teacher, Agrupamento de Escolas Camilo Castelo Branco, Vila Nova de Famalicão.

### Greece
*National-level stakeholders*
Vasiliki Lelentzi, Head of School Activities, School Health Promotion and Health Education, Sector B', Department Supporting Programmes and Education for Sustainability, Ministry of Education and Religious Affairs.
*Health Promotion professionals*
Panayiota Mavrika, health visitor, school-linked health services, Kessariani Children's Health Centre
Katerina Zolota, social worker, Institute of Child Health, Kessariani Children's Health Centre
Krystalia Mantziki, public health researcher
Health Education District Level advisors
Niki Skouteri, Health Education Advisor at the Third Educational District of Athens, educator.
Evangelia Siafarika, Health Education Advisor at the Second Educational District of Athens, educator.
*Primary School Principals (School Directors)*
Meropi Hatzivei, educator, Principal of Hatzivei Primary School
Ioannis Kyriazopoulos, educator, Principal of 2nd Primary school of Kessariani
*Primary school teachers*
Olga Kofa, teacher at 2nd Primary school of Kessariani
Paraskevi Belogia, teacher at 16th primary school of Larissa, former special educational staff at Sector B' School Health Promotion and Health Education at the Ministry of Education and eTwinning-Greece Board
*School health staff*
Alexandra Hristina Avgerinou, school nurse at the 2nd primary school Kessariani

## France

*National-level ministry decision-makers*
Sabine Carotti (Inspectrice générale de l'éducation, du sport et de la recherche, Groupe Sciences et Technologies du vivant, de la santé et de la Terre)
Bertrand Pajot (Inspecteur général de l'éducation, du sport et de la recherche, Groupe Sciences et Technologies du vivant, de la santé et de la Terre)
Jean-Marc Moullet (Inspecteur général de l'éducation, du sport et de la recherche, Groupe Sciences et Technologies du vivant, de la santé et de la Terre)
Caroline Moreau-Fauvarque (Inspectrice générale de l'éducation, du sport et de la recherche, Groupe Sciences et Technologies du vivant, de la santé et de la Terre)
*Academic level decision-makers*
Elina NITSCHELM, IA-IPR de sciences médico-sociales et biotechnologies santé-environnement
Fabien Audy, IA-IPR Sciences de la vie et de la terre
Marie-Hélène Bourven (Infirmière conseillère technique du Recteur, Rectorat de l'académie de Versailles, Versailles.)
*District level advisors*
Marion Boullanger District Educational Advisor
Mireille Sabatier, Professeure des Ecoles Maitre Formateur
Primary school teachers
Pascale Dumont
Sylvette Masson
Estelle Jahan
Caroline Sambuis
Adèle Lombard
*Secondary school teachers*
Miguel Pyram, PLP
Cécile Claquin, PLP

## SHE National coordinators

Ivana Pavic Simetin, Croatia
Børge Koch, Denmark
Ingibjörg Guðmundsdóttir, Iceland
Peter Paulus, Germany
Electra Bada, Greece
Annamarià Somhegyi, Hungary
Lienite Bebrisa, Latvia
José Carlos Sousa, Portugal

## SHE Standards and Indicators Reading Group

Peter Bentsen (Denmark)
Veronica Velasco (Italy)
Valentina Todorovska-Sokolowska (Poland)
Rafaela Rosario (Portugal)
Luis Lopes (Portugal)
Elena Kosevska (North Macedonia).

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PART 1

# Introduction

## 1.1. Health Promoting Schools in Europe

### Background

The Health Promoting School approach emerged in the 1980s as an outcome of WHO's Ottawa Charter for Health Promotion, which states that health promotion is a process that enables people to gain control over their health and environment. Since then, the SHE Network Foundation has become an important platform for Health Promoting Schools in the WHO European Region[1]. As part of the development of SHE, the SHE national coordinators[2] have collaborated with stakeholders at international, national, regional and local levels to agree on the aims of Health Promoting Schools.

Health Promoting Schools are based on the assumption that children and young people's health and well-being are interconnected with academic achievement. When children feel good in school and are healthy, they will learn better – when children learn better, their present and future health and well-being are improved. Therefore, schools are a perfect setting to promote children and young people's health and well-being. The fact that healthy pupils learn better and healthy teachers work better highlights the importance of integrating the Health Promoting School approach[3] within schools. This integration hopes to promote pupils' health and well-being and support schools' educational and social goals.

*"A whole-school approach recognizes that all aspects of the school community can impact upon pupils' health and well-being and that learning and health are linked.[4]"*

The "settings" approach underlying Health Promoting Schools addresses the social and environmental determinants of health. This shifts health promotion from an approach based on medical disease prevention models to a socio-ecological approach that recognizes that individuals' choices, habits, lifestyle, and living conditions (i.e. physical, socio-economic, political environments) shape health. In schools, the ethos and the relationships between peers can either support or undermine pupils' health and well-being.

1 The WHO European Region consists of 53 countries in East and Western Europe and Central Asia including Russia.

2 The SHE national coordinators come from a wide range of countries in Europe and Central Asia and play a central role in SHE. Each of them coordinates the national programme for school health promotion in their country and play an important role in advocating and lobbying for and branding of the Health Promoting School approach. The national coordinators advocate for SHE and its mission by sharing news and presenting at national and regional events.

3 Whole school approach to health promotion: To combine health education in the classroom with development of school policies, the school environment, life competencies and involve the whole school community.

4 https://www.schoolsforhealth.org/

## What makes a school a Health Promoting School?

Despite the cultural diversity and the differences between school settings across the world, there is a general agreement that a Health Promoting School aims (I) to promote a positive and socio-ecological view of health, (II) to support the development of knowledge and skills that enable pupils to make healthy choices, (III) to provide a healthier physical and social environment for all school members (pupils and staff) and (IV) to empower pupils to take action for a healthier life and become agents of positive change for themselves and their community.

The active participation[5] of all members of the school community is vital: pupils, teaching and non-teaching staff, parents, health professionals, health service providers and other local community stakeholders and partners of the school. Merely implementing a health education curriculum or implementing a health promotion programme designed outside of the school does not, on its own, correspond to a whole-school approach. In Health Promoting Schools, the vision of how the school should be organised, how teaching and activities are organised, how the projects and interventions can be designed comes from the school itself.

### In a nutshell, a Health Promoting School

1. Integrates health-related topics in their school curriculum
2. Ensures that the ethos and social and physical environment of the school support the well-being of pupils through informal/formal curriculum, values, attitudes, and relationships
3. Cultivates links with the community and engages with parents and community health stakeholders to promote children and young people's health and well-being.

*The planning, implementation and evaluation of health-promoting schools manages the ways and the extent to which these three core principles are effectively implemented.*

These principles, originating from the WHO Ottawa Charter (1986), characterize the health-promoting school concept and the whole school approach.

## The values, principles and core areas for action

The Health Promoting School (HPS) concept is rooted in values and principles embedded within European Standards & Indicators. The SHE Network Foundation has developed 10 principles (first Conference in Thessaloniki in 1997):

1. **Equity:** Equal access for all to education and health.
2. **Sustainability:** Health, education and development are linked. Activities and programmes are implemented in a systematic way over a prolonged period.
3. **Empowerment and action competence:** All members of the school community are actively involved.
4. **Democracy:** Health promoting schools are based on democratic values.
5. **School Environment:** The Health Promoting School places emphasis on the school environment, both physical and social, as a crucial factor in promoting and sustaining health.
6. **Curriculum:** The Health Promoting school's curriculum provides opportunities for young people to gain knowledge and insight, and to acquire essential life skills.

5 Participation: A sense of ownership by pupils, staff and parents.

7. **Teacher Training:** the training of teachers is an investment in health as well as education.
8. **Measuring Success:** Health Promoting Schools assess the effectiveness of their actions upon the school and the community.
9. **Collaboration:** Shared responsibility and close collaboration between ministries, and in particular the ministry of education and the ministry of health is a central requirement in the strategic planning for the health promoting school.
10. **Communities:** Parents and the school community have a vital role to play in leading, supporting and re-enforcing the concept of school health promotion.

In addition to the principles, the SHE Network Foundation highlights inclusion as a core value. Inclusion means that diversity is celebrated. Schools are communities of learning, where all feel trusted and respected. School quality describes that Health Promoting Schools create better teaching and learning processes and outcomes based on evidence (development of new approaches and practices based on existing and emerging research). These cornerstones ensure that healthy pupils learn better and healthy staff work better.

### Examples of areas for action

Some countries have used the Ottawa Charter guidelines for evaluation, highlighting the six areas which should be developed and sustained by a Health Promoting School, namely:

1. School health policy
2. School physical environment
3. School social environment and ethos
4. Individual skills and action competence
5. Links with parents and the local community
6. School health services

*Note: The six areas have informed the design of the SHE European Standards and Indicators.*

For more information, please see the SHE Network Foundation Website:
https://www.schoolsforhealth.org/concepts/she-values

## 1.2. The need for European Standards & Indicators

Health Promoting Schools are not simply a concept or idea. Health Promoting Schools manifest themselves in specific practices such as how projects and activities are planned and implemented. Although guidelines and tools exist in different countries, whether at the national or local level, these guidelines have great diversity when designing and evaluating various aspects of Health

Promoting Schools, school health and/or specific health promotion programmes. General guidelines exist from the Ottawa Charter and documents produced by the SHE Network Foundation and the International Union for Health Promotion and Education. However, the development of European Standards and Indicators required a specific set of Standards and Indicators focusing on the planning, implementation and monitoring/evaluation of Health Promoting Schools' practices in Europe.

