European Standards & Indicators for Health Promoting Schools

S·H·E
Schools for Health in Europe

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PART 1 - Introduction

1.1. Health Promoting Schools in the Europe

Evidence shows that education and health are interlinked; children's and young people's health is interconnected with their academic achievement (St Leger, 1999). Schools can influence children's and young people's health (Currie et al., 1990). Improvements in one sector can therefore affect the other sector, hence increasing the well-being of children, young people, teachers and parents. The argument that healthy pupils learn better and healthy teachers work better highlights the importance of integrating a health promoting school approach within schools, as this serves both the health and well-being of pupils best, as well as supports the educational and social goals of schools.

The Health Promoting School approach emerged in the 1980s, as an outcome of the WHO's Ottawa Charter for Health Promotion (WHO, 1986), which states that health promotion is a process that enables people to gain control over their own health and their environment (Turunen et al., 2017). This inspired the development of the Schools for Health in Europe (SHE) Network Foundation, formerly named European Network of Health Promoting Schools (ENHPS), in 1992. SHE was an initiative linked to the "Healthy Schools" programme which was launched by the WHO Regional Office for Europe, the European Commission and the Council of Europe for the development of health promotion school programmes and networks in countries throughout Europe (Barnekow, 2006).

The SHE Network Foundation has since become an important platform for Health Promoting Schools in the broader European region. Health promoting schools in Europe, coordinated by SHE national coordinators and supported by the SHE research group, have a whole school approach.

> *"A whole-school approach recognizes that all aspects of the school community can impact upon students' health and well-being, and that learning and health are linked"(SHE website)."*

As part of the development of SHE, the national coordinators have collaborated with stakeholders at international, national, regional and local levels to agree on the aims of health promoting schools (Barnekow, 2006). The mapping of the different models and structures of health promoting schools across Europe shows that despite the cultural diversity and the differences in the educational and health settings, there is a general agreement on the aims of health promoting schools (Jensen & Simovska, 2002). Among the aims of a health promoting school is (i) to establish a broad view of health, (ii) to give pupils the knowledge and skills that enable them to make healthy choices, (iii) to provide a healthier physical and social environment for all school members with the

participation of pupils, teachers, parents and other partners in the community and (iv) to empower pupils to take action for a healthier life and become agents of positive change locally (Barnekow, 2006).

In order to achieve the above, health promoting schools take action for the empowerment of all school members through their active participation. Participation of pupils, teaching and non-teaching staff, parents, health professionals, health service providers and other stakeholders from the local communities is key for health promoting school (Griebler *et al.*, 2017) and an element that distinguishes it from other schools merely implementing a health education curriculum or a health promotion project in a settings' approach.

Parallel to the health promoting school programmes of SHE, there are other similar initiatives at a European level, also advocating for a whole school approach. There are many variations in the models of health promoting schools (named in some countries "healthy schools"). Nevertheless, core similarities and common values and principles exist. Research highlights three key principles running across the different models of health promoting schools (Langford et al, 2015). These are:

1. The school curriculum promotes health education topics;
2. The ethos and social and physical environment of the school support the well-being of students, through informal/formal curriculum, values and attitudes;
3. Schools cultivate links with the wider community, engage parents, community health settings to improve children's health.

These principles, originating from the WHO Ottawa Charter (1986), characterize the health promoting school concept and the whole school approach. Hence, the planning, implementation and evaluation of health promoting schools deals with the ways and the extent to which these three core principles are effectively implemented.

1.2. The Conceptual Framework for Health Promoting Schools (HPS) Standards & Indicators

The conceptual framework used to develop the HPS Standards and Indicators is the Health Promoting Schools concept as mentioned above. The "settings" approach of Health Promoting Schools, which addresses the social and environmental determinants of health (Rowland and Jeffreys 2006, 2015, Gray et al, 2006) has also informed this work. The settings approach to health promotion is very important as it shifts attention from former medical models of disease prevention to a holistic approach that recognizes that health is not only shaped by individuals' healthy habits and lifestyles, but it is also influenced by the physical and social environment in which the individuals find themselves in and by the ethos and the relationships which can either support or undermine, health (Gray et al, 2016).

The HPS concept and whole school approach put forward values and principles, which are embedded within the European Standards & Indicators.
The SHE 10 principles were developed in the first Conference of the ENHPS, known as the Thessaloniki Principles (1997), namely:

1. Democracy
2. Equity
3. Empowerment and action competence
4. School Environment
5. Curriculum
6. Teacher Training
7. Measuring Success
8. Collaboration
9. Communities
10. Sustainability

Some countries with health promoting schools' networks have used the Ottawa Charter guidelines for evaluation, highlighting the six areas which should be developed and sustained by a health promoting school, namely:

1. School health policy
2. School physical environment
3. School social environment and ethos
4. Individual skills and action competence
5. Links with parents and the local community
6. School health services

Such six areas which are consistent with the aims and core principles of the Health Promoting Schools framework, have informed the design of the SHE European Standards and Indicators.

1.3. The need for European Standards & Indicators

European Standards & Indicators for health promoting schools hereby address the current need for accessible and usable quality standards that fill the gap between what is the current practice in health promoting schools and what would be the optimal practice in health promoting schools across different European countries and different national HPS models.

General guidelines, values and principals/pillars exist in the Ottawa Charter, the documents produced by the SHE Network Foundation or the IUHPE. However, there was a need for a distinct set of European Standards and Indicators focusing on, the planning, implementation and monitoring/evaluation of health promoting schools' practices. Health promoting schools are not

just a concept. Health promoting schools manifest in practices, in how projects and activities are planned and implemented. Although guidelines and tools exist in different countries, whether at the national, or even the local level, they show great diversity in how to consider, plan and evaluate different aspects of health promoting schools, school health and/or specific health promotion programmes. In the light of the above, it seems important that such guidelines and tools take their roots in shared core principles and areas. A common monitoring tool which covers all the areas and actions of health promoting schools in coherence with core HPS principles and values seemed relevant and very much needed.

1.4. The aim of the task

European Standards and Indicators aim to provide guidance and support continuous quality improvement regarding planning, everyday practices, evaluation and monitoring of Health Promoting Schools. European Standards aim at supporting countries achieve sustainable development of Health Promoting Schools in the European region, while recognising that there are historical, political, cultural and economic differences that influence school health promotion practices. European Indicators aim at offering monitoring and evaluation tools to identify achievements and challenges in Health Promoting Schools in different countries across Europe. European Standards and Indicators do not aim at standardizing and homogenizing Health Promoting Schools across Europe, neither do they set a minimum of prerequisites for the existence of Health Promoting Schools. These Standards and Indicators are developed in order to be used with flexibility in different ways, according to the specific needs and priorities of each situation and point to the right direction each time where further development and quality improvement is required.

1.5. Potential benefits from the task

European Standards & Indicators for Health Promoting Schools will be valuable in order to achieve positive development in the following:

- Evaluate the implementation of the health promoting schools' approach and actions
- Plan policy and intervention strategies to develop school health promotion
- Assess funding and allocation of resources for health promotion
- Improve school settings
- Improve pupils' well-being and health
- Improve consistency in health promoting schools across Europe
- Increase equity in school health promotion practices

1.6. Who is it for?

European Standards & Indicators are intended for the stakeholders who are responsible for planning, organising actions, implementing health promotion programmes and evaluating Health Promoting Schools, for example:

- Health Promoting School coordinators
- Policy makers and administrators
- Health promotion professionals
- External evaluators and researchers
- School directors/headmasters
- School teachers

1.7. Definitions, description and rationale

Quality Standards are generally accepted principles, which refer to aspects of quality assurance (EMCDDA, 2011) within a setting of school health promotion. Standards mark where we are aiming at. Standards highlight whether there is good or poor quality in what we set out to do.

SHE European Standards cover 15 areas, which are part of the Health Promoting School concept and whole school approach. Such common areas were found in the documents developed in countries that have already designed national guidelines, standards and indicators for their health promoting schools. They include the 6 areas put forward by the Ottawa Charter (1986), the IUHPE guidelines (2009), the SHE values and pillars (please see SHE website). In addition, the areas selected by both SHE national coordinators and researchers as the most significant areas to facilitate the implementation of effective health promoting school programmes were included.
The 15 areas are:

1. School physical environment
2. School social climate
3. School health policies
4. Leadership and Communication
5. Teacher Training
6. Health Promoting School concept
7. Evidence and evaluation
8. Empowerment
9. Health literacy
10. Collaboration and Partnerships
11. Advocacy
12. Sustainability
13. Curriculum and HP activities
14. Links with Parents and community
15. School Health Services

1.8. Methods

1.8a. How were the Standards developed?

