

*First Conference of the
European Network of Health Promoting Schools*

*“The Health Promoting School -
an investment in education, health and democracy”*

Thessaloniki-Halkidiki, Greece, 1-5 May 1997

Conference Report

The design of the cover has been made especially for the First Conference of the European Network of Health Promoting Schools in May 1997 by the artist Vasso Psaraki.

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Conference Report

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Acknowledgements

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“A healthy world is:

- without atomic bombs and biological warfare
- with beautiful green forests
- with fresh air and unspoiled nature
- with no garbage and nuclear waste
- with ecological farming and unspoiled towns

Everyone of us would like to live in such a world.
That is a healthy world.”

Young person, aged 14 years

“I have a dream which is about a clean planet where there is no war, no violence, no pollution, but peace and love among living beings.....
I hope everybody has this place in the depth of his heart.”

Young person, aged 14 years.

Introduction

The First Conference of the European Network of Health Promoting Schools attracted 375 participants from 43 countries. They included policy-makers and parliamentarians, parents, teachers and health professionals, representatives of international bodies, and, of course, young people themselves.

One of the key aims of the Conference was to foster an exchange of ideas and experiences. Some 2,000 schools are now involved, either through the European Network of Health Promoting Schools or as part of the rapidly developing web of national arrangements. This “natural laboratory”, operating as it does across most of Europe, provides a rich tapestry of expertise for planning future development.

The Conference programme was designed to enable participants to draw upon each other’s experiences, and parallel sessions were used to consider a wide variety of Health Promoting Schools issues and themes. Case studies from across Europe were employed as a key mechanism for generating discussion and as a means of engaging all those attending the Conference.

The case studies came from a broad range of countries within the ENHPS Network. They provided the vehicle by which all attending could become actively involved in the Conference dialogue.

Between them, the case studies covered a diverse array of issues. These included teacher training and curriculum development; using the school as a setting for health promotion; collaboration with parents and the community; school policy development; pupils as active partners; evaluation; international collaboration; and democracy, management and organizational change.

These case studies, together with the keynote speeches, provided the sustenance upon which the Conference could feed for the Network’s future development.

Executive Summary

The First Conference of the European Network of Health Promoting Schools held at Halkidiki, Greece, in May 1997 concluded that:

1. The success of the Health Promoting School across Europe warrants further widespread implementation.
2. Education and Health Ministries should collaborate in an expansion of the Health Promoting School scheme.
3. Health Promoting Schools contribute significantly to the social and economic development of society at large.
4. The Health Promoting School is not a prescriptive approach. Although operating to a core set of values and principles, each health promoting school will reflect local cultural, organizational and political considerations.
5. The concept of the Health Promoting Schools is holistic in nature and, in addition to curriculum development, strives to promote a health enhancing social and physical environment within the community.
6. Action learning rather than teaching should be the focus of the Health Promoting Schools' curriculum. The challenge to teachers is to develop and implement new and innovative approaches to learning.
7. Success is dependent, at least in part, upon the extent to which there is an investment in both initial and in-service teacher training.
8. Schools should be viewed as a resource for the wider community with their facilities available for use outside of normal school hours.
9. Improved equity should be both a goal for and a consequence of the Health Promoting School.
10. Young people and their parents should play a significant role in determining school priorities.
11. Schools should act as a catalyst in bringing together a wide range of local organizations in a coordinated approach to community health.
12. Implementation requires an active partnership between parents, teachers, community organizations, and young people themselves.
13. Wherever possible, Health Promoting Schools should use existing international networks (e.g. Healthy Cities) to promote inter-school collaboration across national boundaries.
14. Although already clearly successful, there is a continuing need for further development to be evidence based.

“Democracy, health, culture and moral values are the foundation stones of the educational system upon which the school ethos is developed. The European Network of Health Promoting Schools is an investment in the successful transmission of these principles.”

Professor Nikolaos Matsaniotis,
President of the Hellenic Academy and
President of the Institute for Child Health

“The investment has been in development of programmes and strategies for improving and safeguarding the health of future generations in Europe. Its success lies in many areas, not least in the coming together of the three major European organizations – the European Commission, the Council of Europe and the WHO Regional Office for Europe - in a concerted effort of collaboration.”

Dr J.E. Asvall,
Regional Director,
WHO Regional Office for Europe

“As the project has progressed, its democratic dimensions and hence its political implications have become increasingly evident. As we move towards the end of this century, it is legitimate to hope that the next one will bring us a healthier and freer nation.”

Mr Robin Guthrie
Director, Directorate of Social and Economic Affairs
Health and Social Policy Division
Council of Europe

“I am convinced that the Conference will be the decisive benchmark for the Network and that it will contribute to fostering the ideas of health promotion and education in Europe.”

Dr W.J. Hunter
Director, Public Health and Health and Safety at Work Directorate, DGV
European Commission

A bright future for the Health Promoting School

The sun shone for this significant first Conference held at the Sani Beach Hotel in Halkidiki, Greece, from the 1st to the 5th of May 1997. Described as an investment in health, education and democracy, the Conference attracted 375 participants from 43 countries across the length and breadth of Europe.

Hosted by the Greek Ministry of Health and Welfare and the Ministry of Education, the Conference was organized by the National Institute of Child Health in collaboration with the Technical Secretariat of the ENHPS and an organizing committee with representation of National Coordinators. The pan-European importance of the event was underpinned by the fact that the Council of Europe, the European Commission and the World Health Organization Regional Office for Europe acted as co-sponsors.

The right setting for health promotion

Halkidiki provided an ideal location for such an event. Steeped in history, Halkidiki comprises three peninsulas situated to the south-east of Thessaloniki, the capital of Macedonia and Thrace. Known as the city of three civilizations (Ancient, Roman and Byzantine), and at the crossroads of intercontinental trade routes, Thessaloniki has an enviable reputation for bringing together the ideas and cultures of different nations. Designed Europe's City of Culture for 1997, Thessaloniki has over 2,300 years of experience in European development.

It seems highly appropriate that the home of Europe's oldest known human skeleton, discovered in 1960 at Petralona in the same region as the Conference venue, should be the setting for an event designed to promote the health of Europe's future generations. Known as Archanthropus, this forefather of Europe's nations made his home on the Kassandra Peninsula some 700,000 years ago. Although part of the Continent's earliest Stone Age, the evidence points to Archanthropus having already mastered the art of fire. This could still be measured by the warmth of the welcome extended by the Greek hosts.

An invitation to attend

The initial invitation to attend the Conference was extended by Professor Nikolaos Matsaniotis, President of the Greek Institute of Child Health. Professor Matsaniotis stated that the Conference would be an international forum for the exchange of experiences, that it would promote collaboration, and assist in the strategic development of the Health Promoting School. And so the Conference proved to be. He added that democracy, health, culture and moral values are the foundation stones of the educational system. The successful implementation of both their theory and practice contributes to society as a whole, enhances sustainability, and adds to the overall quality of life.

In extending the invitation to attend, Professor Matsaniotis argued that the European Network of Health Promoting Schools (ENHPS) is an investment in these principles and in social values. He endorsed the view that the Health Promoting School contributes positively to the management of schools and to the development of the curriculum.

At the opening ceremony, Professor Matsaniotis set the scene for the Conference by referring to the Annual Congress of the National European Paediatric Societies held in Athens, some twenty years earlier. The theme of the meeting was “Child Health in Europe – Past, Present and Future”. In his keynote speech at that event, Professor Matsaniotis said: “I cannot see why it is more important, with the exception perhaps of language, to teach children mathematics or physics or history or any other topic and not to teach them how to care and promote their health”. He added that he was grateful for the fact that health promoting schools were now regarded as more than just interesting, the prevailing view at the time of the original Athens Conference. They are now considered to be an extremely valuable investment in health, education and democracy.

