



# The European Network **of** Health Promoting Schools *the alliance of education and health*

# ENHPS



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“The Health Promoting School – an Investment in Education,  
Health and Democracy”, Thessaloniki-Halkidiki, Greece, 1–5 May 1997

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3. Empowerment and action competence
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# ENHPS



Schools intend to help pupils acquire the knowledge and develop the skills they need to participate fully in adult life, but all too often fall short of this goal. In 1991, three international agencies in Europe – the European Commission (EC), the WHO Regional Office for Europe and the Council of Europe (CE) – launched an innovative project to combine education and health promotion in order to realize the potential of both. Along with the three leading organizations, dozens of European countries and hundreds of schools have formed the European Network of Health Promoting Schools (ENHPS) to create within schools environments conducive to health. Working together to make their schools better places in which to learn and work, pupils and school staff take action to benefit their physical, mental and social health. In the process, they gain knowledge and skills that improve the outcomes of education.

Health education has a long tradition in schools, but has usually been only a part of the curriculum and focused on single causes of ill health in individuals, such as smoking and alcohol and drug abuse. Starting with this link between education and health, the three leading organizations developed the idea of integrating health promotion into every aspect of the school setting, addressing all the people connected with it: pupils, their teachers, all other school staff, parents and eventually the wider community. In enabling schools to become healthier places, ENHPS aims to integrate health promotion into every aspect of the curriculum, introduce healthy programmes and practices into schools' daily routines, improve working conditions and foster better relations both within the schools and between them and their local communities.

The first phase of the project focused on developing activities suited to the needs and circumstances of each participating school, and sharing the results with others. These pilot or demonstration projects generated a vast body of experience that formed the basis for the project's second phase, whose aim is to create a vehicle to influence education policy and practice throughout Europe.

## **Birth of the concept**

A 1990 conference on health education, sponsored by EC, CE and the WHO Regional Office for Europe, recommended that the three organizations jointly plan and manage ENHPS. It built on the collaborative work done in the 1980s under the CE pilot project "Education for Health". This joint work is in line with WHO's current priorities for health promotion and its use of the settings approach: addressing a particular setting to enable all the people linked with it to improve their health. The settings approach is the foundation for WHO projects for healthy cities, hospitals and prisons (1–4), as well as schools. ENHPS is also in the spirit of the EC Council Resolution of 23 November 1988 on the implementation of health education in schools (5) and a 1990 EC conference on health education and disease prevention in schools. EC, CE and WHO work together to create health promoting schools throughout Europe.

The health promoting school (6) aims at achieving healthy lifestyles for the whole school population by developing supportive environments conducive to the promotion of health. It offers opportunities for and requires commitment to the provision of a social and physical environment that is safe and enhances health. A health promoting school uses its management structures, its

internal and external relationships, its teaching and learning styles and its methods of establishing synergy with its social environment to create the means for pupils, teachers and all those involved in everyday school life to take control over and improve their physical and emotional health.

It uses health promotion as a device to improve the whole quality of the school setting. Success here will better equip schools to enhance learning outcomes.

Tackling this formidable task in 1991, ENHPS started small, with pilot schools in just four countries of central and eastern Europe: the Czech Republic, Hungary, Poland and Slovakia. Since then, it has expanded to comprise 38 countries all over Europe with over 500 pilot schools and more than 10 000 teachers and 500 000 pupils. While these figures are accurate today, ENHPS continues to grow.

#### **Partnership as method and goal**

To enable schools to determine their needs and work to meet them in their own ways, ENHPS uses partnership as both method and goal. To prevent duplication and to provide a framework within which to foster and sustain innovation, disseminate models of good practice and make opportunities for health promotion in schools more equitably available throughout Europe, ENHPS requires cooperation at and between every level of European society (international, national, regional and local) and within and between several sectors (particularly education and health). Such cooperation is one of the underlying themes of not only the work of CE and EC but also the WHO strategy for health for all (7), as well as an important factor in the rapid development of ENHPS.