Databases, key journals, and documents provided by SHE National Coordinators were screened. The keywords used included "standards", "guidelines", "evaluation", "health promoting school assessment", "principles", "quality", "HP Indicators". As a result of the analysis, ninety-five (95) standard statements were found in the grey literature and bibliography and were categorized and grouped in a conventional content analysis (Hsieh and Shannon, 2005). This process led the team to identify 15 areas of the HPS framework, and 10 core standards found across the documents. Next, a synthesis was made to result in a set of eight European health promoting school Standards by the SHE task group. Then, the synthesis was reviewed by the SHE Reading Group and other HPS experts.

European Standards & Indicators were finalized with the use of a semi-structured survey aiming at collect knowledge and expertise from key stakeholders and assess their perceptions on what should health promoting school Standards & Indicators include. The survey was conducted via a questionnaire disseminated through the SHE Network Foundation to all its members the 4th October 2019.

The key stakeholders who responded were national SHE coordinators and SHE Research Group members with substantial professional experience in public health, school health promotion and academia sectors. Thirty-one (31) responses to the survey were received, from which twenty-six (26) were complete, valid responses.

The survey included questions covering the following:

- Sociodemographic characteristics of the participants;
- Existence of a Health Promoting Schools Network or another similar Healthy School network in the respondents' country/region;
- Participants' perceptions of the relevance and usefulness of the existence of Health Promoting School Standards & Indicators;
- The areas that the HPS standards & Indicators cover in their region or should cover, as well as which Standards & Indicators should be prioritized;
- The use of Standards & Indicators by teachers in their practice;
- The major barriers and facilitators for the use of Standards & Indicators in their practice.

Answers from the survey were analysed and used to fine-tune the SHE European standards and Indicators. The data collected further informed and verified the relevance of the choices made by the task team during the development of European HPS Standards and Indicators.

1.8b How were the Indicators developed?

SHE European Indicators result from a research of grey literature on existing indicators and evaluation tools developed and used by different European countries together with a bibliographical research in scientific journals on indicators and guidance for school health and health promoting schools. This research was completed by the survey mentioned above, to assess key stakeholders' perceptions on what European Standards and Indicators for Health Promoting Schools should look like.

From the research findings, the task group selected corresponding Indicators to each one of the presented core standards which run across various national assessment/monitoring tools from European countries. The final list of indicators is a synthesis of existing indicators which was reviewed and fine-tuned to fit the conceptual framework, working definitions and scope of this task. The main focus of the indicators is not one evaluating specific health promotion topics, for example, indicators for smoking prevention or sexual education, or healthy nutrition. Nevertheless, there are some examples of indicators and criteria to assess whether certain health promotion areas are developed, such as physical activity and healthy eating. The Indicators aim to assess the core elements that health promoting schools should consider when monitoring, for example, where they were the year before, and where they aim to be in terms of quality and development in the future, and this consistently with the health promoting concept and whole school approach.

The rationale to develop the presented Indicators is to provide a set of measurable and valid Indicators that may be used in different country contexts and may be further integrated and adapted within the different countries' educational systems and tailored to suit their health needs and priorities. Such development would be carried out by the stakeholders involved in the planning, implementation and monitoring of HPS in their countries. It is therefore envisioned as a flexible and adaptable toolkit to monitor quality and change within the Health Promoting Schools.

1.9. Logic model

The European Standards are structured into three phases according to a simple Logic Model (Petersen et al, 2013), including the impact of evaluating and upscaling health promoting schools:

- Input
- Process/Intervention
- Outcome
- Impact

Input standards help evaluate what is put into the HPS strategy and school plan as a necessary step for adequate implementation, for example, policy development, funding and resources allocated, training means.
Process/Intervention standards refer to what the schools and stakeholders do, activities and interventions, for example "the school develops links with the community". Interventions are

understood broadly as programmes, pedagogies, services, products, and policies (Bowen et al., 2009), developed, evaluated and implemented to improve outcomes within an identified context and/or population (Craig et al., 2008).
Output standards refer to the expected results of what is done, for example the products of activities, improvement of children's health and well-being.
All of the above elements should have a positive impact towards reducing health inequalities, upscaling health promoting schools, improving school health promotion practices and evaluation and developing equity among health promoting schools in Europe.

The Logic Model structure enables professionals to monitor in a clear and consistent way and according to a logical flow, all the aspects of health promoting schools, acknowledging that schools are settings that differ significantly from one region to another.

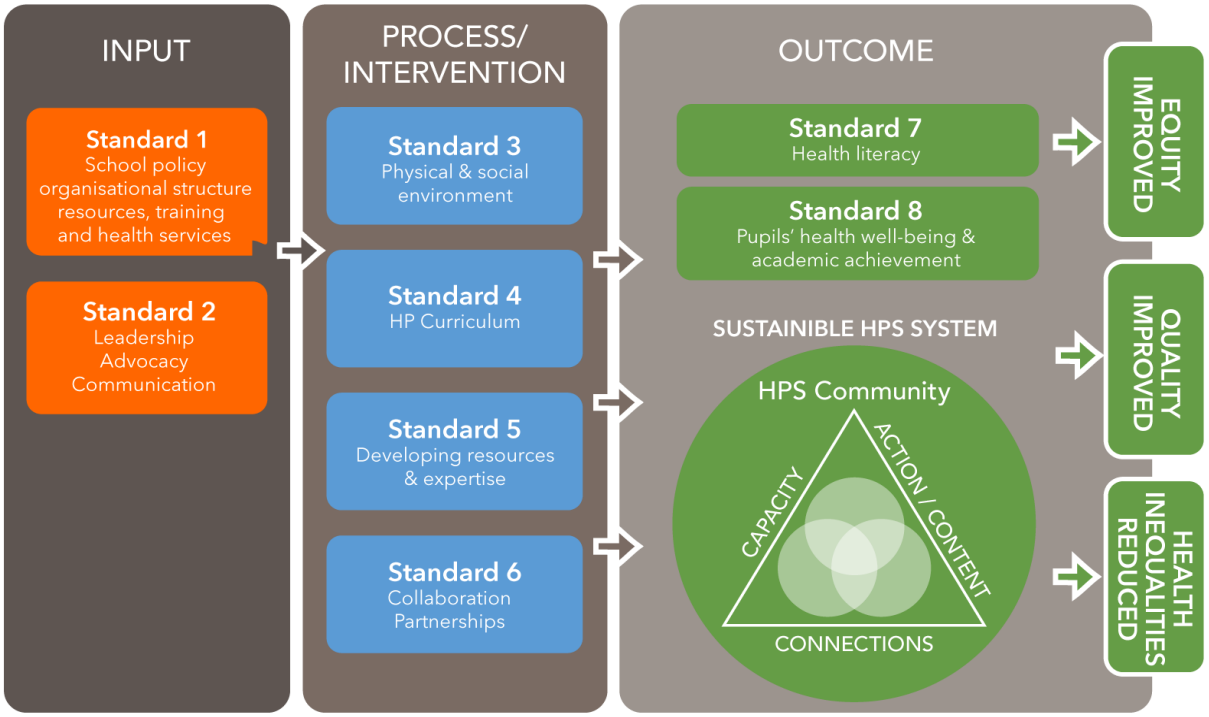
PART 2 – Standards for Health Promoting Schools

2.1. The European Health Promoting School Standards

STANDARD 1	School policy and organizational structure support health promotion and enable a whole school approach.
STANDARD 2	School leadership, advocacy and communication promote a whole school approach to health promotion.
STANDARD 3	A health promoting school provides a physical and social environment conducive to the safety, health, and well-being of pupils and school staff.
STANDARD 4	The school implements a health promotion curriculum to pupils.
STANDARD 5	The school develops its health promoting resources and expertise.
STANDARD 6	The school develops collaboration and partnerships conducive to health promotion quality, sustainability and impact.
STANDARD 7	The school improves pupils' health literacy.
STANDARD 8	The school fosters positive impact on the pupils' health, well-being and academic achievement.

2.2. Standards and Logic Model

The following graph presents the European Standards within the Logic Model, highlighting the various core areas of the Standards which were categorised according to Input, Process/Intervention and Outcome.



Graph 1: Logic Model for European Health Promoting Schools Standards

According to the Logic Model, Standards 1 and 2 are part of what is put into a Health Promoting School for effective and adequate implementation. Input Standards are the aspects policy makers or school leaders should bear in mind when planning the strategy and the organizational structure of Health Promoting Schools. For example, providing funding and resources for teacher training are part of the Input Standards.

