



The European Network of Health Promoting Schools

Technical report for grant agreement – 2004324

January 2007



EUROPEAN
COMMISSION



COUNCIL OF EUROPE CONSEIL DE L'EUROPE

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Background

The European Network of Health Promoting Schools developed in the 1980s and in 1991 pilot schools in four countries were established. The European Community, Council of Europe and World Health Organisation Regional Office for Europe provide support and have representatives in the International Planning Committee, which oversees the programme. Countries wishing to join the Network need to express their commitment to the concept of the Health Promoting School and support the cooperation between education and health. Along with health education and health promotion programmes, factors such as school environment and staff training have to be considered. Each participating country has a national coordinator. These coordinators meet at least once each year to discuss experiences, needs and challenges, and to exchange ideas and information.

In its work, the programme explicitly embodies a health promotion concept based on action learning and holistic ideas, embodied in ten guiding principles, which were agreed at the first European conference held in Greece in 1997. These are: partnership; equity and access; empowerment and action competence; health knowledge and understanding; safe and supportive environments; health promoting teaching and learning methodologies; curriculum based health promotion; democratic practices and participation; involvement of stakeholders, communities and parents; and evaluation for building on success. The programme aims to build comprehensive and sustainable health promoting school approaches through action in schools, capacity building in relevant institutions and policy development at regional, national and international level.

Health promoting schools build frameworks to integrate health promotion approaches through the development of school curricula, interactive and participatory teaching and learning methodologies, the development of safe and supportive social and physical environments and supportive links and partnerships with parents and the community.

The Technical Secretariat supports the work in various capacities: monitoring ENHPS developments; proactively drafting strategies; providing policy advice; providing technical guidance; supporting the IPC; and assisting with the organization of workshops.

The programme currently operates in 44 countries (27 EU member states, 2 EEA, Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Croatia, The Former Yugoslav Republic of Macedonia, Israel, Kazakhstan, Kyrgyzstan, Lithuania, Moldova, Russian Federation, Ukraine, Uzbekistan, Switzerland).

Developmental Enablers and Barriers

For this report, an analysis has been conducted to pinpoint key enabling factors for developments and barriers. This analysis is based on a review of factors cited in a selection of key documents and research reports produced under the auspices of the ENHPS. The factors are principally derived from the perceptions of network members and from the findings of researchers. For the sake of analysis, the discussion of developmental enablers and barriers has been grouped under these main headings:

- Policy
- Resources
- Networking
- School factors
- Local community
- Partnerships
- Concepts and methods

Policy

A range of policy related factors was mentioned. Ministerial level support and political support in the shape of cooperation and joint working between Ministry of Health and Ministry of Education were highlighted as enabling factors. The legal status of health education, in other words, the legal recognition of health education within the educational system for schools, is seen as a crucial factor. The appointment of national coordinators for Health Promoting Schools is regarded as essential for policy development.

A well structured programme helps and moving from pilots to programmes and policies is another significant step. In areas where this did not occur it was cited as a problem. Local health policies that embrace Health Promoting Schools were also mentioned. The need for a clear vision of the social role of the school and principles of Health Promotion is also central. Lack of strategic planning is seen as a block to development

The small size of some countries can facilitate close collaboration between health and education however the problem of the Health Sector and Education Sector working too far apart was noted in some reports. The presence of a strong national support centre is crucial and the existence of a support team from outside school to facilitate adoption is seen as very helpful. This would in part meet the need for strong external and internal support.

In relation to policy a number of additional barriers to developments were cited. Frequent changes in political priorities and politicians were described as a problem. Lack of a clear legal basis for health education in schools was a barrier, as was the lack of policy guidance in child health.

Poor development and administrative support for public health programmes was in evidence in some countries.

Resources

The availability and sufficiency of resources was unsurprisingly seen as essential. A firm commitment to long-term funding by funding bodies is critical. Short term funding hinders development and sustainability. The existence of international funding and support is a helpful enabler.

The lack of funding and lack of commitment by funders form obvious barriers. Poor management of human resources is another difficulty. The lack of finance for evaluation and training is also a problem.

Networks

Good networks with potential to expand are identified as helpful. The presence of regional networks and support and collaboration with these networks is also seen as useful. The national training of coordinators was mentioned.

Making the right connections at national, regional and local levels was essential but not always easy to do. The lack of regular meetings of ENHPS was mentioned. Restricted dissemination of information and guidance for Health Promotion is a hindrance. Weak infrastructure and low sustainability also act as significant barriers to successful development.

School factors

School-level factors were the most cited factor in considering enablers.

