

Health promoting schools in Europe

State of the art



S·H·E

Schools for Health in Europe

Date of document: 28 November 2019 (revised 6 May 2020)

Authors: Nina Bartelink and Kathelijne Bessems

Place: Maastricht, The Netherlands

ISBN: 978-87-971891-6-0



This report has received funding under an operating grant from the European Union's Health Programme.



S·H·E

Schools for Health in Europe

Health promoting schools in Europe: State of the art

This factsheet is the fifth factsheet for health and educational professionals with an interest in the health promoting school (HPS) approach. It briefly describes the current 'state of the art' of the HPS approach in Europe. First, it focuses on what is already known about the HPS approach and describes its underpinning principles. It then continues with new insights regarding the importance of the context for optimal implementation and effectiveness. These contextual insights were collected and aggregated by conducting a narrative review of recent literature on the HPS approach in Europe.

Background

Schools can contribute to promoting the health of students and school staff. However, health promotion is often not a part of a school's educational goals, as the school's main responsibility is teaching (1). To bring together the sectors of education and health and achieve a better health for the whole school, the HPS approach was developed by the World Health Organization (WHO) in the late 1980s (2). WHO advocated a whole-school approach, focusing not only on health education in the classroom, but also creating a healthy school environment, school policies and curriculum, by active participation of all members of the school community and regular monitoring and evaluation. This has evolved into the current HPS approach, which is defined by SHE as '*a school that implements a structured and systematic plan for the health, well-being and the development of social capital of all pupils and of teaching and non-teaching staff*' (3).

Underpinning principles of the HPS approach

Even though different definitions of the HPS approach exist worldwide, they all have similar underpinning principles (3-5). The HPS approach defined by SHE embraces five values and five pillars described in Box 1 (6). Ideally, the HPS approach targets the following six core components: 1) healthy school policies, 2) the school's physical environment, 3) the school's social environment, 4) individual health skills and action competencies, 5) community links, and 6) health services. The whole school community with its students, staff and parents, are actively involved in the decision-making and implementation of health promoting (HP) interventions in the whole school system and implementation of a HPS approach includes monitoring and evaluation to support and evaluate the implementation process.



S·H·E

Schools for Health in Europe

Box 1. The five values and five pillars of HPS, derived from SHE (www.schoolsforhealth.org)

The five values:	The five pillars:
1) <i>Equity</i> refers to equal access for all to education and health;	1) <i>Whole school approach to health</i> , health education in the classroom is combined with development of school health policies, healthy school environment, life competencies, involving the whole school community, and access to health services;
2) <i>Sustainability</i> links health, education and development while activities and programs are implemented in a systematic manner over a prolonged period of time;	2) <i>Participation</i> , a sense of ownership exists among students, staff and parents;
3) <i>Inclusion</i> addresses diversity, with schools being learning communities where all feel trusted and respected;	3) <i>School quality</i> , health promoting schools create better teaching and learning processes and outcomes, with healthy pupils learning better and healthy staff working better;
4) <i>Empowerment</i> refers to the active involvement of all members of the school community;	4) <i>Evidence</i> , new approaches and practices based on existing and emerging research, are developed;
5) <i>Democracy</i> refers to health promoting schools based on values of equal right to speech, mutual decision making and respect for majority's decisions.	5) <i>School and community</i> , schools are seen as active agents for community development.

More than 'one size fits all'

The aim of the HPS approach, to create changes in the whole school, is challenging since schools can be considered as complex systems with all kinds of interacting factors (3, 7, 8). This means that a school is a dynamic organisation and flexibility is needed in the HPS approach to ensure that schools can adapt to changing conditions: implementing the HPS approach is a continuous process. Moreover, each school operates in its own specific context, which relates to its specific circumstances and characteristics, such as the social, political, economic, and physical environment; the characteristics, behaviours, wishes, and needs of the school members; the wider community in which the school is located; and the history and organization of the school (9, 10). This means that the needs, wishes and opportunities vary across schools. It also means that a school acts in a unique way and can react differently to HP interventions. Thus, even when similar HP interventions are implemented, different effects will be achieved across schools. Consequently, implementing the HPS approach in a school, can never be seen apart from its context – a 'one-size-fits-all' HPS approach does not exist (11). In each school the HPS principles need tailored translation to create effective and sustainable actions that fit the specific context (11-13).