These European Standards & Indicators for Health Promoting Schools address the current need for accessible and usable quality standards that fill the gap between the current practices of Health Promoting Schools and the optimal practices for Health Promoting Schools across various European countries with differing national HPS models. A common monitoring tool covering all the areas and actions of Health Promoting Schools in coherence with core HPS principles and values is relevant and needed. The implementation of European Standards and Indicators should provide all schools with inspiration and practical guidance to enhance health through an educational setting.

## 1.3. What is the purpose of the European Standards and Indicators?

The European Standards and Indicators aim to provide guidance and support the continuous quality improvement of planning, everyday practices, evaluation and monitoring of Health Promoting Schools. Furthermore, European Standards and Indicators aim to support countries in developing and sustaining Health Promoting Schools across Europe whilst recognising the historical, political, cultural and economic differences that influence school health promotion practices in the different countries. Furthermore, the monitoring and evaluation tools help identify achievements and challenges encountered by school professionals in various countries across Europe.

***Important note:*** *These European Standards and Indicators are not intended to standardize how Health Promoting Schools are implemented across Europe. The European Standards and Indicators are designed as a toolbox for practitioners and decision-makers. This toolbox enables adaption to suit specific needs and context. The most crucial factor in developing European Standards and Indicators is a tool that allows stakeholders across Europe to identify priorities and decide upon the direction they wish to take for their school in the future.*

## 1.4. What could be the benefits of using the European Standards and Indicators?

Using the European Standards & Indicators for Health Promoting Schools may enable practitioners and decision-makers to upscale the following areas of their practice to:

- Assess funding and allocation of resources for health promotion
- Plan policy and intervention strategies to develop school health promotion
- Evaluate the implementation of the Health Promoting Schools' approach
- Improve school settings
- Improve pupils' health and well-being
- Increase equity and inclusion in school-based health promotion practices

## 1.5. Who could use the European Standards and Indicators?

The European Standards & Indicators are intended for those engaging in the Health Promoting Schools concept in their country. Depending on the organisation of the school system within a country, these European Standards and Indicators could be used by:

- Health Promoting School coordinators
- Policy makers and administrators
- Educational advisors and decision-makers

- Health promotion professionals
- External evaluators and researchers
- School heads, directors/headmasters
- School teachers
- Other professionals working within school-based education and health

## 1.6. Areas of practice for Health Promoting Schools

European Standards and Indicators describe 15 areas[6] related to the Health Promoting School concept and whole-school approach. These areas were identified as the most significant when implementing effective Health Promoting Schools.

### 15 AREAS FOR IMPROVEMENT

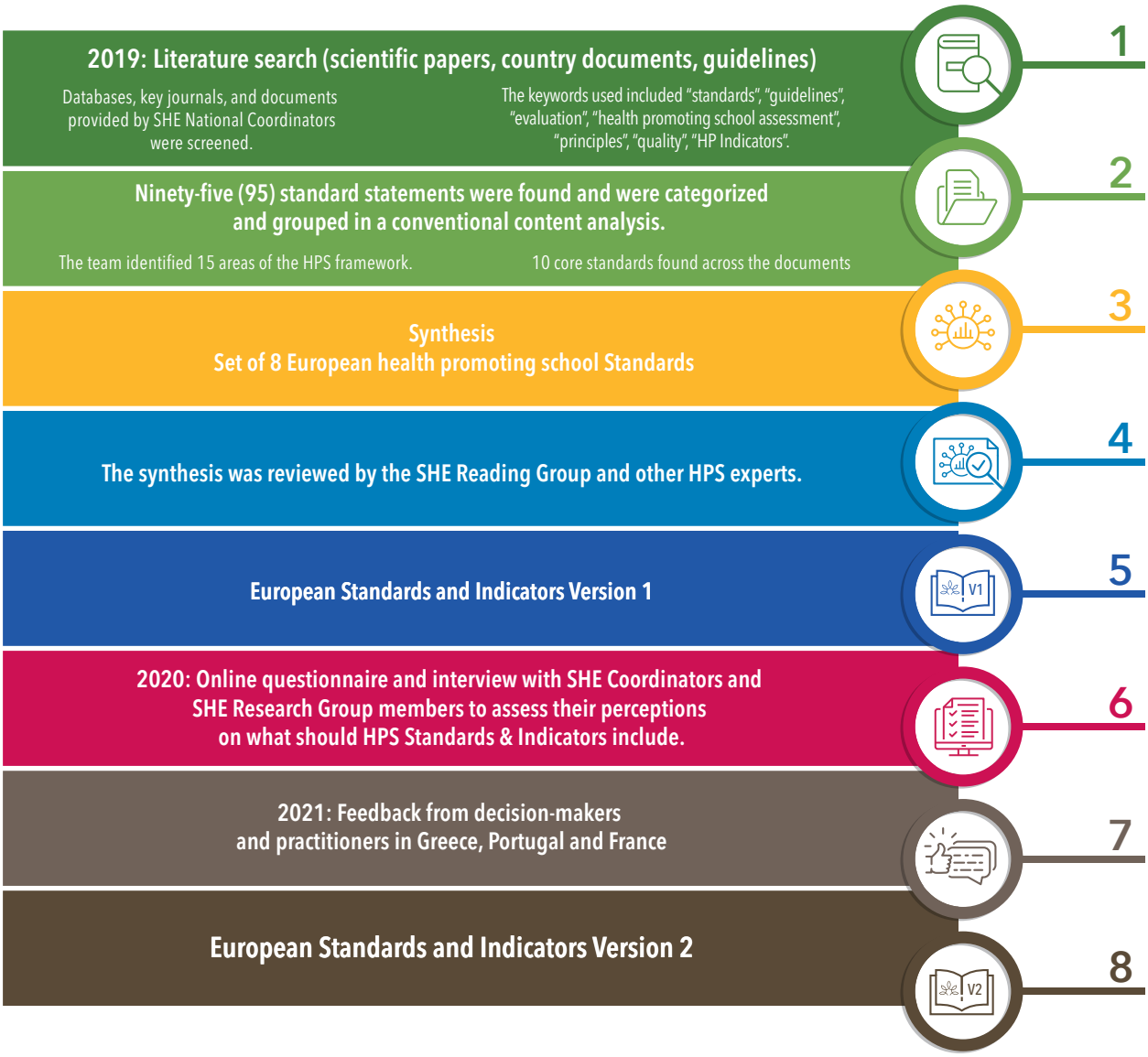
1. School environment
2. School social climate including digital communication
3. School health and well-being policies
4. Leadership and Communication
5. Teacher Training
6. Health Promoting School concept
7. Evidence and evaluation
8. Empowerment
9. Health literacy and action competence
10. Collaboration and Partnerships
11. Advocacy
12. Sustainability
13. Curriculum and HP activities
14. Links with Parents and community
15. School Health Services

6 Common areas were identified using country national guidelines, country standards and indicators, the Ottawa Charter (1986), the IUHPE guidelines (2009), the SHE values and pillars, and feedback from SHE national coordinators and researchers.

# Standards for Health Promoting Schools

## 2.1 How were the Standards developed?

The European Standards and Indicators were first developed in 2019 based on extensive research, following the process described in the figure below:




In 2020 a feedback survey was carried out to gather data and input on the European Standards and Indicators. Eight countries participated: Portugal, Greece, Iceland, Denmark, Croatia, Hungary, and Latvia. The readability, relevance, clarity, and usefulness of 1) Standards 2) Indicators, 3) the conceptual model and 4) user guidance, were examined by a team of stakeholders (such as health promotion professionals) selected by the SHE National Coordinators of the participant countries.

In 2021 the European Standards and Indicators were translated into Greek, Portuguese and French and given to stakeholders (national, regional and district decision-makers, school heads, school advisors, and teachers) to offer feedback on changes required according to their own experiences from schools and educational settings. A member of the SHE Research Group[7] also provided feedback.

The evidence and data collected from 2019 to 2021 were crucial in informing and verifying the choices made by the task team during the development of European HPS Standards and Indicators, resulting in the 2.0 version.

If you wish to know more about SHE National coordinators and the SHE Research Group, please click on the following links

https://www.schoolsforhealth.org/about-us/member-countries

https://www.schoolsforhealth.org/about-us/research-group

## 2.2. The European Health Promoting School Standards

**Standards** refer to what we are aiming for. Quality standards highlight whether there is good or poor quality in what we set out to achieve.

| | |
|---|---|
| STANDARD 1 | The school policy and organisational structure support health promotion and enable a whole school approach. |
| STANDARD 2 | The school ensures that leadership, advocacy and communication promote a whole school approach to health promotion. |
| STANDARD 3 | The school provides a physical, social, and digital environment conducive to pupils and school staff's safety, health, and well-being. |
| STANDARD 4 | The school implements a health promotion curriculum. |
| STANDARD 5 | The school continuously develops its health-promoting resources and expertise. |
| STANDARD 6 | The school develops collaboration and partnerships conducive to improving the quality, sustainability and impact of the Health Promoting School approach. |
| STANDARD 7 | The school works to improve pupils' health literacy and action competencies. |
| STANDARD 8 | The school strives to promote pupils' health, well-being, and academic achievement, emphasising engagement and inclusion. |

7 The SHE Research Group consists of resource persons from research institutions with expertise, capacities and interest in further developing, exploring and testing relevant issues and approaches concerning school health promotion within the European context.

Working with the HPS framework is intended to positively reduce health inequalities, upscaling Health Promoting Schools' practices, development and evaluation. The underlying goals are to promote equity and inclusion in Health Promoting Schools across Europe. It is also crucial that action competencies and empowerment develop the Health Promoting Schools' framework as an aim and as a means.

