A whole school approach to healthy eating at school case findings from New Nordic Food at School week

Mikkelsen, Bent Egberg

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Better Schools through Health: the Third European Conference on Health Promoting Schools

15–17 June 2009, Vilnius, Lithuania

Abstracts and programme

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Welcome to Vilnius

We are pleased to invite you to the Third European Conference on School Health Promotion "Better schools through health" which will be held on 15-17 June 2009 in Vilnius.

European conferences on health promoting schools hosted in Greece (1997) and the Netherlands (2002) outlined the main principles of health promotion in schools and emphasised the importance of partnership between the education and health sectors.

This Conference is aimed at strengthening cross-sectoral and intergovernmental collaboration. It will disseminate best practice in the scientific, practical and political aspects of school health promotion. We will attempt to co-ordinate our efforts to create better and healthier school.

The Conference will welcome specialists from the health, education and social sectors, governmental, municipal and youth organisations, academic institutions and everybody who is concerned about the health of children.

We look forward to meeting you in Lithuania, which is celebrating its Millennium in 2009, and to Vilnius, the European Capital of Culture 2009.

Minister of Health
of the Republic of Lithuania
Algis Čaplikas

Minister of Education and Science
of the Republic of Lithuania
Gintaras Steponavičius

CONFERENCE ORGANISERS AND COMMITTEES

The conference is organised by the State Environmental Health Centre, the Ministry of Health of the Republic of Lithuania, the Ministry of Education and Science of the Republic of Lithuania in collaboration with the Schools for Health in Europe network and the International Union for Health Promotion and Education.

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Prof. Barbara Woynarowska, Warsaw University (Poland)
Prof. Didier Jourdan, University Blaise Pascal (France)
Prof. Peter Paulus, Leuphana University (Germany)
Prof. Kerttu Tossavainen, Kuopio University (Finland)
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Rolandas Zuoza, Ministry of Education and Science of the Republic of Lithuania

PROGRAMME

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10.30–11.00	**Coffee/Tea break**
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Facilitator: ***Prof. Peter Paulus, Leuphana University, Germany, Member SHE Planning Committee***

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Facilitator: ***Prof. Barbara Woynarowska, Warsaw University, Poland***

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Place: 2nd floor hall

ABSTRACTS AND PRACTICE STORIES FOR ORAL PRESENTATIONS

SHAPE UP A SCHOOL-COMMUNITY APPROACH TO INFLUENCE THE DETERMINANTS OF A HEALTHY AND BALANCED GROWING UP

Tatiana Mora
P.A.U. Education, Spain

Shape Up was a three year project (2006–2009) aimed at the development, implementation and assessment of an innovative school-community approach to health promotion and health education to influence the determinants of a healthy and balanced growing up. Its fundamental premise was that healthy diet and physical activity are influenced in more efficient and sustainable ways by addressing their determinants on a school, family, community and broader societal level, rather than solely on an individual behaviour level. Shape Up was implemented in 20 cities from 20 EU member states. It was funded by cities themselves, the European Commission (DG SANCO), the Competence Centers and an industry representative. Shape Up is based on a simple implementation framework that complements and reinforces existing health education and health promotion policies. All methods and tools, developed for the implementation of this project, have been published in all European languages and are available at the portal. Shape Up demonstrated in 20 European cities that children and young people can be guided to successfully bring about health-promoting changes in a number of health-related determinants at school and community level. Changes in these determinants resulted in, for example, healthier food consumption at school, new forms of physical activity, and increased interest, motivation and ability among the pupils to deal with health issues. Shape Up has shown how to develop contextual and local structures that support child obesity prevention initiatives based on participation that respects the diverse needs of the citizens of all local communities.

Contact: Tatiana Mora, *tatiana.mora@paueducation.com*

IMPLEMENTING HEALTH-PROMOTING SCHOOLS AROUND THE WORLD

Carmen Aldinger, Cheryl Vince Whitman
Education Development Center,
Health and Human Development Division, Newton, USA

Drawing on our recent book, *Case Studies in Global School Health Promotion,* we take a retrospective look at how the whole school approach of Health-Promoting Schools (HPS) has been implemented around the world.

Based on a review of research on implementation, we developed The Wheel of Factors Influencing Implementation of Policy and Practice, which provided the framework for analysis.

We collected 26 case studies from all regions around the world. We analyzed the strategies that different countries used, through the lens of the "Wheel" to transform the concept of the health promoting school into dynamic programs that transformed lives.

Cases portray powerful examples of ways in which education and health, working together, can make a profound difference in health promotion and learning, in both resource-rich and resource-poor countries. The most frequently reported factors that contributed to successful implementation of HPS are: vision & concept, international & national guidelines, dedicated time & resources, stakeholder ownership & participation, team training and cross-sector collaboration.

To spread the implementation of whole school approaches even further, we recommend that: 1) schools include health and well-being as part of their core mission; 2) national governments examine the role of schools as social agents for development, and make available financial support to direct larger-scale efforts, 3) national and international agencies develop professional development materials and modules, and support networks that provide technical support for implementation.

Contact: Carmen Aldinger, *caldinger@edc.org*

HEPS: AN INNOVATIVE EUROPEAN APPROACH FOR PROMOTING HEALTHY EATING AND PHYSICAL ACTIVITY IN SCHOOLS

Goof Buijs, Electra Bada, Nanne de Vries, Aniek Boonen
Netherlands Institute for Health Promotion, the Netherlands

In Europe close to one in four school children is overweight, with numbers rapidly increasing. Across member states there are many initiatives on reducing the prevalence of overweight among school-aged children with a practical focus towards developing activities, programmes and teaching methods. However, currently no EU member state has an effective national school policy in operation.

The HEPS project has been established to initiate and support the development of national school policy on healthy eating and physical activity in each EU member state. HEPS uses the health promoting school approach as its baseline for developing national policies on promoting healthy eating and physical activity in schools.

Two components of the HEPS Schoolkit are now available. The HEPS advocacy guide is a tool for introducing a national policy for developing a national comprehensive school programme on preventing obesity. The HEPS guidelines are a set of guiding principles that give concrete suggestions and directions on how to promote healthy eating and physical activity in schools.

SHE national coordinators are encouraged to use the HEPS guidelines and HEPS advocacy guide in their country, and to help disseminating the information to the national and regional stakeholders.

By the end of the HEPS project in 2011 the impact will be measured of the HEPS schoolkit on national policy development on promoting healthy eating and physical activity in schools.

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WEB-BASED PROMOTION OF SYSTEM CHANGE & BETTER PRACTICES INTERNATIONAL COLLABORATION TO EXCHANGE KNOWLEDGE ABOUT ECOLOGICAL/SYSTEMS-BASED APPROACHES

Douglas McCall
International School Health Network, Canada

Background: Professional networks and networking have been instrumental in making progress around the world in school health promotion. In Europe, the European Network of Health Promoting Schools began as a loose network of interested schools and grew into an inter-governmental network. In the United States, a close partnership between the American School Health Association and government agencies has led to a highly developed system of coordinated school health programs. In Canada, the Canadian Association for School Health and its NGO network created a comprehensive approach to school health that survived severe cutbacks at all levels and recently re-emerged with numerous national activities in research, intergovernmental and knowledge exchange. In Asia, leadership from the Chinese University of Hong Kong has formed the primary thrust for programs for two decades.

This practice story attempts to describe a new generation of such professional leadership. We describe Canadian efforts to promote better practices using web-based and other professional networking strategies to support systems, agency and professional change. We then suggest that it is possible that this story will continue, where the International School Health Network will be using similar techniques to promote an ecological, systems-based approach to school health promotion centered on ten key strategies and numerous concepts that will be included in an online glossary and encyclopedia that will be supported through bibliographies of research/resources and a series of handbook chapters.

Professional networking for systems change: The Canadian experience is similar to many countries around the world. We began in 1988 with voluntary networks of professionals and agencies in each of our provinces/territories. We developed a Consensus Statement in 1990 that created an enduring, shared vision. We applied that comprehensive approach to a number of health and social problems. A 1999 survey of provincial-local-school policies in the education and health systems reported progress just as an economic downturn was diverting attention away from school health programs.

However, our collective vision survived and was revived in 2005, when a fortuitous combination of events led to the creation of a stronger NGO network, a researcher's network, an intergovernmental consortium of health and education ministries, several large scale research projects and parallel movements on safe schools and community schools.

The 1990 Consensus Statement was revised, a research agenda in school health promotion was established, a series of annual school health conferences was started, a 2005 capacity assessment was completed and a knowledge/resource centre was established. For the first time, the school health movement in Canada had multi-year funding in the non-governmental, intergovernmental and research arenas. A new paradigm for school health promotion was defined as well; one that was based on an ecological and systems-based approach. A new conversation was started on concepts such as capacity-building, complexity, local community contexts, sustainability, implementation and systems change. We also recognized that the discussion was broader than just education and public health. We needed to engage the welfare, law enforcement and other sectors.

Changing the conversation and shifting the discussion to the web: A research grant gave us the opportunity for reconceptualise school health promotion in the light of emerging knowledge about ecological approaches to health promotion and continuous improvement strategies to school system change. Our revised 2007 Canadian Consensus Statement captures the "new" school health ideas that revolve around concepts such as capacity, complexity, changing systems and local community context. We turned to knowledge exchange to promote this new set of ideas.

Recognizing the fragility of the new funding, as well as the fickle nature of political and hence bureaucratic attention, the Canadian Association for School Health has used the web effectively to support change. This is particularly important in a country as vast and diverse as Canada, and perhaps it holds lessons for professional dialogue at the international level. Our four-year plan included these elements:

- Creating a knowledge network with at least one contact in every school board, health authority, police department and other agency that receives a monthly email report and, more recently, is being invited to join a school health equivalent of facebook
- Digitizing a document collection collected since 1990 and creating a virtual library of bibliographies with web-linked research references as well as reports and resources
- Publishing a teachers magazine sent to all schools in print format three times a year while building an email "alert" list
- Publishing a regular insert in the Canadian Journal of Public Health
- Creating Communities of Practice that bring together local agencies, university experts and national/federal organizations to focus on specific issues or aspects of school health through webinars, wiki-based toolboxes, annual symposia and regular conference calls
- Facilitating the development of intergovernmental consortia and networks on healthy schools, safe schools and community schools while continuing to support a national NGO network and a national researcher network.
- Supporting the development of an international school health network and applying for recognition as a WHO Collaborating Centre

Our success has been quite remarkable. We have an agreement among our Premiers and the Prime Minister to promote inter-sectorial work on schools. Recently

launched federal strategies on drugs, mental health, cancer, and other topics can now easily invite provinces/territories to join the discussion without our usual Canadian jurisdictional wrangling. Canadian studies using multi-level analysis is at the forefront of such research around the world. Our innovative use of knowledge exchange strategies such as Communities of Practice and web 2.0 technologies is also effective as reported in our ongoing assessments and surveys. We have a self-financing knowledge network that can survive without external project funds and that includes electronic newsletters, an annual conference, blog and wiki-based tools.

Four reasons for our previous and recent success have been;

1) Despite the significance of our ideas and our long term vision, we have always been able to translate our proposed actions into practical, small scale projects that can be funded by a variety of agencies and we have not tried to become a large organization
2) We focus on understanding the needs and preferences of the participants in our knowledge exchange activities. For example, our webinars and tool-box wikis are all focused on programs and practical applications for our Canadian participants.
3) Our effective and efficient use of webinar, wiki and blog technologies, done in conjunction with conference calls, email and face to face meetings/annual conference keeps people involved
4) Leveraging the ideas and expertise from around the world and across our vast country means that our participants meet and learn from new people and new ideas. This is both exciting as well as helps us to think outside our traditional boundaries.

The International School Health Network (ISHN) is now committed to using these same four strategies by creating "International Discussion Groups" that will gradually develop a Glossary and Encyclopedia on school health, social development and other programs. These two reference tools will be supported by a series of Handbook Chapters built from Bibliographies of convenient, web-linked lists of research, reports and resources. For those interested in being part of these international knowledge translation activities, please contact

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The recent success in Canada in promoting knowledge exchange is remarkably fragile as well as remarkable for its rapid development. Despite the agreement of our First Ministers on inter-sectorial work, we still have over 50 national agencies and parts of federal departments competing for the attention of schools. Our new national strategies appear more than willing to develop their own infrastructure and issue-specific frameworks that will compete or duplicate previous school health efforts. Our new intergovernmental consortium has just published a limited statement that shies away from concepts such as capacity-building.

Consequently, it is even more important to Canada that we can continue to use the web and to work with our international colleagues so that we become as efficient and as effective as possible.

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DEVELOPMENT OF CHILDREN'S COPING SKILLS: PROGRAMME ZIPPY'S FRIENDS

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The international programme Zippy's Friends is an early prevention programme. It is intended for 5–7 year old children and is run in pre-school groups in kindergartens and during the first year in primary schools. The goal of the programme is to help children acquire skills for coping with everyday difficulties and stresses.

The initiators and authors of the programme is Partnership for Children, a NGO in UK. In Lithuania, the programme is run by the NGO "Vaiko labui". The number of children who have taken part in the programme in Lithuania over the last 9 years totals to 62646.

The effectiveness of the programme was evaluated by Prof. B.Mishara (University of Quebec, Canada) and Associate Prof. M.Ystgard (Oslo University, Norway). The surveys focused on the impact of the programme on children in Lithuania and Denmark.

The results of the studies showed that children became more self-confident, friendly and cooperative, capable of better controlling themselves, more emphatic, more responsible and independent; occurrences of problematic behaviour became less frequent. Children started applying more and a wider variety of coping techniques. A study conducted a year later revealed also a long–term impact of the programme on the children. Another study in Lithuania looked at whether children who had taken part in *Zippy's Friends* in kindergarten adapted better to school than those who had not taken part, and at how parents and children regarded the programme, its implementation and impact on children.

We will focus on the main points of the programme, discuss ways of preventive activities which have a substantial impact on social skills of a young child; present the Lithuanian input into the development of the programme and discuss conditions of the successful implementation.

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PRIMA ANTI-BULLYING METHOD FOR PRIMARY SCHOOLS IN THE NETHERLANDS

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Bullying in primary schools occurs very frequently. Recent figures in the Netherlands make clear that 21% of the pupils say they are being bullied at least twice a month and 8 % of the pupils say they actively bully at least twice a month. The PRIMA anti-bullying method, is a Dutch programme for primary schools, based on the Olweus bullying prevention programme (2001). A practice-based method has been developed, that support schools to structurally pay attention on bullying.

During two school years in 2005 and 2006 the PRIMA method was implemented in 24 primary schools. Research on the effectiveness and the process of implementation was carried out. The main conclusions are that there is a 75% decrease of the amount of victims and a 50% decrease of the amount of bullies. The PRIMA-method reduces bullying behaviour by paying attention on bullying on a structural and systematic way.

After adapting the programme according to the research results, it became be available for national implementation since 2008. Schools are supported by the regional health service or the regional educational service during the implementation of the PRIMA method. Bullying in schools is dealt with on three different levels: the school level, group level and individual level. Also parents are actively involved and the anti-bullying policy is integrated in the school plan.

The PRIMA material consists of: lessons, a manual for regional supporting organisations, a manual for primary schools, a website and a train the trainers manual. For continuation of the programme there is a maintenance package, which exits of yearly repeating the activities and providing specific school support.

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FLUCTUATION OF STRESS AND COPING STRATEGIES THROUGH 9TH AND 10TH GRADES STUDENTS

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Background: Adolescence is a particularly vulnerable period during which an individual comes across many tasks that have to be solved. Being uncertain of the ways how to meet the challenges, adolescents may choose inadaptive stress coping strategies.

Theoretical framework: According to Lazarus and Folkman every individual reacts to stress differently due to personality features and ways of perceiving the situation. Also some differences in stressors an stress coping strategies among teenage girls and boys were found.

Methods: Adolescent Stress Questionnaire (D.G. Byrne, 2004) and Assessment of Coping Styles and Strategies of School-Related Stress (K. Wrzesniewski, J. Chylinska, 2004) were used for longitudinal study. 86 ninth grade students, and after one year – 83 tenth grade students participated in the survey.

Results: It was found that stress related to romantic relations and future increased ($p<0.05$). Home and school attendance related stress also slightly increased. Stress rates concerning learning at school and school/leisure-time conflicts became lower. Peer group related stress remained unchanged ($p>0.05$). Emotional stress coping strategies were found to be significantly higher ($p<0.05$). However, adaptive stress coping strategies usage decreased.

Conclusion: Adolescent stresses and stress coping styles alternation throughout the year are insignificant.

Implications: Lithuania has very little studies about children as well as adolescents stress and its coping. This study could be the first step for more extensive studies in the country.

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ADDRESSING THE PROBLEMS OF DESTRUCTIVE AND SELF-DESTRUCTIVE BEHAVIOUR AT SCHOOLS IN LITHUANIA

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Statistical and research data show a high level of destructive and self-destructive behaviour of school children in Lithuania. According to the data of the International Study of Health Behaviour in School-aged children (HBSC study), the rate of experience of bullying for girls in Lithuania was the highest among participating countries (26,5%) and for boys – one of the highest (27,9%), the percentage of boys bullying others also was the highest (30,3%) and girls bullying others – one of the highest (16,60%). The ESPAD survey shows that alcohol use of school children is still a very important problem. The life time prevalence of any illicit drug use is increasing.

The aim of our study was to reveal, how the problems of destructive and self-destructive behaviour are addressed at school level. We selected and analysed 17 prevention programmes for schools, devoted to solve destructive and self-destructive behaviour problems. The results show that prevention programmes are devoted to different age groups of children – from preschoolers (4-5 years) to youth (18 years). Programmes cover various forms of destructive and self-destructive behaviour (alcohol and drug use, smoking, bullying, violence, suicidal behaviour). We identified certain gaps in addressing this problem: lack of prevention programmes for at-risk youth, lack of evaluation, incomplete parents involvement, etc.

Recommendations for improving the quality and effectiveness of prevention programmes were prepared.

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SCHOOL'S SUPPORTIVE ROLE IN CHILD'S HEALTH LEARNING

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The school is an important environment in advising and educating the child together with home. Health guidance at home and at school with mutual goals has a major influence on child's health behaviour, and interactive collaboration between home and school is found to be essential for promoting children's health learning. This study is part of a larger development and research program "Schools for Health in Europe (SHE)" led in Finland by Professor Kerttu Tossavainen at the Department of Nursing Science, in University of Kuopio. The main aim of the study is to clarify the child's health learning process at home and at school environments.

The study is carried out by implementing a two-year health learning school program in four Finnish primary schools divided to experimental and control schools. At the beginning and the end of the research process the data are gathered by surveys and interviews and during the intervention by focus groups. The target group consists of fifth-graders (N=177), their parents or caregivers (N=354) and the school personnel (N=11).

The findings indicate that the responsibilities in issues related to child's health learning are shared between home and school. The pupils are learning health also in other situations e.g. from their friends of media. A group of pupils have not learned some health-related issues at all.

The school has a very important position in children's health learning in teaching health subjects and in guiding them towards a healthy life. Collaboration between home and school in areas of child's health should be improved.

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SCHOOL HEALTH PROGRAMS IN KAZAKHSTAN

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The educational system is an essential component of the community program for development of healthy life style and skills among children and young people. An Aanalysis of the existing programs on health promotion among school children in Kazakhstan revealed poor achievement of expected outcomes due to ineffective teaching methodology, employment of several health programs that resulted in replication of some information, overload of school students, and decreased interest of children to the topics. A comprehensive and integrated course "Health and healthy life skills" has been developed. The features of the course are an interactive teaching methodology, a teacher's manual, and workbooks for students from grades 9-11, visual and audio material. The new course has been tested in 2 regions of the country during a 2 year period among school students of 9-11th grades. Positive results have been achieved and now the course has been approved by the Ministry of Health. However, there is a delay in the implementation of the course throughout the country.

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IMPLEMENTING SCHOOL HEALTH PROMOTION - EXPERIENCES FROM A PILOT TRAINING COURSE

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Background: In cooperation with a national Austrian strategy project on health promotion in schools, a training course for teachers and school heads on the topic has been developed. The small-scale pilot training course included an implementation phase where schools took their first steps towards health promotion. On the basis of an evaluation, important findings on what was supportive for schools in that phase and what was obstructive can be demonstrated.

