Supporting every school to become a foundation for healthy lives

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Supporting every school to become a foundation for healthy lives

1. Schools and health
2. School management
3. Professionals
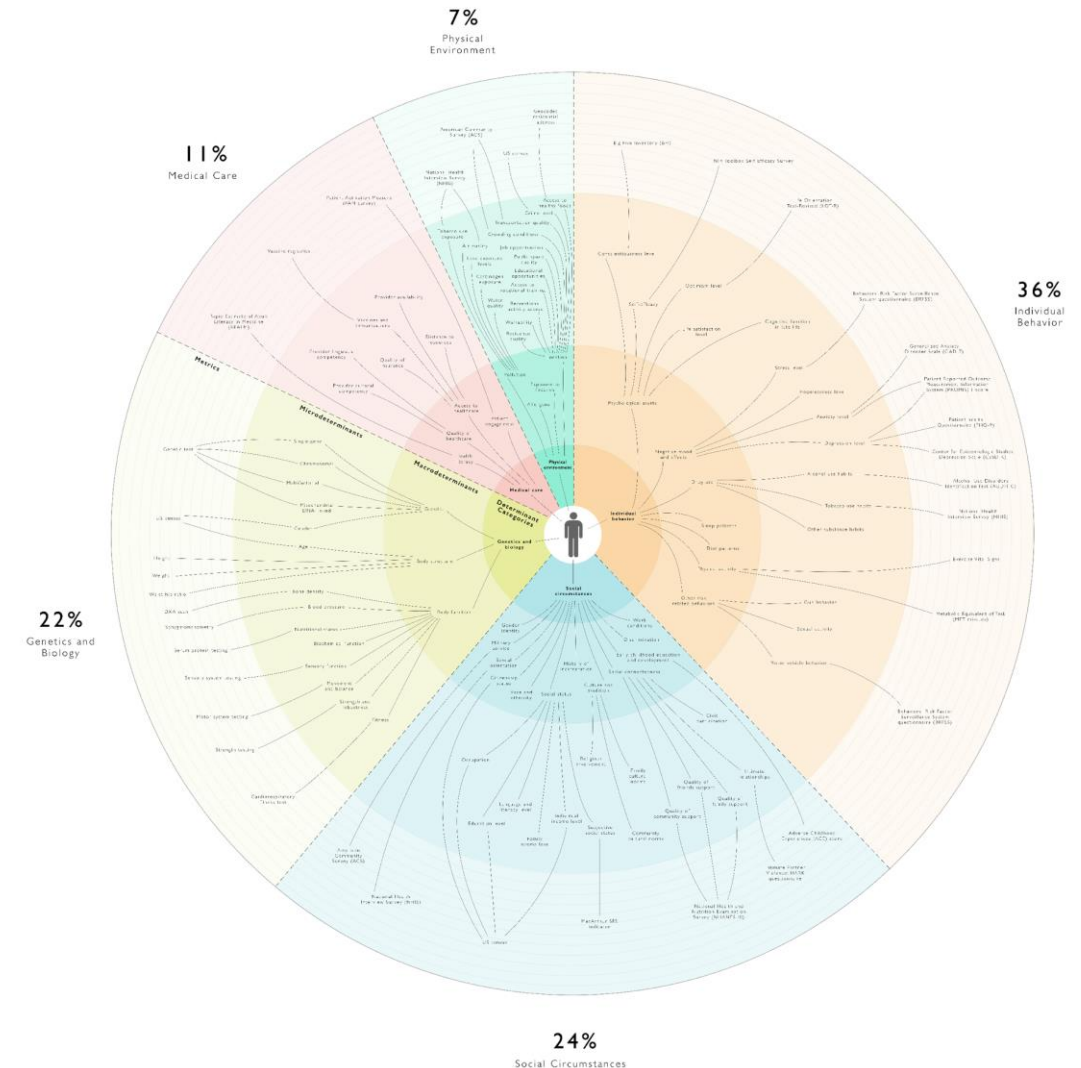4. Scaling up

School and health

1

Health determinants

- Biological (22 %)
- socioculturel (24 %)
- Environnemental (7 %)
- Behavioural (36 %)
- Health care system (11 %)

DETERMINANTS OF HEALTH
This diagram is a model of all factors correlated with health outcomes for an individual

7%
Physical Environment

11%
Medical Care

36%
Individual Behavior

22%
Genetics and Biology

24%
Social Circumstances

determinantsofhealth.org

goinvo

Understanding the factors that influences students' literacy and well-being in elementary schools in Taiwan

- 46 schools and 2325 students were included.

- Results
 - the influence of **socio-economic conditions** on a large number of variables

- the major influence of the **comprehensiveness of the school health policy** on all variables

- the influence of **external support**

From the point of view of the health sector

From an educational point of view

Why should schools address health at all?

- From the public health point of view : schools are viewed as playing a key role in solving society's health problems.

- From the educational point of view : the goals of school are not to improve children's health but to ensure the success of all pupils.

From an educational point of view

Two main reasons to take health into account in school policies:

- **Poor health inhibits learning**. This is the main reason schools should embrace health-related initiatives—to enhance their fundamental task of maximizing learning outcomes for students.