## 2.3. The Logic Model related to the Standards

The Logic Model structure was designed to enable professionals to monitor their progress and achievements clearly and consistently. This model proposes a logical flow of all the aspects of Health Promoting Schools, acknowledging that ***schools are settings that differ significantly from one region to another.***

The European Standards are structured into three phases according to a simple Logic Model:

- Input
- Process/Intervention
- Outcome

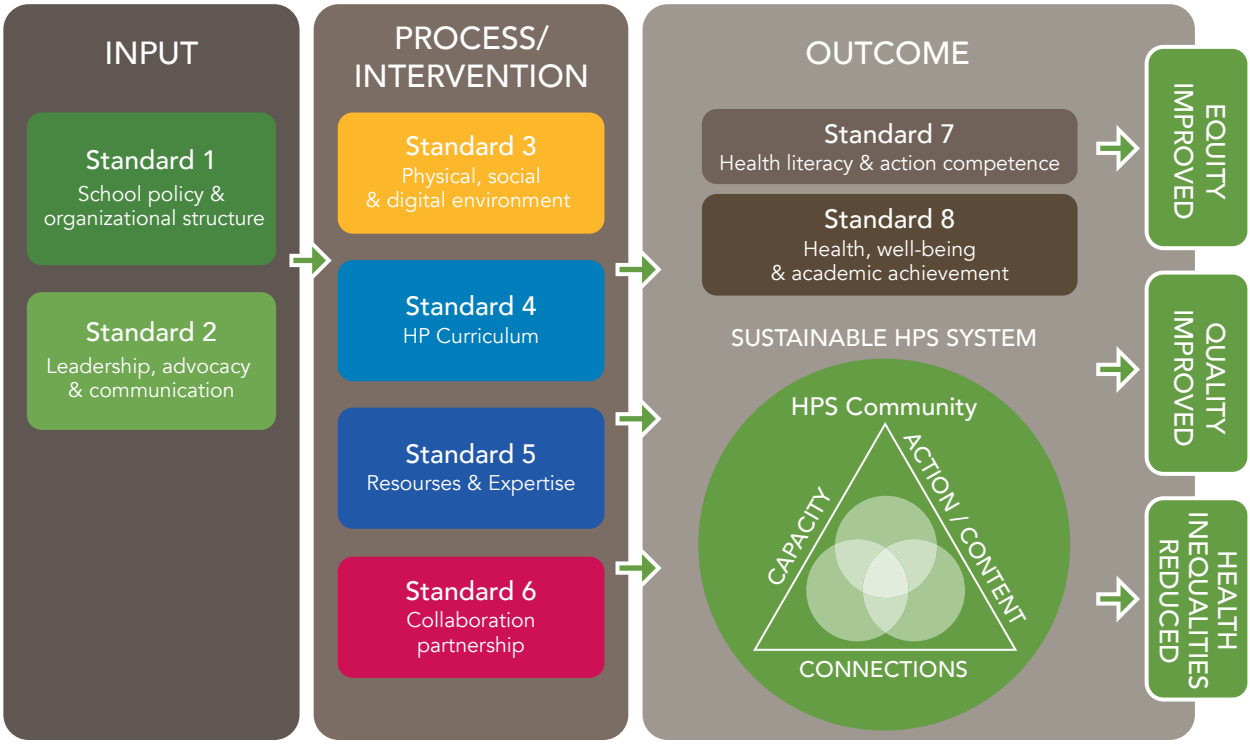
### Key definitions used within the framework:

**Input standards** help evaluate what is put into the HPS strategy and school plan as a necessary step for adequate implementation.
*For example, policy development, funding and resources allocated, training means.*

**Process/Intervention standards** refer to the actions of schools and stakeholders, including activities and interventions. Interventions are understood broadly as programmes, pedagogies, services, products, and policies, developed, evaluated and implemented to improve outcomes within an identified context and/or population.
*For example: "The school develops links with the community".*

**Outcome standards** refer to the expected results of what is completed. They refer to the expected results of everything that has been put into and implemented in a Health Promoting School.
*For example: "the improvement of children's health and well-being".*

The following graph presents the European Standards within the Logic Model, highlighting the various core areas of the Standards categorised according to Input, Process/Intervention and Outcome.




Graph 1: Logic Model for European Health Promoting Schools Standards

## Input standards

Standards 1 and 2 refer to what is put into a Health Promoting School for effective and adequate implementation. Input Standards are the key aspects for policy makers or school leaders when planning the strategy and the organizational structure of a Health Promoting School. For example, it is essential to provide funding and resources for teacher training.

## Process / intervention standards

Standards 3, 4, 5, 6 encompass the ongoing processes and interventions that Health Promoting Schools should develop. The four process/intervention Standards refer to the continuous effort required to renew, improve and/or upscale practices and actions.

## Outcome Standards

Standards 7 and 8 relate to expected results after implementing the HPS framework in schools. The main goals include improving pupils' health, well-being, health literacy and action competencies, and academic achievement.

## Sustainable HPS system

This graph also represents the idea that one of the desired outcomes for the Health Promoting School is to reach a stage of sustainability in a healthy setting (See triangle). The HPS framework can be seen as a system that involves schools and their surrounding communities through strong connections and collaborations. It is hoped that community capacity develops, ensuring overtime that actions and interventions are sustainable.

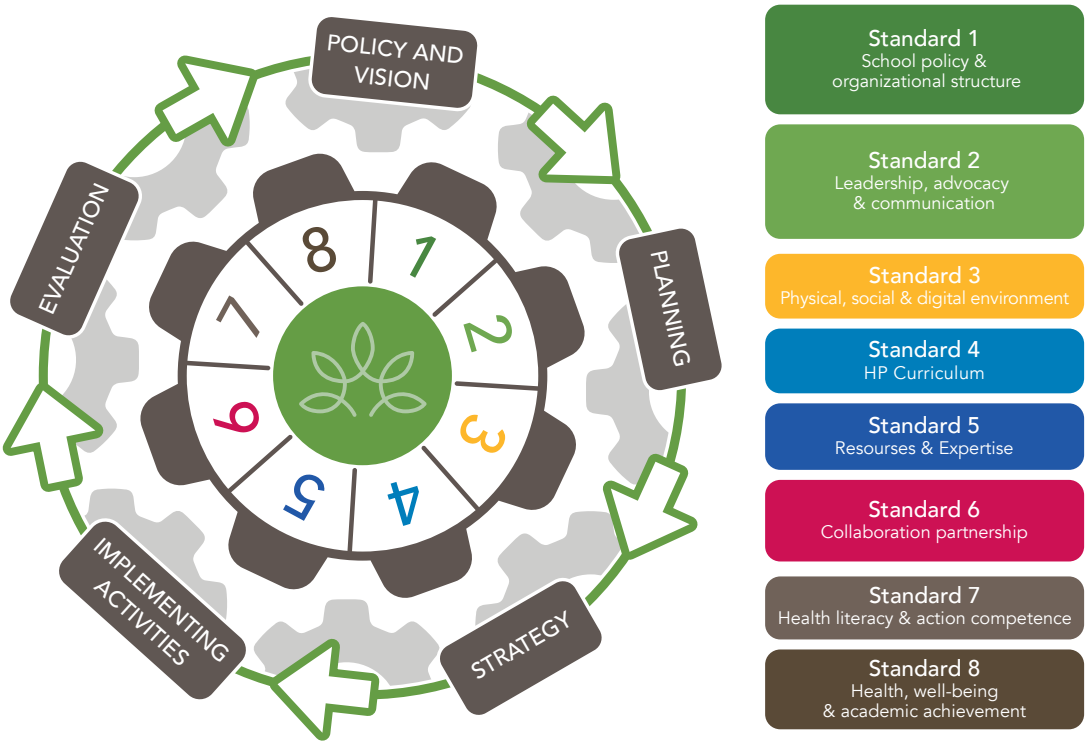
### When to use the model?

The Logic Model for the Standards may be used to assess the stage of development of each Health Promoting School. In addition, the Standards may be used to determine what has been accomplished and what requires further action. For example, in the case of a country at a piloting phase of Health Promoting Schools, where school health policy planning is still taking place, it makes sense to benefit from using the Input Standards to assess what has already been done what is still needed. However, in this case, it would not make sense to use the Outcome Standards until the main actions of the process/intervention phase are completed.

*Note: the process of planning, implementation and evaluation is ongoing. At different stages and levels, there are various aspects to develop further and upscale.*

## 2.4. The standards fit into a Project Management Cycle

The European Standards and Indicators may be ordered chronologically into the phases of a project management cycle (Source: https://www.schoolsforhealth.org/newsroom/wed-28112018-0000-new-platform-health-promotion-tools) as presented in Graph 2. This graph is intended as a visual aid to emphasise that relevant Standards can be chosen according to the phase of development of the health promotion school or project which is monitored or evaluated. The outer project cycle wheel represents a simple model of the phases of a health promotion project. Health Promoting Schools are not projects, they are part of an ongoing process of development and evolution. However, the design and implementation of strategies and actions follow project phases such as policy and vision, planning, strategy, implementation, and evaluation. The inner wheel presents the Standards which assess what is occurring at each phase of the cycle. This inner wheel can be turned so that the Standards match the correct phase. This makes it a flexible framework capable of adapting to various case-scenarios in a variety of schools.




Graph 2: Project cycle phases and European Standards for Health Promoting Schools.