Theoretical framework: While following theories of the health promoting school approach, the main strategy of the pilot training course and the implementation phase respectively was to embed health promotion into a quality management and school development process.

Methods: A formative process evaluation was used for analysis. Focus groups were held in a feedback seminar on the topic which are analysed by thematic analysis.

Main results: Generally, the implementation phase was well supported by the training course but some improvements are still necessary. For the participating schools the implementation phase was partly difficult because of the adaptation of management procedures to the school environment.

Conclusions: It might be advisable to choose a two-step model: first to help schools to build structures to implement health promotion, then to focus support on health promotion interventions.

Implications: For further development of training courses for school health promotion it is important to take into account that schools have their own way of functioning and need differentiated support.

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A WHOLE SCHOOL APPROACH TO HEALTHY EATING AT SCHOOL CASE FINDINGS FROM NEW NORDIC FOOD AT SCHOOL WEEK

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Background: The prevalence of obesity continues to grow and schools are increasingly being named as key settings for interventions related to healthy eating. In the whole school approach both food service as well as the curricula is considered as important and the school is seen as having a connection to the wider community.

Theoretical framework: This paper critizes the traditional evidence based approach to interventions at school. Antonovsky's theoretical framework *Sense of coherence* with its key notions of comprehensibility, manageability, and meaningfulness seem to be well suited.

Method: We use a case study approach to a healthy eating intervention in Danish schools. It draws on data collected using interviews among 7th and 9th graders in two Danish schools that had gone through a "New Nordic Food at School" intervention. The intervention aimed at promoting organic food and healthy eating through the food service and curricula. The project use a dialogue research based approach.

Main results: The findings suggest that three dimensions seem to be important if students should be able to make sense of interventions. In the first dimension it is found that there seems to be a tension between food service praxis and curricular praxis. In the second dimension it is found that there seems to be a tension between backstage and front stage perspectives. In the third perspective it is found that there is a tension between learning in theory and learning in practice.

Conclusion: The paper concludes that it is important a whole school approach in which both food service praxis, curricula and the wider school social environment is used. There are huge possibilities in integrating curricula and food praxis in new ways by using out of class room teaching environments.

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THE HEALTHY SCHOOL CANTEEN, A PROGRAMME FOR DUTCH SECONDARY SCHOOLS

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Dutch youngsters have an unhealthy food pattern: too much saturated fats, sugars and insufficient fibres. Of the Dutch children (4-15 y.), 15% is overweight and 3% suffers from obesity. The Netherlands Nutrition Centre's (NNC) aim is to realise healthier school canteen policies for secondary schools in the Netherlands.

The programme is based on several behavioural models indicating personal and environmental determinants of youngsters' eating behaviour.

The programme consists of a three-step road map for school working groups: ensuring support of concerned parties, writing an action plan and implementing/ sustaining the programme. This was translated into practical information and concrete (digital) tools for schools, students, parents and regional health services. This programme is also linked with the NNC 'know your food' teaching method and the Dutch 'healthy school method'. A Healthy School Canteen Award (HSCA) was developed consisting of working budgets for schools and a 10.000 Euro reward for the school with the most sustainable healthy school canteen implementation plan.

The programme is currently being evaluated. A pilot in 2001 showed positive results. Students appreciated the healthier canteens and as a result reported healthier canteen eating behaviour. To date 95 schools have participated in the HSCA and reported good results.

This programme supports schools and regional health services in creating a healthy school canteen policy.

It is essential to explore further ways of encouraging more schools to improve their canteens.

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OBSTACLES ON THE WAY TO THE HEALTH PROMOTING SCHOOL IN AUSTRIA. A QUALITATIVE CASE STUDY SHOWING TENSIONS RESULTING FROM THE OPPOSING LOGICS OF INTERVENTION AND ORGANISATION

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Background: In contrast to the promising approaches of the Health Promoting School (HPS) concept, research has shown that few schools implement this concept and those who do, often only realize parts of the concept with varying success. This study tries to contribute to the discussion why this is the case.

Theoretical framework: Using systems theory I will first describe the logic of the school as an organised system and then analyse if usual concepts of HPS interventions either contradict or support this logic.

Method: This exploratory qualitative case study is based on interviews with stakeholders and participant observations during health promotion interventions. Fieldwork took place during the first year of HPS-implementation in a primary school in Vienna.

Main results: Especially in primary schools classroom interactions are much more important for every day school life than what happens on the organisational level. This has many structural reasons that single schools can hardly influence. In this respect the HPS concept which focuses on organisational development disregards the practice of every day life in schools.

Conclusion: To change interactional systems sustainably one has to change persons. Knowing this every HPS intervention should start with health promotion for teachers so that they have an initial motivation to start with HP and learn how to implement it properly. For student health promotion one should try to work with the already developed strengths on the interactional level (e.g. teachers know what their students need).

Implications: Further work should be put into the development of the HPS concept in a way that is more congruent with every day life in schools.

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THE PEMBROKESHIRE HEALTHY PRE SCHOOL SCHEME

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A Healthy Pre School Scheme has been developed to compliment the Healthy School Scheme in one area of Wales. One of the aims of the new Scheme is to develop a consistent approach to health and well being from early years and throughout the school setting.

The Healthy School Scheme was set up in the county of Pembrokeshire in 1999 as part of the Welsh Network of Healthy School Schemes (WNHSS). All schools in Pembrokeshire are part of this well established Scheme.

A 3 year Welsh Assembly Government funded oral health and nutrition programme was developed and established in the pre school sector from 2004 to 2007, this programme received independent positive evaluation with a recommendation that the work should continue. On completion local partners agreed to extend this programme to nurseries and day care centres encompassing all areas of health and establishing a whole settings approach utilising the Pembrokeshire Healthy School Scheme model.

A steering group was set up; the membership included early year's educationalists and health professionals, nursery managers, healthy schools officer, health promotion officer, area pre school supervisor and information officer. It was agreed to develop the pre school scheme in the same format as the school scheme and to include all the aims and health areas with minor adjustments to take account of education requirements and the health needs of this age group. The new scheme was piloted in two day care centres.

In the first phase both day care centres addressed the areas of exercise and nutrition incorporating a whole settings approach to involve parents, outside agencies, develop new menus for snack and meal provision, to comply with the varying nutrient requirements of this age group, in addition to developing food and fitness policies.

The two pilot nurseries were assessed at the end of year one and achieved accreditation from the Welsh Assembly Government for the first phase of the WNHSS. They were highly praised for their work by the Welsh Inspectorate for educational standards (ESTYN), who awarded a nursery grade 1 for 'The extent to which the setting contributes to the children's well-being'. As a result of the positive outcome of the pilot a funding bid was successful and the new scheme was extended to 20 pre school settings in 2008 with funding to continue for 3 years in the first instance.

What went well was how nursery and day care staff embraced the Scheme and the enthusiasm of all partners. The Scheme was easily adapted from the school Scheme and addressed a number of national and local agendas. The training events were well attended and the grant money, secured through the funding bid, ensured appropriate resources could be purchased for the groups which enabled them to extend their activities.

Very few difficulties were encountered mainly because the previous nutrition and oral health programme had overcome barriers and informed the planning of the new scheme. There was concern regarding the cost implications of providing healthier food and snack items e.g. the need for more appropriate cooking facilities and staff knowledge to provide the new menus. Through advice, training and support, including the sharing of best practice between the groups, this was overcome. Training was provided which included nutrition and menu development and cooking on a budget. With the introduction of recycling schemes nurseries found that as they were business establishments there were cost implications, this was overcome by discussions with the Local Authority to treat the nurseries as education establishments and therefore the costs were waived.

Even though the scheme is still in the early stages the success so far has been gauged by:

- Monitoring and evaluation through process evaluation visits and end of phase assessments.
- The feedback from external agencies.
- ESTYN inspection reports.
- Feedback from parents and staff.
- The continued involvement of nurseries and day care settings and the achievement of phases.

The interest from Healthy School teams in other areas of Wales to take this forward.

This new pre school scheme has shown that the Healthy School model is adaptable, the aims and way of working can be used in a variety of settings to promote health and embed health policy and therefore is a key driver for promoting and improving the health of children and young people from birth

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HOW MIGHT SCHOOLS INFLUENCE YOUNG PEOPLE'S SUBSTANCE USE? DEVELOPMENT OF THEORY FROM QUALITATIVE CASE-STUDY RESEARCH

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Background: Despite widespread support for whole school approaches to prevent substance use (SU), the processes via which schools influence SU are under-theorised. This study explored young people's experiences of school and SU to build theory on the pathways through which school effects may occur.

Theoretical framework: This study was informed by: Giddens' theory of structuration; the sociology of anti-school cultures; and theories of 'late modern' transformations in transitions to adulthood and identity construction.

Methods: Semi-structured interviews with 30 students (aged 14-15) and 10 teachers in two case-study schools in London. Students were purposively sampled to ensure variations in socio-demographic characteristics and school engagement. Thematic content analysis was used to analyse the data.

Results: Three potential pathways via which school effects on SU may occur were identified: (1) peer-group sorting and SU as a source of identity and bonding among students disconnected from the main institutional markers of status; (2) students desire to 'fit in' and be 'safe' at school and SU facilitating protective friendships; and/or (3) SU as a strategy to manage anxieties and escape unhappiness at school.

Conclusion/Implications: These findings support the idea of whole school interventions to reduce SU through: recognising students' varied achievements and promoting a sense of belonging; reducing bullying and aggression; and improving student social support. Such interventions should be piloted and evaluated in a range of settings to examine effects on students' SU.

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HEALTH PROMOTION AS A GUIDELINE FOR THE 'GO!' SCHOOL NETWORK OF THE FLEMISH COMMUNITY

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In 2005 the Flemish Institute for Health Promotion finalised a renewed national strategy for health promotion. It contains a facilitating methodology to work out an integrated health policy in schools.

Early 2005 the management board of the GO! - a national school network with 17% of the primary and secondary schools in Flanders – decided to support the health policy in their schools as a strategical priority. They chose for an evidence based policy based on the national strategy of health promotion. In the implementation there is a focus on:

- Whole school approach with attention for a wide view on health (physical, social and mental health).
- A policy making in function of the specificity of the school and his pupils.
- Supportive structures at the different levels of the school network (at the national services, at the regional school groups and health centers for pupils, at the schools).
- Competence building and empowerment of policy makers, pedagogical advisors, school managers, headmasters by training, consultancy and partnerships.

Structures and procedures for (project) funding of health policy in schools.

We evaluated the process of change management and interventions by using the concept of the new health promotion of the Netherlands Institute for Health Promotion and Disease Prevention (Saan & De Haes, 2005). We also worked with the triennial research on health policy in schools for tobacco prevention, food policy and physical activities (Moens et al., 2007). Both evaluations give us a clear view on determinants of success and failure for the national implementation of health promotion in education.

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EMPOWERMENT TRAININGS FOR PUPILS' REPRESENTATIVES

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In 1997 Austrian pupils aged from 10 to 14 received legally defined rights and duties concerning participation in their daily school life. That is why Viennese parents took the initiative to start a special training programme for them in 1998.

Target group are the pupils' representatives and their substitutes in general secondary schools. The training programme is split up into two or three modules. Each module is organized by a team made up of a teacher, a parent and one or two leisure pedagogues. Pupils learn about their rights and duties as pupils' representatives in an informal atmosphere giving them opportunity for individual initiatives. Talking about possible participative projects and supporting the children in planning and implementation at their school is a special focus of the programme. The most important facts are collected in a manual handed to each participant.

As consequence of its impact the programme had to be extended in 2001 to support those teachers who help the pupils implementing their participative actions and projects, e.g. at the pupils' parliament. The teachers are trained in a similar way and by the same team as the pupils. Also the teachers receive a manual. In 2003 pupils with special needs as well as their teachers were involved in this project and in 2005 the pupils of grammar schools were invited to the modules, too.

A main issue of all these meetings is the possibility of a market place of information, personal empowerment, mutual help, ideas and examples of good practice.

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THE CLASS MOVES! FOR SPECIAL SCHOOLS

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Background: The Class Moves! (TCM!) Programme was translated into English and Welsh from the Dutch original, and provided to all primary schools in Wales and Scotland. One special school in Wales identified possible modifications which would improve the materials for use with children with a range of difficulties. Materials for Special Schools were also identified as a gap during production of the Food and Fitness Plan for Children and Young People in Wales.

Theoretical framework: The pack is based on the theories of sensorimotor development and of self esteem and self efficacy (Bandura). The activities need to be delivered at the right moment and the right setting in order to achieve these goals.

Methods: Teachers and therapists identified the most suitable activities and modified them to meet the needs of pupils in special schools. They were presented in a new format. Using iterative research methods the materials were refined until a pack of 25 activities were deemed suitable for piloting. Five common difficulties were identified and specific considerations relevant to pupils with these difficulties are noted.

Main results: The pack is being piloted. A pre-pilot training session was held for 2 teachers from each of the 6 schools involved in the pilot in Wales. Evaluation of this training was very positive.

Conclusion: Full conclusions will be available after the pilot. Preliminary indications are that teachers see this as a valuable resource which they intend to use widely in their schools. Clear links with healthy school work were identified.

Implications: Following piloting there will be a TCM! Pack suitable for use in English medium special schools.

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MENTAL HEALTH FROM THE PERSPECTIVE OF SCHOOL HEADS. RESULTS OF AN ONLINE SURVEY

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Numerous findings on evaluation suggest that schools as settings for holistic approaches to mental health prevention and promotion have a strong impact. Surprisingly, school heads and their perception of mental health in the target groups of teachers and pupils have remained completely neglected. Nevertheless, insights in this area will be highly relevant, since school heads have an overview of the health situation of their school and are able to estimate the demand in resources and support.

As a German part of the international principals survey on emotional and mental health and well-being (http://*www.intercamhs.org)* school heads were asked via an online study about

- the link between emotional and mental health and academic achievement,
- major emotional and mental health issues facing pupils and staff,
- the need for and format of resources and support which could be useful.

A majority of school heads state that the link between mental health and well-being and academic achievement is very important. With regard to pupils, school heads consider family and other problems and impulse control as the major mental health and well-being issues, whereas stress and anger management were more prominent among staff. Training programs and materials for staff" as well as exchange with other principals and experts were assessed as most useful.

Mental health of pupils and teaching staff is of very high relevance from the viewpoint of school heads. Future developments should consider the needs identified in this study to implement sustainable measures for mental health promotion, prevention and intervention in schools.

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DEVELOPMENT OF AN HBSC SURVEY TOOL TO MEASURE STUDENT PARTICIPATION IN SCHOOL-DECISION MAKING PROCESSES BY HEADMASTERS

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Background: The concept of student participation is a popular notion in general education, whereas its operationalisation in survey studies is still a challenge and of importance to uncover its relation to students' health.

Theoretical framework: According to Simovska's conceptualization of participation we differentiate between token (focused solely on information) and genuine participation (inclusion in decision-making), also comprising students' right to have a say.

Methods: To measure student participation in school decision-making processes various sets of questions were developed for the HBSC-school level questionnaire. The survey tool was developed in three steps: 1) literature search, 2) focus group interviews and 3) qualitative testing.

Main results: Results from focus group interviews show that apart from legal foundations for student participation, a school's headmaster can foster participation of students in decision-making at school-level. Through his or her own conduct, the headmaster can provide further possibilities in different areas of student participation, such as planning school activities, events and projects. Qualitative testing suggests that the survey tool is comprehensible and seems appropriate to measure the headmaster's view on student participation.

Conclusions: In general, the headmaster's attitude towards student participation in decision-making seems to be an important factor in actual participation, probably more important than the legal foundations.

Implications: The newly developed and tested instrument should be applied in the context of the HBSC study.

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LEARNING FROM SCHOOL PRINCIPALS ABOUT MENTAL HEALTH AND WELL-BEING OF STUDENTS AND STAFF

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The International Confederation of Principals (ICP) and the International Alliance for Child and Adolescent Mental Health and Schools (Intercamhs) conducted a global survey of school principals regarding student and staff mental health issues and needs for professional development.

The framework is that of a whole-school approach to mental health and well-being (policy, curriculum, services, environment, and the involvement of teachers, students, and parents).

1,215 principals from 25 countries responded. The European sample included: Austria (1), Finland (1), Iceland (2), Ireland (317), the Netherlands (4), and the UK (222). Results presented frequencies and associations among variables (e.g. experience, family income) using correlational analysis, chi-square, and ANOVA.

The majority of principals sees a strong link between mental health and academic achievement, and estimates that 1 in 5 students need services. Principals identify the top 3 student issues as bullying, impulse control, and anger management. Key issues for staff are stress, anxiety, and depression. Principals want education policy to include mental health and request professional development resources to address 9 critical areas.

In Europe and around the world, principals describe their needs for professional development and for education sector policies to address the continuum of mental health promotion, prevention, and care for students, families, and staff. There are significant implications for finding the mechanism and resources to prepare administrators and staff to handle these challenges effectively.

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THE HEALTHY SCHOOL PLANNER: PILOT TEST OF A SCHOOL SELF-ASSESSMENT AND SELF-IMPROVEMENT RESOURCE

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The Pan-Canadian Joint Consortium for School Health (JCSH) is a leader in advancing the comprehensive school health approach in Canada. To facilitate grass-roots implementation and sustainability of the approach, the JCSH developed an easy-to-use, contextually appropriate, on-line tool that helps schools

- assess their health status
- share that knowledge with the school community
- identify areas for improvement
- develop strategies and activities to achieve their improvement goals and
- measure and demonstrate progress over time.

Available in English and French versions, the tool also generates aggregate data useful for broad policy development, further research in the area, and evaluation of the implementation of comprehensive school health.

Following research into existing assessment tools and an analysis of options, the JCSH partnered with the University of Waterloo to modify their School Health Action, Planning and Evaluation System (SHAPES) assessment tool and incorporate adapted versions of the work done at the University of British Columbia on a School Smoking Policy Survey and many features of the Michigan Healthy Schools Action Tools. Development and technical testing were completed in September 2008. Pilot testing in schools was completed in February 2009.

The Healthy School Planner (HSP) consists of:

- a process to help schools use the tools effectively within a team-centered approach;
- a series of questions to assess the current health status of the school;
- a report showing the results of the assessment and how to interpret them;
- a planning component to help schools develop goals and an action plan to improve health status;
- links to resources to help develop and implement the action plan; and,
- a final feedback report including assessment results, action plan, recommendations and resources or areas selected for action

Currently, there are 3 modules to assess the health of a school in the areas of physical activity, healthy eating and tobacco use. Each contains a series of questions that captures the broad categories of the Comprehensive School Health Framework: social and physical environment, teaching and learning, health school policy, and partnerships and services. The number of modules will be expanded to address other health related topics in the future as interest, evidence and capacity allows.

Schools using the planner need support from key stakeholders, such as the school administrator and a health sector representative. A team approach is critical to success as is someone to take the lead on the assessment and manage the process. The degree of commitment can be managed by choosing one or more modules, and the number of people involved.

The Pilot Test: The main purpose of the pilot was to elicit feedback on the tool's functionality, including usefulness, ease of use, and clarity. A more fulsome evaluation of the implementation and impact will be conducted at a later date.

A total of 33 schools registered online to participate in the pilot. Of these, two-thirds completed use of the tool and one-third completed a feedback form. Overall, feedback indicated the tool resulted in a better understanding of comprehensive school health by the team, and in some cases, by the school community. All of these schools would use the tool again in the future and would recommend it to other schools. Highlights of the results include the following:

- Most schools completed at least 2 modules.
- Most schools found it easy to enter, exit, and move around the tool.
- Almost all schools found questions in the assessment tool to be clear, and most schools found it easy to obtain the answers and interpret the results.
- Most schools chose 3 or 4 indicators to focus on and moved on to the planning portion. All found the results and recommendations useful and agreed they helped identify areas to work on.
- Most schools said instructions for indicator selection, directions for the planning portion, and the instructions on setting priorities were clear.
- Schools on average spent 2.2 hours per module on assessment and the time required to develop an action plan ranged from 1 to 6 hours.
- Almost all schools found the feedback report to be useful. All schools planned to share the report with others.
- A few difficulties were noted:
- Few of the schools used the Tool Guide (intended to facilitate understanding and use of the tool) but they found it overall to be useful.
- The team approach was not fully embraced: in some cases, individuals answered assessment questions or made decisions on what areas to work on, rather than a team; in most schools proceeding to planning, the tool was completed by an individual.
- Few of the schools used the support materials on developing a plan but they found the material very useful or useful.
- Only 1 school used the glossary.

