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## The European Network of Health Promoting schools – from Iceland to Kyrgyzstan

**Abstract:** The European Network of Health Promoting Schools (ENHPS) is a practical example of a health promotion activity that has successfully incorporated the energies of three major European agencies in the joint pursuit of their goals in school health promotion. As explained in the editorial, the network had its conceptual origins in the 1980's. However, since 1991 the initiative has been a tripartite activity, launched by the European Commission (EC), the Council of

Europe (CE) and the World Health Organization Regional Office for Europe (WHO/EURO) (Barnekow *et al.* 1999). Starting with only seven countries, the network has enlarged over the years and now has a membership of 43 countries. This article outlines the criteria and principles developed by the network to establish national HPS programmes in Europe. The coordinators of these programmes throughout Europe, taking the the diversity in culture and setting

into consideration, have mapped the different models of HPS programmes in their countries and through the EVA project have developed a series of guidelines to monitor progress. All agree that a key element of success is to work together with the school community, parents and young people themselves as well as with health and education ministries, but their different experiences have also allowed them to identify a number of constraints and challenges.

■ The European Network of Health Promoting Schools is a practical example of a health promotion activity that has successfully incorporated the energies of three major European agencies in the joint pursuit of their goals in school health promotion. As explained in the editorial, the network had its conceptual origins in the 1980's. However, since 1991 the initiative has been a tripartite activity, launched by the European Commission (EC), the Council of Europe (CE) and the World Health Organization Regional Office for Europe (WHO/EURO) (Barnekow *et al.*, 1999). Starting with only seven countries, the network has enlarged over the years and now has a membership of 43 countries (Fig 1).

Such international collaboration is essential to minimise duplication of effort and to provide a framework which fosters and sustains innovation. It also provides a vehicle for the dissemination of models of good practice and creates opportunities for a more equitable distribution of health promoting schools throughout Europe.

There is an increasing recognition that new forms of partnership and inter-

sectoral working are required if the social and economic determinants of health are to be addressed. Investments in both education and health are compromised unless a school is a healthy place in which to live, learn and work. The school environment can facilitate physical, mental and social well-being (WHO, 2005). School communities respond to a

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dynamic set of factors impacting on student achievement of learning outcomes. The health of students, teachers and families is a key factor influencing learning. Schools require a strategy which will provide teachers, parents, students and other community members with a set of principles and actions to promote health. A strategy built upon the 'health promoting school' framework has the potential to help school communities manage health and social issues, enhance student learning and improve school effectiveness.

### Criteria and principles

From the early days of the network, countries were provided with a set of

criteria (WHO, 2000) which they could use to develop their national networks of health promoting schools. These criteria proved to be a very useful starting point for the development of national programmes, which would all adhere to a broad concept of health, but at the same time would allow the inclusion of necessary national and regional specificities.

Later on, at the first international conference of ENHPS in Greece (WHO, 1997), participants built upon these criteria to set out ten important focus areas which can be found in the conference resolution. This resolution was to be a guiding tool for health promoting school development, once again taking into consideration the necessity for countries to tailor the national programmes to local conditions. Table 1 sets out a summary of this resolution.

### Mapping different models of health promoting schools

In the development of the ENHPS the national coordinators have, through a series of workshops, been focussing on areas such as capacity building and evaluation (Denman *et al.*, 2002). They

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### Keywords

- school
- network
- European Region
- ENHPS
- health promotion

**Figure 1**



have also had opportunities of exchanging experiences and refining their aims for their national health promoting schools programmes. Despite the diversity in culture and educational settings throughout Europe there is a general agreement on these aims. This is illustrated by a number of examples as they were expressed by the national coordinators in a process of mapping the different models of health promoting school programmes used in countries (Jensen & Simovska, 2002).