- Health education is an essential part of the culture handed down from generation to generation in all civilisations. **A question of citizenship…**

From an educational point of view

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Schools' role in relationship to health

Schools have to deliver an education

- Knowledge
- critical stance
- life skills
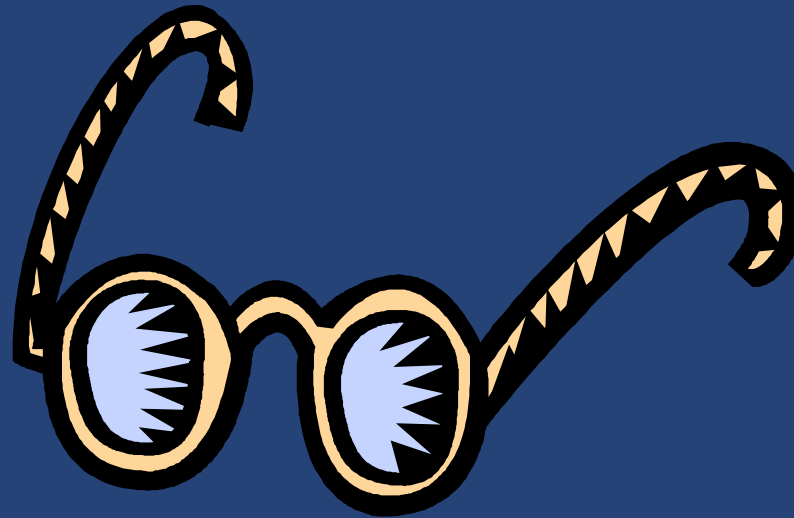- ability to resist to media and peer pressure
- …

aiming at helping pupils acquire skills needed to manage their own freedom, to make choices.

Health education is **part of citizenship education.**

State

Family

School

Community

Municipalities

There is confusion and conflict in discussing mental health in schools because of the variety of vested interests represented. Each brings to the table divergent agenda for policy, practice, research, and training.

3 main reasons

Most Cited Reasons

(1) Psychosocial & MH problems often are major factors interfering with effective school performance of some students so schools must do something about these individuals (especially mental health services are included in a student's special education plan).

(2) Mental health agencies view schools as places where the availability of and access to services and those who need them can be enhanced.

(3) Schools increasingly are seen as needing to play a greater role in facilitating social-emotional development and learning.

- Point 1 reflects the perspective and agenda of student support professionals and some leaders for school improvement, and also provides a supportive rationale for those wanting schools to play a greater role related to addressing young people's health concerns.

- The second point typically reflects the perspective and agenda of agencies and advocates whose mission is to improve the mental health system.

- Implied in both reasons is the hope of enhancing the nature and scope of mental health interventions to fill gaps, enhance effectiveness, address problems early, reduce stigma, and fully imbue clinical and service efforts with public health, general education, and equity orientations.

- The focus on facilitating social-emotional development encompasses concern for promoting health and well-being and preventing problems.

How Many Children & Adolescents Need Mental Health Interventions?

Data cited on diagnosable mental disorders generally suggest that from 12-22% of all youngsters under age 18 are in need of services for mental, emotional or behavioral problems.

Mental health of children and young people as a key condition for educational success

When many people hear the term *mental health*, they think mental *illness.*

1. mental *health* is defined, de facto, as the absence of problems
2. there is a lack of emphasis on promoting positive social and emotional development for all.
3. this is unfortunate given, as we have stressed, that the problems experienced by most youngsters are psychosocial (i.e., stem from socio-cultural and economic factors) not psychopathological and often can be countered through promotion and prevention.

Mental Health in Schools: It's About Much More Than Therapy and Counseling

- School ethos

- Providing programs to promote social-emotional development, prevent mental health and psychosocial problems, and enhance resiliency and protective buffers

- Providing programs and services to intervene as early after the onset of learning, behavior, and emotional problems as is feasible

The picture worsens when one expands the focus beyond the limited perspective on diagnosable mental disorders to encompass the number of young people experiencing psychosocial problems rooted in the **restricted opportunities and difficult living conditions associated with poverty**

The reality is that the problems of *most* youngsters are not rooted in internal pathology, and many troubling symptoms would not develop if environmental circumstances were appropriately different.

Creating the conditions for mental health

Schools' role

Schools to develop a **structured and systematic plan to act on health determinants** in two ways:

- Action on the **living conditions** that influence health: the physical and social environment, the access to appropriate services (health, social, educational);