Conclusion: The pilot study revealed that the tool is working as intended, the instructions are generally clear, and the tool is having the anticipated benefits.

Minor changes to the tool are recommended, such as making users aware of what the use of the tool entails and the amount of time needed for completing the process. Other improvements under consideration include:

- Review information and instructions for clarity, succinctness, and presentation
- Make the Tool Guide more prominent.
- Add options for going back and deleting indicators/goals
- Provide more encouragement to schools to use a team approach, which benefits the process while building understanding and support for a comprehensive school health environment.

This tool will be offered and promoted to schools by the JCSH as a resource to help them improve the health of their schools. As well, the aggregate level data offers valuable information for jurisdictions on school progress in this area, and encourages consistency of assessment across projects aimed at improving school health environments.

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"MY DEAR PINOCCHIO": THE ITALIAN WAY TO HEALTH PROMOTING SCHOOL

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Pinocchio is a puppet who empowered himself to become a child. In doing this he is helped by a blue fairy, who tells him he can become a real boy, if he proves himself brave, truthful, and unselfish. Thus begin the puppet's adventures to become a real boy, which involve many encounters. Likewise pupils need to be empowered and the school represents the place where significant encounters take place and where empowerment can be developed.

Pubblic Health Unit Milano2 (PHUMi2), located in Lombardia Region, actually serves 46 Municipalities in the hinterland of Milan, with 556.000 inhabitants and 351 schools with more than 60.000 pupils. In 2001 we investigated about 70% of the schools about their activities in health education. At that time, schools operated mostly on a pathogenic perspective, offering traditional interventions like frontal lessons or expert lectures on health-related topics, as nutrition, hygiene and oral health, smoking habits, sexual education, prevention of accidents. The average of health topics treated in preschool was 1.5, in primary school 1.8 and in secondary school 2.8. No strategies were present to promote healthy living in a whole school approach.

We focused on processes of change. In 2002 we invited the Regional Office of Education (Lombardia) and teachers from schools of our territory to participate to the construction of a theoretical model of "Smoke-free School" (SFS) based on a salutogenic view. Following the model, based on a whole school approach, we decided to certify those schools who planned, implemented and evaluated actions on 5 aspects of the model: 1.curriculum, 2. training for teachers, 3. partnership, 4. smoke-free school environment and 5. smoking cessation. In 5 years 130 schools have been certified as "SFS" and 79% of them obtained results in at least 3 of the above aspects.

Schools now asked for a more comprehensive approach to health and we accepted the challenge of a new approach and started to work toward a "Health Promoting School" (HPS).

In 2005 we invited schools to participate with school directors, teachers, parents, students and staff to several meetings aimed to the construction of a local model of HPS. The Provincial Office of Education of Milan was involved, and representatives of few municipalities and volunteers too.

The local model was described in a practical manual: "My dear Pinocchio: a health promoting school" which presents the basic concepts, values and principles of the HPS. The model is characterized by 6 areas: school ethos, organization and leadership, social climate, taught curriculum, environment and school opportunities, community participation. In each area objectives have been described and indicators sensitive to context have been developed. 37 objectives have been described and will be certified by School Health Teamworks (SHT).

Instruments and promotional material to support schools to engage in the process of a HPS have been printed: a descriptive manual for the school community, posters, gadgets for the pupils and HPS Certificate. In the meantime, we developed pages for the HPS on our website (www.aslmi2.it). In 2006 we introduced this proposal to schools through open days, courses, meetings and door-to-door consulting.

In order to begin the process, schools that accepted to participate had to develop 3 steps: a formal approval by the School Committee, description of the purpose to become a HPS in the

School plan and on the School website, implementation of a SHT which involves teachers, staff, parents, pupils and health operators.

The SHT has following tasks: to define health problems and to investigate the reasons and causes for that, to propose actions to prevent and to counteract problems, to integrate health topics in the formal curriculum with participatory teaching methods, to engage in a process on health acting, to involve the community and to promote participation. SHT meet at least twice a year: the first time in order to set objectives and indicators and, finally, to evaluate the actions and improvements.

In 2006, 56 SFS accepted to implement their process in health promotion and to become a HPS.

The best point in the whole certification process was the involvement of people in the local SHT. A door was formally opened to participation, to allow to discuss health problems in a democratic way. Participation of the pupils over ten, when allowed, was particularly successful. Sharing of experiences amongst schools was another important aim in the construction of a local network of HPS. It was accomplished through an annual meeting that involved HPS certified by PHUMi2.

Difficulties lie in the need of training for health operators and teachers. Since 2001 we offer continuous training for the Community Medicine staff about Health Promotion and we trained 938 teachers, helping them to promote HPS with their colleagues, to experience new teaching methods, to gather new ideas.

Aim of the project is to certify the improvement that schools achieve in the 6 areas. In 2007 we certified 59 schools.

In the area "school ethos" 21 schools achieved the objective to guarantee democracy and equity in the school through analyses of the pupils health needs.

The area "organization and leadership", was not approached by any school.

In the area "social climate" 10 schools achieved the objective to promote inclusion through participation of pupils and parents in local SHT, giving visibility to the work done by the children about health topics.

In the area "curriculum about health topics" 53 schools achieved the objective to structure the formal curriculum about health topics, and to develop it in all target classes. Health topics, integrated in the curriculum and taught with active and participatory methods, taking an approach of ten or more hours, were treated as follows: Hygiene by 16 schools, oral health by 26 schools, mental and social health by 18 schools gender and sexual education by 17 schools, physical activity by 27 schools, nutrition by 30 schools, smoking habits and illicit use of drugs by 34 schools, emergency and accident prevention by 43 schools, environment and pollution by 21 schools. The average of health topics treated by a HPS is 3.9.

In the area 'environment and school opportunities' 3 schools achieved the objective to improve the scholastic atmosphere and the well-being through the participation of parents and pupils.

The objective 'to supply opportunities for health through the school setting' was achieved as follows: smoke-free context by 29 schools; walking bus by 4 schools, washing teeth after lunch by 1 school, providing fruit snacks by 6 schools.

In the area 'alliance with stakeholders' 8 schools achieved the objective to develop alliances with families, involving parents in health-related events.

From the current experience we learned that schools should not be left alone to face this important health challenge. Greater investments are needed in the organizational area, school managers should be more involved in the whole process. Teachers should receive continuous training especially on planning, in order to identify objectives and select appropriate indicators. In order to build a strong school culture about health topics, experiences should be shared among all actors involved and health preventive services should support and monitor the process, according to a more general health promoting policy to be developed by central and local authorities, to ensure that every school becomes a health promoting environment.

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ESTABLISHING THE NETWORK OF HEALTH PROMOTING KINDERGARTENS AND SCHOOLS IN ESTONIA IN 2005-2009

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In 2005, a network of coordinators was established including all counties (15) and bigger cities (3) in Estonia to assist kindergartens and schools in linking health promotion activities with everyday work. The activities have been financed by the Estonian Health Insurance Fund project "Development of School Health Board Activities" and the Strategy to Guarantee the Rights of the Child.

10 Estonian schools joined the European Network of Health Promoting Schools in 1993. The first kindergartens joined the network in 2001. By the beginning of 2009, 262 kindergartens and schools from all counties have joined the network, i.e. 23% of the 1126 educational institutions.

The growth of the kindergarten and school networks resulted in the need for local coordination activities. The aim is to raise the level of health promoting activity skills of all kindergartens and schools, which can be achieved by inclusion, cooperation and exchanging experiences. A coordinated network and its planned activities will provide this opportunity.

The National Institute for Health Development (NIHD) became the leading and supporting institution in the network. Health promoters from counties and cities joined the project at the time of its launch; however, the activities showed that counselling kindergartens and schools is a time-consuming activity requiring individual resources, making it very difficult to be done as a second job. We targeted all our efforts at finding motivated coordinators from kindergartens and schools to support health promoters.

The task of the coordinators is to coordinate health promoting kindergartens and schools network locally, counselling teams with regard to establishing health boards, organising the work of health boards and preparing their action plan, if necessary. The coordinators also have the task of managing health teams of institutions belonging to the network and, if necessary, counselling in matters of planning, implementing and assessing health promoting activities. The task also includes finding opportunities for sharing good practice and establishing strong local networks of health promoting institutions. The coordinators assist institutions in joining the network and monitor their activities with regard to the principles of health promoting schools movement. During the last three years, the coordinators have empowered 350 institutions in several different ways.

NIHD offers regular trainings (2 times a year) and supervising (2 times a year) to coordinators as well as summer schools and conferences to networks.

Different instruction materials supporting the principles of health promoting schools have been developed to assist institutions health boards; these materials discuss different issues beginning with the role of the health board in the institution up to a collection of examples of good practice. Financing the work of school coordinators was begun in 2005 and since 2009 the work of kindergarten coordinators has also been financed.

All counties have a network coordinator. Most health promoters are supported by school coordinators and the network of kindergarten coordinators is being supplemented. Health board counselling to institutions is voluntarily and provided free of charge. Methodological materials related to health promotion and the work of health boards have been developed and are available to anyone interested. In 2008, school coordinators conducted an assessment of health board activities of health promoting schools, which is used as a basis for further planning of counselling and training activities.

Networks show a different level of activeness in different areas. Both health promoters as well as coordinators are needed in order for a network to function well. The personality of the coordinator has an important role in empowering the network. It is very difficult to keep the network working if the key person changes. As networks operate differently, it is necessary to provide individual counselling and supervision to coordinators as well as representatives of local networks by NIHD.

Project based financing of the work of coordinators is not sustainable and cooperation with the Ministry of Education and Research has been weak.

Project assessment feedback has made us aware of the positive assessment of the effectiveness of counselling by kindergartens and schools. There has been a steady flow of institutions joining the Estonian network of health promoting kindergartens and schools, although there have been regional differences depending on the operational activeness of coordinators. Thanks to trainings and summer schools, ties and cooperation between networks of different regions have grown stronger. Health promotion in kindergartens and schools is increasingly being valued and is changing from an event-based activity to a holistic health promotion approach.

In a situation where financial resources for the empowerment of networks of health promoting kindergartens and schools are limited, it is very important to find a motivation mechanism that would support the development of the movement. Estonia has found a possibility of reaching all institutions in need of counselling with the help of coordinators and to bring the idea and good practice of health promoting kindergartens and schools to all children and young people in kindergartens and schools through regional events and inclusion.

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ABUSE BEHAVIOUR PREVENTION IN PHYSICAL EDUCATION CONTEXT: MOVED UNPLUGGED, AN ITALIAN EXPERIENCE OF COMPREHENSIVE SOCIAL INFLUENCE APPROACH ADAPTATION

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Over the last decades scientific evidence demonstrates that programs combining life skills and normative education with knowledge acquisition, designated as comprehensive social influence programs, work effectively in the young abuse behaviours prevention.

Physical Education (PE) is an appropriate context to learn intrapersonal and interpersonal skills, since it makes possible the transfer across physical, cognitive, and psychosocial domains, through demonstration and practice. Furthermore, PE teachers may have a special role in doping prevention.

The European Drug Addiction Prevention project (EUDAP) is a multi-centre trial conducted in seven European countries, that implemented and evaluated "Unplugged", a school based prevention programme structured in units to be delivered by class teachers to a target of 12-14 years old students.

In one centre in Italy the basic curriculum, has been integrated and adapted in a new version, named "Moved Unplugged" targeted for PE lessons, by means of an experiment conducted in 10 schools in 2007.

On the basis of teacher structured evaluation, four new units have been added to the programme focusing on goal setting for motorial and health skills, doping knowledge and appreciating personal differences. In addition, original Unplugged's units have been integrated with gym activities on relational skills, effective communication of emotions, problem solving, decision making, and creative thinking.

Our research produced an original well-accepted instrument for young abuse prevention in the PE setting.

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WEB COUNSELLING FOR E-TEENAGERS

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The first question was sent on Saturday 7 April 2001. 'This is Me', our web counselling service for adolescents had just opened at www.tosemjaz.net. Our first asker was a 16-year-old girl who was in love head-over-heels. We published the answer the next day. And so we successfully started our web-based youth counselling programme. 'This is Me' is the largest youth counselling web portal in Slovenia, providing teens with a friendly, simple, fast, free, anonymous and efficient public access to expert information and problem-solving assistance. Over the last eight years, our experts have answered 17,000 questions about dilemmas and problems faced by teens. The programme was created by the Institute of Public Health Celje. 'This is Me' supports adolescents in their problem-solving efforts. The programme focuses on development of positive mental health, with emphasis on self-image, social and life skills. The programme responds to the adolescents' needs and makes efficient use of web technology.

Web space as everyday support

- *You're right, nobody can do anything that matters instead of you and all crucial decisions, even those on life and death, are yours alone. Yet the everyday becomes a bit easier and nicer if we help each other as fellow beings, friends, experts - as people. Tell us more about yourself and I promise to respond. You will still have to choose a path and pull yourself through. Maybe someone can lend you a helping hand - if you, of course, accept it. (Excerpt from an answer to a troubled teen, www.tosemjaz.net).*

Results and characteristics of the e-counselling service:

- Our network of web counsellors includes 33 experts: 12 medical specialists, 12 psychologists, 9 social pedagogues, social workers, and teachers. All our counsellors are volunteers from 12 different institutions;
- Over 2,500 answered questions and more than 100,000 users were registered in one year;
- Every day we carefully edit e-content and manage e-contacts between experts and teens;
- On average, the answers are published within three days;
- Most users are between ages of 13 and 18;
- The e-counselling service is further augmented through preventive self-image development workshops in schools;
- The programme is funded by the Institute of Public Health Celje with support from the Ministry of Health;
- The programme has won five national and international awards.

A lot of dialogues that develop in the safety of our e-counselling website would never have happened in the office of a school physician, gynaecologist, psychiatrist or psychologist. Many adolescents clearly say that they would never have gathered the courage to open up face-to-face, or would not even have sought help. The majority of questions deal with subjects that preoccupy teens the most: being in love, dating, curiosity about the first sexual experience, contraception, love problems, temporary family disputes. They are followed by more severe issues stemming from poor self-image. The most difficult and pressing questions the adolescents ask us touch the subject of suicidal thoughts, suicide attempts, self-harming behaviour, depression, eating disorders, sexual abuse and teen pregnancy. About 5.5% of questions involve the most difficult subjects.

E-dialogue

hey!

what I wanna know is, which are the best pills you can use to kill yourself? does it hurt? will a pack of sleeping pills do the job? how much, so it's all over 100%? been thinking about suicide a lot... really hope you can give me some kind of answer, 'coz I can't handle it anymore ...

fallen angel, 17, www.tosemjaz.net

The main limitation that comes with web counselling is the absence of face-to-face contact i.e. lack of social and visual clues. The counsellor doesn't see the asker. The face is hidden, eye contact impossible, body language invisible, the personality and energy can only be guessed at. In fact, the communication is even more restricted than with phone conversations. Contact is reduced to written messages. Language is the sole communication channel. A message example: *»Been cutting myself for a year. I want to stop.«* Such messages are sometimes the only thing the counsellors have to work with. They will try to respond to such curt words (perhaps indicative of several problems) in a way that will encourage the user to speak up again. E-counsellors are not a virtual shoulder to cry on. Serious problems are never easy to solve and the teens have to work hard. E-counsellors carefully and suitably support and motivate the adolescents. They explain possible problem-solving scenarios and available sources of help.

Benefits of web counselling:

- Anonymity (promotes openness while expressing problems);
- Easy access to experts (from the safety of the teen's room; no referrals, no waiting rooms);
- One e-counsellor can help several adolescents with a single answer;
- Insight into others' experience and problem solving approaches;
- A quick 'first aid' effect;
- Networking of institutions, experts and users.

Limitations of web counselling:

- Limited communication (insight via written word only).
- Limited possibilities for establishing a therapeutic relationship.
- On-line relationships are insecure and can be broken off at any moment.
- Questions X: insufficient asker info and incomplete problem description.
- Adolescents' abilities to put problems into words.
- Unrealistic expectations (hoping for a quick fix through a few mouse clicks).
- Useful insights

I first started visiting this site as a teenager. Here I found support in the hardest moments of growing up and it helped me learn good patterns of behaviour.

Mateja, a student, www.tosemjaz.net

Modern technologies open up new possibilities for traditional counselling services. The »This is Me« portal is one possible response to the current teen lifestyle. After eight years of web communication we can confirm:

- The Web is indeed a useful counselling channel and problem-solving aid. The e-counselling service provides easy access to expert advice during moments of difficulty or everyday dilemmas;
- Through web communication and counselling we can reach typical adolescents with everyday problems. Before the new communication technologies became widely available, the insight into this particular group was not as good;
- The Web truly connects people, organisations, and sources of help. The web social network provides us with information, answers and increases the number of problem-solving options;

E-counselling cannot replace face-to-face counselling and assistance in cases of more severe issues;

The role of e-counselling is above all preventive. E-counsellors try to guide the problem solver. They use various information to help adolescents understand their situation, help them create problem-solving strategies and help them take responsibility for their lives. Whenever the counsellors succeed in guiding the teens towards making positive changes in their lives, e-counselling has been a success.

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SEXUAL EDUCATION TOPICS IN LITHUANIAN TEXTBOOKS

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Sexual education usually intends to develop pupils' responsible sexual behaviour and develops their capacity to make their well-informed own choices. In the scope of the European project Biohead-Citizen "Biology, Health and Environmental Education for better Citizenship" (FP6), coordinated by Carvalho G., Clément P. & Bogner F. (2004-2007) we worked on a comparative analysis of textbooks contents from 19 various countries. Here we present an analysis of sexual education topics in Lithuanian textbooks.

The general theoretical background of the research was the KVP Model (Clément 2004, 2006) to analyse the concepts expressed in the textbooks as interactions between three poles: K (scientific knowledge), V (systems of values) and P (social practices). An essential point of our methodology was to construct a grid to analyse the textbook contents.

Sexual education is a part of the school national curriculum, and it is integrated into other subjects, such world cognition in primary school and into biology, ethics, humanities in the secondary school. There is no unified sexual education program in Lithuanian schools.

Most of the analysed biology textbooks use a biomedical model, giving a lot of scientific knowledge and disregarding the promotion of competences for healthy sex behaviour. Sexually transmitted diseases (STD) are treated in the part of textbook devoted to topic of reproduction. The main attention is paid for describing of symptoms, outgoing diseases or dead. The educational style is only informative and without images. In conclusion, sexual education and STD-prevention topics in Lithuanian textbooks are insufficient.

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SCHOOL HEALTH COORDINATORS AS KEY AGENTS IN LINKING LOOSELY-COUPLED SYSTEMS

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This presentation will explore the role of School Health Coordinators as 'change agents' to facilitate education-health cooperation in promoting the health of children and learning at the school board/health authority/community level. The importance of the School Health Coordinator in linking schools to communities has been demonstrated in the U.K. (Warwick et al., 2004), U.S. (Alderman, 1993) and in Canada (Card, 2008). Specifically, this session will report the findings of a study funded by the Canadian Council on Learning to assess the impact of the short-term and medium term effects of introducing School Health Coordinators, known as School Health Promotion Liaison Consultants (SHPLCs), in the Canadian province of Newfoundland and Labrador. Focus groups and interviews were conducted with key informants including the SHPLCs and other key informants from schools, school boards and health authorities to determine if the dedicated staff and infrastructure approach is the most effective way of assigning human resources in developing a culture of health promoting schools.

The findings of the Canadian study suggest that the SHPLCs do encourage schools in their community to become healthy environments. Further, they have supported the implementation of school food guidelines and strengthened the capacity of school boards, health authorities and community agencies in policy implementation and knowledge translation. Their presence and community work acts as a catalyst to help align community resources and agency programs in a more cohesive manner. The role of the School Health Coordinator can be viewed as key in maintaining the links between the loosely-coupled systems (Senge, 2006) of health, education and community organizations.

