Better Schools through Health: The 3rd European Conference on Health Promoting Schools

15-17 June 2009, Vilnius, Lithuania

Conference Report

Vilnius 2009

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The 3rd European conference "Better Schools through Health" is organised by the State Environmental Health Centre, the Ministry of Health of Lithuania and the Ministry of Education and Science of Lithuania in collaboration with the Schools for Health in Europe Network and the International Union for Health Promotion and Education.

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1. INTRODUCTION

Vilnius, the European capital of culture 2009, served not only as a meeting point of cultures but also proved to be a most inspiring venue for the 3rd European conference on Health Promoting Schools titled "Better Schools through Health." Hosted in a modern conference centre, the conference gathered 333 participants, including 39 young people, from EU states as well as from Norway, Switzerland, Kazakhstan, Kyrgyzstan, Kosovo and the Russian Federation, Australia, Canada, Israel, and the USA. The three day international event brought together specialists from health, education and social sectors, policy makers, representatives from municipal and youth organisations, parents' organisations and academic institutions as well as all those with professional interest in school health promotion to discuss effective ways of investment in school health promotion in Europe by common action across sectors and across borders. Also, it was an occasion to alert policy makers that improving health of the children and young people in the school setting and the broader community needs stronger political support. The conference provided ample opportunity to disseminate best practice in the scientific, practical, and political aspects of school health promotion.

The focus areas of the conference clustered around the following main themes:

- Education
- Health determinants
- Policies and strategies
- Effectiveness and evidence
- Sustainable development
- New challenges

These themes were supplemented by discussions on professional capacity building and deliberations aimed at supporting the EU member states in reducing the current gaps in the implementation of health promotion in schools both between and within. Support of all European countries in developing effective strategies, policies and good practices on school health promotion in Europe was also an important issue on the agenda. Conference key points were extensively covered in plenary presentations, panel discussions, focus sessions, and poster sessions.

The conference welcomed 39 young people:

11 participants from Estonia, Finland, Latvia, the Netherlands, Spain, and Portugal

14 participants from Lithuania

14 volunteers from Lithuania

Young people had a parallel programme consisting of poster sessions and a young peoples' workshop where students demonstrated their ability to carry out impressive projects that serve the aims of the Schools for Health in Europe network. They also showed their potential to work towards a shared goal as it was illustrated by the young people's contribution to the discussion of the conference resolution.

During the conference, a cybercafé located in the main registration area was available to the participants. It provided a virtual meeting place where ideas, suggestions, and impressions on conference issues could be shared. With a noteworthy appreciation it has to be pointed out that all of the formal and social events were marked by care and profound work of most helpful and efficient conference organisers.

“HEALTHIER SCHOOL - BETTER SCHOOL”: THOUGHTS ON BIRDS

It would be great to have the atmosphere of friendship, understanding and sympathy at school. There should be a place where students could listen to music and relax during the breaks. There should be a secure place for keeping the bicycle on the school ground. The school without bullying - the school with the future! Noise could be blamed for everything. Shower facilities in order to ensure hygiene and health. There should be toiletries one needs in every restroom. Students should breathe fresh air during the breaks which is essential for a healthy body and soul. Understanding but not judging is the most important thing. It is important to be active. One break should be spent outside. Comfortable desks help to be attentive. Lighter schoolbags - relief for backs. Extra curriculum activities could ensure perspectives in one’s life. Healthy food will guarantee energy for the whole day. Dancing helps to keep fit.

Modern teaching technologies help to gain more knowledge. Singing will guarantee a good mood for the whole day.

This is our gymnasium thinking about: healthier school - better school

Prepared by Eglė Vyšniauskaitė, Skuodas Pranciškus Žadeika Gymnasium, Lithuania

2. OPENING CEREMONY

The conference opened with a look at the geographical and cultural landscape of the host country offered by excerpts from an impressive documentary film *Flight over Lithuania*. Apart from serving as a sign of welcome, the view from a great height featured in the film also implicitly suggested the aims of the conference – to get a bird's eye view of best practice in the scientific, practical, and political aspects of school health promotion. The acquisition of such a panoramic view can be regarded as instrumental in coordinating efforts to create a better and healthier school. After this symbolic prelude, the conference facilitator Robertas Petkevičius introduced young artists who perfumed music by the famous Lithuanian composer and painter Mikalojus Konstantinas Čiurlionis.

3. WELCOMING WORDS

Welcome speeches for the Vilnius 2009 conference were given by the leading officials from the Lithuanian Ministry of Health and Ministry of Education and Science as well as representatives from the World Health Organisation Regional Office for Europe, the Council of Europe, the European Commission, and the SHE network.

All the speakers specifically acknowledged the very hard work by the organising team led by Aldona Jociutė, Head for Beaurau for the Health Promoting Schools, State Environmental Health Centre, Lithuania. The organisers were thanked for their efforts to make the conference a distinctive landmark in school health promotion.

The conference opened with a welcome speech from the Vice Minister of Health of Lithuania Artūras Skikas, on behalf of the Minister of Health Algis Čaplikas. He expressed his sincere welcome and stated that "health promoting school provides new opportunities for young people to develop their capacities, to act, and thus to initiate changes in creating a more healthy setting." About the development of health promoting schools in Lithuania, Mr. Skikas said that Lithuania has been officially accepted into the health promoting schools network in 1993. Then 18 secondary schools joined the national network. During the past sixteen years, over 400 schools became part of the health promoting schools network. In 2007, the second stage of the programme

implementation, 55 educational institutions prepared short-term programmes and applied for an official recognition as health promoting schools. These initiatives developed into sustainable programmes. This year alone 25 schools declared their readiness and commitment to join the national health promoting schools network.

The increasing interest in school health promotion demonstrates that health improvement becomes to be perceived as a gateway to better education and a better quality of life. It is also associated with better possibilities for actualizing personal freedom and implementing the main principles of democracy at all levels of life. In concluding, he wished the delegates and organisers of the conference fruitful and creative work and expressed his special appreciation of the fact that young people from different European countries would have an opportunity to join their efforts in developing "a vision of a healthy and good school."

This was followed by a welcome address by Rolandas Zuoza, an official from the Ministry of Education and Science of Lithuania, who spoke on behalf of Gintaras Steponavičius, Minister of Education and Science of Lithuania. Mr. Zuoza noted that "For every nation children and young people embody the future of their country. Youth health is one of the major factors that determine the future of a nation, society, family, and economics. The factor of health also impacts the actualization of multiple aims and objectives both at the level of an individual and society. It is common knowledge that foundations of good health are laid in early childhood. The formation of healthy habits and healthy lifestyles is therefore among the most important components of upbringing and education. Thus taken, the implementation of the health promoting school concept embodies an essential precondition for fostering knowledge and enhancing deliberation in children, students, parents, and educators so that health started to be treated as a value and as an invaluable asset."

In her welcome address Vivian Barnekow from the World Health Organisation Regional Office for Europe expressed immense satisfaction to see so many participants, familiar and new faces, in the conference. It was perceived as a sign of committed and genuine interest in school health promoting work that had been started by the European Network of Health Promoting Schools and is now continued by the Schools for Health in Europe (SHE) network. She surveyed the development of the health promoting schools from its inception stage associated with the Halkidiki, Greece 1997 conference through its further pathways delineated at the Egmond aan Zee, the Netherlands 2002 conference into the present Vilnius, Lithuania 2009 conference. Each of these conferences marks a different stage in the development of the heath promoting school. She noted the significant contribution of the SHE network in implementing the values and pillars that were established in the previous conferences and reiterated her belief that the present conference will take the development further. In terms of policy framework, emphasis on the social determinants of health was highlighted as a strategic priority involving focus on "social justice, material, psychosocial, and political empowerment, and the importance of creating the conditions for people to lead flourishing lives." Ms. Barnekow concluded her welcome address by expressing support and commitment

of the World Health Organisation to the SHE network and wishing great success to the ensuing conference.

Next to speak was Susie Morgan, representing the Council of Europe, who extended greetings from her Director Alexander Vladychenko and in her speech underlined that the Council of Europe had always been and is fundamentally interested in the protection of health and the promotion of education as the right to education and the protection of health are cornerstone human rights principles. In this connection, it was noted that the Schools for Health in Europe network has given insurmountable commitment to promote positive change in people's perceptions about their health and well-being through complex interactions between education and health sectors. As a closing, the emphasis on the multilevel and multi-sectoral approach was linked with wishes to make the conference into a forum for fruitful discussions. It was also contended to be a momentous occasion to look at the mission of all those involved through the lenses of a call formulated by a Native American chief: "Let us put our minds together to see what life we can make for our children."

Goof Buijs, manager of the SHE network, read the welcome words to the conference from Michael Hübel, Head of the Health Determinants Unit, Health and Consumers Directorate General of the European Commission. Mr. Hübel complemented the Schools for Health in Europe network "for its successful work over many years in integrating health issues into school curricula across Europe, and to help develop healthy schools as part of healthy environments. It is also on the basis of this important work that the European Commissioner for Health, Mrs Vassiliou, has decided to make the health of children and young people a key priority of her mandate. She will shortly be hosting a High level conference on youth health in Brussels, and SHE is one of the key partners in organising this important event." He concluded by saying that he knew "that the network has gone through a phase of transition, which you have mastered, and your cooperation appears strengthened. Alongside the Council of Europe, we will continue to play our part in working towards healthy schools, healthy environments and healthy children and young people across Europe."

Mr. Buijs began his own welcome address by directing the delegates' attention to the factor of children's happiness as an important aspect of their health and well-being. With reference to a recent OECD report he noted that happiness and well-being had been assessed from the perspective of six dimensions: material well-being, health and safety, education, family and friends, behaviour and risks, and subjective well-being. The happiness scores reveal pronounced differences among countries in Europe. What is more, countries with considerably high annual gross income were revealed to have quite low happiness scores. "There are many differences and we are here together to change this," he stated. Having surveyed the major developments of the SHE network with regard to the main aims and the founding principles, Goof Buijs noted that it was among the primary intentions of the conference to bridge and link policy, practice, and research. Much of this would be reflected in the resolution to be ratified at the conference. He wished the conference attendants many fruitful deliberations.

“What is very important to us working in education and health sectors at the same time – it’s now been proven that one year of education prolongs life expectancy by 0.6 points.”

Vivian Barnekow from the World Health Organisation Regional Office for Europe

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“Thinking together is effective, giving children a voice is an essential element. We mustn’t forget however to listen.”

Susie Morgan, a representative of the Council of Europe

“We are here to improve things and our first consideration is how happy are the children”.

Goof Buijs, Manager of the SHE network

”A child can be happy if one feels love from parents, family, friends, care, understanding at home and school and has a chance to experience success. My vision school is like a large family. Students treat each other as younger or elder brothers or sisters and all students are like a family.”

Ieva Kazāka, Agata Gajevika, Mikus Spalviņš, Jaunpiebalga Secondary School, Latvia

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“While we are trying to reach healthy and happy school the most important thing is collaboration and interrelationship. Everything is possible; all we need is only time and patience. Our aims aren’t reached over one day and that also include making healthier school. In our school’s community students should do more activities and adults should write more projects for young people. All that we need is a simple wish to change our life for the better.”

Aksana Valeckaitė, Algirdas Norkūnas, Aivaras Namajuškus,
Anykščiai Antanas Baranauskas Secondary School, Lithuania

4. PLENARY SESSIONS

The programme of the Vilnius 2009 conference consisted of three plenary sessions dedicated to: 1) policies and strategies for the health promoting school; 2) effectiveness and evidence for the health promoting school; 3) new challenges for the health promoting school.

4.1. Policies and Strategies for the Health Promoting School

4.1.1 School Health Promotion: the Evidence, Issues and the Future

The following is a shortened version of the lecture on school health promotion in terms of evidence, current issues, and future developments given by ***Professor Lawrence St Leger, Deakin University, Australia.***

I want to talk about school health looking through the eyes of teachers. What really works in school health probably has had many years of evidence. The publications presented in the picture below present the IUHPE guidelines on health promoting schools, based on evidence and they have been tested with many people for their efficacy. They are published in 7 languages. I want to draw on the evidence today and I want to alert you to some of the things that exist. I also remind you that these are guidelines, they are not rules, but they are all grounded in evidence that has been checked with practitioners around the world. These two publications have some superb chapters on different health issues. The one on the right was published in 1999 and then in 2000, and the one on the left in 2007 (figure 1).

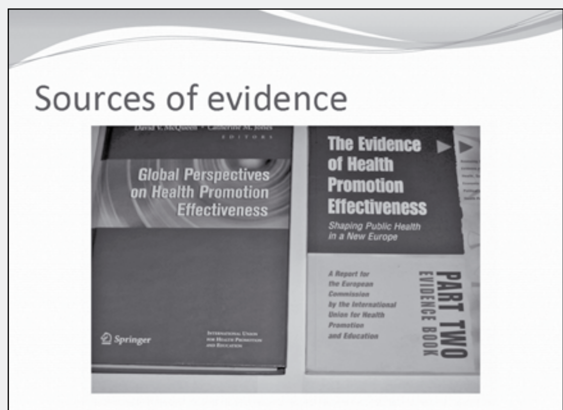


Figure 1

Let me remind everybody that there are some basic prerequisites for health, and most of you would recognize these from the Ottawa Charter of health promotion.

These are

- Shelter
- Education
- Food
- Income
- Stable ecosystem
- Peace
- Sustainable resources
- Social justice
- Equity

If we don't get this right, it is really difficult to do some innovations around health promoting schools at schools in the local communities. Also I would like to remind you that the determinants of health lie largely outside the school. Much of it has to do with the biological parents. However, there are many factors that are beyond the capacity of the school to influence. Sadly enough, we have to remind ourselves that schools have limitations in what they can do effectively. There many determinants of health, and the ones that have become extremely important in the last decade are of course the social determinants.

I am always interested in the purpose of school health because many in the health sector would think that the purpose of school health is to reduce morbidity and mortality, indicators in their country and their region. Some people are starting to think that school might actually add value to what schools' core business is, and that is to maximize educational outcomes. Wonderful in the title of the conference, it reflects the first one. The position has been adopted that schools are primarily about maximizing learning and educational outcomes. And it just so happens that healthy students learn better. However, external organisations put a lot of pressure on schools to reduce drug use, to reduce unintended pregnancies, and so on.

This has implications for what we can do in schools, and what we can do effectively. These external pressures often following ideologies ignore the fact that the change of people's behaviours can be changed by simply providing them with more information. Many people think of school health as something you can do for fun, something that can be added to the curriculum. However, my argument is that health underpins learning. Many European countries have been leading their thinking around that, but that doesn't happen in many places in the world. Let's start to think what works and what doesn't work. An important point that has to be considered is empowerment, and here I identify some basic elements of the evidence. For empowerment to work, it need to be in action, rather than rhetorical. Also it needs to be realistic looking at what students and others can actually achieve rather than trying to change the world in a short period of time (Gale et al, 2008).

Now I direct you to Bjarne Bruun Jensen's thinking about the 4 types of knowledge. This serves a counterargument to those sceptics who say that health promoting schools is knowledge free. It is only about people doing things and trying to be activist. This is actually not the case. Again I reinforce the point of genuine participation and the notion of action competence. Very sadly for me we thought of education as being about developing the whole set of knowledge and some skills. At long last we are starting to think about carrying beyond skills into actions which are based on a whole series of competences.

Now I want to talk about some major findings from the evidence and I will start with the education sector. We have had over 30 years of superb evidence in the education sector of what is a good school and what is quality teaching and leadership. Sadly, in health generally and sometimes health promoting schools would ignore this evidence. Also the evidence suggests that the dose of the initiative has to be sufficient. Unfortunately, many health promoting projects are funded with money that only gives a small dose. Therefore I am using a medical analogy – it is like taking just some antibiotics where you need the full course. However, in school health promotion the money is only for short term projects.

One of the most positive things about the Schools for Health Network in Europe and its predecessor the European Network for Health Promoting Schools is that there has been some longevity. The dose in many of the countries has been significant; therefore the success is measurable and very explicit.

The most important component of health promoting school is to build an excellent social environment. These are the key elements:

Learning outcomes for students improve if they………

- are happy in their schoolwork
- believe in themselves
- like and respect teachers
- attend a supportive school

There is a new document about to be published, and it is called "Promoting Health in Schools- from Evidence to Action" (Draft authors Ian Young and Lawry St Leger). This is an international document containing an advocacy argument with supportive evidence primarily for the education sector. The document has been tested with many people from many countries in the world. Some parts of it were tested in Turin last year. There was some difficulty in writing an international document: we had to write it in neutral terms, but it is designed to help people to adapt to their own particular culture. This is shortly to be released. I am going to draw on some of the things from the document to share with you some of the evidence.

Effective Schools

- establish and promote high expectations;
- respect diverse talents and ways of learning; permit adequate time for learning tasks;

- ensure there is consultation between parents, students and teachers in establishing the school's direction;
- establish programmes and facilities for students with special needs; and
- provide clear leadership from the Principal/Director in establishing a school climate of trust, respect, collaboration and openness

This is what the evidence tells us about effective schools from 30 years in education sector. There is more, but I will just highlight several things. Very important that we always have high expectations on our students and that we respect student talents and we have different ways of learning – kinaesthetic, auditory, visual learning – all the different ways of creating learning for young people. We can see the importance of involving parents in thinking about school's direction and thinking of students with special needs and having the right leadership, including leadership from within the students and leadership from within the parent community. Many of the innovations in Asia derive from brilliant work by some of the parents. The work in New Zealand is done by the students who own and run the health councils. It is the students who drive the agenda.

Now I want to make some brief comments about some traditional health topics – male health, healthy eating, physical activity, sexuality and relationships, substance (mis)use, hygiene, etc. In this document that is soon to come out we have looked at the evidence: what works and what doesn't work when one has a topical approach. Health promoting schools is more of an action. However, much of health promotion around the world is based on topics and health issues because that is where the money is from various organisations to fund the work. The two big ones that I see internationally are mental health which is derived from the issue of bullying, depression, and isolation – of course mental health is something much broader than that – and the other one is trying to address the international obesity epidemic.

I would like to address the topic of mental health because it is the number one area for me. As stated by a number of authors, mental health is *The number one health area for effective outcomes* (Blum et al, 2002; Browne et al, 2004; Green et al, 2005; Stewart-Browne, 2006; Weare and Markham, 2005; Wells et al, 2003). Here are some of the findings from the evidence:

Successful initiatives ….

- are well designed and grounded in tested theory and practice;
- link the school, home and community;
- address the school ecology and environment;
- combine a consistency in behavioural change goals through connecting students, teachers, family and community.

Other successful initiatives include fostering respectful and supportive relationships among students, teachers and parents; use of interactive learning and teaching approaches; and increasing the connections for each student. According

to recent evidence, the more connections young people can have with peers and colleagues in school, the better their health. There is also some data that shows that even without the health intervention, the more connections students have, the less likely they are at risk of unhealthy behaviours. And the connections are vertical, not just horizontal, in the same classroom the connections are with older students and with younger students. It so happens that the more connections they have outside the school network, the more at risk they are for early experimentation with substances, etc.

As regards healthy eating and nutrition, initiatives and programmes that follow evidence-based teaching practices and a whole school approach have been shown to regularly increase student knowledge about food and diet. A whole school approach leads students to cook at home and start cooking in the family. As a result parents start to cook and there are examples around the world when students change the buying and eating habits of their parents. There are examples of schools where students can choose food from a menu. However, the food availability at school does not always exist. High sugar and high fat food is still available, one needs reasonable longevity, not 3 years, perhaps, 5, 7, 9 years. This raises the issue of a dose. It is also essential to build ongoing capacities for the staff.

Now some comments about physical activity. The evidence suggests that:

- physical activity initiatives in schools are most effective if they adopt a comprehensive approach; e.g. the development of skills, establishing and maintaining suitable physical environments and resources, upholding supportive policies to enable all students to participate;
- there is a strong direct correlation between being physically active at school and undertaking physical activity in adulthood;
- students gain more benefit from physical activity if they have opportunities to be active at regular times during the school day;
- The second point has just been contradicted by the major study in Australia where they revisited people who went through a big programme promoting sports, and what they found interviewing people twenty years later that there was no direct relationship between exercising in childhood and taking up physical activity in adulthood. But actually it was found out that there is a difference. When it was looked back at the actual intervention, it was found that there was not sufficient intensity or dose. It was below the threshold to affect a response, but at the time people did not know that. Now we now what is the minimum level in order to get some change.

Evidence also suggests that:

- if students collaborate with school staff in deciding the type of physical activity to be undertaken, which could include other activities not viewed as sport, like dance, then they will be more committed to participation;

- biological measures, e.g. BMI, blood pressure measures and 'VO2 max,' have limitations and may be ineffective in assessing physical fitness levels of growing young people and other outcomes of school-based physical activity; and
- programmes that cater for student diversity in areas such as ethnicity, physical ability, gender and age are more effective in terms of student participation and engagement than those that don't.

Other outcomes of physical activity include improved social skills, enhanced mental health, better concentration, lesser probability of risk taking behaviours. They are all building blocks for education even though, as stated by Taras, there is *No substantiation of improved academic achievement* (Taras, 2005).

Substance use interventions are problematic in schools. We highlighted some of the issues in the document. International studies assessing the credibility of substance use at school very often prove to be ineffective. We tend to work a little better with tobacco than with other substances. It is most important to teach staff to understand mental health issues and to work around substance use from mental health frameworking perspective.

Another issue is sleep and student performance. Taras states that "of all the health issues investigated, poor sleep was among the most unexpected and definitive causes of poor academic achievement" (April 06, 2006). There is an argument among adolescents whether it is possible to start school any earlier than about ten o'clock. It is because their brains do not wake up. Many of them go to bed late because they are texting, emailing, on websites, twittering, etc. This has implications for how early the school starts. Taras who is a paediatrician argues that we need to rethink this aspect of health particularly in the light of adolescent development.

As for the theme of sexuality, it can be summarized briefly that sexuality education programmes, when conducted by empathic and trained staff:

- increase sexual knowledge;
- may increase safe sex practices;
- may delay the time of first sexual intercourse;
- result in young people reporting on better communication in their relationships.

Evidence indicates that such programmes do not promote earlier or increased sexual activity in young people. Initiatives in schools that explicitly promote and build school connectedness for students are strongly associated with reduced sexual activity in adolescence.

I will move on now to the issues of school health. Here are the issues for teachers. To begin with, there many external assumptions that people make about schools. Telling students is teaching, but that could be a long way from the truth. Teaching is a complex art and it is a craft requiring skills. Yet striving for quality teaching can be a lifelong process. At the other end, a lot

of people think that listening is learning. People can listen to things; they can hear things, but they do not necessarily learn. Learning is about building a whole set of competences, and it is about practice. The meaning assigned to the curriculum can be discussed in the light of characteristics common to teachers. Teachers – this is what evidence tells us – like structure; they like resources, guidelines, prescriptions, curriculum, and they like flexibility. And these are fundamental, and actually many health promoting programmes around the world actually recognized and respected this. Also teachers are under gradual pressure. There is a lot of accountability; some teachers have performance indicators; there lots of time demands.

Below is the summary of what I find in most countries in the curriculum (figure 2):

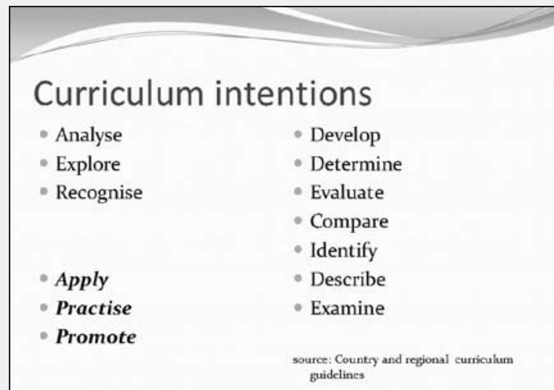


Figure 2

These are words common in the curriculum context. However, there is not much in the bold area: "**apply, practice and promote**." To me these verbs comprise the fundamental component of health promoting schools, particularly for action competencies. As I move towards the conclusion of this presentation, I will talk about schools and teachers in the classroom. Going back to the curriculum, there is the cognitive, the thinking domain, signified by the verbs "**analyse, explore, and recognise**." This is what much of education is about and it's important for health promoting schools as well. There is also the affective demand, the doing, which going back to these words is "**apply, practice, and promote**."

However there are external assumptions that people make about the curriculum (figure 3).

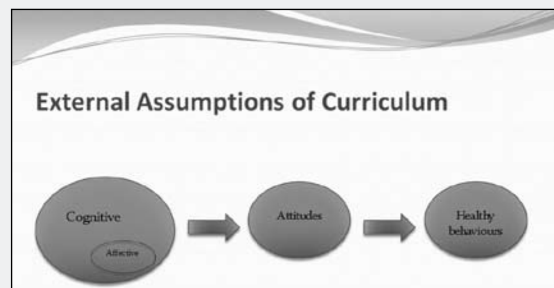


Figure 3

There is an assumption that if you do this, you can change students' attitudes, and all of a sudden there will be healthy behaviours. I make the argument to you that it is more likely that we would get better gains if we would start with the healthy behaviour and give the students a chance to try low fat milk or get students a chance to play a new activity. Now I want to show a map of what any school might look like with regard to external and internal factors that shape the curriculum and how

a requirement to deal with health issues may look within this layout of things (figure 4).

The following graph illustrates the level of importance of factors that influence students (figure 5).