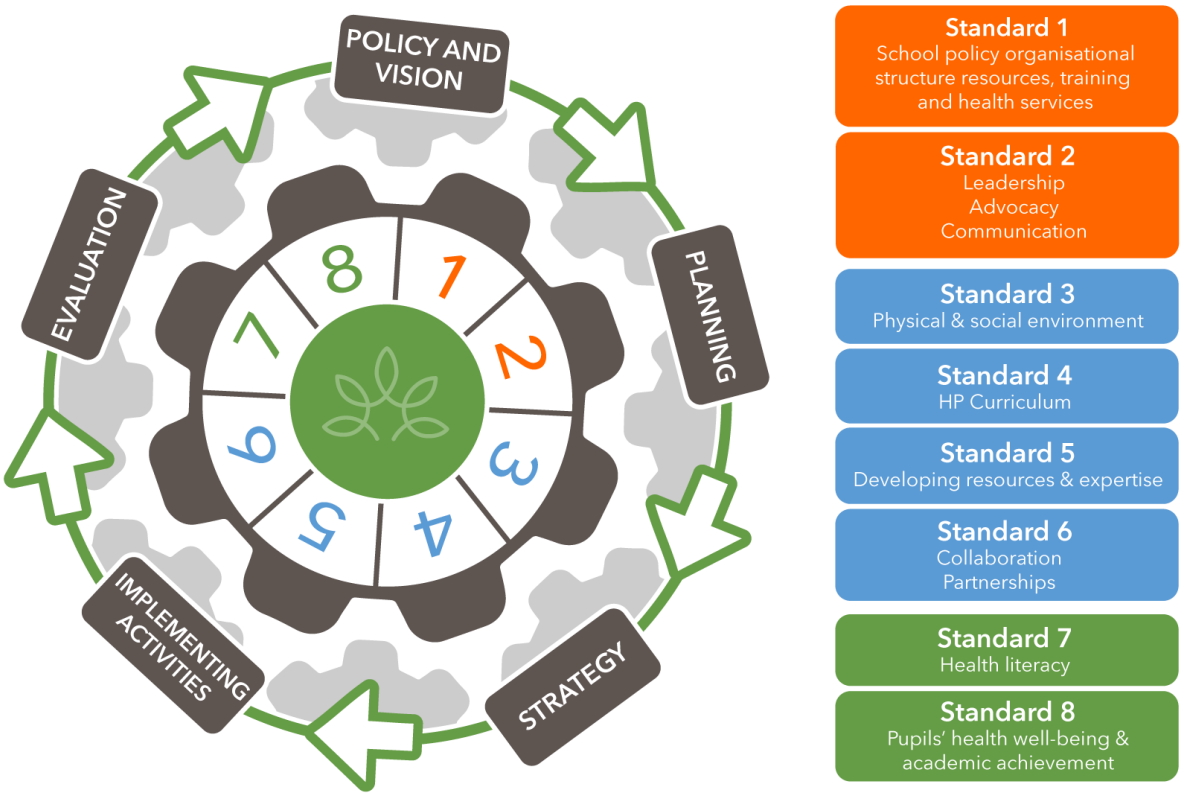
Standards 3, 4, 5, 6 encompass the ongoing processes and interventions that Health Promoting Schools should develop in order to be healthy environments. The four process/intervention Standards refer to the continuous effort that is required in order to renew, improve and/or upscale practices and actions.

Outcome Standards refer to the expected results of everything that has been put into and implemented in a Health Promoting School. One of the desired outcomes is to reach a stage of sustainability of the Health Promoting School community as a healthy setting.
The Logic Model for the Standards may be used to assess the stage of development of each Health Promoting School. The Standards may be used to assess what has been accomplished and

what requires further development. For example, in the case of a country which is at a piloting phase of Health Promoting Schools implementation, where school health policy planning is still taking place, it makes sense to benefit from using the Input Standards to assess what has already been done and what is still needed. In this case, it wouldn't make sense to use the Outcome Standards yet, not until a minimum of two years has passed and when the main actions of the process/intervention phase is completed. Note: the process of planning, implementation and evaluation are ongoing and at different stages and levels there are different aspects to further develop and upscale.

2.3. Standards and Project Cycle Phases

European Standards may be ordered chronologically into the phases of a project management wheel (www.hepcom.org). The project management wheel below interconnects project management phases with the European Standards (see graph 2). It is a visual aid to emphasize that evaluators may choose relevant Standards according the phase of development of the health promotion school or project they are assessing. The outer project cycle wheel should be understood as a simple model of health promotion project phases. Although Health Promoting Schools are not projects as such but part of an ongoing process of development and evolution, the design and implementation of strategies and actions follow basic project phases. The project cycle model puts forward the different phases of a project: policy and vision, planning, strategy, implementing activities and evaluation, which should be organised within a Health Promoting School. The inner wheel presents the corresponding Standards to assess what is taking place at each phase of the cycle. The inner wheel of Standards can be turned around the outer wheel, so as to move the Standards at the right phase with which they correspond in each different case.



Graph 2: Project cycle phases and European Standards for health promoting schools.

2.4. Standards and sub-components

In the following section, each Standard is accompanied by its sub-components, also mentioned in the international literature as "Standard statements".

Standard 1

	Standard components
School policy and organizational structure support health promotion and enable a whole school approach.	1.a Health promotion and a whole school approach are high on the agenda and included in school policy.
	1.b Resources are allocated (staff, funding, space, materials and time) for health promotion activities including teacher's training.
	1.c The tasks of the school staff include developing school health policy, planning, implementing and evaluating health promotion activities.
	1.d School-linked health services are provided to pupils

The existence of a national, regional or local school policy for the health and well-being of children, young people and teachers is crucial for an effective and sustainable health promoting school. The Paris Declaration (2016) states that multisectoral and intersectoral policy should ensure health promoting programmes and support Health Promoting schools. Health promoting schools are not schools merely implementing a health promoting project. If they are established and sustained in a successful way, Health Promoting Schools are healthy school communities which are committed to a continuous process of positive change and evolution (IUHPE, 2009). The International Union for Health Promotion and Education points to the necessary elements to start a Health Promoting School (IUHPE, 2009). Among these elements is the development of a supportive national, regional and local policy for HPS, establishing negotiated goals and a strategic school plan to achieve them. A school health policy should be integrated into the educational process and should contribute to the school's educational mission, as well as provide a clear vision and a framework for solving problems and promoting the health and well-being of all school community members (Gray et al, 2006). This requires funding, long-term planning, teacher training, evaluation, as well as implementing a framework for school-related health services. In addition, health services with appropriately trained staff should be either school-based or school linked and provide primary health care to pupils in need.

Standard 2

	Standard components
School leadership, advocacy and communication promote a whole school approach to health promotion.	2.a Information on the health promoting school concept and whole school approach is disseminated to the school community members by the school leaders and/or health promotion coordinators and school team.
	2.b Creation of a small group, actively engaged in leading and coordinating actions including teachers, nonteaching staff, students, parents and community members
	2.c School members including pupils, teaching and non-teaching staff and parents are aware and advocate for the health promotion concept and whole school approach.
	2.d Good communication between teachers and school health service providers.
	2.e Fair and smart allocation of HPS tasks according to the professional abilities of teaching and non-teaching staff.

Appropriate leadership, capable of advancing beneficial school community visions, actions through teamwork, is a critical requirement for developing and sustaining social infra-structure (Sakellarides, 2002). Advocacy and effective communication are necessary for establishing a successful and sustainable Health Promoting School (Bada et all, 2009). The advocacy process entails the following steps: 1) analysing existing policy, 2) identifying real needs, 3) determining realistic short-term and long-term goals, 4) selecting an audience, 5) communicating a clear message, 6) implementing a strategic plan and 7) evaluating the advocacy approach in order to improve and re-plan (*ibid.*). Supporting school leaders, school management and senior administrative staff is often needed in order to implement an effective health promoting school action plan (IUHPE 2009). Advocacy should involve both Health Promoting School coordinators at a national level, school leaders, teachers, parents, pupils and community members at a school level, depending on what is needed to be communicated and accomplished. In order to accomplish a concrete health promoting school agenda, all school community members should know what a health promoting school concept means, teamwork established and key-persons' roles clearly defined.

Standard 3

	Standard components
A health promoting school provides a physical and social environment conducive to the safety, health, and well-being of pupils and school staff.	3a The school provides a safe and clean physical environment (building, classrooms, toilets, outdoor spaces, etc.) that promotes positive attitudes towards health and healthy lifestyles.
	3.b The school cultivates a friendly and respectful social culture among members of the school community.
	3.c The social environment is inclusive, peaceful and promotes equity and democratic processes in all aspects of school life.
	3.d The school community members actively participate in promoting health and well-being in their school environment.
	3.e The school has a monitoring tool for health and pro-social behaviours.

The Ottawa Charter (1986) states that a Health Promoting School takes action to improve the physical environment as well as the social environment and ethos of the school. This is conducive to the health and well-being to pupils, teaching and non-teaching staff. The architecture of the school building, the sanitary conditions, the furniture, the existence of safe spaces for daily physical activity, are all part of the physical environment of the school and can all contribute to the promotion of pupils' healthy lifestyles. Social environment refers to the psychosocial aspects of pupils' educational experience and school life, which affect pupils' social and emotional development (Llewalen, 2015). The physical environment of the school is linked to the social environment, for it may contribute in positive ways to enable good relationships among and between pupils and teachers. The Scottish «Getting It Right for Every Child» approach supports children to feel safe, respected and loved, so that they can fulfil their potential. In school and home, children should feel: safe, healthy, achieving, nurtured, active, respected, responsible, included (please see https://www.gov.scot/policies/girfec/well-being-indicators-shanarri/).
These constitute the eight Indicators for Well-being in Scotland. Health Promoting Schools can promote well-being as well as a positive and friendly social environment through both the formal curriculum and their hidden curriculum, for example, through the school's discipline practices, attitudes adopted by staff towards pupils, among other ways (Steward-Brown, 2006).