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THE EVALUATION OF THE EFFICIENCY OF HEALTH PROMOTION SCHOOL

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A comparative study of two schools: health promotion school (HPS) and a general school (GS), was carried out in Moscow. 256 students from 12 to 17 years old answered the questionnaire. Age-sexual composition of respondents was identical. The questionnaire included 6 blocks of questions.

The first block of questions was dedicated to the organization of nutrition of schoolchildren. Food supply of schoolchildren in HPS was organized well, so 88,8% of students regularly have breakfast, while only 32% of students have breakfast in GS. The second block of questions was dedicated to the diet of students: 57,3 of students of GS and 76,8% of students of HPS have a hot meal twice a day. The third block of questions was dedicated to the actual nutrition of schoolchildren: in HPS in comparison with GS a little bigger percent of students regularly use fruit and juices (88% vs. 82,5%), vegetables (91,2% vs. 84,7%), fish (44,8% vs. 35%), cheese (75,2% vs. 58,8%), butter (44,8% vs. 41,2%), milk and dairy produce (88% vs. 82,5%). The fourth block of questions was dedicated to the physical activity of students: in HPS 87,2% of students regularly attend PE lessons, while in GS only 58,8% of students regularly have PE lessons. The fifth block was devoted to use of psychoactive substance: 14,5% of students smoke in GS and only 7,2% of students in HPS. It was found that 20,6% of students in GS had never used alcohol, in HPS – nobody had. 90,1% of students in GS had not tried to use drugs, in HPS – nobody had. The sixth block questions was dedicated to the satisfaction with the school curriculum: 43,5% of students in GS and 71,2% of students in HPS attended school with pleasure. In conclusion, the data of the questionnaire survey prove the efficiency of the working of the health promotion school.

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EMBEDDING HEALTH AND WELLBEING IN SCOTTISH SCHOOLS

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Having moved on significantly from project to policy, the Schools (Health Promotion and Nutrition) Scotland Act 2007 and Curriculum for Excellence are the two main drivers of health promotion activity in and around schools for children and young people from 3-18 years old. This presentation will focus on both, outlining the developments and the impact these will have on the pupils, teachers, partner agencies and the whole school community.

Background: Work to support health promotion in schools and the education sector has been an ongoing feature for some time at both a national and regional level. For Health Scotland this has certainly been an important area of focus and has seen work with partners focus on a range of initiatives, for example encouraging children to eat healthily and become more physically active, including:

- Physical Activity in Scottish Schoolchildren (PASS) Project
- Health Behaviours in School Children (HBSC-study)
- Growing Through Adolescence
- Adventures in Foodland
- Nutrient Standards for Early Years
- Class Moves
- Confidence To Learn

However Scotland is currently in an exciting phase in schools focused work where there is a strong strategic and policy framework, with the Schools (Health Promotion and Nutrition) Scotland Act 2007 and Curriculum for Excellence. Both build on the foundations of earlier developments such as Hungry For Success (2003), embed health promotion within education policy and practice, and provide a vehicle for taking forward all health promotion developments, including for example healthy eating and active living.

The Schools (Health Promotion and Nutrition) (Scotland) Act 2007

The Schools (Health Promotion and Nutrition) (Scotland) Act 2007 was passed by the Scottish Parliament in March 2007, and introduces a new duty for Scottish Ministers and local authorities to ensure that health promotion is at the heart of schools' activities. Additionally, it details new duties and powers for local authorities to ensure that the food and drink served in schools meets the nutritional standards set out by Ministers. This aspect is currently being rolled out in primary schools, and is set to follow in secondary schools later this year.

Curriculum for Excellence

In 2002 the Scottish Executive embarked on an extensive consultation exercise on the state of school education - the 'National Debate on Education'.

The Debate confirmed that a number of features of the present Scottish curriculum are highly valued. These include the flexibility which already exists in the system, the commitment to breadth and balance in the curriculum, the quality of teaching and, importantly, the comprehensive principle. However, there were clear demands for change and improvement; reduce overcrowding in the curriculum, make learning more enjoyable and make better connections between the stages in the curriculum from 3 to 18.

In 2004 the Curriculum Review Group made a commitment to update, simplify and prioritize the curriculum. The experiences and outcomes in health and wellbeing are the fulfilment of that promise.

Health and Well being: Experiences and Outcomes

Curriculum for Excellence has at its heart the aspiration that all children and young people should be successful learners, confident individuals, responsible citizens and effective contributors (known as the 'four capacities'). There are strong connections between effective successful learning and health. Through this curriculum area, Curriculum for Excellence takes a holistic approach to health and well being.

The experiences and outcomes are in keeping with the United Nations Convention of the Rights of the Child, which sets out the right for all children to have access to appropriate health services and to have their health and wellbeing promoted. They build on the considerable work of Health Promoting Schools and the publication of 'Being Well, Doing Well' which underlines the importance of a 'health enhancing' school ethos – one characterized by care, respect, participation, responsibility and fairness for all. The framework complements the duty in the Schools (Health Promotion and Nutrition) (Scotland) Act that Scottish Ministers and local authorities endeavour to ensure that all schools are health promoting.

The experiences and outcomes draw upon the best of current practice in early years, primary and secondary schools and in youth work settings. They are structured under the following headings:

- Mental, emotional, social and physical wellbeing
- Planning for choices and changes
- Physical education, physical activity and sport
- Food and health
- Substance misuse
- Relationships, sexual health and parenthood

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HEALTH PROMOTION IN SCHOOLS: EVALUATION OF AN IN-SERVICE TEACHER TRAINING PROGRAM USING A MIXED METHOD DESIGN

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Schools' contribution to students' health and well-being have been increasingly recognized. Nevertheless, the development of suitable evaluation methods for health promotion (HP) in schools remains a central question. Our presentation will describe the methodological approach and discuss the interest of mixed methods (MM) designs in the evaluation of the impact of HP in the school setting.

We will take the example of the French HP program "Apprendre à mieux vivre ensemble". The aim of the program is to give teachers the means to integrate HP approaches in their everyday practices at the class level as well as at the school and community level. It is implemented in 160 schools in 10 French regions. In each of these regions, a 'resource team' including faculty, pedagogical advisers and members of HP services and of local HP NGOs, was trained to the program. This team delivers the different modules of the program and also offers support for the elaboration of HP projects in schools.

The evaluation is based on a MM approach, which is the combination of quantitative and qualitative approaches (Creswell and Plano Clark, 2007). Its objective is to determine the impact of teacher training on teachers' practices in HP and on children's well-being at school. It uses an embedded design based primarily on quantitative data where the qualitative data set provides a supportive role. A quantitative approach is used to measure the influence of training and support on teachers' (as individuals) and schools' practices (collective work and partnerships) and on the impact of the program on children and parents. Teachers' and schools' practices are further explored through an open ended process.

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DEVELOPING A SELF–EVALUATION MODEL FOR THE IMPROVEMENT OF HEATH PROMOTION PROCESSES IN SCHOOLS

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Background: Evaluation of the development health promotion in schools (HPS) provides policy–makers with evidence-based data that are required for improving health promotion processes. Self-evaluation provides schools with means of learning from past experiences, allows planning essential interventions and encourages participation of all school communities in the processes of the HPS improvement.

Theoretical framework: Establishing evidence not only requires that the interventions are an appropriate response to the problem, but also that the evaluation research method is appropriate for the intervention (Don Nutbeam, 2000).

Methods: A wide range of methods was applied in this research: participatory action research; theory-based research and formative research.

Main results: A scientific based model is developed according to the HPS concept and includes indicators, representative illustrations, signs, recommendable sources for the obtaining date, methods for evaluation and covers six areas of the HPS: structure, management and quality improvement; psychosocial environmental; physical environmental; resources; health education; dissemination and sustainability. The model structure is harmonized with an internal auditing methodology of education system so that they both might be accomplished together. Feedback from schools during the pre-testing was very positive.

Conclusions: A self-evaluation model is acceptable, as being cultural sensitive, elaborated with and for practitioners in response to their interest and allows seeing changes in a process.

Implications: Although the self-evaluation model is primarily tailored for the HPS, it is relevant for non-HPS and after some adjustment for use in other types of schools.

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GENDER IMPLICATIONS OF THE TEACHING OF RELATIONSHIPS AND SEXUALITY EDUCATION (RSE) FOR HEALTH PROMOTING SCHOOLS

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The introduction of Relationships and Sexuality Education (RSE) in Irish schools arose from awareness of the growing need to address pressures on young people specific to their attitudes and decision making on relationships and sexuality. RSE has been successfully implemented since 1995. However, it has become the preserve of female teachers with fewer male teachers attending in-service. Similar gender disparity exists in the teaching of Social and Personal Health Education.

The aim of the research was to explore the attitudes, beliefs and needs of male post-primary teachers in regard to RSE in the context of the school. A qualitative design was employed. Focus groups were chosen as the primary means of data gathering. A total of 25 male post-primary teachers took part in five focus groups. Two of the groups consisted of men who had participated in RSE training, the other three groups were made up of men who had not.

The analysis of the data suggested that there was reluctance on the part of male teachers to teach RSE, and that this arose from anxiety about the risk to their personal and professional identity. They felt under threat both from internal personal forces, in the form of mental models assimilated through personal history and upbringing, and from external organisational forces, communicated through the local school and wider social culture.

The data indicate the need for professional development and support that is tailored for male teachers. In order to support male teachers and the teaching of health curricula, pre-service education needs to focus on gender role and identity.

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THE DIAGNOSIS OF SUSTAINABLE COLLABORATION MODEL; A GUIDE FOR SUSTAINABLE COLLABORATION IN SCHOOL HEALTH POLICIES?

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Background: Effective school health promotion presumes collaboration between schools, health promoting agencies and local authorities. Creating and making cooperation sustainable is challenging: the collaboration ideally moves from an incidental project to a routine and enduring coalition. The Schoolbeat approach, implemented in the southern parts of the Netherlands, has faced this challenge. The collaborative partnership was used to develop the Diagnosis of Sustainable Collaboration (DISC) model. In the present study the DISC-model is used to diagnose the collaboration development in five other Dutch regions.

Main question: How can the collaboration structure in the five regions be characterized and what are the implications for building sustainable collaboration.

Theoretical framework: The DISC-model focuses on interaction between leadership and perceptions, intentions and actions of collaborating partners, the project organization and factors in the wider context, and their impact on the collaborative process.

Methods: Representatives of health promoting organizations, policy makers and schools completed the DISC-questionnaire.

Results: Analyses show that implementation strategies differ across regions (e.g. a step by step approach; an integral approach), which impacts on the stage of collaboration and on future practice.

Conclusion: Impediments and facilitators for collaboration are identified.

Implications: Facilitating and inhibiting factors could be linked to the DISC-factors and concrete implications for future practice could be given.

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A CROSS-SECTORAL INTERGOVERNMENTAL COLLABORATIVE MODEL FOR BUILDING HEALTHY SCHOOLS

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A growing body of research shows that harmonizing actions to maintain a healthy school environment supports students to realize their full potential as learners, and as healthy, productive members of society.

The Canadian Comprehensive School Health (CSH) approach, which is similar to the Health Promoting Schools model, brings the health and education sectors together to address the social and physical environment, teaching and learning, healthy school policy, and partnerships and services.

In Canada, this poses a unique challenge: the responsibility for primary and secondary education rests at the provincial and territorial levels while the health file is shared among the federal, provincial, and territorial governments. The purpose of this presentation is to showcase the work of the Joint Consortium for School Health, an unprecedented intergovernmental, pan-Canadian partnership that models high-level, sustainable horizontal collaboration to enhance alignment between health and education, facilitate the development and dissemination of better practices, and leverage resources across two sectors and 14 jurisdictions.

Against the background of key lessons learned from horizontal initiatives in general, the presenter will outline how the principles are applied to the Joint Consortium, its formal framework and logic model, and the results that are being felt as the CSH approach is taking root in Canada. The Healthy School Planner, a key tool for fostering awareness and facilitating planning and collaborative action at the school level, will be featured.

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SOCIAL CAPITAL AND PARTNERSHIP AS THE RESOURCES OF THE CHILDREN'S HEALTH AND WELFARE IN SCHOOL COMMUNITY - A FOLLOW-UP STUDY IN FINNISH COMPREHENSIVE SCHOOLS

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Background: The aim of the study was to investigate teachers' views of Finnish comprehensive school how the social support network functions in promoting the children's health and welfare in school communities. This study belongs to The European Network of Health Promoting Schools Programme evaluation project in Finland and was carried out as a follow-up study during 2003-2006. In Finland a lot of effort has been put on to develop all schools as health promoting school communities.

Theoretical framework: Social capital in this study is seen as a social support network that promotes children's health and well-being like home-school partnership, home-school nurse's partnership and partnerships also more widely in the different networks of school communities. Partnership between families, school's nurses and schools and other organisations are currently underdeveloped and undervalued, but they represent a potential way in which schools might built additional capacities and support to promote health.

Methods and implementation: The data for the four years follow-up study were collected by web-based questionnaire in 2003 and 2006 from teachers (N=22).

Main results: A social support network and partnership with school and parents and school nurses was significant to promote the health of the children and adolescents. However, parents and schools nurses didn't always have opportunities to participate in the planning and evaluation of school teaching and health promotion work.

Conclusions and implications: Social support networks as dimensions of social capital are ways to carry out of the children's health and well-being. Furthermore, social capital is not separate from other major structures, such as cultural and economic capital, that all are needed.

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EVIDENCE BASED HEALTH PROMOTION - A QUESTION IN FASHION

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Background: Evidence- based practice has its origin in medical science but is presently invading other areas e.g. health promotion. The question is to what degree is it possible to evidence base different practices in health promotion?

Theoretical framework: The theoretical framework is derived from Habermas and Schuhmacher´s discussions on different research types, questions categories and knowledge interests

Method: Five doctoral dissertations on different aspects of health education were analyzed by three experienced health educators with regard to what kind of new knowledge the researchers expect to produce. Also the research questions in the dissertations were analyzed, according to Schuhmacher´s categories divergent and convergent questions.

Main results: The research questions described in the dissertations were typical divergent questions and as such they were more suitable for research for understanding than for research for manipulation.

The knowledge interests as expressed in all five dissertations were interpreted as critical. Two of the dissertations also expressed a purpose to deliver some normative and/or practical knowledge, but this was only realized in one of them.

Conclusions: As the analyzed dissertations did not present any normative statements, they cannot be used as instructions when realizing a health promotion project in or outside school, but the results of the research present a good background for teachers and health professionals when they reflect on, and make plans for, different health initiatives.

Because of the lack of normative statements it is also very difficult (or impossible) to evidence-base the practices described in the dissertations.

Implications for practice and/or further research: Either health promotion research must be more normative, aiming at prediction and development (if this is possible), or let go the demand for evidence- based practice when planning and realizing health promotion activities in school.

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STANDARDS OF EVIDENCE IN HEALTH EDUCATION RESEARCH

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Against the background of resurgent positivism and postpositivism in educational research, this paper aims to generate new insight about what counts as evidence within health education research. We will draw on evaluation theory (Simons 2004), and especially perspectives from realistic evaluation (Pawson & Tilley 1997) that reinterprets the category of evidence, but also the very conceptions of data, method, and legitimate knowledge. Here the standard evidence question "What works?" is challenged with "What works for whom and in what circumstances?". This resonates with recent developments in the field of educational research which puts a strong emphasis on participatory approaches, and takes the context into account.

On the basis of a critical analysis we will discuss epistemologies and methodologies developed within educational case study, participatory and action research, when faced with this evidence question. We argue that "desirable knowledge" that could count as evidence in health education research needs to embrace knowledge about outcomes, but also knowledge about diverse perspectives of participants in educational practices, knowledge about multiple contexts and their affordances and knowledge about a variety of processes relating to a range of educational as well as health outcomes. The paper is concluded with considerations concerning a key challenge for research, policy and practice, which is to clarify the aims behind efforts to generate evidence and to clarify what is usable evidence in relation to decisions within the area of health education.

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SUPPORTING THE DEVELOPMENT AND IMPLEMENTATION OF THE HEALTH PROMOTING SCHOOLS PROJECTS

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The study reported here is a part of the evaluation of the Norwegian Network of Health promoting schools (HPS). The purpose of the study was to explore the project coordinators experiences of what factors supported teachers in developing and implementing the HPS project.

The study builds on issues raised by Hargreaves and colleagues of factors supporting the implementation and sustainability of development projects in school. In short, the factors include school structures, teacher culture, professional learning, professional discretion and school leadership.

The study is based on two focus group interviews with all ten school coordinators in the Norwegian Network of HPS. The interviews were conducted in 2003, at the end of a ten year pilot period.

The key findings include: the need to set aside time and resources for developing new, as well as systematising already existing, health promotion actions; build collaborative culture to facilitate cross-curricular health promotion projects; enhance teachers' and leaders' professional learning through national and international HPS networks; respect teachers' professional discretion about what to teach and why; and anchor the project in the leadership group.

The study confirms much of the existing knowledge about factors supporting the development and implementation of HPS. However the coordinators' notion on how network learning is important for teachers' and leaders' professional development is a notable asset to be followed up in future national and international networks of HPS.

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ESTABLISHING THE HEALTH-PROMOTING SCHOOL NATIONAL CERTIFICATE IN POLAND

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In Poland the health promoting school national certificate was established in 2007. It was the response on needs and expectances of schools belonging to 16 regional networks of HPS (total number of schools about 1500). These schools have a regional certificates but a perceive national certificate as the distinction and challenge. The rules of assignment of this certificate were elaborated and broadly discussed with schools and regional HPS coordinators.

The basis for certificate procedure were five national standards of HPS. A school is assumed to be health promoting if it:

1) Helps the members of school community to understand and to accept the concept of HPS.
2) Manages health promoting projects in a way favourable to participation, partnership and cooperation involving school community, parents and local community partners, and to effective and sustain activities.
3) Implements health education for students and school staff and aims for improving its quality and effectiveness.
4) Creates a positive school climate that promotes the health and development of students and school staff; gives opportunities to achieve success for all and supports their self-esteem; provides conditions for participation, partnerships and cooperation among school community, parents and local community.
5) Creates a physical environment within the school that supports the health and safety of students and school staff.

Indicators and instruments for their measurements regarding these standards were elaborated by a task force group and checked in the survey carried out in 24 schools in six regional networks.

Aims: give recognition and value of long-term and systematic school activities according to the concept and standards of HPS in Poland. It will contribute to the extent of the school prestige, be a source of satisfaction for the members of the school community and motivation for further work;

- identification of specific school achievements and examples of good practice. It will help in their dissemination and exchange among schools in different regions;
- development of a data bank about schools and their achievements which will strengthen the activities in the process of school support on the regional and national level as well as it will support the implementation (marketing) of the concept of HPS.

Procedure: The certificate assigned to a school for a period of 5 years, if the school:

- has been a member of a regional network of HPS for at least 3 years;
- has made a self-evaluation of its activities in the field determined by five standards,
- has made a public presentation of its achievements during the last 3 years, including the results of self-evaluation;
- has specified its own speciality (strong features) in the field of HPS development, which the school is ready to share with other schools and will propose the way of sharing this specialty;

- has submitted adequate documentation and received a recommendation of the regional coordinator.

The certificate was given by the committee of the health promoting school national certificate. Its members were appointed by the head of the Methodical Centre of Psycho-Pedagogical Assistance, where is national coordinator is stationed. They are people who work at the Centre, honoured members – experts in the field of health promotion and regional coordinators.

Experiences, difficulties and way of their overcoming: In 2007, 17 schools from 5 regions applied for the certificate. Results of the interviews with the school coordinators indicate that:

- the main reasons to apply for the certificate were: 1) a will to resume activities thus far – school achievements and diagnosis of problem which need solving (it was possible on the base of self-evaluation); 2) fulfilment of the expectations of school community, which is satisfied with its accomplishments; 3) higher prestige of the school in the local community;
- the main difficulties derive from the long and complicated procedure of self-evaluation (lot of questionnaires, respondents, documents, etc.).

Analysis of documents sent by schools showed that some schools had a problem in defining their specific achievements. Schools specified other activities, such as various programmes of health education (especially in the field of addiction prevention) and other activities (competitions, parties). Two solutions were selected:

- The certificate will be given to schools which fulfil all HPS standards and are ready to share their experiences with other schools;
- Some schools will not receive the certificate but will be accessed to the national network of health promoting schools (this level of network has not existed before); procedure of admitting the certificate will be withheld for a one year. The headmaster and school coordinators were proposed to take part in workshops organized on the national level regarding concept of HPS and strategy of its implementation as well as rules of admitting the certificate. These workshops showed that although there is a good knowledge and understanding of the concept of HPS, teachers have difficulties with presenting their activities and achievements in a way that will show their specific features.