Good leadership of the school is important: the position of the head teacher is therefore a vital aspect. The development of specialists and the creation of new School Health Education posts has also been identified as helpful in engaging with other professionals e.g. nurses, psychologists. The training of school staff in the principles, concepts and methods of Health Promotion is critical.

The development of annual Health Education/Health Promotion projects by schools and pupil participation is seen as crucial. Good teaching resources, A good school environment and the existence of a back-up resource and school library can be helpful. The presence of a school support unit is also seen as useful.

The integration of health topics into a holistic framework for Health Promoting Schools is an important accomplishment. Considerable consensus around topics for inclusion for Health Education is an enabler. The cross curricular nature of teaching has to be recognized, to this end contextualization of subject matters helps. The freedom to plan in relation to the needs of the community is crucial: when a school recognizes the relevance of a project, they are more likely to adopt it. There was considerable evidence of a richness and diversity of strengths of Health Education on curricula.

The limited number of teachers, however, can be a hindrance. There is a shortage of well prepared teachers. More specialists to work in schools are required. Lack of recognition of teachers' efforts and support of colleagues is wearing. Loss of initial enthusiasm after the start can be a problem. Next is a cluster of factors many in education will recognize: the overloading of schools and teachers; competing priorities for schools; over full curriculum; teachers preoccupied with educational reform and no time for Health Education. Another set of problems is the failure to integrate Health Education into education as a whole; the need for Health Education to be a compulsory part of curriculum; more Health Education courses in in-service education are needed. There is a need to raise consciousness of Health Education and for it to be more highly valued.

The school environment is an essential feature of the whole school approach. Difficulty of access to information e.g. internet can be a major barrier, especially in the countries of East Europe and Central Asia. Lack of visual aids and audio-visual equipment is a problem, especially in the latter set of countries.

A deep comprehension of subject matter was cited as a positive factor. Enabling the continuity of Health Promoting Schools Partnership agreements is also valuable.

Local community

Involvement between schools and the local community was singled out as important. Parental contribution and involvement is seen as essential but opportunities for participation need to be created. Cooperation and agreements between school and the community are helpful. Interestingly, the notion of the Health Promoting Schools idea spreading into the community was also raised.

A lack of motivation for healthy lifestyle in the community is one key difficulty. Low public awareness, passive local communities and low levels of income in some communities was also cited.

Partnerships

Partnerships at different levels between health and education are essential. Partnerships between school project teams and potential allies in the health sector are also desirable. Partnership agreements need to be forged. Having common goals is a helpful factor in this. Collaboration with other educational institutes is said to be useful.

The barriers to inter-agency working include the fragmentation of agencies; the challenges of partnership working; and complex administrative structures that get in the way.

Concepts and methods

Peer education is identified as an important tool in the spread of health promoting ideas. Other points raised were: democratic values and interactive methods; life skills teaching; and action competence. Raised awareness and acceptance of the concept of Health Promotion/ Health Education also helps as well as the development of school centred methods. A whole school approach is essential. Good practice examples are also pinpointed as valuable.

The use of teaching kits and publications and the production of guidance and materials for teachers are also important.

The lack of a holistic view of Health Promotion is a significant impediment to development. Allied to this is the development of indicators and the development of evaluation. The shortage of evidence of impact; lack of long term perspectives for future; the lack of openness to new ideas was cited. The dominance of health sector and “disease models” of public health is a problem. There is also a clash of models mentioned, such the different conceptions of “lifeskills” held by external agencies. The whole school approach is said to be missing in some places.

A need was identified for more research into the definition of and value to Health Promoting Schools of student participation.

There is, moreover, a need to develop frame of reference and action plan for evaluation including methodologies and social skills. The lack of systematic evaluation was seen as a barrier; there is a need to expand evaluation to include networks of schools, partnerships and support services.

In addition the following barriers to development were evident.

Training

Training of teachers or rather lack of it is a major barrier. The shortage of resources and materials is seen as a key stumbling block. Another need for training is related to skills of dissemination and policy implementation. More training and support for HP evaluators is seen as needed.