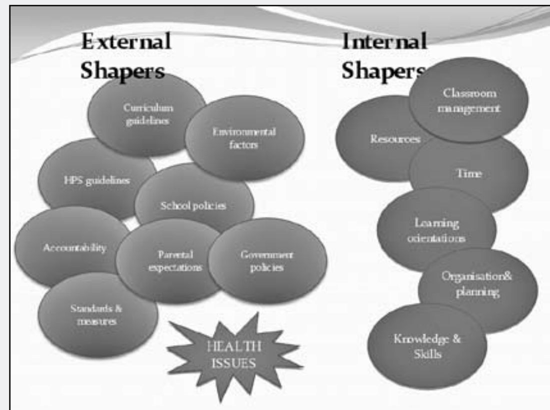


Figure 4

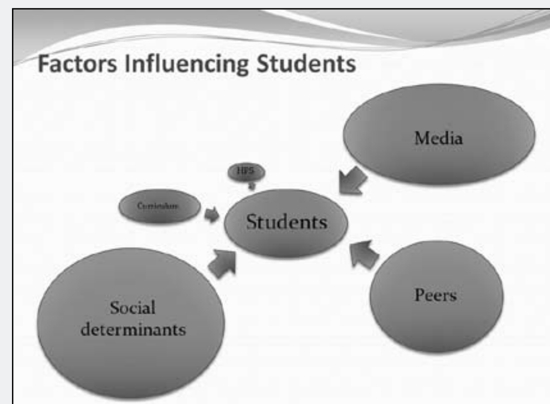


Figure 5

This shows that the curriculum is not very important for students, social determinants, media, and the peers play a much bigger role. In this connection it is important to note that WHO has recently put a statement about media literacy being an important component in school health promotion. Examples show that what health promoting schools work through are the social determinants; schools use the media, and the peers staying in the standard curriculum.

Some of the challenges for the future

- disseminating evidence to policy makers
- mediating and disseminating evidence to practitioners
- working across the curriculum
- using educational evidence e.g. effective schools, quality teaching practices, integrated curriculum, leadership, etc
- professional development to professional learning

We need to reconsider the balance between the cognitive and the affective aspects of education in order to have better educational and health aspects, and I argue that we need to rethink our curriculum and to place more emphasis on action competencies for all students. Building young people's assets and attributes within school health promotion network should be signified by verbs "understand, know, think, reason, analyse, synthesise, evaluate, create, plan, advocate, negotiate, and take action." It is these words that comprise the notion of *action competencies*. Finally, health promoting schools are schools in our local communities. Therefore, looking holistically and involving students should be the underlying aim and strategy of health promoting schools.

4.1.2 Healthy Settings: Key Focus Areas for School Settings

The following is a shortened version of the lecture on the role and meaning of healthy settings given by ***Associate Professor Christiane Stock, University of Southern Denmark, Unit for Health Promotion Research***.

My presentation focuses on background, origins and evolution of the settings approach and gives some overview over the concepts and theory. One of the main points will be the different levels of interconnectedness within and across settings, and finally I will discuss the role of schools in reducing health inequalities.

One can look at settings as a 4th dimension of the Health Promotion Matrix. Once the population group is defined and the topic and problem established, the choice and the implementation of methods will depend on the setting. The importance of settings will become evident when we look at what Tones and Tilford have called "the health career." The individual life course is embedded and shaped by culture, physical and socio-economic environment. In different stages of our life we are exposed to very different settings, and this could be the local community, the school, and later on, the workplace, the hospital, and social services. These settings play different roles at different stages of our lives. They have different but steady influence on our health condition. Beyond the settings media have also an important impact on our health career. One must realise that the impact of education and health campaigns may be less important than the media impact. And finally the interpersonal relationships which are the most proximal factors with impact on our health career are important influences.

But there is not only the influence of settings on us; it is also the other way around. Like the WHO has pointed out in its glossary in the following statement about settings: "A setting is the place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and well-being." Based on this it is the aim to address that interplay of factors and integrate a commitment to health within culture, structures and routine life of the settings.

While illness is largely influenced by the health services, the impact on health is largely driven by the other relevant areas of life. Consequently, health promotion requires investments in social systems in which people live, and this is actually the underlying idea of the Ottawa Charter.

We have seen now more than 20 years of development of the settings work in general. The development goes back to the Ottawa Charter in 1986, but there are also background policy documents that are relevant for this initiative starting with the Health for All 2000 Declaration and leading to the most recent document, the Bangkok Charter 2005. I would also like to point out the UN Education for All Agreement 2000 as very relevant for the school setting. Almost immediately after

the Ottawa Charter a number of initiatives have been launched with the Healthy Cities Project 1986 as the first one. The Health Promoting Schools Project was among the first initiatives started from the Ottawa Charter onwards.

I would also like to mention and remind you to the underlying pillars central in the settings approach. It very much builds on an ecological model of health promotion emphasizing that health is determined by an interplay of environmental, organisational and personal factors. It is also marked by a shift of emphasis to salutogenesis, i.e. factors that contribute to the creation and maintenance of good health rather than merely on risk factors for a disease. The focus is on the whole populations rather than on individuals at risk. Finally, it builds on the holistic perspective to develop supportive contexts in places people live their lives.

The settings approach builds on a systems perspective. If we look at settings as systems, we need to take the broader perspective into consideration. That means that we need to adapt a systems perspective in order to make changes in settings. The characteristics of settings are:

- Settings are dynamic complex systems with inputs, processes, outputs and impacts;
- They show interconnectedness, interrelationships, interdependencies and integration between different elements and on different levels;
- A setting is an 'open system' and as part of a greater whole in synergistic exchange with the wider environment, and within this, other settings.

If we adapt this whole system approach, then we have to use methods that are appropriate for the system level, and that means that we have to utilise strategies of organisational development to change management approaches and techniques.

Going back to the major strategies, three key focus areas for the settings work in general have been pointed out by Baric (1994). These areas are actually (1) to integrate health into daily activities of the setting, (2) to create supportive healthy living and working environments, and (3) to develop the links with other settings and the wider community. These basic strategies can be widely applied for all kinds of settings including a health promoting university approach.

If we look at the school setting, what does it mean in practice to integrate health into the daily activities? There are three pillars that are relevant in this respect as shown on the graph below (figure 1). The curriculum being one but there is also the quality of social interactions to value positive relationships, to prioritise learning and building self-esteem, and to enforce the

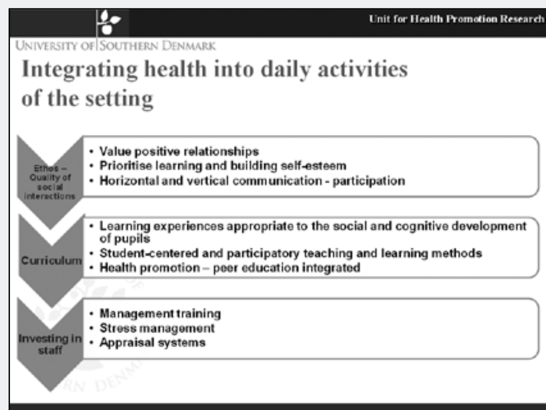


Figure 1

participation on different levels, both horizontal and vertical, and also to ensure communication. When it comes to the curriculum, the learning experience in health promoting school is appropriate to the social and cognitive development of pupils. Student centred and participatory teaching and learning methods are in the centre of health promoting school. And of course health promotion and peer education needs to be integrated in the curriculum. Investment in staff is also a relevant pillar of how to integrate health into the daily activities of the setting such as with management training, stress management, and appraisal systems.

The second area is to create supportive healthy living and working environments, which means to enable both pupils and staff to make the healthy choice the easy choice. As shown in the graph below (figure 2), there are also three areas one may look at: physical environment, policies, and sustainability. As to physical environment, clean and built environment is important but also areas for studying, and relaxation. Then the policy area consisting of healthy school meals, school food policy, alcohol policy, and smoking policy. The third is the sustainability area including the ecological aspect of the school to minimize waste, energy use, and transportation. I appreciate that this conference is putting an emphasis on joining the environmental approach and the school health approach.

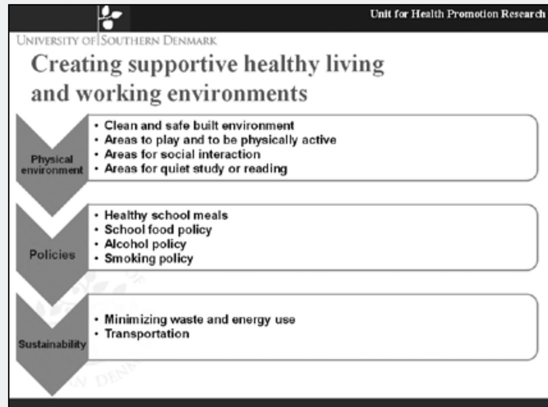


Figure 2

To develop links with other settings and the wider community means to get the parents on board, to build partnership and get them involved in the school life. There are also outside services, which are relevant beyond the health services which provide check ups and immunisation programmes. Building partnership with the police can also be very successful. Services beyond the health service include drug prevention service and sexual health service as potential partners of schools. Finally, a health promoting school is embedded in a community and in a municipality, which is in an optimal case a healthy city, so there are common themes to work on, and potentially common actors and common voice for these approaches.

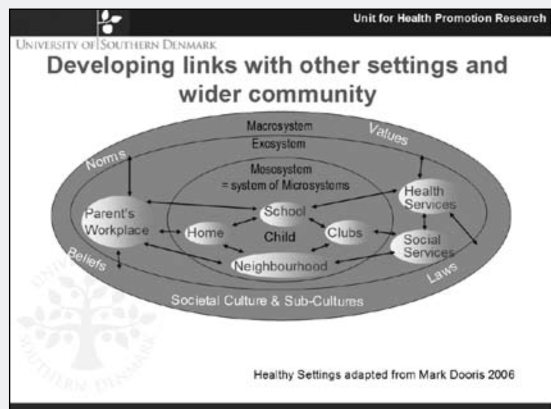


Figure 3

The graph below (figure 3) is adapted from Mark Dooris

(2006) and demonstrates what it means to develop links with wider community for the settings work. The child is put in the centre in this graph, and the child is attached to different settings. It is not only the school, but there are the home, the neighbourhood, and leisure activities such as sports clubs. This builds a mesosystem system for the child. There are also mutual influences and connections between these settings and between the settings in the wider world as the ecosystem. It could be then potentially the parents' workplace that has influence on home, but could also link with schools in some aspects. These settings are embedded within macro-systems with societal culture and sub-cultures and influences through laws, values and norms, and beliefs. This points out to interconnectedness between different settings.

There is another level of connectedness which is relevant for the settings work in general and also in schools. This level of connectedness is characterized by connecting between actors. This includes teacher-pupils relationships, with the social relationships here playing a dominant role, but also government structures like the leadership of the school. Some evidence shows that this interconnectedness is not only theoretically defined. Some recent evidence from Scottish schools has shown that the relationship between pupils and teachers widely explains the between school differences as regards smoking habits (Henderson, 2008). The inclusiveness of the school has been a significant factor that predicts smoking rates of pupils in this research.

Connecting between the different components of the school also plays an important role. The different components that are interconnected are the curriculum, interpersonal relationships, the indoor environment, the school grounds, and the leadership structures. If we look like at one particular health issue then it becomes soon evident that if one integrates a health topic into the formal curriculum, the teacher-student relationship may need to be changed in order to make this work and this also may affect changes in the leadership structures.

I would like to make the point here that the topics are also interrelated. If we put mental health in the centre then it will have impact not only in this area but also on e.g. substance use. If we invest in substance use, there may also be a strong impact on sexual health. Thus, the impact of school health initiatives is even bigger if we bring up the topics in an interconnected way.

By way of concluding, I would like to stress that interconnectedness has the potential to reduce inequalities. **We all know that we are challenged to improve the health of the poorest fastest and to decrease the gap between the disadvantaged and advantaged groups. Interconnectedness has the potential to reduce the impact of disadvantage.** Schools are not able to reduce or eliminate socio-economic problems on their own, but they can work in cooperation with communities and other actors and settings to reduce the impact of disadvantages. Interconnectedness increases coordination and intensity of action, and schools that serve disadvantaged communities must ensure that curricula, health services, and social environments are relevant to the challenges

and strains of their communities and respond effectively to the posed challenges. We know that participation in high quality schooling is fundamental in achieving equity and progress. It builds critical health literacy and therefore reduces the gap between health and academic outcomes between students of higher and lower socioeconomic background.

I appreciate that the Vilnius resolution with its focus on equity supports the role of schools in reducing inequity and I hope that we all can contribute to this overall idea at this conference and beyond.

4.2. Effectiveness and Evidence for the Health Promoting School

4.2.1 The Evidence Base for Health Promotion in Schools: What does it tell us and what does it not?

The following is a shortened version of the lecture on the issue of mental health given by ***Professor Sarah Stewart-Brown, Director of Health Sciences Research Institute, Warwick Medical School, England***.

This presentation is based on the findings from systematic reviews of health promotion schools that I have undertaken over the last decade.

The first, which was funded by our Department of Health in the UK, is now quite old but it is important because of the insights it provided

- *Health promoting schools and health promotion in schools: two systematic reviews*. Lister Sharpe et. al. Health Technology Assessment 1999(3) 22

The second, which was commissioned by the WHO Europe was essentially an update of that first review

- *What is the evidence on school health promotion in improving health or preventing disease, and specifically, what is the effectiveness of the health promoting school approach*. Stewart-Brown 2006

  Health Evidence Network WHO Europe

  http://www.euro.who.int/document/e88185.pdf

Both these reviews were generic – that is they covered all health promotion in schools. Since that time I have completed two further reviews commissioned our National Institute of Clinical Excellence in the UK (NICE). These both focused by mental health promotion

- *Systematic Review of the effectiveness of interventions to promote **mental wellbeing** in children in **primary** education.*

- *Report 1: **universal** approaches – **non violence** related outcomes* National Institute for Health and Clinical Excellence June 2007

  http://www.nice.org.uk/guidance/index.jsp?action=download&o=43911
- *Systematic Review of the effectiveness of interventions to promote **mental wellbeing** in **primary** schools. Report 3: **universal*** approaches which focus on prevention of **violence and bullying** NICE Sept 2007

  http://www.nice.org.uk/guidance/index.jsp?action=download&o=43912

Whilst we were undertaking the above two reviews, colleagues completed a companion review which also yielded important findings:

- ***Mental wellbeing** of children in **primary** education: **targeted /indicated** activities* NICE July 2007;

  http://guidance.nice.org.uk/download.aspx?o=441004

When I have talked about these reviews and their implications for health promotion practice, I want to reflect on what they do and perhaps more importantly don't tell us and mention new findings from research on the development on mental health in children that might be useful for health promotion work in schools.

First three caveats:

- The only work that I have ever undertaken in schools is as a pupil. I have never implemented any school health promotion projects. I have taught students in higher education, but I have never taught in schools. So I talk to you as an academic who knows the research literature well, not as a practitioner.
- I am presenting to you review level evidence and this has some limitations. It is my experience that reviews often place more emphasis on the quality of the study, the way the research is done, than they do on the quality of what was done. It is often difficult to discover from systematic reviews what successful programmes or interventions involved. In the first review I completed, I could see a correlation: the better quality studies tended to be of a lesser quality programs, and higher quality programs often had poor quality studies. I think that is very understandable. The good quality programs are done by people with a real knowledge of health promotion, enthusiastic doers who want to make things happen in schools and these are people who know every school is different. In order to make programmes work, one needs to get teachers, pupils and parents involved in the programme and if their involvement is meaningful every programme will end up being slightly different.
  In undertaking randomised controlled trials, academics try to provide programmes which are standardized, that is they look exactly the same in all schools; so there is a conflict. Schools also need to be ready to make changes and interested in health promotion if they are going to implement new programmes well. But in order to take part in randomised controlled trials, schools need to be entirely indifferent about whether they are in the control

group or the intervention group. So this is another conflict. These conflicts do limit the reliance that can be placed on randomised control trial evidence.

- In the field of policy making, however, interventions which have not been subject to randomised controlled trials are regarded as unproven. In this respect there is now some good news on the horizon. The UK Medical Research Council, a highly influential body in the academic world, has produced some updated guidelines on developing and evaluation complex interventions; health promoting schools, of course, are highly complex interventions. The MRC identified the necessary phases of research as: feasibility and piloting, development, implementation and evaluation. However, in contrast to the past they recommended that these phases do not have to follow a linear sequence. The guidance also stated that experimental designs, though preferred, are recognised as sometimes impractical and that complex interventions may work better if tailored to local circumstances – i.e. not standardised. So perhaps in future policy makers will be more open minded about the research designs on which evidence is based and researchers will have more choice in selecting designs that are most appropriate for the subject matter.

In spite of these caveats systematic reviews have some clear strengths. These are:

- They are comprehensive aiming to cover all the experimental studies on any one intervention
- They have clear inclusion criteria so it is possible to be clear what is and is not covered
- They base their results on controlled studies, so there is less risk of bias
- The authors undertake a critical appraisal of the studies so the results of good quality studies are given more credence than those of poor quality studies whose results could be misleading

With these strengths and caveats in mind let us look at the results of these systematic reviews of reviews. The first two reports reveal a marked difference in the number of reviews in different topic areas. In the first report the majority of reviews focused on substance use (smoking, drugs and alcohol); the next largest group focused on nutrition and exercise.

In the second report the largest number of reviews (those undertaken since the first review was completed) focused on mental health promotion. The number of systematic reviews in a topic area doesn't necessarily reflect the number of primary studies in that area, but it is a marker of the level of interest policy makers, funders and academics in each topic. It suggests that interest in mental health promotion in schools is growing.

With regard to the findings, both reports showed that the great majority of programs were classroom based and among classroom based interventions, the following points were highlighted:

- Knowledge easy to change

- Behaviour and attitudes much harder to influence
- Programmes incorporating life skills education and involving peers more promising than those that didn't

Both reports also showed that many of these programmes were ineffective. The more successful interventions were those which had some elements of the health promoting school; that is they aimed to change the ethos or environment of the school and/or made links with parents and the community as well as classroom based components. Amongst the latter the most successful programmes were those which aimed to promote healthy eating and physical activity. These were much more likely to be successful than substance misuse programmes which were largely ineffective.

The second report had much more to say about mental health promotion and mental illness prevention than the first, because it included a number of reviews of these interventions. The definition of mental health was broad covering both mental wellbeing and aspects of mental illness (see figure 1).

Aspects of Mental Health
HEN Report WHO 2006

Promotion
- Self esteem
- Social skills
- Problem solving
- Conflict resolution
- Emotional literacy
- Peer relationships

Prevention
- Antisocial behaviour
- Criminality/ violence
- Bullying
- Depression
- Suicide
- Anxiety

WARWICK

Figure 1

The results of this report were positive suggesting that mental health promotion was worth doing, particularly if it involved the whole school, made changes to psychosocial environment, enhanced personal skill development, involved parents and the wider community and was implemented over a long period of time. These studies reported moderate to large effect sizes.

The results of this report prompted me to respond to an invitation to undertake further reviews of mental health promotion in schools (NICE 2007). The two new systematic reviews we undertook at Warwick University are part of a set of three, all of which focused on primary school age children; we undertook the two reviews covering universal approaches; colleagues in Teeside completed the review of targeted approaches. Recently NICE has just completed a fourth, more limited, review of mental health promotion in secondary schools.

In thinking about universal approaches our concern is the mean level of health of the entire population. What universal programmes try and do is shift that mean in a positive direction. Targeted approaches focus on children and young people with low levels of mental health or those at high risk of becoming mentally ill; they aim to prevent mental illness more than promote mental health and wellbeing. Targeted approaches fit well with social inequalities and health inequalities agendas. People who are very concerned about those agendas sometimes worry about universal approaches because they are concerned that they might benefit people who are relatively healthy already more than those who are sick. In thinking about different

approaches it is, however, important to remember than mental health is a system. The capacity of teachers, practitioners and peers to help those with relatively poor mental health is directly related to their own level of mental health (we will talk more about this later). Improving the health of people who have already reasonable mental health can therefore be an important part of what we need to do in mental health promotion.

What did the NICE 2007 systematic reviews tell us about the effectiveness of interventions to promote mental wellbeing in children in primary education? The first thing to say is that a wide range of interventions have been studied. Most of the universal interventions were delivered by teachers. There were some interventions delivered by peers (e.g. peer mentoring) and some by psychologists. Some universal approaches were combined with targeted approaches. The targeted interventions were largely delivered by psychologists. The predominant focus was on antisocial behaviour and social skills. Some studies looked at other aspects of mental health.anxiety, depression, self concept, self esteem, and peer relationships.

The great majority of programmes relied on the curriculum to help children learn new health promoting skills (social skills, problem solving, conflict resolution, emotional literacy and coping) with little in the way of intervention outside the classroom. Some of programmes aimed to train teachers to better manage children's behaviour in and outside classroom. Yet others focused on bullying and these sometimes used teacher training in behaviour management and classroom approaches as well as whole school anti bullying policies and training.

Some of the programmes were truly comprehensive and included components for parents. These included both parental involvement which is very important for success, and also programmes which help parents to relate to their children in a more positive way. The latter cover behaviour management and listening skills; they help parents be more respectful toward their children, more consistent, and to have a more honest emotional atmosphere in the home. The interventions that had such a parenting component tended to be more successful than curriculum only programs or even programmes which involved whole school approaches but did not extent beyond the school (see figure 2).

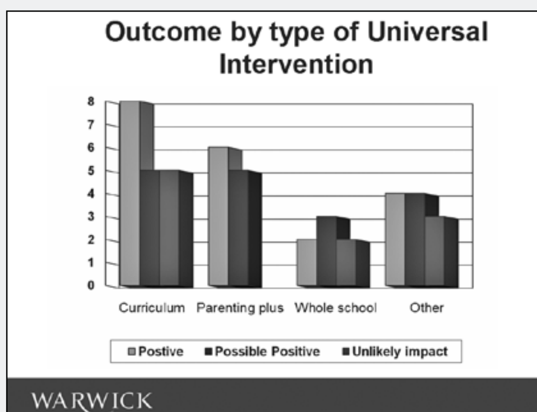


Figure 2

The effective programmes which included a parenting component were:

- Tri Ministry Study Canada Boyle 1999:
    - Social skills training, teacher training, support for parenting (2 years)

- PATHS plus parenting (CPPRG 1999)
    - Emotional literacy curriculum (57 lessons), teacher training on programme and behaviour support for parenting
- Seattle Social Development Project (Hawkins 1991,1999 2005)
    - Teacher training in behaviour management and modelling, social skills, parenting support (Permanent change)
- LIFT programme (Reid Eddy Stoolmiller 1999-)
    - Parenting programme, social skills curriculum, Good Behaviour Game (3 months)
- Peace Builders (Vazsonyi 2004, Krug 1997)
    - Cultural change to school – five principles, peer mentoring, parenting support, peer mentoring (Permanent change)

Effective targeted programs included short cognitive behaviour based programmes for anxiety and multi-component programs which included parenting support for externalising behaviours.

These reviews provide clear evidence that mental health promotion in schools can be effective and that it needs to encompass multiple components. They also support the belief that a balance of universal and targeted approaches is most likely to work together with a balance of teacher delivered and specialist delivered involvement. But there is still much left to discover and several well designed programmes that should have worked did not appear to be effective. There are still some mystery ingredients to be discovered.

To finish I would like to tell you a little about recent developments in research on brain development and reflect on their implications for mental health promotion in schools.

The first thing that happens to babies is the development of the emotional and social areas of the brain; the 'thinking' parts develop later. The emotional and social brain is developed in the context of interpersonal relationships and much of this development happens in the first three years of life. If a mother is anxious, depressed or aggressive, those feelings will influence the way the child's brain develops. Other relationships, like those with teachers also have an influence, but the parent-child relationship is critical because children spend most time with their parents. Good quality relationships enable the child to develop the capacity to 'self soothe' and became resilient in the face of stress. Babies raised in an environment that is not sensitive to their needs grow up with a heightened stress response, one that is activated at lower levels of stress and takes longer to resolve. This is pertinent to discussions about the pros and cons of centre-based day care or residential care for infants; it is very hard to provide the sort of relationships babies need to flourish in day care settings or residential care. In effect, early relationships set the thermostat on the stress response influencing a range of physiological processes including the triggering of the fight and flight response. Early relationships also set the scene for future relationships including

parents' relationships with their own children.

Aggressive behaviour, anxiety, and depression are normal biological responses to threat. These fight and flight reactions are deeply ingrained in the mammalian biological system. Children who are prone to aggressive behaviour, anxiety or to withdrawal (depression) are those whose emotional 'thermostats' have been set so that the stress response is easily triggered. It is possible for these thermostats to be influenced by relationships later in childhood, but depending on the damage which has already been done this process can require a lot of time and patience. People who are able to help such children need to be resilient, cheerful adults themselves and the proportion of the adult population with such robust mental health is quite low (see figure 3).

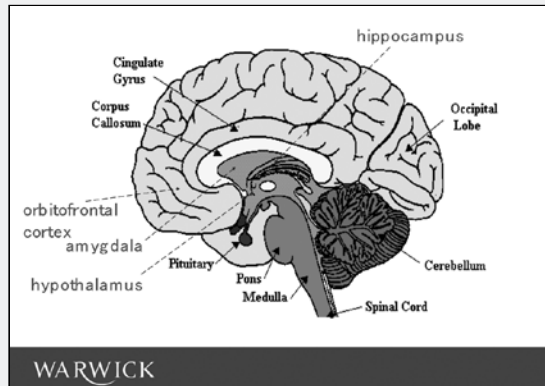


Figure 3

To summarise

- By school age emotional and social responses to threat are ingrained in the brain
- Relationships with teachers can enable these pathways to change and help vulnerable children develop the capacity to self sooth
- The older the child, the greater the skill of the teacher
- The skills teachers need to form therapeutic relationships require robust mental health
- The proportion of the adult population with really robust mental health is small

Once again we can see that mental health promotion needs a 'systems' approach. Teachers' mental health influences children's mental health and vice versa. This is why promoting mental well-being in schools involves promoting mental well-being amongst teachers and other adults and also supporting parenting in the home. A wide range of research has shown that promoting mental well-being in adulthood includes good social support, respectful, empathetic relationships, physical activity, creative activity and also mindfulness based approaches including relaxation, meditation, tai chi/qi gong and yoga. These approaches are also useful for children. Many of these approaches – developing more respectful, empathetic relationships between everyone in the school are already embedded in some of the effective programmes and approaches listed above. Others like relaxation, tai chi/qi gong, meditation and yoga have been trialled in some schools; examples of these trials can be found in the NICE systematic reviews. It is likely that incorporating more of these approaches in school mental health promotion programmes would pay dividends in terms of effectiveness.