S·H·E

Schools for Health in Europe

Spectra of HPS

The tailored translation of HPS principles creates a variety of choices regarding how to optimally implement the HPS approach. This variety can best be illustrated by different spectra on which can be navigated. The narrative review identified at least 7, partially overlapping, spectra. Below, each spectrum is elaborated on and examples of best practices in Europe are provided.

Spectrum 1

Top-down

Bottom-up

Spectrum 1 encompasses the involvement of stakeholders in the decision-making and implementation of the HPS approach. Navigating towards the left side of the spectrum implies a top-down process in which an intervention package is mainly developed, implemented with high fidelity and evaluated by people from outside the school, such as health professionals. This top-down process can be characterized by the optimal use of expert knowledge, skills, and experiences, and can lead to more evidence-based HP interventions. Navigating towards the right side of the spectrum implies bottom-up decision making and implementation of the HPS approach. This means that school staff, children, and parents are fully involved in the development, implementation and evaluation of the HPS approach. The bottom-up process can be characterized by creating more ownership, empowerment, and engagement of the people in the school, and can lead to HP interventions that are better adapted to the context and are more sustainably implemented.

North Macedonian health promoting school approach (14) – Republic of North Macedonia

Student participation in the North Macedonian HPS approach is one of the focal points. One of the key elements of HPS in the Republic of North Macedonia is to provide appropriate 'space' for the students to participate genuinely in relevant aspects of the decision-making processes at school. Using this approach, North Macedonian schools focus on improving students' self-awareness, decision-making and collaboration skills, improving communication between students and the school, and empowering both students and school communities to deal with health issues. Examples of North Macedonian school-based actions taken by students include: improving the school environment, establishing a school radio, setting up peer health education ('learning through teaching') and introducing democratic mechanisms in school. This example navigates towards the right side of this first spectrum.



Spectrum 2

Addressing a single HPS core-component

Addressing multiple HPS core-components

The second spectrum relates to the number of, previously described, core-components of the HPS approach that are targeted. Navigating towards the left side of the spectrum implies that the implemented intervention package primarily addresses one core-component, e.g., school's physical environment. This means that all efforts and resources are used for this single core-component. Navigating towards the right side of the spectrum implies addressing multiple core-components. This may be useful when a school wants to deal with health problems that are highly wicked due to complex interactions between personal and environmental determinants.

Positive Attitude program (15) – Portugal

The Positive Attitude program is a universal program for middle school students (seventh to ninth grade), based upon the social-emotional learning framework. It is classroom-based, integrated into the school curriculum and includes all students in the class. The program aims to increase student's self-control, enhance their self and social awareness, promote relationship skills, improve responsible decision-making competencies, and reduce social and emotional problems in students. Results have shown that the program improves several social and emotional competencies. Even though this HP intervention focuses on many different aspects of mental health, it includes mainly one core-component, namely individual health skills and action competencies. The results indicate that focusing on a single core-component can also have an important impact on students' health. This example navigates towards the left hand side of spectrum 2.

Spectrum 3

Adopting existing HP interventions

Developing new HP interventions

Spectrum 3 relates to the development of the HP interventions resulting from the HPS approach. Navigating towards the left side of the spectrum includes the adoption of existing HP interventions and adaptation to the new context (16). The results of the narrative review indicated that implementing these HP interventions with high fidelity may not be feasible in all types of school contexts (17). Navigating towards the right side of the spectrum includes the development of new HP interventions, adapted for a specific school context. This may be more time-consuming, but can create HP interventions that are more targeted to the needs and wishes of the school members, and the physical, social and political context of the school (18). The position on this spectrum is often dependent on the available resources, time and support within the school.



S·H·E

Schools for Health in Europe

Active School Flag (19) – From Ireland to Italy and Lithuania

The Active School Flag initiative aims to develop a physically active school community. To achieve the Active School Flag schools need to 1) conduct a self-evaluation of the current situation, 2) organize an Active School Week program and 3) integrate it in their annual school calendar. The Active School Flag, for both primary and secondary schools, has gained international interest. Italy and Lithuania adopted the initiative with the help of EU funding. A key step in adapting the Active School Flag was visiting the Irish schools using the initiative, and receiving support from these colleagues to implement the initiative in another country (context). This adaptation was challenging due to differences between the countries, but it shows that the adaptation of existing HP interventions can be done, even across borders. This is an example of navigating towards the more left of spectrum 3.