#### **International partners**

The partners at the international level include the three leading organizations, which work together to set the broad course for ENHPS and to supply or help to raise funding. Additional donors include European institutions, philanthropic organizations, WHO Member States and two WHO collaborating centres that supply staff time and expertise.

Representatives of EC, CE and the WHO Regional Office for Europe comprise the ENHPS International Planning Committee (IPC). IPC has met regularly and had intensive discussions to address the complexity of ENHPS and facilitate project development. The cooperation of the three partners has greatly enhanced the status of the project.

The Technical Secretariat at the Regional Office provides invaluable support to IPC, the national coordinators in participating countries, the people involved with the daily coordination and administration of ENHPS, and participating schools. The Secretariat holds annual business meetings of national coordinators. These provide a vital forum for communication and cooperation between the coordinators, IPC and the Technical Secretariat, and try to anticipate future needs.

The Secretariat organizes workshops, seminars, meetings and training events for the coordinators and project teams; topics have included information and media skills, the training of trainers, and project management and evaluation. In addition, Secretariat staff offer general advisory support and make country visits to help set up or carry out project activities. They also help to bring new members into ENHPS.

Finally, the Technical Secretariat's information activities both support ENHPS and help to disseminate its results, through, for example, resource materials for national coordinators and project managers (8,9), training materials for teachers and project managers (10–12), an annual newsletter (Network news) and other documents and reports on ENHPS and technical subjects (6,13–18). The Technical Secretariat has played a major role in advancing the cause of ENHPS internationally and in placing health education and promotion firmly on the global agenda.

#### **Partners at the national level**

At the national level, the participating countries have made a strong commitment to the project, which includes cooperation between the health and education sectors, and between them and participating schools. To join ENHPS, each country supplies:

- a signed commitment from people at the highest political level of the ministries of health and education;
- the name and curriculum vitae of a designated national coordinator approved by both ministries;
- a list of about 10–20 pilot schools, representing all levels of education and ensuring equal representation from different parts of the country;
- a project plan for a period of at least three years;
- a national support centre for the project;
- plans for evaluation; and
- a fundraising strategy.

Partnerships between ministries of health and education have been key elements of success. These have been mirrored at the local level through alliances and commitments from a wide range of agencies, groups and institutions.

As mentioned, membership in ENHPS has mushroomed. In addition to the over 500 pilot schools participating directly in the project, over 2000 other schools in the participating countries are linked to the project through national or regional arrangements. In each country the national coordinator, a professional in the health or education sector, works with the national support centre, arranges meetings for the participating schools, organizes training for project teams in schools (pupils, teachers and parents) and keeps in touch with the Technical Secretariat. In addition, coordinators from different countries have developed and carried out joint activities. The 38 participating countries include all 15 European Union member states and many countries in the eastern half of the WHO European Region (Fig. 1 page 19).

The Technical Secretariat prepared a document describing the coordinators, support centres, pilot schools and population and education systems in participating countries. It regularly updates these country highlights (19) and maintains a database that is available on the Internet (20).

#### **Local level – pilot schools**

The hundreds of pilot schools throughout the European Region have taken action that has generated an impressive body of experience. Most schools have project teams, comprising pupils, teachers and often other school staff (such as doctors, nurses or psychologists), and parents. The teams devise, carry out, evaluate and report on



activities to improve their school environment. The composition and activities of the teams vary as much as the physical circumstances and historical and cultural traditions of the schools.

In addition to work to improve their own environment, many pilot schools cooperate with other pilot schools and with schools in their national networks. Some pilot schools have established twinning arrangements with schools in other countries, deepening the project's European dimension.

#### **The achievements of ENHPS**

The core of ENHPS is the activities of pilot and network schools, supported by national and regional coordinators and an astonishing array of partners.

Variety could be said to be the common characteristic. Project teams differ widely in age, composition, project structure and external partners. They have selected objectives and methods appropriate to their various social, economic and cultural backgrounds, and have pursued them, and evaluated and reported on their work in a wide variety of ways.