Referring to the medicalization of health as a blessing for the medical profession, but in most cases a curse for the human race, Professor Matsaniotis argued that a healthy lifestyle is the best defence against the medical establishment.

Applauding the Health Promoting Schools initiative, he nonetheless recognized that it required sustained effort and a multidisciplinary approach.

“The Health Promoting Schools project is not easy. It will not just happen. On the contrary, it will call for the combined wisdom and experience of many professions in the exercise of judgement, flair and a sense of values in the move towards the creation of a healthy environment for future generations.”

Professor Matsaniotis concluded by saying that education is the key, not just to the future prosperity of Europe, but also to the health and wellbeing of Europeans. He felt that health promotion was of the highest priority for future generations, and that progress would be a reflection of society’s overall development.

Thanking the organizations which gave birth to the European Network of Health Promoting Schools (ENHPS), Professor Matsaniotis welcomed the delegates to the Conference.

Ministerial opening

Mr Konstantinos Geitonas, the Greek Minister of Health, declared the opening of the Conference. After welcoming the Conference organizing institutions, including the Institute of Child Health, and all conference delegates, the Minister commented upon the appropriateness of holding the Conference in the region of the birthplace of Aristotle. The great Greek philosopher was the author of the book "Ethics according to Nikomaheia" containing thoughts on justice and democracy, fitting concepts for the themes of the Conference. Konstantinos Geitonas said that health promotion in schools, following the ENHPS principles, should be of the highest priority for people and governments. The Greek Minister expressed his personal support for the objectives of the ENHPS which include healthy attitudes and behavior, both important elements of the school system. He announced that, among the Greek proposals included in the new law on health, there were components proposing the establishment of regional school medical services. Medical professionals, in cooperation with education professionals and other community services, would provide intersectoral health care services to the school and its population. Furthermore, the Greek Minister of Health stressed that all governments will have fulfilled a great duty towards society, young people and to the future generations if they supported and developed the health promoting school.

Health Promoting Schools can provide young people with knowledge and skills, empowering them to have greater abilities to enhance their physical, mental and social health and the quality of their environment. The Minister added that schools aiming at a holistic approach to health are enabling young people to develop their personalities, increase their self-esteem, self-confidence and autonomy and to become active participants in schools and their communities.

The Minister concluded that school health promotion is an investment for life. To achieve this, teachers should be specially trained in health promotion; the physical, social and emotional school environment should be nurtured, providing safe, friendly and supportive surroundings; the school should involve in its management all people, parents and community members and enhance principles of democracy and equity. The Minister looked forward to learning of the Conference outcome and the Conference resolution.

Conference introduction by the Deputy Minister of Education

The Deputy Minister of Education, Mr Ioannis Anthopoulos, began his address by referring to the timing of the First ENHPS Conference which was taking place at the time that the European Union is reconsidering its common objective towards peace and common social and economic development. It is also the period that the European Union is actively considering expansion.

The Deputy Minister continued his speech saying that Europe is characterized by its culture, civilization and education. Education in order to be effective has to assist young people to develop abilities that enhance active learning, competence, capacity to cope with life, to make healthy relationships and to be an active young civilian involved in the community's life and in preparing for his future.

The Deputy Minister referred to the policies introduced by the Ministry of Education. Recently the Ministry established a school health education system and created in each prefecture the post of school health education officer. This post coordinates related training and school activities. The Greek Ministry of Education has designed school health education in close collaboration with the Ministry of Health. The Ministry of Education encourages teachers to become actively involved in health education, an activity which develops mental and physical health as well as healthy social behaviour. Mr Ioannis Anthopoulos expressed the wish that the conference will have an additional value for the promotion of school health education in all the schools of Europe.

A message from the World Health Organization

Dr J.E. Asvall, Regional Director of the World Health Organization Regional Office for Europe, claimed in a written statement of support that the ENHPS was one of Europe's most significant health promotion initiatives. He highlighted the ENHPS' considerable success to date. Not the least of these successes was the continuing collaboration between three of Europe's most significant organizations, the European Commission, the Council of Europe, and the WHO Regional Office for Europe. He added that the project was making a major contribution to the implementation of "Health for All", by providing a practical example of intersectoral cooperation in action.

"I am sure that the Conference will mark the next stage in the progress of the Network and the World Health Organization is proud in its support for the project, together with its two major partners".

In lending his support, Dr Asvall felt sure that the Conference would lay the foundations for further development and innovation.

Support from the Council of Europe

Speaking for the Council of Europe, the Director of Social and Economic Affairs, Dr Robin Guthrie, said in a welcome delivered on his behalf by Mr Henry Scicluna, that the Conference was the culmination of considerable effort on the part of the European Network. He also stressed the collaborative nature of the work, and highlighted its contribution to European democracy.

“As the project has progressed, its democratic dimension and hence its political implications have become increasingly evident.”

Dr Guthrie anticipated that the Conference would support the continued development of ENHPS and would extend its activities and influence. In sending his message of support, he clearly hoped that the next century would bring with it a healthier and freer generation.

The European Commission

Adding the Commission's support, Dr W.J. Hunter, Director of the Public Health and Health and Safety at Work Directorate of DGV, endorsed the activities of the European Network. He emphasized the project's integrated approach, addressing as it does the whole school environment.

“The European Network has become an important and integral part of the Commission's activities in the field of health promotion and education.”

Dr Hunter believed that the Conference would offer an opportunity to evaluate what had been achieved during the pilot years. Moreover, he felt that it would provide a forum to share experience and contribute to the further implementation of Health Promoting School principles.

As with his colleagues from the other pan-European organizations, Dr Hunter emphasized the collaborative nature of ENHPS.

Message from a student

“After personal experience of such a programme I, along with my peers, am in a position to state that when individuals can change, then the course of the world can be changed ... We are searching for real communication and interpersonal relationships with meaning. In the face of indifference and alienation, we dare to hope that this communication will spread, and that time will come when all the world is one great family.”

Irena Varela
4th Technical High School, Halandri, Greece



Ottawa and beyond

The Ottawa Charter (WHO 1986. Ottawa Charter for Health Promotion) set the context for the Conference. Conference delegates accepted that the parallel action points of:

- Reorienting health services
- Building healthy public policy
- Developing personal skills
- Strengthening community action
- Creating supportive environments

were at the very heart of the Health Promoting School concept. Many participants, in both plenary and workshop sessions, reinforced the Ottawa Charter's emphasis on the need for the fundamental prerequisites for health to be in place: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Most encouraging of all, young people themselves recognize the key factors associated with good health.

“My vision of a healthy world is a world without greed. Greed is responsible for so much wrong in the world: crime, war, animals being treated cruelly, humans being treated cruelly”.
Young person, aged 15 years

“ ... but most of all, I wish that something would be invented which could make our world alive again and an even cleaner place for us all.”
Young person, aged 12 years

“A healthy world is one in which “there is no violence, terror or kidnapping. The world is ruled by common sense, by health, wisdom, justice, love and peace.”
Young person, aged 15 years

In a pilot study involving 81 students from Denmark, Hungary, Poland and Wales, the environment proved to be the issue of greatest concern (“Pupils vision about a healthy world/future.” The Royal Danish School of Educational Studies, Copenhagen, 1997). 73 out of 81 respondents cited the environment as the most important issue for the future.