Standard 4

	Standard components
The school implements a health promotion curriculum to pupils.	4.a The school curriculum includes health related topics and activities.
	4.b Pupils are actively involved in the development and implementation of health promotion activities.
	4.c Clear rules and positive guidelines are developed and implemented with regard to health and well-being.

Educational outcomes are at the very heart of schools' missions (St Leger, 2004), and must therefore not be discarded in a HPS strategy. On the contrary, curriculum development is one of the core businesses and strengths of schools. The inclusion of health-related issues and topics in the curriculum is key, as childhood experiences, learnings, and behaviours greatly influence the health status in future adults (Langford *et al.*, 2014). The Paris Declaration (2016) puts forward that the quality and inclusiveness of education is not only one of the key determinants of health, but its effect may last throughout children's life-course. Saint Léger also points out that classroom experience is key to promote the development of knowledge and competences, but it is also one of the strategies to promote pupils' health and well-being. Student participation and engagement is a lever to promote their motivation for learning in general, and in particular learning about how to promote their health, which also has a positive effect on their academic achievement and well-being (Samdal and Rowling, 2011).

Standard 5

	Standard components
The school develops its health promoting resources and expertise	5.a The school's teaching and non-teaching staff develop their health promoting professional skills.
	5.b Participation of parents and community members in the school life is fostered.
	5.c School Health Promotion strategies, interventions and evaluation are evidence-informed and good practices are encouraged.

Professional development and learning is one of the implementation components of HPS put forward by Samdal and Rowling (Samdal and Rowling, 2011). Health Promoting Schools should implement and/or participate in capacity building activities, organized either by the school or by other partners. The Paris Declaration (2016) emphasizes that partnerships at all levels and between

all stakeholders are essential to achieve the changes expected from the HPS strategy in a sustainable way. Knowledge from all stakeholders is valued and used, capacity for trust is enhanced through partnership building, which ensure the relevance of the evidence used to plan effective activities and to monitor and assess achievements. A community-wide approach to HPS is one of the three core components (Langford *et al.*, 2014) which schools should focus on to enhance their HPS strategies and achieve broader more equitable and more sustainable results with regards to pupils health and well-being.

Standard 6

	Standard components
The school develops collaboration and partnerships conducive to health promotion quality, sustainability and impact.	6.a The school cultivates and reinforces links with the whole community, engage parents, municipalities, health services, evaluators and stakeholders.
	6.b Collaboration and partnerships empower pupils to advocate for healthy choices in their families and community.
	6.c Inter-sectoral collaborations and partnerships with the school aim to support sustainability and continuity of interventions and health promoting schools.
	6.d Collaborations and partnerships with the school are based on ethical principles.

As stated in the Paris Declaration (2016), promoting children's health requires intersectoral collaborations and partnerships, in order to address health determinants, target the reduction of health inequities and improve health and well-being, sustainably. A detailed review of European Health Promotion School also showed that *collaborations and partnerships* between schools and other community organisations are an important driving force to promote health among pupils, but also their families and community members. Collaboration with regards to implementation and/or funding health promotion activities, between schools and companies with conflict interests –such as companies from the food industry selling unhealthy products- should be restrained. In order for HPS strategies to be sustainable, coherence, continuity, and an ethical whole-community approach based on trust and ownership is required (Paris Declaration, 2016). This will also contribute to collecting essential data to monitor and evaluate the processes at play.

Standard 7

	Standard components
The school improves pupils' health literacy.	7.a Improvement of pupils' knowledge and understanding of health and health related actions.
	7.b.Pupils' and teachers' empowerment and action competence to make sound health decisions.

Health literacy is considered as "the ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course" (Rootman and Gordon-El-Bihbety, 2008, p13) As WHO mentioned in "the solid facts" in 2013, several indicators show that almost half of the respondent Europeans in the survey, have inadequate or problematic health literacy. Research has now well established that low level of health literacy skills are associated with riskier behaviour, poorer health, and less-successful self-management. All actions which aim to strengthen health literacy have been shown to build individual and community resilience, help address health inequities and improve health and well-being.

Standard 8

	Standard components
Positive Impact on the pupils' health, well-being and academic achievement.	8.a Pupils' positive experiences in school, have a positive influence on children's health and well-being.
	8.b Positive impact on pupils' health behaviours.
	8.c Less dropouts, better academic achievement, less absenteeism, and better engagement with school.
	8.d Improved health promotion for an increasing number of pupils and teachers, including equity in health promotion.

Expected outcomes of HPS strategies include health behaviours, but also well-being, social health, and educational outcomes (Langford *et al.*, 2014). As mentioned above, well-being and health literacy are linked. During the review of existing standards in European countries, well-being came out as a major standard to consider. Several national policies specifically focus on well-being, as for example in Ireland and Scotland. Also, well-being is constitutive of health as mentioned in the Paris Declaration (2016). Health Promoting Schools are expected to evaluate their effectiveness in improving pupils' experiences at school, their attitudes towards health and their academic achievement.

2.5. How to use the Standards

European Standards for Health Promoting Schools include standards corresponding to different stages of health promoting school advancements in terms of policy, strategy planning, action plan implementation, evaluation. The Standards may be tailored and be relevant for different context situations. At a basic level, the Input Standards can be used in countries and/or schools currently transforming into becoming health promoting schools and are new in developing health promoting school programmes and networks, for example, when monitoring the application and dissemination of the health promoting school concept as a starting point. Other Standards, such as the Outcome Standards, are more advanced and may be more relevant to monitoring health promoting schools that have already accomplished the important basic milestones. Therefore, although the eight Standards, together with their sub-components, cover every identified area that will contribute to an excellent quality and outcome, health promoting professionals, policy makers, evaluators, school leaders and anyone else using the standards may at a starting point pick and choose from the eight Standards, the right set of standards for them. They would choose which Standards are relevant and feasible according to the specific situation of their school, region and/or country they are monitoring.

Every three years, an evaluation should take place. New standards from the logic model and project cycle should be included in the next evaluation phases. This would show the potential improvement, development and sustainability of what has been done. In the long-term, all eight standards should be assessed and included when planning, developing strategies, implementing actions and monitoring/evaluating.

The European HPS Standards and Indicators should not be used to discourage users. Rather, professionals should be motivated so as to align in the long-run their work with the Standards and Indicators in a beneficial way

2.6. Barriers and facilitators in implementing Standards and Indicators for Health Promoting Schools

Since 1992, the experience and the evidence gathered from Health Promoting School programmes across Europe highlights both the key elements of success and the challenging areas that need to be addressed to promote and upscale practices. For example, the Scottish case (Lee& Young 2006, Barnekow, 2006) shows that partnerships between the educational and health sector have been crucial to ensure success and sustainability of health promoting schools and integration of the health promoting school concept within the educational system, as seen in the Scottish Curriculum for Excellence (Education Scotland 2016). Such elements of success, as well as the barriers and difficulties experienced in school health promotion have informed the development of Health Promoting Schools Standards & Indicators. In order to ensure that Health Promoting

schools are effective and successful in accomplishing their main aims, the facilitating factors, as well as the barriers affecting implementation have to be taken into consideration.
The results from the survey that we disseminated to all SHE national and regional coordinators and members of the SHE Research Group, provided further information on such enabling and hindering factors.

Teacher training, advice and support, the existence of clear guidelines and practical manuals were considered by the respondents as major facilitators for schools and teachers to use existing Health Promotion Standards and Indicators. On the other hand, lack of time and of human resources were identified as major barriers that schools and teachers face when implementing Health Promotion Standards and relevant guidelines.

These factors need to be considered when planning, implementing, monitoring and evaluating health promoting schools. In addition, they could also affect the way in which Standards and Indicators will potentially be used and evaluated in terms of their application across European health promoting schools. This, however, constitutes an area for future research during the piloting phase of implementing European Standards and Indicators in the European region in 2020.

PART 3 - Indicators for Health Promoting Schools

3.1. Indicators: A monitoring tool to support planning, upscaling and evaluating the achievements of Health Promoting Schools

An indicator is defined as: "a sign that gives a fair and accurate representation of a part of the working of a complex system and changes within it" (Young 2005, Barnekow, 2006 Pp. 41). An indicator is a specially selected measure or attribute that may indicate or point to good or poor quality (Ader et al, 2001).