Description of activities conducted in the period of the contract

Technical support

The technical support provided has improved the coverage of the programme in countries. Several methods have been used to successfully complete this and have included:

- the identification of models of good practice. These have been drawn from new and existing experience and was gathered through monitoring and evaluation processes. Information has been published in Health-promoting schools – a resource for developing indicators, Developing a health-promoting school, Network News 9 and Network News 10.
- individual support to countries was provided where specific issues need addressing, such as advocacy meetings and conferences, tailored workshops on programme management and development, individual professional support to national coordinators. Countries which have received direct support are identified later in this report.
- multilateral networking. Countries were encouraged to share best practice through informal multilateral networking. Events such as the Business Meetings and the two workshops were venues for such networking. Electronic communication has also been used intensively.
- political advocacy. Member states experiencing need for greater political support were offered services to enhance their ability to build mechanisms for greater political action and support for programme development. Status of development has been monitored in Situation Analysis 2005 and 2006.

Business meetings

Annual Business meetings were held for programme counterparts. These meetings provided opportunities for training and the sharing of best practice, building an evidence base, enhancing management skills, monitoring and evaluation, advocacy, strengthening partnership and policy direction.

Input from the international partners of the programme (CE, EC, WHO) was provided.

The involvement of the international partners is essential for the building of solidarity and consensus around health promoting school approaches and in ensuring the overlapping of efforts is minimized.

12th Business Meeting of the ENHPS

The 12th Business Meeting of the European Network of Health Promoting Schools Business Meeting was held in Scotland, UK, 18-20 May 2005.

There were 52 participants at this meeting, from 39 countries, along with representatives from the European Network of Health Promoting School's three partners: the European Commission, the WHO Regional Office for Europe and the Council of Europe. These set the scene regarding current developments and priorities and explained why the focus of the meeting was to be 'obesity.' This is currently a high priority with all three partners, and the ENHPS is seen as an appropriate and essential means of addressing it.

Updates from the International Planning Committee

Useful updates were given on the relevant work of the three organisations supporting the ENHPS.

Child and Adolescent Health is one of the six priorities for the global work of WHO, and about time, as it has been a neglected area for many years.

Nutrition and physical activity are important issues for all three organizations. From the point of view of the European Commission this is due to the fact that:

- 6 of the top 7 leading risk factors causing deaths can be attributed to lifestyle determinants;
- 80% of coronary heart disease can be prevented;
- 60% to 70% of the population is overweight in many European countries. You can see the same trends in children, with 20% to 30% of children being overweight. In some countries this is as high as 40%. There is a steep trend in being overweight, particularly in the UK and Poland;
- there is increasing calorie intake. During the past 30 years the average daily energy intake in Europe has increased by about 300 kcal or 10% to 3400 kcal;
- there is also a drop in physical activity. On average only 40% of the population exercised at least twice a week. Two thirds do not take any physical activity. Although there is no consensus on how much activity is ideal, it could be as much as 1 hour a day to avoid weight gain.

How can the health promoting schools approach address obesity?

National Coordinators thought that certain key characteristics would be seen in an health promoting schools addressing the issue of obesity. These included the fact that:

- obesity would be addressed as a multifactorial issue;
- there would be a healthy and supportive environment;
- there would be cohesion between messages and practices;
- extra-curricular free activities would be available to promote emotional health;
- people who were obese would not be stigmatized.

Meeting the needs of coordinators

As the meeting progressed, discussion focussed increasingly on the needs of the coordinators in the future. People opted to discuss one of the following:

- professional development (for coordinators and stakeholders)
- advocacy (key messages for politicians)
- managing policy at national level
- bridging the gap...between national and regional, regional and schools.

The future

Recommendations from National Coordinators:

- Important to ensure commitment and continuation of support at international level.
- Essential that the Network continues as it provides a mechanism for countries to share their experience. Important it is supported by international organizations, political prominence.
- Map activities. Need to consider evidence base. Build work around indicators. Comparisons between countries
- Use the European Commission, the Council of Europe and WHO as a tool to get together with other organizations
- International level/organizations: more engagement/collaboration with education departments (e.g. through the IPC), this will lead to shared ownership between health and education.
- Content of meetings: link to existing international conferences, e.g. IUHPE. Need for professional development for National Coordinators.
- Promote a long-term sustainable process over short-term topic-based projects.
- Clarify positive links between learning and health education/promotion. Support this through IPC members developing stronger links with education interests
- Help to increase profile in individual countries by the IPC sending short report of meetings to ministers of health and education.
- Maintain network and meetings, but perhaps target workshops more so that they are directly useful to coordinators at different stages of development.
- Support countries so that all can be involved in Health Behaviour in School-aged Children survey and try to link this survey more closely to HPS work. Help countries think how to use the HBSC data.

13th Business Meeting of the ENHPS

The 13th Business Meeting of the European Network of Health Promoting Schools Business Meeting was held in Copenhagen 25-26 October 2006 with representatives from 35 countries as well as from the Planning committee representing the Council of Europe, the European Commission and Council of Europe.