So to conclude I would say that it is essential to put mental health promotion centre stage in work on health promoting schools. Mental health enables children and adults to resist unhealthy lifestyles and to look after themselves well. Mental health promotion involves working on emotional and social aspects of school ethos and environment, and supporting teachers' mental health and emotional and social development. It is likely that to be truly effective school mental health programmes will need to encompass wider components like relaxation, physical activity and improved diet and possibly mindfulness practices, like meditation, yoga, tai chi/qi gong that support the mental well-being of both adults and children.

4.2.2 Linking Health Interventions with Educational Outcomes. The Case of the Good Healthy School

The following is a shortened version of the lecture on the interrelationship between health interventions and education outcomes given by ***Professor Dr. Peter Paulus, Leuphana University of Lueneburg, Germany***.

The Whole School and the Good Healthy School Approaches

Successes and failures of the Health Promoting School approach are used as a starting point of the presentation. This approach is one of the most recommended approaches in the school health promotion, and a whole school approach is most effective in school mental health promotion. A whole school approach for mental health promotion is very important. Many years of experience has repeatedly proven its effectiveness. However, the problem that we have is that we have a lot of models of good practice funded by many organisations. This shows that we have models of good practice, but then seldom the practice of good models. When the models finish, all breaks down. The schools then continue in the usual ways waiting for another project and another funding. Research into the use of a whole school approach in school health promotion shows that only about 14% all schools in Germany state that they work with a health promoting school approach. We made some random sampling looking at what schools really do when they state that they work with a whole school approach. We found that very often this is on paper, in the school programme but not in reality. In reality schools do much less. They often do classroom-based approaches, very simple, the ones that aim at educating and training pupils, but not a whole school approach that involves parents and teachers, school organisations, etc.

Discussions with teachers about the use of a whole school approach revealed that teachers often feel that dealing with health (problems) in schools is not their core business. They want to be good teachers, but they do not want to be what in German is called the longer arm of the health system. They often feel that it is an interest that comes not from within the school. In their view, this is an interest that is coming from the outside. Also, they often felt that they are often not well trained to cope with these problems.

Thinking about ways of dealing with this problem, one may consider that what is needed is a different approach or another solution to the problem. Thus we created a new concept and started a new approach for school health promotion. It is called the good healthy school. The constituent parts of it indicate the quality of school and the health perspective. The main aspects of this approach:

- linking health and education in an innovative way
- health as an input and throughput in teaching, learning and educational school development
- health as a driver of education (education as a driver of health)
- education promotion through health interventions
- "to make good schools through health"
- to be a good healthy school

Also combined with this we have a shift from separate projects that schools do to a programme envisioned as a long lasting intervention. A shift from project to programme:

- from evidence based practice to practice based evidence
- linking practice in schools with school policy on school, local, regional or state level
- good healthy school as a state wide programme supported by the Ministries of Education and partners ("Public Private Partnership")
- from "projectitis" (from one project to another) to long term strategic partnership
- from "projectitis" to long term educational development of schools

Evidence for the Good Healthy School

We have done this in Germany for several years now, and this is the logo of the project (see figure 1).

Here is the title of the project in German: *Allianz für nachhaltige Schulgesundheit und Bildung in Deutschland*.

Figure 1

Anschub.de -Programme for the good healthy school is an Alliance for sustainable school health and education in Germany. At the moment, the Anschub programme is in five

states ("Länder") in Germany with more than 300 schools and more than 60 institutions involved. To do this and to work on that level of supporting quality in schools, here an overview of quality dimensions that schools have to work on is presented (figure 2).

The following are the results of our project that we had over the last four years. The results show linking health interventions with educational outcomes as regards a particular type of interventions. The schools had done over 600 interventions in 2004-2007. At the beginning there were 43, and at the end 20 reported on what they had done (figure 3).

The graph below shows the link between the interventions and quality dimensions (figure 4).

We related health interventions with the quality of education. The graphs below indicate the positive changes that occurred from 2005 to 2007 (figures 5, 6, 7).

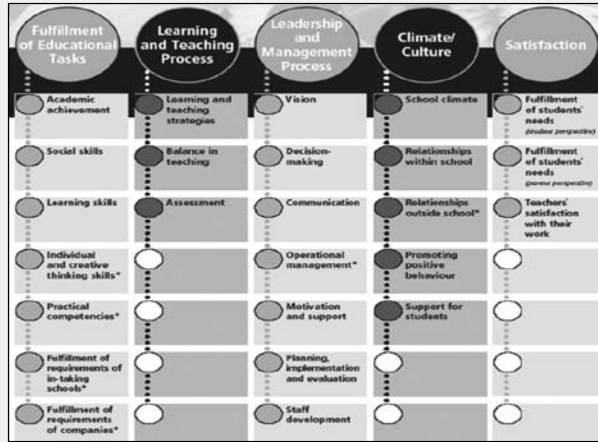


Figure 2

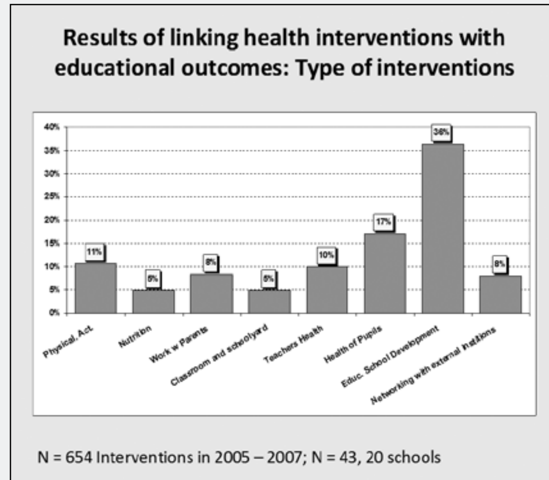
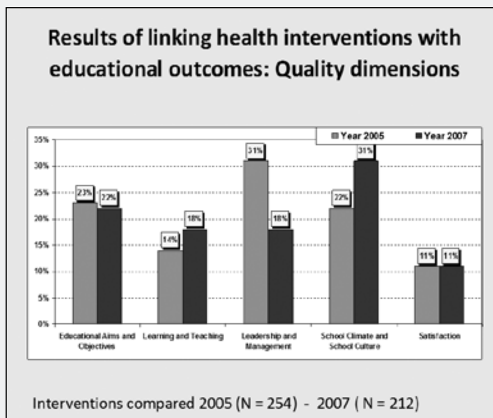


Figure 3



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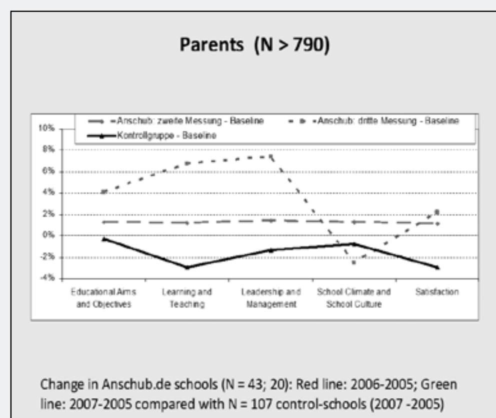
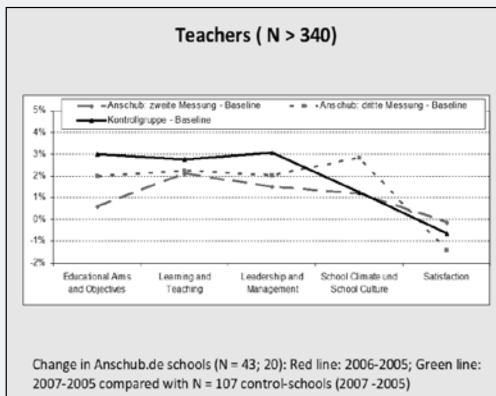


Figure 5



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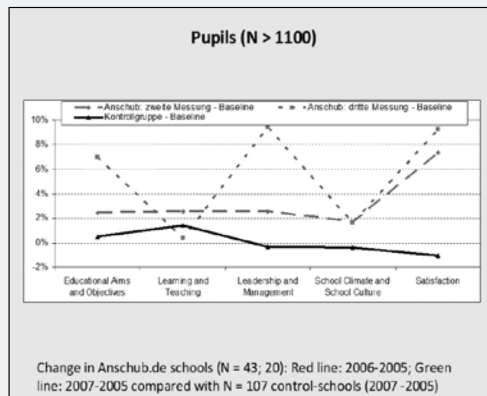


Figure 7

The dotted line shows health interventions over two year period. From the perspective of parents, significant results were achieved in the dimension of educational quality. From the perspective of parents, changes in the school climate and culture were insignificant.

From the perspective of pupils, results of the health intervention are most significant in the sphere of leadership. The teachers are in a better shape working with them on the leadership and management level. Educational outcomes are seen as very positive. The graph also indicates that learning and teaching, one of the core areas of school, are not seen as very positive. Control schools were better without systematic health interventions. Thus there are some mixed results. They very much depend on the perspective of teachers, pupils, and parents since all of these groups see things in different ways.

Further Developments

This leads to the discussion of further developments. Of course, a more in-depth analysis of the results has to be carried out. We also need to go a step forward. We should not see only the school. We should see schools as interrelated with other settings and factors. We also should treat this as good healthy growing up of young people. We should consider who is in the centre of the city or a rural area as well as take into consideration socio-material conditions of growing up and how they relate to good healthy growing up of children and young people. I consider there are two directions at the moment that I can see. The one is turning attention to health development of educational settings. The focus can also be shifted to the children and young people, i.e. health development of children and young people. Here, if one sees

it that way, then one has institutions in the centre as illustrated in the graph bellow (figure 8).

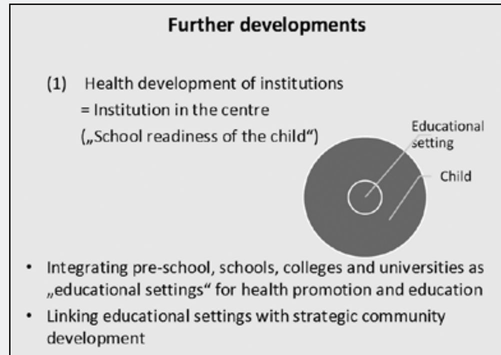


Figure 8

In such a case, the child is on the outside. The child has to prove that s/he is ready for school. There is an institution and the child has to adapt to that. With institutions in the centre, the problem of integrating and combining the institutions emerges. Of course, educational settings have to be linked with strategic community development. The other way is putting the child in the centre (figure 9).

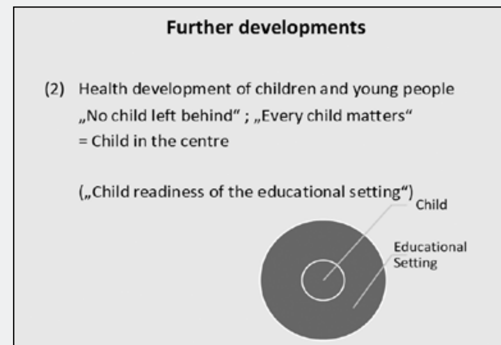


Figure 9

This is in accordance with the initiatives "No child left behind" and "Every child matters" or the German variant "Individual promotion"). Then the schools have to show that they are ready for the children. The schools have to show that they can cope with the diversity. If we see the child in the centre, then we have to see the biography of the child, the child's personality, and then institutions have to support the child and his/her potentialities.

Mental Health in Europe: Announcements

Here I would also like to attract your attention to the European Pact for Mental Health and Well-Being. It is from June 13, 2008. It is an initiative from the European Union. The European Pact, with its emphasis on mental health, has several areas of interest:

1. Prevention of Depression and Suicide

2. Mental Health in Youth and Education

3. Mental Health in Workplace Settings

4. Mental Health of Older People

5. Combating Stigma and Social Exclusion

In terms of health promoting schools approach, mental health is one of the most effective areas. European acts on health and well-being focus on mental health very much. Figure 10 features the consensus paper that was produced in 2008.

From then onward, we are planning a conference "Mental Health Promotion in Youth and Education: Making it Happen" to be held in Stockholm, September 29-30, 2009. The conference will focus on five themes:

- Parents and the early years
- Educational settings and learning
- The community environment
- The role of media and the Internet
- The role of health services in promoting mental health and preventing mental disorders.

Figure 10

4.3. New Challenges for the Health Promoting Schools

4.3.1 Health Promotion and Education for Sustainable Development: Establishing Connections

The following is a shortened version of the lecture on the links between health promotion and education for sustainable development given by ***Dr. Laima Galkutė, Research and Higher Education Monitoring and Analysis Centre, Vilnius, Lithuania*.**

Transformative Role of Education

The main goal of sustainable development (SD) is to achieve relevant quality of life for present and future generations. Sustainable development means that the needs of the present generation should be met without compromising the ability of the future generations to meet their own needs. Sustainable development is based on an integrated holistic approach to economic, social, and environmental development within a specific cultural context.

Sustainable development depends on a totality of factors involving nature, society, economy, culture, and education. Nature, society, economy, and culture function as the main determinants affecting the development of education. On the other hand, education is associated with a transformative function,

i.e. it is expected to provide new guidelines for economy and social development (Figure 1).

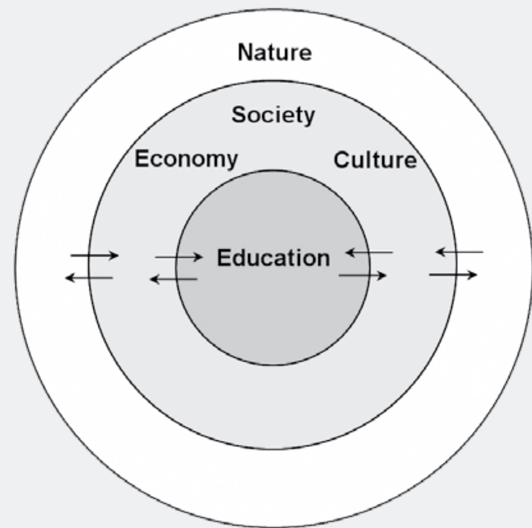


Figure 1 *(Source: Stephen Sterling, 2001)*

The role of education is to make each individual believe in one's own power and responsibility to initiate positive change on a global scale. Education for sustainable development is a process of learning to make future-oriented decisions related to ensuring long-term equity, economy, and ecology of all communities. In addition, education is the primary agent of transformations leading to sustainable development resulting from people's increased capacities to transform their vision of society into reality. Finally, education fosters values, behaviour, and lifestyles that can assure a sustainable future. Action competence is among the important aspects of education as regards its transformative function. In this regard, action based on values is the most important.

The UNECE Strategy for Education for Sustainable Development

The UNECE Strategy for Education for Sustainable Development (2005) aims to encourage the UNECE member states to develop and incorporate education for sustainable development (ESD) into all relevant subjects within their formal education schemes as well as within diverse forms of non-formal and informal education. This aim was defined by the Summit held in Johannesburg in 2002. It was stressed that education should be an essential integral part in sustainable development policies. The UNECE Strategy for Education for Sustainable Development set the following objectives:

- to ensure that policy, together with regulatory and operational frameworks, support ESD
- to promote SD through formal, non-formal, and informal learning
- to equip educators with competences enabling them to include SD in their teaching practices

- to ensure the accessibility of adequate tools and materials for ESD
- to promote research on and development of ESD
- to strengthen cooperation on ESD at all levels within the UNECE region

Coordinated implementation of these objectives can ensure proper functioning of the Strategy.

The Strategy is based on the assumption that ESD is oriented towards students and is related to students' real lives and the local community. ESD should also be able to meet the challenge of complexity and be future oriented. ESD should stimulate participation as well as to be value-oriented.

ESD Indicators

ESD indicators are related to every objective of the Strategy. The ESD indicators should be contextualised, i.e. countries participating in the implementation of the Strategy are responsible for defining the content of these indicators. The content depends on many factors such as tradition of education and culture in the country as well as the current situation in education and other sectors. These indicators are mostly qualitative and are formulated in accordance with the main objectives of the Strategy.

1. ***Policy:***
   - 1.1. Prerequisite measures are taken to support the promotion of ESD.
   - 1.2. Policies and regulatory and operational frameworks support the promotion of ESD.
   - 1.3. National policies support synergies between processes related to SD and ESD.
2. ***Actions:***
   - 2.1. SD key themes are addressed in formal education.
   - 2.2. Strategies to implement ESD are clearly identified.
   - 2.3. A whole institution approach to ESD/SD is promoted.
   - 2.4. ESD is addressed by quality assessment/enhancement systems.
   - 2.5. ESD methods and instruments for non-formal and informal learning are in place to assess changes in knowledge, attitude, and practice.
   - 2.6. ESD implementation is a multi-stakeholder process.
3. ***Competence of educators:***
   - 3.1. ESD is included in the training of educators.
   - 3.2. Opportunities exist for educators to cooperate on ESD.
4. ***Learning environment:***
   - 4.1. Teaching tools and materials for ESD are produced.

4.2. Quality control mechanisms for teaching tools and materials for ESD are created.

4.3. Teaching tools and materials for ESD are accessible.

5. Research and innovation:

5.1. Research on ESD is promoted.

5.2. Development of ESD is promoted.

5.3. Dissemination of research results on ESD is promoted.

6. Cooperation:

6.1. National cooperation on ESD is promoted.

6.2. International cooperation on ESD is strengthened within the UNECE region and beyond.

Action Competence

According to the UNECE Strategy for ESD, learning targets for ESD should include knowledge, skills, understanding, attitude and values to ensure action competence. The targets are thus defined as follows:

Learning to learn:

- raising analytical questions/critical thinking
- understanding complexity/systemic thinking
- overcoming obstacles/problem solving
- managing change/problem setting
- creative thinking/future oriented thinking
- understanding interrelationships across disciplines/holistic approach

Learning to do:

- applying learning in a variety of life-wide contexts
- decision making, including situations of uncertainty
- dealing with crises and risks
- acting responsibly
- acting with self respect
- acting with determination

Learning to be:

- self confidence
- self expression and communication
- coping with stress
- ability to identify and clarify values

Learning to live and work together

- acting with responsibility (locally and globally)
- acting with respect for others
- identifying stakeholders and their interests
- collaboration/team work
- participation in democratic decision making
- negotiation and consensus building
- distributing responsibilities (subsidiary)

Key Themes

Peace Ethics and philosophy Biological and landscape diversity Production and/or consumption patterns Citizenship, democracy and governance	Natural resource management Human rights Personal and family health Environmental health Poverty alleviation Cultural diversity Economics	Rural/urban development Corporate social responsibility Environmental protection Ecological principles/ ecosystem approach Climate change

Although these topics may be more readily associated with natural sciences and social sciences, the totality of these themes in the ESD context reveals its holistic approach. It also indicates that ESD is based on an integrative vision, one that combines in a complex way social, economic, cultural, and environmental issues. Such an approach can lead to the development of competences based on the interrelation of knowledge, skills, attitudes, and values.

School Strategy

There are three levels of ESD implementation at the school level:

The first one is based on integration of sustainable development issues into a particular subject (see figure 2).

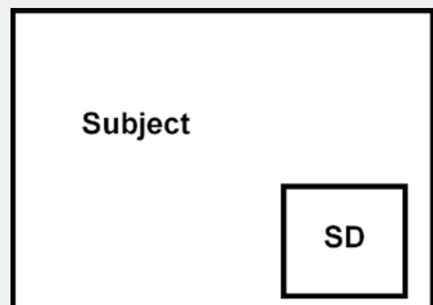


Figure 2

The second level represents ESD as a cross-curriculum dimension (figure 3).

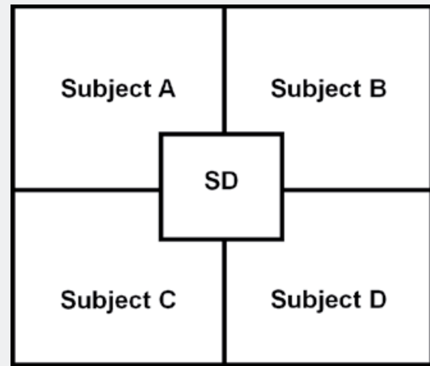


Figure 3

The third level occurs when the curriculum for all subjects and the outside of school activities are aligned with activities in the community and when these allied efforts are focused on sustainable development (figure 4).

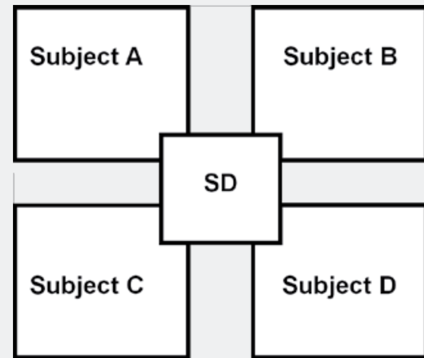


Figure 4

In effect, the third level means the development of the ESD school characterised by the following quality criteria:

- co-operation of teachers to achieve an integrity of the content and coordination of the subject curricula as well as out of class and project activities
- openness of the school to important issues of the local community and co-operation with social partners
- orientation of the overall school strategy and management towards sustainable development
- development of the school as a learning organisation
- dissemination of experience among colleagues

ESD Network in Lithuania

The ESD network in Lithuania was established in 2006. It aimed to encourage teachers' active participation in developing and implementing models of ESD within school contexts. This can be achieved by providing a platform for collaboration of educators. It is expected to be based on the following:

- development and implementation of ESD methods
- providing knowledge and information on SD issues
- initiation and expertise as regards SD related activities and projects

In Lithuania, the ESD Network involves 4 universities, 7 municipal teacher in-service training centres and 12 schools functioning as demonstration centres. As a result of effective educational and consultancy activities of the schools belonging to the ESD Network, 'the second generation' of approximately 140 schools is emerging.

4.3.2 Overcoming Individualisation in Health Promotion: A Key Challenge for Health Promoting Schools

The following is a shortened version of the lecture on the meaning of individualistic and collaborative action forms given by ***Professor Bjarne Bruun Jensen, Steno Health Promotion Centre, Denmark***.

Central in my presentation is the theme of individualization in Health Promotion. I see it as one of the challenges for future health promoting schools. The following points will be covered in the presentation:

- individualisation – still the dominant ideology
- an example from the Danish context
- expanding the concept of action
- joint actions in a health promoting school
- young people's thinking about "action for health"

Let me begin with a reference to an article by Dennis Raphael, a Canadian, which was published in *Health Promotion International* in 2000. He wrote a brilliant article about the question of evidence; however, there are a number of other related issues in that article also. These are the more basic issues in health promotion. He is discussing what kind of ideology is the most dominant in health promotion. To open our eyes, he presents this list of what we could say are quite typical pieces of advice that, I think, we know from all our countries. These have been taken from the UK context:

Ten Tips for Better Health (UK)

- Don't smoke. If you can, stop. If you can't, cut down.
- Follow a balanced diet with plenty of fruit and vegetables.
- Keep physically active.
- Manage stress.
- If you drink alcohol, do so in moderation.
- Cover up in sun and protect children from sunburn.
- Practice safer sex.
- Take up cancer screening opportunities.
- Be safe on the roads: follow the Highway Code.
- Learn the First Aid ABC – airways, breathing, circulation.

(Raphael, 2000)

These tips can be regarded as one ideological way of viewing health. He compares these with a number of alternative tips developed by Gordon from Bristol University.

Ten Alternative Tips for Better Health

- Don't be poor. If you can, stop. If you can't, try not to be poor for too long.
- Don't have poor parents.
- Own a car.
- Don't work in a stressful, low-paid manual job.
- Don't live in damp, low-quality housing.
- Be able to afford to go on a foreign holiday and sunbathe.
- Practice not losing your job and don't become unemployed.
- Take up all benefits you are entitled to if you are unemployed, retired, sick or disabled.
- Don't live next to a busy major road or near a polluting factory.
- Learn how to fill in the complex housing benefit/asylum application forms before you become homeless and destitute.

These tips are still kept in a quite individualistic form but, at the same time, they are also trying to take into account what we know about health, how health develops and what we know from medical sociology. The first one, "*Don't be poor. If you can, stop. If you can't, try not to be poor for too long*", builds on the sociological knowledge we have in this area.

All the tips in the alternative list imply stepping back in the chain of causes. Pieces of advice such as to avoid sun and drink less indicate a symptom level, while we are more on a sociological/cause level when we address job, housing, unemployment etc.

By presenting this alternative list, Raphael is trying to open our eyes to the fact that such kinds of campaigns and recommendations always build on a certain world view. By comparing these lists of tips, it is obvious that basic values always penetrate different messages, programmes and school materials that we are in contact with all the time. One of his main conclusions is that we cannot avoid this. We always build on some specific values. What we should always do is to make them explicit, so they are transparent and so pupils see what the basic values are as we encourage them to reflect on them.

This is just one example. I think when we start with that kind of reflection on the programmes with which we are working, and maybe using ourselves as well, we recognise that they also build on certain values and ideology and they are almost always in hidden and implicit terms. This leads me to my starting point. I think many of the campaigns, many of the projects, many of the programmes in which we take part as citizens, as pupils and perhaps also as pupils in health promoting schools are based on an ideology where health is something up to a single individual, in other words, where we view the individual as an isolated island. Thus viewed, the individual is able to do everything s/he wants provided s/he gets the right knowledge.

I will give you an example from the Danish context. This example refers to a project that deals with school health nurses. For a number of years, they

have had a guideline not from the Ministry of Education but from the Danish National Board of Health. According to these guidelines, the overall aim is to create conditions "…. so that the child during the time in school learns to take care of his/her own health as young and as adult" (National Board for Health, 2007). The first reaction to this can be very positive. The phrasing may be seen as an action-oriented aim. Thus here we can empower students so they can do some action-oriented things. But when we look at this more closely, then a question poses itself, "Why only one's own health?" It is not in the aim that pupils learn to take care of other people's health. Another question is whether pupils are able to take care of their own health by themselves as single individuals, since they live in complex societies and are involved in so many systems all the time. They are depending on the social capital in the school or other places where they are and, consequently, it is both too ambitious and also naïve to think that pupils are able to take care of their own health by themselves.

In the committee which is now revising the guidelines, we have agreed to introduce a number of other approaches that should help both school nurses and young people to escape this individualistic trap that is so dominant in health promotion and health education.

This is one example to broaden the different actions that are available for different health projects, e.g., the ones focused on food in the canteen, the classroom, the quality of the school yard and so on. The table presents four different categories of actions (figure 1).