## 2.5. Standards and sub-components

In the following section, each Standard is accompanied by its sub-components or "Standard statements". When considering practices, you may find that some of the standards and sub-standards are already addressed at your school. This set of standards is not about reinventing the wheel. It is about recognizing what is occurring at each school and taking a snapshot of existing practices to promote upscaling. Teachers, advisors, decision-makers have often already engaged in the HPS approach without realizing it. Reflecting on existing practices using a set of standards can help identify existing practices, resources and expertise in each school.

| Standard 1 | Standard components |
|---|---|
| The school policy and organisational structure support health promotion and enable a whole school approach. | 1.a Health promotion and a whole school approach are high on the agenda and are included in school policy. |
| | 1.b Adequate resources are allocated (staff, funding, space, materials and time) for health promotion activities including teacher's training. |
| | 1.c The tasks of the school staff include developing school health policy, planning, implementing and evaluating health promotion activities. |
| | 1.d School health services are provided to pupils |

A national, regional or local school policy for the health and well-being of children, young people and teachers is crucial for an effective and sustainable Health Promoting School. The Paris Declaration (2016) stated that policy from all professional sectors should ensure that Health Promoting Schools are adequately supported. Health Promoting Schools are not merely schools implementing a health-promoting project. Established sustainably, Health Promoting Schools contribute to healthy school communities committed to a continuous process of positive change and evolution. The International Union for Health Promotion and Education highlights that national, regional, and local policies are necessary elements to start a Health Promoting School and are requirements for negotiating goals and designing a strategic school plan. The development of school health policy should be integrated into the educational process. It should contribute to the school's educational mission and provide a clear vision and a framework for solving problems and promoting the health and well-being of all school community members. This requires funding, long-term planning, teacher training, evaluation and implementation of a framework for school-related health services. In addition, health services with appropriately trained staff should be either school-based or school-linked and provide primary health care to pupils as required.

| Standard 2 | Standard components |
|---|---|
| The school ensures that leadership, advocacy and communication promote a whole school approach to health promotion. | 2.a Information on the Health Promoting School concept and whole school approach is disseminated to the school community members. |
| | 2.b A working group including teachers, nonteaching staff, pupils, parents and community members, is created and is actively engaged in leading and coordinating actions. |
| | 2.c School members including pupils, teaching and non-teaching staff and parents are aware and advocate/ promote the Health Promoting Schools approach. |
| | 2.d There is clearly defined regular communication between teachers and school health service providers. |
| | 2.e The HPS tasks are allocated according to professional capacities and responsibilities of teaching and non-teaching staff. |

Appropriate leadership, capable of advancing beneficial school community visions and actions through teamwork, is critical for developing and sustaining social infrastructure. Advocacy and effective communication are necessary for successful and sustainable Health Promoting Schools. The advocacy process consists of the following steps: 1) analysing existing policy, 2) identifying real needs, 3) determining realistic short-term and long-term goals, 4) selecting an audience, 5) communicating a clear message, 6) implementing a strategic plan and 7) evaluating the advocacy approach to improve and re-plan. Support of school leaders, school management and senior administrative staff is often needed to implement an effective Health Promoting School action plan. Advocacy should involve both Health Promoting School coordinators at a national level, school leaders, teachers, parents, pupils and community members at a school level, depending on what is needed to be communicated and accomplished. To accomplish a concrete Health Promoting School agenda, all school community members should be aware of the concept of Health Promoting Schools, teamwork should be established and keypersons' roles clearly defined.

| Standard 3 | Standard components |
|---|---|
| The school provides a physical, social and digital environment conducive to the safety, health, and well-being of pupils and school staff. | 3a The school provides a safe and clean physical environment (building, classrooms, toilets, outdoor spaces, etc.) that promotes positive attitudes towards health and healthy lifestyles. |
| | 3.b The school cultivates a respectful social culture, including social physical and digital communication, among members of the school community. |
| | 3.c The social environment is inclusive, peaceful and promotes equity and democratic processes in all aspects of school life and for all children (including children with special needs or a disability). |
| | 3.d The school community members are empowered and participate actively in promoting safety and well-being in their school physical, social and digital environment. |
| | 3.e The school monitors its physical, social and digital environments. |

The Ottawa Charter (1986) states that a Health Promoting School improves the physical and social environment and ethos (culture, values and climate) of the school. These actions are conducive to the health and well-being of pupils, teaching and non-teaching staff. The architecture, sanitary conditions, furniture, and the amount of safe space for daily physical activity are all part of the school's physical environment and can contribute to pupils' healthy lifestyles. The social environment refers to psychosocial aspects of pupils' experiences of school life, which affect pupils' social and emotional development. The school's physical environment is linked to the social environment, and may contribute in positive ways to enable good relationships between pupils and teachers. Health Promoting Schools can promote well-being as a positive and friendly social environment through both the formal curriculum and their hidden curriculum, e.g. through attitudes adopted by staff towards pupils. Schools should take action to improve cyber safety, in alignment with current global digital transformations.

***Note:*** *prosocial behaviours are "helping behaviour, altruism, or more generally any behaviour that is positive and calculated to promote the interests of society."*
*(https://www.oxfordreference.com/view/10.1093/oi/authority.20110803100350224)*

## An example:

The Scottish «Getting It Right for Every Child» approach supports children to feel safe, respected and loved, so as to fulfil their potential. In school and home, children should feel: safe, healthy, achieving, nurtured, active, respected, responsible, included
(please see https://www.gov.scot/policies/girfec/well-being-indicators-shanarri/).
These constitute the eight Indicators for Well-being in Scotland.

| Standard 4 | Standard components |
|---|---|
| The school implements a health promotion curriculum. | 4.a The school curriculum includes health and well-being related topics and activities. |
| | 4.b Pupils are empowered and actively involved in the development and implementation of health promotion activities. |
| | 4.c Clear rules and positive guidelines are developed and implemented with regards to health and well-being. |

Educational outcomes are at the core of schools' missions and must never be discarded in a HPS strategy. Curriculum development is one of the core businesses and strengths of schools. The inclusion of health-related issues and topics in the curriculum is vital, as childhood experiences, learnings, and behaviours influence the health status of future adults. The Paris Declaration (2016) suggested that quality and inclusiveness of education is not only one of the major determinants of health, but its effect may last throughout an individual's lifetime. The classroom experience is critical in promoting the development of knowledge and competencies and a strategy to promote pupils' health and well-being. Students' active participation and engagement are a lever to promote their motivation for learning in general, particularly learning how to improve their health, which positively affects their academic achievement and well-being.

| Standard 5 | Standard components |
|---|---|
| The school continuously develops its health-promoting resources and expertise. | 5.a The school's teaching and non-teaching staff are provided with opportunities to develop their health-promoting professional skills continuously. |
| | 5.b The participation of parents and community members in school life is encouraged and fostered. |
| | 5.c School Health Promotion strategies, interventions and evaluation are evidence-based, and good practices are encouraged. |

Professional development and teacher training are important components of HPS. Health Promoting Schools should implement and/or participate in capacity building activities organized either by the school or by other partners. The Paris Declaration (2016) emphasizes that partnerships at all levels and between all stakeholders are essential to achieve these changes sustainably. Knowledge from all stakeholders is valued. The capacity for trust is enhanced through partnership building, ensuring the relevance of the evidence used to plan effective activities and monitor and assess achievements. A community-wide approach to HPS is one of the three core components that schools should focus on to enhance their HPS strategies and achieve broader more equitable and more sustainable results regarding pupils' health and well-being.

| Standard 6 | Standard components |
|---|---|
| The school develops collaboration and partnerships conducive to the quality, sustainability and impact of the Health Promoting School approach. | 6.a The school cultivates and reinforces links with the whole community, and engages with parents, municipalities, health services, evaluators and stakeholders. |
| | 6.b Collaboration and partnerships empower pupils to advocate for healthy choices in their families and community. |
| | 6.c Inter-sectoral collaborations and partnerships with the school aim to support the sustainability and continuity of interventions and Health Promoting Schools. |
| | 6.d Collaborations and partnerships with the school are based on ethical principles. |

The Paris Declaration (2016) stated that promoting children's health requires intersectoral collaborations and partnerships, to address health determinants, target the reduction of health inequities and improve health and well-being, sustainably. A detailed review of European Health Promotion Schools suggested that collaborations and partnerships between schools and other community organisations are an important driving force to promote health among pupils, their families and community members. However, collaboration for implementation and/or funding of health promotion activities with companies with conflict interests should be avoided, e.g. collaboration with manufacturers of unhealthy food products. For HPS strategies to be sustainable, coherence, continuity, and an ethical whole-community approach based on trust and ownership is necessary. This involves collecting essential data to monitor and evaluate the processes at play.