- | | |
|------------------------|----------|
| • Environmental issues | 73 of 81 |
| • No war and violence | 39 of 81 |
| • Drugs | 22 of 81 |
| • Social relations | 22 of 81 |
| • Smoking | 20 of 81 |
| • Equity | 19 of 81 |

“ ... and if we do not stop destroying the ozone layer and cutting down the rain forest, we will be killing our children.”
Young person, aged 15 years

It was clear from numerous contributions made from the floor of the Conference that the Health Promoting School is seen as one of the means, indeed perhaps the most significant, for translating the Ottawa Charter into practice.

The Charter highlighted the need for advocacy, mediation, and enabling mechanisms. Conference clearly endorsed the experience of the 43 countries present that the Health Promoting School is a way of making health promotion a reality. From the many and diverse communities of Europe, participants reinforced the fact that the Health Promoting Schools are providing supportive and healthy environments for their students, developing their life-skills, improving access to health information, and, in so doing, creating new opportunities for young people to make health enhancing choices. The students themselves who were present at the Conference, or able to contribute through other channels such as the Internet, confirmed this to be the case.

The Conference programme

The Conference programme was designed specifically to allow for a free exchange of ideas and experiences. In addition to the keynote speakers, all participants were seen as having expertise to contribute. In recognition of this, the programme provided for a large number of parallel sessions in addition to the plenary presentations. Moreover, most countries were able to offer an exhibition stand for the duration of the Conference.

Targeted at policy makers and opinion formers, teachers and health promotion practitioners, and the international agencies, the Conference was the first opportunity for the European Network of Health Promoting Schools to demonstrate the effectiveness of its work on a European platform. Objectives of the Conference were:

- to elaborate plans for European policies for Health Promoting Schools;
- to consolidate the conceptual framework of a Health Promoting School;
- to position the ENHPS as an international forum for Health Promoting Schools;
- to encourage European cooperation and exchange.

The opening session included host country presentations by the President of the Institute of Child Health, the Minister of Health and Welfare, and the Vice Minister of Education. These were followed by statements from each of the European partners stressing the collaborative nature of the European Network of Health Promoting Schools.

The programme combined a mix of keynote speeches, plenary debates and panel discussions, and parallel sessions on specific themes, supported by a rich tapestry of Greek cultural events.

The first keynote speech was given by Erio Ziglio, WHO Regional Office for Europe, who positioned the Health Promoting School within the context of the role of education and health in modern societies.

The contribution of the Health Promoting School to the current role of education in society today

Erio Ziglio's speech on the first day of the Conference considered how Health Promoting Schools could contribute to the current debate about the role of education and health in modern day societies.

Dr Ziglio emphasized the collaborative and interdisciplinary nature of the European Network of Health Promoting School, including at the pan-European level. Established as a partnership between the World Health Organization Regional Office for Europe, the Council of Europe and the European Commission at the turn of the decade, Ziglio felt that the time was now right to take stock of progress and identify the challenges still to be met.

Highlighting the interrelationship between health and education, Dr Ziglio emphasized that each influenced the other. Health prospects are, at least in part, determined by educational opportunity and achievement; and learning outcomes are often dependent upon health status. Moreover, both are linked to the economic performance and social cohesion of modern day, industrial Europe.

Commenting on a discussion with his colleague, Dr Ilona Kickbusch at the WHO Headquarters in Geneva, he said that Dr Kickbusch had reminded him of the meeting of the G7 economic powers, which had taken place during the previous week. She referred to an article in the New York Times some two years earlier by Thomas Friedman, who had proposed a more relevant membership for the G7 than the existing seven economic giants. Friedman had suggested that, while retaining Japan, the USA and Germany as members, the United Kingdom, France, Italy and Canada should be replaced by China, Rupert Murdoch, Bill Gates, and Mother Teresa. Murdoch because he is "putting together the first truly global telecommunications network and he scares everybody in the market"; Bill Gates of Microsoft fame because he was "doing more to enlarge the global market for goods and services than any trade minister", and the late Mother Teresa as she "understands that promoting economic efficiency, a G7 speciality, is not the same as building a caring society".

The debate with Kickbusch had led Erio Ziglio to speculate on the question of "significant membership" and its relevance for the First Conference of the European Network of Health Promoting Schools. He referred to the impressive combination of people attending: international agencies, supra-national institutions, Nongovernmental Organizations, parents, the media, health and education professionals, and, of course, representatives of young people themselves. He stressed the importance of this wide-ranging membership in refocusing the current debate about the contribution of both education and health in a rapidly changing Europe.

Ziglio emphasized that the Health Promoting Schools is an investment in both health and education. This is why the major international agencies in Europe had combined their expertise to establish the ENHPS. There are four distinct, but interrelated, objectives for the Health Promoting Schools, according to Dr Ziglio:

1. to create socio-educational settings which support health;
2. to strengthen collaboration between schools and their communities;
3. to develop and sustain the school as a healthy physical environment;
4. to build personal health skills among pupils, teachers and parents.

Some forty countries had now joined the Network. As a result, approximately 500,000 students, and between 8,000 and 10,000 teachers, from over 500 schools are now directly involved in the European Network. In addition, a further 2,000 schools are able to participate through specific national arrangements.

In delivering his keynote presentation, Dr Ziglio concentrated on four major issues:

1. the link between education and health;
2. the current debate about health and education reform;
3. investment for health and education “futures”
4. the opportunities and challenges facing the Health Promoting Schools.

The link between education and health

Education is a major determinant of health. Epidemiological studies have consistently documented the role of education in reducing morbidity, increasing life chances, and improving wellbeing generally. Education makes a very important contribution to people’s knowledge of health risks, and how to avoid them. It is an aid to effective decision-making and, most importantly, contributes to enhanced economic opportunities.

In keeping with the goals of “Health For All”, health is seen as a significant “quality of life” issue, and as a resource for everyday living. Inevitably, this means that health promotion is not just the prerogative of the health sector; it involves all those agencies and sectors which create the social, economic and physical conditions impinging on health.

Ziglio referred to the 1996 Report of the Independent Commission of Population and Quality of Life, entitled “Caring for the Future”. This forward looking publication clearly stated that education is one of the keys to social development. Education not only can, but should, empower people to solve personal, social and environmental problems. Moreover, it is a crucial vehicle for spreading values through both the formal and the hidden curriculum. In essence, schools have a major part to play in shaping the citizens and nations of tomorrow.

This is particularly pertinent as we move towards a more globalized world, characterized by massive technological change. In such a world, education is the key to economic growth. However, education is concerned with more than developing the necessary knowledge and skills required for work and everyday living. It should also help our young people to determine their values in relation to such issues as social justice, human dignity, and equity. Education should guide personal, social and economic development at all levels - internationally, nationally, and locally. Moreover, the educational system should equip people to fulfil their civic responsibilities, and assert their human and legal rights. In so doing, it should enable them to participate effectively in a democratic society.

Education is at the heart of future development and, in this sense, it is truly an investment. It does not start at around the age of five, and finish at eighteen years of age or in the early twenties. It does not stop when employment, or even unemployment, begins. It is a lifelong process.

The whole approach to education will require a profound transformation when one looks at the challenges already facing European nations:

rapid and unplanned social change;
increasing poverty and unemployment;
geographical and cultural mobility;
war related traumas and violence;
family disruption;
social isolation and alienation;
economic deprivation.

The role of health and education will need to be refocused and reorientated if we are to tackle the demands of today's society, never mind the challenges of tomorrow.

The current debate about health and education reform

Within the European Region of WHO there are fifty-one countries. Most are going through the process of large scale reform, not least in relation to their health and education sectors.