Different Forms of Actions
- how to escape the individualistic trap!

	Direct actions	Indirect actions
Individual	1	2
Joint	3	4

Figure 1

Thus what can we do as single individuals to influence our health here and now? (1) If, for example, one improves one's eating habits, this is an individual action aiming at influencing the health of the individual directly. (2) An indirect action, still affecting the individual, is when one, as a student in school, tries to influence the determinants for health in the school. A pupil may try to join the school board hoping to influence the quality of the food served in the canteen, if there is one. This is an example of an individual action trying to influence health in an indirect way by influencing determinants. (3) Joint actions occur in cases where our behaviour or our health is approached directly. If students in a class discuss how they should minimize bullying problems in the classroom, then they are taking a joint or a collective action. It is something that you can see in their own behaviour, because they have agreed on which kind of action they wanted to take – a joint action. (4) When students try, as part of the

health project, to develop ideas of how to improve, e.g., the school canteen or the school yard. For this they may approach an architect in the local community and get some help to draw an alternative school yard that fits the needs they discover pupils have. Then they go to the school management and maybe fill in an application and they involve their parents and so on. This is of course a much more comprehensive and complex action category. It is a joint action aiming at influencing health indirectly.

The four categories show that individual action aiming at the behaviour of one is not the only action possible. If students are given a possibility to choose from the actions presented in this matrix, then they can decide which of the pathways they want to follow. These are models that I have developed with teachers in the health promoting schools context. Now these are going to be included into the National Health Board's recommendations for school health nurses working in schools.

This can raise doubts whether it is not too much to demand that students work together and that they should try to influence determinants for their health. They will just meet a number of barriers and be disappointed, and then there may be a decrease of empowerment and action competence, to mention but a few things. I stress that there is much potential in working in this way, if compared to a more traditional behaviour oriented approach.

An example I will give is from the Shape-Up project (www.shapeupeurope.net). This project that involves 20 cities in 19 European countries and five competence centres is built on a philosophy that children and young people are considered active agents through their genuine participation. The project is not primarily about influencing the pupils' behaviour. Within the framework of this project, schools/young people aim at influencing the determinants for their health. Of course this involves collaboration between schools and local communities. What is more, health is not viewed only as a negative disease-oriented concept but as a more positive concept. For instance we never use the term "obesity" and we never use the term "nutrition" because we do not eat nutrition. We eat food, and, when we do that, we take in nutrition. The word "nutrition" locks the whole process within the natural sciences framework. Thus we have to go through the language that we use in health promotion and try to liberate the words that we use, so they reflect the values that the students and we use in our daily lives. Therefore, we use words like food, meals, dance and play instead of nutrition and physical exercise.

We use a model which originally was developed by the Danish network of Health Promoting Schools. It is written into the Danish National Curriculum for Health Education and Promotion, and now a number of schools and national bodies of education are working with it. We try to work with this insisting that, when one works with students, one has to work in a participatory way but one still has the responsibility to guide them through a number of phases of which four are presented in figure 2.

The approach is called the IVAC approach, emphasising that pupils have to be actively involved in investigating a health topic, in developing their visions about future changes and also in developing action possibilities that they should carry out. This was the key model in the methodological framework in the methodological guidelines for the Shape-Up project. We tried to work with teachers to develop social understanding of action saying that students' participation is one thing. We also need to encourage young people to collaborate. When they participate, they take action in the school.

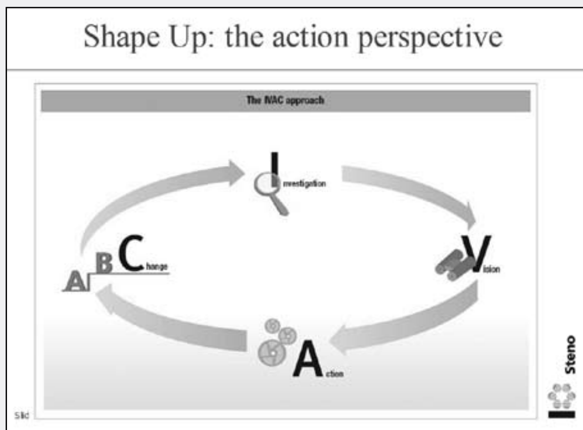


Figure 2

We also need to go to the top of the pyramid (figure 3) and support young people when they take action in the community. We started at the bottom of the bottom of the pyramid and worked out strategies allowing us to move to the top of the pyramid. A lot of things happened. Our conclusion is that young people are able to influence determinants on different levels. In Poznan, Poland, students developed new games and dances. In Maastricht, the Netherlands, they developed effective ways of approaching politicians. Keystone in that was approaching powerful people or, for instance, politicians. In Bonn, Germany, with the help of an architect and other adults, they renovated the school yard.

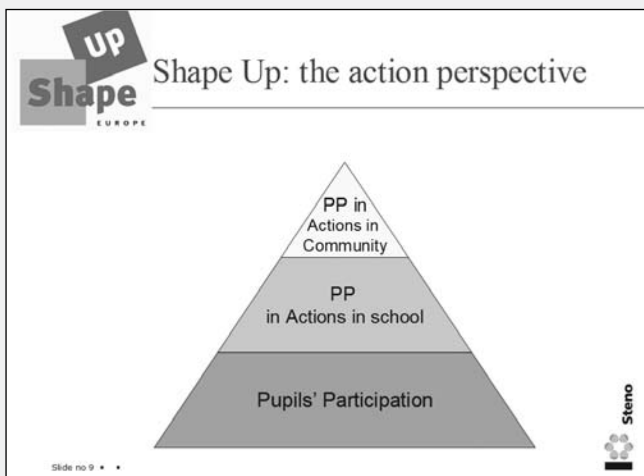


Figure 3

I look at the Shape-Up project as a collection of inspiring practices illustrating that it is actually possible to go beyond the more behaviourist level or the individual level when trying to influence the determiners of students' health. This is illustrated in the following, main outcomes of the project:

School:

- Quality of food, facilities in the school canteen, food policy
- Increased number, attractiveness and variety of possibilities for physical activity provided by the school's physical environment
- Opportunities for PE classes, policy for physical activity, playground

Community:

- Healthy food at nearby cafés and shops, better access, new partnerships
- Increased number, attractiveness and variety of possibilities for physical activity provided by the environment surrounding the school
- New partnerships with local municipalities and different departments of the city council focusing on creating more possibilities

Family:

- Awareness among parents, cooperation with parents
- Changed family patterns in terms of mobility/bringing children to school, e.g., walking as opposed to driving children to school, etc.

Thus the conclusion is that it is possible to influence the determiners of students' health, if there is efficient professional support. We asked the local coordinators and the local facilitators about, what was called, the "IVAC" approach. We did not know how it would work in the countries where the education traditions are different. The results indicated below show that 20 out of 26 would definitely recommend this approach to other colleagues. The data below illustrates their responses:

- Yes, definitely 20 (77%)
- Most likely 6 (23%)
- Most unlikely 0 (0%)
- No, definitely not 0 (0%)
- Total 26 (100%)

Let me finish with some snapshots about what young people think. I want to illustrate this by presenting students' responses to individualism in relation to health promotion that come from another project (HBSC-data). There 1,800 13-year-old (DK) students were asked to give their views on the following statement, "As a single individual you cannot promote health - you need to collaborate with others."

Totally agree/agree	65%
Do not agree/disagree	25%
Totally disagree/disagree	10%

This indicates that children, even at the age of thirteen, have their experiences and ways of thinking. If you collaborate with them, you reach far more than when you are doing things on your own. What they tell us here is quite thought provoking. In a later study, we asked 3,660 pupils between the ages of 13 and 15

to give their response to the statement, “Achieving influence is very easy”, with regard to four different settings. The results of their responses are:

Leisure activities	36%
Family	44%
School	14%
Society	6%

The fact that only 14% of the students state that they can have a say within the school setting makes us look into the causes underlying such thinking. It could be that we are eager to use individualistic action forms, and students are thinking much more in cooperative terms. We are simply missing their way of understanding the whole problem. This kind of approach opens space for checking a number of interesting issues.

Concluding...

A Health Promoting School needs to support students in developing:

- A social understanding of health
- A social understanding of action for health
- … as both are important for the development of their empowerment and action competence
- … and ….
- Young people are ready and they are waiting for us!

4.4 Audience Participation

In the first plenary session, both presentations elicited a lot of interest from the audience. After Lawrence St Leger’s presentation participants reflected on the role of topical approach in school health promotion work. A participant noted that although the importance of different topics and also the evidence that we have on the effectiveness of different topics was convincingly presented, it has to be pointed out that topics are also interrelated. St Leger explained that one of the major reasons for the prioritization of the topical approach is very much related to better funding possibilities. Another question that was raised concerned the meanings attached to cognitive way of learning and action competence oriented approach. It was explained that the shift of emphasis from the development of cognitive skills to the development of action competence is related to the importance of “getting students to do things first and then to explain.”

One more issue that aroused discussion was the role of the curriculum. A question was posed was as to whether it is useful to introduce the curriculum or whether it “is it just a show thing.” On the other side of the pendulum was a

position that the curriculum helps educators "to construct reality." It was also highlighted that curriculum alone is not significant, social environment, peer involvement, quality of health service are important determinants for the HPS.

Christiane Stock's presentation on healthy settings generated much feedback among the delegates. One conference participant, a teacher of physical education, asked to what extent the financial factor is important in school health promotion within the context of the settings approach. Stock expressed the view that from her perspective "it not only comes down to money. There are also other resources. If you look at health there is not only financial capital, there is also social capital and the cultural capital. Therefore we should not only look at the money flow but also at which kind of recourses are provided and given – available resources. I would also suggest building social capital, cultural capital; and education is one of the key elements. This builds resources which are very relevant to sustainable development in children."

To this Vivian Barnekow, a representative from World Health Organisation, Regional Bureau for Europe, responded: "It is not a question but rather a comment. I am a little worried about the pressure that you put on schools. You say schools should do. We have to look at the context that schools are in. You mention specifically schools in worse off areas and the responsibility that these schools have. I would have into the issue the issue of economy. We have to find a way of making politicians understand that it is also a part of the picture. The education sector has not been funded to reasonable degree for many years in all of the countries in Europe. Actual fact salaries are rising a bit, but the money available is still the same. That is characteristic of the health sector as well. There are a lot of things outside school such as the economy that actually prevents from what you want to do at school.

And the second comment that I would like to raise is around the health services. I think we have a lot more to do around health services. Very often when we talk about health promotion, health promoting schools health services are not involved because here just medicals measuring height and weight and that is it. And we have to think about better structuring of health services. There WHO can play a vital role. And we have taken it up working towards improvement of health services in different countries."

Another issue that was discussed in connection to the second presentation was the role of leadership. To the question about the role of leadership in health promoting schools, the presenter answered that in a health promoting school leadership should enhance health in settings. It should be leadership open to criticism and open to improvements that come from pupils or teachers. It is the aspect of democracy and participation that should be emphasized by good leadership and the whole school community.

The participants also exchanged information about the evidence regarding practices of policy decisions from Europe or WHO against advertising and sponsorship by tobacco and alcohol companies.

In the second plenary session, the questions that were raised after the presentation "The Evidence Base for Health Promotion in Schools: What does it tell us and what does it not?" were concerned with specific data presented for the universal programs. Of particular interest was the question whether these studies include all groups and whether there are any effects that are non-differential.

The following comment was offered in connection to the second presentation "Linking Health Interventions with Educational Outcomes. The Case of the Good Healthy School": "You mentioned that only 14% of schools in all of Germany were working on the health promoting school level. I am sure if you look into individual parts of Germany, some parts have much better coverage than others. And I thought may be it could be interesting to mention in this conference that from what I noticed in one of the posters, the Slovenian poster, that Slovenia actually has 50% schools working from a health promoting school perspective. And this is something that has taken many years, and this goes back to what we have just heard in the presentation that health promotion is a very complex process."

In the third plenary session, the follow-up discussion focused largely on the ESD issue. Links between education for sustainable development (ESD) and the HPS were discussed in terms of future oriented decisions. The discussion explored issues such as:

- In what ways sustainable development can help schools to become better schools
- The role of legislation in the implementation of the ESD concept and the role of the school in decision making as regards the implementation of the ESD
- Areas of intersection between the ESD and the HPS and possibilities for cooperation

5. PANEL SESSIONS

The conference programme included three panel sessions: two parallel panel sessions, “Professional Capacity Building” and “Schools as Part of the Community,” and the final panel session “Young People Participation for Better Schools” (see Part 8).

5.1. Professional Capacity Building

In the first session, three panellists participated in the discussion on professional capacity building in connection to health promotion and health education in schools. The facilitator of the panel gave a short introduction to the state of the art in the field and pointed to the main challenges. It was emphasized that the discussion of professional development for school health promotion has to take into account the tendency to prioritize educational outcomes over health promotion: “in most countries, schools give low priority to health promotion and school staffs, mainly teachers, are not aware of their role in health promotion.”

It was also noted that a lot of people, especially in the area of health, may regard school as omnipotent and as capable of solving all kinds of problems. A multilevel analysis of the contribution of social variables to the school

climate revealed that the factor of the school and the teacher (1% and 7%, respectively) can contribute only 8% to the view that the students have on the school climate. 92% depends on the personality of the student, his/her social background, and all social determinants.

The aim of the panel was to discuss professional capacity building regarding school health promotion in the light of the following:

- the main aim of the school
- the degree to which the school can affect students' attitudes
- the role of appropriate training (characteristics of the teacher training)
- the question of teachers' professional identity
- teacher training as an objective and as an empowerment of the profession
- differences that exist within and among the countries regarding terms of political organisation, priorities, organisation and goals of education systems
- the workload of teachers and school principals and their view on the role and contribution in terms of health promotion
- integration of all sectors of the school staff
- integration of the HPS in an integrative way.

This served as a point of departure for the discussion of the present state and the future developments in the field of HPS professional capacity development. The first part of the panel focused on identifying and sharing relevant information about the state of the art in teacher education and capacity building in health promotion.

In accordance with the panel's international and cross-sectoral focus, the first presenter gave a brief description of health promotion in initial teacher training in Norway. The following quote from the White paper no. 30, 2003-2004, Norway, was used as a starting point: "… of all the resources in school, the competence of the teachers is the factor that has most influence on pupils' achievements."

It was highlighted that, in teacher training, health promotion is part of the general competences of the teacher. In Norway in the pedagogy training, health promotion is an important part, even if not indicated directly. This closely relates to the fact that the core values of the school are very much corresponding to the core values of the health promoting schools. Providing each child with the necessary skills for life is given particular emphasis. In Norway, in particular it is very much stressed that school should be exclusively based on equity.

That a lot of legislation in the educational sector implicitly suggests emphasis on school health promotion is suggested in another document, "Pupil's school environment act." It states that all pupils in all stages of schooling are entitled to healthy physical and psycho-social environment that will promote health, well-being, and learning.

Another important point is that teacher training also has a lot to do with the professional capacities of those involved in teacher training. A teacher student during teacher training courses should develop five vocational qualifications and competences: subject, didactic, social, change and development, and ethical. As noted, it is not easy to develop all of the five competences. The first two competences are measured by giving grades while the last three remain a challenge for those involved in teacher training.

In teacher training programmes, there is more linkage to health promotion in three particular subjects: science, home economics, and physical activity. Students who specialize in these subjects have more reflection on health promotion within these subjects. It then depends on the competence of the teacher trainer to what extent and how the HPS content that already exists in teacher training programmes is highlighted and communicated to teacher students. It also depends to what extent the teacher trainer regards health promotion as being an integral part of being a teacher.

The questions raised by the first panellist who focused on the meaning of an educator in terms of general skills; the role of teacher trainers professional qualifications and interests with regard to school health promotion; and the extent of the HPS content in different teacher training programmes were further analysed by another panellist. The fact that the HPS plays some role in the training of certain teachers and not all the teachers was analysed in the light of results of the project "Biology, health and environmental education for better citizenship."

The project aimed to analyse how the relationship among biology, health and environmental education, and citizenship functions in the 19 participating countries. Another focus was differences in the treatment of these components in terms of their relationship to gender, social context, religion, age, etc. in different countries. The overall objective of the project was to acquire a more in-depth knowledge of how biology, health, and environmental education can promote better citizenship. The topics of the project were as follows:

- Ecology and environmental education
- Health education
- Human reproduction and sexuality
- Evolution – origins of the humankind
- Human genetics
- Human brain

The relationship among biology, health, and environmental education, and citizenship was explored by analysing the conceptions that are in syllabus textbooks and the conceptions of any actor of the school system, including teachers/learners and researchers among others. The project research was based on the assumption that conception is a result of scientific knowledge, system of values, and social practices.

The goal was to analyse these conceptions, to gain a more in-depth understanding of their origins, and to identify if these conceptions function as obstacles to science and learning. Subsequently, these findings were intended to be integrated into the teaching/learning practice. A comparative approach was reported to be very useful to identify these interactions.

This was linked to another focus, which was probing into the teachers' and trainee teachers' understanding of scientific knowledge, systems of values, and their choices of practical approaches in education.

With regards to textbooks, primary school textbooks were found to be much closer to the health education approach. In contrast, the secondary school textbooks were more related to disease treatment and prevention, i.e. they were closer to the biomedical model. Analysis of the teachers' conceptions revealed similar results. The following recommendations were made on the basis of the study results:

- Textbooks at the secondary school level should give more emphasis to health promotion to contribute to self esteem, stress management, building of personal and social skills, healthy habits and healthy lifestyles as well as empowerment for decision making
- It is important to use examples of good practice from different countries
- Textbooks should be adapted to the social contexts
- Teacher training should take all the above issues into consideration

The next panellist focused not so much on the training of teachers but on other school professionals, guidance counsellors. It was analysed how they can contribute to health promotion in schools and how they are trained. The following main objectives in the training of guidance counsellors were presented:

- Personal and social development
- Educational development
- Career development

As a side focus, the subject of school principal training was mentioned. In Ireland, the position of a school principal is not linked to specific qualifications. By implication, leadership does not have specific knowledge about the integration of the curriculum in schools and about a whole school development. Special training would help the leadership to understand how problematic a school culture can be especially when it comes to making changes.

The qualifications of school leadership unavoidably affect the work of school counsellors in the six areas of their responsibility. Special attention was given to individual counselling which is related to facilitating students to explore personal issues. This was said to contribute to general health and well-being. That each student has entitlement to health and well-being is specified in the Educational Act 1998. For guidance counsellors then, if they believe that they have a role in contributing to the well-being of their students, it is very important to believe in the principles of health promotion.

The excessive workload of guidance counsellors was stressed: there is one counsellor per 700 students. Guidance counsellor education was described, and it was mentioned that it includes the development of knowledge and skills in psychological testing and a lot on emphasis is given to school culture and the role of the guidance counsellor within school culture. Absence of input in guidance counselling training of the element of health promotion was underlined. However, it was also pointed out that the students who enrol into guidance counselling MA programmes usually choose health promotion topics for their MA theses. As for inclusion of the HP element into guidance counselling education, the following questions were raised:

- How health promotion can be a part of the training and the activity of school principals in different countries
- The role of the guidance counsellor in different countries
- What training should include to fulfil this role

The presentations elicited questions and discussions. These can be summarized as follows:

- It is important to use more diverse teaching methodologies in teacher education and in-service training
- Different methods should be used in teacher training so that teachers can experience those methods
- Wider use of the web should be encouraged
- It is important to integrate non-teaching professionals in developing health promoting school culture

Regarding the use of methodology, it was highlighted that the methods that are now being used in teacher education are strongly didactic. Besides, the question of methodology is twofold: it can be divided into questions related to methodology of teaching health promoting issues and methodology in general. Put otherwise, what methodologies are health promoting and which ones are more health damaging; how HP methodologies can be implemented when teaching any other subject, e.g. mathematics or physics – any other subject but health education. Without attempting to dichotomize any methodologies, all panellists stressed that the methodologies that would be most health promoting are those that would empower students in developing their own voice.

It was also said that teachers should be more experiential, more interactive, and more engaged so that students become more engaged in the curriculum design. However, a more empowering education is needed in order to develop the students' voice. The discussion of methodologies unavoidably involves the subject of two groups of teachers. For example, teachers of biology are closer to the issues related to the body. Therefore those teachers can be prepared in a more planned way to do health education within their subject area. Health education, if considered in terms of all teachers, would involve a different kind of teacher training. Equally important is the question of the status of the teacher as a professional, and how much influence and power the teacher is accorded.

The second part of the panel shifted emphasis from the state of the art in teacher education and capacity building in health promotion to the discussion of the main challenges.

In the field of initial teacher training, the following challenges were mentioned:

- Health promotion should become a part of more overall pedagogical/educational thinking and a mandatory part of the initial teacher training
- There has to be a shift in focus from subject oriented "health education" to a more general health promotion focus

The importance of more reflective practices was stressed, the one that would enhance student participation in school development and school improvement. This is related to turning away from individualistic models of thinking to more collectivistic thinking as it can help to establish a clearer vision of the school and its directions. This, in turn, makes it easier to introduce changes.

The challenges discussed within the framework of the project "Biology, health and environmental education for better citizenship" emphasized the importance of the social context as defining the values that enter the discourses on science and teaching/learning, by extension teacher capacity building. Another important aspect intertwining with the role of the social context in different countries is the different responsibilities that are allotted for the school and family as regards health education. Teacher training, therefore, should include education on cultural issues. This requires that teachers develop awareness of parents' expectations and align this awareness with the national curriculum guidelines. The following components of teacher training were reported to be essential to ensure a successful alignment:

- Social, economical, and political dimension
- Scientific dimension
- Ethical and psychological dimension
- Symbolic and cultural dimension
- Biomedical dimension

As for the training of guidance counsellors, their views on school health promotion are strongly affected by their excessive workload. They often regard HP in schools as secondary, for many guidance counsellors see their role as career guidance counsellors and are unwilling to engage with affective or health dimensions in this role.

The attitude of school leadership to the role of guidance counsellors has a significant influence on the perception of this role. Therefore, HP geared education of school management could bring clarification in this regard. This could also help to deal with the problems of counselling time management and ensuring students' privacy concerning access of guidance counsellors. Another set of issues that encompass challenges for the future is related to the absence of specific health education component or the HPS component in guidance counsellors training and the absence of this dimension to their role in school.

Concluding comments and recommendations:

Given the differences among the countries and the differences between primary and secondary school subjects as well as the differences between the different school systems, culture-specific diversification of health education model in teacher training should be emphasized. Furthermore, the great amount of work that had been done in in-service teacher training in many countries to promote the implementation of the HPS and the positive outcomes of this work leads us to consider the lack of evidence on initial teacher training in different countries. In this connection, it is important to underscore the role of this evidence for starting to influence initial teacher training systems across countries. The need to focus on the positioning of health promotion and health education within the curriculum has to be highlighted along with the importance of the pre-service and in-service training, development of a programme and structures as well as the preparation of teacher trainers for the incorporation of the HPS component into teacher training and education programmes.

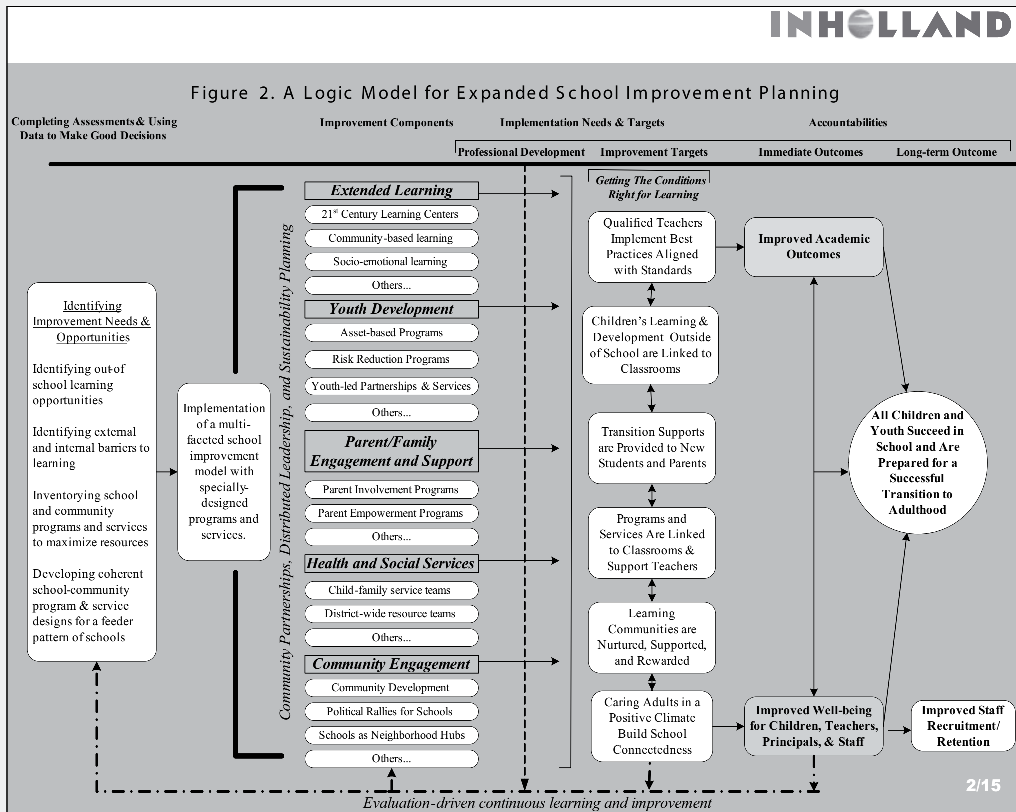
5.2. Schools as Part of the Community

In the second session, two panellists participated in the discussion on the diverse aspects of the relationship between the school and the community. The facilitator of the panel pointed out that "Schools for Health in Europe Network (SHE) continues the mission of European Network of Health Promoting Schools (ENHPS) and is a good example of systematic and sustainable international network aiming to develop and implement health promotion in the school community in collaboration with different partners. One of the five SHE pillars that underpin the health promoting school approach is schools and communities. This means that 'Health promoting schools are part of the surrounding community. They endorse active collaboration between the school and the community and are active agents in strengthening social capital and health literacy.' In addition, 'Schools for Health in Europe focuses on making health promoting schools and school health a more integral part of policy development in both the education sector and the health sector in Europe. SHE network encourages each member country to develop and implement a national policy on health promoting schools, building on the experiences within the country, within Europe and abroad. SHE also supports schools to actively take part in a wider community in Europe'."