This two day meeting in Copenhagen proved to be a very busy and even emotional event for participants from across Europe.

Six points concerning the record of the ENHPS can be made:

1. the ENHPS has been a success to date, according to the perceptions of its members and to more objective indicators, as the recent review of progress pointed out;
2. it has been an efficient and well run network;
3. it has been very good at encouraging the exchange of information between member countries;
4. a range of valuable materials and outputs have been produced;
5. a range of indicators and methods for evaluation have been developed;
6. such a network deserves to be supported in the future.

There have been many successes to point to, as the review of progress also noted. One area that needs more work, however, is the support of the needs of the Eastern European countries, which have a range of particular challenges.

What the meeting in Copenhagen achieved was:

- a chance for participants to come together and reflect on the past and the achievements
- an opportunity to work on some pressing issues e.g.
- a chance also to have their say on the shape and nature of the future network
- consensus on the way forward
- chance to discuss the strategy for the future
- a platform to build for times ahead

Participants from most of the countries represented in the ENHPS attended and took part in the work of the meeting. There were some group work sessions provided for participants to work on particular questions and issues. The results of the group work were then reported back to the meeting for consideration.

Participants were also given an opportunity to work on questions concerning the future development of the Network.

The review of progress indicated that an impressive body of knowledge and experience had been accumulated by the ENHPS. It was concluded that its achievements were substantial and noteworthy and deserved further support in the future.

Developmental enablers and barriers were also considered in The Review. The diverse range of activities and outputs of the Network were examined and found to be very useful to member countries. Each country in the Network has different conditions and different processes and so the Health Promoting School will be managed in different ways.

Nonetheless, by revisiting their past development and core principles, participants could see the common issues and priorities for the future.

A major achievement was, again the links between health sector and the education sector. In order to build on the many achievements of the ENHPS, the sustainability of programmes and projects have to be bolstered by the continuing interest and support from WHO, the European Commission and Council of Europe, but also by national governments and international funders.

The small groups worked very well together and much discussion among participants from different health and education systems took place. The sharing of experience and exchanging of ideas from these diverse contexts are valuable for participants. This has been one of the most important features of the Network throughout and it was a characteristic of this business meeting.

Workshops

Two workshops were held, both in Sigriswil in Switzerland. The theme of the workshops focused as per request of the International Planning Committee on practice of evaluation of the Health Promoting School, concepts, **indicators** and **evidence**.

First workshop took place 17-19 November 2005. 40 participants from 33 European countries listened and discussed keynote presentations focused on indicator definitions and relevance for health promoting schools.

In different group constellations, the participants discussed the relations between aims, objectives, indicators and criteria as well as indicators on international, national, regional, local, school and individual level.

The risk for “dilution” in the evaluation process was also discussed. The methods used in evaluation must reflect the basic ideologies and values of the HPS. Therefore evaluation of the HPS should be a democratic, participatory, action-oriented and highly qualitative process while more medical, qualitative and RCT-oriented (randomized control trials) approaches should be used very rarely.

Participants developed ideas and started the preparations for developing a case study for evaluation of the Health Promoting School in their own countries, using relevant indicators. These ideas were presented, discussed and refined during the last part of the workshop.

Second workshop took place 8-11 June 2006. It brought together delegates from 25 countries in the European region to further present and further their workplan on indicator developments from national regional and local level of Health Promoting School programmes. Specifically, participants were invited to contribute to the completion of the indicator section of the new

Health Promoting School (HPS) Resource by sharing information and finalizing case studies. In addition to plenary sessions exploring indicator issues relevant to ENHPS work, the workshop gave participants the opportunity to discuss their ideas on how the HPS Resource should evolve in groups, and to work under expert guidance with fellow authors on the development of their case studies. The finalized case studies appeared in full in the HPS Resource. Four groups of participants presented progress so far in the development of their case studies to the wider group, and several more took the opportunity to display their progress through poster presentations.

IPC meetings

Decentralization is also a key feature of the ENHPS. Its three sponsoring bodies (EC, CE, WHO) have formed an International Planning Committee (IPC). Representatives from each support organization and the Technical Secretariat form the technical supporting body.

The role of the IPC is to provide a focus and ensures that links and opportunities for all parties are available within the ENHPS. Such management arrangements have minimized bureaucracy while maximizing results.