European indicators for health promoting schools have been developed so as to measure the level of achievements of Health Promoting Schools. They can also be used to identify areas which require improvement and attention. European Indicators are both quantitative and qualitative. They may be applied at different levels of HPS strategy, at international, national, regional, school or classroom level (Barnekow, 2006). Ideally, indicators should be used by a team of evaluators representing these different levels –i.e. from the ministries, local authorities, schools, school-related health promotion services, classroom levels.

3.1.1. An overview of European indicators in context

In Europe, various countries have developed Health Promoting School networks. They have in some cases established national, regional or school level indicators to monitor and evaluate practices and progress as well as evaluation tools for health education. In 2006, the European Network of Health Promoting Schools -ENHPS- made an initial attempt to develop indicators for health promoting schools in Europe, with several national health promoting school coordinators discussing international, national, regional and classroom level indicators for health promoting schools. Several countries have developed health promoting indicators and school evaluation tools for health education.

On a global scale, other important developments for the evaluation of health education or health promotion in schools can be noted. Among these, the FRESH (Focusing Resources for Effective School Health) Guidelines offer thematic indicators for different areas of school health, organized according to the four FRESH pillars (i.e. equitable school health policies; safe learning environment; skills-based health education; and school-based health and nutrition services) and outcomes (i.e. earning; behavioural; and impact). However, a gap remained in the development of a common and measurable set of European indicators for health promoting schools, relevant and applicable to different European countries, either nationally, regionally or locally. European indicators may differ from global thematic indicators such as the ones presented in FRESH guidelines, in the sense that certain aspects of school health are already in place in most European countries as national policy is already in place.

However, great variation in the way indicators are developed, measured and applied in each European country has to be one of the critical issues to address. European countries differ in terms of their cultural, organizational and structural background; differences in educational systems are evident; and different models of Health Promoting School are used, which can partly account for the fact that some evaluation tools work in some cases, while in other cases they do not apply at all. The European Indicators produced by SHE do take into consideration existing guidelines and evaluation tools found in the literature research; the presented set of indicators does not aim to erase diversity, on the contrary, diversity is needed and should be embraced. The Set of indicators produced by the SHE task group was developed to be flexible and adaptable. It seems unrealistic for indicators to be universally implemented in all country contexts. Therefore, measurements should correspond to the reality of each country situation. Indicators themselves may be unrealistic and not usable, if they cannot be applied to the educational and school health promotion system in each country.

3.1.2. Who could evaluate?

Evaluators could be regional or local school health promotion coordinator, the school leader, or director, or headmaster, or principal, a school counsellor, a team of school teachers, an external evaluator from a health promoting organization, a local authority policy maker, or a team of all the above-mentioned professionals, depending on the organizational structure of Health Promoting Schools in each country.

3.1.3. Data collection methods

The methods for gathering the evidence data and selecting a point for each indicator may be qualitative and / or quantitative, depending on the specific context of the school and the country involved. The evaluator or team of evaluators should look for evidence which may derive from observation, documentation, health promotion projects, teachers' meetings and school council minutes, annual school activity reports and others, to support the points / classification ascribed to each indicator.

Other methods for gathering information for the evaluation may include interviews, focus group discussions with informants such as the teachers' board, parents' board, pupils' board, the school nurse, the school director or any other relevant member of the school community.

Data collection and evaluation should, preferably take place every two or three years, to allow change and progress in-between assessments.

3.2. Assessment and Measurement

3.2.1. A four-point scale may be used to measure each indicator and assess both achievements and improvements that need to be made.

- Stage 4: Very Good. Goals and achievements are mostly fulfilled. Development in this area has reached a very good quality according to standards and the school's objectives. Percentage of 76%-100% when proportions are measured.
- Stage 3: Good. There are more achievements than weaknesses. Development in this area is satisfactory but there are still improvements to be made. Percentage of 51%-75% when proportions are measured.
- Stage 2: Unsatisfactory, weak. There are more weaknesses to overcome than achievements. Development in this area is necessary to reach desired goals.
- Percentage of 26% -50% when proportions are measured.
- Stage 1: Poor or inexistent. Lack of achievement – mostly weaknesses are observed. Very low quality is observed in this area. Percentage of 0-25% when proportions are measured.

3.2.2. Assessing what are the criteria for success

In order to assess the various areas of Health Promoting Schools, the evaluator will have to select the stage that corresponds best to where the school is in relation to its objectives. So, there should be a baseline of initial stages -where the school is at and expected developments, i.e. objectives in a given timeframe. The percentage or number of teachers, pupils, parents, and schools refers to what is considered adequate and satisfactory with regards to present, past and future goals, considering the available resources, existing capacities and real-life challenges experienced by the schools. This measure also consists of a four-stage scale. Stage 4 would represent what is considered satisfactory for a school. For example, it is probably unrealistic to expect 100% of staff and pupils to actively participate in health promotion activities. Therefore, 100% or Stage 4 represents a fully met objective with a fully satisfactory number of pupils or teachers affected. The next step would be to sustain this percentage in the following year or increase it, while taking into consideration what is feasible in terms of resources, funding, infrastructure.

3.3. European Indicators for Health Promoting Schools

The following indicators accompany each of the eight HPS Standard.

Indicators for Standard 1

Standard 1: School policy and organizational structure support health promotion and enable a whole school approach.

Indicators	Stage or Percentage
1.1 Health promotion is a responsibility of the school and it is mentioned in the school mission and school policy documents.	
1.2 There is a partnership between the Ministry of Health and the Ministry of Education for the implementation of Health Promoting Schools at national or regional levels.	
1.3 There are structures and guidelines for the planning, implementation and evaluation of health promotion policies and activities in the school.	
1.4 Time, materials, staff, funding, spaces are allocated for implementing school health promotion activities.	
1.5 Teacher training is organized and provided.	
1.6 School-linked health services are available to all students during school days.	

Example of signs and criteria to consider as evidence, in order to select the right stage or percentage.

1.1 Health promotion is a responsibility of the school and it is mentioned in the school mission and school policy documents.

- Health promotion is among the school's priorities and is clearly stated in the school's educational mission (visible in the school's website, policy documents).
- School staff and teaching staff consider health promotion to be among their job tasks.

1.2 There is a partnership between the Ministry of Health and the Ministry of Education for the implementation of Health Promoting Schools at national or regional levels.

- Documents that verify the partnership between the two Ministries.
- Commonly agreed HPS goals and processes shared by both the educational and health sectors.

1.3 There are structures and guidelines for the planning, the implementing and evaluation of health promotion policies and activities in the school.

- School leaders, teachers, pupils and parents have developed a school health policy for dealing with health issues at school and for planning, implementing and evaluating health promotion activities in the school (minutes from the board of teachers meetings, parents' board meetings etc.)
- Do all school members implement a no-smoking policy?

1.4 Time, materials, staff, funding, spaces are allocated for implementing school health promotion activities.

- Is there a budget for health promotion activities?
- What kind of resources are allocated for school health promotion activities?
- Fair and intelligent distribution of educational and health promotion tasks.
- Is there sufficient time allocated for teaching health-related skills to students?

1.5 Teacher training is organized and provided.

- Is there in-service teacher training or teacher professional development workshops and seminars provided?
- How many teachers participate in seminars, health promotion programmes or professional development opportunities each year?
- Teachers who implement health education in school are trained and well-equipped with knowledge and professional skills.

1.6 School-linked health services are available to all students during school days.

- There is a school nurse/ health professional for all pupils at the school.
- There is a school psychologist or counselling services for pupils, teachers, parents/ guardians.
- There are school-linked primary health care services available to pupils and school staff.
- Health professionals working with pupils at schools have adequate professional skills.
- Local health services are available for students during school days.
- The school promotes local health services to students and parents/guardians.

Indicators for Standard 2

Standard 2: School leadership, advocacy and communication promote a whole school approach to health promotion.

Indicators	Stage or percentage
2.1 There is a school health promotion team responsible for monitoring pupils' health and needs, for planning and organizing health promotion actions together with other school health professionals.	
2.2 There is information disseminated to the members of the school community about the health promoting school concept and whole school approach.	
2.3 Health service providers communicate with teachers in order to develop and implement health promotion activities and support pupils' needs.	

Example of signs and criteria to consider as evidence, in order to select the right stage or percentage.

2.1 There is a school health promotion team responsible for monitoring pupils' health and needs, for planning and organizing health promotion actions together with other school health professionals.

- Minutes from meetings of school members for planning and organizing health promotion activities.
- Is there an on-going collaboration and communication between health professional and teaching or non-teaching staff for health promotion action in the school?
- Number of school members know are who the key-persons responsible for health promoting activities and school health services.
- Percentage of pupils, teachers and parents who know who the key-person for health promoting activities and health related issues are in school.
- Percentage of pupils who know to whom to talk to when they have a health-related problem in the school.

2.2 There is information disseminated to the members of the school community about the health promoting school concept and whole school approach.