#### **Project categories**

Nevertheless, the long list of activities at the local, regional, national and international levels also points to some unifying themes. First, ENHPS projects fall into about five categories. In contrast to the traditional focus of health education programmes on single issues, ENHPS activities generally address most or all of the categories. The first two are obvious, given the aims of the project: improvements to schools' physical environments and programmes addressing health-related topics. Depending on their circumstances and resources, school projects have installed or repaired

plumbing, toilets and showers; built or repaired playgrounds and sports facilities; repaired or redecorated school buildings and classrooms; improved cafeteria facilities and meals; and organized displays of pupils' and others' art works. Topic-specific activities have tackled, for example, nutrition, the environment, smoking, drug and alcohol use, multicultural societies, and sex education and AIDS prevention.

Here is the uniqueness of ENHPS: the third category of activity is the building of democracy in schools. Because the project stresses pupils' taking action for themselves, all ENHPS projects have the effect of increasing pupils' independence and freedom of action. In fact, the explicit goals of many school projects include creating more equal relations between pupils and school staff and giving pupils' councils and organizations a real voice in decision-making. Thus, project work naturally includes training pupils in the skills they need to make the best use of their new freedom. Pupils are learning how to express their opinions, learn more actively, choose and work together towards common goals, help each other with common problems and take a more active role in their relations with teachers and other school staff.

Of course, real democracy in schools creates other changes, too. New freedoms for pupils require new skills of school staff and changes in schools' curricula and management. Thus, activities in the last two categories include the development of policies and materials for teacher training, and training activities both in topics such as health education and health promotion and in skills in such areas as communication, active teaching and learning methods, management and cooperation with parents. And with pupils helping to decide matters

both inside and outside the classroom, project activities suggest changes in the curricula and the ways in which schools are run. These changes range from extending breaks (so that pupils have enough time in which to eat their lunches) and tackling bullying to improving and extending pupil self-government and actively changing the relations of pupils with teachers and school management.

The methods of project activities are just as important as the objectives. In studying their schools to identify needs, working on or with project teams to choose and carry out action, and measuring and reporting on its results, pupils develop and display new initiative and skills that will help them to protect their health and make other important decisions today, in school, and tomorrow, as adults.

### **Partners and products**

Having noted the similarity of ENHPS activities in theme, one must again recognize their diversity, particularly in the levels and external partners involved. For example, while many activities take place within the buildings and grounds of individual schools, many others involve trips to the countryside, cultural events, camping, etc.; twinning with schools within or beyond country borders; and organizing and taking part in meeting and activities in the region, in the country or on the international level. These include conferences and seminars organized by pilot schools in particular regions of Europe or speaking particular languages.

Pupils and school staff have involved a wide range of other people in their activities. While parents are perhaps the most frequent and important partners, others include: police and fire-fighters, local government, universities and teachers' colleges, local

health and environmental professionals, and institutes of public health.

Further, project teams have varied widely in the means they use to communicate their message and disseminate their results. Pupils have written and performed plays and songs; some have made videos. Project teams have devised training manuals, made posters and compact discs, and written and distributed leaflets, school newsletters and magazines. At the international level, project teams and coordinators have described their work in Network news, issued by the Technical Secretariat in hard copy and on the Internet, and at regional and intercountry meetings. Reports on and discussions of the work of ENHPS have led to some firm conclusions.

### **ENHPS has helped to facilitate vital change within schools; it has:**

1. won a good reputation as a sound investment to safeguard and promote the health and safety of young people;
2. provided the right framework for addressing health promotion needs of schools' teaching and non-teaching staff;
3. resulted in a more democratic style of management and teaching in schools;
4. inspired teachers to find new teaching methods that reflect this new democratic spirit;
5. helped to build consensus and cooperation at a European level, generating an important sense of unity; and
6. begun to set the agenda for education and health promotion.