In health, the debate is focused primarily on public expenditure. It is largely about cost containment. How should the health care systems of Europe respond to the dual pressures of increasing demand, brought about by demographic change and advancing technology, and escalating costs? According to Ziglio, however, this ignores what should be the key issue in the debate about health care reform. It should not be driven by questions around the control of consumption. The starting point for the debate should be the issue of how best to enhance and maintain the health of European people, not limit their access to medical care when they become ill. It should be about **production** not **consumption**. From Ziglio's standpoint, if you ask the wrong questions then you will inevitably find that you have invalid answers.

And what of the education sector? Ziglio's view is that the situation is not dissimilar to that of health. The debate is all about "means", seldom does it address the crucial issue of "ends". Should we privatize our schools? How many computers are required? Should there be national standards for assessment? In Erio Ziglio's opinion, we should be asking "what is the role of education in society today and what are the fundamental purposes of schools?".

Investment for health and education

There is no doubt that Europe is experiencing rapid technological development, often associated with cultural, political, economic and social change. The current emphasis on the "learning society", together with the introduction of "information highways" and similar communication technology, is having and will continue to have major implications for health and education. Such advances will influence the distribution of resources in society. There will undoubtedly be an impact upon the support available for people to not only promote their own health, but also the health of others. The new technologies will affect the way in which people access learning and, in so doing, their ability to develop health related competences and acquire relevant knowledge.

Sustaining economic development in an equitable and "healthy" manner, in Ziglio's view, will increasingly be dependent upon the quantity and quality of human capital. As such, education and health should not be viewed as "expenditure", but as an **investment** in the future. This would help to maximize the gains to be made from technological change, while at the same time minimizing any harmful effects. From Erio Ziglio's standpoint, the primary goals during a period of technological development should be:

- to adopt policies that promote health and sustainable growth;
- to invest in communities, such that they maintain stable, cohesive environments and civic societies, which function in a sustainable and equitable manner.

The achievement of these two goals would assist people in their access to satisfactory employment, would help create a supportive environment for early childhood development, and would minimize the harmful effects of social change upon the more vulnerable members of society.

Ziglio referred to a wide range of research to substantiate his claims, one of which, the High Scope Study (David P. Weikart, "Early Childhood Education and Primary Prevention," *Prevention in Human Services* 6 (1989): 285-306) exemplified the potential return from such an investment:

- employability enhances twofold;
- high school completion one third higher
- crime 40% less
- teenage pregnancies down by 40%
- drug use reduced

According to Ziglio, the effective governments and communities of the future will be those which recognize the real determinants of human and social capital, and are prepared to invest appropriately.

Challenges for the future

Dr Ziglio concluded his presentation with a review of the challenges now facing the ENHPS. The first of these, he suggested, would be the transition from pilot stage to well structured and sustainable policy development. He stressed that attention must be paid to the following:

- improving the school environment;
- teaching and learning methodologies;
- curriculum development;
- school management practices;
- democracy in the classroom;
- research and evaluation.

The ability to sustain an innovative approach was seen by Ziglio as the second major challenge. The ENHPS is widely viewed as a project of considerable complexity, involving as it does the overlapping areas of organizational, institutional, managerial, and professional development. The process must not only foster political commitment, but also engender community participation, solidarity and democracy. It has to be equitable in its approach and add value through improved effectiveness and enhanced quality. Such complexity demands continuous innovation.

According to Ziglio, those involved in Health Promoting Schools should constantly ask themselves four questions:

1. how can schools be facilitated in promoting and sustaining health?
2. does the school promote the health of all those who work and learn within it?

3. which procedures and what aspects of the environment need to be changed for the school to become more health enhancing?
4. are we making the right investment?

Ziglio's third point relates to the future positioning of the Health Promoting Schools. It can no longer remain a pilot exercise, confined to the margins of ad-hoc activity. It must become part of mainstream health and education policy. It should be viewed as an investment strategy, with consequential social, environmental and economic benefits.

Concluding his presentation, Dr Ziglio asked Conference to share a vision for the future. A vision in which every child in Europe would have the right and opportunity to learn and play in a Health Promoting School. This dream of Ziglio's would come true, he said, when all the necessary skills, the political commitment, and the determination to succeed, were clearly in place.

In his departing comment, Erio Ziglio encouraged the Conference to become the next major step in transforming the dreams of today into the reality of tomorrow.

Keynote presentation by Professor Lowell Levin

Professor Lowell Levin, from Yale University in the United States, underlined the value of diversity in giving life to the concept of the Health Promoting School. He stressed that, although there may be differences in precise definition, perspectives and priorities, the core concept was well understood. Indeed, it is this that creates the opportunity for local interpretation and experimentation.

Organized education, in Lowell Levin's view, is the most powerful tool available to both protect the welfare of citizens, and to take advantage of the social and economic opportunities to advance health. Health promotion is a school's central responsibility. According to Lowell Levin, they are virtually unique in their capacity to build what he refers to as a competent society.

Levin argued that the growing economic and social interdependence of European states creates the context for a European response to health promotion. The aim of the Health Promoting School should be to enhance the capacity for equitable and sustainable educational, economic and social development.

The success to date of the European Network of Health Promoting Schools is a cause for optimism. Nevertheless, future progress will require new strategies, albeit that the values underpinning the notion of the Health Promoting School will remain the same.

Levin went on to focus on the challenges now facing the health promoting school in Europe. He highlighted a wide range of socio-economic factors:

- refugees and migration
- economic transition
- democratization and decentralization
- employment
- poverty
- crime
- consumerism
- ageing population
- youth culture
- changes in family structure
- environmental degradation
- weakening of the social safety net
- rise in volunteerism
- global economy
- technical and communications explosion
- globalization of values and behaviour
- medical reform
- popularization of health
- health inequities

Levin claimed that these issues affect all European nations to a greater or lesser extent. He continued by arguing that an integrated approach is required, with each social institution determining the specific contribution it could make. He added, however, that the values of equity, transparency, sustainability, accountability and citizen participation are of paramount importance.

A number of key questions were posed by Professor Levin during his presentation. Do schools have the necessary capacity, resources, community connections and legal authority to intervene, particularly in relation to broader social issues such as youth unemployment? In essence, Levin was highlighting the political implications of schools reshaping their strategies in order to tackle the major social issues of the day. They must stretch beyond their traditional boundaries, he added, but, in so doing, compromises may have to be made. In forging new partnerships, Professor Levin commented that these “will test the school’s flexibility to adapt to the values and expectations of, say, employers, who might wish to suggest modifications in the curriculum as transitional aids to employment”.

The ability to respond to the changing world outside of the school is crucial, according to Levin. He gave the example of the marked increase in single parent families, and the consequential implications for children’s security, self-confidence, self-worth, and sense of equity in life’s chances. Similarly, the rise in migration across Europe, together with the increase in the number of refugees, poses new challenges for schools. In essence, Levin was drawing attention to the growing ethnic and cultural diversity of our societies. How does the sensitive health promoting school respond to the emerging multiplicity of needs?

Not all of the current social trends are negative. Professor Levin also shone the spotlight on some of the more positive aspects of late twentieth century European social development. The greater public awareness of health issues, and the improved access to meaningful information, is such an example. In this sense health is becoming demystified and deprofessionalized. But how should the Health Promoting School respond to this popularization of health? How will schools engage students in the ethical, moral and political debates around health?

Levin also pointed out that the shortfall of government resources in many European countries is generating a climate for the growth of volunteerism. He illustrated the health promoting school’s potential contribution to this movement by suggesting that they could:

1. establish volunteer placement in the community as part of the process of “civil education”;
2. use good “role model” volunteers as a teaching and learning resource within the school.