Up to now 32 schools and 3 kindergartens applied for the certificate: 22 received it, 5 became a member the national network of health promoting schools; 5 schools are waiting for a decision.

Benefits and lesson learnt: Main benefits are as follows:

- for schools: 1) conducted self-evaluation which will lead to a diagnosis of the actual situation in school, identification of strong sides and problems which need solving, activation of the school team of health promotion; 2) experience exchange and cooperation with other schools; 3) the majority of schools paid special attention on assessment of social school climate and planned its improvement;
- for national and regional coordinators - identification of: 1) difficulties that teachers have in the presentation of their accomplishments and competences from the perspective of the HPS approach; 2) diversity of activities undertaken by schools; further work in cooperation with regional and school coordinators will be aimed at supporting schools in the presentation and marketing of their activities.

Establishing the certificate corresponds with the school expectations and it immediately offers a new challenge for schools and teams supporting their activities. Information from regional coordinators indicate that schools which received the certificate have a better position and prestige in local communities. Although the procedure of self-evaluation is difficult and time consuming, it creates a firm basis for building the plan of further work in health promotion and school development.

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IMPLEMENTING A COMPREHENSIVE APPROACH TO SCHOOL HEALTH IN RURAL SCHOOLS IN EASTERN CANADA

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The Eastern Active Schools (EAS) intervention took place in five rural schools in Newfoundland, Canada. Children in Newfoundland and Labrador are considered to be the most overweight and inactive in Canada (CFLRI, 2008). Therefore, the EAS project provided classroom teachers with resources and training to implement daily physical activity (DPA). DPA projects are becoming more common in Canada (e.g. Action Schools! In British Columbia, DPA in Ontario) and in some cases are being mandated through legislation. The EAS project also supported new school nutrition policies and provided training in a Comprehensive School Health (CSH) model. Facilitators and a coordinator provided continuous support to the EAS schools during 2007-08.

The impact of the EAS project was evaluated through a lifestyles survey, pedometer study and focus groups sessions with key informants. The focus group questions aimed to reveal the challenges, barriers and potential for rural schools in implementing CSH. Through a comparative orientation and a grounded-theory approach, the key themes that emerged from the data included: outside agency support, internal support structures, perceived program need, principal's attitude and cultural change. An important finding was the perceived change in the culture of the participating schools towards active healthy living. The EAS project is currently being expanded to all schools in the Eastern School District of Newfoundland and Labrador.

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SCHOOL HEALTH PROMOTION AND PREVENTION IN THE NETHERLANDS

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Background: There is growing attention at local and national level in the Netherlands for whole school approaches that aim to reduce risk behaviours among youth and to promote health.

As all schools in the Netherlands – from a public health perspective – should become 'healthy schools', the degree of implementation of specific components and experiences with whole school approaches have been investigated.

Theoretical framework: There is evidence that schools that have a policy that promotes health, have better educational outcomes. Programs that focus at more than one factor and entail a mixture of activities are most likely to be effective.

Methods: The research encompassed focus groups, questionnaires and interviews with schools and intermediate partners such as municipal health services.

Main results: Intermediates and schools reported positive aspects such as the structural policy of school health approach and an involved municipality. Also negative aspects where reported such as the intensity of the approach, high investment in time for organizing preconditions and collaboration and limited awareness of need for health promotion within schools. Moreover, most of the schools are still in the preliminary phase.

Conclusion: The present whole school approach is experienced as too intensive. The poor implementation could be influenced by the critical factors for failure.

Implications: The national whole school approach will be improved regarding communication and applicability.

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THE CAMPAIGN 'GOOD CHOICE' AS AN ALTERNATIVE FOR 'THE FORBIDDEN FRUIT'. DRINKS AND SNACKS AT SCHOOL: IN SEARCH OF NATIONAL STANDARDS

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Early 2006 the Flemish minister of education gave priority on tobacco prevention and the nutrition policy in schools. As a follow ups he ordered a complete ban for smoking on the school premises (inside and outside the school) from September 2008. But what about the beverages and snacks in schools? Should certain products (such as soft drinks, candy) or distribution channels (such as vending machines) be banned, as was asked by some policy makers?

Concerning the vending of beverages and snacks in schools an advice was asked from the national education council. Based on a note of the Flemisch Institute for Health Promotion the council decided that repressive legislation about drinks and snacks was not the right approach.

An alternative was found in a national campaign (december 2008) that gave schools advice on their health policy towards drinks and snacks. This campaign was supported by a tailoring instrument for schools and the sensibilisation of pupils (kindergarten, primary and secondary education) and parents. With the instrument schools can develop their nutrition policy concerning drinks and snacks. The guidelines are present a freedom of choice, the need for a whole school approach and the translation of individual guidelines for healthy food in specific advice to schools.

Thanks to the strong collaboration between government, health agency and policy makers in education the campaign is widely integrated in schools. The advices developed into a national standard for schools. The strategies of advocacy, commitment and empowerment turn out to be good alternatives for repressive legislation. The necessity of a transparant and correct translation of the messages in health education towards the school guidelines for health policy gives acceptable standards.

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ROMANTIC SEXUAL SCRIPT - CHALLENGES FOR TEENAGERS' SEX EDUCATION

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According to sexual script theory, sexuality is learned from culturally available messages that define what belongs to sex, how to recognize sexual situations, and what to do in sexual encounters. Individuals internalize at least some cultural models and begin the process of personal script development. Sexual scripts can vary during life, but they are mainly acquired and practised during adolescence. The romantic script has been presented as the main and predominant sexual script and it has a high degree of shared meaning in Western culture. In this presentation we will discuss what elements romantic sexual script included in Finnish teenage girls' narratives. Additionally, we consider how the romantic script was associated with sexually risky behaviour and what kinds of challenges this script creates for sex education. The data were comprised of the narratives (n=68) of ninth grade (14-15 year-olds) girls regarding their experiences in sexually motivating situations. The target group of this study was comprised in six schools from the European Network for Health Promotion Schools in Finland. The narratives were analyzed using content analysis. Central elements of romantic script were: love relationship and strong positive emotions. The romantic script makes it possible for the girl to have emotionally satisfying sex in her loving relationship. The risks of the romantic script are based on stressing emotions in sexual encounters. In doing so it may happen that in an intensive emotional happening, prevention of both pregnancy and sexually transmitted diseases can be forgotten. Alternative perspectives to the romantic script that include safe sex elements should be provided in sex education.

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PREVENTION OF HIV/AIDS: A PROJECT IN A SPECIAL SCHOOL WITH INSTITUTIONALIZED YOUNGSTERS

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Background: The divergent social behaviours of the institutionalized youngsters studied have made them vulnerable to risk behaviours and unhealthy lifestyles. Facing this problem, there was a need to find solutions involving peer education.

Main aims: To promote health and sexual education in a special school.

Objectives: To prevent HIV/AIDS among institutionalized youngsters by changing their risk behaviours.

Theoretical framework: The report on the global AIDS epidemic (UNAIDS, 2008) states that in Portugal there are about 34000 adults and young people infected with HIV. Projects that provide information, while promoting the adoption of healthy behaviours, motivate young people to reduce their risk behaviours, increasing their use of condoms.

Method: This intervention used diversified methodologies that involved group dynamics and theatre-forum. The project was evaluated through observation and participation of the various participants, using questionnaires and interviews.

Main Results: The evaluation demonstrated an increase in learning, behavioural changes, autonomy, self-esteem, self confidence and a better relationship between the youngsters and their peers, their training team and other adults involved in the school.

Conclusions: We can conclude that the objectives of the educational project were achieved.

Implications: In the future we expect that the participants in this project will have assertive behaviours in their daily life and will intervene on their own in order to develop HIV/AIDS educational projects in their society.

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THE ADOPTION OF A SCHOOL-BASED HEALTHY DIET PROGRAMME FOR 12- TO 14-YEARS-OLD ADOLESCENTS

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Background: Unhealthy eating habits are highly prevalent among youngsters. 'Krachtvoer' is an educational programme for secondary schools to promote healthy eating, which has proven to be effective (Martens et al, 2008). An adoption, implementation and continuation strategy for health professionals was developed to promote successful dissemination of the programme. The current study examined the extent to which the adoption strategy was fully and faithfully carried out, and assessed the adoption rate among schools, as well as barriers and facilitators.

Theoretical framework: The strategy was based on the theory developed by Paulussen et al. (2007), which says that users of an innovation are influenced by the characteristics of the innovation and the organizational and socio-political context. This process can be influenced by a dissemination strategy.

Methods: Health professionals from five regional public health services were interviewed after they had applied the strategy recruiting teachers for the programme. In addition, adoption rates and reasons for not adopting the programme were recorded. Finally, adopting and non-adopting teachers were interviewed by telephone.

Main results: On the whole the strategy was applied fully and faithfully, suggesting its feasibility. The adoption rate was 53.2%. The most common reasons for non-adoption were organizational.

Conclusions: The strategy led to an acceptable rate of program adoption. Most reasons mentioned by non-adopters could not be influenced by the strategy and need a broader contextual approach.

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‘DENT-TASTIC’ – DENTAL HEALTH, HEALTH, AND SCHOOL HAND IN HAND

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Teeth are ‘the mirror of life’. Therefore dental health personnel are among the first to discover eating disorders, smoking and a high intake of sweets and soft drinks. This can be a useful point of departure for many health promoting projects. The program is based on clear ideas about the causes of unhealthy behaviour, and on research-based knowledge of health promotion in schools. Dent-tastic includes strategies for influencing young people’s ideas about health, for promoting the social aspects of health behaviour, and for advancing knowledge of healthy practices and physical activity in the local community.

Dent-tastic is a complete program of activities for 14-year-olds, where the themes of dental health, healthy lifestyle, physical activity, and healthy diet are included across the whole range of subjects specified in the lower secondary school syllabus. Dent-tastic was initiated by dental hygienists in cooperation with the head of the public dental health service in Haugesund, Norway. The program was developed within a broad interdisciplinary framework. In order to draw on the full range of expertise, pedagogical skills and insight of the participants, we invited students, parents, school nurses, dental hygienists and teachers, as well as the head of the school, to participate in the development. In that way all parties got a sense of ownership to the program, which was enhanced by their active role in its actual implementation**.**

Ten different Norwegian schools have completed Dent-tastic. The pilot version was developed and carried out at Håvåsen School in Haugesund. The school now has 7 years’ experience with ‘Dent-tastic’.

Teaching material: Dent-tastic is based on a set of teaching materials. It includes ready-made suggestions for lectures and proposals for optional projects. It also contains repetition exercises, overhead sheets, a CD-rom with many pictures and illustrations, examples of games, a list of internet sites, and an information form letter aimed at parents. There are also tips about different ways of implementing the program and of organising the teaching framework. The pedagogical aspects have been worked out by and for teachers in cooperation with dental hygienists, while the material concerning dental hygiene has been produced by dental health professionals, with a separate chapter aimed at the dental hygienists.

Classroom practice: The actual implementation is adapted to the needs of the school in question. Time spent will vary from 3 days up to 2 weeks, according to the school’s own wishes. All students in the relevant age group are participating. The ordinary timetable is dissolved, as is the class structure, so that the students work across classes and subjects, and the activities are thus integrated in the ordinary schoolwork. As an example, the program can be carried out as a two-week project for all students in the 8th grade. In such case, all lectures and presentation of facts will be made in the first week. The school day begins with a breakfast meal followed by tooth brushing, so as to emphasise the connection between

a healthy diet and a good learning environment. Daily physical activity is carried out in between the theoretical lessons. In week 2, students choose project tasks according to individual interests and abilities. This freedom of choice allows students to freely use their newly acquired knowledge. Finished projects are presented at an open day event to which fellow students, parents, siblings and others are invited.

The role of dental hygienists: In advance, dental hygienists give teachers a 4 to 5-hour preparation course about dental health, and about the many possibilities for implementing the Dent-tastic program. During the actual carrying out of the program, dental hygienists are available for guidance and assistance. In addition, the dental health service provides financing of school breakfasts, toothbrushes and toothpaste for the students.

The role of teachers: To begin with, teachers determine, in cooperation with the dental health service, the scope of the dental health project at their school. Next, teachers are responsible for the implementation of the project. Individual teachers choose to lecture on the aspect of the program closest to his or her field of expertise. They also choose project themes to fit in with this, and determine the amount of time necessary for their purposes.

Why did we do it? At the end of the 1990's annual reports showed that the dental health status of children and teenagers in Norway was deteriorating. Politicians and media, as well as dental health professionals, were concerned about the poor result of dental health efforts. There was a consensus on the need for increased preventive care, and for a stronger public awareness of the importance of good dental habits.

Difficulties we encountered, and how we overcame them: Dent-tastic does not include evaluation tools to determine the effect of the program. Our assessment is based on conversations and on our own experiences during the project weeks at the schools that have implemented the program.

The lack of time available in school curricula is a difficulty we overcame by making it possible to adapt the program to different time schedules. In our experience, once a school has carried out Dent-tastic, it is relatively easy to have it give priority to the programme the following years as well.

What went well and why we know it is a success: We find, after carrying out the project, that students have a very positive experience of it, and they are clearly both more conscious of and knowledgeable about teeth and lifestyle diseases. Dental health workers see students with a clear idea of the negative impact on health of sugar.

The school nurse is a natural partner who can help in the teaching of lifestyle-related topics. Through focusing on teeth and dental health, unpleasant subjects like obesity, eating disorders, diabetes 2 can be approached in a natural way. Interdisciplinary cooperation ensures that students get the best teaching with regard to expertise as well as to pedagogical aspects. Dent-tastic is recommended in the handbook for the school health service used by Norwegian school nurses.

We find that the program involves all students, regardless of ability. Weak students find topics to work on at their own level on an equal basis with stronger ones. Together, they produce interesting things to the open day. Students tell about school days where they were able to combine new knowledge, creative abilities and humour in a product they could show others.

Teachers appreciate the program's positive angle on health problems. The flexibility of the program allows teachers to adapt it within their given framework.

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HEALTH PROMOTION IN SECONDARY SCHOOLS: ARRANGED MARRIAGE OR TRUE LOVE?

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Background: Since 2002 the Regional Health Organization in South Limburg, the Netherlands developed Schoolbeat, a whole school approach to health promotion. Schoolbeat focuses on supporting secondary schools in developing structured school health promotion policies e.g. by implementing demand-driven prevention programs. Currently all schools in South Limburg have their own Schoolbeat-advisor and apply the Schoolbeat-approach, although implementation practices in schools vary.

Main research question: What are the success factors, shortcomings and bottlenecks of this structural approach to school health promotion?

Theoretical framework: The theoretical framework of this research builds on innovation theories, such as Rogers (2003), Fleuren & Paulussen (2004) and Shediac-Rizkallah & Bone (1998).

Method: A questionnaire was distributed among teachers, schoolboard and school care workers from secondary schools in South Limburg, consisting of items about the schoolbeat structure, communication, essential preconditions for implementation and maintenance of school health policy.

Main results: The theory-based Schoolbeat approach is only partially implemented. Needs have been assessed, priorities are set. At some schools priorities have led to action, but at others action plans have not been formulated, realized or evaluated. Healthy school policies are not widespread. Nevertheless health promotion is seen as an integral task at secondary schools.

Conclusions: Schoolbeat is not faithfully implemented in the structure for health promotion at secondary schools in South Limburg, although a good start has been made. Factors inhibiting and facilitating implementation are discussed.

Implications for research / policy / practice: The attention for school health policy is increasing. Nevertheless only little evidence is available. This research provides recommendations for the implementation of school health policies in the Netherlands and other countries.

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PERCEPTION OF HEALTH AND EDUCATIONAL PROFESSIONALS ABOUT HPS IMPLEMENTATION

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Children and young people spend a long time in school for their process of education and lifestyle acquisition. The recognition of this by the WHO and other institutions led to international initiatives such as the Networks of Health Promoting Schools (NHPS), including the Schools for Health in Europe network. Portugal joined this network in 1994 with 10 pilot schools and 4 health centres, having enlarged up to 3722 schools and 282 health centres in 2001. Currently, all schools are integrating the Portuguese NHEP, under a partnership between the Ministries of Health and Education (ME, 2006). The partnership between health and education ministries has been identified as one of the key factors for the sustainability of health promotion in schools (IUHPES, 2008).

In the present study we intended to analyse the perceptions of both health and education professionals involved in the implementation of HPS. Semi-structured interviews were conducted to health professionals of all health centres of the district of Viana do Castelo (north of Portugal) and to teachers of all primary schools of this district included in the Portuguese NHPS. Special attention was given to the perceptions of health and education professionals about the schools motivation for the HPS project, the occasional versus continuous activities and the positive and negative aspects of the health centres and schools partnership. Results are presented and discussed in terms of facilitating factors and barriers to an effective implementation of HPS, giving particular emphasis to the health and the education sectors interaction. The differences in health professionals' and education professionals' perceptions about the HPS implementation were found to be an important factor to be taken into account for the success of the HPS.

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NEW STORY/DIALOGUE METHOD FOR CHILDREN

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With the Canadian Story/Dialogue method as a starting point a new evaluation method concerning children's action competence regarding health has been developed and piloted in a Danish context. The method is an evaluation tool but also includes a process to increase empowerment. The theoretical background of this empowerment evaluation consists of the participatory and action oriented health education, combined with the Appreciative Inquiry and Affordances Theories.

Data are generated through dialogue with children, 'theory notes' are written and observations made during the playing elements that are added to increase the sense of community and creativity. The analysis incorporates the theory notes as well as traditional qualitative analysis and observational process analysis.

The pilot project was used to test the evaluation method in a group of 5 children in the age of 12 to 15. The study revealed positive perspectives for assessing action competence in a group of children. The process of evaluative dialogue increased the children's motivation, the ability to develop creative visions as well as critical sense. Among other things, the children developed a conception of the school as a setting to strengthen health promotion in close collaboration with the community. The potentials of the method justify introduction in health promotion arenas as a tool to develop and increase children's participation in evaluation as well as in health promotion processes.

Further research is needed to explore the potentials of the method when used with children at different age groups.

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APPLYING THE LOGIC OF CAPACITY BUILDING TO HEALTH PROMOTING SCHOOLS – RESULTS REGARDING THE AUSTRIAN SCHOOL SYSTEM

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Background: The school system in Austria permits very little autonomy, thus schools can only partly handle problems and obstacles on their way to becoming a health promoting school (HPS). To make health promotion sustainable, strategic Capacity Building (CB) is necessary in schools as well as in their environment.

Theoretical framework: CB is a fairly new concept in the field of health promotion, but is getting increasingly more attention since the WHO Conference in Bangkok 2005. Applied to HPS the concept can be understood as the development of resources and supportive structures, enabling schools and individuals to create and carry out sustainable health promotion programs.

Methods: Literature analysis, qualitative interviews with decision makers and school heads in different provinces of Austria.

Main results: In this presentation we will first clarify the concept of CB for HPS. Furthermore we will give an analysis of the different capacities that schools can build internally. Finally we will provide an overview over resources and support that schools need from their political environment, which can be: Supporting structures in the education board, coordinators on different levels, experts and knowledge, range of further education for teachers, etc.

Conclusions: CB is a useful concept for the analysis of schools' resources and supporting political structures and can therefore enhance the implementation of the HPS concept.

Implications: Supporting policies and structures in the school's political environment are crucial for the success of HPS. Moreover, further development of the CB concept is needed.