- **Education** of students (health literacy) in order to give everyone the means (knowledge, attitudes, behaviours, and skills) to take care of their own health in an autonomous and responsible way.
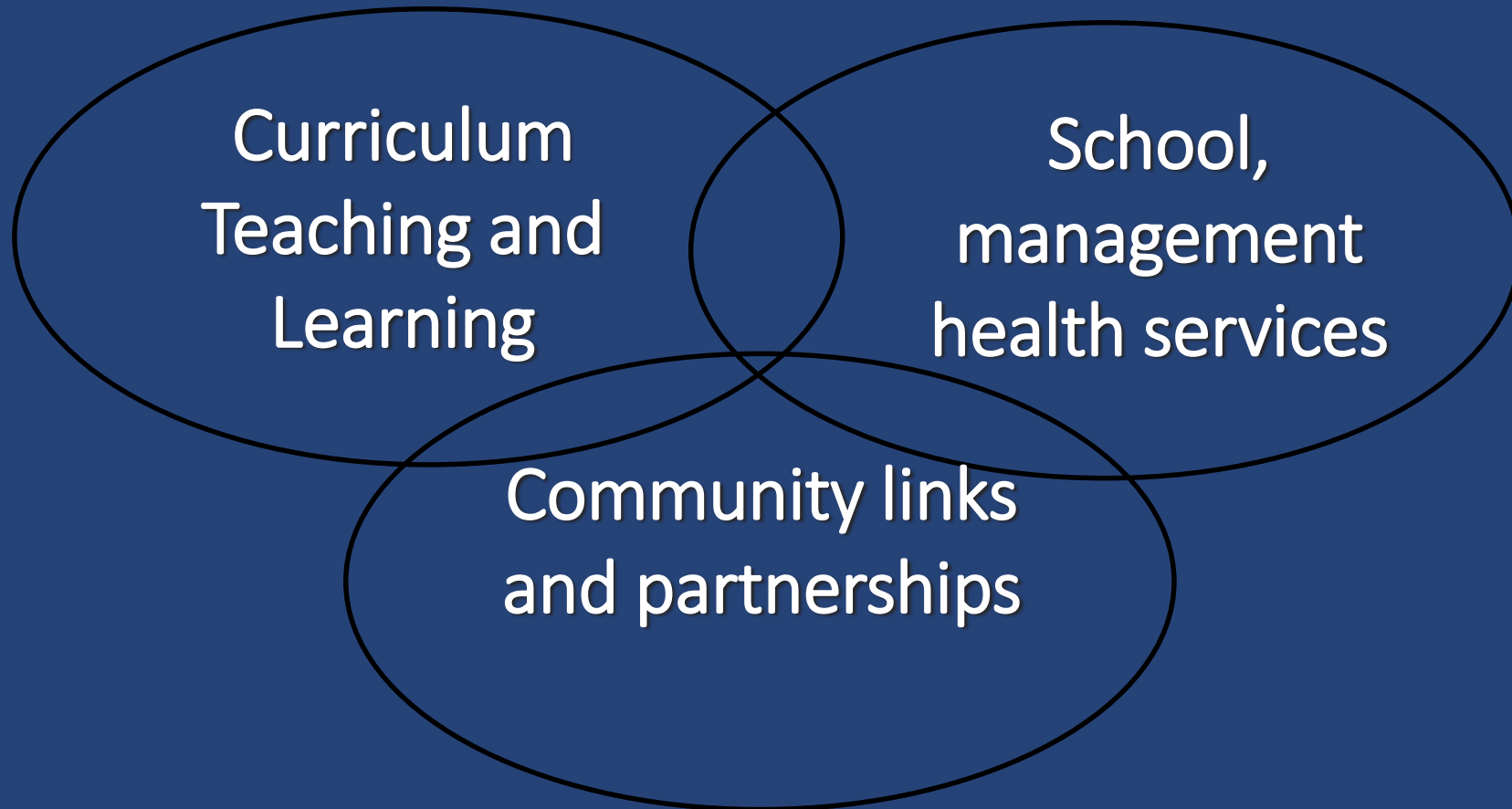