In 1997, all the partners – the three leading organizations, the Technical Secretariat, national and regional coordinators and members of project teams – met together in Greece to celebrate their achievements and to choose the way forward.

### **ENHPS Conference**

The First Conference of the European Network of Health Promoting Schools: “The Health Promoting School – an Investment in Education, Health and Democracy” was held in Greece in May 1997; 375 participants from 43 countries attended, including policy-makers and parliamentarians, parents, teachers and other experts in education, health professionals, representatives of international bodies and, of course, young people themselves. The participants met to share their experience, assess their achievements and choose the way forward, to enable ENHPS to influence education policy and practice throughout Europe (21).

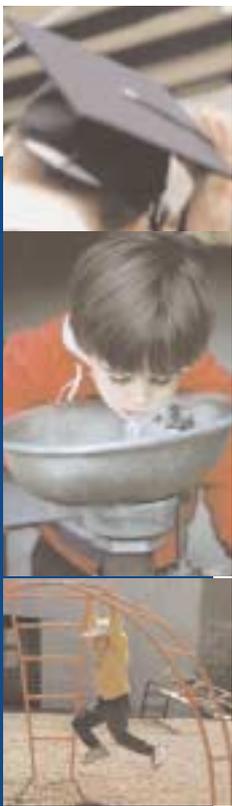
The Conference used a variety of methods to encourage the broadest and most productive participation, such as presentations, panel discussions, workshops, Internet links with schools in several countries, country exhibitions, a “wall newspaper” and daily information bulletins. Case studies from across Europe were a key mechanism for generating and actively involving all the participants in discussion. The case studies (22) covered a diverse range of issues, including: teacher training and curriculum development; using the school as a setting for health promotion; collaboration with parents and the community; school policy development; pupils as active partners; evaluation; international cooperation; and democracy, management and organizational change.

The work of the Conference led the participants to draw conclusions and make recommendations. They agreed that health promoting schools contribute significantly to the social and economic development of society at large. The approach is not prescriptive; while all schools act on a set of core values and principles, the work of each reflects local cultural, organizational and political considerations. The concept of the health promoting school is holistic, and, in addition to curriculum development, strives to promote a health-enhancing social and physical environment in the community.

Schools should be viewed as a resource for the wider community; for example, their facilities should be available for use outside normal school hours. Schools should act as a catalyst in bringing together a wide range of organizations in a coordinated approach to community health. Improved equity should be both a goal for and a result of the health promoting school.

The success of ENHPS across Europe warrants further implementation. Education and health ministries should cooperate to expand the scheme. Implementation requires active partnership between young people, parents, teachers and community organizations. Young people and their parents should play a significant role in determining school priorities. There is a continuing need for further development to be evidence based.

The curriculum of the health promoting school should focus on action learning, rather than teaching. The challenge to teachers is to develop and use innovative approaches to learning. Success depends at least in part on investment in both the initial and in-service training of teachers.



Wherever possible, health promoting schools should use existing networks to promote cooperation between schools in different countries.

Finally, the Conference participants adopted a resolution (Appendix 1), calling on the governments of all countries in the European Region to adopt the concept of the health promoting school. The resolution invites EC, CE and the WHO Regional Office for Europe to continue their support for the initiative, and calls on European governments to consider principles for action under ten headings:

- **democracy**
- **equity**
- **empowerment**
- **the school environment**
- **the curriculum**
- **teacher training**
- **the measurement of success**
- **collaboration**
- **communities**
- **sustainability.**

The resolution asserts that every child should now have the right to benefit from the health promoting school initiative.

#### **From pilot to policy**

The Conference marked the transition from the first phase of ENHPS – the establishment of demonstration sites and the accumulation of a body of experience – to the second – the establishment of the project as an influence on education policy and practice throughout Europe. In moving into the second phase, ENHPS has coped with challenges, as well as building on its successes. This has helped to determine current priorities.