The programme management is vested in the ENHPS International Planning Committee, with its technical arm being the ENHPS Technical Secretariat. This structure is formulated within the agreed ENHPS Management Protocol. The Management Protocol provides the programme with clear guidance for collaboration between the Programme Partners for the setting up and maintaining of the ENHPS. The main aims for the partnership are to avoid duplication, to provide added value to the individual programmes, to offer a coherent framework within which to foster and sustain innovation, disseminate models of good practice and make opportunities for health promotion in schools more equitably available throughout Europe and to continue to maximise the success of the programme.

The IPC is assisted by the Technical Secretariat of the programme in:

- the coordination and supervision of the collection of data from the programme
- the coordination and technical supervision of the ongoing evaluation of the programme
- the technical supervision of training packages of the project
- the technical supervision of National Coordinators in developing and implementing health promoting schools programmes in countries
- the advocacy for policy development in the building of sustainable health promoting school national programmes.

IPC Meeting, Luxembourg, 4 July 2005

Main point discussed at the meeting were:

- Key point: obesity (including nutrition, physical activity, mental well-being), resources and activities
- Key point: communication, visibility, plans for action
- Recommendations from ENHPS National Coordinators to the international organizations
- ENHPS workshop on evidence, evaluation and indicators, November 2005
- Workplan 2005-06
- Workplan and role and structure of the Technical Secretariat 2006 and beyond
- Collaborating centres as part of the ENHPS support

IPC Meeting, Luxembourg, 30 January 2006

Main points discussed at the meeting were:

- Health Promoting Schools Task Force
- Future strategy – final agreement
- Future organization – final agreement
- Scientific workshop 2006
- Business Meeting 2006
- Other key events 2006

The first IPC meeting for the period was been planned for early 2005, but had to be cancelled due to intensive workload for the IPC members in their respective organizations.

Tools

The programme has worked to establish consensus on the approach of health promoting schools as one of the most effective processes for establishing school health programmes. This process was supported through the provision of support tools and guidance, tools for identifying indicators, monitoring and evaluation and advocacy initiatives. The tools are developed for schools, teacher trainers, evaluators and for HPS stakeholders.

- Tools for schools. Documents developed were:
 - Growing through Adolescence: A training pack based on Health Promoting School approach to healthy eating
 - Developing a Health Promoting School. A practical resource for developing effective partnerships in school health, based on the experience of the European Network of Health Promoting Schools
- Evaluation tools. The programme has worked at identifying evaluation methodologies that are user friendly to those wishing to evaluate effectiveness and good practice in health promoting school approaches. This has been achieved through collaboration with research

and evaluation experts, research institution and university scientific faculties. Documents developed were:

The Health Promoting School: International Advances in
Theory, Evaluation and Practice;

Health-promoting schools: a resource for developing indicators

Manpower for the execution of activities

Below an overview of manpower and number of working day for working package one and two.

	Period		No. of days worked	
Technical Expert				
Vivian Barnekow	01/12/2004	31/12/2007	458	WP 1 and 2
David Rivett	01/12/2004	30/11/2006	220	WP 1 and 2
Technical Expert				
Tina Kiaer	01/12/2004	10/03/2005	31	WP 2
Vittorio Cammerato	11/03/2005	18/07/2006	165	WP 1 and 2
David Breuer	19/07/2006	16/08/2006	18	WP 2
Goof Buijs	17/08/2006	31/12/2006	83	WP 2
Programme assistant				
Bente Drachmann	01/12/2004	30/11/2005	223	WP 1 and 2
Irina Ljungdahl	01/12/2005	05/09/2006	199	WP 1 and 2
Jane Persson	06/09/2006	29/12/2006	18	WP 1 and 2
Jimmi Nielsen,	06/09/2006	29/12/2006	18	WP 1 and 2
Secretary,				
Jane Persson	01/12/2004	22/08/2005	303	WP 1 and 2
Olga Pettersson	23/08/2005	29/12/2006	155	WP 1 and 2

Countries involved

One major task for the Technical Secretariat has been to assist member states in their development, implementation and dissemination of sustainable health promoting schools programmes.

Tailored support on request has been provided to Austria, Czech Republic, Denmark, Estonia, Finland, Greece, Germany, Ireland, Italy, Iceland, Luxembourg, Netherlands, Norway, Portugal, Romania, Spain, Slovenia, and United Kingdom.

By taking up specific issues requested by National Coordinators at Business meetings and workshops support was offered to all European Network of Health Promoting Schools member states.

Updates on recent programmatic developments and research was provided to countries on regular basis.