Mental health promotion
- Sociocultural factors
- School climate
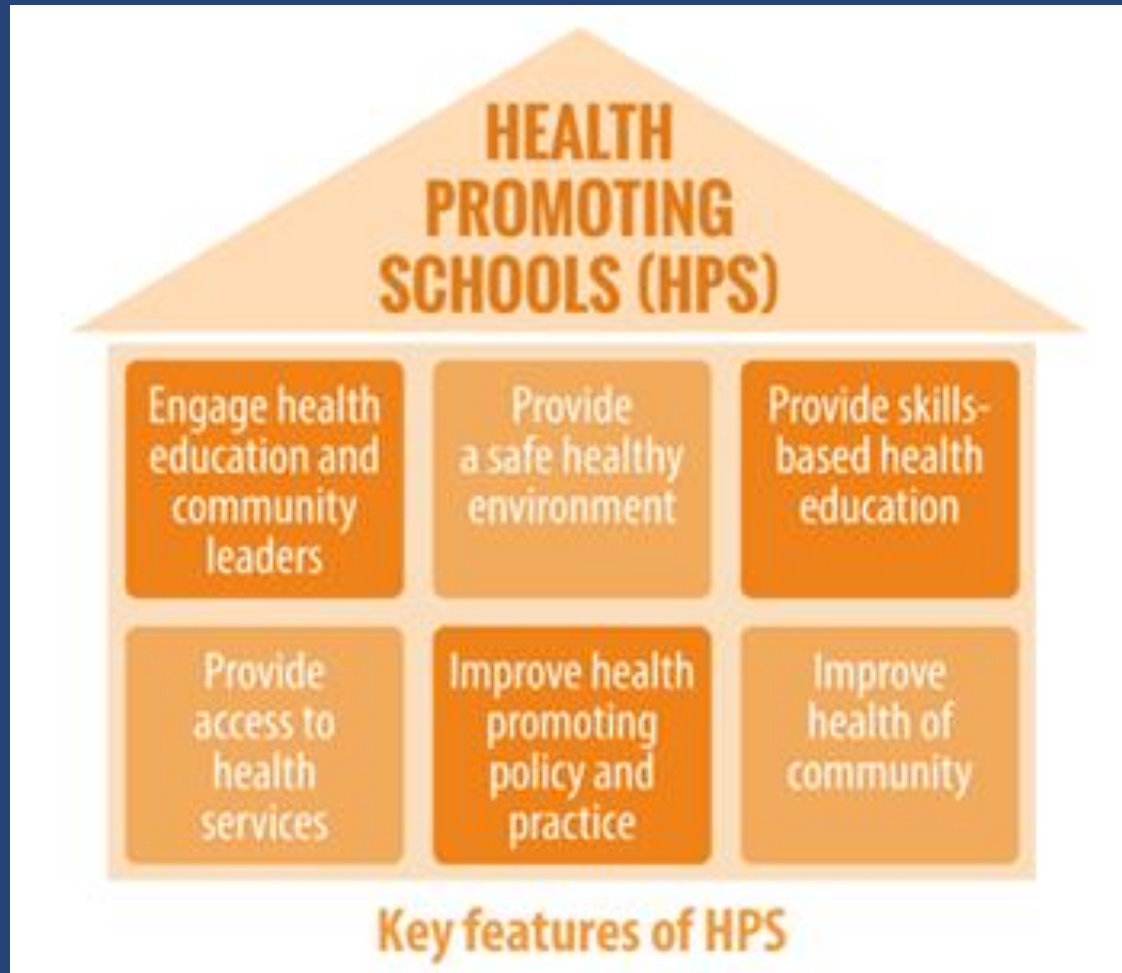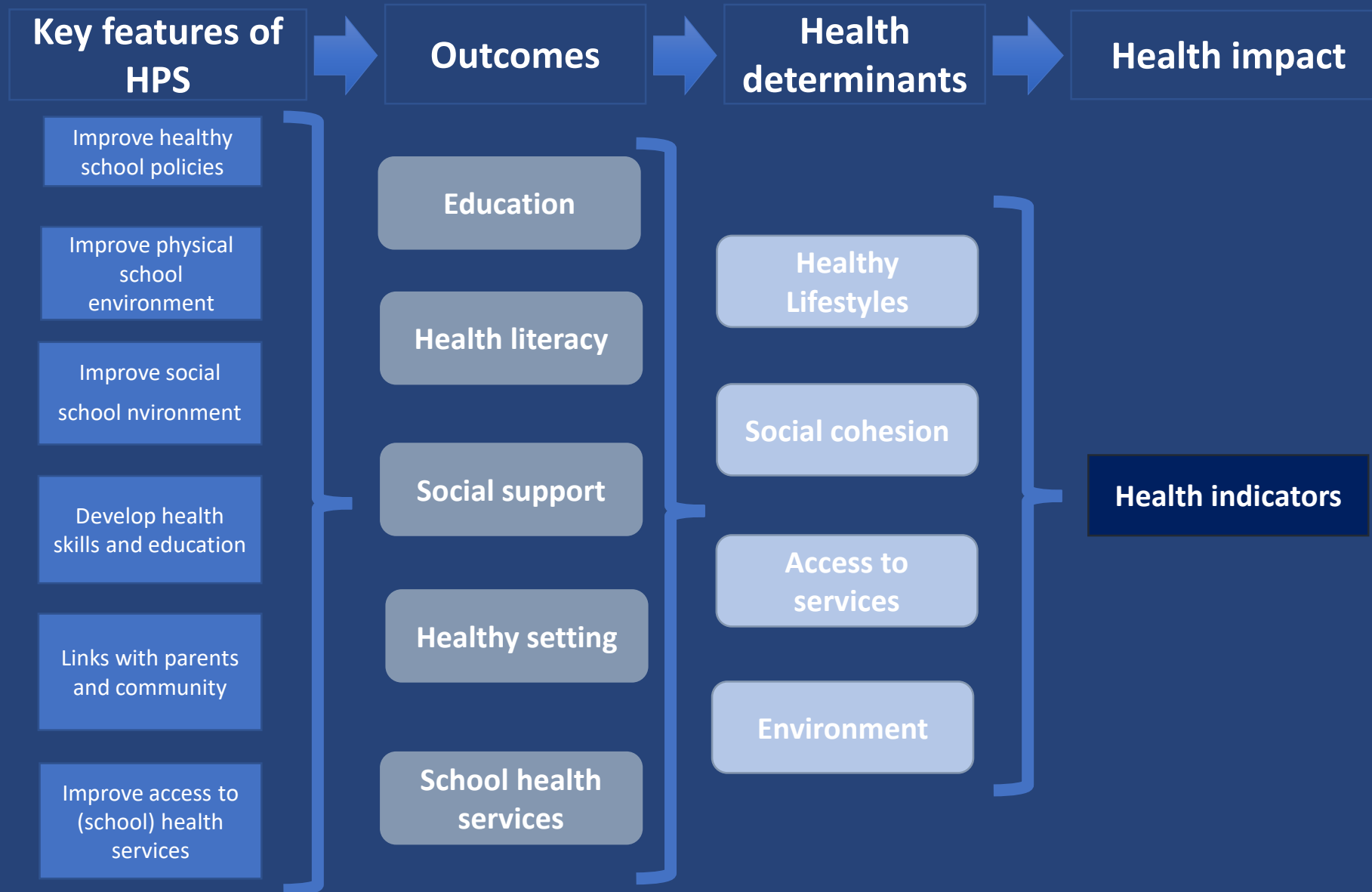- Personnal and collective skills
- Access to services