- Teachers, pupils and parents state that they are informed about the health-promoting school concept and the whole school approach.
- Effective communication is established between school leaders, teaching and non-teaching staff, pupils, parents, health service providers, local community administrators.

2.3 Health service providers communicate with teachers in order to develop and implement health promotion activities and support pupils' needs.

- Communication between teachers and health service providers is observed for planning and implementing specific health promotion projects (there are allocated hours for this).
- School administrative staff, headmasters, teachers, parents and health services providers collaborate for students' health and psychosocial needs.
- Policy for administering medicines, first aid, and special nutrition to students is communicated and implemented.

Indicators for Standard 3

Standard 3: A health promoting school provides a physical and social environment conducive to the safety, health, and well-being of pupils and school staff.

Indicators for Standard 3	Stage or Percentage
3.1 The physical environment and the infrastructures of the school (school building, outdoor premises) are in good condition, are safe and comply with health standards (including building materials, furniture, lighting, temperature, playground equipment).	
3.2 Cleanliness and hygiene is observed in the school premises (classrooms, toilets, school yard, school canteen).	
3.3 The whole school community is committed in respecting and caring for the physical environment, school premises, furniture and care about energy saving and recycling.	
3.4 Teaching/learning are based on interactive, cooperative and participatory methods that cultivate self-esteem, teamwork and pro-social behaviour.	
3.5 Relationships among and between pupils, teachers, non-teaching staff, parents are friendly, respectful and based on mutual communication and cooperation.	
3.6 The school promotes healthy active living and complies to national or international guidelines.	
3.7 School life is organized according to pupils' needs and oriented towards individual care.	
3.8 A sense of belonging, inclusion and equity is cultivated: school events that encourage positive social relationships are organized (i.e. school excursion, theatre, sports).	
3.9 The school monitors pupils and teachers' health behaviours and takes action to make improvements where needed.	

Example of signs and criteria to consider as evidence for selecting the right stage or percentage in a valid and objective way.

3.1 The physical environment and the infrastructures of the school (e.g. school building and outdoor premises) are in good condition, safe and comply with health standards (including building materials, furniture, lighting, temperature and playground equipment).

- There is funding and technical support provided by the local authorities or other entities for e.g. heating and/or general maintenance.
- The school monitors the type and number of accidents that take place during breaks and follows national and/or regional and/or local first aid guidelines for dealing with accidents at school.
- The school grounds are accessible for students with a disability.
- Redesign of playground areas and indoor school spaces to increase opportunity for physical activity.

3.2 Cleanliness and hygiene is observed in the school premises (classrooms, toilets, school yard, school canteen).

- Washbasins and toilets are kept clean during the day.
- Toilet paper, soap and drying paper or dryers are at place.
- Safe water available for pupils and staff.
- The classrooms are regularly aired and are cleaned daily.

3.3 The whole school community is committed in respecting and caring for the physical environment, school premises, furniture and care about energy saving and recycling .

- Recycling bins are available in rooms and corridors.
- Recycling procedures follow refuse collections guidelines. Recycling procedures are shared with local refuse collections services.
- Pupils and school staff use recycling bins at school – paper, plastic, glass and other types of waste are separated and sent to recycle.
- Pupils and teachers participate in keeping the classroom tidy and clean.

3.4 Teaching and learning is based on interactive, cooperative and participatory methods that cultivate self-esteem, teamwork and pro-social behaviour.

- Teachers' disciplining and rewarding methods are respectful to pupils' personality and cultivate positive social relationships within the classroom.
- There are appropriate spaces to use active learning and cooperative learning methods.
- Developmentally appropriate discussion (according to the age and mental abilities of pupils) and activities for developing pro-social tools, self-esteem, conflict resolution skills, effective communication take place in the classroom.
- Implementation of peer mentoring programmes to tackle bullying.

3.5 Relationships among and between pupils, teachers, non-teaching staff, parents are friendly, respectful and based on mutual cooperation.

- Pupils are actively involved in developing a positive school ethos.
- Number of bullying incidents observed or reported and how/if they were handled in a satisfying way.
- Number of pupils, teachers and parents who feel safe, respected and included at school.
- Is there a friendly atmosphere in teacher-parents meetings?

3.6 The school promotes active living, healthy eating and physical activity.

- School canteen and catering comply with the national laws, regulations or recommendations in force regarding healthy eating and hygiene.
- Community initiatives about physical activity are promoted.
- Physical activity opportunities are offered at school in collaboration with external organisations.
- Improvement of catering services to make healthy choices, easy choices.
- There are appropriate spaces and equipment for pupils' physical activity and playing during class time and breaks in compliance with national laws, regulations or recommendations in force regarding physical activity in school.
- Adequate hours for physical activity per week.
- Age appropriate information and activities to promote healthy eating and physical activity attitudes to pupils.
- Walking or cycling to school is promoted in collaboration with local authorities.

3.7 School life is organized according to pupils' needs and oriented towards individual care.

- There is information that circulates in the school about well-being, healthy lifestyles, bullying prevention, sexual education among other issues.
- Effective activities and practices are implemented to promote interconnectedness.
- Pupils feel that they are supported by school staff.
- There are practices that promote relaxation, concentration and fun, conducive to well-being.

3.8 A sense of belonging, inclusion and equity is cultivated: school events that encourage positive social relationships are organized (i.e. school excursion, theatre, sports).

- There is an active class council or pupils' association.
- Number of social school events organized and number of school members participating.
- Compliance with democratic structures, dialogue and decision making with the active participation of pupils and teachers.
- Policies to students' special needs are defined, for example administration of medicines or special diet needs.

3.9 The school monitors pupils and teachers' health behaviours and takes action to make improvements where needed.

- The school delivers a self-monitoring tool for assessing the needs related to health and social relationships in the school, including pupils' self-reporting and taking into consideration their views and needs.

Indicators for standard 4

Standard 4: The school implements a health promoting curriculum to pupils.

Indicators for Standard 4	Stage or Percentage
4.1 The school curriculum includes age-appropriate health and well-being topics and activities.	
4.2 Teachers choose activities and teaching methods which promote the health and well-being of all pupils throughout the whole school curriculum.	
4.3 The pupils receive a health promoting school curriculum as part of their education.	
4.4 Pupils are actively involved in health promoting projects and activities; they share decision-power and have a voice in their design, implementation, evaluation.	
4.5 Pupils are actively involved in school life, they share decision-power and have a voice in matters which concern them.	
4.6 Clear rules and positive guidelines are developed and implemented to prevent risks and promote the health and well-being of pupils and staff.	

Example of signs and criteria to consider as evidence for selecting the right stage or percentage in a valid and objective way.

4.1 The school curriculum includes health and well-being topics and activities, which aim to develop age-appropriate health literacy and health promoting action competences

- An age-appropriate health promotion course and / or health promotion modules and / or health promotion activity exist in the school curriculum, and they are included in teaching activities.
- Well-defined units of health education / health promotion exist within the school curriculum, and they are taught to pupils during school hours.
- Documents detailing health promotion course and / or health promotion modules and / or health promotion activities exist; school activities are recorded in written documents.
- Health and well-being-related topics such as hygiene, tobacco prevention, physical activity are clearly stated in the school curriculum, and are included in activities during school time.
- The development of action competences and health literacy which are conducive to health and well-being are found in documents describing school activities and lessons.

4.2 Teachers choose activities and teaching methods which promote the health and well-being of all pupils throughout the whole school curriculum.

- Everyday teaching explicitly takes its root in differentiated and inclusive collaborative teaching and learning methods, based on equity, and which promote pupils' sense of achievement.
- Teachers reflect regularly on their teaching practices and attitudes in group meetings.
- Teachers take every opportunity to promote well-being in everyday school life throughout the whole curriculum.
- The assessment of pupils promotes their sense of achievement, and draws from peer assessment, self-assessment, formative evaluation and other motivation enhancing-methods.
- Teachers assess regularly assess learning outcomes for children and young people at risk or with additional and/or complex needs so that they experience a sense of achievement.

4.3 The pupils receive a health promoting school curriculum as part of their education

- Percentage of students who received health education lessons and activities as part of the school curriculum.
- Percentage of classes participating in at least one health education activity per year.
- Total number of health education sessions per year within the school curriculum.
- Average number of lessons, duration of physical education lessons per week in schools.
- Percentage of students reporting they received at least one health education session per academic year in the school.
- Percentage of students taught about injury prevention, first aid, road safety, healthy eating, alcohol or other drug use prevention, healthy lifestyles per academic year in the school.
- Percentage of children and young people who access curricular activities to promote their physical, social and emotional competence to enhance their overall well-being.
- Number of projects and activities which aim to promote the health and well-being of pupils.

4.4 Pupils are actively involved in health promoting projects and activities; they share decision-power and have a voice.