The aim of the panel was to discuss the issue of schools as part of the community and to analyse the continuing challenge that exists in the development of partnerships for health promotion in schools at different levels.

These levels include education and health policy at national level as well as strategies and implementation at regional, local and school levels.

The first panellist highlighted the aspect of fragmentation that often hinders the implementation of the HPS concept. It was stated that "current Healthy Schools approaches add to fragmentation in policy and practice." Thus taken, "alignment with school improvement agenda is needed." This can be achieved by working out "a powerful/comprehensive rationale." A comprehensive improvement model was presented in the following schema:



The following directions for future development were discussed:

- communicate a comprehensive rationale for Healthy Schools
- integrate change/innovation and implementation strategies (interagency and intersectoral approach)
- provide implementation support and focus on 'just in time professional development'
- support school management and service providers, as well as local/regional policy makers and ministries

The second panellist discussed the multilevel modes of interaction between the school and the community in terms of development and implementation of health

promotion interventions. In this connection, the importance of interconnectedness among four aspects was emphasized: leadership and communication, curriculum, ethos and environment, and family and the community. The community was presented as consisting of parents/carers/family, school governors, others who live locally, local clubs, organisations, charities, local businesses, and planners at local authority level. The following expectations on the part of the community were mentioned:

- Be informed, understand and support school
- Deal with issues consistently
- Contribute to daily life of school
- Pupils support community e.g. charities
- Agencies etc. contribute to policies and school developments
- Contribute to curriculum in a structured way

It was also stressed that planning for community involvement should involve international level, national level, and local authority level. Among the examples of good practice, the following were provided:

- Cooking bus
- Gardening clubs
- Working in the community
- Fair Trade
- Internet safety
- Sports clubs
- Information shop
- Family learning
- Savings scheme
- Links with crime and disorder programmes
- Links to universities

As regards parent involvement, it was pointed out that it is important to consider the following: timing of events, location of events, building self esteem of parents, and placing more emphasis on parents' needs. This can lead to a more effective parent involvement and improved communication between the school and parents/the community. It is also important to ensure that all policies are linked locally and nationally. To this end, greater emphasis and support should be given to children and young people plans. It also has to be ensured that all relevant people are involved in planning.

Questions raised during the discussions can be summarized as follows:

- How can the school and the community combine efforts to ensure effective health promotion at different levels
- What are effective ways of sharing good examples/practices
- What are the ways of assessing the effectiveness of school health promotion?

Concluding comments and recommendations:

As highlighted by the facilitator of the session, "schools are very important forums for health promotion in the community. Therefore, a strategic plan for health promotion should be developed in partnership with different sectors and the implementation should be evaluated according to valid indicators." At different levels (community/municipality/ state/European, "it is important to work together in a structured way and in line with the mission of school heath promotion to implement the strategic plan to develop an infrastructure and support for school health promotion; benchmarking and learning from good practices is an effective way to develop methods to integrate schools as a part of community; partnership and networking is essential for schools to be part of the community."

6. FOCUS SESSIONS

The conference was organised into four focus sessions of two formats: symposia and oral sessions. The sessions were classified per topic and included contributions on the conference themes of Education, Health determinants, Policies and strategies, Effectiveness and evidence, Sustainable development, and New challenges. In the following reflection on the main highlights of those presentations, the papers are referred by the order/sequence of the presentations within a particular topic area and by the number of the focus session.

"We can make a contribution to work together with other schools to share ideas and programmes. With enthousiastic students we can illustrate this by using powerpoint presentations. We have students who are willing to give lectures about these subjects."

Michiel Bongaerts (17 years old male) and Lotte den Boogert (17 years old female),

The Netherlands, Graaf Engelbrecht, Breda.

6.1. Symposia

Four symposia with 15 presentations included these topics:

- International health promoting initiatives
- The role of school management
- Health promoting schools: trends in evidence
- National health promoting schools experiences

6.1.1 International Health Promoting Initiatives

There were four presentations in this topic area: two with a European perspective and two with a worldwide focus. Different points were considered:

- relations of schools and communities
- HPS implementation on state level
- HEPS project: physical activity and healthy eating and a settings approach in the European states and the situation worldwide
- exchange of information, experience and perspectives

A study from Spain on the Shape Up Europe Project (2006-2009) highlighted its bilateral approach (Presentation 1- Focus Session I; subsequently, P1-FSI). The approach is embedded in the cooperation between school pupils and the community. Children are trained and empowered to investigate and influence outside school settings and determinants that affect lifestyles and living conditions. It was noted that the bilateral cooperation stood in two ways. There were ideas and actions that came from schools and were defined by pupils. However, these actions required a community response. The community also had initiatives influencing health determiners and involving schools. This settings based approach involved close cooperation between school and community in implementing actions and policies promoting healthy eating and increased physical activity. The implementation targeted the determinants that influence eating and physical activity related behaviour on different levels (schools, family, community, society) rather than singling out the role of the individual.

The determinants that were addressed at the school level were the timetables in school, the school health policy, the school exercise policy, socioeconomic conditions, the knowledge about eating and exercise, and the values associated with eating and exercise. At the community level, the following determinants were brought into focus: school lunch, education, urban planning facilities, sports activities, and the quality of the environment. At the society level, new technology and children, lifestyles and play, the mass media and the images of beauty, and

policies on health were the main determinants considered. This was very different from all-medical approach implemented elsewhere in Europe only targeting the change of behaviour in children. In this project, children acted as agents of change as the project fostered children's knowledge about and participation in processes within and outside school. Such layout of aims and strategies allowed achieving positive results in influencing determinants of healthy eating and physical activity.

Healthy diet and physical activity were presented to be the core targets of the innovative European project called the HEPS (2008-2011), a project of the SHE network (P3-FSI). Introduced on behalf of thirteen partners in a paper from the Netherlands, the project was reported to support school health policy. The project was launched in response to increasingly high overweight rates among school children all over Europe and the absence of comprehensive national school policy in operation in any of the EU member states. The following arguments for national policy were presented:

- Promote healthy lifestyles
- Influence local authorities
- Influence related industries
- Deliver coordinated programme
- Support health promoting school programme

The HEPS project intends to develop a number of deliverables that include guidelines, advocacy guide, a tool for schools, inventory tool, teacher training, and impact measurement on national policy development as regards the targets of the project.

The implementation of a whole school approach of Health Promoting Schools was the focus of a study from the United States (P2-FSII). The study was based on a recent book *Case Studies in Global School Health Promotion*. The presentation focused on the factors influencing implementation of policy and practice of HPS. The findings of this qualitative study reveal that cases vary with regard to such factors as education level (primary or secondary), scale (one school, pilot project, country wide), setting (rural, urban, mixed), and the components of HPS implemented. The presentation pointed out the following reasons for launching the programmes in both advanced and underdeveloped countries:

- Data about health or education problems for youth caused alarm among policy makers and citizens
- Increased recognition of the link between health and education by some policy makers
- Economic or other hardships in community or society that affected students and staff

Regarding stakeholder ownership and participation, broad community and parent involvement was noted. Among successes and challenges, gaining legislative support to institutionalize HPS and overcoming barriers were mentioned. In concluding, the paper highlighted that it is essential that

1. Schools include health and well-being as part of their core mission
2. National governments examine the role of schools as social agents for development and make available financial support to direct larger-scale efforts
3. National and international agencies develop professional development materials and modules and support networks that provide technical support for implementation

The final paper for this symposium was on professional networks for school health. It offered an international perspective and also looked at experiences in Canada. Central in the paper were the analysis of the importance of networks in school health development and the discussion of shifts in the professional conversations on school health issues. The paper also introduced boundary-breaking concepts of professional networks and elaborated on the role of knowledge exchange in the context of communities of practice and web-based collaboration.

The presentation outlined the following differences among countries in the ways professional networks create and maintain school:

Where	**How**
Europe	Active sharing of ideas
Hong Kong	Consensus and shared visions
United States	Contacts & relationships
Canada	Collegial, emotional support
Australia	Dissemination and communications channels
Latin America	
Middle East	Timely access to information and knowledge
Africa	

The paper emphasized shifts that had occurred in the professional conversations about health promotion. They manifest themselves as increased emphasis on context, capacity, system characteristics and change coupled with increasingly equal access to knowledge resulting from the factor of the web. It was pointed out that the web allows us an effective exchange of knowledge, by extension, develop knowledge and improve practice. With this in view, the ISHN international network was presented, and the design of a blog for the exchange of information on HPS was discussed.

Concluding comments and recommendations:

More work is needed on the dissemination and implementation of the evidence. The considerable amount of evidence for different approaches that is available calls for more communications and exchange.

Valuing references in approaches and concepts is of paramount importance. Some words could mean different things in different cultural contexts. Difference creates meaning where we could learn from. Recognising diversity rather than striving for homogeneity and similarities provides a promising approach and conception.

6.1.2 The Role of School Management

The three presentations on the theme stressed that school principals need valid and reliable tools to promote student participation since this is one of the main factors and indicators of health promoting schools. Another area of emphasis was the demand on the part of school principals for professional development, training courses, and material for teaching so that they were able to affect positive changes in school mental health promotion, prevention, and intervention.

As regards the headmasters' role in affecting students' participation, a study from Austria (P1-FSII) reported on the development of a HBSC survey tool to measure students' role in affecting decision making processes at the level of school leadership. The study aimed to explore the headmaster perspective on student participation and its relationship to ownership, democratic education, and health promotion. The possibilities for student participation were also measured by the use of student survey and school level questionnaire. These were assessed with regard to token participation and genuine participation, according to Simovska's categories, in relation to legal foundations in Austria. The following conclusions were presented:

- Student participation depends on legal foundations, age of students, and school type
- Beyond legal foundations, routines and structures to foster student participation are relevant aspects
- Headmaster's attitude seems important for praxis and possibilities of student participation in a school

Two papers on the school headmaster involvement in mental health promotion demonstrated several overlapping points (P2, 3-FSII). Both papers report that school headmasters see a link between mental health and academic achievements. They treat mental health from the perspective of a holistic approach. Even more so, the same key issues with regard to mental health in students and the staff are identified.

Both papers stress the need for support in terms of professional development, resources and support in handling problems related to mental health promotion and prevention in school. The underlying difference between the papers lies in the headmaster's position with regard to the headmaster involvement with mental health and well-being issues. The study from the USA (P2-FSII) presented school principals as being well informed and engaged in mental health issues while the study from Germany (P3-FSII) held that headmasters are frequently neglected when it comes to discussions of deliberations involving school health promotion. Nevertheless, as the German study revealed, when the school headmasters were reached on-line to give their perspective on health promoting within their school setting, they showed concern over the problem and willingness to take action.

Concluding comments and recommendations:

Leadership in schools health promotion is an important and growing field of research. In addition, more research to develop knowledge base of health promoting school management is needed. This links to the need to work out adequate methodological tools for the study of the impact of school leadership on health promotion in schools. International comparative studies can be considered as one of the possibilities.

6.1.3 Health Promoting Schools: Trends in Evidence

The presented papers can be grouped into two categories. One category featured papers on theoretical conceptualizations of evidence. In the other, different aspects of the HPS implementation and evaluation practices were discussed.

Two Danish studies were presented in the first category. One paper on the theme of evidence (P1-S3) offered critique of evidence based practice drawing on Habermas' definition of different types of research and different knowledge interests. This was linked with Schuhmacher's theoretical perspectives on research and question-type models and knowledge interests. The paper analysed possible future trajectories of the idea of evidence based practice in health promotion education.

A question was posed as to whether we should give up the idea of evidence based practice and rely more on the teacher's own affirmed experience and leave the practice of choice of models and materials to the teachers and their professional competence, or should pedagogical research become more quantative with a developmental knowledge interest. It was suggested to look for a third way between the two mentioned above and to consider what this way could be like.

The other paper (P2-S3) on theoretical perspectives on evidence investigated the concept of evidence with regard to the recuperative treatment of the ideas of positivism and postpositivism. The presentation provided with the definitions of the concept of evidence within this framework and also touched upon the methodological questions surrounding this concept. The meaning of evidence in the context of changing societies and changing professional practices was explored.

In the second category, a study from Poland (P4-S3) discussed the criteria for eligibility and the aims of a national certificate in Poland. The certificate was regarded as a means stimulating improvement in the quality and sustainability of the HPS implementation. The certificate granted as an award for the school's achievement served as acknowledgement of schools' contribution to HPS practices and activities. The reported experience and the description of the

criteria for the school's compliance with the standards set for the school's eligibility for the certificate links with a presentation on a similar practice in Wales (P1-S4). An important contribution of the paper was description of the HPS national standards.

The factor of standard and the role of factors affecting the implementation of the HPS concept featured in a qualitative and qualitative study from Norway (P3-S3). The research was conducted in 2003, ten years after the start of health promoting schools. The study focused on the school coordinators' retrospective reflection on their role in the facilitation and support regarding the development and implementation of the HPS concept. It was the intention of the study to reveal how factors like school structure, school culture, teacher culture, professional capacity building, professional discretion and school leadership were promoted by the activities of the coordinators in terms defined in the HPS concept. The study showed that the development and implementation processes were facilitated though top-down approach. The leaders learned through networks, but the process was not all-inclusive. There could have been a higher degree of teacher involvement in the process. Respect for teachers' professional discretion was mentioned among influential factors.

The papers in both categories had several points in common. They reflected on the importance of the context and the setting and the ethics of collecting evidence. They also raised the question of what type of research is useful for health promoting schools.

Other questions raised in the discussions can be summarized as follows:

- To what extent is evidence important in pedagogical practice
- In what ways is evidence important for the factor of expectations on pedagogical research
- Is evidence based knowledge useful for teachers when they reflect on their own practices and try to apply some methods in their own context
- To what extent is the factor of the addressee of evidence important: "evidence for whom – science, decision makers, or schools"
- If evidence is so important in medical practice, what is the role of evidence in becoming substantiating and sustaining self-promoting school?

Concluding comments and recommendations:

Evidence is very important for further development of health promoting schools. Further clarification of the term "evidence" is needed in connection to the use of terms "evidence practice", "evidence based principles", "evidence based knowledge," and "evidence based materials." Going to more quantative methods can work as an in-between strategy. We should consider including and allowing a broader diversity of methodological traditions to enter the health promoting schools arena. This involves establishing a culture that would acknowledge and respect evidence that is coming from different positions. Such a strategy could be offered as counterbalancing giving up evidence approach.

6.1.4 National Health Promoting Schools Experiences

The symposium included discussions in two topic areas. In the first one, a discussion of methods targeted at improving quality of schools activities in Wales was presented. The other one featured analysis of adaptation and modification of indicators used in the USA Comprehensive School Health Program (CDC) for comprehensive HPS activities in the local context.

In the area of quality management, a study from Wales presents results of review of Welsh Network of Healthy School Schemes (P1-FSIV). The research was focused on new activities involved in improving quality of schools activities. Procedures and practices involved in National Quality Award based on consistent assessment criteria were discussed. The National Quality Award was developed in order to create consistent assessment criteria for Wales. The award criteria included the following aspects of health: food and fitness, environment, personal development and relationships, safety, mental and emotional health and well-being, hygiene, and substance (mis)-use. Criteria regarding schools' eligibility was pointed out. The national assessors were appointed by Welsh Assembly Government. Training was provided for the appointed national assessors. It was highlighted that the award enhances emphasis on quality; schools that achieve the award are regarded as exemplary. This also ensured that schools are working towards a consistent standard throughout Wales.

The next paper from Wales (P2-FSIV) was a continuation of reflections on the work done within the scheme described in the first paper. Results of the project aiming at creating healthy school environment through the change of individual behaviour and organisational structures were presented. The discussion highlighted that participation stimulating processes of change was enhanced by offering training and creating problem solving involving situations. The following findings of the analysis of participation from the perspective of the whole school approach were presented:

- Greater participation was associated with small schools, primary schools, where there was an open communication culture and a head who grasped the whole-school approach.
- Less participation was associated with large schools, secondary schools, where communication was less open and the head did not fully perceive the importance of a whole-school approach.

A study from Germany analysed possibilities for new modes of organisation of HPS work. These were discussed within the framework of the project „Gemeinsam gesunde Schule entwickeln" ("Developing Healthy Schools Together"). The main aims of the project were health improvement and improvement of quality through affecting positive changes at the level of individual behaviour and organisational structures and processes. The research revealed the following key success factors among others: structured proceeding, open-minded and supportive headmaster team, supportive and committed school staff, and self-determination and participation in selection of

topics relevant to the school setting. As the main factor inhibiting improvement, the lack of resources from ministries was mentioned.

The fourth presentation from Italy discussed adaptation and modification of indicators used in the USA (CDC) in Comprehensive School Health Program with regard to the following areas: health service, health education, physical and social environment, health promotion for staff, community involvement, nutrition, physical education and recreation, and mental health.

During the discussion, the first three presenters accented the deliberate choice of the terms "scheme" (P1, P2) or "initiative" (P3) rather than "project" as the term "project" involves time-limit emphasis. Next, possibilities to develop a series of thematic books presenting experiences and examples of good practice in different counties were discussed.

Concluding comments and recommendations:

There is a need for the exchange of experiences of different countries in the field of improvement of quality of HPS activities. Focus on participation is a fundamental process for achieving change a whole school approach. Research on the identification of mechanisms of involvement regarding different school community groups should be initiated. It may also be useful to measure modified CDC indicators in other countries.

6.2. Oral Sessions

Nineteen oral sessions with 60 presentations included these topics:

- Principles for school health promotion
- Whole school approach
- Teaching and learning
- Focusing on processes of change
- Building capacities
- School and the community
- Topics in school health promotion
- Mental health and well-being

6.2.1 Principles for School Health Promotion

The issues discussed in this session focused on the components of HPS concepts embodied in the themes of diversity, partnership, citizenship, equality, inclusion, sustainability, and democracy.

A study from Cyprus (P1-FI) described findings of the "Shape Up" European health promotion programme based on case studies conducted in schools in Cyprus. The project aimed "to facilitate healthy choices by creating the necessary conditions for their enactment." Apart from focus on healthy eating and physical activity, the project also intended to foster the ideas of citizenship and active participation through aims of the project and the related activities promoting students to act as , s and agents of change, to explore different aspects of their environment, and build local partnerships to realize goals of the project.

The ideas of democracy, partnership, sustainability, and diversity were central in the paper from Austria presented from parents' perspective ((P2-F1). In Austria, pupils in the age group from 10 to 14 were given (1997) legal rights and duties to participate in school life. Parents took an active part in initiating preparation training so that school children of this age group could prepare themselves and be able to take advantage of legally defined possibilities. A similar training programme was offered to build teachers' professional capacity in the area. Training programmes and the developed resources ensure the sustainability of the programme as well as serves as an opportunity for exchange of information and offering empowerment.

A study from Wales stressed the ideas of inclusion and equality (P3-F1). It reports on the implementation of The Class Moves! (TCM) programme in schools with special needs. The implementation of the program was carried out in response to insufficiency of relevant material for learners with specials needs. Pilot studies allowed selecting and refining the most appropriate material. The material is designed not only to engage students in activities related to healthier eating and increased physical activity but also to foster self-esteem and self-efficacy in students with special needs. The programme has many overlapping aspects with the healthy school work.

Concluding comments and recommendations:

Practices and policies delineated in the constituent part of HPS the concept, as illustrated in the presentations, create possibilities for students to act as agents of change both in terms of their own health and well-being and with regards to settings and determinants that affect different aspects of health and well-being both on personal and collective levels. This also stimulates to develop case studies of other ways in which young people are acting as agents of change. A need to adapt resources, policies, and strategies for children and students with special needs was highly emphasized.

6.2.2 Whole School Approach

Topics covered in this focus area included investigation of HPS policies and strategies in relation to the use of a whole school approach. Structural issues and factors determining introduction of health promotion into schools using a whole

school approach were also discussed. Finally, a whole school approach based interventions affecting students' lifestyles, risk behaviours, and school culture were analysed.

Three presentations (P1, P2, P3-FSI) linked themes of a whole school and settings approaches and discussed adaptation of the HPS concept to mixed settings approach. Effects of school, environment and ethos on students' attitudes and behaviour were discussed within the context of whole school policies linked to health indicators. Along similar lines, growth of the HP schools on the pre-school level as an outcome of successful functioning of two pilot nurseries in Wales was discussed (P1-FSI).

A study from England indicated the importance of training as well as theoretical grounding to deal with problems involved in substance use interventions (P2 FSII). Presentation of two case studies involving two schools in London highlighted the importance of school and external setting/social environment interrelationship in terms of managing peer influences and supporting students in fitting into the school environment and coping with the related anxieties. Positive effects of increased school inclusion and involvement were discussed in detail in another study (P3-FSIV).

Two presentations discussed the role of structural issues focusing on how HP could be introduced into schools using a whole school approach (P2, P3-FSII). Presentations on this theme included reflections on problems involved in the management of the growing HPS networks. Also, the intensity involved in a whole school approach, time demands associated with coordination of activities in different settings and insufficient knowledge about the importance of health issues were mentioned as negative aspects of a whole school approach (P2-FSIII).

A study from Estonia (P3-FSII) focused on the role, functions and expectations associated with the network of coordinators who are delegated to coordinate policies and practices of the expanded HPS network.

A paper from Italy (P2 FSII) provided a retrospective view on the stages and progress involved in the transition from pathogenic to solutogenic perspective and the factors that have influenced this process in the period from 2001 to the present.

In Portugal (P1-FIV), the implementation path of the HPS concept was investigated in connection to the use of a whole school approach from the perspective of all parties involved "to identify difficulties and facilitators in the process, and to comprehend the role given by each participant to one another."

Among the difficulties associated with the use of a whole school approach, the lack of training of teachers was mentioned. Nevertheless, the growing of HPS networks was considered as indicating increasing interest in the HPS ideas. The existence of funds facilitating the sustainability of health promoting schools was regarded as the key issue. Among other important issues, it was mentioned that commitment and drive from the top is essential for the HPS legislation and growth. Among the determinants of success, the need to learn the needs of students was treated as the key for a good project to start.

The group of presentations on interventions affecting students' lifestyles, risk behaviours, and school culture included a presentation form Belgium (P3-FSI). The study explored the effect of health interventions carried out within the scheme worked out by the Flemish Institute for Health Promotion. The scheme embodies "a renewed national strategy for health promotion" and "contains a facilitating methodology to work out integrated health policy in schools." The data on a tripartite investigation of health policy in schools include data on smoking prevention, food, and physical training policies. The study results reflect what factors influence processes of change and change management in the three HP areas.

In Canada Eastern Active Schools (EAS) comprehensive approach based intervention was implemented in five schools to deal with the problem of overweight and inactive lifestyle (P1-FSIII). The increase of physical activity, some of which mandated through legislation, aligned with healthy eating intervention programme had significantly positive results. What is more, the geography of the EAS project is expanding to include more participating schools.

In Belgium a successful collaboration between government, health agency, and policy makers allowed to implement effective strategies to increase students' awareness on the negative effects of snacks and beverages available through the vending machines (P3-F3). There was response from the participants of this oral session that schools have an active role in the types of food that students consume. Therefore staff members should be encouraged to give good example regarding food choice and encourage students to take more control of vending machines. A question was raised on the importance of finding effective ways to encourage decision competencies in young people about nutrition.

An important contribution in this group is investigation of school climate in 22 French schools to investigate students' views on school climate (P 2 F4).

The oral sessions on a whole school approach generated considerable debate. The questions raised can be summarized as follows:

- what is the involvement of the health sector in the education system
- which sector is funding what
- what is the role of regional health promotion coordinator and how useful it is

The discussions highlighted the following points:

- health promotion has to get embedded in the school system and to become part of it but not just a project
- communicating from up-down and down-up of what happens in schools of schools' needs, pupils' need, and teachers' needs is important
- school coordinators and school health promoters have to be given autonomy and empowerment to develop what they think is appropriate
- schools must have flexibility on what to develop, and how and what and with whom

Concluding comments and recommendations:

Implementation of a whole school approach in HPS is complex, and teacher/school commitment has to be fostered. In addition to the prevalent emphasis on the effectiveness of a whole school approach, it has to be taken into consideration that the implementation of this approach can seem overwhelming to teachers. It is important to ensure communication from top-down and bottom-up of what happens in schools regarding schools' needs, pupils' needs and teachers' needs. Finally, schools should be encouraged to initiate and start a whole school approach based HP project even if it is a small one. Positive evidence shows that it is important just to make a start and this often grows over time.

6.2.3 Teaching and Learning

One theme explored during the sessions was the importance of the curriculum and teaching quality management. Another topic was the role of the family and the home environment in teaching healthy behaviour patterns. Finally, alignment of the teaching setting and teaching objectives was discussed.

In Kazakhstan (P2 -FSI) a survey of the existing programmes on school health promotion among children was conducted. It revealed that the existing programmes yielded poor learning outcomes because of inadequate teaching content and methodology. A new programme was designed employing participatory teaching methods and modern teaching resources. The programme was tested for a 2 year period and showed positive effects. The course was approved by the Ministry of Health. It is now being implemented throughout the country. Factors conditioning delay in the implementation of the programme were mentioned.

In Austria (P3-FSI) teachers and school leadership were engaged in a small-scale pilot training course on school health promotion development in schools. In the early implementation phase, a pilot study was undertaken to identify the determinants for the successful implementation. A feedback seminar revealed that more gradual implementations may allow adapting schools' capacities and the implementation of HPS activities. Just as in the case reported in the previous study (P2-FS1), effective integration of health promotion with quality management at school played a major role in this early implementation phase.

A study from Finland (P1-FSI) discussed the importance of an interactive cooperation between school and home environments in developing children's and students' healthy behaviour patterns. The main aim is to explore the child's health learning processes at home and in school. This was carried out in a 2 year health learning programme implemented in 4 primary schools. The focus on the role of school and home environment in learning healthy behaviour patterns also threw more light on the impact of other sources such as media and the peers on the development of health related behaviour.