Spectrum 4

Non-disruptive

Disruptive

Spectrum 4 describes the disruptiveness of the HP interventions as part of the HPS approach. A school can decide to implement small non-disruptive HP interventions in the school system. This is characterized by keeping the stability in the school and continuing the way of working as much as possible. Navigating towards the right side of the spectrum implies creating a positive disruption by introducing large disruptive HP interventions. These type of HP interventions may trigger the school system to self-organize a newer state of stability, in which the school's norms may shift focusing more on health and well-being and thereby creating momentum for additional HP interventions (12, 20).

The Healthy Primary School of the Future (20) – The Netherlands

The Healthy Primary School of the Future is an initiative that aims to create a positive disruption in the school system by initiating two large HP interventions: 1) a free healthy lunch each day and 2) daily structured physical activity (PA) and cultural sessions after lunch. While in other national school systems these HP interventions may represent usual practice, the two HP interventions were aimed to be positively disruptive to the Dutch school system. In the Netherlands, children eat their lunch at home or bring lunch to eat at school; PA is restricted to one or two physical education classes a week and some free playtime during (lunch) breaks. The lunch succeeded in creating this disruption and acted as a catalyst for wider school health promotion. This example navigates towards the right hand side of spectrum 4.



S·H·E

Schools for Health in Europe

Spectrum 5

Add-on

Add-in

This spectrum describes the compatibility of the HP interventions within the school curriculum. An 'add-on strategy' describes implementing HP interventions in addition to core curriculum obligations (21). This may be less complex, but school staff often perceive it as an additional task to their core responsibilities. Navigating towards the right hand side of this spectrum describes an 'add-in strategy'. The development and implementation of these types of HP interventions is more complicated, however they are more likely to become part of curriculum-based educational activities without reducing time from the core curriculum obligations (21).

IMOVE, Move Eat Learn, TEACHOUT (21) – Denmark

IMOVE, Move Eat Learn, TEACHOUT are three examples which all use an add-in strategy. The IMOVE initiative combined awareness of physical activity in everyday life with teaching applied statistics in mathematics. The Move Eat Learn initiative illustrated how cross-cultural encounters may be used as a driver for learning in general, but also for healthy food and physical activity in particular. The TEACHOUT initiative illustrated that 'Education Outside of the Classroom', increases physical activity and social well-being as well as potentially improving the students' learning and social relations. The three Danish examples share the characteristics that educational activities are designed to integrate (add-in) HP interventions into curriculum in addition to fulfilling explicit standard learning objectives. The three initiatives are examples of navigating towards the more right hand side of spectrum 5.

Spectrum 6

Randomized Controlled Trial

Action-oriented research

This spectrum describes the different types of research designs that can be used to evaluate the HPS approach. Navigating towards the left hand side of the spectrum describes a randomized controlled trial (RCT) or other similar controlled designs with a strong focus on internal validity to investigate the effectiveness of the HPS approach. This design can be characterized as an adequate design when the efficacy of newly developed HP interventions are tested, but it may not reflect real-life situations across all types of school contexts (22). Navigating towards the right hand side of the spectrum describes action-oriented research. This type of research focuses on understanding the process and context of the results and provides support to the school to improve implementation. Continuous monitoring and feedback loops are important aspects of this design and can help to understand what happens in a school (23-25).



S·H·E

Schools for Health in Europe

School Health Research Network (26) – Wales

The School Health Research Network in Wales uses action-oriented research to co-produce HP interventions, generate research evidence and inform policy and practice. The network is led by a multidisciplinary research team in the Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement (DECIPHer) at Cardiff University. It is a practical illustration of how monitoring and feedback loops are embedded successfully in a national culture to aid health promotion in schools. This example navigates towards the right hand side of spectrum 6.