The aim of a health promoting school is to:

- establish a broad view of health;
- give pupils tools, which enable them to make healthy choices;
- provide a healthier environment engaging pupils, teachers and parents, using interactive learning methods, building better communication and seeking partners and allies in the community;
- be understood clearly, by all members of the school community (pupils, their parents, teachers and all other persons working in this milieu), the “real value of health” (physical, psycho-social and environmental) in the present and in the future and how to promote it for the well being of all;
- be an effective (perhaps the most effective) long term workshop for practising and learning humanity and democracy;
- increase pupils’ action competencies

within the health field to empower them to take action –individually and collectively– for a healthier life and healthier living conditions locally as well as globally;

- make healthier choices easier choices for all members of the school community;
- to promote the health and well-being of pupils and school staff;
- enable people to deal with themselves and the external environment in a positive way and to facilitate healthy behaviour through policies;
- increase the quality of life.

One of the tools to illustrate the best practise of translating the concept into action is the annual ENHPS newsletter “Network News” where countries provide case studies to illustrate the different ways of utilising the HPS concept.

### Development of the ENHPS at national level

At the national level, the participating countries have been encouraged to make a strong commitment to the project, which includes cooperation between the health and education sectors, and between these sectors 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;
  - a fundraising strategy.
- Partnerships between Ministries of Health and Education have been key elements of success. The formal written contract between ministries has proved important in relation to funding support and establishing continuity and sustainable development. These partnerships have been mirrored at local level through alliances and commitments from a wide range of agencies, groups and institutions.

However over the years there have been major challenges and barriers to the recognition and sustainable devolvement of national health promoting schools programmes. One of the main barriers for positive development has been political changes in countries and regions, and following this a change of priority-setting within the country. Despite these barriers there has been a steady development of health promoting schools initiatives throughout Europe since the early days of ENHPS.

A number of constraints on the implementation and dissemination of health promoting schools programmes in countries and regions have been identified. These vary from country to country but some of the following have been apparent:

- A lack of involvement of the education sector.
- A lack of collaboration between the Ministry of Health and Ministry of Education.
- A lack of support to the national co-ordinator.
- Low status of the national co-ordinator.
- A one-dimensional approach (either ‘top down or bottom up’).
- Short-term support.

The EVA project (EC, CoE, WHO, Free University Brussels, 2000) was set up to document decision-making about ENHPS and to determine what was needed to ensure its sustained support and

dissemination. It had three objectives:

- to find out what information decision-makers and key stakeholders needed to assess the achievements of ENHPS in their countries and the conditions for the further support of the project;
- to compare the situations of ENHPS in EU countries and learn how it is being institutionalised and whether this contributes to sustainable development;
- to facilitate the collection of missing information by national teams, and if needed, to ensure that countries used the results to increase their capacity to assess their work and then to improve the ENHPS development process.

With the information collected in the project it was possible to define a set of stages for the development which could be used for national coordinators to monitor progress, and also as a tool to guide implementation and development.

The steps from pilot to policy can be summarised in the following stages:

- Positive identification by decision makers;
- Disseminating information;
- Building credibility;
- Demonstrating relevance;
- Demonstrating feasibility;
- Incorporation into government policy.

The whole process starts when school health promotion is seen in a positive light by decision makers at different levels.

There is evidence that providing information and actively acting as advocates for the programme, are sometimes overlooked as important tools for development. Experience has shown that actions such as holding a joint press conference with a government minister are important in establishing the development. In addition, inviting decision-makers, politicians and journalists to pilot schools and/or network meetings are important for recognition and further dissemination of the programme. While the importance of informing key decision-makers about programme developments should not be underestimated, the issue of the potential benefits from the project and the provision of evidence of success are very important. Research has revealed the crucial importance of the involvement of the education sector in the process of

**Table 1**

## ENHPS Resolution in “The Health Promoting School— an investment in education, health and democracy”

Every child and young person has the right, and should have the opportunity, to be educated in a health promoting school. The conference called upon the governments of all European countries to create the conditions for the following principles to be put into practice:

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

**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.

**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.

**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 well-being. This includes the formulation and monitoring of health and safety measures, and the introduction of appropriate management structures.