#### **Challenge and response**

Major challenges and constraints faced by ENHPS included, first, the need for a fresh and innovative approach to measuring impact, quality and effectiveness. This was the only way to cope with the complexity of the project, which intends to spark change at the organizational, institutional and managerial levels and to influence behavioural change. Innovative evaluation processes were needed to ensure a clear understanding of the project's impact. This required a departure from traditionally accepted evaluation methodologies, which were too narrow in approach.

In several countries, the health and education sectors needed to strengthen their cooperation.

Many curriculum projects within ENHPS focused too strongly on traditional health issues such as smoking, alcohol and drugs. There was some concern that not enough was done to tackle the underlying issues of self-esteem, critical thinking and action competence that enable people to gain better control over their own health.

Finally, some countries needed financial and technical support to develop effective networks of health promoting schools.

#### **To tackle these challenges and those of the second phase, ENHPS has:**

1. provided concrete examples of the way in which the concept of the health promoting school can be practically implemented and the methodological framework for determining its impact;
2. strengthened and encouraged greater commitment from the education sector, and supported opportunities for collaboration with health and other sectors;

3. fostered a greater sense of project identity and pride among national coordinators, schools, parents and local communities;
4. highlighted research and evaluation processes that demonstrate the effectiveness of health promoting schools programmes to those investing in health promotion at the national, regional and local levels, focused on the relevance, impact and added value of the project and ensured that the highest possible standards of quality are maintained;
5. reviewed the project's management policies and systems at the national and local levels to maintain their relevance throughout all stages of the project's development;
6. intensified training on curricula issues, with particular emphasis on change management and project management;
7. worked to ensure an equitable division of the available financial and technical support throughout the European Region and mobilized ENHPS to provide specific support to selected countries;
8. launched an effective public relations campaign to promote the visibility and success of the project; and
9. effectively managed the project's transition into its second phase of development.

These tasks have set the priorities for work to the year 2000. Perhaps one of the greatest objectives is the development of stronger partnerships throughout ENHPS. While IPC

has so far played a leading role in furthering ENHPS' activities, it is vital that other partners join in and assume greater responsibilities during the next phase. Some of these partners include the United Nations Children's Fund (UNICEF) and various programmes and subdivisions of EC, CE and the WHO Regional Office for Europe.

National coordinators and participating schools need to take a greater lead, but national, regional and local governments can play a major role. They can be instrumental in transforming ENHPS into a vehicle that effectively influences education policy and practice.

**Priorities for action to the year 2000: implementation, dissemination, evaluation**

The first phase of ENHPS development highlighted the tremendous scope and potential for health promotion in schools. Able to address key personal, social and physical issues, schools constitute an ideal setting for education for health, and signal the way ahead for the health promotion strategies of the future.

While the first phase of development proved that ENHPS' original aims are still valid, ENHPS is building on and expanding them (23,24). It is tackling some new and ambitious goals to meet the growing needs of schools and coordinators, and respond to new developments within the project. They take account of the transition into an established long-term project, allow for different approaches to the concept of health development and recognize the need for more accurate means of measuring progress.

ENHPS continues to foster a fresh and democratic approach to improving health by

ensuring that the environment for pupils, teachers and all those involved in school life becomes safe and health enhancing. This push towards more structural changes within the school settings will greatly facilitate the adoption of healthy lifestyles for the school population.

ENHPS also seeks to reduce inequalities in health and education, with the introduction of carefully targeted activities aimed at vulnerable groups, and specific areas such as disadvantaged inner cities and rural districts.

#### **Implementation and dissemination**

The strength of the ENHPS lies in its participating schools. Through its strength, ENHPS is taking the lead in creating a platform for advocacy in the field of school health promotion, and focusing on the exchange of information and good practice.

ENHPS seeks to extend the implementation and dissemination of the concept of the health promoting school to further inspire the integration of innovation and change, and work for the establishment of good practices within education and school policies throughout Europe. In pursuing these goals, it uses modern promotion techniques and other mass communication methods. In addition, through the Technical Secretariat, ENHPS is monitoring and describing how countries have successfully implemented the concept of the health promoting school, and its impact on education policies. Priority is given to the added value to educational processes.