- The school provides evidence of active pupil involvement in policy development (e.g. minutes of meetings, and pupils attending steering meetings).
- Pupils' representatives are involved in the development, and analysis of health promotion goals in the school.
- Pupils are involved in the development, and analysis of health promotion goals in the school.
- Pupils' representatives are involved in the development, implementation and evaluation of health promotion activities in the school.
- Pupils are involved in the development, implementation and evaluation of health promotion activities in the school.

- The level of pupils' participation in health education and health promotion projects and activities is high, pupils share decision-power and inform the design of activities and projects.
- Pupils collaborate with parents and local community members do develop, implement, and evaluate health promotion activities and projects in the school.
- There is evidence of initiatives, projects and activities in which pupils are actively involved.
- There is evidence that pupils are actively involved in the evaluation of health promotion activities and projects in the school.
- There is evidence of pupil involvement in discussions with caterers regarding school food provision.
- The school has an effective school council which meets on a regular basis (e.g. minutes of meetings can be found, lists of participants…).

4.5 Pupils are actively involved in school life, they share decision-power and have a voice in matters which concern them

- Pupils' views are taken into account regarding what is taught and how in the school.
- There is evidence of student participation in the decisions made about the life of the school.
- Specific activities are used to collect pupils' opinions and give pupils a voice.
- Pupils are encouraged to express themselves and give their opinions on the matters which concern them.

4.6 Clear rules and positive guidelines are developed and implemented to prevent risks and promote the health and well-being of pupils and staff.

- The school has clear rules and guidelines about prevention of risks for pupils and staff.
- The school has clear rules and guidelines to promote the health of pupils and staff.

Indicators for Standard 5

Standard 5. The school develops its health promoting resources and expertise

Indicators for Standard 5	Stage or Percentage
5.1 The school's teaching and non-teaching staff develop their professional skills on an ongoing basis.	
5.2 The school's teaching and non-teaching staff have received training to develop their health promoting professional skills	
5.3 The school's teaching and non-teaching staff feel competent to promote pupils' health and well-being	
5.4 Participation of parents and community members in the school life is fostered; parents and community members are involved in the design, implementation and evaluation of health promotion projects and activities; they have a voice.	
5.5 The school promotes a sense of membership in parents and community members to the school community.	
5.6 Parents and community understand the importance of promoting pupils' health and well-being in every aspect of school life.	
5.7 The school is open to parent and community participation in school life.	
5.8 The design of school health promotion strategies and interventions is evidence-informed and good practices are encouraged.	
5.9 The evaluation of school health promotion strategies and interventions is evidence-informed and good practices are encouraged.	
5.10 The level of expertise in the school increases over time.	

Examples of signs and criteria to consider as evidence for selecting the right stage or percentage in a valid and objective way.

5.1 The school's teaching and non-teaching staff develop their professional skills on an ongoing basis.

- The school encourages and supports educational innovation aimed at health promotion, they provide time and resources and facilitates the process.

- The school collaborates and shares experiences with other schools; networking is promoted and supported.
- The school participates in participatory action research in the field of school health promotion; they collaborate with research teams to upscale practices.
- School management supports innovation and addresses resistance to change.
- Percentage of school staff who feel equipped to promote health and well-being in the school.
- Percentage of staff members who are aware of the health promoting school policy, including existing guidelines, activities and projects.
- School staff are willing to update their knowledge and practices on health promotion as part of their schoolwork.

5.2 School staff have received training to develop their health promoting professional skills.

- Health education and promotion is reflected in the school's professional development plan for staff.
- Continuous training based on updated knowledge and awareness of school health and well-being priorities is on offer every year.
- Percentage of staff who have been trained to prevent specific risk factors and risky behaviours (substance use, bullying).
- Percentage of staff who have been trained to provide guidance to pupils on how to promote their health and well-being.
- Percentage of staff who have been trained to promote healthy behaviours in pupils.

5.3 School staff feel competent to promote pupils' health and well-being.

- Percentage of school staff members who feel competent to provide guidance to pupils on how to promote their health and well-being.
- Percentage of staff who feel competent to prevent specific risk factors and risky behaviours (i.e. substance use, bullying).
- Percentage of staff who feel competent to promote healthy behaviours in pupils.

5.4 Participation of parents and community members in the school life is fostered; parents and community members are involved in the design, implementation and evaluation of health promotion projects and activities; they have a voice.

- There is evidence of parents being involved in developing, and analysing health promotion goals (i.e. minutes of meetings, participation to meetings)
- There is evidence that parents are involved in developing, implementing and evaluating health promotion activities and projects.
- A health council including parents and community members exists in the school.
- There is evidence of parents, and families involved in school life and school activities.
- A parent council exists in the school; the parent council is involved in the decisions relating to school life.

- There is evidence of community members involved in school life and school activities.
- There is evidence of the school promoting parent involvement and participation in school activities (newsletters, invitations to participate).
- A newsletter is sent to parents to inform them of activities in the school.
- There is evidence of the school promoting relationships with other schools and communities.
- Parents and community members are actively involved in well-being promotion within the school community?
- The expertise of parents and/or members of the community is used to support activities in the school.

5.5 The school promotes a sense of membership in parents and community members to the school community.

- The school organizes inclusive events that involve, recognize parents and community members as the school community; and promotes a sense of belonging in parents and community members.
- The school communicates with parents and community members; and informs them about health promotion activities and projects and school life.

5.6 Parents and community understand the importance of promoting pupils' health and well-being in every aspect of school life.

- Parents and community members are well informed by the school; they understand the importance of promoting health and well-being in every aspect of school life.
- Percentage of parents who prioritize health and well-being in every aspect of school life.

5.7 The school is open to parent and community participation in school life.

- School staff prioritize openness, respect and listening in their interactions with each other, pupils, parents and community members.
- Formal and informal structures and activities exist to promote relationships and partnerships between parents, community members and the school.
- The school collaborates with community organization and services.
- The school policy is developed and supported by the whole school community; it involves parents and community members.
- Extra-curricular activities and projects involve community clubs and services and parents; they are involved in the planning, the needs analysis, the implementation and the evaluation.

5.8 The design of school health promotion strategies and interventions is evidence-informed and good practices are encouraged.

- Activities and projects are rooted in the theoretical basis, the concepts, principles, values and methods of the health promoting schools framework.

- Decisions on the design of health promoting strategies and interventions are evidence-based.
- The health promoting curriculum reflects current national/international guidelines.
- The expertise of parents and/or members of the community is used to support health promoting activities in the school.
- Programmes and good practices are implemented and sustained by non-profit health organisations or universities.

5.9 The evaluation of school health promotion strategies and interventions is evidence-informed and good practices are encouraged.

- Health promotion activities and projects are evaluated. The evaluation is programmed at an early stage of project / activity design. How is the evaluation designed?
- Practices implemented are fostered by scientific guidelines, local policies or research institutions and project/activities implemented are evidence-based.
- Documents and evidence from projects and activities record the process of needs analysis, design, implementation and evaluation; such evidence and documents are kept to inform future practices and are used for reflexive practices.
- The evaluation of the project / activities is based on current knowledge and available data.
- Documents and evidence are collected throughout the course of the activity / project.
- The progresses made, the effectiveness, the difficulties relating to health promotion projects and activities are monitored on a regular basis.

5.10 The level of expertise in the school increases over time

- Collaborations with health promotion experts, non-profit health organisations, enable the school to gain knowledge and competences for health promoting activities and projects.
- Parents and community members with relevant knowledge are encouraged to contribute to school activities.
- Workshops and collective work increase the quality of the design, implementation and evaluation of health promotion activities and projects.
- Collaborations between teachers, pupils, researchers, health professionals, health service providers produce evidence and data which are used to upscale health promoting projects and activities.

Indicators for standard 6

Standard 6: The school develops collaboration and partnerships conducive to health promotion quality, sustainability and impact.

Indicators for Standard 6	Stage or Percentage
6.1. National and local intersectoral collaboration and partnerships for implementing public health, social and educational programmes for children and young people in a sustainable way.	
6.2 The school embraces and participates in local, regional, national or international school health promotion initiatives.	
6.3 Pupils and their parents/guardian are actively involved in school health and well-being promotion projects and activities.	
6.4 Pupils, teachers and school staff actively contribute to the community where the school belongs in initiatives that advocate for healthy choices.	
6.5 Appropriate external organizations/institutions and individuals regularly contribute to the development of school health promotion initiatives and any contribution is planned, complies with policy and ethical principles, is evaluated and the work is followed up.	
6.6 The school seeks or acknowledges the expertise of parents, teachers, academia members, health professionals or other members of the community to support school health promotion curriculum and non-curriculum activities, as appropriate.	
6.7 Health services providers, health professionals and institutions/organizations/private companies that promote or fund health promotion activities in the school, comply with ethical principles, have no conflict of interests and, in case of data sharing, comply with EU and national Data Protection Regulation.	

Example of signs and criteria to consider as evidence for selecting the right stage or percentage in a valid and objective way.