Levin also highlighted the role of the school as a resource for the community as a whole, and added that we can no longer afford the luxury of “business as usual”. He cited the growing problem of obsolete skills among adult workers and suggested that schools may have to become 24 hour a day institutions at the very heart of continuing community education. In so doing, they would not only serve the individuals within their catchment area, but would also make a valuable contribution to the economy’s demand for a flexible and up to date workforce.

In a wide ranging presentation, Lowell Levin referred to the current revision of Europe’s “Health for All” strategy now underway. He argued that this was likely to focus on the “settings” approach to health improvement. Of all the potential settings for health promotion action, Levin felt that schools are potentially the most pervasive. In a challenge to schools, he said that “historically (they) have not been keen on liberating the human spirit or encouraging students to be critical rather than to conform”. And yet this is the task ahead. He added:

“I submit that the classroom teacher is the key to empowering children, to creating the learning opportunities within and beyond the classroom, and of building children’s future capacities to grow, be productive, and accept lifelong responsibility for their health and social behaviour. The sum total of the health promoting school boils down to the capacity of the teacher to make the necessary commitment to health promotion as a priority, to health promotion as a profoundly social process, to sharing power in decision making with pupils, and to applying the experimental attitude (take risks) in trying new methods, and making new alliances ...”

In order to achieve this, Levin recognized that teachers will need the time and space to share ideas, plan together, offer support for innovations, and exchange experiences. The European Network and the First Conference on Health Promoting Schools provided just such an opportunity.

Professor Levin concluded by emphasizing that the ENHPS now has a new and critical responsibility as we move towards the next millennium. In addition to its existing role in monitoring, communicating, and stimulating new initiatives, the Network must now fulfil the function of **public policy analysis**. The Network must assume the responsibility for identifying the potential health impact of regulatory changes within Europe, thereby realizing the full range of obligations enshrined within the Ottawa Charter.

Day one – the panel discussion

Erio Ziglio's presentation set the scene for a lively panel discussion on day one of the Conference. The panel included experts from a variety of European countries as far afield as Romania, the Czech Republic, Ireland, Greece, and the United Kingdom. The WHO Regional Office also contributed its expertise to the debate in the form of Erio Ziglio, and the process was coordinated by Mike Shaw, a journalist from the BBC in Scotland.

Several key themes dominated the panel discussion. It was clear that Conference delegates saw the Health Promoting School as a practical mechanism for giving life to the concepts and principles of health promotion embodied in the Ottawa Charter.

“This is the sort of project that will help bring health promotion concepts and principles into the 21st century.”

Erio Ziglio
WHO Regional Office for Europe

Alice Murray, also a panel member and, even more importantly, a parent and community worker, emphasized the benefits for parents as well as their children. She highlighted her own disabling experience of school as a child and stressed how her Health Promoting School involvement as an adult was helping to identify her own needs and develop her self-worth. She illustrated her comments by saying that her own children's Health Promoting Schools had given her the skills to translate negative thinking into positive and productive behaviour. Her contribution illustrated that the essence of the Health Promoting Schools is that it benefits the community at large, not just the students.

“I didn't like school and it didn't like me. I left at 12 years of age, not being able to read or write. I have spent my whole life trying to make up for the loss. The Health Promoting School enabled me to return to school and identify my needs and work on my self-worth.”

Alice Murray, parent

The concern for democracy also featured as an issue during the first day's panel discussion. A number of contributors stressed the importance of an holistic approach, embracing mental, social and environmental considerations. In addressing these points, Giorgos Pavlides, project manager in a Greek health promoting school, emphasized the importance of participatory learning methods.

The need for mass media support was highlighted by many of the participants. The media can help create the climate for effective health promotion action at the local level. Indeed, the benefits of early media involvement had been noted across Europe. Irina Dinca, a panellist and public health physician as well as National Coordinator from Romania, referred to the “secret” of the mass media as a key ingredient for success.

The panel session also recognized, however, that there were still a number of obstacles to overcome. Many European countries are suffering from considerable economic difficulties, which have a consequential and significant impact upon schools. Poverty and substance misuse are growing problems in many parts of Europe, and Jiri Jermar, the principal of a health promoting school in the Czech Republic, reminded Conference that such difficulties present a major challenge for the ENHPS.

David Stears, a panel member from the United Kingdom, highlighted the lessons to be learned from the ongoing evaluation of Health Promoting Schools. He concentrated in particular on the need to strengthen the education and training of teachers and health professionals, a recurring theme throughout the Conference proceedings.

The parallel sessions

The parallel sessions provided the opportunity for Conference participants to contribute their own expertise and experiences. The sessions were organized around a number of themes, and each was repeated, thereby providing an opportunity for every participant to contribute to two issues.

- Teacher training and curriculum development
- Management and organizational change
- Reforms and policy development
- Pupils as partners
- Evaluation
- Involving parents and the community
- International collaboration
- Schools as a health promoting setting

A number of key issues emerged from the parallel sessions which ran throughout the Conference.

1. Health promotion through the school setting

Developing **links between community organizations** was emphasized by the group which considered the school as a health promoting setting. Hospitals and workplaces, for example, have many similarities with schools, and they can learn from each other's experience. This group argued for an holistic approach to health promotion, reinforced by the need to demonstrate effectiveness. Clear and unambiguous language should be the mainstay of communication when dealing with Health Promoting Schools issues. The members of this working group agreed that a successful Health Promoting School would:

- achieve better educational outcomes;
- generate a more positive climate and ethos;
- improve democracy.

The group highlighted the fact that health promotion is still a young concept. An evidence based approach is required for it to grow and evolve.

2. Collaboration with parents and the community

Another parallel session considered the relationship with parents and the community. Workshop members concluded that the school should be viewed as a community resource, with its facilities available for use outside of normal school hours. Indeed, this group felt that **schools should be the catalyst for bringing together the various agencies** which could have an impact upon the health of the community.

They argued that self-empowerment should be at the heart of the Health Promoting Schools approach. Young people needed the skills and abilities to take control over their own lives and their local environment. For this to happen, teachers require training opportunities at both pre-service and in-service levels.

The "Parents and Community" group members recognized that a Health Promoting School could not do everything. They argued the case for creative and innovative approaches to be

adopted, and made the point that schools should be **accountable for their actions** to both parents and the local community. The focus of all of their work should be the pupils, with the young people themselves playing a major role in determining the school's priorities.

The second workshop on this topic reinforced the **value of parental involvement**. The implication, of course, is that parents have an equal voice in decision making. At the heart of such involvement should be the clear identification of pupils' and parents' needs. A particular challenge for teachers will be the involvement of parents with poor self-esteem or those perhaps who have had a negative experience of schools in the past. It is crucial to engage parents from across the whole spectrum of the community so as to ensure that all needs are met.

3. Does it work? Comprehensive evaluation – what does it take?

This first group adopted a workshop approach, commencing with a description of the theoretical background to evaluation. Two case studies were presented. The group concluded that a more systematic and comprehensive approach to evaluation is needed. However, different methods are required for different circumstances – there is no general model which would be applicable to all schools across Europe. That said, there is a clear need for more longitudinal studies. Evaluation strategies, as with interventions and activities, must clearly relate to developmental objectives and to long term anticipated outcomes.

The second parallel session on this issue highlighted the need for evaluation to take account of the children's perspectives. **Evaluation should be built in at the initial planning phase** and not regarded as an afterthought. Moreover, financial resources must be allocated specifically for the purpose.