**To achieve these goals, the Technical Secretariat helps its partners, the national coordinators:**

- to prepare, implement, disseminate and

evaluate school-based health promotion initiatives;

- to consult with member countries to construct national strategies to increase advocacy and visibility for the project and encourage its sustainability;
- to document the practical implementation of the project, including incentives for development, the identification of clear benefits for schools and methods of good practice, and the promotion of innovation in creating supportive school environments;
- to generate greater visibility for ENHPS through new information technology, including the Internet and World Wide Web; and
- to use the results of the Health Behaviour in School-aged Children Survey (HBSC) to inform ENHPS members.

HBSC (25–27) is the only cross-national longitudinal survey of young people's behaviour, knowledge and attitudes in relation to health issues, and is being used carried out in 28 countries in Europe.

#### **Evaluation**

Evaluation – as means of measuring progress, maintaining quality and indicating needed changes – has been an important part of the work of ENHPS from the start. The two-year EVA project produced a manual for the use of national coordinators and others in 1995 (9). It pointed out the need for ENHPS evaluations to address not only traditional indicators of health behaviour but, more importantly, the structural and practical aspects of schools, such as the quality of teaching, process

evaluation methods, and the evaluation of management practices and their impact on health and educational outcomes, curriculum development and the involvement of the community in school life.

Evaluation is even more important in the second phase; it is vital to taking ENHPS into the mainstream of education and ensuring its sustainability. A second project on evaluation (EVA2) is underway. Where the first focused on ideas and methodologies, the second is developing indicators of impact. While EVA2 addresses only the countries of the European Union, it is hoped to extend it to other ENHPS member countries.

**EVA2 has three objectives:**

- to determine the needs of decision-makers and key stake holders for information to use in assessing the success of ENHPS in their country and determining the conditions for supporting or disseminating the project;
- to compare the situation in countries and determine the requirements for the sustainable development of the project; and
- to facilitate the collection of missing information by national teams, if necessary, to ensure that results are used to build capacity in countries.

Midway through EVA2, a list of indicators for evaluating health promoting schools is being drafted and the survey has been planned and pilot tested. The interviews conducted during country visits have pointed out weaknesses and successes in ENHPS, identified needs and indicated next steps.

EVA2 has shown that ENHPS is successful in a number of ways. Schools remain in the project and more are eager to join. Teachers in participating schools have more skills in defining, planning and carrying out activities. The project approach gives more coherence to personal and social education and cross-curricular topics. Health promotion provides a framework within which to coordinate all health education and disease prevention activities. Finally, participating schools develop stronger or better relationships with their communities. These are important steps towards promoting health through ENHPS.

**Carrying the alliance forward**

Alliances – of different organizations, sectors, levels and groups – give ENHPS its unique scope, strength and potential. Maintaining this strength and realizing this potential require sustained commitment from all the partners involved. The participating schools continue to demonstrate their commitment in myriad activities. Governments must match this with closer cooperation between and support from the health and education sectors. It is vital that EC, CE and WHO continue their various contributions to the project. Sustained partnership is essential to giving every child in Europe the chance for education in a health promoting school.



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# APPENDIX 1.

## Conference resolution

### ***First Conference of the European Network of Health Promoting Schools: “The Health Promoting School – an Investment in Education, Health and Democracy”, Thessaloniki-Halkidiki, Greece, 1–5 May 1997***

Every child and young person in Europe has the right, and should have the opportunity, to be educated in a health promoting school.

Evidence shows us that the determinants of both education and health are indivisibly linked. There is a dynamic at work which cannot be ignored if we are to protect, sustain and enhance the education and health of our young people. The European Network of Health Promoting Schools has indicated that the successful implementation of health promoting school policies, principles and methods can contribute significantly to the educational experience of all young people living and learning within them. The health promoting school has been shown to be an investment in both education and health. Moreover, the Network has a major positive impact upon all those who teach, administer, maintain and support the schools and their community.