Spectrum 7

Local dissemination

National dissemination

The last spectrum relates to the dissemination of the HPS approach. Dissemination can vary from one school as part of a local initiative to all schools in the country. Navigating towards the left hand side of the spectrum, local dissemination, can be characterized by achieving a good fit with the specific school context and can be optimally supported by local professionals and local policy (27). Navigating towards the right hand side of the spectrum describes targeting many schools at a national level. This can be characterized by a higher impact since more children will be reached, but support is needed from the national government (28). The level of dissemination often depends on the aim, available resources, the organization of support (e.g. centralized support for implementation in the form of a national coordinator) and partnerships between the health and education sectors.

Curriculum for Excellence (28) – Scotland

Curriculum for Excellence is the new education framework for all schools in Scotland. With combining health and education to ensure policy, coordination and coherence, Scotland has taken health promotion in schools to a national level. Health and social-emotional well-being is now a new and important component of the school curriculum and has been identified as the 'responsibility of all school staff', together with literacy and numeracy. Curriculum for Excellence is seen as the 'vehicle' to implement health promotion in Scottish schools. This initiative is an example of navigating towards the right hand side of spectrum 7.



S·H·E

Schools for Health in Europe

Sharing knowledge and experience to help schools navigating the different spectra

Navigating the different spectra is a continuous process when implementing the HPS approach in a school. To help schools navigate, health and educational professionals can share their knowledge and experience about implementing and evaluating the HPS approach. Specific tools and instruments are also available to support schools and can be found in the SHE Manual (5) and the HEPCOM database (<http://hepcom.org/>). Health promotion researchers in particular can have an added value. They can provide evidence-based knowledge about facilitating or hindering factors for the implementation of a HPS approach and can properly evaluate the effects of the HPS approach. In the past, several reviews have been conducted to study the effects of the HPS approach. Even though the findings were not uniform across the included studies, promising effects were found. Schools that had implemented the HPS approach showed improved health behaviours of children, a decline in children's BMI, and improved mental and social wellbeing (29-31). However, it was also considered challenging to evaluate the HPS approach. This was due to the many variations that exist in practice as a result of the different school contexts. It has been recommended that schools that take an HPS approach conduct more context-oriented evaluation studies in the future (11).

Conclusion

The implementation of the HPS approach in a school cannot be seen as separate from its context. In each school the HPS principles need tailored translation to create effective and sustainable actions that fit the specific context. Therefore, a 'one-size-fits-all' HPS approach does not exist and successful implementation of the HPS approach in a specific school context is dependent on navigating the seven spectra.



S·H·E

Schools for Health in Europe

References

1. WHO. Promoting health through schools: report of a WHO expert committee on comprehensive school health education and promotion. Geneva: 1997.
2. WHO. Ottawa Charter for Health Promotion: An International Conference on Health Promotion: the Move Towards a New Public Health, November 17-21, 1986, Ottawa, Ontario, Canada: World Health Organization; 1986.
3. Turunen H, Sormunen M, Jourdan D, Von Seelen J, Buijs G. Health Promoting Schools—a complex approach and a major means to health improvement. *Health Promot Int.* 2017;32(2):177-84.
4. Deschesnes M, Martin C, Hill AJ. Comprehensive approaches to school health promotion: how to achieve broader implementation? *Health Promot Int.* 2003;18(4):387-96.
5. SHE. SHE Manual. Available from: <https://www.schoolsforhealth.org/resources/materials-and-tools/how-be-health-promoting-school>.
6. Buis G, Dadaczynski K, Schulz A. Equity, Education and Health: Learning from Practice: Case Studies of Practice Presented During the 4th European Conference on Health Promoting Schools, Odense, Denmark, 7-9 October 2013: CBO; 2014.
7. Mohammadi NK. Complexity science, schools and health: Applications for management of change in schools to promote health and education. Saarbrücken: Lambert Academic Publishing; 2010.
8. Rosas SR. Systems thinking and complexity: considerations for health promoting schools. *Health Promot Int.* 2015;32(2):301-11.
9. Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implement Sci.* 2009;4(1):1.
10. Bartelink N. Evaluating health promotion in complex adaptive school systems: The Healthy Primary School of the Future. Maastricht: Maastricht University; 2019.
11. Darlington E, McNamara PM, Jourdan D, editors. Enhancing the Efficacy of Health Education Interventions: Moving the Spotlight from Implementation Fidelity to Quality of the Implementation Process. 2017.
12. Moore GF, Evans RE, Hawkins J, Littlecott H, Melendez-Torres G, Bonell C, et al. From complex social interventions to interventions in complex social systems: Future directions and unresolved questions for intervention development and evaluation. *Evaluation.* 2019;25(1):23-45.
13. Shoveller J, Viehbeck S, Di Ruggiero E, Greyson D, Thomson K, Knight R. A critical examination of representations of context within research on population health interventions. *Critical Public Health.* 2016;26(5):487-500.
14. Simovska V. Student participation: a democratic education perspective—experience from the health-promoting schools in Macedonia. *Health Education Research.* 2004;19(2):198-207.
15. Coelho V, Sousa V, Raimundo R, Figueira A. The impact of a Portuguese middle school social-emotional learning program. *Health promotion international.* 2015;32(2):292-300.
16. Lee RM, Gortmaker SL. Health dissemination and implementation within schools. In: Brownson RC, Colditz GA, Proctor EK, editors. *Dissemination and implementation research in health: Translating science to practice.* New York: Oxford University Press; 2018. p. 419-36.