***Note:*** *Intersectoral collaborations refer to collaborations between different sectors (i.e. health, education, food industry, agriculture, local government). In this case, intersectoral collaboration refers to schools, public health organisations, educational organizations, health professionals, municipalities and universities.*

| Standard 7 | Standard components |
|---|---|
| The school works to improve pupils' health literacy and action competence. | 7.a Pupils' knowledge and understanding of how their health and well-being can be promoted is reinforced or improved. |
| | 7.b Pupils and teachers are empowered to make sound health decisions for themselves and others. |
| | 7.c Pupils are empowered to take action to address the conditions for health in their surroundings, according to their age and competencies. |

According to the latest WHO (2020) report, "Health literacy is the ability to access, understand, and use information to promote and maintain personal and community health by changing personal lifestyles and living conditions. Newer definitions encompass critical appraisal of health information and critical thinking about health claims as core components of the conceptual framework of health literacy, which is also incorporated in the terminology 'critical health literacy'. In "the solid facts" (2013), several indicators highlight that almost half of the survey's European respondents have inadequate or problematic health literacy. Research has now established that low health literacy skills are associated with riskier behaviour, poorer health, and less-successful self-management. All actions that aim to strengthen health literacy and action competencies have been shown to build individual and community resilience, address health inequities, and improve health and well-being.

| Standard 8 | Standard components |
|---|---|
| The school strives to promote pupils' health, well-being, and academic achievement, emphasising engagement and inclusion. | 8.a Pupils' positive experiences in school, have a positive influence on their health and well-being. |
| | 8.b The school strives to achieve less dropouts, better academic achievement, less absenteeism, and better engagement with school. |
| | 8.c Improved health promotion for an increasing number of pupils and teachers, including equity in health promotion. |
| | 8.d The school contributes to reducing health inequalities. |

The expected outcomes of HPS strategies include health-related competencies and well-being, social health, and educational outcomes. Well-being and health literacy are linked. Well-being is constitutive of health, as mentioned in the Paris Declaration (2016). Health Promoting Schools are expected to evaluate their effectiveness in improving pupils' experiences at school, their engagement with school and their academic achievement. In line with the sustainable development goals of the United Nations, reducing inequities is an essential component of Health Promoting Schools.

PART 3

# Indicators for Health Promoting Schools

## 3.1. Indicators: A monitoring tool to support planning, upscaling and evaluating the achievements of Health Promoting Schools

### Definition:

An indicator is: "A sign that gives a fair and accurate representation of a part of the working of a complex system and changes within it" (Young 2005, Barnekow, 2006).

"An indicator is a specially selected measure or attribute that may indicate or point to good or poor quality" (Ader et al, 2001).

European indicators for Health Promoting Schools were developed to enable stakeholders to monitor and assess the level of achievements of their Health Promoting School strategy and plan. They can also be used to identify areas that require improvement and attention. European Indicators are both quantitative and qualitative. Therefore, they may be applied at different levels of HPS strategy, at international, national, regional, school or classroom level. Ideally, indicators should be used by a team of evaluators representing these different levels – i.e. from the ministries, local authorities, schools, school-related health promotion services, classroom levels.

Important note: *Each country will need to find their own strategies to formulate their appropriate indicators depending on stage of development of the HPS approach. The indicators presented in this document are examples only. Some indicators will not apply in your specific country context. You can decide to make your own indicators, and your own assessment tools. Indicators can be co-designed according to the progress of the project.*

### Who could evaluate?

- The school director/headmaster
- The school board
- A school counsellor
- A team of schoolteachers involved in Health Promotion
- The school nurse together with the school principal
- An external evaluator
- A team of all the above-mentioned professionals

## 3.2. How to collect data?

The methods for gathering data and selecting points for each indicator may be qualitative and / or quantitative, depending on the specific context of the school and the country involved. The opportunities and accessibility of the data may vary between countries or schools. The evaluator(s) should derive evidence from observation, documentation, health promotion projects' notes, teachers' meetings and school council minutes or annual school activity reports. Other methods for gathering information may include interviews, focus group discussions with the teachers' board, parents' board, pupils' board, the school nurse, the school director, or any other relevant school community member.

This data should support the points / classification allocated to each indicator. Data collection and evaluation should preferably occur every two or three years to allow change and progress in-between assessments.

## 3.3. Assessment and Measurement

### A four-point scale may be used to measure each indicator and assess both achievements and improvements that need to be made.

- Stage 4: fulfilled. Goals and achievements are fulfilled. Development in this area has reached a good quality according to standards and the school's objectives a percentage of 76%-100% when proportions are measured.
- Stage 3: partially fulfilled. There are more achievements than weaknesses. Development in this area is satisfactory, but improvements are still to be made a percentage of 51%-75% when proportions are measured.
- Stage 2: to be further developed and consolidated. There are more weaknesses to overcome than achievements. Nevertheless, development in this area is necessary to reach desired goals a percentage of 26% -50% when proportions are measured.
- Stage 1: to be introduced and / or developed. Lack of achievement – mainly weaknesses are observed. Very low quality is observed in this area a percentage of 0-25% when proportions are measured.

**Note:** *Instead of percentages, you may want to consider using a more qualitative evaluation, such as, for example: "absent"; "in progress, but not fully implemented or accomplished"; "implemented but needs improvement"; "sufficiently implemented/accomplished", "fully implemented/accomplished".*

### Assessing what are the criteria for success

To assess the various areas of Health Promoting Schools, the HPS team will have to select the stage that most accurately reflects the school's position in relation to its objectives. So, the baseline describing initial stages could include the current status of the school and expected developments, such as objectives in a given timeframe. For example, the percentage of teachers, pupils, parents, and/or satisfactory goals related to resources, existing capacities, and real-life challenges could be described. This measure also consists of a four-stage scale. Stage 4 would represent what is considered satisfactory for a school. For example, it is probably unrealistic to expect 100% of staff and pupils to participate in health promotion activities actively. Therefore, 100% or Stage 4 represents a fully met objective with a fully satisfactory number of pupils or teachers affected. The next step would be to sustain this percentage in the following year or increase it while considering what is feasible in terms of resources, funding, and infrastructure.

## 3.4. European Indicators for Health Promoting Schools

The following indicators accompany each of the eight HPS Standards.

### Indicators for Standard 1

Standard 1: The school's policy and organisational structure supports health promotion and enables a whole school approach.

| Indicators for Standard 1 | Stage or Percentage |
|---|---|
| 1.1 Health promotion is part of the philosophy and policy of the school and is named in school decisions and documents. | |
| 1.2 There are structures and guidelines for the planning, implementation and evaluation of health promotion policies and activities in the school. | |
| 1.3 Time, materials, staff, funding, spaces are allocated for implementing school health promotion activities. | |
| 1.4 Teacher training is organized and provided. | |
| 1.5 School health services (i.e., school nurse, psychologist, special needs teaching staff, social worker, …) are available to all pupils during school days. | |
| 1.6. Clear rules and positive guidelines are developed and implemented to prevent risks and promote the health and well-being of pupils and staff. | |

<u>Example of signs and criteria to consider as evidence for selecting the correct stage or percentage.</u>

1.1 Health promotion is a responsibility of the school, and it is named in the school vision and school policy documents.

- Health promotion is among the school's priorities and is clearly stated in the school's educational vision (visible on the school's website, policy documents).
- School and teaching staff consider health promotion to be among their educational aims.

1.2 There are structures and guidelines for the school's planning, implemention and evaluation of health promotion policies and activities.

- School leaders, teachers, pupils and parents have developed a school health policy for managing health issues at school and planning, implementing and evaluating health promotion activities (minutes from the board of teachers' meetings, parents' board meetings etc.)
- School has a non-smoking policy for both staff and pupils.
- School has a policy for administering medicines, and first aid equipment and training is provided.

1.3 Time, materials, staff, funding, spaces are allocated for implementing school health promotion activities.

- Resources are allocated for school health promotion activities.
- The tasks are distributed according to competencies and availability of the staff.
- There is sufficient time allocated for teaching health-related issues to pupils.
- There is a budget for health promotion activities.

1.4 Teacher training is organized and provided.

- In-service teacher training or teacher professional development workshops and seminars are provided.
- Teachers participate in seminars, health promotion programmes or professional development opportunities each year.
- Teachers who implement health education in school are trained and well-equipped with knowledge and professional skills.

1.5 School-linked health services are available to all pupils during school days.

- There is a school nurse/ health professional available for all pupils at the school.
- Access to psychologist or counselling services is provided.
- There are school-linked health care services available to pupils and school staff.
- Health professionals working with pupils at schools have adequate professional skills.
- The school promotes local health services to pupils and parents/guardians.
- The school supports pupils with specific needs with school-linked and/or school-based health services, such as speech therapists, psychologists and regular communication between the teachers, parents and health professionals.

1.6 Clear rules and positive guidelines are developed and implemented to prevent risks and promotethe health and well-being of pupils and staff.

- The school has clear rules and guidelines about reducing risks for pupils and staff.
- The school has clear rules and guidelines to promote the health and well-being of pupils and staff.

## Indicators for Standard 2

Standard 2: The school ensures that leadership, advocacy and communication promote a whole school approach to health promotion.

| Indicators for Standard 2 | Stage or Percentage |
|---|---|
| 2.1 The school has formed a working group of teaching and non-teaching staff responsible for organizing Health Promotion activities, monitoring pupils' health and needs, and for planning and organizing health promotion actions together with other school health professionals. | |
| 2.2 There is information disseminated to the members of the school community about the Health Promoting School concept and whole-school approach. | |
| 2.3 Health service providers communicate with teachers in order to develop and implement health promotion activities and support pupils' needs. | |
| 2.4 The school has formed an action plan for achieving selected goals. | |

Example of signs and criteria to consider as evidence to select the correct stage or percentage.

2.1 The school has formed a working group of teaching and non-teaching staff responsible for organizing HP activities, monitoring pupils' health and needs, and for planning and organizing health promotion actions together with other school health professionals.

- A minimum of 3 school staff members are part of the school health promotion working group, and meet regularly to plan, implement and evaluate school health-promoting activities.
- Minutes from meetings of school members for planning and organizing health promotion activities.
- The number or percentage of school members who can name the key-persons responsible for health-promoting activities and school health services.
- The number or percentage of pupils who know whom to talk to when they have a health-related problem in the school.

2.2 There is information disseminated to the members of the school community about the Health Promoting School concept and whole school approach.