School management

2

School health policies

HEALTH PROMOTING SCHOOLS (HPS)

Engage health education and community leaders	Provide a safe healthy environment	Provide skills-based health education
Provide access to health services	Improve health promoting policy and practice	Improve health of community

Key features of HPS

Standard 6

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

Indicators for standard 6

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

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

World Health Organization

unesco

Making every school a health-promoting school

Global standards and indicators

World Health Organization

unesco

Making every school a health-promoting school

Implementation guidance

Quality improvement tools

A.1 Participation

Key issue for indicators:

How do we recognize that in our school "participation" is a key principle?

		State				priority			
		1	2	3	4	1	2	3	4
1.	In our school, spaces of participation and responsibility are defined for students, teachers and staff as well as for parents.								
2.	The different actors of the school know their possibilities of participation and use them: a. pupils (e.g., class or school councils, participation in decision-making in projects, proposals for ideas for projects)								
	B. teachers, other school staff and extracurricular staff (e.g., active participation in school objectives (or by degrees) and in the organization of the school)								
	c. parents (e.g., parent council)								
3.	Opportunities for participation for students (school councils, class councils) and parents (parent councils) a. take place regularly								
	b. are the subject of continuous reflection and development concerning quality and frequency.								
4.	In our school, participation is experienced through concrete projects (e.g., organization of the surroundings of the school, co-decision in purchases/acquisitions, design of pedagogical elements) a. with students								
	b. with parents								
	c. with other actors (school staff, extracurricular staff, external actors)								

EVALUATION: State of play 1) never 2) rarely 3) often 4) almost always Priority 1) low 2) medium 3) high 4) very high
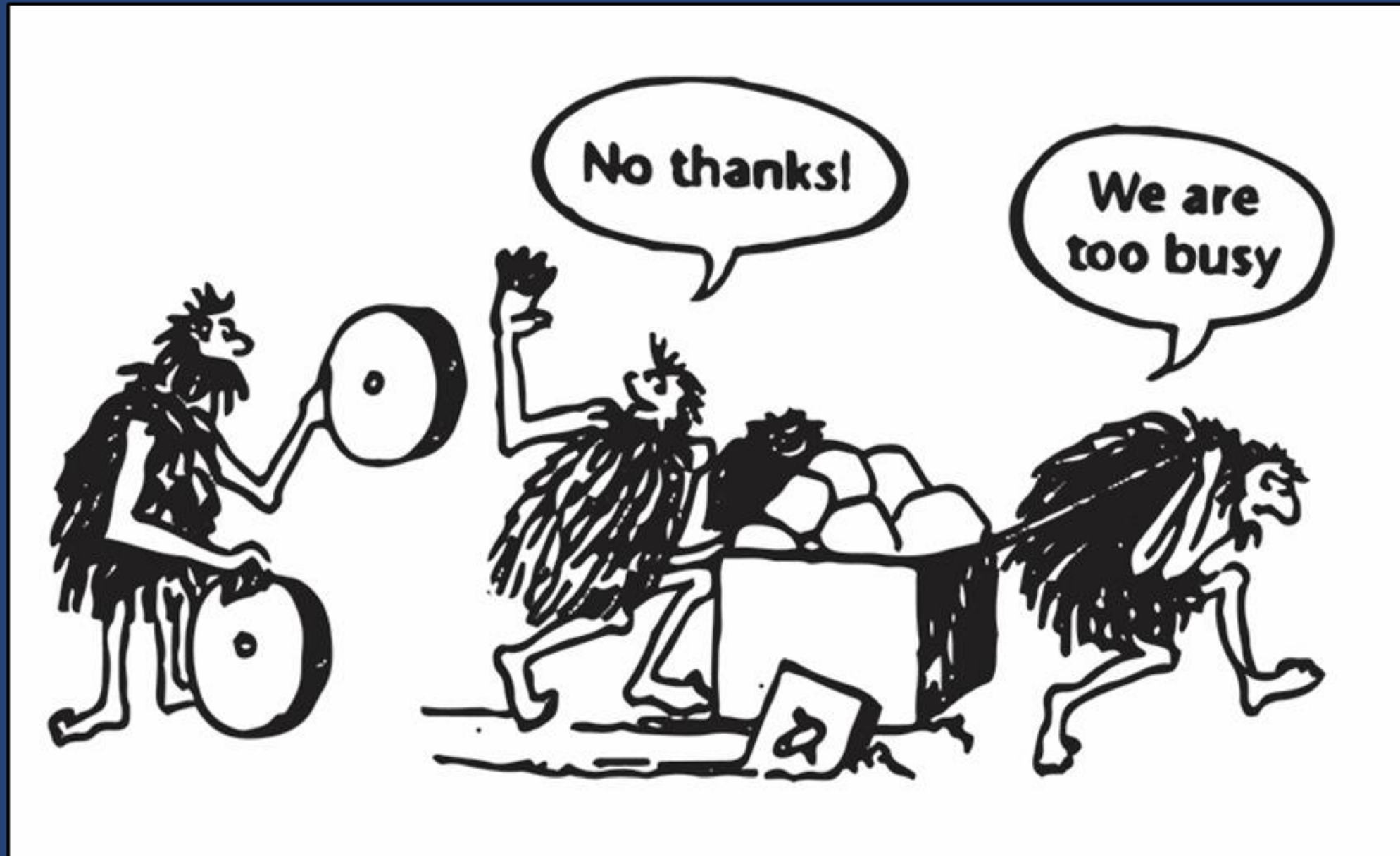
Millefeuille

Mayonnaise

Professionnals

3

Towards practices that truly promote the health of all students

Health promotion and the teacher's mission

For a teacher, who has many priorities of schooling, including building literacy and numeracy skills; scientific and artistic competencies; societal, historical and cultural dimensions, and who have in fact to provide the means for all to succeed, it is not easy to have a clear view of his or her own contribution to health promotion.