**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.

**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.

**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.

**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.

**Communities:** parents and the school community have a vital role to play in leading, supporting and re-enforcing the concept of school health promotion. Working in partnership, schools, parents, NGO’s 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

**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.

agreeing to the potential benefits as the two sectors have different criteria and values in relation to effectiveness and impact.

It is vital that the education sector is convinced of the need to develop a policy on school health promotion. Such

a policy should be developed with support from the health sector and other partners. The need to convince decision makers on the added value of health promoting schools programmes has meant that it is increasingly important to provide the evidence base for successful school health promotion interventions.

Documents such as *The Evidence of Health Promotion Effectiveness* (IUHPE, 1999) have been supportive of this process, as was the European conference on Education and Health in Partnership, (Young, 2002) where the latest research and examples of best practice on linking education with the promotion of health in schools were presented. Recent research from health promoting school experiences from a large number of countries is about to be published (WHO, 2005), and it will provide a useful tool for planning, implementation and advocacy.

## Status

Presently the ENHPS has a membership of 43 countries. The stage of programme development in these countries can be divided into the following categories:

- Countries that have entered recently and are at the pilot stage with a limited number of schools involved.
- Countries that are at a 'stand-still' in their development due to lack of political support.
- Countries that have enlarged their national network with strong national coordination.
- Countries that have developed regional networks which are organised with their own coordination, where the national coordination ensures collaboration and exchange of good practice among the regional initiatives.
- Countries where the experience of health promoting schools developments have influenced the education agenda. In these countries there may not be a national network of schools, but all schools will be working with health education curricula and/or programmes based on the health promoting school philosophy. In some of these countries there are still different sets of regional activities in either programme or network format.

## References

- Barnekow Rasmussen, V., Burgher, M.S. & Rivett, D. (1999). *The European Network of Health Promoting Schools - the alliance of education and health*. 16 –18, Conference Resolution, Thessaloniki 1-5 May, 1997. WHO Regional Office for Europe / European Commission / Council of Europe.
- Jensen, B. & Simovska, V. (eds). (2002) *Models of Health Promoting Schools in Europe*. ENHPS Technical Secretariat, Copenhagen, WHO Regional Office for Europe.
- Clift, S & Jensen, B. (eds), (2005) *The Health Promoting School: International Advances in Theory, Evaluation and Practice*. Copenhagen, WHO Regional Office for Europe.
- Conference Report: "The Health Promoting School – an investment in education, health and democracy". (1997) First Conference of the European Network of Health Promoting Schools, Greece. ENHPS Technical Secretariat, WHO Regional Office for Europe.
- Denman, S., Moon, A., Parsons, C. & Stears, D. (2002) *The Health Promoting School – Policy Research and Practice*. London. Routledge.
- European Commission, Council of Europe, WHO Regional Office for Europe, Université Libre de Bruxelles. (2002) *Tracking down ENHPS successes for sustainable development and dissemination. The EVA 2 project. Final report*. Brussels, Free University of Brussels.
- European Network of Health Promoting Schools. (2000) information leaflet, Council of Europe, European Commission, WHO, Regional Office for Europe.
- International Union for Health Promotion and Education. (1999) *The Evidence of Health Promotion Effectiveness: Shaping Public Health in a New Europe*. A report for the European Commission, Paris: Jouve Composition & Impression.
- WHO (2005) Strategy for child and adolescent health and development, draft to be presented to the Regional Committee September 2005.
- Weare, K. (2000) *Promoting Mental, Emotional and Social Health: A Whole School Approach*, London. Routledge.
- Young, I. (Ed.) (2002) *Education and Health in Partnership*, The Egmond Agenda 69 –73. Copenhagen, WHO Regional Office for Europe.

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

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

## Conclusion

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. One of the main keys to success is partnership and collaboration not only between different sectors at national, regional and local level, but also with all involved in the every-day life of the schools. These include the school management, teachers, non-teaching staff, parents and not least the children and young people themselves.