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FRENCH PRIMARY SCHOOL TEACHERS AND HEALTH PROMOTION: FACTORS INFLUENCING HEALTH PROMOTING PRACTICES

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Literature emphasizes the importance of health promotion to improve health resources as well as to aid children's academic progress. As schools are not primarily concerned with the improvement of children's health, health promotion must be incorporated taking into consideration the way in which teachers perceive their mission, as well as the constraints of the school setting. This communication aims at provide knowledge on the process which led teachers to take into account health promotion issues into their teaching practices. The objective of this study was to identify factors which could be linked with health promoting teaching practices (HPTP). HPTP were defined on the basis of the work done on the effectiveness of health promotion in school (Barnekow et al., 2006; St Leger, Kolbe, Lee, Call, & Young, 2007). 116 French primary school teachers were involved in the survey and data were collected via semi-structured interviews and questionnaires. Multvariate analysis showed factors significantly linked to HPTP are: individual interest of the teacher for health promotion OR=1,97, p=0,001; having completed a training program in health promotion OR=3,74, p=0,026 and starting to work in the field of health promotion on the basis of a collective reflection at the school level OR=2,97, p=0,056. These results allow us to discuss factors linked to health promoting practice and to improve the training programs.

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FROM PROJECT TO POLICY – LESSONS FROM HEALTH PROMOTING SCHOOLS IN SCOTLAND

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Introduction: Focusing on the process of change within Scotland over recent years this presentation will out line key developments in Scotland, highlighting important learning which has seen a shift from individual health promoting school initiative/ projects to all schools being 'health promoting schools'. It will conclude by pointing to the road ahead as the health promoting school approach now moves to become fully embedded in education policy and practice, through policy and legislation.

Background: Developing the school as a health promoting setting has been an area of focus and discussion for almost 20 years in Scotland. In 1986, 150 delegates from 28 of the 32 member states of Europe attended the first Health Promoting Schools conference hosted by The Scottish Health Education Group (SHEG) in Peebles. The discussions and debates from this formed the basis of the Healthy Schools Report (Young and Williams, 1989). Scotland's commitment to this area of work was formalised in 1993 when it joined the European Network of Health Promoting Schools.

To strengthen the evidence base for health promoting schools close links were established with Edinburgh University from 1993, which led to involvement in the Health Behaviours in Scottish Children (HSBC) study with the Child and Adolescent Health Research Unit (CAHRU). This has been crucial in the way research has impacted on policy development.

Establishing the partnership: From the early developments described above there was a gradual realization that for the health promoting schools approach to be sustainable in Scotland there required to be a strong partnership between the health and education sectors, recognizing and acknowledging the contribution of each and building developments into existing education structure, policies and practice.

The policy context for health promotion in schools is to be found in a number of Scottish Executive documents, which span both health and education:

- Towards A Healthier Scotland: A White Paper on Health (1999)
- Integrated Community Schools (1999)
- Our National Health – a plan for action, a plan for change (2000)
- Improving Health in Scotland: The Challenge (2003)
- Tackling Drugs in Scotland – Action IN Partnership (1999)
- National Programme for Mental Health and Well-Being (2003)
- Hungry for Success – A Whole School Approach to School Meals in Scotland (2003)
- Enhancing Sexual Health and Wellbeing in Scotland – A Sexual Health and Relationships Strategy (2003).

It was from 1998 the policy context for health promotion in schools entered an important phase. Critically it was Towards a Healthier Scotland: a White Paper on Health (Scottish Executive 1999) and the New Community School Prospectus (1998) that provided fresh impetus for health promotion in schools.

The report Towards A Healthier Scotland, demonstrated the government's commitment to this area of work stating 'Working with COSLA [1] and Learning & Teaching Scotland, [2] Health Scotland will establish a specialist unit to develop health education and health promotion in schools'. With a new partnership created and the development of a specialist Unit (SHPSU), a key aim was to embed the health promoting schools approach within the education sector at both a strategic and operational level.

Key developments: The work undertaken by partners cannot be underestimated, significant developments to embedding the approach include:

- Being Well, Doing Well: A framework for health promoting schools (SHPSU 2004)
- How Good Is Our School: The Health Promoting School (HMIe 2004) a self-evaluation framework
- Policy Partners Strategic Group – the steering group for health promoting schools
- National Accreditation, Local Accreditation for Health Promoting Schools
- PPSG – Strategic Plan 2006-2008

Mainstreaming developments: With a clear shift evident and health, education and other key partners collaborating to ensure policy co-ordination and coherence, two further developments have now taken health promotion in schools to another level. Introduced into Scottish Parliament in the spring of 2006 this Act enshrines the health promoting school and the new nutritional regulations for food in schools in legislation.

Curriculum for Excellence is the new education framework for all schools in Scotland. Health and Wellbeing is a new and important curricular area, which has been identified as the 'responsibility of all staff' along with literacy and numeracy. Curriculum for Excellence will be the 'vehicle' that will ensure future delivery of health promotion in Scottish schools

Lessons learned: Key findings in learning from practice, highlight the importance of:

- Recognising and acknowledging existing practice
- Establishing strong partnerships between health and education at all levels
- Building onto and into existing mechanisms and structures where possible
- strengthening cross sectoral collaboration
- cross government working

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SOCIAL CAPITAL: AN ASSET FOR WELLBEING AND COLLECTIVE ACTION IN HEALTH PROMOTING SCHOOLS?

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The health promoting school employs a synergy between its environment, pedagogical values and methods to promote the participatory and action oriented processes of learning about health. Meanwhile there is a need for qualifying the resources and premises embedded in the relations, networks and norms, which underpin this synergy.

This paper presents the results from a study aiming to explore the theoretical potentials of the notion of social capital to qualify the supportive synergy of the health promoting school.

On basis of analysis of the work by Bourdieu, Coleman and Putnam the paper presents the results as a theoretical model, which offers ways of thinking about different forms of social capital in relation to the school setting.

The theoretical model shows how social capital can work as a collective passive and active social asset for the health promoting school. The model also suggests a perspective on how different forms of social capital emerge from variations of everyday relations, networks and social exchanges, and related norms of trust and reciprocity.

The paper concludes that social capital holds a large potential to help capture and qualify social resources and premises for the health promoting school's core idea of synergy between the school's environments, partnerships and pedagogical values and methods. The theoretical model suggested in the paper offers a framework for future empirical studies which are needed to further explore and empirically test the strengths and weaknesses of the notion of social capital in relation to the health promoting school.

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EVALUATING WHOLE-SCHOOL INTERVENTIONS – LESSONS FROM FIELD WORK ON THE HEALTHY SCHOOL ETHOS PROJECT PILOT

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Background: We conducted a feasibility study of a whole school intervention designed to reduce substance use through improving school ethos. As part of this, we rehearsed and improved methods for evaluating this whole school intervention.

Method(s): Among other methods, the evaluation included baseline and follow-up surveys with students in intervention and comparison schools. The theoretical framework of the intervention suggests a relationship between attachment to school and students' substance use. To measure change, we collected data from all year 7 (aged 11/12) students arriving from primary school, as they have the least amount of exposure to the school environment and are most likely to change.

Main results: Some accommodations help to maximise response rates and completeness of data collected with year 7 students in their first term of secondary school: support from teachers and additional field workers; clear and simple description of the purpose of the study; age-appropriate language and length of the questionnaire and suitable timing and availability of alternative activities. Following the modifications made to initial fieldwork arrangements, the response rate increased from an average of 75 percent per school at baseline to over 90 percent at follow-up.

Conclusions: Appropriate arrangements for field work are fundamental to collecting useful data for the evaluation of whole school interventions.

Implications: Time and resources should be built into the evaluations of whole school interventions aiming to collected large amounts of survey data from early adolescents.

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CAPTURING THE VOICES OF CHILDREN TO MAKE SCHOOL LEARNING ENVIRONMENTS CONDUCIVE TO WELL-BEING

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The Universal Education Foundation (UEF) conducted focus groups and surveys with 15-16 year-old students to understand how the school as a learning environment impacts their well-being (Voice of Children). Students used these data to advocate with policymakers to address their concerns.

Unlike the Health-Promoting Schools concept, which regards schools as delivery systems for health interventions, this programme (Education by All for the Well-Being of Children) targets learning environments to improve well-being.

UEF first conducted focus groups and surveys with 1500 students in Lebanon, Palestine, and Jordan. Qualitative and quantitative items, in 25 clusters, assessed aspects of well-being and the learning environment. As follow-up in Palestine, students met with policymakers and civil society to discuss results and needed changes.

The findings underline the need to make learning environments more conducive to well-being in areas such as physical and verbal abuse, differences in class participation, treatment of female students, and the influence of TV and the internet. The Ministries of Education and Health in Palestine acted on these data to make well-being a core focus of the curriculum and have identified hundreds of promising practices.

Empowering students with the agency to advocate for themselves can powerfully impact well-being and create change. Providing a forum for young people to use data in dialogue with policymakers is critical for creating a movement that will institutionalize processes by which countries work to improve learning environments and well-being.

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THE WELSH NETWORK OF HEALTHY SCHOOL SCHEMES - NATIONAL QUALITY AWARD

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Background: The Welsh Network of Healthy School Schemes (WNHSS) was launched in September 1999 to encourage the development of local healthy school schemes within a national framework. The Welsh Assembly Government has provided funding and guidance for local healthy school schemes in all areas of Wales. Currently 1712 schools (91%) are actively involved in the WNHSS.

The WNHSS was set up with clearly defined national and local responsibilities. Initial guidance was provided for the first 3 phases (usually one year per phase) and subsequently for beyond phase 3 (usually 2 years per phase).

A high percentage of schools are working through the phases and a number have achieved Phase 5.

The aim of the new National Quality Award is to develop consistent assessment criteria for Wales to recognise high standards and achievements in promoting and embedding health in schools involved in the scheme for at least 9 years.

Developing the National Quality Award: A small working party which included local coordinators and the national lead was set up to identify the key themes and develop the criteria ensuring good links with all Wales strategies and frameworks and incorporating all the principles of school health promotion.

The award criteria has been developed around 7 health aspects:

- Food & Fitness
- Environment
- Personal Development & Relationships
- Safety
- Mental & Emotional Health & Well Being
- Hygiene
- Substance Use & Misuse

Each aspect has indicators under 4 headings:

- Leadership and Communication,
- Curriculum,
- Ethos and Environment,
- Family and Community Involvement.

At each stage of development local coordinators were consulted for their views

The Pilot: The new assessment tool was developed and piloted in 3 schools, one secondary school and 2 primary schools. Each of the schools was asked to complete 2 health aspects for the pilot. The assessment process involved schools presenting evidence for each of the 7 health aspects in advance and a school visit which included discussions with pupils, staff and agencies that support the school plus a tour of the school led by pupils. The focus of the visit is to establish the presence of:

- A Whole School Approach
- A positive approach to health
- An understanding & commitment to the Healthy School ethos – Mission Statement/School Aims
- Communication on all levels - School Prospectus, pupil involvement, parents, all staff
- How each area is embedded
- Links with national & local policies & programmes
- Partnership working & support

The assessment tool and the process were well received by the pilot schools and minor changes were made.

Implementation: Schools that have been engaged in the Healthy School Scheme for a minimum of 9 years will be supported by the local coordinators over a 2 year period to gather evidence of the work carried out for the 7 health aspects and their progression during involvement in the Scheme.

When the local coordinator is satisfied that the evidence is in place an assessment will be arranged. The local coordinator will present and discuss the evidence with the external assessor prior to a school visit.

The assessment will be carried out by external assessors who will be appointed by the Welsh Assembly Government. A training programme has been developed for local coordinators and newly appointed assessors.

The National Quality Award will replace the WNHSS phase 6 and ensure a consistent quality standard across Wales, the emphasis is on quality and schools that achieve this award will be exemplary.

Work towards the award has only recently begun involving a small number of schools including further work by the pilot schools. To date the feedback has been positive with an expectation that the first schools will complete the process this year.

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ORGANIZATIONAL DEVELOPMENT: IMPROVING HEALTH AND QUALITY IN SCHOOLS

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The project 'developing healthy schools together' is a comprehensive, whole school approach with two main goals: health improvement and improvement of quality. Following the organisational development cycle the project aims to change the individual's behaviour, organisational structures and processes and to develop a healthy school environment.

Each project school is supported over a period of 3 years. The project starts with a questionnaire-based survey among teachers, other school staff, students and their parents. During a one-day kick off meeting the school community selects the topics the school is going to work on and establishes the respective project teams. With this approach the specific needs of each school can be considered.

After a period of project team work a second survey covers criteria relevant to successful change projects and a final evaluation is conducted at the end of the project.

We aim to develop problem solving and learning skills through empowering students, teachers, parents and other school staff, so the schools can face future requirements by themselves. Therefore, different trainings as well as opportunities to participate and to create a good, healthy school are offered. Still, the number of active students may be increased.

Although political requirements expect schools to improve, a lack of additional resources, such as necessary finances to realize certain plans, slows the change process down and causes frustration.

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THE IMPORTANCE OF PARTICIPATION IN A WHOLE-SCHOOL APPROACH TO HEALTH: EVIDENCE FROM A REVIEW OF THE WELSH NETWORK OF HEALTHY SCHOOL SCHEMES (WNHSS)

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Cardiff Institute of Society, Health and Ethics conducted a review of the WNHSS over 13 months to March 2008. The Welsh Assembly Government commissioned the review to examine the implementation of the network across Wales. Advocacy, enablement, and mediation formed the conceptual framework for the review, which included a documentation review; interviews with Healthy Schools Co-ordinators; a survey of stakeholders in all Healthy Schools in Wales; and case studies of six local schemes and nine schools.

Involvement in health improvement changes varied between schools. Engaging parents was difficult in all schools, and support staff were unlikely to be involved in most. Sometimes pupils, parents and others were informed or consulted about changes without regard for their priorities or without allowing them to contribute to important decisions. School staff rarely shared in the benefits of health improvement. Health was better integrated into the school where more people were significantly involved, and more often in primary than in secondary schools.

A more consistent focus on participation as a fundamental process for achieving change would assist in achieving a whole-school approach to health improvement. Many schools, particularly secondary schools, could benefit from practical guidance to encourage greater participation. Assessment of schools' achievements should include an appraisal of the extent and quality of involvement of all who are able to contribute or benefit from change. More research is needed to identify mechanisms through which engagement develops.

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TRANSCULTURAL VALIDATION OF CDC'S SCHOOL HEALTH INDEX IN ITALIAN CONTEXT

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Schools promote health if they are healthy as organizations. Unfortunately, this comprehensive concept of Health Promoting School (HPS) is more advanced than its practice. So, there is a need of assessment methods: indices and indicators of HPS implementation.

The WHO outlined 8 areas for HPS: Health Services; Health Education (HE); Physical and social environment; Health Promotion (HP) for staff; Community involvement; Nutrition; Physical education and recreation; Mental health, counselling and social support. Based on this framework, the USA's Centers for Disease Control and Prevention published since 2000 the School Health Index (SHI) composed of 8 modules with a scoring system.

The objective of our work was to validate an Italian version of SHI for Middle-High schools.

SHI modules have been translated, integrated and adapted to Italian schools organisation and characteristics (i.e. safety laws, HE activities, nutrition services).

12 schools of Abruzzo Region have been involved: their staff filled in all questionnaires and answered a validation form on the utility, completeness and well-balanced aspects investigated.

The main results are: the staff appreciated this evaluation system and completed nearly all modules; many items have to be reformulated due to specific differences between the Italian and American context; the system needs to be integrated with student and staff wellness assessment, learning experience and more deepened physical environment evaluation.

The validated scoring system will enable Italian schools to identify strengths and weaknesses of HP policies and programs.

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DEVELOPING HEALTHY EATING SCHOOL POLICY IN BRAGA, PORTUGAL

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What did you do?

ROMÃ,SA is a project for health at school, which intends to implement a healthy eating policy. Activities will be developed in the following areas: nutrition, gastronomy, biotechnology, food industry and food business, undereating and overeating, food behaviour disturbances, healthy lifestyles, food supply in school.

Why did you choose to do this?

In the last decade the percentage of European overweight children increased from 5% to 10%, in which the higher increase was recorded in Portugal. This increases the risk of several diseases, namely cerebrovascular diseases, which in Portugal reaches Europe's highest mortality rate.

What actually happened?

At the beginning of the school year the eating habits at school were evaluated and a course of action for that year was devised. Each student group suggested activities according to their thematic area: inquiries, lectures, screening of eating habits related diseases, interviews, news reports, documentaries and online publications and an intervention in the school's food supply (canteen, bar, automatic food machines). At the end of each school year the results of the developed activities will be presented in an open forum before other schools and the general public, in order to share experiences and disseminate good practices.

Which aspects went particularly well?

- the project's reception at school,
- the formation of 11 work groups from various curricular areas,
- the assignment of all eating healthy themes as proposed by the project,
- the diversity of the proposed activities,
- the diversity of resources inside and outside school,
- good relationship between peers, resulting in effective information exchange.

What difficulties were encountered and how were these overcome?

It was decided to implement the project in a pilot-school (Escola Secundária D. Maria II), as it was the first time that such a project was developed and applied at this level of teaching in the municipality of Braga.

In order to reinforce the students' commitment to the project, the activities were integrated in the syllabus of the subject Project Area (PA), which promotes non-formal and informal learning, but is formally evaluated.

Students' autonomy and the massive amount of simultaneous activities could become difficult to manage, so teachers were involved and permanent contact with the coordinating team was established.

Although some sponsorship was raised, the budget was still tight. Dissemination was carried out through the local press, radio and direct contact with colleagues from other schools. An online portal is under construction.

How do you know how successful it was?

- The proposed activities were carried out.
- The used methodology enabled the participation of students and teachers among other school staff.
- Several partners of the community were involved (institutions and multidisciplinary professionals).
- The financial costs recorded so far are little.

The following results are expected:

- an increase of the knowledge level of the "agents of change" among students – evaluated according to their work and of the student population – indirectly evaluated by a change of the eating habits at school.
- an improvement of the school's eating practices (meals, food of the bar and vending machines).
- an improvement of the physical and psychosocial atmosphere, including redecorating the common eating spaces.
- gathering documentation: photos, videos, statements of the participants.
- the project can be implemented in other schools.

What could be learnt?

According to an ecological and transversal perspective of health promotion, schools can be autonomous institutions, self-managing the health programs, empowering students.

It is essential to do some networking using the community's resources and the new information technologies.

About the logo: The Romã (pomegranate) is an inspiring element in this project as it encompasses all its meanings. Not only is it because it is a fruit, and because fruit is healthy. Not only is it because it is a fruit with therapeutic properties, long recognised by the many civilisations. Romã (pomegranate) also means:

United (**R**eunidos, in Portuguese)**:** Everyone: alumni, teachers, parents, doctors, local assemblies, community unions…We are all united to protect, to evaluate, and to promote health. We are all, despite of age, gender, profession, social status… individual entities that treasure those ideals and search for their fulfilment, like berries or seeds sheltered in a pomegranate.

Organised (**O**rganizados, in Portuguese): Having everyone together will not guarantee effective results. We have to be organised and to work with the community. Therefore we are more than a population (group of individuals); we are a community (group of individuals and their interrelations). Only with organised effort can we work in a network, take full advantage of resources and their potential, reconcile differences, the multi-entity of those resources and target audience, and fulfil "unity in diversity".

United by a network - the protecting layer of the pomegranate, which connects and support the berries in its interior. Only the network can give meaning and coherence to its many actions and entities. Only then the resources and the information can flow. Only then working groups can interact and complement, complete and recognise each other… through sharing of knowledge, and in the constructiom of the whole ("united in diversity").

Active Movement (Movimento Activo, in Portuguese): Dynamic, pro-active … everyone but mainly alumni – our "Agents of Change" - from which their actions will blossom and hence fulfil their global project, like berries that are thrown out of a pomegranate, in joyful and thrilling movement.

From empowerment, capacity, autonomy and responsible intervention in our society and in ourselves.

If from the school future men and women blossom, autonomous and responsible… the school will be, therefore, a pomegranate.

We hope that from this project a new model may blossom that may be applied to other high schools in this county at least.

About Eating Health (pela Saúde Alimentar, in Portuguese): Eating Health is more than a healthy diet, like it was shown in the presentation of this project. Eating Health is the corner stone of so many crucial factors: nutrition itself, education, culture, history, economy, technology, citizenship… And all these aspects co-exist, invariably, in a society, that is not anonymous but self-assured and concise, like the seeds of a pomegranate!

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EXAMPLE OF GOOD PRACTICE OF INTERSECTIONAL COLLABORATION: "APPLE IN SCHOOL" PROJECT

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Basis of nutrition in Slovene School system: Nutrition as one of the important topics of health in Slovenia is incorporated into school life in a specific way that is apparent as the daily way of life in school. And as an area where the school is bound to provide the knowledge that is needed to make responsible choices and to strengthen the awareness of a healthy lifestyle.