Activities were concentrated in the following areas: improving the coverage in member states, through a dissemination of **best practice**, development of **policy** initiatives for the building of sustainability and focus on the **thematic area** of nutrition and physical activity. The thematic area was proposed by the IPC and agreed with National Coordinators at the Business Meeting in 2005.

Best practice on policy development:

Network News 10, published at the end of 2006 focused on ENHPS policy development from 1992 - 2006, examples on national, regional or local development ; and examples of good practice from health-promoting schools.

Situation analysis of European Network of Health Promoting Schools Member states 2005 finalized with contribution from 30 countries.

Situation analysis of European Network of Health Promoting Schools Member states 2006 finalized with contribution from 24 countries.

Policy impact is registered in 15 countries.

Thematic area:

Network News 9, published at the end of 2005 focused on nutrition and schools and provided a series of examples of good practise from schools and countries

Growing through adolescence, a resource for trainers involved in health promoting schools has been developed and disseminated. The resource is focussing on healthy eating.

The Technical Secretariat was involved in the planning on a Forum on health and well-being of adolescence, with a focus on nutrition and obesity. The forum invited ten countries to discuss possibilities of partnership and action. Participants represented scientist, decision makers, media and young people. A technical meeting on nutrition and schools was held adjacent to the Forum. Outcomes have been communicated to member states.

The Technical Secretariat was involved in planning of the WHO ministerial conference on nutrition and obesity, held in November 2006. Outcomes have been communicated to member states.

Achievement of objectives

Business Meetings.

In 2005 the annual European Network of Health Promoting Schools Business Meeting was held in Scotland, UK, 18-20 May 2005, with participation of 85% of member states.

In 2006 the annual European Network of Health Promoting Schools Business Meeting was held in Copenhagen, Denmark, 25-26 October 2006, with participation of 80% of member states.

Workshops.

Workshop on practice of evaluation of health promoting schools, concept, indicators and evidence was held in Sigriswil, Switzerland 17-20 November. 55 participants from 38 countries attended.

Workshop on practice of evaluation of health promoting schools, concept, indicators and evidence was held in Sigriswil 8-11 June 2006, Switzerland. 40 participants from 27 countries participated.

Tools.

Network News 9, published at the end of 2005 focused on nutrition and schools and provides a series of examples of good practise from schools and countries

Network News 10, published at the end of 2006 focused on ENHPS policy development from 1992 - 2006, examples on national, regional or local development ; and examples of good practice from health-promoting schools

The Health Promoting School: International Advances in Theory, Evaluation and Practice.

This book is an important contribution to the developing literature on the role of schools in health promotion and is be essential reading for education and health professionals, researchers and students concerned with the health and well-being of children and young people in schools. It is based on contributions from a wide range of experts from health-promoting school programmes.

Contents of the book:

Part I: Concepts and Theory

Key values for health promotion are presented along with the complexity of health and education sectors working in an integrated way. Evaluation and capacity building are other areas which are highlighted. Involvement of young people themselves in building HPS programmes is also included in this part.

Part II. Case Studies.

This section provides insights into health promoting schools initiatives from a wide range of countries. The topics dealt with in the case studies are also wide spread looking into roles of teachers, democracy in schools, political aspect of developing HPS initiatives and the roles of school health services.

Part III. Comparative studies

This section reports studies on the effects of health promotion initiatives in schools in national contexts focussing on mental well-being for both students and staff, school climate and sexual health.

Health-promoting schools: a resource for developing indicators.

This book emerged from a series of workshops the Technical Secretariat of the European Network of Health Promoting Schools (ENHPS) initiated on practice and evaluation of the health-promoting schools approach. The workshop in November 2005 encouraged participants to plan and carry out a case study in their country over a period of five months. The focus was developing and using indicators for health-promoting schools, and their work had to be relevant to the needs of the country. At the follow-up workshop in June 2006, the case study contributors presented the preliminary case studies and the participants discussed them. Based on this, the case study contributors submitted final case studies.

Chapter 1: Introducing the content

Chapter 2: Health promotion in schools

Analysing stakeholders and responsibilities

- Education sector/schools/ teachers
- Health sector/health promotion services
- Students
- Parents/families/communities
- Health promotion researchers

Chapter 3: The health promoting school – key concepts and principles

Based on:

- Ottawa Charter (1986)
- Resolution Thessaloniki / Halkidiki (1997)
- Egmond Agenda (2002)
- Students' participation
- Concepts of empowerment and action competence
- Settings approach
- Health policies

Chapter 4: The definition and role of indicators in the context of the Health Promoting School

- What is an indicator?
- What is a suitable indicator?
- What kind of indicators do we need?
- What is the role of indicators in the process of evaluation?
- Indicators of school health in the context of educational quality of the school

Chapter 5: National reports on indicators for the Health Promoting School

This chapter contains a summary of the national reports on HPS indicators. They have been divided into four groups:

- Overviews of indicator development on a national level
- Development of indicators for regional strategies and support structures
- Using indicators on the school and classroom level
- Involving teachers and pupils in indicator development

The case studies reflect several current needs and challenges in countries. They illustrate the cultural diversity and pluralism within the ENHPS on concepts of health, methods of enquiry and interpretation of evidence.