Schools are the prime force in creating a generation with raised expectations and high educational achievements. Health promoting schools will have a substantial impact in reducing inequities in society, thereby contributing to the health and wealth of the population at large.

The health promoting school is based upon a social model of health. This emphasizes the entire organization of the school, as well as focusing upon the individual. At the heart of the model is the young person, who is viewed as a whole individual within a dynamic

environment. Such an approach creates a highly supportive social setting which influences the visions, perceptions and actions of all who live, work, play and learn in the school. This generates a positive climate which influences the way relationships are formed, the decisions of young people are made, and their values and attitudes are developed.

This Conference resolution, which advocates government action for full implementation of the health promoting school concept throughout Europe, has been agreed at the First Conference of the European Network of Health Promoting Schools. The resolution is designed to encourage the formulation of policy, including legislation, and indicate what needs to be put in place by way of enabling mechanisms. The resolution defines the principles and actions necessary to realize the full potential of the health promoting school.

This Conference, which reflects the views of a wide range of professionals from 43 countries, urges the governments of all European countries to adopt the concept of the “health promoting school” and calls upon them to create the conditions for the following principles to be put into practice.

#### **1. Democracy**

The health promoting school is founded on democratic principles conducive to the promotion of learning, personal and social development, and health.

#### **2. Equity**

The health promoting school ensures that the principle of equity is enshrined within the educational experience. This guarantees that schools are free from oppression, fear and ridicule. The health promoting school provides equal access for all to the full range of educational opportunities. The aim of the health

promoting school is to foster the emotional and social development of every individual, enabling each to attain his or her full potential free from discrimination.

**3. Empowerment and action competence**

The health promoting school improves young people's abilities to take action and generate change. It provides a setting within which they, working together with their teachers and others, can gain a sense of achievement. Young people's empowerment, linked to their visions and ideas, enables them to influence their lives and living conditions. This is achieved through quality educational policies and practices, which provide opportunities for participation in critical decision-making.

**4. School environment**

The health promoting school places emphasis on the school environment, both physical and social, as a crucial factor in promoting and sustaining health. The environment becomes an invaluable resource for effective health promotion, through the nurturing of policies which promote wellbeing. This includes the formulation and monitoring of health and safety measures, and the introduction of appropriate management structures.

**5. Curriculum**

The health promoting school's curriculum provides opportunities for young people to gain knowledge and insight, and to acquire essential life skills. The curriculum must be relevant to the needs of young people, both now and in the future, as well as stimulating their creativity, encouraging them to learn and providing them with necessary learning skills. The curriculum of a health promoting school also is an inspiration to teachers and others working

in the school. It also acts as a stimulus for their own personal and professional development.

**6. Teacher training**

The training of teachers is an investment in health, as well as education. Legislation, together with appropriate incentives, must guide the structures of teacher training, both initial and in-service, using the conceptual framework of the health promoting school.

**7. Measuring success**

Health promoting schools assess the effectiveness of their actions upon the school and the community. Measuring success is viewed as a means of support and empowerment, and a process through which health promoting school principles can be applied to their most effective ends.

**8. Collaboration**

Shared responsibility and close collaboration between ministries, and in particular the ministry of education and the ministry of health, is a central requirement in the strategic planning for the health promoting school. The partnership demonstrated at national level is mirrored at regional and local levels. Roles, responsibilities and lines of accountability must be established and clarified for all parties.

**9. Communities**

Parents and the school community have a vital role to play in leading, supporting and reinforcing the concept of school health promotion. Working in partnership, schools, parents, NGOs [nongovernmental organizations] and the local community, represent a powerful force for positive change. Similarly, young people themselves are more likely to become



active citizens in their local communities. Jointly, the school and its community will have a positive impact in creating a social and physical environment conducive to better health.

#### 10. Sustainability

All levels of government must commit resources to health promotion in schools. This investment will contribute to the long-term, sustainable development of the wider community. In return, communities will increasingly become a resource for their schools.