An Italian study (P1-FSII) discussed the use of physical education (PE) setting to integrate normative education with training of life skills. It was argued that the PE setting, with its emphasis on interactive and interpersonal behaviour, creates apt opportunities for raising awareness about abuse behaviours prevention including drug prevention practices. The PE setting allowed combining teaching of drug prevention with physical activities which, in turn, foster interpersonal relationships, emotion management, and decision-making skills among others.

In Slovenia, web-based counselling (P2-FS2) for teenagers proved an effective way of dealing with adolescence problems in terms of timely advice and prevention of troubled behaviour problems including suicidal thoughts and self-harming behaviours.

A study from Lithuania (P3-FS3) reported on the analysis of textbook contents of sexual education from 19 countries. The analysed contents were regarded in the light of intersections of three areas: scientific knowledge, systems of values, and social practices. The analysis was intended to improve the quality of sexual education in the local context where there is no unified sexual education programme. In the current school curricula, topics on sexual education are included in textbooks of biology. However, this way of teaching/learning does not develop competencies for healthy and safe sexual behaviour.

The discussion on the issues raised in the presentations centred on

- determinants of a successful HPS implementation
- ethical questions linked to the relationship between family and school
- gender differentiated behaviour
- teacher motivation and involvement

Concluding comments and recommendations:

Quality management in HPS programmes should become a key issue. It is necessary to develop relevant tools to promote the commitment of families against disadvantageous behaviour.

6.2.4 Focusing on Processes of Change

The issues focusing on the processes of change clustered around several topics. Firstly, issues related to the implementation of the HPS concept were discussed in terms of facilitating factors and obstacles that influence sustainable development of health promotion in schools. A related topic was a discussion of new pathways in the development of the HPS curricula. The second cluster includes presentations on experiences of positive initiatives implemented within the Health Promoting School scheme. These also include reflections on potentialities for future development that such initiatives encode. Finally, presentations revealed

an emerging focus on innovative ways of fostering basic HPS skills such as participation, action competence and others.

In the group dealing with the implementation of the HPS concept, an Austrian study (P3-FSI) introduced qualitative case study of obstacles as regards the implementation of the Health Promoting School concept in a primary school in Vienna. Findings based on situ observation during the first year of the HPS implementation suggested that the success of implementation to a large extent depends on legally defined decision-making power that the school leadership is given to organise school life. As important, teacher education on health promotion and education was regarded as a starting point in generating teachers' motivation. This also proved to improve cooperation between students and teachers. As a consequence, teachers knew students' needs and designed the curricula accordingly. Most importantly, *as per* the study, the factor of reality needs to be taken into account to ensure successful implementation of the HPS concept.

A study of determinants that affect the implementation of HPS projects was described in a Swedish study of social and emotional learning (P2-F4). The study was reported to be carried out within the premises of evidence based method and implemented as part of HPS practices.

In Portugal an important study has been conducted to assess the role of partnership between health and educational professionals on the success of HPS implementation in schools (P2-FSIII). Data based on semi-structured interviews helped to uncover differences in perception between health and educational professionals regarding commitment to the HPS project. The greater degree of motivation on the part of professionals in the education sector was treated as a significant factor to be taken into account in planning HPS activities.

The idea of partnership as a means to share experiences of HP schools with other schools and as a way to increase the effectiveness of health promotion programmes was discussed in a study from Slovenia (P1-FSIV).

The presentation on the role of School Health Coordinators in a Canadian province (P1- FSII) continues the theme of the relationship between external settings and school. The findings of the study suggest that such coordinators proved to be effective agents in coordinating efforts of those involved in the HPS programmes and those bodies within the school, health and education sectors, governmental institutions and communities that can influence their developments.

This links with an initiative promoted by a Regional Health Organisation in the Netherlands called "Schoolbeat" (P1-FSIII). It "focuses on supporting secondary schools in developing structured school health promotion policies e.g. by implementing demand-driven prevention programs." Analysis of implementation practices allowed identifying positive and negative influences on the implementation of school health policies within the "Schoolbeat" framework.

A study from Scotland reports on the development and the impact that two essential legislative tools will have on health promotion activities, students and teachers as well as all those involved in school health promotion (P3-FSII).

In the second category, evidence of change was provided by the discussion of specific health promoting initiatives and aligning these changes to modifications in the curricula (P1, P2-FSI). A case study was presented illustrating healthy eating intervention involving 7th-9th formers of Danish schools (P1, -FS1). In discussing the effectiveness of the interventions, the presentation highlighted new potentials for integrating curricula and healthy eating praxis making use of outside school settings. The initiative by the Netherlands Nutrition Centre aiming at promoting healthier school canteen policies (P2-FSI) is described as a three step programme that involves students' active participation in changing eating habits and eating related behaviour.

A study from Russia, Republic of Karelia, reports results on the initiative to influence increasing substance misuse among school children adopting good practice of similar initiative implemented in Finland (P3-FSIV).

Another Russian study illustrates positive outcomes of HPS implementation by providing a comparative analysis of a health promoting school and a regular secondary school where health promoting policies are not implemented (P2 FSII). The comparison was based on several blocks of questions focusing on three subject areas: health enhancing practices (healthy eating and physical activity), unhealthy behaviours (substance misuse), and the role of the curriculum. It was showed that students' involvement in health promotion programmes has positive effects on their lifestyles, behaviour and subjective perception of well-being

The third theme in this area of focus included reflections on efforts to enhance students' participation and action competence skills through the implementation of innovative HPS projects and methodologies. This is illustrated by a presentation featuring the use of story telling/dialogue method that enhances participation (P3 FSIII). The aspect of participation leading to improved action competence skills was also suggested in presentations on healthier eating intervention projects (PI, P2, FSI).

Concluding comments and recommendations:

The expertise and research in this area reveal the will and eagerness to initiate and make changes. However, there is also a feeling that it is still not easy to facilitate the cooperation between education and health sectors and the Ministries of Health and Education in particular. The presentations and the follow-up discussions emphasized that it is important to talk not so much about health but about tasks and principles. It is also important to support headmasters in their dealings with organisational structures in order to create better conditions for HPS implementation in schools. Lastly, teacher education on health promotion and education as well as school personal health promotion need to be made important focus areas

6.2.5 Building Capacities

Topics debated on the subject included a discussion of different perspectives on the monitoring and evaluation of health promotion in schools and in-service training. Another focus area was capacity building using internal structures of the health promoting school. The last group centred on possibilities for further developments in in-service training with more focus on the factor of gender.

There were two papers presented on the need for more suitable evaluation methods (P1, P2-FSII) in health promoting education. The development of theoretically grounded evaluation methods including qualitative and quantative approaches is important both in the assessment of teachers' practices in health education and children's well-being in the school setting (P1-FSII). The problem of suitable monitoring and evaluation was also discussed (P2-FSII) in terms of evidence to be used to advocate with policy-makers to address HPS related problems.

Capacity building for the health promoting school was discussed in a paper from Austria (P1-FSIII). It was argued that regardless of the degree of autonomy given to school, implementation of effective methodology and practices can help to make a more effective use of the existing internal structures in HPS schools to create better conditions for the success of the HPS programs and policies.

In Ireland (P2-FS III), HPS gets insufficient support at the school level. A study was conducted to investigate factors that affect health promoting teaching practices and the effectiveness of health promotion at school.

A study from Scotland (P3-FSIII) was on lessons learnt from health promoting schools in Scotland in view of the fact that all schools in Scotland are now health promoting schools. Other processes involved in HPS on the structural level were highlighted.

A paper from France (P3-FSII) pointed out the lack of male teachers in sexual education programmes. In order to attract more male teachers, pre-service education is need with a specific emphasis on socially defined gender roles and identity.

The follow-up discussions highlighted that each of the presented evaluation methods needs to be developed and disseminated throughout the SHE network. Evaluation matters should be used in health promoting schools in making progress and strengthening their capacity. Training for teachers is important if they are to fulfil a role in health promoting schools. It is important to work with established structures and to look for links and existing mechanisms, but with sufficient flexibility.

Concluding comments and recommendations:

Schools and teachers need support from the national and regional level to develop as health promoting schools. Suitable evaluation of in-service training and teaching practices is crucial for the effective development of HPS programs.

The role of gender needs more attention, and more work needs to be done in raising awareness in the SHE network of the role of gender in HPS development.

6.2.6 School and the Community

In the sessions on the topic, several different studies on the cooperation between school and the surrounding society were presented. All papers emphasized that it takes time to establish contacts, to involve stakeholders, and to develop routine practices. Therefore, HPS activities and policies need to be planned for a long period, especially if they are not very well-fitted in school's everyday life. Project planning should, from the very beginning, include the different phases associated with initiation, implementation, instrumentalisation, evaluation, dissemination, and closing. Since universities are important parts of a community, a question was raised over how universities can be more effectively involved in HPS issues.

A paper from the Netherlands (P1-FSII) discussed factors affecting the sustainability of cross-sectional collaboration using a mixed settings approach. A similar theme was developed in a Canadian study (P2-FSII) that focused on the problems related to dealing with different structural organisation in health and education sectors in Canada. The presentation demonstrated benefits of intergovernmental partnership, the Joint Consortium for School Health, in dealing with structure related problems.

A Finnish study (P3-FSII) analysed the relationship with the community in terms of social capital, and its interdependence with cultural and economic capital was considered. The notion of the social capital was also problematised in a paper from Denmark which aimed "to explore the theoretical potentials of the notion of social capital to qualify the supportive synergy of the health promoting school" (P1-FSIII).

The importance of school as an environment that affects children's well-being was explored in a study from the United States (P3-FSIII). The investigation was conducted within the framework of "Education for all for the Well-Being of Children Project." The data collected from 1500 students in Lebanon, Palestine, and Jordan provided students of those countries with empowering means to impact their own well-being by using the data to negotiate with policy-makers.

The relationship between students' attachment to school and substance use was analysed in a British study (P2-FSIII).

Concluding comments and recommendations:

The notions of social capital should include realistic social perceptions. Projects should to the highest possible degree be fitted into the school's everyday life and to be in accordance with the school's general objectives. Teacher training should train the teachers for cooperation with the surrounding society.

6.2.7 Topics in School Health Promotion

The sessions featured papers on two main topic areas of the health promoting school: sexual education and healthy eating. Interconnections between these areas were also considered on school and structural levels.

Sexual behaviour is learned from culturally dominant discourses (P1-FSIII). Patterns of sexual behaviour may change in different stages of life. Adolescence, however, is a crucial period is this regard. The paper discussed the meanings attached to romantic sexual script in Finnish teenage girls' narratives and demonstrated how social messages encoded in the romantic script affect girls' sexual behaviours.

A joint study project from Portugal and Denmark provided a detailed analysis of the relationship between sexual education and sexual behaviour patterns (P3- FSIV).

A study from Portugal provided an example of a successful sexual education intervention in a special school for institutionalized youngsters (P2-FSIII). Positive results on HIV/AIDS prevention were reported.

In the Netherlands, the educational programme "Krachtvoer" was implemented to intervene with unhealthy eating habits of youngsters (P3-FSIII). Determinants for successful dissemination and adoption of the programme by schools were discussed. Reasons for non-adoption of the programme were analysed and the importance of contextualization was emphasized.

Progress report on the implementation of a project (ROMA,SA), Portugal, focused on changing eating behaviour patterns and lifestyles (P1-FSIV).

In Slovenia, nutrition policies in schools are regulated by legislation. Ministry of Education and Sport funded purchasing apples for all pupils for three school days per week (P2-FS IV). This initiative promoted further initiatives and projects within health promotion in schools concept and considerably increased fruit intake among students. It also had a positive impact on their eating habits.

Dental health is used as a starting point and founding principle in the Norwegian "Dent-astic" programme (P1-F4III). The programme targeted on 14-year-old schoolchildren incorporates the main subjects and aims of the HPS concept. This dental health focused programme also paid particular attention to healthy eating, breakfast in particular, and physical activity. It was also reported that teachers were given a special training course by dental hygienists.

Questions raised during the discussions can be summarized as follows:

- The role of romantic sexual script on the behaviour of male youngsters could be an object of another study;
- The effect of the role of the teacher personality and the immediate obesity context on the adoption/non-adoption of healthy eating promoting programmes should be considered;

- Dent-astic-like programmes could benefit from more active parent involvement through "Open Day" activities. One of the possibilities is organisation of a showcase where students could demonstrate the acquired knowledge on the subject.

Concluding comments and recommendations:

There has to be more attention to sexual education and substance use prevention targeted on institutionalised youngsters. One of the possibilities is the peer education approach supported by professional knowledge and skills for HIV/AIDS education to institutionalised youngsters.

Elements of romantic script should be incorporated into sexual education programmes, and students' subjective critical views on these scripts should be empowered through sexual education programmes. Alternative perspectives on the scripts should also be encouraged. Effective evaluation and monitoring tools of the "Dent-astic" programme should be designed.

6.2.8 Mental Health and Well-being

Important in this topic area was the emphasis of the conference on prioritising mental health promotion in the school setting and advocacy to build on the European Mental Health Pact. Also the development of children's coping skills in pre-school children and stress coping strategies were discussed.

In the discussion of the development of children's coping skills among 5-7 year old kindergarten and first year primary school children in Lithuania, through the implementation of the international programme Zippy's friends, a brief description of the programme was provided and the aims and results of this prevention programme were presented (P1-FS1). The data presented on the outcomes of the project reveal that children who had taken part in the programme demonstrate improved coping skills with everyday difficulties and stresses. Positive results were also revealed in another study carried out in Lithuania to explore the impact of the Zippy's friends programme on the development of children's adaptation skills in the period of transition from the preschool to the primary school. Echoing the discussion of the link between the different types of settings and school health promotion issues highlighted in Christiane Stock's plenary lecture, the presenters addressed the problem of factors influencing the realization of the project.

The theme of development of life skills and life competences in relation to coping with negative emotions in situations involving challenges and conflicts was continued in the discussion of stress management among 9th-10th form Lithuanian students (P3-FS1). The investigation of the link between stress levels and the choice of stress coping strategies illustrated differences in outcomes with regard to the use of adaptive and non-adaptive stress coping strategies.

A one year longitudinal study, involving 9th-10th form students, assessed stress coping strategies used in dealing with stress related to

- romantic relations
- school attendance
- learning processes
- relationship with parents
- leisure time activities

Findings reveal a clear correlation between levels of stress and the choice of adaptive vs. non-adaptive stress coping strategies. Gender related differences in stress management strategies among girls and boys were also reported.

The centrality of the problem of bullying in the school context was highlighted in two presentations (P2, P4-FS1). To illustrate the prevalence of bullying in primary schools in the Netherlands and in Lithuanian schools, statistics on the problem was provided. Recent findings indicate that in primary schools in the Netherlands "21% of the pupils say they are being bullied at least twice a month and 8% of the pupils say they actively bully at least twice a month." Correspondingly, "According to the data of the International Study of Health Behaviour in School-aged children (HBSC study), the rate of experience of bullying for girls in Lithuania was the highest among the participating countries (26.5%) and for boys – one of the highest (27.9%), the percentage of boys bullying others was the highest (30.3%) and girls bullying others one of the highest (16.60%)."

In the Netherlands (P2-FS1), the PRIMA anti-bullying method was used as an effective bullying management and bullying prevention strategy for primary schools. The study from Lithuania treated the problem of bullying as a constituent part of destructive and self-destructive behaviour.

To a certain extent, the approach detected in the selected programmes recalls Lawrence St Leger's view that "mental health frameworking perspective" proves effective in working with a number of school health promotion topics, especially substance use. Among a large number of positive developments in school mental health promotion, some major problematic areas were detected. These were defined as insufficient number of prevention programmes for youth at-risk groups, lack of attention to evaluation of the existing programmes as well as insufficient and ineffective parent involvement.

The questions that were raised during the discussion of the papers on the topic centred on the following:

- the role of a whole school approach in dealing with problems of mental health and well-being in relation to the PRIMA anti-bullying method
- the importance of disseminating the findings on bullying given the significance of the problem for self-formation, self-actualization, and development of life skills and competencies

- more effective ways of dissemination of the findings on developing children's coping skills conducted within the framework of the Zipp's friends project

Concluding comments and recommendations:

Mental health and well-being of school children lacks attention at different levels of educational, social, municipal, and governmental sectors. It was univocally agreed that mental health and well-being of school children should be recognized as a priority topic and a core issue within the HPS approach.

6.3. Poster Sessions

The conference programme offered three poster sessions. One poster session was intended for young people (see Part 7). The other two poster sessions with 43 presentations included:

- healthy eating and physical activity
- integration and well-being
- child safety
- emotional and social well-being
- stress measurement and management
- sex education

- substance misuse
- welfare services and health differences
- the impact of the socio-cultural factor and regional differences on school health
- the role of school management on HPS
- studies on monitoring and assessment of health promotion capacity at different levels
- expectations of parents as regards the health promoting school
- school climate and culture
- the impact of educational load and time management on schoolchildren's health
- teacher professional capacity building
- teacher professional capacity building
- health promotion at primary and pre-school level
- university level educational programmes including school health promotion component

Posters are indicated by their number in the list of poster sessions (Annex IV) where the full numbered list of poster titles and author information is provided.

In the category of posters on the theme of healthy eating and physical activity, data on the relationships between exercising and weight reduction among 11th form students were presented in a poster from Lithuania (24). The study aimed at revealing most effective forms of exercising with regard to positive weight control behaviours and decreasing risks of eating disorders. A poster from Scotland describes activities conducted as part of the project "Growing through Adolescence" (33). The project proved to be an effective intervention in dealing with overweight problems.

A poster from Italy depicted activities carried out within an initiative "the piedibus project" promoting walking to school (35). The poster presents the following results: "Piedibus activated lines and participating children. Since 2006, 30 schools and 11 Municipalities have been progressively involved in the project: 97 piedibus lines are currently active and 2849 children have recovered the habit to go to school by foot."

Emphasis on physical activity and healthy eating was central in a poster from England "Hoops for Health" (32). It presents activities carried out in cooperation with professional sporting role models. A poster from Latvia presented changes in the nutritional level of Latvian children aged 5-12 in the 20th and at the beginning of the 21st century (13). The relationship between socio-cultural attitudes towards appearance and low physical activity is illustrated in a poster from Lithuania (9).

A poster from the Netherlands presents results of the project "The Class Moves!" stressing the factor of integration as well as the development of self-esteem and self-efficacy (23).

The aim of a poster from Wales "Promoting Healthy Lunches in Primary Schools" (31) was to show "how Flintshire has been improving primary school dining

environments and the pupils' dining experience in order to have a positive impact on the uptake of school meals, whilst also making a significant contribution to pupils' health." It comprised description of the initiatives related to the Flintshire Appetite for Life project and the resulting positive outcomes.

This initiative bears certain similarities with aims and outcomes presented in a poster from Poland "Health and Fun" (27). Read within the premises of fostering Appetite for Life, another poster in this category could be a description of the influence of positive thinking on self-actualization (42).

Several posters feature the theme of child safety. Results on child safety in the Lithuanian and European contexts were presented in a poster from Lithuania representing results of an international project "Child Safety Action Plan" (25). A poster from Kazakhstan presents data on the analysis of domestic and social violence among schoolchildren in Kazakhstan (10).

A study from Italy revealed that accidents and injuries among children, adolescents and young adults are the leading cause of death and the main cause of chronic disability in Italy (15). The project "With Pinocchio, learning safety at school" provides a series of educational interventions for pupils to increase safe behaviours in four areas: at home, on the street, at school and during free time activities. Positive results suggest that more engagement is needed in order to engage more schools in the region. This group is also represented by a poster from Israel (20). It describes learning safe behaviours by playing an internationally popular family game "Be Safe, Be Sure, Be Happy."

A poster from Israel depicted the use of a web-based stress test for school children and staff (21). The test allows "a quick screening of the students' "stress level." It may also "facilitate the school professionals to implement focused coping programs in order to overcome stress reactions and so to promote well-being, health and improve achievement."

On the theme of sex education, findings were presented in a poster from Wales (26). It featured the development of bi-lingual interactive sex and relationships education and personal and social education resources for primary, secondary, and special schools throughout Wales.

The main tenets of the project "Smokefree School Certificate" were illustrated in a poster from Italy (14). It reveals the implementation of "the Smoke-free School (SFS) policy based on a whole school approach." Another poster from Italy describes the use of the HPS whole approach to deal with problems related to substance misuse and prevention in school setting (17).

A poster from Finland illustrates regional differences in human resources of school welfare services which may act as a determinant affecting health differences (7). Medical consultation patterns of schoolchildren and health maintenance practices at school level are described in a poster from Russia (22).

A poster from Ireland "Exploring the role of the Principal in the development of a Health Promoting School Network: Two case studies from the mid-west

region of Ireland" (43) presented data of a largely qualitative study focused on the role of the Principal in the development of a Health Promoting School Network in two schools. The research that draws on Complex Adaptive Systems theory yielded the following preliminary findings: "no networking between schools is taking place; that collaboration internally within schools is regarded positively and there is much evidence of the HPS process benefiting schools in this regard; there appears to be a resistance by Principals to openly and wholly engage in collaboration with Parents."

This links with a study from France on the interrelationship between health promotion and school management. The focus is on the impact of public health measures on strengthening school policy (4). The involvement of school management in the realization of demand-driven health education is presented in a poster from the Netherlands (28).

A similar theme is reflected in another poster from France (5). The poster illustrates the impact of the view of all school staff on the success of inclusion of health education into school curricula. It also stresses the need to "develop teacher education as well as support and accompany the collective dynamics in school."

A poster from Finland highlights the need to develop "guidelines that define how to measure and record as well as report the key indicators of school health promotion capacity at school level" (3).

Expectations of parents as regards the health promoting school were formulated in a poster from Austria (8) as follows: "Parents expect a comfortable school climate as prerequisite for high quality teaching and learning processes. But children complain about bullying and mobbing, tackling and harassment. Parents are ready to be involved in prevention programmes about abuse of drugs, smoking, alcohol, and cyber crime. Parents are prepared to contribute for a healthy environment and to build capacity in knowledge and competences of risk awareness and safety measures. And last but not least parents want to be part of a democratic school culture with mutual respect and acceptance."

There were several posters on school climate and culture. A poster from Russia presented evidence on the negative impact of authoritarian pedagogy on the health of schoolchildren and teachers (29). Another poster in this category was a study from Germany "Teachers in bullying situations – results of a pilot study" (40). School related factors, activities, and initiatives directed at improving social climate at school were illustrated in a poster from Poland (16).

The impact of educational load on children's health is presented in a poster from Lithuania (1). The poster delineated links between schoolchildren's views on educational load and their subjective perception of their health. A similar theme was developed in a poster from Russia "New Educational standards and preservation of schoolchildren's health" (30). School-leaving exams related workload was analysed in a poster from Poland (41).

A poster from Russia analyses problems related to schoolchildren's improper time management and argues for a more active parent involvement in helping children to achieve a better balancing of study, leisure and sleep time (19). Factors affecting the worsening of students' health with regard to different children age groups are presented in another poster from Russia (11).

A poster from Kazakhstan reflected on the theme of evaluation and quality development (2). It describes procedures involved in the organisation of the national competition "Healthy School." Among the main aims of the competition, the development of consistent criteria and parameters for the assessment of the major HPS indicators are mentioned.

Issues related to teacher professional capacity building were illustrated in a poster from Germany "Science of learning approaches to health education in teacher training and development in Hessen Germany" (37). The poster illustrates developments in the federal state of Hessen in Germany where "health promotion and health-related developments are at the forefront of politically-driven school development programmes. Now the Goethe-University Frankfurt, the major provider of teaching training in Hessen, establishes a new training and further education programme for pre-service and in-service teachers called 'health education.' This programme complements already existing programmes which are mainly targeted at schools as institutions to be awarded a Healthy School Certificate." The programme is multi-disciplinary and evidence focused. It integrates new teaching principles based on the science of learning approach.

Diverse aspects of health promotion practices and policies at pre-school and primary school level were presented in posters from Estonia (18, 36) and Belgium (38). Health education practices involving different age and social groups are presented in a poster from Russia (12).

A poster from Finland (6) depicted the activities of HealthNet which is the Finnish University Network in Health Sciences. The network set up as a teaching network of health sciences in 2000, aims to act as a teaching network by offering undergraduate, graduate and international students multidisciplinary high quality study courses and increasing available choices in a web-based learning environment. Diversification of the education offered by the member universities and increasing experience in web-based teaching and multidisciplinary studies among the teachers and students of the member universities was indicated among the important outcomes of this project.

In Lithuania (39), the University of Agriculture prepared legal foundations for the implementation of the health promoting university concept. The initiative was launched in response to the results of a survey questionnaire indicating many health risk factors among students and staff of the university. The initiative is based on a settings approach and is intended to initiate positive changes in communities outside the university including secondary schools.

7. YOUNG PEOPLE PARTICIPATION FOR BETTER SCHOOLS

An idea of inviting young people to participate at the conference was to ensure active involvement from children and young people in preparing and carrying out the conference. The main aims of involvement of young people were as follows:

1. To encourage young people to share their ideas, to be creative, and to work together on making their schools a better place to learn
2. To contribute to the Conference resolution with young people's vision on better schools through health.
3. To stimulate young people's communication and cooperation across Europe.

25 students (from 14 to 18 years) and their teachers from Estonia, Finland, Latvia, Lithuania, the Netherlands, Portugal, and Spain participated in the Conference. Students from each representing countries have been selected accordingly the Motivation letter.

- Why our school should represent my country?
- Why we should represent my school?

The young people were actively engaged in deliberations on the key subjects of the conference and developed their specific contribution to the Conference resolution.

The programme for youth participants included the following:

- Poster session
- Workshop: introduction of participants and their homes cultures
- Workshop at the Young Naturalists' Centre
- Visit to a Vilnius health promoting school (Vilnius Gabija Gymnasium)
- Creative arts workshops
- Participation in the conference final panel session "Young people participation for better schools"

The programme also included several social events and city tours.

On Day 1, after the opening ceremony and the plenary session, young people participated in young people poster session. This event created a visual display of ideas on the topic "The school of my dreams." It also provided an opportunity to discuss the topic with peers and other participants of the conference.