Chapter 6: The use of health topic indicators in schools in the context of the work of international agencies

- How indicators that are being set for schools and education services by international agencies such as UNAIDS, can be integrated into health promoting school approaches
- How the intended outcomes of these indicators can be enhanced by schools adopting health promoting school concepts and principles and
- How the indicators might be measured
- Aimed at those agencies and NGOs that are considering the planning and implementation of activities on school health issues
- HIV/AIDS is used as a main example.

Growing through Adolescence: A training pack based on Health Promoting School approach to healthy eating

The resource draws on data from the Health Behaviour in School-Aged Children WHO Collaborative Cross-national Study (www.hbsc.org) and from European Network of Health Promoting Schools research.

Growing through Adolescence is designed for trainers working with teachers of children, especially those 8-14 years. The trainers may be teacher educators, education advisers, health promotion specialists, health promoting school coordinators, school nurses or school physicians. The resource developed in Scotland from the Scottish Network of Health Promoting Schools when it became clear that many teachers were asking for support with the complex mental health

and social health issues around young people, body image, self-esteem, dieting and eating behaviour.

Across Europe, a wide range of different historical and cultural factors influence attitudes towards food and eating. However, there is also evidence of social forces acting similarly in many European countries. Concerns are increasing about the eating patterns and activity levels of many young people in Europe and the associated growth in overweight and obese children. In parallel, evidence shows that increasing numbers of young people are unhappy with their body size and shape and are more frequently becoming involved in dieting and unhealthy eating patterns.

The resource explores the biological, social and emotional issues around health using a participatory training approach and aims to enable teachers to be more confident with these issues in the classroom and in the health-promoting school.

The resource has the following content:

Chapter 1: Trainers' notes. These have concise information on how trainers can integrate the component parts of the resource to develop a coherent programme that meets the needs of teachers participating in the training.

Chapter 2: Pre-designed training sessions. These consist of five training sessions of about three hours each. They aim to develop teachers' knowledge and skills on the complex issues of healthy eating for young people as they develop through puberty and adolescence.

Chapter 3: Training session activities. These provide a large menu of training activities from which trainers will be able to select the most appropriate activities to meet the needs of different groups of teachers.

Chapter 4: Background resource. This contains sections, with appropriate research references, on some of the key issues around healthy eating, including the mental health and social health aspects as well as the biological issues. The resource has the following sections.

Section 1: Growing and changing - this section covers: Food for growth, Physical activity, Adjusting to puberty, Food and young people, Food patterns and preferences, Overweight and obesity, Dieting, Eating disorders

Section 3: Image and reality – this section covers: Self-esteem, Body image, The role of the media

Chapter 5: Fact sheets. The fact sheets provide summary information and key statistics on adolescence and healthy eating. The following fact sheets are included:

- eating patterns among European children and adolescents;
- physical activity and healthy eating guidelines for young people;
- energy balance;
- food initiatives in schools;
- dental and oral health in young people;
- biological changes in puberty;
- water;
- the media.

Developing a Health Promoting School

A practical resource for developing effective partnerships in school health, based on the experience of the European Network of Health Promoting Schools

The resource is aimed mainly at school managers and teachers, but it is also of use to other staff in schools, particularly in countries where health professionals (such as psychologists or school nurses) are based in a school. If you work at local level and are involved in decision -making and guidance on school development and practice, this resource is also relevant for you. Some schools in Europe are already implementing many of the ideas in this resource but we are confident that at least parts of the resource will be helpful in stimulating the thinking of anyone working to make schools more effective in the promotion of health.

What is in this resource?