4. Reforms and policy development

The first group considered the role of the Health Promoting Schools in relation to the current reform agenda on many European countries and on the process of policy development. The discussion which ensued highlighted a number of key issues. Participants emphasized the need to reach a consensus with all sectors in the community about the role and importance of the Health Promoting Schools. The **concept needs to be embedded in the philosophy and practice of all agencies** working with the school. Collaboration, both within the school and with external organizations, is fundamental to success.

Participants maintained that a clear policy framework was essential in shaping the further development of Health Promoting Schools. Acceptance of the Health Promoting Schools concept will also require a review of teacher training policy which, in turn, will assist further implementation as more teachers acquire the necessary understanding and skills. As with other parallel sessions, the members of this group argued the case for further **systematic evaluation**.

The second parallel session on this issue confirmed the **benefits of collaboration**. Group members emphasized the need for the health and education sectors to work in tandem and at all levels. This would add strength to the argument for a more comprehensive implementation of the Health Promoting Schools concept. As with a number of other groups, **evaluation was signalled as a priority**. However, this needs to be linked to a clear and effective **mechanism for dissemination**.

Participants also highlighted the fact that policy development is a bi-directional process. In this sense it is dynamic, with policy initiatives at the national and international levels informing local activities, and local good practice acting as a spur to regional and national policy formulation. Once again, the critical role of teacher training emerged as a key factor.

5. Pupils as partners

There was a unanimous acceptance of the fact that **pupils should be active partners** in determining the priorities for and direction of the Health Promoting Schools. This implies a move from teaching to an emphasis on learning. However, this change in emphasis will not be without its problems.

Participants recognized that progress will not happen overnight. Teachers, for example, will have to acquire the skills and self-confidence to **adopt new working methods**. Just as young people learn by example, so do teachers. This means that teacher training itself will have to embrace a more democratic approach. In particular, teachers will have to improve their communication skills, if they are going to facilitate a genuine partnership with students.

6. Management, organizational change, and democracy

Both sessions commenced with some general reflections on the management of schools. Discussion centred on the relationship between the “Healthy School” and the Health Promoting School. Other parallel sessions had indicated that one would be likely to reinforce the other. Conclusions drawn by the parallel sessions on this topic were that the Health Promoting Schools:

- fits the Ottawa Charter framework;
- is democratic in nature;
- views health as an open concept;
- has action competence as the aim;
- favours a “bottom-up” approach;
- is holistic and non-medical;
- views both the school and its pupils as valuable social agents.

Participants emphasized the importance of moving **from a teaching model to one based upon learning**. Equity was cited as a fundamental principle underpinning the development of the Health Promoting Schools. Inclusion within a wider network of Health Promoting Schools helps to ensure that equity issues remain high on the agenda. As with other groups, participants argued for more attention to be paid to evaluation, particularly in relation to the concept of “action competence”.

7. Teacher training and curriculum development

These parallel sessions considered teacher training and curriculum development from two perspectives, namely: the role of the teacher, and, secondly, the contribution of teacher training in the development of Health Promoting Schools. The two groups largely reinforced each other’s views.

THE ROLE OF THE TEACHER

- raise children’s awareness, knowledge and critical thinking;

- create an environment which promotes learning, self-esteem, creativity and social development;
- help each pupil develop his or her personality and autonomy;
- help children to discover their abilities;
- support the development of communication and cooperation skills;
- promote empowerment through self-confidence;
- listen and respond to young people's concerns and ideas;
- act as a role model;
- nurture cultural diversity and individuality.

In terms of teacher training, participants felt that “health promotion” should **be compulsory at both pre-service and in-service levels**. Teachers need to be encouraged to reflect upon their practice, and equipped with innovative and practical methods for dealing with these complex curriculum and organizational issues. The emphasis must be on active learning, with teachers developing their knowledge base in psychology, sociology and pedagogy. Most of all, there must be consistency between theory and practice.

8. International collaboration

These sessions considered how best to foster cooperation across Europe's national borders. The two groups used case study examples involving Austria, Belgium, the Czech Republic, Estonia, Finland, Germany, Latvia, Lithuania, Luxembourg, and Switzerland.

Participants were at pains to point out that international collaboration occurs at different levels: Europe as a whole, subregional, between individual countries, and through contact at the level of individual schools. The example of “A Network within a Network” described the foundations for cooperation, although it was not suggested that these criteria should necessarily be universally applied:

- same language (German);
- similar framework for education and health;
- comparable economic conditions;
- geographic proximity/direct neighbours;
- common culture.

One of the parallel sessions concluded that international collaboration would be encouraged through more Conferences such as the one at Halkidiki. However, members made a plea for **better representation from the poorer countries in Europe and for more young people to be involved**. Existing networks, such as Healthy Cities, could be better employed as a vehicle for inter-school collaboration. They also argued for the **publication of a catalogue of ethical sponsors**, particularly as funding is a major impediment to international partnerships. Among the “PEARLS” of wisdom to emerge from these sessions were the following:

P is for Partnership
 E is for Empathy
 A is for Assurance
 R is for Respect
 L is for Listening
 S is for Support

The key barriers to further collaboration were seen as: language, a lack of equal resources, funding in general, cultural diversity, and the ability to maintain long-term contacts.

Questions from the parallel sessions

The parallel session groups were asked to agree questions for a wider debate in the plenary meetings. This gave rise to a number of concerns which will need to be addressed by members of ENHPS over the coming months.

One of the key considerations relates to the strategic impact of Health Promoting Schools. What do we expect everyday school life, for example, to look like in ten years time if the Health Promoting School becomes the norm? How can we encourage education and health authorities to promote more extensive collaboration with parents and community organizations? How can teachers engage pupils as partners (as equals?) in the process without losing their respect? Are there in fact limits to pupil participation? What impact do Health Promoting Schools have upon learning in the wider context?

The introduction of the Health Promoting Schools concept clearly has major implications for teachers. Not unnaturally, there are concerns as to how they should be supported. In particular, the question of teacher preparation was raised in many of the parallel sessions; what should be available in both initial and in-service training if we are to equip teachers with the necessary skills and self-confidence? Indeed, are we asking too much of teachers in the first place?

The issue of “top-down” versus “bottom-up” also figures prominently in the discussions. What should the balance be and how do we attain diversity within unity? In allowing for local interpretation, can we ensure that the principles do not become diluted to an unacceptable extent? Can we use evaluation studies to determine a model which could have universal application?

There is no doubt that, despite the overwhelming success of ENHPS over a relatively short period of time, the whole notion of the Health Promoting Schools is still at the adolescent stage of development. The questions posed at the Conference will provide a focus for the further development of the concept, and will without doubt inform its continuing implementation. Perhaps the time to show concern will be when the questions cease to be raised!

The role of Nongovernmental Organizations

The First Conference on Health Promoting Schools provided a wonderful opportunity for the nongovernmental sector to exchange views and ideas. Led by participants from the Netherlands, France, Spain and the United Kingdom, the Nongovernmental Organizations (NGO's) covered a number of contemporary issues during the course of their parallel sessions.

- The Health Promoting School in teacher training
- Health and safety
- The adventure of life: how an NGO and different public administrations can work together
- Variety is the spice of life: practical evaluation methods for a healthy school initiative
- Healthy schools and drugs or how to make a project on drug prevention a success

Teacher training

The session on teacher training emphasized the need for health promotion to be a compulsory component. International cooperation in the creation of a European teacher training curriculum was suggested, together with the development of multi-media learning materials.

Key conclusion

Health promotion should be an essential element in teacher training.

Health and Safety

The "Health and Safety" session attracted a total of 17 participants. The group concentrated on road safety, with specific reference to cyclists and motorcyclists.