A need for coherence

Understanding the determinants of professional activity

Professionals are not robots performing a prescribed series of actions, but are subject to a set of constraints on their actions, and from these constraints emerges a way of performing professional activities.

Determining factors of professional practices

Activities depend on factors that can be **institutional** (requirements of curriculum, the school's goals, circulars) but also **personal** (teachers' own representations of their task in health education, personal narratives) or **connected to the intended audience** (students and their needs and expectations). This all takes place in a specific context (working conditions).
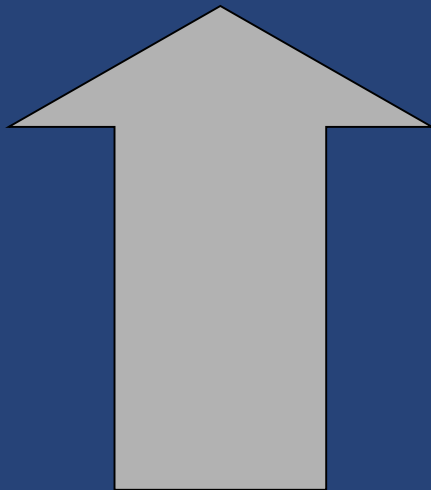
Determining factors of professional practices
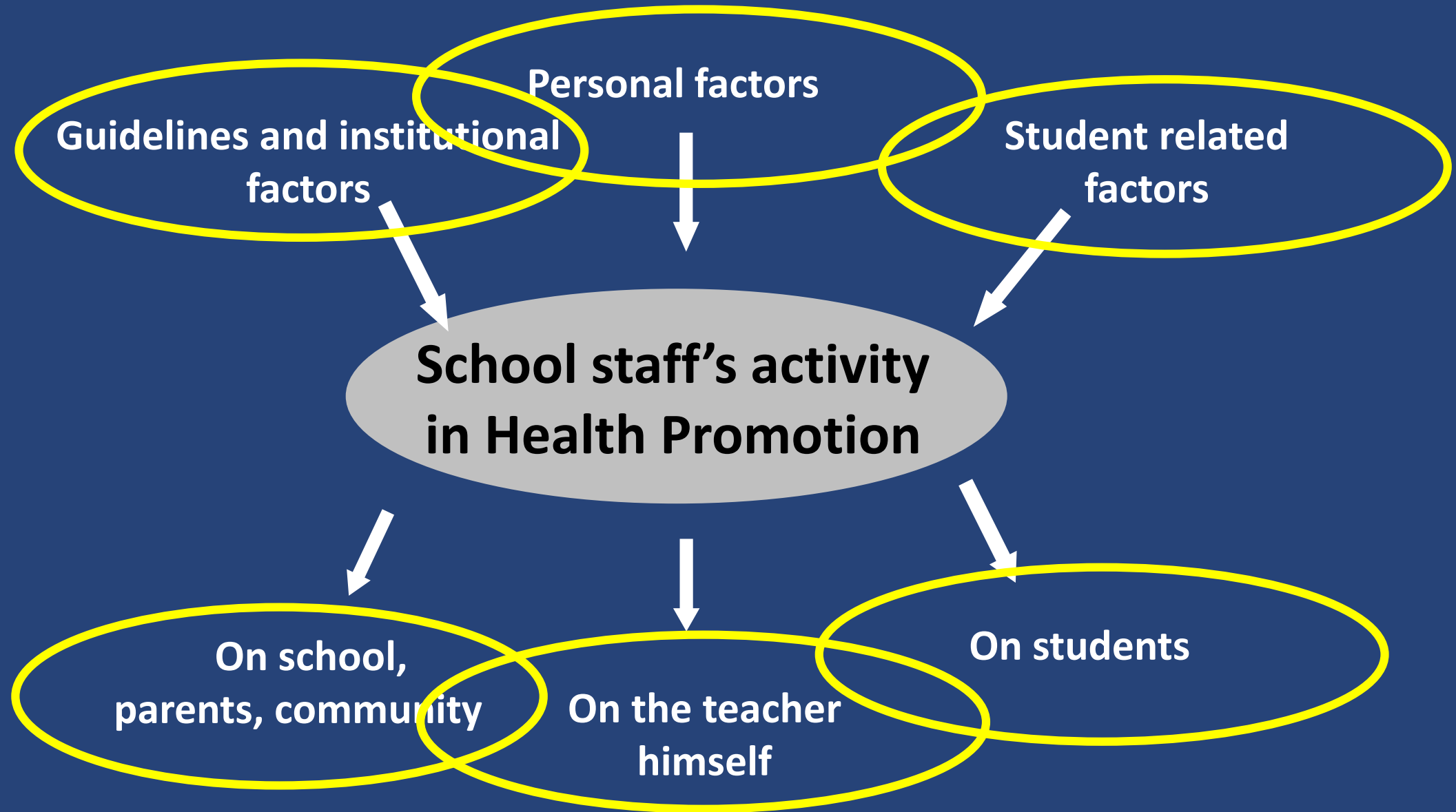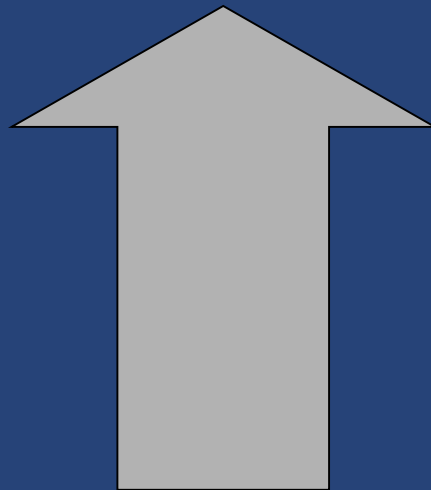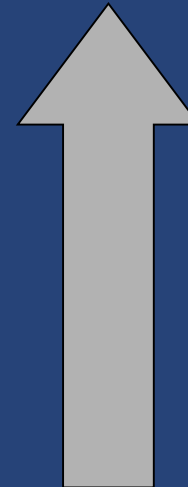
Institutionnal determinant