#### Investing in the future

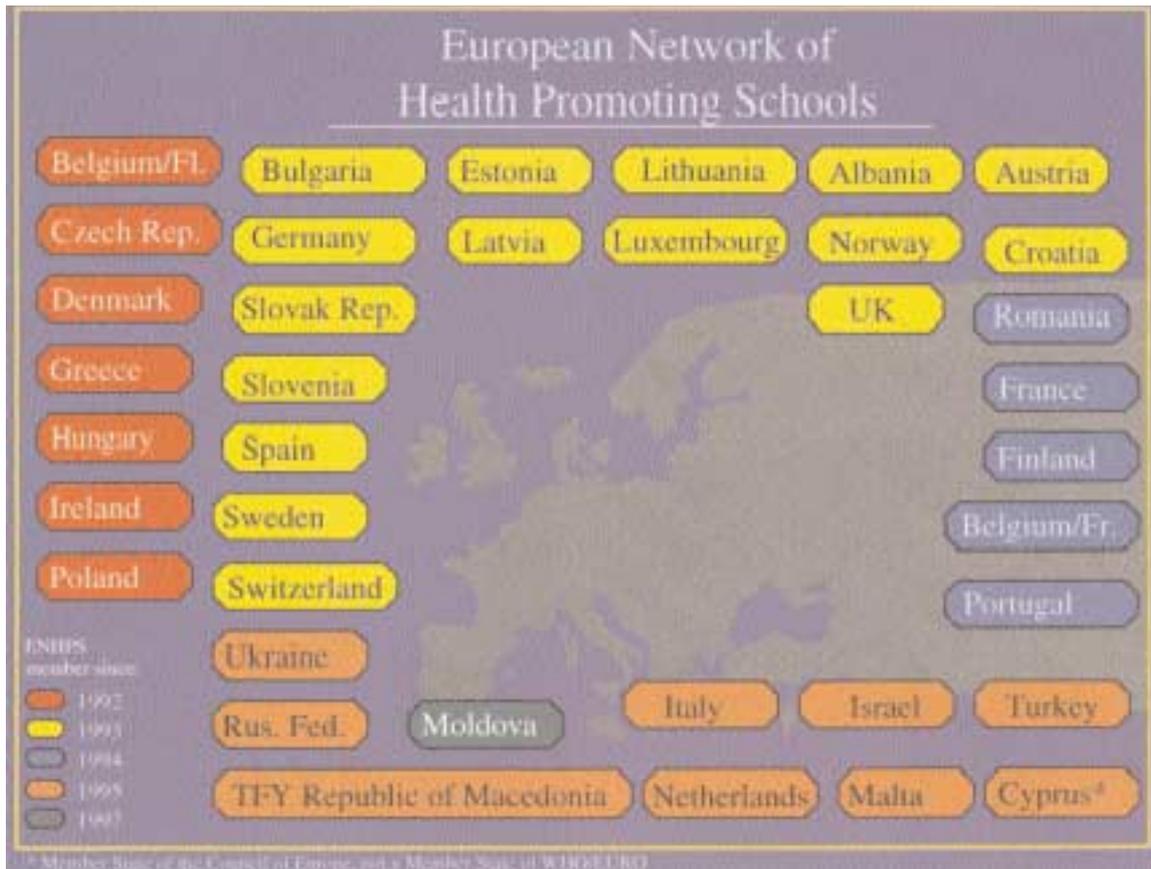
These principles are enshrined within the concept and practice of the health promoting school. They provide the basis for investing in education, health and democracy for generations to come.

The Conference invites the European Commission, the Council of Europe and the WHO Regional Office for Europe to continue their support and leadership for this important work. The Conference asks all three organizations to act on this resolution.

***Every child should now have the right to benefit from the health promoting school initiative.***

# FIG. 1.

Fig. 1. WHO European Region





# ENHPS

The European Network of Health Promoting Schools  
The alliance of education and health

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