Among these posters, a poster from Portugal depicted a dream school in terms of contrasts represented by the colours of white and black. Four areas – facilities, nutrition, physical education, and building relations – were represented in terms of oppositions with black standing for what is unpleasant to the eye and white signifying what pleases the eye.

A poster from the Netherlands identified the following components of their dream school: physical activity, mental health, safety, and empowering teachers.

In a poster from Lithuania, the ideas associated with health and well-being in the school setting were encoded in a windmill perceived very much within the conceptual framework of The Wheel of Life and ancestral cultural heritage. On the wings of the windmill there were attached pieces of artistically shaped paper with 5th-8th graders' ideas about healthy school.

Another poster from Lithuania illustrated a touching initiative of schoolchildren to raise money for children in hospitals by making angels. "By helping others we make the world a better place to live" – this was the underlying idea of the project.

The main components of the HPS concept were represented in the form of a crossword in a poster of the Spanish group.

The next event in the programme for young people was a workshop held on Day 1 where young people introduced themselves and gave presentations on their home culture and schools.

During the young people workshop organised on Day 2, students gave presentations on the topic "What is a healthier school – a better school." Young people shared their ideas on how to make their schools a better place to learn. There were intensive discussions which revealed that a lot of work has been done on various health promoting issues and the remaining problems could be solved by listening to each other and cooperating.

Youth participants made a conclusion with recommendations that was presented during the young people panel session on Day 3 of the conference.

Here is a copy of the resolution signed by the young people:

"BETTER SCHOOLS THROUGH HEALTH"
RESOLUTION
17 June 2009
Vilnius

The third European Conference on School Health Promotion „ Better Schools Through Health" was held on 15 - 17 June 2009 in Vilnius, Lithuania.

Politicians, scientists, specialists working at school, delegates from non-governmental organizations and us, 28 (14 to 18 year – old students) and teachers from Estonia, Spain, Latvia, Lithuania, The Netherlands, Portugal and Finland participated in the conference.

Students from each country gave presentations on the topic: "What is a Healthier school – a better school?" Young people took an active role sharing their ideas on how to make their schools a better place to learn. There were intensive discussions which revealed that a big job has been done on various health promoting issues and the remaining problems could be solved by listening to each other and cooperating.

We made a conclusion that there are two kinds of problems, the ones that we can deal with without much help and others that we need adult's help with.

We emphasize that true health is holistic health that is, spiritual and physical balance, clean environment, cooperation with people, good rest and balanced diet.

We want school leaders, teachers and students to try to create a healthier and better society which should think about the present and the future. We want to have greener surrounding around schools we want to cooperate with students from other countries to have more discussions with scientists and politicians about our problems. We would like more practical activities and lectures on health promotion and consultations with psychologists when stressful situations occur.

We think that if we follow the holistic approach we will be able to cope with health and eating disorders and lack of rest and make our society or even the country stronger.

We believe that if we lead an active life, help the poor, believe in what we do, cooperate with teachers to make our learning environment better and warmer,we will be able to have a healthier and happier life.

We can and must lead a healthy lifestyle ourselves, showing how wonderful it is to be healthy, active and positive. We also must persuade parents be active and take part in health promoting activities.

Having discussed all the issues and the works done in our countries as well as taking into accounts the interests of young people, we are younger participants of the third Europe health improving conference, want to give there suggestions for the resolution.

Resolution is signed by the members of the conference:

Some ideas came from the essay that the students had to prepare at home. The essay was on the theme: "My vision about a school where everyone is healthy and happy to learn":

- What can we do ourselves to make such a school?
- What kind of help do we need (from the grown-ups)? (All students' essays are included in the practice story book).

An additional programme of activities for young people was held at the workshop. The Young Naturalist's Center hosted the workshop where students had the possibility to combine discussions on the conference topics with physical and social activities.

They practiced dancing Lithuanian folk dances and taught their fellow participants dances of their home countries. They also treated them to national dishes and food to give their peers an idea of some of the specialties and cuisine of their home cultures. This led to discussions about personal tastes and choices and healthy eating related issues.

The event was a nice addition to the workshop held on Day 1 where the students gave presentations on different settings of their home countries.

Young people also participated in creative arts workshops intended to introduce students from all over Europe to Lithuanian crafts, folklore groups, and other forms of national creative activity.

On Day 3, the students visited a health promoting school in Vilnius. This offered an opportunity for exchange of ideas and visions on the health promoting school.

In the final panel session of the conference (Panel session 3) on the theme "Young People Participation for Better Schools", the youth participants actively joined the panel discussion and articulated their opinions on the issues encoded in the conference theme. The lead-in for the session was provided by Soula Ioannou representing Ministry of Education and Culture, Cyprus. She discussed diverse aspects of the meaning of participation. Participation was analysed as being a right of every child

- to freely express views and opinions
- to be (actively) listened to
- to be taken seriously

These rights of the child were linked to the meaning of participation in society at large. It was stressed that :

- participation is beneficial to society as a whole
- it is a fundamental human right
- it strengthens democracy and sustainability
- it strengthens forms of social capital

Participation was discussed as having the potential to influence matters of concern. This is due to the fact that participation involves action and choice and

has the possibility to be effective. Furthermore, participation is a decision-making strategy. Genuine participation in this regard is a process of sharing decisions that can influence health related conditions within and/or outside of school settings. The "Shape up" project provided a possibility to experience the positive outcomes of such participation (for the discussion of this project, see also P1-FSI in 6.1.1 and P1-FI in 6.2.1). It was stated that, within the framework of this project, participation "is not about involving children in pre-defined school-based or community-based activities, but rather about having them influence both the content and the process of the project." Participation is thus "about involving children and young people in making decisions concerning the health matters that affect their lives and taking actions to improve the conditions for health and well-being in their schools, local communities, and in society as a whole." As highlighted by the presenter, in "Shape up" project in Cyprus, participation was promoted:

- by working in a health promoting way
- encouraging participants to recognise the social factors influencing healthy choices
- empowering action competence
- promoting environmental changes
- not only asking young people about their views and opinions but also transforming these opinions into actions and subsequently into changes

As important, participation is beneficial to children's development in terms of identity formation, development of competences and a sense of ownership, and achieving better learning outcomes. In different ways, all of these factors affect better health outcomes.

The presentation elicited active response from the young participants of the panel. Young people discussed the ways in which they perceive their mission in making schools a better place to learn. In this connection, possibilities of students' more active involvement in the implementation of actions and policies related to school health promotion were discussed. There was much emphasis on the need for closer cooperation between students and all sectors involved in school health promotion. Student representatives read out and handed in the resolution that was discussed and written at young people workshop on Day 2. The young people's statement was included in the Conference Resolution.

This led to the closing ceremony where the students and their teachers sang songs and performed dances that they learned by being together during the three days of this most inspiring and stimulating conference.

8. CLOSING CEREMONY

The closing ceremony was an opportunity for the participants to review their experiences of the Vilnius 2009 conference. It was emphasized that the conference proved to be a success, and the objectives identified as the key targets for the conference have certainly been reached. The high quality of the papers, the rich social programme together with the efficient work of the conference organisers contributed to intensive networking and a noteworthy debate that ensured the realization of the expected conference achievements.

The conference allowed a significant opportunity to contribute to the process of collecting and consolidating the evidence base for school health promotion. It also created possibilities for examining variations in national and regional implementation policies, strategies and models of good practice in school health promotion among the EU member states and the SHE member states. Much important evidence was provided for identifying the already existing, but less developed areas, including the links of health promotion and sustainable development. This effectively contributed to better visibility and further development of the SHE network that would be further enhanced through the dissemination of the conference deliverables. The conference also revealed the increasing importance to focus on the promotion of health in the school setting and build on the European Mental Act Pact.

Most importantly, the Vilnius resolution, the result of significant contributions from many of the delegates, was discussed and ratified during the closing ceremony. The Conference resolution ratification procedure was facilitated by Goof Buijs and Aldona Jociute. Mr. Buijs summarized the main changes in the resolution. Then the delegates were asked to discuss this in groups and write down their final comments. In the discussion that followed there were questions and comments about the resolution, and the editing group asked permission to include the final amendments and conclusion with recommendations from the young people so that the resolution is accepted.

On behalf of the organising team a warm speech was given by Aldona Jociute who extended thanks to all conference participants for their invaluable contribution. She also thanked several individuals and organisations for their support of the conference. Sincere gratitude was expressed to the World Health Organisation Regional Bureau for Europe, the European Commission, and the Council of Europe for their support and contribution to the organisation of the conference. Ms. Jociute had an especially warm thank you for the members of the Planning Committee, Task Force Group, Scientific Committee, and the Lithuanian Local Organising Committee for their generous help and support.

The young people's activities of the conference were highlighted. Particular attention was given to the comments and recommendations that the students made in the resolution presented at the panel on Young people participation for better schools. The voice of students was regarded as an indication that a significant job has been done on various health promoting issues and a reminder that the remaining problems could be solved by listening to each other and cooperating. As a promise of positive developments in this direction, participants of the conference joined hands in a dance that followed the young people's singing and dancing performance.

9. CONFERENCE RESOLUTION

During the 3rd European conference on health promoting schools "Better Schools through Health" the Vilnius conference resolution was presented, discussed and accepted. The Vilnius resolution marks the main outcomes of the conference as a next step in the development of health promoting schools in Europe.

The conference programme offered a number of possibilities for introducing and commenting on the resolution, so that on Day 3, June 17 2009, during the final session of the conference the Vilnius resolution was accepted and ratified.

The goal of the procedure was to create commitment from the participants to the Vilnius resolution through active involvement. A copy of the draft resolution was provided in the conference folder. During the opening speech Goof Buijs mentioned the draft resolution and explained how the participants could comment. Participants were reminded to contribute to the draft resolution during several events of the conference.

During the conference there was an editing group for the conference resolution, consisting of Goof Buijs, Aldona Jociutė, Anne Lee, Sue Bowker, Peter Paulus, and Susie Morgan. They met on Day 1 and 2 to discuss the input and comments received to make an amendment of the draft and to prepare the presentation of the changes during the closing ceremony.

During each focus session the last 5 minutes were spent on discussing the draft Vilnius resolution. The comments were collected by the session facilitator and handed over to the Conference secretariat. Participants also could write their comments on their own copy of the conference resolution and put it in the box in a central location in the conference venue.

During the Young people workshop, Goof Buijs talked about the draft resolution on Day 1. This included the following questions that could be built in the resolution: "How do you become a health promoting school"; "What can your role be and what do you get out of it?" The outcomes of the YP workshop were included in the Vilnius resolution.

Each keynote speaker received the draft Conference resolution in advance and was asked to give a comment on it or at least mention it.

During the closing ceremony, groups of 2-4 participants spent 15 minutes to discuss and contribute their final comments. After the follow-up discussions and comments, the delegates were asked permission to include the final amendments so that the resolution is accepted. Editing work was done directly after the conference and included a discussion with representatives of the young people.

The final version of the Vilnius resolution is included in the conference report. It will also be included in the practice story book, a press release, SHE website and send to EU, WHO, Euro, CofE and IUHPE and SHE national coordinators.

The SHE national coordinators will be encouraged to translate the Vilnius resolution into their own language and disseminate this document as wide as possible.

NIGZ will present the Vilnius resolution at the next World Conference on health promotion organised by IUHPE on 11-15 July 2010 in Geneva.

10. CONFERENCE EVALUATION

10.1. Impressions of the 3rd European Conference on Health Promoting Schools from the View of a Parents' Representative

The conference gave a perfect overview of the actual research, studies, and findings of health promotion in school. The presentations excellently showed the wide range of activities and programmes all over Europe. Stakeholders and numerous actors involved in health promotion in schools gathered on a fruitful platform to exchange ideas, opinions, programmes, and examples of good practise.

I appreciated very much the references to the SHE core values and the SHE pillars which are also main focuses of the programmes and activities of parents' associations on school, regional, national, and European level.

Some of the following remarkable findings were partially new to me. I am going to integrate them in our activities and programmes:

- Strong positive correlation between education and health
- Positive correlation between increasing health and increasing academic achievements
- Increasing participation leads to more successful outcomes
- Comprehensive physical activities in school promise comprehensive physical activities in adulthood
- Knowledge is easy to change; behaviour and attitudes are much harder to influence
- Most interventions in substance use have only little or no positive result
- Poor sleep was identified among the most unexpected and definitive causes of poor academic achievement
- Most studies on health promotion are judged by the quality of study, but not by what was actually done (quality of programmes and interventions)
- Programmes involving parents and peers seem to be very promising
- Different perception of results (e.g. school climate) after health promoting interventions by pupils, teachers, and parents

I was very impressed by the following examples of good practise which I am going to disseminate among our members:

- Shape up (Cyprus): Pupils' participation in the implementation of lockers and bike shelters, change of menu in the restaurant next to a school, etc.

- Health Award (Wales)
- The Class Moves! (Netherlands and Wales)
- WHACKY (Belgium): water drinking and toilet policy
- Vilnius resolution

I was a little bit puzzled that the great amount of presentations, several programmes, and studies still neglect the existence and influence of parents and families as regards values, attitudes, and academic achievement. They primarily focus on the perception and opinions of teachers and headmasters. I missed examples of how to encourage, motivate, and empower schools to include all actors involved (see a whole school approach) in order to become a good healthy school and to develop appropriate programmes and strategies. There were hardly any programmes and approaches to reach and include underprivileged and disadvantaged groups. Several studies show the great influence of families and friends/peers on (health) attitudes, values, and behaviour (role model effect). However, there were no overall (national) programmes and strategies on how to include them. The conference precisely pointed out the difficulties and showed that health in school is a transversal issue related to education and health ministries in nearly each of the participating countries. The lack of overall policies and strategies largely results from deficient communication and cooperation between the ministries in many cases.

This conference offered a profound platform to establish and to continue interesting international contacts among various stakeholders. Everybody felt accepted as a valuable partner and expert with a lot of evidence based experience. (Next time the students should be given more floor within the conference rather than being separated in their own working groups.) The participants were enabled to build alliances, to intensify existing cooperation, and to initiate further collaboration.

I pay a big compliment to the organisers of this conference and I wish a yearly follow-up, in which all important actors and stakeholders in health promotion can gather in a nearly familiar atmosphere.

Brigitte Haider
Vice president of EPA

“I would like to congratulate you on the excellent organisation and the programme of Vilnius Conference.
I found it a mature health promotion conference. Both of the previous conferences of ENHPS were setting principles and guiding steps. The conference you organised, through its programme, proves how far Health Promoting Schools have gone and the way ahead. It was enriched with research and new interesting persons and ideas. Personally I found it e x c e l e n t.”

Katerina Sokou

“It’s one of the best conferences I have ever attended (organisation, quality of the speakers, and commitment of the attendants ....).
Concerning the collaboration, we were surprised because a lot of people were really interested in teacher education. That’s great.”

Didier Jourdan

“I think it was a fine conference – and to me, it was very nice to meet a lot of people with a genuine interest in educational and implementation issue concerning HP schools”.

Nina Grieg Viig

“The conference was very interesting and useful. It was an excellent idea to invite young people to participate in the conference. I am very happy that the young people’s resolution will be included into the Conference Resolution.”

Vladislav Kuchma

“It was so nice to participate in the Vilnius Conference. Our students are very happy and we have so many new ideas for our work.”

Ülle Rüüson and Pilvi Pregel

10.2. Questionnaire Based Evaluation of the Conference "Better Schools through Health: The 3rd European Conference on Health Promoting Schools" Vilnius, Lithuania, 15-17 June 2009

The conference evaluation questionnaire consisting of 11 items, both statements and questions, was designed to reveal the attendee evaluation of the conference. Each statement/question had to be rated in the range between +2 (highest rating) and -2 (lowest rating) by choosing from the most applicable options. 67 conference participants filled in the questionnaire.

The overall organisation of the conference was:

Very good	+2	+1	0	-1	-2	Very bad
	49 (73.1)	11 (16.4)	2 (3.0)	5 (7.5)	0	

The greatest majority of respondents (73.1%) rated the overall organisation of the conference as very good; 16.4% -- good. 5 participants (7.5%) rated as bad, and 2 delegates (3.0%) indicated that the overall organisation of the conference was neither good nor bad.

The number of participants was:

Too high	+2	+1	0	-1	-2	Too low
	8 (11.9)	11 (16.4)	43 (64.2)	5 (7.5)	0	

More than half of the respondents (64.2%) rated the size of the conference in terms of the number of conference participants as optimal. 28.3% respondents regarded it as too high, and 5 participants (7.5%) indicated that it could have been higher.

The duration of the conference:

Too long	+2	+1	0	-1	-2	Too short
	6 (9.0 %)	9 (13.4 %)	39 (58.2)	9 (13.4)	4 (6.0)	

58.2% participants rated the three day duration of the conference as optimal. The rest of the respondents indicated that the conference could have been longer (22.4%) or shorter (19.4%).

The quality of the conference presentations:

Very good	+2	+1	0	-1	-2	Very bad
	32 (47.8)	21 (31.3)	13 (19.4)	0	1 (1.5)	

The majority of the respondents (79.1%) rated the quality of the conference presentations as good or very good. 19.4% indicated that the presentations were adequate; 1 participant rated them as very bad.

How would you rate the communication between yourself and other participants of the conference?

Very good	+2	+1	0	-1	-2	Not good
	29 (43.3)	32 (47.8)	4 (6.0)	2 (3.0)	0	

The absolute majority of the respondents (91.1%) rated their communication with other participants as good or very good.

How would you rate the communication between yourself and the conference lecturers?

Very good	+2	+1	0	-1	-2	Not good
	17 (25.5)	36 (53.7)	10 (14.9)	4 (6.0)	0	

The results were lower in the category of communication with the conference speakers. It was ranked as very good by 25.5% of the respondents. More than half of the respondents (53.7%). ranked it as good. One fifth of the respondents regarded it as average or poor.

How would you rate the overall level of the conference?

Very high	+2	+1	0	-1	-2	Very low
	11 (16.4)	19 (28.4)	30 (44.8)	5 (7.5)	0	

16.4% rated the overall level of the conference as very high; 28.4% -- as high, and 44.8% as adequate.

Did the conference programme meet your expectations?

Absolutely	+2	+1	0	-1	-2	Not at all
	36 (53.7)	19 (28.4)	8 (11.9)	2 (3.0)	1 (1.5)	

As many as 82.1% respondents indicated that the conference programme met or fully met their expectations.

Did you find the presentations relevant to your professional interest area?

Very relevant	+2	+1	0	-1	-2	Not relevant
	28 (41.8)	29 (43.3)	5 (7.5)	4 (6.0)	0	

(85.1%) indicated that the presentations were relevant to their professional interest areas.

How significant is the conference for your professional capacity building?

Very significant	+2	+1	0	-1	-2	Not significant at all
	32 (47.8)	23 (34.3)	7 (10.4)	2 (3.0)	2 (3.0)	

Will you be able to use this knowledge and experience in your professional practice?

Most of it	+2	+1	0	-1	-2	Nothing
	36 (53.7)	19 (28.4)	11 (16.4)	0	0	

82.1% respondents indicated that the conference was useful for their professional capacity building. The same percentage considered that they will be able to use the knowledge and experience provided by the conference in their professional practice.

In conclusion, according to the conference participants and experts, the 3rd European conference "Better Schools through Health" was successful. The Conference programme met the expectations of the participants and was useful for their professional capacity building.

Most of the respondents thanked the conference organisers for their hard work and for the possibility to take part in this important event.

ANNEX I

Vilnius Resolution: Better Schools through Health17 June 2009

Introduction

Education and health have shared interests. Unifying these interests allows schools to become better places to enjoy learning, teaching and working. A 'health promoting school' is 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. Health promoting schools have shown evidence of improving the health and well-being of the whole school community. Schools, being part of the surrounding community, are designated as one of the settings to help reduce inequalities in health. Collaboration with other relevant policy areas, for example youth, social and environmental policies and sustainable development is essential.

Statement by young people

We, the young people at the conference, have concluded that there are some problems that we can deal with and others for with we need adult's help.

We emphasize that true health is holistic health, meaning spiritual and physical balance, clean environment, cooperation with people, good rest and a balanced diet.

We want school leaders, teachers and students to try to create a healthier and better society which should think about the present and the future. We want to have greener school surroundings. We want to cooperate with students from other countries to have more discussions with scientists and politicians about our problems. We want more practical and learning activities on health promotion and consultations by experts in stressful situations.

We think that if we follow the holistic approach, we will be able to deal with our health, including eating disorders, a lack of rest, and make our society or even the country stronger.

We believe that if we lead an active life, help the poor, believe in what we do, cooperate with teachers to make our learning environment better and warmer, that we will then be able to have a healthier and happier life.

We can and must lead a healthy lifestyle ourselves, showing how wonderful it is to be healthy, active and positive. We also must persuade parents to be active and take part in health promoting activities.

International, national and regional level

As a result of the discussion of the conference we, the conference participants, call on governmental, non-governmental and other organisations at international, national and regional level:

1. To adopt and extend the health promoting school approach as part of school development.
2. To guarantee long-term support through international, national and regional policies and strategies, combined with sufficient resources and capacity.
3. To acknowledge that planning, monitoring and evaluating and the involvement of children and young people are all necessary, when implementing a comprehensive health promoting school programme with realistic objectives.
4. To foster continuous professional development for education, health and other staff.
5. To develop and maintain an infrastructure for international, national and regional coordination and communication on and support for health promoting schools.
6. To celebrate and share milestones and successes.

School level

We urge those within the school community (including pupils, parents, teaching and non-teaching staff, management, school boards) to use the support available:

1. To introduce, maintain and further develop the health promoting school approach building this into sustainable school development.
2. To involve the whole school community and partner organisations.
3. To secure sufficient commitment, resources and capacity.
4. To foster continuous professional development for staff.
5. To ensure that children and young people are actively involved in decision making and all stages of programming.
6. To celebrate and share milestones and successes.

Conference background

At the first European conference on health promoting schools the main principles for health promotion in schools were outlined (Greece, 1997). Every child and young person has the right to education, health and security. And every child and young person has the right to be educated in a health promoting school.

At the second European conference on health promoting schools in Egmond aan Zee, the Netherlands (2002), the importance of partnerships of education with health sectors was emphasised. The Egmond Agenda is a tool to help establish and develop school health promotion across Europe.

The third European Conference on health promoting schools: Better schools through health, Vilnius, Lithuania, 15-17 June 2009, aims to make a next step in

school health promotion in Europe by common actions across sectors and across borders. During the conference young people play an active role in sharing their ideas and working together on making their school a better place to learn and to work.

School health promotion in Europe

The Schools for Health in Europe network - SHE network- has a strong foundation in its precursor- the European Network of Health Promoting Schools (ENHPS)-, founded in 1991 by WHO Euro, the Council of Europe and the European Union, with its experience of developing and sustaining health promoting schools. There are 43 SHE member countries in the European region.

The SHE network uses a positive concept of health and well-being and acknowledges the UN Convention on the Rights of the Child and the Council of Europe's European Convention on the Exercise of Children's Rights.

The SHE approach to school health promotion is based on five core values and pillars.

SHE core values

Equity

Health promoting schools ensure equal access for all to the full range of educational and health opportunities. This in the long term makes a significant impact in reducing inequalities in health and in improving the quality and availability of life-long learning.

Sustainability

Health promoting schools acknowledge that health, education and development are closely linked. Schools act as centres of academic learning. They support and develop a responsible and positive view of pupils future role in society.

Health promoting schools develop best when efforts and achievements are implemented in a systematic way for a prolonged period, for at least 5-7 years. Outcomes (both in health and education) mostly occur in the medium or long term.

Inclusion

Health promoting schools celebrate diversity and ensure that schools are communities of learning, where all feel trusted and respected. Good relationships among pupils, between pupils and school staff and between school, parents and the school community are important.

Empowerment and action competence

Health promoting schools enable children and young people, school staff and all members of the school community to be actively involved in setting health-related goals and in taking actions at school and community level, to reach these goals.

Democracy

Health promoting schools are based on democratic values and practise the exercising of rights and taking responsibility.

SHE pillars

Whole school approach to health

There is a coherence between the school's policies and practices in the following areas which is acknowledged and understood by the whole school community. This approach involves:

- a participatory and action-oriented approach to health education in the curriculum;
- taking into account student's own concept of health and well-being;
- developing healthy school policies;
- developing the physical and social environment of the school;
- developing life competencies;
- making effective links with home and the community;
- making efficient use of health services.

Participation

A sense of ownership is fostered by students, staff and parents through participation and meaningful engagement, which is a prerequisite for the effectiveness of health promoting activities in schools.

School quality

Health promoting schools support better teaching and learning processes. Healthy students learn better, healthy staff works better and have a greater job satisfaction. The school's main task is to maximize school outcomes. Health promoting schools support schools in achieving their educational and social goals.

Evidence

School health promotion in Europe is informed by existing and emerging research and evidence focused on effective approaches and practice in school health promotion, both on health topics (e.g. mental health, eating, substance use), and on the whole school approach.

Schools and communities

Health promoting schools engage with the wider community. They endorse collaboration between the school and the community and are active agents in strengthening social capital and health literacy.