Personnal determinant

Student-related determinant

Nurses and doctors

Determining factors of professional practices

Institutionnal determinant

Personnal determinant
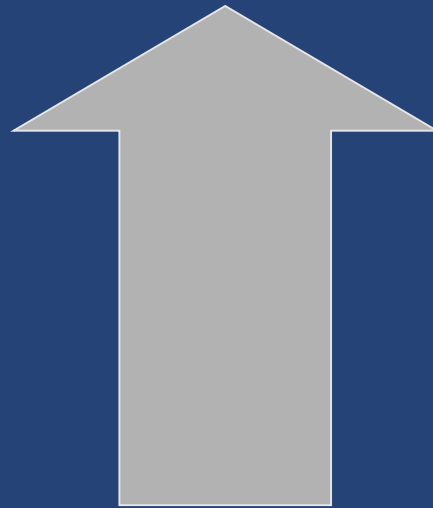
Student-related determinant
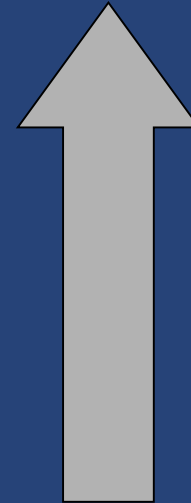
Teachers

Factors governing the way in which health promotion programs are implemented

- Studies show that teachers who have received health promotion training tend to be involved more frequently in health promotion projects and have a more comprehensive approach to health education.

Factors governing the way in which health promotion programs are implemented

Variable	OR	P
The interest in working in the field of HP.	1,97	p=0,001
The group the teachers belonged to (training support vs support)	3,74	p=0,026
The teacher is involved in **collective work**	2,97	p=0,056

multivariate analysis

Health promotion and the teacher's mission

- The first aim of teacher training in health promotion is then to help them have a clear view of their mission and its ethical limits.

- Before giving them methodological tools, teacher training aims at helping them build a renewed **professional identity**.

  - Health promotion in schools has to help professionnals to build coherence in their activity.

 - The challenge of professional training.

Roles of Health Professionals

- Contribute to the **recognition of a school's contribution to health improvement and health inequality reduction**

- During consultations in health settings (including medical and dental consultations, and community pharmacies), include questions to **value what is done in schools to promote health**

- Reframe health interventions in schools, moving from typical 'prevention lectures' on health topics to **capacity building among school staff**

- **Contribute to building motivation and agency of teachers** by intersectoral work, formal or informal training

- **Support ongoing COVID measures** e.g. advise on community transmission, offer mental health support, planning and monitoring for young people with chronic illness