- Communication channels are established to disseminate information.
- Teachers, pupils and parents state that they are informed about the health-promoting school concept and the whole school approach.

2.3 Health professionals communicate with teachers to develop and implement health promotion activities and support pupils' needs.

- Communication between teachers and health professionals, such as a school nurse, a school psychologist or a developmental paediatrician, occurs for planning and implementing specific health promotion projects, supporting pupils and informing their parents.
- School administrative staff, headmasters, teachers, parents and health services providers collaborate together for pupils' health and psychosocial needs.
- Specific needs are managed by the school.

2.4 The school has formed an action plan for achieving selected goals.

- The benefits of the whole-school approach to health promotion are presented encouraging and engaging school members' and partners' participation.
- There is a written action plan for achieving short-term and long-term goals based on current needs and policies, which includes: communicating core messages to target audiences, cultivating oalitions with stakeholders, making a case for influencing/improving school health policy.

## Indicators for Standard 3

Standard 3: The school provides a physical, social and digital environment conducive to the safety, health, and well-being of pupils and school staff.

| Indicators for Standard 3 | Stage or Percentage |
|---|---|
| 3.1 The physical environment and the infrastructures of the school (school building, outdoor premises) are in good condition, are safe and comply with health standards | |
| 3.2 Cleanliness is observed in the school premises (classrooms, toilets, schoolyard, school canteen). | |
| 3.3 The school encourages care of the physical school environment and provides the appropriate infrastructure to enable this. | |
| 3.4 Teaching/learning are based on interactive, cooperative and participatory methods that cultivate self-esteem, teamwork and pro-social behaviour. | |
| 3.5 Relationships among and between pupils, teachers, non-teaching staff, parents are friendly, respectful and based on mutual communication and cooperation. | |
| 3.6 The school promotes healthy, active living and complies with national or international guidelines. | |
| 3.7 The school has zero-tolerance for bullying/cyberbullying and discrimination and celebrates diversity. | |
| 3.8 A sense of belonging, inclusion and equity is cultivated. | |
| 3.9 The school takes measures to make healthy choices the easiest option for pupils and staff. | |

Example of signs and criteria to consider as evidence for selecting the correct stage or percentage.

3.1 The physical environment and the infrastructures of the school (e.g. school building and outdoor premises) are in good condition, safe and comply with health standards

- There is funding and technical support provided by the local authorities or other entities for, e.g. heating and/or general maintenance.
- Building materials, furniture, lighting, temperature and playground equipment comply with health and safety standards. There are documents to prove this.
- The school monitors the type and number of accidents during breaks and follows national and/or regional and/or local first aid guidelines for dealing with accidents at school.
- The school grounds are adjusted according to age, diverse needs (quiet spaces etc.) and a variety of activities.
- The design of playground areas and indoor school spaces increase opportunity for physical activity and socialising.

3.2 Cleanliness and hygiene is observed in the school premises (classrooms, toilets, school yard, school canteen).

- Washbasins and toilets are kept clean during the day.
- Toilet paper, soap and drying paper or dryers are available.
- Drinking water is available for pupils and staff.
- The classrooms are regularly aired and cleaned daily.

3.3 The whole school community is committed to respecting and caring for the physical environment, school premises, furniture, and energy saving and recycling.

- Recycling bins are available in rooms and corridors.
- Recycling procedures follow refuse collections guidelines. Recycling procedures are shared with local refuse collections services.
- Pupils and school staff use recycling bins at school – paper, plastic, glass and other types of waste are separated and sent for recycling.
- Pupils and teachers participate in keeping the classroom tidy and clean.

3.4 Teaching and learning is based on interactive, cooperative and participatory methods that cultivate self-esteem, teamwork and pro-social behaviour.

- Teachers' conduct is respectful to pupils' personality and cultivates positive social relationships within the classroom.
- There are appropriate spaces to use active learning and cooperative learning methods.
- Developmentally appropriate discussion (according to the age and mental abilities of pupils) and activities for developing pro-social tools, self-esteem, conflict resolution skills, effective communication take place in the classroom.
- Implementation of programmes to tackle bullying, including cyberbullying.

3.5 Relationships among and between pupils, teachers, non-teaching staff, parents are friendly, respectful and based on mutual cooperation.

- Pupils are actively involved in developing a positive school ethos.
- Number of bullying incidents observed or reported and how/if they were handled in a satisfactory manner.
- Number of pupils, teachers and parents who feel safe, respected and included at school.
- There is an atmosphere of respect and trust in teacher-parents' meetings.

3.6 The school promotes active living, healthy eating and physical activity.

- School canteen and catering comply with the national laws, regulations or recommendations regarding healthy eating and hygiene.
- Community initiatives about physical activity are promoted.
- Physical activity opportunities are offered at school in collaboration with external organisations.
- Improvement of catering services to make healthy choices, easy choices.
- There are appropriate spaces and equipment for pupils' physical activity and playing during class time and breaks in compliance with national laws, regulations or recommendations in force regarding physical activity in school.
- Adequate hours for physical activity per week.
- Age-appropriate information and activities to promote healthy eating and physical activity attitudes to pupils.
- Walking or cycling to school is promoted in collaboration with local authorities.

3.7 The school has zero tolerance for bullying/cyberbullying and discrimination and celebrates diversity.

- Information about well-being, healthy lifestyles, bullying prevention, sexual education, among other issues is available in the school.
- There is a written policy on bullying and discrimination.
- Activities and good practices are implemented to promote interconnectedness and celebrate diversity.
- Pupils feel that they are supported by school staff.
- There are practices that promote relaxation, concentration and fun, conducive to well-being.

3.8 A sense of belonging, inclusion and equity is cultivated.

- There is an active class council or pupils' association.
- School events are organised for cultivating inclusion and equity, such as school excursions, theatre, sports.
- Number of social school events organized and number of school members participating.
- Activities and teaching take place with democratic structures, dialogue and decision making with the active participation of pupils and teachers.

3.9 The school takes measures to make healthy choices obvious for pupils and staff

- The school assesses the needs related to health and social relationships in the school, including pupils' self-reporting and take into consideration their views and needs.
- The school provides conditions for making healthy food easily available.
- The school provides conditions/equipment for pupils' physical activity during breaks considering pupils different interests.

## Indicators for Standard 4

Standard 4: The school implements a health promotion curriculum..

| Indicators for Standard 4 | Stage or Percentage |
|---|---|
| 4.1 The school curriculum includes age-appropriate health and well-being topics and activities. | |
| 4.2 Teachers choose activities and teaching methods which promote the health and well-being of all pupils throughout the whole school curriculum. | |
| 4.3 The pupils receive a Health Promoting School curriculum as part of their education. | |
| 4.4 Pupils are actively involved in school life and health promoting activities including design, implementation and evaluation; they share decision-power and have a voice | |

Example of signs and criteria to consider as evidence for selecting the correct stage or percentage.

4.1 The school curriculum includes health and well-being topics and activities, which aim to develop age-appropriate health literacy and health-promoting action competencies.

- An age-appropriate health promotion course and / or health promotion modules and / or health promotion activity exist in the school curriculum and are included in teaching activities.
- Well-defined health education / health promotion units exist within the school curriculum and are taught to pupils during school hours.
- Documents detailing health promotion course and / or health promotion modules and / or health promotion activities exist; school activities are recorded in written documents.
- Health and well-being-related topics are clearly stated in the school curriculum and are included in activities during school time.
- The development of action competencies and health literacy conducive to health and well-being are found in documents describing school activities and lessons.

4.2 Teachers choose activities and teaching methods that promote all pupils' health and well-being throughout the whole school curriculum.

- Everyday teaching explicitly takes root in differentiated and inclusive collaborative teaching and learning methods based on equity and promoting pupils' achievement.
- Teachers regularly reflect on their teaching practices and attitudes in group meetings.
- Teachers take every opportunity to promote well-being in everyday school life throughout the whole curriculum.
- The assessment of pupils promotes their sense of achievement and draws from peer assessment, self-assessment, formative evaluation and other motivation enhancing methods.
- Teachers regularly assess learning outcomes for children and young people at risk or with additional and/or complex needs so they experience a sense of achievement.

4.3 The pupils receive a Health Promoting School curriculum as part of their education

- Percentage of pupils who received health education lessons and activities as part of the school curriculum.
- Total number of health education sessions per year within the school curriculum.
- Average number of lessons, duration of physical education lessons per week in schools.
- Percentage of pupils taught about injury prevention, first aid, road safety, healthy eating, alcohol or other drug use prevention, healthy lifestyles per academic year in the school.
- Percentage of pupils who access curricular activities to promote their physical, social and emotional competence to enhance their overall well-being.
- Number of projects and activities which aim to promote the health and well-being of pupils.

4.4 Pupils are actively involved in school life and health-promoting activities including design, implementation and evaluation; they share decision-power and have a voice.

- The school provides evidence of active pupil involvement in policy development, e.g. minutes of meetings and pupils attending steering meetings.
- Pupils are involved in the development, implementation, and evaluation of school health promotion goals and activities.
- The level of pupils' participation in health education and health promotion projects and activities is high. Pupils share decision-power and inform the design of activities and projects.

- Pupils collaborate with parents and local community members to develop, implement, and evaluate health promotion activities and projects in the school.
- There is evidence of initiatives, projects, activities and school life in which pupils are actively involved.
- The school has an effective pupils' council that meets regularly e.g. minutes of meetings can be found, lists of participants.
- Specific activities are used to collect pupils' opinions and give pupils a voice.
- Pupils are encouraged to express themselves and give their opinions on the matters which concern them.