6.1. National and local intersectoral collaboration and partnerships for implementing public health, social and educational programmes for children and young people in a sustainable way.

- Long-term national, regional and local intersectoral collaboration and partnerships between educational and health institutions and professionals based on commonly agreed aims.
- Evidence that the school cooperates with national and/or municipal authorities, institutions, for example, with addiction care organizations, welfare services, local sports clubs, mental health care authorities, international school project, in joint health promotion initiatives.

6.2 The school supports and participates in local, regional, national or international school health promotion initiatives.

- Number of health promotion initiatives supported or attended by school members.
- Percentage of parents/guardians that, in the past two to three years, took part in lessons, workshops or other activities that strengthened their knowledge and skills in health promotion.
- The school leaders and health promotion coordinators disseminate information to staff, pupils and parents about national health promotion programmes, health promotion contests, local running marathons etc.

6.3 Pupils and their parents/guardian are actively involved in school health and well-being promotion projects and activities.

- Percentage of pupils that, in the past two to three years, took part in lessons, workshops or other activities that strengthened their knowledge and skills in health promotion.
- Evidence of cooperation and dialogue with parents/guardians to gain a whole school approach to, for example, prevent and dealing with bullying issues, substance use and misuse, mental emotional well-being, safety, healthy eating and physically active lifestyles.
- The school offer information to parents/guardians of planned events or literature provision.

6.4 Pupils, teachers and school staff actively contribute to the community where the school belongs in initiatives that advocate for healthy choices.

- Pupils support the community e.g. through charity work, fund raising for non-profit health organization, working with/for the elderly or persons with disabilities.
- How many members of the school community participated in dissemination action of the health-promoting schools' concept and good practices outside the school.

6.5 The school is part of a health promotion network.

- The school leads a school health promotion network.
- The school is a member of a working/group or network interesting developing capacity building for health promotion in schools.

6.6 Appropriate external organizations/institutions and individuals regularly contribute to the development of school health promotion initiatives regularly and any contribution is planned, complies with policy and ethical principles, is evaluated and the work is followed up.

- Evidence of regular contacts and meetings with external stakeholder and school health promotion regional and national coordinators.
- Evidence of external health promotion organizations and individuals providing workshops or resources for school health promotion projects.
- Evidence of existence of long-term health promotion projects, or health promotion agreements with relevant stakeholders.
- The school is supported by the regional and national school health promotion coordinator in initiative evaluation processes.

6.7 The school seeks or acknowledges the expertise of parents, teachers, academia members, health professionals or other members of the community to support school health promotion curriculum and non-curriculum activities, as appropriate.

- The school is involved in research project(s) aimed at understanding the impact of healthy behaviours on pupils/staff health and well-being.
- Evidence of experts' collaboration in school health promotion initiatives, including parents with relevant expertise, researchers, academics, health professionals.

6.8 Health services providers, health professionals and institutions/organization/private companies that promote or fund health promotion activities in the school, comply with ethical principles, have no conflict of interests and, in case of data sharing, comply with EU and national Data Protection Regulation.

- Evidence of data protection compliance.
- Evidence of inexistence of conflicts of interest.

Indicators for standard 7

Standard 7: The school improves pupils' health literacy.

Indicators for Standard 7	Stage or Percentage
7.1 Improvement of pupils' knowledge of what health is and how it can be promoted.	
7.2 Pupils' empowerment and action competence enable them to make sound health decisions.	
7.3 Pupils feel confident to take action and advocate for positive healthy habits in their family and community.	

Examples of signs, criteria as evidence for selecting the right stage or percentage in a valid and objective way.

7.1 Pupils' knowledge and understanding of what health is and how it can be promoted is improved.

- Increase in the number of students who know and understand specific facts about healthy habits.
- Percentage of pupils who reported they have received health specific information in schools.
- Percentage of pupils who understand basic concepts of disease outbreaks.
- Percentage of pupils who know and understand what to do to take care of their health.
- Percentage of pupils who are able to identify information that help them to promote their health.

7.2 Pupils' empowerment and action competence enable them to make sound health decisions.

- Percentage of pupils who have changed their healthy habits.
- percentage of pupils who are motivated in improving their health.
- Percentage of pupils who know where to access to health information and do so.
- Pupils have gain competencies on critical appraisal of health information and applying it in everyday life.
- Pupils have gain in advocacy skills.
- Pupils have gain in communication skills.
- Percentage of pupils answering they have been taught resistance skills in relation to deleterious health behaviour.

7.3 Pupils feel confident to take action and advocate for positive healthy habits in their family and community.

- Pupils disseminate health related information to family members and/or broader community members.
- Pupils participate in health promotion activities in the local community.
- The school involves both pupils and their parents in health promotion activities and supports pupils to disseminate health and well-being information to parents.

Indicators for standard 8

Standard 8: The school fosters positive impact on the pupils' health, well-being and academic achievement.

Indicators	Stage/percentage
8.1 School life is organized according to pupils' needs and opinions.	
8.2 Pupils are fond of their school and happy with their class.	
8.3 Opportunities are provided in school life for activities that promote self-esteem.	
8.4 Pupils have positive attitudes towards specific behaviours that ensure good personal health.	
8.5 The relationship between academic achievement and a child/young person's well-being is understood and accepted by school staff and parents.	
8.6 Children and young people are knowledgeable about human rights, equality and inclusion and feel confident to advocate for these in their family and community	

Example of signs and criteria to consider as evidence for selecting the right stage or percentage in a valid and objective way.

8.1 School life is organized according to pupils' needs and opinions (satisfaction rating)

- The school supports pupils with learning difficulties or behaviour problems with school-linked, and/or school-based health services, such as speech therapists, psychologists and regular communication between the teachers, parents and health professionals for this matter is established.
- Percentage of pupils stating that they feel safe at school and that they feel supported by staff.
- Number of activities during school time that promote free talking and democratic debate.

8.2 Pupils are fond of their school and happy with their class.

- A Self-monitoring questionnaire is disseminated to pupils asking their views on their school.
- Percentage of pupils who state they are fond of their school and are happy with their class.
- Less absenteeism from school.

8.3 Opportunities are provided in school life for activities that promote self-esteem.

- Implementation of social and emotional learning programmes and activities aiming at improving self-esteem.
- Percentage of pupils feeling they are worthy and capable of reaching their goals.
- Teaching and non-teaching school staff encourage verbally pupils.
- Raising of self-efficacy (specific scales).

8.4 Pupils have positive attitudes towards specific behaviours that ensure good personal health.

- Number of incidents, altercations between pupils.
- School supports healthy nutrition for school children during school days (e.g. restrictions on school machines, food served in cafeteria, provision of healthy foods at school events).
- Percentage of students who demonstrate healthy practices and who are encouraging others to do the same.
- Percentage of students who always washed their hands after using the toilet during the past 30 days.
- Percentage of students who ate fruit three or more times per day during the past 30 days.
- Percentage of students who ate vegetables three or more times per day during the past 30 days.
- Percentage of students who drank sugar sweetened soft drinks less than once per day during the past 30 days.
- Percentage of students who spent three or more hours per day during a typical or usual day doing sitting activities (excluding hours spent sitting at school and doing homework).

8.5 The relationship between academic achievement and pupils' well-being is understood and accepted by school staff and parents.

- Teachers support pupils to fulfil their academic goals and feel good at school.
- Pupils' sense of accomplishment of their academic goals.
- The teachers foster student's development and autonomy.
- Teachers and researchers use different kind of multidisciplinary tools for evaluation, including elements of educational and well-being research.
- Pupils' self-evaluation is promoted.

8.6 Children and young people are knowledgeable about human rights, equality and inclusion and feel confident to advocate for these in their family and community.

- Special needs are taken into account by the school.
- Activities that foster inclusion, non-discrimination and tolerance have a transversal status in the curriculum.
- Pupils are proactive in preventing racism, intolerance and violence at school and at home.

PART 4 – Conclusion

European Standards and Indicators constitute a useful tool for improving the education, health and well-being of children and young people, and future generations. They point at the right direction and best practices and goals, according to what has been commonly agreed among experts in the field.

Moreover, European Standards and Indicators for Health Promoting Schools take into account young people's voices and aim to support their needs. In the Vilnius Resolution (2009), the young people who participated in the health promoting schools conference stated: "We emphasize that true health is holistic health, meaning mental and physical balance, clean environment, co-operation 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." (Vilnius Resolution, 2009).

Governments, regional and local authorities have a crucial role in supporting the intersectoral collaboration and in providing the funding and infrastructure to ensure that health promoting schools are sustainable. Therefore, it is important that stakeholders from the ministries, regional and local authorities and academia are aware and embrace the European Standards and Indicators in order to sustain the necessary conditions and strategies that will improve partnerships and collaborations for the sustainable development of health promoting schools. The implementation of European Standards and Indicators should inform all schools so as to provide both the inspiration and the practical guidance to enhance educational settings through health.

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