Nutrition is incorporated into education legislation, implementing regulations and also strategic documents.

Infrastructure: It is obligatory for every school to offer to children at least one meal daily.

At primary schools the school nutrition organiser is responsible for a properly balanced composition of menus for children, for high-quality foods and for the preparation of meals. The rules also provide that a chef should be employed for the preparation of snacks for pupils. All schools also have their own kitchen.

School curriculum: Health in primary schools is a cross-subject curricular field. The content or knowledge in this area includes healthy food. There are also two optional subjects on nutrition in elementary school.

Regulation: The area of nutrition is substantively regulated in Slovenia at the level of the Resolution on the national programme of nutrition policy 2005 – 2010.

Based on the resolution the Ministry of Health (in cooperation with the Ministry of Education and Sport) drew up guidelines for healthy nutrition in educational institutions, a manual with quality standards for food in kindergartens and schools and a manual with standardised healthy menus in kindergartens and schools.

Purpose of the project: Using the resources described above, the project "Apple in School" was carried out by the Ministry of Education and Sports in collaboration with the Ministry of Agriculture and the Institute of Public Health of the Republic of Slovenia.

There were 25 primary schools and 25 secondary schools selected that already had experience in healthy nutrition gained through participation in the "Healthy Schools" network, and the regional distribution of schools was also taken into account. The Ministry of Education and Sport provided funds for schools to buy apples at a commonly agreed price for all pupils for three school days per week.

The Ministry of Agriculture, Forestry and Food provided schools with a list of certain local producers that could offer schools at least four varieties of apples.

Process: Schools were given the guidelines to prepare an activity plan related to their possibilities and to the type of school and programme. They also had to make a contract with the selected provider (in most cases a local producer).

In particular, they created inter-subject links, links with other projects, they prepared various activities with creative and investigative methods, they organised lectures, study trips to

orchards, natural science days, project days or weeks, open door days for parents related to apples. Pupils also took part in promotion and cooperation with the local community. Local producers had the possibility of participating in the education process by facilitating tours of their orchards and their growing and processing of apples. Schools used the project for numerous forms of informal involvement of parents.

Evaluation: At the end of the academic year schools performed an evaluation, in which they had to state what changes they had determined, the method of determining changes, to answer whether they had carried out the programme entirely in line with the established plan and to explain any variances. Schools also had to determine the level of satisfaction with the project among pupils, teachers, administrators and parents. They had to assess the cooperation with the local supplier, evaluate the accompanying activities and give a general assessment of the project.

The main changes that we determined were as follows: There was an increased consumption of apples among pupils, and the popularity of apples grew compared with other fruits, with children expressing pleasure and the desire to eat apples. In recognising the diversity of dishes and the possibilities for using apples, there was an increasingly positive attitude to apples, which was also reflected in the eating culture. Apples added variety to menus and occasionally replaced unhealthy supplementary food portions. Among pupils there was an increased awareness of the importance of healthy food.

The project also had other impacts: It offered schools a diverse range of possibilities for the active participation of pupils and parents, encouraged the creativity of pupils, increased ties between children and parents and in view of the visible success, pupils, parents and teachers became highly motivated to cooperate.

Conclusion: Owing to the successful linking of theory and practice, the possibilities for children being actively involved, the investigation, familiarisation and observation in the field, as well as testing and verifying knowledge, the project exceeded its basic purpose. Indeed it was shown that children could learn in a non-coercive way the basics of environmental education.

Given its integral and active approach, the encouragement of a healthy lifestyle and a positive attitude to nature, the project enjoyed an encouraging response from the local community.

Of course it is not insignificant that on the one hand the project motivated schools towards local sustainable procurement of food, something that is being increasingly encouraged in Europe, while on the other hand local producers, for whom long-term customers provide an additional means of staying viable, have the possibility of participating in the education process by facilitating tours of their orchards and their growing and processing of apples.

Since various local societies, experts and local leaders were involved in the promotional activities, the educational effect has been visible, and this has increased the motivation of all involved.

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POTENTIALS OF ACTION-ORIENTED SEX EDUCATION PROJECTS IN THE DEVELOPMENT OF ACTION COMPETENCE

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What was done in the projects and why?

In 15 preparatory and secondary schools in the north of Portugal, involving three hundred and fifty students from the 7th to the 12th grades, participatory and action-oriented sex education projects with the use of information and communication technology were carried out. The main objectives were to analyze the level of students' participation in the project phases and the student's action competence. Field notes, semi-structured group interviews and documental analysis of material put online by students regarding their projects, online class diaries and discussion e-forums, were applied as research techniques. This project was developed in the following phases:

Year one: 1) the students created the online infrastructure to participate in the project's website; 2) debated the concept of sexuality and sex education; 3) selected the themes/problems and planned their action-oriented project to solve the first problem; 4) elaborated on e-class diaries, put the material produced online and participated in the e-forum discussions; and 5) evaluated part of the first action-oriented project;

Year two:6) the students developed and evaluated one or two action-oriented projects.

This methodology was selected because in Portugal sex education is part of the entire educational process and one of the components of health promotion where students are intended to be the principal actors (Vilaça, 2008). Since sexuality is considered as a life area and a space for dialogue, students should be allowed to put forward problems and collaborate in their resolution (CNE, 2005). Jensen (1995, 1997, 2000) proposes the democratic health education paradigm and the IVAC approach (investigation, vision, action & change) to promote the development of students' abilities to act and change. According to Jensen, knowledge and insights should be action-oriented, meaning this should include four action-oriented dimensions: (1) What type of problem is it? (2) Why do we have these problems?; (3) How can we change things?; and (4) Where are we going? At the end of this process, actions experiences or the students' real experiences from participating individually or collectively in initiating health changes within a democratic framework and considering how barriers can be overcome, could then be carried out.

What actually happened and which aspects went particulary well?

The problems chosen by the students in order to carry out their action-oriented projects, were mainly related to: the prevention of adolescent pregnancy and contraceptive methods (73,3% of the schools); prevention of sexually transmitted infections (STIs) (60,0%); the first sexual relationship (46,7%); sexual behaviour (40,0%); dating (40,0%); dialogue with parents concerning adolescent sexuality (40,0%); puberty (33,3%); homosexuality (20,0%); interpersonal relationships and friendship (13,3%); the youth consultation at the health centre (13,3%); the morning-after pill (13,3%); human fertility (6,7%), abortion (6,7%); love and intimacy (6,7%); paedophilia (6,7%) and other paraphilias (6,7%); adult sexuality (6,7%); and sexual dysfunctions (6,7%).

Investigation, Vision, Action & Change

Following the IVAC approach, actions were experienced by students while acting to modifying the causes of the problems previously identified. They were gathered according to the visionary

objectives to be reached: 1) changing the school policies and home environment in order to involve parents in sex education for youths (60%); 2) peer education with their colleagues of the same age or younger (60%); and 3) peer education with their older colleagues (30%).

The results of one of the action-oriented projects carried out in schools using as a starting problem, how to prevent unwanted adolescent pregnancy, will be presented. In order to better understand the extension of the problem, they discussed in class the specific needs adolescents require in order to prevent unwanted pregnancy. They suggested several methods: 1) taking the pill; 2) using a condom; 3) simultaneously taking pill and using a condom; 4) taking the 'morning-after pill'; 5) withdrawing the penis before ejaculation; 4) oral and anal sex as an alternative to vaginal; 5) mutual masturbation without coitus; 6) not having sexual relationships during the fertile menstrual period; and 7) not having sexual relationships.

The class was divided into four research groups in order to investigate the consequences of the use of these methods. In a class assembly, the spokesperson presented the conclusions of his/her group research. After a class debate, students decided that the best methods to protect adolescents against unwanted pregnancies and STIs are: not having sexual relationships; using both the pill and a condom simultaneously; and, if something wrong happened, taking the 'morning-after pill'. As a consequence, students started thinking about why adolescents do not use these methods.

The causes debated by students were focused on personal causes related to their lack of knowledge or personal competences to act according to their specific knowledge and on social causes. They defended that some causes of these problems were related to their life conditions and specifically with their families and social environment. Starting from these causes, students thought about how to gain control over their own life. They decided that in order to reach this objective, they need to increase their practical knowledge regarding the use of contraceptive methods and how to acquire them; improve their personal abilities to talk with parents and their partner about contraceptives and safer sex; and lose their shame and fear of going to the health centre or buying contraceptives at the pharmacy.

The students thought creatively to find solutions for changing their lifestyle and life conditions. They demonstrated the desire to increase their competences to talk with their partner and parents about sexuality, resist the pressures of others and gain access to the pill and condom.

In order to attain their visions, they planned actions to be carried out in school. The first one was to develop a roundtable for parents, coordinated by students and specialists. The students presented their desire to increase dialogue with parents regarding adolescent sexuality, and the specialists helped them to promote a final debate with parents in order to elaborate a contract regarding parent/ student dialogue.

At the end of the project, the students from the six schools interviewed in groups, talked about participation essentially regarding the viewpoint of who chooses and not who suggests, and pointed out that these were the aspects that most contributed to enjoying the project and acquiring self-confidence to solve their personal problems in the future. The barriers faced by teachers included: parents' and students' myths and teachers' concerns regarding themselves and the definition of the pedagogical strategy.

What could be learnt ?

The results of this study revealed that by using this pedagogical approach, these students: 1) worked on the four dimensions of action-oriented knowledge; 2) used a positive and broad concept regarding sexual health; 3) developed visions aimed at the causes of the problems; 4) actions were carried out in partnership with specialists that involved their parents and their colleagues; and 5) most of the students perceived themselves as having a high level of participation in the project.

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EVALUATION OF HEALTH PROMOTION SCHOOLS IN SLOVENIA

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The Health Promoting Schools (HPS) project runs in Slovenia since 1993. Currently there are 268 schools involved. The purpose of the HPS approach in Slovenia is to transfer experiences and examples of good practice from health promoting schools to every school in the country. In school year 2006/07 we evaluated the project on two levels.

Aims of work: to discover possibilities for including health promotion in the school environment, to determine effectiveness of the project in specific schools of the national HPS network, to discover how well included schools are acquainted with health promotion concepts, to set indicators of effectiveness of the HPS project.

Methods: For the school project team a questionnaire was prepared for assessing the level of inclusion of health promotion principles in the school environment. And for pupils a draw and write workshop was created.

Main findings: Most activities carried out were in the area of mental health, healthy nutrition, and variation of school lessons, physical activity and addictions. The majority of activities were held for pupils and some also for teachers and parents. Activities were usually planned for a longer period (one year or more). Team leaders were mainly satisfied with performed activities.

Results of evaluation of effectiveness of the project in particular schools are very supportive. Key findings for success are: support of headmasters, inner-motivation of members of school project team, team work, and support of national team.

Conclusions: The main conclusion is to continue with work on promotion of health in schools on different topics and to progress holistic approach to school health policy.

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IMPLEMENTATION OF A HEALTH PROMOTION METHOD, SET, IN SWEDISH SCHOOLS

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The interest of social and emotional learning in Swedish schools is intensified during the recent years and there are a number of different methods to choose from. But even if a school is using an evidence-based method it is not certain that they will receive the desired result, if the implementation of the method was poor. This is one reason to carry out studies that focus on the best implementation of a method for health promotion in schools and how to keep the work sustainable. The theory base in this study is derived from some studies that describe the implementation of public health in general, specifically in schools and also a few studies that describe implementation of methods for social and emotional learning in schools.

The aim of this study is to describe teachers and principals experiences of obstacles and possibilities when implementing an evidence based method for social an emotional learning in schools as part of the schools health promotion activities. Three interviews were made individually with the principals at three schools in Örebro County and three group interviews were made with the teachers at the same schools.

The following obstacles and possibilities were found in the study

- It is important to have action plans.
- Support from the principal is of crucial importance.
- It is important to have stakeholders with active interest in the subject to get a good implementation process.

The conclusion of the study is the importance of making the implementation research available to the schools, the school board and other practitioners.

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‘TOGETHER AGAINST SUBSTANCE MISUSE’ – A SCHOOL AND COMMUNITY BASED INTERVENTION PROJECT IN PITKÄRANTA, REPUBLIC OF KARELIA, RUSSIA

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Russia is undergoing a demographic crisis, and one of the main reasons for premature illness and death is substance misuse. Health behaviours are adopted in early life. Especially smoking and alcohol abuse are usually started during adolescence. Russia has a tobacco legislation, that i.e. forbids smoking in schools and selling cigarettes to minors, but its compliance and control are not sufficient.

In the Karelian district of Pitkäranta, studies show a sharp increase of alcohol and tobacco use among the youth within the past 10 years. At the same time, there is a general lack of models for preventive work, and for example teachers’ education on preventive health education is not available. Thus effective methods for preventing youth’s substance misuse are needed.

The ‘together against substance misuse’ –project seeked to find out how preventive methods found effective in Finland and in other European countries could be applied in the Russian cultural and social environment. The goal of the project was to raise awareness of and communal responsibility for issues related to substance use. The project aimed at preventing the use of alcohol and tobacco among young people by encouraging a substance free lifestyle and by strengthening the role of teachers, schools and families in supporting the healthy life style of the youth. The project consisted of activities targeted directly at young people and activities that aim to make an impact on the school environment and the community.
The classroom intervention utilized participatory methods and concentrated on social skills, such as recognizing and resisting peer pressure and social normative beliefs. The main target group was 6th and 7th graders. Ten lessons were offered to them. Lessons included role plays in which children practiced refusal of tobacco and alcohol, and participatory activities that supported children to process information on the reasons and consequences of substance misuse.

On the school level, activities included producing smoking policies within the schools through collaboration of teachers and other personnel, parents and pupils. Also other school activities such as theme days and non-smoking, acting and drawing competitions were organised. We offered education to the personnel throughout the project. On the community level, the project aimed to raise awareness by using media, producing and distributing posters and organizing public health fair. We also organized meetings for parents, where we

raised discussion on supporting substance free lifestyle in homes, schools and communities.

The project was carried out over a period of three years (2006-2008) in four schools within the district of Pitkäranta. The goal was to create a frame of action that could be utilized in the whole republic of Karelia in the future. We have started co-operation with the teachers' education institute in order to distribute the teaching materials produced by the project, and to offer complimentary education unit for teachers supporting them to use these materials.

A survey of health habits and attitudes related to alcohol and tobacco was conducted before and after the intervention in 4 project and 4 control schools. The baseline analysis showed that 37% of the 6th and 7th graders had already experimented tobacco and that these proportions change notably between the grades (from 22% to 49%). It also showed that the majority of the children found it easy to smoke in the school territory. These results supported the design of the project.

The preliminary results of the follow-up study show, that after the intervention the number of smokers was smaller in the project-schools than in the control-schools. The intervention also had an effect on youth's attitudes on substance misuse. In addition we got positive feedback from the personnel of the schools. They took even more active role in the project than was originally planned, and are now committed to continue the work started. They felt that there is a definite need for methods and resources for intervening problems related to alcohol and tobacco.

One of the challenges faced in the project was the difference between Russia and Finland in the teaching culture; participatory methods, which were central in the project, were new to the schools. Establishing effective cooperation between different actors in order to produce no-smoking policies for schools also required more time and support than was expected. In the other hand, schools felt that one of the main achievements of the project was the network of cooperation that was created between the schools, healthcare personnel and homes.

The implementing organisation of the project was the Finnish National Institute for Health and Welfare (former Finnish National Public Health Institute), and the collaboration bodies were University of Helsinki, University of Kuopio, Central Hospital of Pitkäranta, Pitkäranta Project, Public Health Centre of North Karelia and the schools of Läskelä, Räimälä, Salmi and Pitkäranta no 2. The project was funded by the Ministry of Foreign Affairs, Finland.

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‘WE WANT TO PROMOTE HEALTH!’ – THE IMPLEMENTATION PATH OF THE HEALTH PROMOTING SCHOOL CONCEPT

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In this study, the main aim was to know students, parents, teachers and health professional’s views about their path through the implementation of the Health Promoting School’s concept, in a Portuguese school. The objectives focused on understanding the meanings of health promotion to the participants, to identify difficulties and facilitators in the process, and to comprehend the role given by each participant to one another.

Besides teaching, schools are places where people learn and develop life skills. With this as a principle, the health promoting school concept was born of the idea that school’s unique role can be optimized through a reflected health promotion. For getting to know all participants’ opinions we used focus group interviews.

The participants said that a school health promotion project has to be brought up by school members and partners, with the support of the school board. The main facilitators were student’s involvement, accessing information and advertising activities. The obstacles raised top-down, the lack of teacher’s training and the lack of compromise were mentioned as difficulties. The role given to each participant enlightened the importance of team work. Effective communication, a transdisciplinar approach and the involvement of all members of the community were said to be crucial. Valuing feelings of a school community leads to a consciousness raising of all school health promoters about the importance of making health promotion meaningful in that particular setting, creating a path for community autonomy and control over its own health.

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HEALTH PROMOTION IN PRIMARY SCHOOL: FACTORS INFLUENCING CHILDREN'S PERCEPTION OF SCHOOL CLIMATE

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School climate is a central component of the educational environment, a positive climate contribute to students' health and learning (Samdal et al., 1998). This paper presents a study of the students' perception of school climate in 22 French schools involved in a health promotion program (Simar et al., 2007) between 2003 and 2007. The main object of this study was to analyse children's views since little is known of how children of this age experience life in school. Nevertheless, there is strong evidence of the importance of the teacher and the relationship among children on their wellbeing (Young and Perry, 2009).

Data (individual interviews using visual analogic scales, smileys and photos) have been collected from 2817 pupils, aged 6 to 8 (697 in 2005).

Results showed children have a positive view of their school in general and of the relationship with the teachers in particular. This view is better than their older counterparts (Rotat, 2008). However, the relationships among children were not so well evaluated. In addition, a little minority seemed to feel very bad at school, which is shown by the negative evaluation of all the dimensions of the school climate. Factors influencing students' perceptions are geographical location (urban vs. rural $p=0,0056$), socioeconomic status ($p= 0,0043$), school size ($p=0,0417$) and teaching methods ($p=0,0338$).

The presentation will firstly analyze the interest of the methodology used in this study in the assessment of student's perception of school climate. Secondly the way in which teacher education and school support could improve school climate will be discuss.

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A PILOT WHOLE-SCHOOL INTERVENTION TO INCREASE STUDENTS' SOCIAL INCLUSION AND ENGAGEMENT, AND REDUCE SUBSTANCE USE

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Background: Evidence from the USA/Australia suggests interventions to increase school inclusion and engagement can reduce substance use. Implementation varies but determinants are not fully explored. It is unclear whether such interventions can work in England given its different education policies. We aimed to assess the feasibility of such an intervention in two English schools.

Theoretical framework: School attachment and sociology of anti-school cultures.

Methods: The intervention comprised various inputs (external facilitator, manual, need-survey and staff-training) delivered over 1 year to enable schools to convene action-teams and determine local actions. We undertook baseline/ follow-up surveys with students age 11/12 in intervention/comparison schools, and interviews with facilitators, staff and students plus observations in intervention schools.

Main results: The facilitator enabled schools to convene staff-student action-teams. Inputs were feasible/acceptable and similar actions ensued in each school, locally-determined actions proving more feasible and acceptable than pre-set ones. Implementation was facilitated where it built on schools* baseline ethos and senior staff led. Student awareness was high.

Conclusions: Factors promoting implementation were intervention: combining flexibility with structure; aims resonating with aspects of baseline ethos; and involvement of senior staff.

Implications: This intervention is feasible/acceptable in English schools, should be refined and its health and educational outcomes evaluated.

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RECRUITMENT, PARTICIPATION AND COOPERATION IN PREVENTION OF OBESITY IN CHILDREN AND ADOLESCENTS

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Background: This paper discusses the findings of an evaluation research linked with the project aimed to prevent obesity in children and adolescents titled "XTRA FOKUS". The project focused on physical activity, healthy eating and wellbeing and prevention of obesity in children and adolescent. The project has worked with a number of objectives and subprojects, both specific interventions and more general prevention initiatives. The project was implemented from march 2006 to april 2007.