ANNEX II

ORGANISING COMMITTEES

Scientific Committee

Prof. Barbara Woynarowska, Warsaw University (Poland)
Prof. Didier Jourdan, University Blaise Pascal (France)
Prof. Peter Paulus, Leuphana University (Germany)
Prof. Kerttu Tossavainen, Kuopio University (Finland)
Assoc. prof. Venka Simovska, University of Aarhus (Denmark)
Dr. Aldona Jociutė, State Environmental Health Centre (Lithuania)
Goof Buijs, M. Sc., Netherlands Institute for Health Promotion (the Netherlands)

Task Force Group

Sue Bowker, Welsh Assembly Government (United Kingdom)
Bjarne Bruun Jensen, University of Aarhus (Denmark)
Goof Buijs, Netherlands Institute for Health Promotion (the Netherlands)
Aldona Jociutė, State Environmental Health Centre (Lithuania)
Ingrida Zurlytė, State Environmental Health Centre (Lithuania)

Lithuanian Local Organising Committee

Romualdas Sabaliauskas, Ministry of Health of the Republic of Lithuania (chair)
Erikas Mačiūnas, State Environmental Health Centre
Olė Balčiūnaitė, Ministry of Health of the Republic of Lithuania
Aldona Jociutė, State Environmental Health Centre
Viktoras Meižis, Ministry of Health of the Republic of Lithuania
Nerija Stasiulienė, Ministry of Health of the Republic of Lithuania
Audrius Ščeponavičius, Ministry of Health of the Republic of Lithuania
Ona Sigutė Versockienė, Lithuanian Centre of Young Naturalists
Rolandas Zuoza, Ministry of Education and Science of the Republic of Lithuania

CONFERENCE SECRETARIAT

Giedre Namajūnaitė, State Environmental Health Centre
Žilvinas Janonis, State Environmental Health Centre
Aušra Krupskienė, State Environmental Health Centre
Nijolė Paulauskienė, State Environmental Health Centre
Dalia Sabaliauskienė, State Environmental Health Centre

ANNEX III

CONFERENCE PROGRAMME

Sunday, 14 June

16.00-19.00	Early Registration SHE reception

Monday, 15 June

8.00-9.30	Registration
9.30–10.30	Opening ceremony *Minister of Health of the Republic of Lithuania Algis Čaplikas* *Minister of Education and Science of the Republic of Lithuania Gintaras Steponavičius* *Representatives from European Commission, World Health Organisation Regional office for Europe, Council of Europe* *Goof Buijs, Manager SHE network, NIGZ, the Netherlands*
10.30–11.00	Coffee/Tea breaks
11.00–12.15	Plenary session 1: **Policies and strategies for the health promoting school** *Prof. Lawrence St. Leger, Health and Education Institute, Australia* ***Why the Health Promoting School needs to connect with the health curriculum: policy and strategic implications*** *Assoc. Prof. Christiane Stock, University of Southern, Denmark* ***Healthy settings: Key focus areas for school settings*** Discussion
12.15–13.30	Lunch
13.30–14.45	**FOCUS SESSIONS 1**
	Symposium: International health promoting school initiatives Prof. Peter Paulus, Leuphana University, Germany, Member SHE Planning Committee
	Oral session: Mental health and wellbeing
	Oral session: Teaching and learning I
	Oral session: Focusing on processes of change I
	Oral session: Whole school approach I
	Oral session: Principles for school health promotion
14.45–15.45	Poster session 1
15.45–16.15	Coffee/Tea break

16.15–17.30	FOCUS SESSIONS 2
	Symposium: The role of school management Facilitator: Prof. (act.) Hannele Turunen, University of Kuopio, Finland
	Oral session: Whole school approach II
	Oral session: Teaching and learning II
	Oral session: Focusing on processes of change II
	Oral session: Building capacities I
	Oral session: School and the community I
18.30	Social event (welcome reception)

Tuesday, 16 June

9.00–9.15	Review of day 1
9.15–10.15	Plenary session 2: **Effectiveness and evidence for the health promoting school** *Prof. Sarah Stewart-Brown, University of Warwick, England UK* ***The Evidence Base for Health Promotion in Schools: what does it tell us and what does it not?*** *Prof. Peter Paulus, Leuphana University, Germany, Member SHE Planning Committee* Linking health interventions with educational outcomes. The case of the good healthy school Discussion
10.15–10.45	Coffee/Tea break
10.45–12.00	**FOCUS SESSIONS 3**
	Symposium: **Health promoting schools: trends in evidence** *Facilitator: Prof. Bjarne Bruun Jensen, University of Aarhus, Denmark, Member SHE Planning Committee*
	Oral session: **Whole school approach III**
	Oral session: **Topics in school health promotion I**
	Oral session: **Focusing on processes of change III**
	Oral session: **Building capacities II**
	Oral session: **School and the community II**
12.00–13.30	Lunch
13.30–14.30	Plenary session 3: **New challenges for the health promoting school** Laima Galkute, PhD, Research and Higher Education Monitoring and Analysis Centre, Lithuania Health promotion and education for sustainable development: establishing connections *Prof. Bjarne Bruun Jensen, University of Aarhus, Denmark, Member SHE Planning Committee* ***Overcoming individualisation in health promotion - a key challenge for Health Promoting Schools*** Discussion
14.30–15.45	Poster session 2
15.45–18.00	City tours
19.30	Conference dinner

Wednesday, 17 June

9.00–10.15	Panel session 1: **Professionals' capacity building** Facilitator: Prof. Didier Jourdan, University Blaise Pascal, France and visiting Professor, University of Limerick, Ireland Presenters: • Prof. Graca S. Carvalho, University of Minho, Portugal • Assoc. Prof. Nina Grieg Viig, University of Bergen, Norway • Tom Geary, University of Limerick, Ireland	Panel session 2: **Schools as part of the community** Facilitator: Prof.(act.) Hannele Turunen, University of Kuopio, Finland Presenters: • Prof. Dolf van Veen, University of Amsterdam, the Netherland • Sue Bowker, Welsh Assembly Government, Wales UK
10.15–10.45	Coffee/Tea break	
10.45–12.00	**FOCUS SESSIONS 4**	
	Symposium: **National health promoting school experiences** Facilitator: Prof. Barbara Woynarowska, Warsaw University, Poland	
	Symposium: **Teacher education in the field of health education and health promotion** *Facilitator: Patricia Mannix Mc Namara, University of Limerick, Ireland*	
	Oral session: **Topics in school health promotion II**	
	Oral session: **Focusing on processes of change IV**	
	Oral session: **Whole school approach IV**	
	Oral session: **School and the community III**	
12.00–13.30	Lunch	
13.30-14.30	Panel session 3: **Young people participation for better schools** Facilitator: Soula Ioannou, Ministry of Education and Culture, Cyprus Presenters: • Young people • Soula Ioannou, Ministry of Education and Culture, Cyprus	
14.30-15.30	Conference Resolution and Closing ceremony Facilitators: Goof Buijs, Manager SHE network, Netherlands Institute for Health Promotion, the Netherlands Dr. Aldona Jociutė, State Environmental Health Centre, Lithuania, Member SHE Planning Committee	

ANNEX IV

1. List of Focus Sessions

FOCUS SESSION I 15 June 2009, Monday

Symposium: **International health promoting school initiatives**

Facilitator: Prof. Peter Paulus, Leuphana University, Germany, *m*ember SHE Planning Committee

Author(s)/Speaker	Title
Tatiana Mora	SHAPE UP A school-community approach to influence the determinants of a healthy and balanced growing up
Carmen Aldinger, Cheryl Vince Whitman	Implementing Health-Promoting Schools around the World
Goof Buijs, Electra Bada, Nanne de Vries, Aniek Boonen	HEPS: an innovative European approach for promoting healthy eating and physical activity in schools
Douglas McCall	Web-based promotion of system change & better practices international collaboration to exchange knowledge about ecological/systems-based approaches

Oral session: **Mental health and wellbeing**

Chair: Laima Bulotaite, Vilnius University, Lithuania

Author(s)/Speaker	Title
Ona Monkeviciene, Aurelija Okunauskiene	Development of children's coping skills: programme Zippy's friends
Zeina Dafesh, Goof Buijs	PRIMA anti-bullying method for primary schools in the Netherlands
Margarita Pileckaite-Markoviene, Laura Molcankinaite, Julija Makuševa	Fluctuation of stress and coping strategies through 9 and 10 grades students
Laima Bulotaite, Robertas Povilaitis, Migle Dovydaitiene	Addressing the problems of destructive and self-destructive behaviour at schools in Lithuania

Oral session: **Teaching and learning I**

Chair: Didier Jourdan, University Blaise Pascal, France

Author(s)/Speaker	Title
Marjorita Sormunen, Kerttu Tossavainen, Hannele Turunen	School's supportive role in child's health learning
Sholpan Karzhaubayeva, Liliya Sinyavskaya	School health programs in Kazakhstan
Edith Flaschberger, Wolfgang Dür, Karin Waldherr	Implementing School Health Promotion - Experiences from a Pilot Training Course

Oral session: **Focusing on processes of change I**

Chair: Tiia Pertel, SHE national coordinator, Estonia

Author(s)/Speaker	Title
Bent Egberg Mikkelsen	A whole school approach to healthy eating at school case findings from New Nordic Food at School week
Noor J. Gudden, Margret L.M. Ploum, Frederike Mensink	The Healthy School Canteen, a programme for Dutch secondary schools
Waldemar Kremser	Obstacles on the way to the Health Promoting School in Austria. A qualitative case study showing tensions resulting from the opposing logics of intervention and organisation

Oral session: **Whole school approach I**

Chair: David Rivett, consultant, Denmark

Author(s)/Speaker	Title
Lynne Perry, Mary Macdonald	The Pembrokeshire Healthy Pre School Scheme
Adam Fletcher, Chris Bonell	How might schools influence young people's substance use? Development of theory from qualitative case-study research
Olaf Moens, Emmanuel Dethier	Health promotion as a guideline for the 'GO!' school network of the Flemish Community

Oral session: **Principles for school health promotion**

Chair: Anne Lee, SHE national coordinator, Scotland, UK

Author(s)/Speaker	Title
Soula Ioannou, Jo Pike	"Adults don't always listen, or they pretend to listen. Now, our ideas are listened to" – Shape Up Cyprus
Brigitte Haider	Empowerment trainings for pupils' representatives
Elise Sijthoff, Sue Bowker	The Class Moves! For Special Schools

FOCUS SESSION II 15 June 2009, Monday

Symposium: **The role of school management**

Facilitator: Prof. (act.) Hannele Turunen, University of Kuopio, Finland

Author(s)/Speaker	Title
Ursula Mager, Robert Griebler, Peter Nowak	Development of an HBSC survey tool to measure student participation in school-decision making processes by headmasters
Cheryl Vince Whitman	Learning from School Principals about Mental Health and Well-Being of Students and Staff
Kevin Dadaczynski	Mental health from the perspective of school heads. Results of an online survey

Oral session: **Whole school approach II**

Chair: Caterina Sokou, SHE national coordinator, Greece

Author(s)/Speaker	Title
Claire Avison, Stephen R. Manske	The Healthy School Planner: Pilot test of a school self-assessment and self-improvement resource
Maria Vezzoni, Cristina Morelli, Antonella Calaciura, Chiara Mariani, Luigi Acerbi, Roberta Tassi, Marina Penati, Maurizio Bonaccolto, Luigi Fantini, Chiara Sequi, Tiziana Germani	“My dear Pinocchio”: the Italian way to health promoting school
Siivi Hansen, Liana Varava, Karin Streimann	Establishing the network of health promoting kindergartens and schools in Estonia in 2005-2009

Oral session: **Teaching and learning II**

Chair: Nina Viig Grieg, SHE national coordinator, Norway

Author(s)/Speaker	Title
Maria Scatigna, Ilaria Carosi, Rossella Gigante, Giuseppina Sementilli, Rita Casella, Federica Cereatti, Federica Vigna-Taglianti, Serena Vadrucci, Caterina Pesce, Fabrizio Faggiano, Leila Fabiani	Abuse behaviour prevention in physical education context: Moved Unplugged, an Italian experience of comprehensive social influence approach adaptation
Ksenija Lekić, Nuša Konec Juričič, Petra Šafran, Borut Jereb	Web counselling for E-teenagers
Grita Skujiene, Jurga Turcinaviciene	Sexual Education topics in Lithuanian textbooks

Oral session: **Focusing on processes of change II**

Chair: Edit Lantfranconi, SHE national coordinator, Switzerland

Author(s)/Speaker	Title
Antony Card	School Health Coordinators as key agents in linking loosely-coupled systems
Vladislav Kuchma	The evaluation of the efficiency of health promotion school
Anne Lee, Iain Ramsey	Embedding Health and Wellbeing in Scottish Schools

Oral session: **Building capacities I**

Chair: David Rivet, consultant, Denmark

Author(s)/Speaker	Title
Marie-Renée Guével, Didier Jourdan, Dominique Berger, Jeanine Pommier	Health promotion in schools: evaluation of an in-service teacher training program using a mixed method design
Aldona Jociute	Developing a self–evaluation model for the improvement of heath promotion processes in schools
Patricia Mannix McNamara, Tom Geary, Didier Jourdan	Gender Implications of the teaching of Relationships and Sexuality Education (RSE) for health promoting schools

Oral session: **School and the community I**

Chair: Olaf Moens, SHE national coordinator, Belgium

Author(s)/Speaker	Title
Katharina Pucher, Nicole Boot, Nanne de Vries	The Diagnosis of Sustainable Collaboration model; a guide for sustainable collaboration in school health policies?
Claire Avison	A cross-sectoral intergovernmental collaborative model for building healthy schools
Terhi Saaranen, Kerttu Tossavainen, Hannele Turunen	Social capital and partnership as the resources of the children's health and welfare in school community - a follow-up study in Finnish comprehensive schools

FOCUS SESSION III 16 June 2009, Tuesday

Symposium: **Health promoting schools: trends in evidence**

Facilitator: Prof. Bjarne Bruun Jensen, University of Aarhus, Denmark

Author(s)/Speaker	Title
Jörgen Svedbom	Evidence based health promotion - a question in fashion
Monica Carlsson, Venka Simovska	Standards of evidence in health education research
Nina Grieg Viig	Supporting the development and implementation of the health promoting schools projects
Barbara Woynarowska, Maria Sokolowska	Establishing "The Health-Promoting School National Certificate" in Poland

Oral session: **Whole school approach III**

Chair: Patricia Mannix McNamara, Limeric University, Ireland

Author(s)/Speaker	Title
Antony Card, Linda Rohr, LeAnne Petherick, Farrell Cahill	Implementing a comprehensive approach to school health in rural schools in Eastern Canada
Danielle de Jongh, Lobke Blokdijk, Mariken Leurs	School health promotion and prevention in the Netherlands
Olaf Moens, Loes Neven, Erika Vanhauwaert	The campaign 'good choice' as an alternative for 'the forbidden fruit'. Drinks and snacks at school: in search of national standards

Oral session: **Topics in school health promotion I**

Chair: Ingrida Zurlyte, VASC, Lithuania

Author(s)/Speaker	Title
Pia Suvivuo, Kerttu Tossavainen, Osmo Kontula	Romantic sexual script- challenges for teenagers' sex education
Filomena Frazão de Aguiar, Filomena Teixeira, Sílvia Portugal, Dulce Folhas, Ana Matos, Teresa Vilaça, Rubina Leal, Joaquim António Machado Caetano	Prevention of HIV/AIDS: a project in a special school with institutionalized youngsters
Kathelijne Bessems, Patricia van Assema, Theo Paulussen, Nanne de Vries	The adoption of a school-based healthy diet programme for 12- to 14-years-old adolescents
Lise Birkeland	"Dent-tastic" – dental health, health, and school hand in hand

Oral session: **Focusing on processes of change III**

Chair: Isabel Babtista, SHE national coordinator, Portugal

Author(s)/Speaker	Title
Nicole Boot, Bert Hesdahl, Nanne de Vries	Health promotion in secondary schools: arranged marriage or true love?
Graça S. Carvalho, Humberto Faria	Perception of health and educational professionals about HPS implementation
Ulla Pedersen	New story/dialogue method for children

Oral session: **Building capacities II**

Chair: Sue Bowker, SHE national coordinator, Wales, UK

Author(s)/Speaker	Title
Lisa Gugglberger, Wolfgang Dür	Applying the logic of capacity building to health promoting schools – results regarding the Austrian school system
Carine Simar, Aileen Fitzgerald, Didier Jourdan	French primary school teachers and health promotion: factors influencing health promoting practices
Anne Lee	From project to policy – lessons from health promoting schools in Scotland

Oral session: **School and the community II**

Chair: David Rivett, consultant, Denmark

Author(s)/Speaker	Title
Christina Klyhs Albeck	Social capital: an asset for wellbeing and collective action in health promoting schools?
Annik Sorhaindo, Chris Bonell, Vicki Strange	Evaluating whole-school interventions – lessons from field work on the healthy school ethos project pilot
Cheryl Vince Whitman, Marwan Awartani, Jean Gordon	Capturing the voices of children to make school learning environments conducive to well-being

FOCUS SESSION IV 17 June 2009, Wednesday

Symposium: **National health promoting school experiences**

Facilitator: Prof. Barbara Woynarowska, Warsaw University, Poland

Author(s)/Speaker	Title
Lynne Perry	The Welsh Network of Healthy School Schemes - national quality award
Anica Richardt, Elena Burrows	Organisational development: improving health and quality in schools
Heather Rothwell, Mike Shepherd, Nick Townsend, Stephen Burgess, Claire Pimm, Simon Murphy	The importance of participation in a whole-school approach to health: evidence from a review of the Welsh Network of Healthy School Schemes
Maria Scatigna, Adele Bernabei, Sabrina Molinaro, Valeria Siciliano, Federica Cereatti, Rossella Gigante, Giuseppina Sementilli, Liliana Leone	Transcultural validation of CDC's School Health Index in Italian context

Symposium: **Teacher education in the field of health education and health promotion**

Facilitator: Patricia Mannix Mc Namara, University of Limerick, Ireland

Oral session: **Topics in school health promotion II**

Chair: Olaf Moens, SHE national coordinator, Belgium

Author(s)/Speaker	Title
Ana Catarina, Meileres, Clara Costa Oliveira	Developing healthy eating school policy in Braga, Portugal
Alenka Pavlovec	Example of good practice of intersectional collaboration: "apple in school" project
Teresa Vilaça, Bjarne Bruun Jensen	Potentials of action-oriented sex education projects in the development of action competence

Oral session: **Focusing on processes of change IV**

Chair: Tomas Blaha, SHE national coordinator, Czech Republic

Author(s)/Speaker	Title
Vesna Pucelj	Evaluation of Health promoting schools in Slovenia
Anna Philipson	Implementation of a health promotion method, SET, in Swedish schools
Hanna Heikkilä, Ari Haukkala, Miia Mannonen, Mihail Uhanov, Tiina Vlasoff, Tiina Laatikainen	"Together against substance misuse" – a school and community based intervention project in Pitkäranta, Republic of Karelia, Russia

Oral session: **Whole school approach IV**

Chair: David Rivett, consultant, Denmark

Author(s)/Speaker	Title
Brígida Riso, Mário Santos, Odete Matos Pereira	"We want to promote health!" – The implementation path of the health promoting school concept
Nathalie Younès, Marie-Noelle Rotat, Julie Pironom, Didier Jourdan	Health promotion in primary school: Factors influencing children's perception of school climate
Chris Bonell, Annik Sorhaindo, Vicki Strange, Meg Wiggins, Elizabeth Allen, Adam Fletcher, Ann Oakley, Lyndal Bond, Brian Flay, George Patton, Tim Rhodes	A pilot whole-school intervention to increase students' social inclusion and engagement, and reduce substance use

Oral session: **School and the community III**

Chair: Jorgen Svedbom, Jonkoping university, Sweden

Author(s)/Speaker	Title
Lone Lindegaard Nordin, Monica Carlsson	Recruitment, participation and cooperation in prevention of obesity in children and adolescents
Sandra Bon, Goof Buijs	GO for health: The Dutch national school campaign for primary schools
Marg Schwartz	APPLE schools - making the healthy choice the easy choice
Kathe Bruun Jensen, Ballerup Municipality, Marianne Lykkeby, Rikke Wael	Young people's involvement in developing healthy meals in schools

2. List of Poster Sessions

	Author(s)/Presenter	Title
1.	Rita Sketerskienė, Genė Šurkienė	Educational load and its links with health among students in Lithuanian schools
2.	Kazbek Tulebayev, Sholpan Karzhaubayeva, Nazgul Seitkulova	Republican competition "Healthy school" in Kazakhstan
3.	Anne-Marie Rigoff	Common practices in monitoring health promotion capacity at school level
4.	Frank Pizon, Fatou Diagne, Didier Jourdan	Health promotion and school management: can a public health measure strengthen school policy?
5.	Didier Jourdan et. al.	Factors influencing staff's contribution to health education in schools
6.	Terhi Saaranen et. al	HealthNet, the Finnish University Network in Health Sciences, as a teaching network
7.	Kirsi Wiss et. al.	Regional differences in human resources of school welfare services
8.	Brigitte Haider	Expectations of parents towards a health promoting school
9.	Rasa Jankauskienė	The relationships between sociocultural attitudes towards appearance, body image and unhealthy physical activity behaviour in the sample of 11th graders
10.	Sholpan Karzhaubayeva	Analysis of domestic and social violence among school children in Kazakhstan
11.	Vladislav Kuchma, Ludmilla Sukhareva	Health state of students and the role of modern school in its formation and strengthening
12.	Vladislav Kuchma, Marina Polenova, Yuri Movshin	Educational programs of promotion of health of children and adolescents
13.	Helena Karklina et. al.	The changes of nutritional level of Latvian children aged 5-12 in the 20th and at the beginning of the 21st century
14.	Antonella Calaciura et. al.	Smokefree School certificate
15.	Cristina Morelli et. al.	With Pinocchio learning safety at school
16.	Magdalena Woynarowska-Soldan	The instrument for school social climate measurement in health promoting school
17.	Maria Scatigna et. al	School's health promotion orientation and prevalence of unhealthy behaviours in students
18.	Liana Varava, Liilia Lõhmus, Tiia Pertel	Implementation of health promoting kindergarten model on the basis of the survey conducted in Estonian pre-school child care institutions "Health-related prerequisites and conditions in pre-school child care institutions"
19.	Marina Polenova, Tatyana Shumkova	Formation of rational regime of schoolchildren's life activity

20.	Yosi Toubiana	"Be Safe, Be Sure, Be Happy!" An international family game for promoting safety and health
21.	Yosi Toubiana	PETER - Pictorial evaluation of test reactions: an international on-line stress test for school children and staff
22.	Irina Rapoport	Tasks of medical maintenance of children in educational institutions
23.	Elise Sijthoff	The Class Moves!
24.	Simona Pajaujienė	The relationships between exercising and weight reduction behavior and risk of eating disorders in the sample of 11th form students
25.	Aida Laukaitienė et. al	Child safety in Lithuania and European context
26.	Judith Roberts	Development of bi-lingual interactive sex and relationships education and personal and social education resources for primary, secondary and special schools throughout Wales
27.	Jolanta Bandurska, Ewelina Dagiel-Surmanska	Health and fun
28.	Geert Bruinen	Effective and efficient health prevention in school settings; Health education makes smarter
29.	Marina Stepanova	Authoritarian pedagogics as a risk factor of health decline of students and teachers
30.	Vladislav Kuchma, Marina Stepanova	New educational standards and preservation of school children's health
31.	Marina Carter	Healthy lunches in primary schools
32.	Andrew Johnson	Hoops for health
33.	Katie Paterson	Growing Through Adolescence
34.	Nijolė Živatkauskienė	Kindness in return for the knowledge given
35.	Margherita Assirati et. al	A lifestyle that makes the difference: let's walk to school – the piedibus project
36.	Liana Varava	Competition of ideas and publication "Health and health awareness through nutrition and movement games"
37.	Winand Dittrich et. al.	Science of learning approaches to health education in teacher training and development in Hessen/Germany
38.	Marleen Roesbeke, Veerle Devriendt	Whacky about water drinking and toilet policy in nursery and primary schools
39.	Rita Garškaitė, Romualdas Povilaitis, Albinas Pugevičius	Lithuanian University of Agriculture: towards a healthy university
40.	Heinz Witteriede	Teachers in bullying situations – results of a pilot study (2006-2008)
41.	Anna Kubiak et. al.	The healthy "Matura" exam project presentation
42.	Katja Valenčak	Positive thinking and self-actualisation
43.	Alanna O'Beirne	The role of the principal in the development of the health promoting schools network

ANNEX V

Programme for Young People

Monday, 15 June

Location – Main Conference venue (Conference centre Karolina)

8.00 – 9.30	Registration
9.30 – 10.30	Opening ceremony involving active participation of young people
10.30 – 11.00	**Tea break**
11.00 – 12.00	Plenary session 1: **Policies and strategies for the health promoting school** *Prof. Lawrence St. Leger, Health and Education Institute, Australia* *Assoc. Prof. Christiane Stock, University of Southern, Denmark* Discussion
12.00 – 13.30	Lunch
13.30 – 14.45	Preparation for the presentations *Facilitators:* teachers from health promoting schools (Estonia, Finland, Latvia, the Netherlands, Portugal, Spain, Lithuania)
14.45 – 15.45	POSTER SESSION: "The school of my dreams". Interactive presentations by young people with participation of all conference participants
15.45 – 16.15	Tea break
16.15 – 17.30	Workshop: introduction of participants, including short presentation of the countries (regions or schools) *Facilitator: Goof Buijs Manager SHE network, Netherlands Institute for Health Promotion, the Netherlands*
18.30	Social event (welcome reception)

Tuesday, 16 June, Day 2.

Location – Young Naturalists Centre (near Vilnius)

9.00 – 10.00	Introduction to activities of the Young Naturalists Centre
10.00 – 12.00	Presentations by young people on the theme "What is: a healthier school – a better school?" (including tea break) *Moderator: Irena Kondrotienė, Pranciškus Žadeikis Gymnasium, Skuodas, Lithuania*
12.00 – 12.45	Physical activity: learning Lithuanian folk dances and folk dances of other countries
12.45 – 13.30	Lunch
13.30 – 15.00	Creative workshops (introducing Lithuania through crafts, folklore groups, and other creative groups).
15.00 – 15.30	Tea break
15.45 – 18.00	City tours

Wednesday, 17 June, Day 3

Location – Conference venue (Conference centre Karolina)

9.00 – 10.30	Visit to a Vilnius health promoting school (Vilnius Gabija Gymnasium)
10.30 – 12.00	Workshop: Preparation for the Panel session on the theme "Young people participation for better schools"
12.00 – 13.30	Lunch
13.30 – 14.30	Participation in the Panel session "Young people participation for better schools" *Facilitator: Soula Ioannou, Ministry of Education and Culture, Cyprus*
14.30 – 15.30	Participation in the conference closing ceremony

ANNEX VI

List of young people

Estonia
Vahtmae Kaisa, 18 years old female
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Estonia
Sepp Ene, 17 years old female
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Finland
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Latvia
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Lithuania
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Lithuania
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Lithuania
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Lithuania
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The Netherlands
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The Netherlands
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Spain
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