Key conclusion

Safety should be integrated into the overall health promotion curriculum in schools

Evaluation

Twenty-four people attended the NGO discussion on evaluation. The scene was set by a presentation of the Wessex Healthy Schools Award evaluation project based in the United Kingdom. Dividing into several small groups, participants explored the major problems associated with this type of research in schools. Interestingly, the difficulties appear to be common throughout Europe.

Key conclusion

Organize a two-day workshop on "Evaluation in school based settings". This should cover tools, methods, presentation of results, and practical tools.

NGO's and the public sector

Partnership between NGO's and public sector organizations was the theme for one of the parallel sessions. This group concluded that it is most important for practitioners to appreciate how health promotion is understood in administrative and political circles. Equally, administrators should aim to acquire better "field knowledge". Collaboration is not

only possible, however, but also productive and positive. This group also highlighted the fact that administrative systems and procedures differ considerably from one country to another, and that local arrangements should be sensitive to such differences. This group's key conclusion reflects the diverse cultures operating within different organizations and may indicate the need for a skilled mediator or joint working group.

Key conclusion

Intermediate structures are often helpful in improving communication and collaboration between NGO's and public administrations.

Healthy schools and drugs

The drug prevention session was introduced by reference to a project in the Netherlands, and additional case studies were used in the subsequent discussion. The group concluded that a relatively long lead time is needed to bring about the necessary structural and curriculum changes. Involving all of the key "actors" is crucial. The majority, but not all, agreed on the most important recommendation.

Key recommendation

Successful health promotion is always about improving communication, policy development, concrete activities, and support from external organizations.

Promoting mental and emotional health in schools

Mental health promotion in schools proved to be of considerable interest to Conference participants. Some 40 representatives attended this session, which was introduced by colleagues from the University of Southampton in the United Kingdom. They concluded that the provision of a stable emotional environment in school was a prerequisite for all other health promoting activity. This could be achieved through a variety of approaches, all of which would contribute to a sense of "belonging" and help individual children feel valued. Practical measures include:

- older children acting as "aunts" of "uncles", particularly for younger pupils new to the school;
- effective pastoral care training for staff;
- time specifically scheduled for pupils to discuss issues of importance to them and to build strong interpersonal relationships with the staff;
- a clear statement of the school's values, clearly embodied in all policy documents

Such "health promoting schools" would recognize and value the individual contributions of both students and staff. They would not label people as either "good" or "not good", but respect variety. They would endeavour to help all youngsters achieve their potential, whatever that potential might be. Contributors to this session stressed the need **for education to become more interactive**. In so doing, it would also be more effective.

Participants concluded that the session itself had been organized in such a way as to demonstrate "good practice". The environment had been conducive to supporting debate and the exercise had provided an emotionally uplifting experience, thereby affording moral and professional encouragement.

Key conclusion

Each child should be valued as an individual. Teachers should recognize that knowledge is not everything. The prerequisite for any child to reach his or her potential is a school in which youngsters feel safe, loved and valued, and where they have a clear sense of their own self-worth.

Dialogue in action

Arrangements at the Conference reflected the need for an open and robust debate. This was achieved through a number of reinforcing mechanisms. Presenters made themselves available for informal discussions over coffee at the “Hard Talk Cafe”. A bulletin board enabled participants to convey their views and pass comment on other contributions. And students from schools across Europe were engaged through an Internet dialogue (ED - cross reference to results). In addition, Conference produced a daily news sheet, “News Flash”, which kept participants up to date on key Conference issues.

One of the more interesting elements was the dialogue survey, designed and administered by colleagues from the Royal Danish School of Educational Studies. Participants were asked to identify their role either as:

- Teacher/head teacher
- School health personnel
- Teacher trainer
- Administrator, or
- Politician

A number of key questions were then posed and respondents were required to answer in line with a four point scale:

AGREE ALMOST AGREE ALMOST DISAGREE DISAGREE

Questions were wide ranging and covered such issues as: objectives, role models, definitions of health, and political controversy. Participants were asked to respond to the following statements and were not afforded the opportunity to declare a “Don’t know” response.

- The most important objective for the Health Promoting School is to modify the pupils’ behaviour in a more healthy way.
- The teacher in the Health Promoting School should be a role model for the pupils: be a non-smoker, advocate healthy nutrition etc.
- The Health Promoting School should involve pupils in defining health.
- The Health Promoting School has to state clearly the dangers of e.g. smoking, drinking and unsafe sexual behaviour - if need be through the use of frightening examples.
- In a Health Promoting School it is important that pupils understand that living conditions are as important as lifestyles for their health.
- The Health Promoting School is an important part of the education for citizenship.
- Health Promoting Schools should also deal with issues about war and conflicts in the world.
- The final decision of a healthy or unhealthy choice rests with the pupils and not with the teacher or any expert.

- Pupils in a Health Promoting School should aim to influence and change the local community.
- The important thing is that the pupils develop critical consciousness about health and health related matters. It is less important that they follow the teacher's advice concerning healthy lifestyles.
- One of the problems of the Health Promoting School is that pupils often think that health is boring.
- Health Promoting Schools should deal with equity and poverty in the world.
- The Health Promoting School has to avoid political issues when dealing with health.
- Pupils in a Health Promoting School should influence the issues taken up by teachers.

The Dialogue Survey results showed some interesting variations between the different parts of Europe. In total 112 participants completed the questionnaire. There was overwhelming support (94%) for the view that pupils should be actively involved in defining what health means to them. Although all of the professional groups agreed with this statement, teacher trainers concurred even more strongly than the others.

Listen to the pupils' view of health

Similarly, the vast majority (95%) also felt that living conditions (e.g. environment, social circumstances and economic status) are at least as important as lifestyle as determinants of health. Indeed, many experts would argue that lifestyle is more a function of overall living conditions than anything else. There was also a large measure of agreement that pupils should play a role in determining priorities within the Health Promoting School.

Environment, social conditions and economic status are as important as lifestyle

Despite the fact that 75% overall accepted that teachers should be role models for health, there was more obvious agreement in southern and eastern European countries than in the rest of Europe. Southern European countries also agreed particularly strongly with the statement that a primary objective should be to modify students' behaviour, although 24% of all respondents did not endorse this view.

Conference delegates were evenly split about the use of fear as a motivational tool, albeit there were clear geographical variations. Northern and western countries were mainly opposed, the south of Europe largely neutral on the issue, while eastern European states were predominantly in favour. There was greater unanimity, however, about the value of the Health Promoting School in fostering citizenship (95% in support) and in developing critical consciousness (92%).

One of the more interesting findings was that, although a significant minority disagreed (35%), the majority were in favour of the Health Promoting School addressing the political dimension to health. Similarly, most respondents (78%) took the view that health promotion in schools should tackle such issues as war and global conflicts. The vast majority (93%)

supported the statement that Health Promoting Schools should have an impact upon the wider community.

Wider community influence

There was a clear dichotomy of opinion about whether the pupils' view of health should prevail, with 57% accepting that this should be the case. 89% felt that, in the final analysis, the right to choose how to live one's life resides with the student, and not the teacher.

The survey does not claim to be a representative sample of Conference delegates nor indeed of health promoters in general. It was a valuable tool, however, for soliciting views and generating a healthy debate during the Conference. It may also help to stimulate further discussion at a national level about the longer term substance and direction of Health Promoting Schools.