The aim of the evaluation was to describe and assess the subprojects, including targets, methods and benefits, and to develop knowledge on potentials and barriers related to three focus areas in the project: recruitment, participation and cooperation. This paper concentrates on the evaluation of these three focus areas.

Theoretical framework: The research is based on realistic evaluation principles and sets the strategies, approaches and processes that are linked to the three areas of focus in relation to the projects different audiences and contexts.

Methods: The primary methods in the principal evaluation included observations, interviews and questionnaires.

Conclusions: Recruitment and cooperation: Health professionals who work with children and adolescents must be associated with the project as spokesmen or ambassadors in connection with recruiting participants for the subprojects. Cooperation should be envisaged in the project from the beginning.

Participation: Participants are more involved in connection with guidance than with education, and the research stresses the importance of involving the children/adolescents and their families in the subprojects.

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GO FOR HEALTH! THE DUTCH NATIONAL SCHOOL CAMPAIGN FOR PRIMARY SCHOOLS

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The majority of youth living in the Netherlands is healthy. Yet more and more children are getting overweight, less physically active, do not have breakfast regularly, are drinking at a younger age, etc. The school is the best setting for reaching children and young people and for promoting healthy behaviour. Most schools in the Netherlands think of health as an important issue, but a coherent and sustainable schoolplan on health and safety does not exist on most schools. Both national organisations, who offer programmes on health and safety promotion, and schools themselves can profit from joining energy and interests. That is why from school year 2006/2007 in the Netherlands the national school action Go for health! was launched as by the Netherlands Institute for health promotion NIGZ.

What is Go for health?

Go for health (Ga voor gezond!) is a national campaign for primary schools in the Netherlands. With the annual campaign children, teachers and parents do fun and challenging activities around health and safety. It combines existing initiatives and is a good example of cooperation between public and private organisations.

Go for health has been developed to inspire schools about health promotion and to link initiatives, programmes and materials on the issue of health and safety promotion in order to create more coherence and to guarantee a better quality. NIGZ and the cooperaing organisations see the campaign an agenda setting activity that helps to get the issue of health and safety promotion on the agenda of primary schools in the Netherlands in a more structured way. Also NIGZ intends that all members of the school community - pupils, teachers, and parents - to experience that being engaged with health promotion on school can be fun. Go for health focuses on five health issues: nutrition, physical activity, physical health, social environment and a healthy and safe school climate.

The goals of Go for health are:

- **Agenda-setting**: Structurally putting health and safety promotion on the agenda of Dutch primary schools
- **Combining forces**: Being an umbrella for high-quality and evidence-based initiatives and programmes related to school health promotion
- **Support**: Stimulating and supporting the introduction of the Dutch health promoting school method (Gezonde School Methode) in primary schools

The campaign consists of:

- digital, self-administered test for pupils, parents and teachers. The test consists of a questionnaire about health behaviour (for pupils), the situation in school (for teachers) and the health situation (for parents). The questions are grouped around five themes.
- The results of the test are included in a school report for each group or each school, which schools can access online. Based in their report, the school selects activities to work on.
- The teaching pack consists of a passport for students, sticker sheets, digital work sheets, a teacher's manual and a poster for classroom use.
- The Go for health tour visits several active participating schools annually. On the playground tracks with fun games were carried out.
- The weekly television programme's formula focuses on each of the five themes of Go for health and includes a registration of the school tour and the idea and problem of the week. The programmes are broadcasted by JETIX, a national television channel who focuses especially on children.

- The website *www.gavoorgezond.nl* supports the campaign and contains all relevant information for the different target groups.
- Regular digital newsletters inform pupils, parents and teachers about activities and news.

RESULTS

Number of participating schools

In the first edition of Go for health, school year 2006/2007, 978 primary schools registered to participate with the campaign. There are about 8.000 primary schools in the Netherlands. The goal of signing up 700 schools was exceeded by 37%. Around 90,000 pupils, their parents and almost 4,000 teachers were reached. In 2007-2008 1278 schools were participating and in school year 1722 primary schools have signed up for Go for health.

Pupils' test results

The results of the digital test are included in an annual report. This report offers a comprehensive overview of the health of schoolchildren in the Netherlands.

- Process evaluation

In the spring of 2007, a process evaluation was carried out among teachers/school management and pupils. Some of the outcomes are:

- Active participation

A third of registered schools had not (yet) reserved time for Go for health at the time of the study. The main reason for this was a lack of time or working on another health project.

- Schools' investment of time in Go for health

Over half of all schools spent more time on the topic of health thanks to participating in the campaign.

- Including health on the school agenda

A quarter of all schools are determined to pay more structural attention to health and well-being in the lessons. A third are determined to include health and well being more structurally in school policy. Twelve percent are determined to participate again in the campaign in the next school year. The campaign has let to more structural attention for health and well-being in a considerable number of schools. Continuing attention however is not guaranteed just by participating in the campaign.

- Support

Over half of all schools feel a need for support from the regional health service. Over 75 % would like the municipality to support them financially.

- Effects

Over half of all teachers believe the campaign has had a positive influence on both pupils' knowledge and their behaviour. The pupils themselves believe the same. Their knowledge about the themes included in the campaign has increased and they say their behaviour has become healthier.

- Participation among regional health services

Twenty-four regional health services, making up over two thirds of all health services, expressed their interest in the test results and indicated they may want to use the campaign at the local/regional level. This demonstrates that the campaign has the potential to intensify relationships between primary schools and regional health services and can have a supporting role in recruiting schools who want to pay structural attention to a school health policy.

The campaign stimulates attracts primary schools to ask for consultation from the regional health services. The regional health services often experience difficulties in getting schools interested in health programmes. Go for health is easy accessible, is fun and the school can start immediately with their own health priorities. The campaign acts as a good introduction for regional health services in primary schools. When a regional health services is introduced in the school it is easier to convince schools of the benefit of working on a structural health programme, such as the health promoting schools programme.

Partners

The campaign is supported by four national ministries (including the Ministry of Health) and several other public and private organisations. The ministries use the campaign to get attention of schools, pupils, their parents and teachers to their important themes.

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'APPLE SCHOOLS - MAKING THE HEALTHY CHOICE THE EASY CHOICE

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The school setting can positively influence the lifelong physical, social, and mental health of students. In 2006, the World Health Organization found that health promotion programs most effective at changing behaviours in schools were those focused on positive social behaviours, physical activity, and healthy eating. There is a need to determine what practices and programs best support the development of healthy school communities and affect health and behaviour outcomes of school-aged children.

The Alberta Project Promoting active Living & healthy Eating in Schools (APPLE Schools) is a privately funded research intervention that is implementing a health promoting school model in Albert, Canada. APPLE Schools aim to make the healthy choice the easy choice by changing the school environments. The project creates and sustains supportive physical and social environments that foster lifelong health and learning. Home, school, and community work together to improve a child's health so we involve parents, students, staff, and community stakeholders to impact students' knowledge, skills, attitudes, and behaviours.

APPLE Schools worked with 5 individual school jurisdictions in centered in the Edmonton, Alberta area and schools that would benefit from a high-dose intervention were identified by each jurisdiction. One School Health Facilitator is assigned to each of 10 APPLE Schools. The facilitators work year round for 3.5 years to engage all stakeholders within the school community to identify and create supportive policies and programs that support healthy eating, mental well-being and active living choices for students. In addition, they help school communities identify barriers that prevent students from making healthy choices. The creation of a healthy school culture is key to the success of each school program. A school assessment tool (Health Assessment Tool for Schools – HATS) has been developed to facilitate this process and this tool will be presented at the conference.

A 6 week training program was developed to train the school health facilitators and the curriculum will be discussed during the session. Further professional development has been provided for each Facilitator and this will be presented, as well.

A variety of strategies are used to engage the school community including monthly campaigns that provide whole school activities, messages for parents, classroom activities for the teachers and engagement of community partners. New and creative physical activities and nutrition resources and ideas have been developed

and will be shared throughout the session. A website to capture promising practices from all of the schools can be found at www.appleschools.ca. Specialized professional development for teachers and parents has been developed for each school to support adult learning in the school community. We have developed strategies to affect the teaching and learning in all school communities as well as increase the school's capacity for health promotion.

The project team has tracked changes in the health, nutrition, and physical activity of students through a government funded evaluation: REAL (Realizing healthy Eating and Active Living) Kids Alberta and the resulting baseline data will be presented during the session. There have been several tools developed to present the findings of the project to different audiences including internal reports for the funder, reports to government and individual school reports. The dissemination strategies of lessons learned will also be discussed at the session.

Although the project is still in it's first year, there have been some lessons learned that will be shared and discussed. Changes to baseline data found in each school may be available at the time of the presentation.

The Director Paul J. Veugelers, PhD, is a professor in the School of Public Health at the University of Alberta who studies the importance of nutrition, healthy lifestyles, and other factors that relate to overweight and obesity. The aim of his research is to provide advice to direct health policies for preventing chronic diseases and improving quality of life. Dr. Veugelers' research has revealed that school health programs can make a big difference. Students attending schools with the 'Make the Healthy Choice the Easy Choice' program in the Annapolis Valley, Nova Scotia had substantially healthier diets and were 59% less likely to be overweight and 72% less likely to be obese.

Marg Schwartz, MEd, is the APPLE Schools manager at the School of Public Health and has much experience implementing health-promoting school models. She has served with many provincial and national healthy school initiatives including Schools Come Alive, Ever Active Schools, Physical and Health Education Canada and the Alberta Coalition for Healthy School Communities. Marg is seconded from Alberta Education where she was the lead manager for developing the Daily Physical Activity policy for Alberta and the first School Health Manager jointly funded by Alberta Education and Alberta Health and Wellness.

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YOUNG PEOPLE'S INVOLVEMENT IN DEVELOPING HEALTHY MEALS IN SCHOOLS

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This project was part of the European project "Shape Up: a School Community Approach to Influencing the Determinants of Childhood Overweight and Obesity" *(www.shapeupeurope.net*). The key participants were children from two year 3 classes (9-10 years old) and one year 7 class (13-14 years old) and their teachers.

The framework used in the project was the IVAC approach (Jensen, 1997; Simovska et al., 2006), indicating that pupils have to be active involved in Investigating the health topic in question and in developing Visions as a basis for taking Action to facilitate healthy Change. In the following, we present the work under the different parts of the IVAC-approach.

During the Vision phase pupils from year 3 did a brainstorming activity on how to promote the health conditions in the school. Health was discussed from many different perspectives. The topics that were discussed were among others: what is a good life for you? What does it mean to feel fine? How can you take care of your health yourself? At the end of this session the pupils decided (in collaboration with their teachers) to work on how to establish a place where pupils could buy healthy food, fruit etc. The school did not have a canteen or any other facilities providing these items.

After the brainstorming phase the pupils worked on developing and concretising their ideas of a 'food-stall' – their 'dream-food stall'. All pupils were drawing their favourite places and from these a number of ideas were selected by the class for further investigation. The pupils were guided by their teachers and the final decision on what to do next was chosen in collaboration between the pupils and their two teachers. The main idea was to establish food and fruit-selling places in different spots around the school. The work in this phase was crucial for the development of the pupils' ownership to the whole project.

The pupils from year 7 had just ended another health project in which they had examined the views on health by the people in the local community and in the school. During their investigations they used both interviews and questionnaires. To use the skills that were developed during this project, the teachers encouraged the students from year 7 to support their younger peers from year 3 during the investigation phase.

After some consideration the students from year 7 took up the challenge and a joint meeting was set up between the pupils from the 3 classes. Together the pupils worked out a questionnaire to hand out to all 600 pupils in the school. The reason for this was that the pupils from year 3 wanted to ask every single pupil at Måløv School about their opinion on healthy food in the school. On the basis of the analysis of the answers the 10 most frequent suggestions were identified by the

7 graders and handed over to the pupils from year 3. The suggestions were among others: meatballs in curry sauce with rice, sausages, club sandwiches and pizzas.

During the action phase the pupils collaborated with the teacher in home economics to develop healthy recipes. For instance they only used sausages with low fat and made of chicken, and the flour that was used to bake the pizzas and the sausage rolls was rye flour rich in dietary fibres. Moreover, they developed ideas of how to make the places where they were going to sell the food nice and welcoming ones. They planned to have two places where the pupils in the school could go and buy food.

During these activities the pupils from year 3 and year 7 collaborated. They spent a full week (of 25 hours) on this part, and they ended up with a detailed plan for: buying products, cooking, advertising the activity around the school and running the two 'shops' during two breaks every day.

After this first 'pilot-period' where students produced and sold healthy meals at the school, the students from year 7 went back to their normal teaching and lessons, and the pupils from year 3 decided to continue the project with the help of their parents. During this period each pupil in year 3 committed themselves to produce 25 'items' of food at home with the help of their parents. They did this in turns so that they had enough 'stock', and only needed to heat up the food produced at home. Once a week they also cooked a hot meal with their teachers in the school.

The project was a success viewed from a number of different perspectives:

- Changing pupils eating habits in a healthier direction a consequence of pupils participation and ownership. During this project pupils were motivated to buy and eat healthy food because they had an influence what kind of meals that were produced. So even for the pupils who were not involved in the project about making the food the initiative had a healthy impact. Even the oldest pupils, aged 14-16 years old, who normally leave school during their breaks to buy junk food in the neighbourhood, were queuing up to by the 'home-made' healthy food.
- The third grade pupils' healthy learning. The key participants in the project, which are the pupils from the two third grade classes learned a lot about healthy food and during the project they developed awareness about what ingredients to use if the food was going to be healthy.
- Increasing the social capital. As a third category of positive outcomes the project increased the social capital at the school. The pupils from the two third grade classes got a lot of friends among the older pupils from the seventh grade. Especially the younger pupils claimed the importance of feeling safe at school which their relationship with the older students contributed to.

In conclusion, the project illustrates that young people are able to make an impact on health determinants and that a variety of positive outcomes might follow from a project where they are genuinely involved in the decisions to be made during the process. It also illustrates that adults are needed to guide and support young people in taking healthy actions if they are to succeed. Both the home economics teacher as well as the other teachers had a crucial role with this respect.

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"ADULTS DON'T ALWAYS LISTEN, OR THEY PRETEND TO LISTEN. NOW, OUR IDEAS ARE LISTENED TO" – SHAPE UP CYPRUS

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This paper presents results from 'Shape Up' a European health promotion programme with reference to case studies undertaken in schools in Cyprus. Implemented between September 2007 and June 2008 the aims of the programme reflected the primary concern of health promotion to facilitate healthy choices by creating the necessary conditions for their enactment. We describe the processes used in Shape Up before reporting findings from the evaluation undertaken by the University of Hull. Findings demonstrate schools' potential to work in health promoting ways by empowering them to create environments conducive to health, where people are better able to take care of their health rather than simply implementing healthy activities at school. Participants in Shape Up increased their access to healthier foods and opportunities to be active during and after school. Apart from the visible environmental changes they were empowered with skills and critical knowledge to be healthier and more active citizens. They investigated the wider determinants of health and options for health improvement in specific contexts. They identified what needed changing within and around the school, developing visions of how changes could be enacted. They transferred visions into actions by writing letters, undertaking research, developing networks and accessing advice and financial support. We conclude that increasing awareness of structural factors on health and the acquisition of skills in empowerment were central to Shape Up's success in Cyprus, and are therefore crucial for school based health promotion.

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POSTERS

EDUCATIONAL LOAD AND ITS LINKS WITH HEALTH AMONG STUDENTS IN LITHUANIAN SCHOOLS

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REPUBLICAN COMPETITION "HEALTHY SCHOOL" IN KAZAKHSTAN

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COMMON PRACTICES IN MONITORING HEALTH PROMOTION CAPACITY AT SCHOOL LEVEL

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HEALTH PROMOTION AND SCHOOL MANAGEMENT: CAN A PUBLIC HEALTH MEASURE STRENGTHEN SCHOOL POLICY?

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HEALTHNET, THE FINNISH UNIVERSITY NETWORK IN HEALTH SCIENCES, AS A TEACHING NETWORK

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REGIONAL DIFFERENCES IN HUMAN RESOURCES OF SCHOOL WELFARE SERVICES

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EXPECTATIONS OF PARENTS TOWARDS A HEALTH PROMOTING SCHOOL

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THE RELATIONSHIPS BETWEEN SOCIOCULTURAL ATTITUDES TOWARDS APPEARANCE, BODY IMAGE AND UNHEALTHY PHYSICAL ACTIVITY BEHAVIOR IN THE SAMPLE OF 11TH GRADERS

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ANALYSIS OF DOMESTIC AND SOCIAL VIOLENCE AMONG SCHOOL CHILDREN IN KAZAKHSTAN

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HEALTH STATE OF STUDENTS AND THE ROLE OF MODERN SCHOOL IN ITS FORMATION AND STRENGTHENING

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EDUCATIONAL PROGRAMS OF PROMOTION OF HEALTH OF CHILDREN AND ADOLESCENTS

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THE CHANGES OF NUTRITIONAL LEVEL OF LATVIAN CHILDREN AGED 5-12 IN 20TH AND AT THE BEGINNING OF THE 21ST CENTURY

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SMOKEFREE SCHOOL CERTIFICATE

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WITH PINOCCHIO, LEARNING SAFETY AT SCHOOL

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THE INSTRUMENT FOR SCHOOL SOCIAL CLIMATE MEASUREMENT IN HEALTH PROMOTING SCHOOL

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SCHOOL'S HEALTH PROMOTION ORIENTATION AND PREVALENCE OF UNHEALTHY BEHAVIOURS IN STUDENTS

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IMPLEMENTATION OF HEALTH PROMOTING KINDERGARTEN MODEL ON THE BASIS OF THE SURVEY CONDUCTED IN ESTONIAN PRE-SCHOOL CHILD CARE INSTITUTIONS „HEALTH-RELATED PREREQUISITES AND CONDITIONS IN PRE-SCHOOL CHILD CARE INSTITUTIONS"

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FORMATION OF RATIONAL REGIME OF SCHOOLCHILDREN'S LIFE ACTIVITY
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"BE SAFE, BE SURE, BE HAPPY!" AN INTERNATIONAL FAMILY GAME FOR PROMOTING SAFETY AND HEALTH
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PETER - PICTORIAL EVALUATION OF TEST REACTIONS: AN INTERNATIONAL ON LINE STRESS TEST FOR SCHOOL CHILDREN AND STAFF
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TASKS OF MEDICAL MAINTENANCE OF CHILDREN IN EDUCATIONAL INSTITUTIONS
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THE CLASS MOVES!
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THE RELATIONSHIPS BETWEEN EXERCISING AND WEIGHT REDUCTION BEHAVIOR AND RISK OF EATING DISORDERS IN THE SAMPLE OF 11TH STUDENTS
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CHILD SAFETY IN LITHUANIA AND EUROPEAN CONTEXT
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DEVELOPMENT OF BI-LINGUAL INTERACTIVE SEX AND RELATIONSHIPS EDUCATION AND PERSONAL AND SOCIAL EDUCATION RESOURCES FOR PRIMARY, SECONDARY AND SPECIAL SCHOOLS THROUGHOUT WALES

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HEALTH AND FUN

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EFFECTIVE AND EFFICIENT HEALTH PREVENTION IN SCHOOL SETTINGS; HEALTH EDUCATION MAKES SMARTER

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AUTHORITARIAN PEDAGOGICS AS A RISK FACTOR OF HEALTH DECLINE OF STUDENTS AND TEACHERS (

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NEW EDUCATIONAL STANDARDS AND PRESERVATION OF SCHOOLCILDREN'S HEALTH

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HEALTHY LUNCHES IN PRIMARY SCHOOLS

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GROWING THROUGH ADOLESCENCE
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KINDNESS IN RETURN FOR THE KNOWLEDGE GIVEN
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A LIFESTYLE THAT MAKES THE DIFFERENCE: LET'S WALK TO SCHOOL-THE PIEDIBUS PROJECT
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COMPETITION OF IDEAS AND PUBLICATION „HEALTH AND HEALTH AWARENESS THROUGH NUTRITION AND MOVEMENT GAMES"
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SCIENCE OF LEARNING APPROACHES TO HEALTH EDUCATION IN TEACHER TRAINING AND DEVELOPMENT IN HESSEN/GERMANY
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THE ROLE OF THE PRINCIPAL IN THE DEVELOPMENT OF THE HEALTH PROMOTING SCOOLS NETWORK

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