## Indicators for Standard 5

Standard 5. The school continuously develops its health-promoting resources and expertise.

| Indicators for Standard 5 | Stage or Percentage |
|---|---|
| 5.1 The school's teaching and non-teaching staff develop their professional skills on an ongoing basis and feel competent promoting pupils' health and well-being related competencies. | |
| 5.2 Participation of parents and community members in school life is fostered; parents and community members are involved in the design, implementation and evaluation of health promotion projects and activities. | |
| 5.3 The school promotes a sense of belonging for parents and community members of the school community. | |
| 5.4 Parents and community understand the importance of promoting pupils' health and well-being in every aspect of school life. | |
| 5.5 The design of school health promotion strategies and interventions is evidence-based and good practices are encouraged. | |
| 5.6 The evaluation of school health promotion strategies and interventions is evidence-informed and good practices are encouraged. | |
| 5.7 The level of expertise in the school increases over time. | |

<u>Examples of signs and criteria to consider as evidence for selecting the correct stage or percentage.</u>

5.1 The school's teaching and non-teaching staff develop their professional skills on an ongoing basis and feel competent promoting pupils' health and well-being related competencies.

- Health education and promotion is reflected in the school's professional development plan for staff.
- Continuous training based on updated knowledge and awareness of school health and well-being is offered every year.
- Percentage of staff who have been trained to promote healthy behaviour in pupils.
- Percentage of staff who have been trained to provide guidance to pupils on how to promote their health and well-being.

- Percentage of staff who have been trained to prevent specific risk factors and risky behaviours (i.e., substance use, bullying).
- Percentage of school staff who feel equipped to work with health promotion activities in the school.
- Percentage of staff members who are aware of the Health Promoting School policy, including existing guidelines, activities and projects.
- School staff are willing to update their knowledge and practices on health promotion as part of their schoolwork.
- Percentage of school staff members who feel competent to provide guidance to pupils on how to promote their health and well-being and prevent risk factors.
- Percentage of staff who feel skilled to promote health competencies in pupils.
- The school encourages and supports educational innovation aimed at health promotion, provides time and resources and facilitates the process.
- The school collaborates and shares experiences with other schools; networking is promoted and supported.

5.2 Participation of parents and community members in school life is fostered; parents and community members are involved in the design, implementation and evaluation of health promotion projects and activities.

- Formal and informal structures and activities exist to promote relationships and partnerships between parents, community members and the school.
- The school policy is developed and supported by the whole school community; it involves parents and community members.
- There is evidence of parents developing and analysing health promotion goals (i.e., minutes of meetings, participation in meetings).
- Extra-curricular activities and projects involve community clubs and services and parents; they are involved in the planning, the needs analysis, the implementation and the evaluation.
- There is evidence that parents are involved in developing, implementing and evaluating health promotion activities and projects.
- A health council or a school health promotion working group, includes parents and community members and exists in the school.
- There is evidence that parents and families are involved in school life and school activities.
- Organized structures exist at a school level to involve parents in the decisions relating to school life.
- There is evidence of involvement of community members in school life and school activities.
- There is evidence that the school promotes parental involvement and participation in school activities (newsletters, invitations to participate).
- There is evidence that the school promotes relationships with other local schools.
- Parents and community members are actively involved in promotion of well-being promotion the school community.
- The expertise of parents and/or members of the community is used to support activities in the school.

5.3 The school promotes a sense of belonging in parents and community members to the school community.

- The school organizes inclusive events that involve and recognize parents and community members as the school community and promote a sense of belonging amongst parents and community members.
- The school communicates with community members; and informs them about health promotion activities, projects, and school life.

- School staff prioritize openness, respect and listening in their interactions with each other, pupils, parents and community members.

5.4 Parents and community members understand the importance of promoting pupils' health and well-being in every aspect of school life.
- Number of parents and community members who understand the importance of promoting health and well-being in every aspect of school life.
- Number of parents who actively participate in the parent council, and/or express their needs/ views/ideas about health-promoting activities.
- Number of parents participating in events, health-promoting activities linked to the school.
- Percentage of parents who prioritize health and well-being in every aspect of school life.

5.5 The design of school health promotion strategies and interventions is evidence-based, and good practices are encouraged.
- Activities and projects are rooted in the theoretical basis, the concepts, principles, values and methods of the Health Promoting School's framework.
- Decisions on the design of health-promoting strategies and interventions are evidence-based.
- The health-promoting curriculum reflects current national/international guidelines.
- The expertise of parents and/or members of the community is used to support health-promoting activities in the school.
- Collaboration is established with universities and non-profit organisations.

5.6 The evaluation of school health promotion strategies and interventions is evidence-informed, and good practices are encouraged.
- Health promotion activities and projects are evaluated.
- The evaluation is designed at an early stage of project / activity design.
- Practices implemented are fostered by scientific guidelines, local policies or research institutions and project/activities implemented are evidence-based.
- Documents and evidence from projects and activities record the process of needs analysis, design, implementation and evaluation. Such evidence and documents are kept to inform future practices for reflexive practices.
- The evaluation of the project / activities is based on current knowledge and available data.
- Documents and evidence are collected throughout the activity / project.
- The progress, effectiveness and difficulties relating to health promotion projects and activities are monitored regularly.

5.7 The level of expertise in the school increases over time.
- Collaborations with health promotion experts, non-profit health organizations, enable the school to gain knowledge and competencies for health-promoting activities and projects.
- Parents and community members with relevant knowledge are encouraged to contribute to school activities.

## Indicators for Standard 6

Standard 6: The school develops collaboration and partnerships conducive to improving the quality, sustainability and impact of the Health Promoting School approach.

| Indicators for Standard 6 | Stage or Percentage |
|---|---|
| 6.1 The school embraces and participates in local, regional, national or international school health promotion initiatives. | |
| 6.2 Pupils, teachers and school staff actively contribute to the community within which the school belongs in initiatives that promote pupils' health competencies. | |
| 6.3 Appropriate external organisations/institutions and individuals (national and local intersectoral collaboration and partnerships) regularly contribute to the development of school health promotion initiatives. Any contribution planned complies with policy and ethical principles and is evaluated and followed up. | |
| 6.4 The school seeks or acknowledges the expertise of parents, teachers, academic members, health professionals, or other community members to support school health promotion curriculum and non-curriculum activities, as appropriate. | |

Example of signs and criteria to consider as evidence for selecting the correct stage or percentage.

6.1 The school supports and participates in local, regional, national or international school health promotion initiatives.

- Number of health promotion initiatives supported or attended by school members.
- Percentage of parents/guardians who took part in lessons, workshops, or other activities that strengthened their knowledge and skills in health promotion within the last two to three years.
- The school leaders and health promotion coordinators disseminate information to staff, pupils and parents about national health promotion programmes, health promotion contests etc.

6.2 Pupils, teachers and school staff actively contribute to the community within which the school belongs in initiatives promoting pupils' health competencies.

- Pupils support the community through charity work such as fund raising for non-profit health organization orwork with/for the elderly or persons with disabilities.
- Number of school community members who participated in dissemination of actions which promote the health-promoting schools' concept and good practices outside the school.

6.3 Appropriate external organizations/institutions and individuals regularly contribute to the development of school health promotion initiatives regularly. Any contribution planned, complies with policy and ethical principles, and is evaluated and followed up.

- Evidence of regular contacts and meetings with external stakeholders and school health promotion regional and national coordinators.

- Evidence of external health promotion organizations and individuals providing workshops or resources for school health promotion projects.
- Evidence of the existence of long-term health promotion projects or health promotion agreements with relevant stakeholders.
- The school is supported by the regional and national school health promotion coordinator in initiative evaluation processes.

6.4 The school seeks or acknowledges the expertise of parents, teachers, academics, health professionals, or other community members to support school health promotion curriculum and non-curriculum activities, as appropriate.

- The school is involved in research project(s) to understand the impact of healthy behaviours on pupils/staff health and well-being.
- Evidence of experts' collaboration in school health promotion initiatives, including parents with relevant expertise, researchers, academics, health professionals.

## Indicators for Standard 7

Standard 7: The school works to improve pupils' health literacy and action competencies.

| Indicators for Standard 7 | Stage or Percentage |
|---|---|
| 7.1 Improvement of pupils' knowledge of what health and well-being is and how it can be promoted. | |
| 7.2 Pupils' empowerment and action competence related to health and well-being and the conditions which enable them to make sound health decisions. | |
| 7.3 Pupils feel confident to take action and advocate for health-promoting changes with their families and the broader society. | |

Examples of signs, criteria as evidence for selecting the correct stage or percentage.

7.1 Pupils' knowledge and understanding of what health and well-being is and how it can be promoted is improved.

- Increase in the number of pupils who know and understand specific facts about health and what influences health.
- Percentage of pupils who report they have received health-specific information in schools.
- Percentage of pupils who understand basic concepts about disease outbreaks.
- Percentage of pupils who know and understand what to do to take care of their health and well-being.
- Percentage of pupils who are able to identify information that helps them to promote their health and well-being.

7.2 Pupils' empowerment and action competencies related to health and well-being and the conditions which enable them to make sound health decisions.

- Percentage of pupils who have improved their health.
- Percentage of pupils who are motivated to improve their health.
- Percentage of pupils who know where to access health information and actively use the access.
- Pupils gain competencies of critical appraisal of health information and applying it in everyday life.
- Pupils gain competencies in communication skills.
- Pupils gain competencies in advocacy skills.
- Percentage of pupils taught resistance skills in relation to deleterious health behaviour.

7.3 Pupils feel confident to take action and advocate for health-promoting changes within their families and n the broader society.