- a brief description of the programme which informs it – the European Network of Health Promoting Schools (ENHPS)
- the concepts and ideas that underpin the Health Promoting School
- examples of what schools have done in relation to those ideas
- ideas for activities that you might carry out with staff, parents and pupils.
- practical case studies

Output indicators

Output indicators title <i>d</i>	Target value achieved <i>d</i>
Network News 2005, printed, distributed	3,000, also available on European Network of Health Promoting Schools webpage
Network News 2006, printed, distributed	Target 3,000, 2500 copies were printed to stay within the budget. NN contained more contributions from member states than expected. NN 10 is also available on the European Network of Health Promoting Schools webpage
Report from teacher training workshop focussing on indicators	Target 1,000, 500 copies of meeting report from each of the two workshops, produced distributed and document also distributed electronically
Report from policy meeting, was reconsidered by IPC to be follow up to the indicator workshop producing a number of examples of best practise (Health-promoting schools: a resource for developing indicators)	1,000 Target met, distributed and on the web
Manual and guidelines, two manuals were produced (Growing through Adolescence and Developing a health promoting school)	3,000 Target was met, also available on the web
Coverage of Member States	25, Target achieved
Adoption of programme by Member States	15, target achieved
Tools for schools, resources for trainers developed by the programme (Growing through Adolescence and Developing a health promoting school)	2, target achieved

Activities indicators

Indicator title	Target value achieved
Coordination of annual Business Meeting 2005, finalized	85% National Coordinators present, target value(80%) met
Coordination of annual Business Meeting 2006, finalized	80% National Coordinators present, target value met
Coordination of workshop on teacher training, theme was changed to evaluation and indicator development for the use of schools	80% of countries participating, target value was 76%
Coordination of policy meeting, theme was revised to continue the indicator development	80% of countries participating, , target value met
Consultancy to member states	Direct consultancy offered to all countries
Update on WWW site	Regular updates carried out
Meetings of International Planning Committee organized	Three meetings were planned. First meeting in early 2005 was postponed, and finally cancelled, second meeting was held in June 2005 and last meeting was held in January 2006
Number of best practices identified: Network News 10	Target 15 Result: 15
Number of indicators identified to measure and evaluate progress in the implementation of comprehensive approaches	20 case studies

Conclusions

An impressive and Europe-wide body of knowledge and experience concerning the promotion of health in schools has been accumulated, due to the efforts of the European Network of Health Promoting Schools. According to the evidence reviewed here, the ENHPS has been a success.

It should be noted that each country has different conditions and different processes and will manage the Health Promoting School in different ways. The paradox is that the strength offered by diversity and breadth of the Network is also its weakness, as it makes it hard to assess its effectiveness and the extent of progressive change overall. However it is evident that much has been achieved.

When weighed up against the aims, the European Network of Health Promoting Schools has accomplished much, particularly in terms of stimulating developments. It is clear that many barriers still exist at different levels, some of which it may not be realistic to expect the ENHPS to make much progress in addressing. These include policy and financial levels. The key drivers of policy and practice development include factors like strong support, firm commitment and a clear vision are factors like strong support, firm commitment and a clear vision, particularly Health and Education Ministries in member countries.

In terms of its aims, the Network is meeting these, albeit with greater success in some than in others. A notable achievement must be the forging of new partnerships between health and education sectors. However the Network has to ensure that these aims do not expand beyond what is realistically achievable. Otherwise its impact becomes difficult to measure. Moreover expectations are raised, which cannot be feasibly met. A re-scoping of some of the aims of the Network could be beneficial.

A key issue must be sustainability, particularly of those projects set up in areas of relatively low levels of support and resources, including Eastern Europe and Central Asia. For sustainability to be developed, there has to be the following in place: appropriate levels of resources, support at ministry and school levels, the availability of guidance and materials, trained teachers and allied health professionals, networking, strategies, links with local communities, and firm connections between education and health. It is hoped that in future attention will be given to supporting these factors.

The achievements of ENHPS have been substantial and noteworthy. They require further development and support, if these gains are not to be lost and if some of the more fragile initiatives in member countries are not to lose their precious momentum.

List of abbreviations

ENHPS	European Network of Health Promoting Schools
HPS	Health Promoting Schools
TS	Technical Secretariat of the European Network of Health Promoting Schools
IPC	International Planning Committee
EC	European Commission
CE	Council of Europe
WHO/EURO	World Health Organization, Regional Office for Europe
EU	European Union
MSs	Member States

Annexes

- Network News 9
- Network News 10
- Report from Business meeting 2005
- Report from Business meeting 2006
- Reports from Workshops 2005 and 2006
- IPC meeting minutes 2005 and 2006
- Situation analysis 2005
- Situation analysis 2006
- Technical report December 2005
- Growing through Adolescence
- HPS- a resource for developing indicators
- Developing a Health Promoting School
- HPS International Advances in Theory, Evaluation and Practice
- ENHPS website, hard-copy sample