S·H·E

Schools for Health in Europe

17. Schaap R, Bessems K, Otten R, Kremers S, van Nassau F. Measuring implementation fidelity of school-based obesity prevention programmes: a systematic review. *Int J Behav Nutr Phys Act.* 2018;15(1):75.
18. Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *American journal of public health.* 1999;89(9):1322-7.
19. Chróinín DN, Murtagh E, Bowles R. Flying the 'Active School Flag': physical activity promotion through self-evaluation in primary schools in Ireland. *Irish Educational Studies.* 2012;31(3):281-96.
20. Bartelink N, van Assema P, Jansen M, Savelberg H, Moore G, Hawkings J, et al. Process evaluation of the Healthy primary School of the Future: The key learning points. *BMC Public Health.* 2019;19(1):698.
21. Bentsen P, Bonde AH, Schneller MB, Danielsen D, Bruselius-Jensen M, Aagaard-Hansen J. Danish 'add-in'school-based health promotion: integrating health in curriculum time. *Health Promot Int.* 2018.
22. Hawe P, Shiell A, Riley T. Complex interventions: how "out of control" can a randomised controlled trial be? *BMJ.* 2004;328(7455):1561.
23. Bartelink N, van Assema P, Jansen M, Savelberg H, Willeboordse M, Kremers S. The Healthy Primary School of the Future: A Contextual Action-Oriented Research Approach. *Int J Environ Res Public Health.* 2018;15(10):2243.
24. Darlington EJ, Violon N, Jourdan D. Implementation of health promotion programmes in schools: an approach to understand the influence of contextual factors on the process? *BMC Public Health.* 2018;18(1):163.
25. Patton MQ. *Developmental evaluation: Applying complexity concepts to enhance innovation and use.* New York, NY, USA: Guilford Press; 2011.
26. Murphy S, Littlecott H, Hewitt G, MacDonald S, Roberts J, Bishop J, et al. A Transdisciplinary Complex Adaptive Systems (T-CAS) Approach to Developing a National School-Based Culture of Prevention for Health Improvement: The School Health Research Network (SHRN) in Wales. *Prevention Science.* 2018:1-12.
27. Inchley J, Muldoon J, Currie C. Becoming a health promoting school: evaluating the process of effective implementation in Scotland. *Health promotion international.* 2006;22(1):65-71.
28. Priestley M. Curriculum for Excellence: transformational change or business as usual. *Scottish Educational Review.* 2010;42(1):23-36.
29. Lister-Sharp D, Chapman S, Stewart-Brown S, Sowden A. Health promoting schools and health promotion in schools: two systematic reviews. In *Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews [Internet].* London, UK: Centre for Reviews and Dissemination, 1999.
30. Langford R, Bonell C, Jones H, Poulidou T, Murphy S, Waters E, et al. The World Health Organization's Health Promoting Schools framework: a Cochrane systematic review and meta-analysis. *BMC Public Health.* 2015;15(1):130.
31. Stewart-Brown S. *What is the Evidence on School Health Promotion in Improving Health Or preventing Disease And, Specifically, what is the Effectiveness of the Health Promoting Schools Approach?* Copenhagen, Denmark: World Health Organization, Regional Office for Europe, 2006.