- Pupils disseminate health-related information to family members and/or broader community members.
- Pupils participate in health promotion activities in the local community.
- The school involves both pupils and their parents in health promotion activities and supports pupils in disseminating health and well-being information to parents.
- Pupils are knowledgeable about human rights, equality and inclusion and feel confident advocating these in their family and community.
- No discrimination and/or bullying is observed towards peers with special needs or pupils with different social, sexual and/or ethnic identity.
- Activities that foster inclusion, non-discrimination and tolerance have a transversal status in the curriculum.
- Number of pupils who are proactive in preventing racism, intolerance and violence.
- Number of pupils who report racism, intolerance and violence.

## Indicators for Standard 8

Standard 8: The school strives to promote pupils' health, well-being, and academic achievement, emphasising engagement and inclusion.

| Indicators for Standard 8 | Stage or Percentage |
|---|---|
| 8.1 Evaluation findings provide evidence for effective HP and positive impact on pupils' health and well-being | |
| 8.2 Pupils like their school and are happy with their class. | |
| 8.3 Opportunities are provided in school life for activities that promote self-esteem and belonging. | |
| 8.4 The relationship between academic achievement and a child/young person's well-being is understood and accepted by school staff and parents. | |

Example of signs and criteria to consider as evidence for selecting the right stage or percentage.

8.1 Evaluation findings provide evidence for effective HP and positive impact on pupils' health and well-being.

- The school strives to collaborate with researchers/universities to monitor and evaluate HP impact.
- Evidence or research findings on the effectiveness of schools' HP interventions and practices.

8.2 Pupils like their school and are happy with their class.
- Pupils are asked their opinions about the school (using questionnaires, group discussions, and wish boxes).
- Percentage of pupils stating that they feel safe at school and supported by staff.
- Percentage of pupils who state they like their school and are happy with their class.
- Less absenteeism from school.
- Appropriate pedagogic methods to enhance mental health are applied.

8.3 Opportunities are provided in school life for activities that promote self-esteem and belonging.
- Implementation of social and emotional learning programmes and activities to improve self-esteem.
- Percentage of pupils feeling they are worthy and capable of reaching their goals.
- Teaching and non-teaching school staff encourage pupils to actively engage in school activities, supporting a sense of belonging in the school community.

8.4 The relationship between academic achievement and pupils' well-being is understood and accepted by school staff and parents.
- Teachers support pupils in fulfilling their academic goals and feeling good at school.
- Pupils' sense of accomplishment of their academic goals.
- The teachers foster student development and autonomy.
- Teachers and researchers use various multidisciplinary tools for evaluation, including elements of educational and well-being research.
- Self-evaluation is promoted.
- School staff and parents are informed that pupils who feel good, learn better.

PART 4

# Information about context and development of the indicators

SHE European Indicators result from research of bibliography, policy documents and grey literature . Firstly, existing indicators and evaluation tools used in different European countries were explored. Secondly, a literature search on indicators and guidance for school health and Health Promoting Schools was completed. Finally, a survey was completed to assess key stakeholders' perceptions on European Standards and Indicators for Health Promoting Schools.

The task group selected corresponding Indicators for each of the presented core standards across various national assessment/monitoring tools from the research findings. The final list of indicators is a synthesis of existing indicators, reviewed and fine-tuned to fit this task's conceptual framework, working definitions, and scope. The main focus of the indicators is not to evaluate specific health promotion topics, for example, indicators for smoking prevention, sexual education, or healthy nutrition. Nevertheless, some indicators and criteria assess whether certain health promotion areas are developed, such as physical activity and healthy eating. Rather, the Indicators aim to determine the core elements Health Promoting Schools should consider when monitoring past actions and planning quality and development in the future.

The rationale to develop the presented Indicators is to provide a set of measurable indicators that may be used in different country contexts and can be further integrated and adapted within specific educational systems and tailored to suit their health needs and priorities. Such development would be carried out by the stakeholders involved in the planning, implementing, and monitoring of HPS.  Therefore, it is envisioned as a flexible and adaptable toolkit to monitor quality and change within Health Promoting Schools.

In Europe, there is a variety of different types of Health Promoting School networks. Some have established national, regional, or school level indicators to monitor and evaluate practices and progress and evaluation tools for health education. In 2006, the European Network of Health Promoting Schools -ENHPS- initiated the development of indicators for Health Promoting Schools in Europe. Several national Health Promoting School coordinators discussed international, national, regional, and classroom level indicators for Health Promoting Schools. As a result, many countries have developed health-promoting indicators and school evaluation tools for health education.

On a global scale, there are other important developments in the evaluation of health education or health promotion in schools. Among these, the FRESH (Focusing Resources for Effective School Health) Guidelines offer thematic indicators for different areas of school health, organized according to the four FRESH pillars (equitable school health policies; safe learning environment; skills-based health education; and school-based health and nutrition services) and outcomes (learning, impact). However, there was a gap  in developing common and measurable European indicators for Health Promoting Schools, relevant and applicable to different European countries, which this current SHE publication aims to

address. European indicators may differ from global thematic indicators, such as those presented in FRESH guidelines, as certain aspects of school health are already in place in most European countries, e.g. national policy.

However, managing the large variation in the way indicators are developed, measured and applied in different European countries has to be one of the critical issues to address. European countries differ in terms of their cultural, organizational and structural background; differences in educational systems are evident; and different models of Health Promoting School are used, which can partly account for the fact that some evaluation tools work in specific contexts and not in others. The European Indicators produced by SHE consider existing guidelines and evaluation tools reported in the literature. This set of indicators does not aim to erase diversity, on the contrary, diversity is needed and should be embraced. The set of indicators produced by the SHE task group was developed to be flexible and adaptable. It seems unrealistic to expect indicators to be universally implemented in all country contexts. Therefore, measurements should correspond to the reality of each country situation. Indicators themselves may be unrealistic and unusable if they cannot be applied to a specific country's educational and school health promotion system.

PART 5

# How to use the European Standards and Indicators

## 5.1. How to use the Standards

European Standards for Health Promoting Schools includes standards that correspond to different stages of policy, strategy and planning, action, implementation and evaluation of school health promotion. Therefore, the Standards can be tailored, ensuring relevance for different contexts. At a basic level, the Input Standards can be used in countries or schools at the start of the transformation to a Health Promoting School, e.g. schools monitoring the application and dissemination of the concept of Health Promoting School. Outcome Standards are more advanced and relevant for Health Promoting Schools monitoring important milestones. Therefore, although the eight Standards and sub-components, describe all identified areas contributing to excellent quality and outcomes, health-promoting professionals may pick and choose from them, establishing the right set of standards for their school and context. It is acceptable to choose relevant and feasible standards according to the specific situation of a school, region or country to be monitored.

Every three years, an evaluation should take place. New standards from the logic model and a project cycle should be included in the evaluation phases. This indicates potential improvement, development, and sustainability. In the long-term, all eight standards should be assessed and included when planning, developing, implementing and monitoring/evaluating.

The European HPS Standards and Indicators should not be used to discourage users. Instead, professionals should be motivated to align their work with the Standards and Indicators in a beneficial way.

### Suggestions

The Standards and Indicators should be introduced to the school leaders and teacher associations and all schoolteachers. Webinars, seminars, and professional development training courses could be organized for schools to inform them about this tool and know how to use it. A policy framework is needed and could include the creation of a working group.
Help and guidance are needed to make the process as easy as possible and show this approach's benefits for schools.

## 5.2. Facilitators and barriers in implementing Standards and Indicators for Health Promoting Schools

Since 1992, the experience and the evidence gathered from Health Promoting School programmes across Europe highlights key elements of success and challenging elements that need to be addressed to promote and upscale practices. For example, in Scotland, partnerships between the educational and

health sectors have been crucial to ensuring the success and sustainability of Health Promoting Schools and integrating the Health Promoting School concept within the educational system, as seen in the Scottish Curriculum for Excellence (Education Scotland 2016). These elements of success and the barriers and difficulties experienced in school health promotion have informed the development of these Health Promoting Schools Standards & Indicators.

The survey disseminated to all SHE national and regional coordinators and members of the SHE Research Group, provided further information on enabling and hindering elements in Health promoting schools. According to the findings from the 2020 feedback survey among 8 participating countries of the SHE network the major facilitators include:

- Teacher training
- Advice and support
- The existence of clear guidelines and practical manuals
- Standards and Indicators in line with existing official guidelines and supportive documents
- Well-organized cooperation with the Ministry of Education and relevant national advising agency or body
- An official agreement with the Ministry to use the translated version of the standards and indicators

and the main barriers include:

- Lack of time
- Lack of existing legislation
- Challenges with cooperation needed for the implementation of the standards
- Different educational approaches and HP practices
- Lack of human resources
- The lack of knowledge on the whole school approach, as well as the lack of specific professional development training in the area of school health promotion. School professionals should be trained to use this material. Discussion forums could also be considered.
- Challenges with co-operation of schools due to time and resource constraints

These factors need to be considered when implementing, monitoring and evaluating Health Promoting Schools.

PART 6

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# EUROPEAN STANDARDS AND INDICATORS FOR HEALTH PROMOTING SCHOOLS

Authors:
**Emily Darlington**
(University of Lyon, France)
**Electra Bada**
(Institute of Child Health, Greece)
**Julien Masson**
(University of Lyon, France)
**Rute Marina Santos**
(University of Porto &
Directorate-General of Health,
National Physical Activity Promotion
Program, Portugal)

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If your country doesn't have a national coordinator, contact the helpdesk in the SHE secretariat on email: info@schoolsforhealth.org

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