Off the wall

Participants had the opportunity to pass comment and convey their thoughts through the use of a bulletin board situated at the heart of the Conference venue. The following represent edited highlights:

- Use the word learning instead of teaching. Active learning in a democratic school.
- It is not just the children who have the right to learn, play and laugh together in a health promoting school, but also the teachers.
- In a health promoting school all people are important, not just the pupils.
- The children and youth are also teachers.
- Pupils have to be seen as individuals, not just as a group.
- Teachers cannot avoid their responsibility to establish a health education dialogue. But the pupils must be seen as partners in the process.
- There are many other adults working in the school - school nurses, cleaners etc. What is their role and how can we involve them? The classroom is important, but not as important as the total school setting.
- The Health Promoting Schools networks with the whole community. The principles of networking are: trust, equity, positive feedback, openness, and respect for different values.
- Adopt the “SOFTEN” approach:
 - S = smile
 - O = open
 - F = forward
 - T = touch
 - E = eye contact
 - N = nod
- I’m afraid that you are so busy setting up your framework that you don’t always listen to our voices (a student).
- There has been much talk about the active involvement of pupils as project partners, but how well do we prepare them for this in practice? I think that we sometimes expect pupils to handle situations in a way that we would not expect of teachers without the necessary training.
- A major priority is to show children that they can change things.
- The school should act as a catalyst through which various agencies can work towards a healthier community.
- Teachers have a vital role to play through:
 - listening to pupils

- creating an “open” atmosphere
 - letting pupils share responsibility
 - participating in pre-service and in-service training for health promotion
- We need to revisit the concept of the Health Promoting School to allow the development of a new phase that acknowledges existing achievements and takes the philosophy forward.
 - The settings approach has more pro's than con's.
 - Health is mainly a product based on culture and health promotion is basically based on peace. A wish has been made that school health promotion will bring together the states, sharing common cultural background and will enhance humanitarian principles, equity and democracy among their populations.

Surfing the net

The Conference organizers were conscious of the need to engage young people in the proceedings. What better way than the Internet - a medium with which youngsters are increasingly familiar.

It is clear from the Internet dialogue that young people are prepared to be more radical than the politicians of their parents' era. In response to the question, "What should governments be doing to improve health", many young people were looking for more decisive action. Interestingly, they clearly understood the range of policy tools available to government. Typical among the responses were the following:

"Put taxes on polluting stuff and punish violence harder"

Denmark

"The government should initiative a law which would prevent the exhalation of harmful gas and smoke"

Greece

When asked about priorities, a number of young people responded by referring to illegal drugs. Promoting a healthier environment also featured prominently, as did lifestyle related issues such as healthy nutrition and smoking. A number of students stressed social and interpersonal issues as being of paramount importance.

Young people were also acutely aware of their need for a voice in society, as evidenced by this e-mail comment from a Greek to students in Northern Ireland:

"Don't forget, even if you didn't get a vote you are entitled to a voice"

When asked to identify the most important qualities in a teacher, both students and teachers agreed about communication skills. Interestingly though, the students also picked out the "ability to control pupils" and the need for "patience". Teachers on the other hand, pinpointed the ability to "differentiate work" and to "update their skills and knowledge".

Several young people clearly believe that their teachers should be role models for health, as illustrated by the comment from a school in the Czech Republic:

"We think that teachers should be a role model for us at school and out of school"

Czech Republic

Although obviously a self selected sample, the youngsters who engaged in the Internet debate shared many of the values which underpin the concept of the Health Promoting Schools. That they were able to articulate their views so clearly is at least one measure of the success of the European Network of Health Promoting Schools.

The optimism of youth

By and large, young people have an holistic view of what a healthy world would look like. They tend to highlight the importance of being eco-friendly, with less emphasis on material wealth and greater attention paid to equity and social harmony. Despite the long term optimism that so many show, they are realistic enough to recognize that the manifestation of such a vision will be an uphill task.

“In my vision, a healthy world looks almost like the bottom of the ocean. There are a lot of green plants and coloured flowers. Everybody is content and happy. The rivers are so clean that, standing on the bank, one can clearly see every fish.”

Aged 13 years

“For me a healthy world would be a place where there is no evil but it is full of goodness ... Nature would again be clean and healthy and people would live in harmony with it All TV sets, in front of which we spend endless hours, would be thrown away I dream for such a world for myself, for my children and for the future generations.”

Aged 13 years.

“A healthy world is a world of people who think about the future with optimism. It is then easier to go on. Easier, because one sees everything in bright cheerful colours. Everything one does is done with the confidence that one will succeed.”

Aged 12 years

“Maybe we are all a bit greedy and our attitudes should change to be more caring and sharing. My vision of a healthy world is a long way off, but maybe one day, if we worked together, maybe my vision could be a reality.”

Aged 15 years

“ ... goods would be made from natural materials and nothing would be harmful. I imagine this healthy future, but I know it is hard to do it, but we have to try to make this world better.”

Aged 14 years

ENHPS Conference resolution

There was a remarkable consensus on the part of both participants and the sponsoring agencies as to the way forward. Although the full Conference resolution is attached as Appendix 1, it is worth commenting on some of the salient features.

The resolution, the intention of which is to provide guidance for governments within the European Region, confirmed the principles which underpin the concept of the Health Promoting School. These principles have been derived from the extensive and cumulative experience of Health Promoting Schools within both Europe and farther afield.

Evidence shows that the determinants of both education and health are indivisibly linked, Health Promoting Schools, therefore, are concerned with protecting, sustaining and enhancing both the education and the health of our young people. In so doing, they are of benefit to the wider community and enrich society at large. The Health Promoting School concept is an investment which results in multiple social and economic dividends, one of which is the substantial impact upon inequity. The Conference acknowledged that schools are the prime force for raising the expectations and achievement of future generations.

The Health Promoting Schools is based upon a social model of health. This approach not only focuses upon the individual, but also emphasizes the entire organization of the school. Moreover, it sets the school within the context of the changing nature of society. The Health Promoting School not only enhances knowledge and understanding, but equips young people with necessary skills for life.

Health Promoting Schools are by their very nature founded upon the principles of democracy. They create an environment which encourages personal and social development, and, in so doing, better health. The whole approach empowers not only young people, but also their parents and teachers. By definition, therefore, the Health Promoting School is positive in outcome and achievement oriented. In pursuing the notion of equity, students are better able to reach their full potential.

Curriculum innovation in Health Promoting Schools is supported by a strong emphasis on the physical and social environment. All aspects of the school are viewed as being a resource for learning, not just what happens in the classroom. The experience is that Health Promoting Schools invariably result in a happy environment as well as being successful, well managed institutions.

However, such success requires competent and confident teachers. It is founded upon an investment in the staff as well as the students. The Conference endorsed the need for carefully planned initial and in-service teacher training.

Participants also recognized that close collaboration between Ministries, particularly Education and Health, is central to the further implementation and success of Health Promoting Schools. The collaboration expected nationally should be mirrored at the regional and local levels. Locally such partnership embraces parents, the young people themselves, and a myriad of community organizations.

Ultimately, the Health Promoting School equips students to influence their lives and their living conditions. Their competence, and thereby their capacity to contribute to society, is

enhanced. Surely every young person has the right to be educated in a Health Promoting School.

The exhibition

The Conference boasted one of the most comprehensive expositions of school health promotion activities ever mounted. Fifty-eight exhibits, illustrating programmes, materials and activities from thirty-four countries, were on display. The Council of Europe, the European Commission, the WHO Regional Office for Europe and the Institute of Child Health in Greece also contributed to what turned out to be one of the most colourful, as well as informative, elements of the Conference. Video materials were also on show throughout the proceedings, thereby breathing life from a distance into the health promoting work of many European nations.