"What did you learn about this at school?"
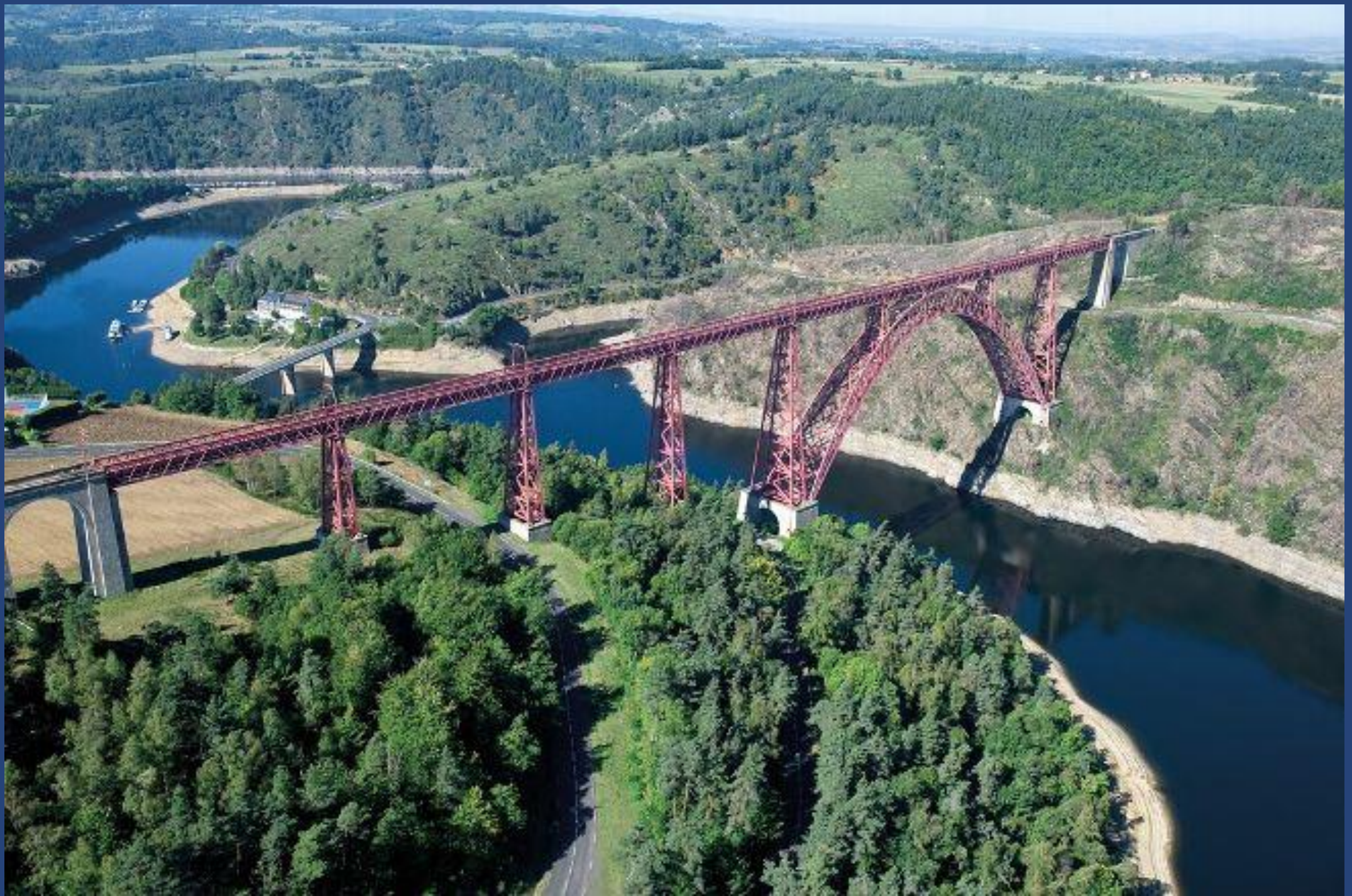
Scaling up

4

Health promotion

Schools and communities

What is the next step?

A process of change:

- School ecosystem
- People (students, parents, professionals, …)
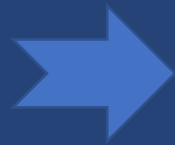
➡️ *We have to take our time, there is no magic wand but it's timely!*

What is the next step?

- The core business of schools is actually focussed on educational outcomes, not reducing health problems.

- Many schools give low priority to health promotion and school staff, mainly teachers, are not aware of their role in health promotion.

- Responsibility for children's health lies primarily with the parents.

The challenge of scaling up

Idea 1: What do we want to « implement »?

Schools to develop a **structured and systematic plan to act on health determinants** in two ways:

- Action on the **living conditions** that influence health: the physical and social environment, the access to appropriate services (health, social, educational);

- **Education** of students (health literacy) in order to give everyone the means (knowledge, attitudes, behaviours, and skills) to take care of their own health in an autonomous and responsible way.

Idea 2 : Mechanisms of change in schools

- 'Solutionism'

- Just one priority among many others

- Reforms or programs implemented without concern for their integration into the **diversity of professional contexts** are doomed to fail if strategies are not based on a theory of change of professional practices since **the key factors are not the programmes' characteristics but the** <u>motivation and agency</u> **of school staff, principals, teachers, health professionals…**

Idea 2 : Mechanisms of change in schools

Two main factors determine the success of an innovation in school systems:

- its **compatibility with existing practices** (which implies an understanding of school practices)
- the **efficiency of the intervention** (i.e. the relationship between its cost for school staff (cognitive reorganization, overwork, emotional investment…) and its perceived benefits (e.g. satisfaction due to student progress, recognition, increase in staff's self-efficacy…).

Idea 2 : Mechanisms of change in schools

- To be understandable by schools, a health promotion in school approach has to be linked to two major educational reform processes:
  - As a part of the change toward more inclusive and equitable schools with the aim of **assuring the educational success of all children and young people**;
  - As part of the change toward a **renewed citizenship under the umbrella of the sustainable development education**.

Idea 3:From implementation to improvement in education systems

- Considering the fact that we're not starting from scratch on the one hand, and that school culture and contexts are different from each other, the key question is more to **improve the quality and outcomes of the service provided to students** than to implement a program to be followed step by step. What counts is to improve the quality and outcomes of the service delivered to ALL students.

- We need evidence-based data AND practice-based evidence.

Educational policies and plans***

Curriculum and assessment system***

Mobilization of the civil society***

School Management **

Educational practices***

School environment*

Services for vulnerable students*

HP Intervention practices*

School-families-community links***

Policies

Practices

Structures and systems

Human ressources

Professional devlopment**

Support**

Nature of the evidence
* Direct evidence of impact on health inequalities
** Evidence of potential impact on health inequalities
*** Evidence from inclusion and equity in education in general

Idea 4: What do we need to be able to scale up?
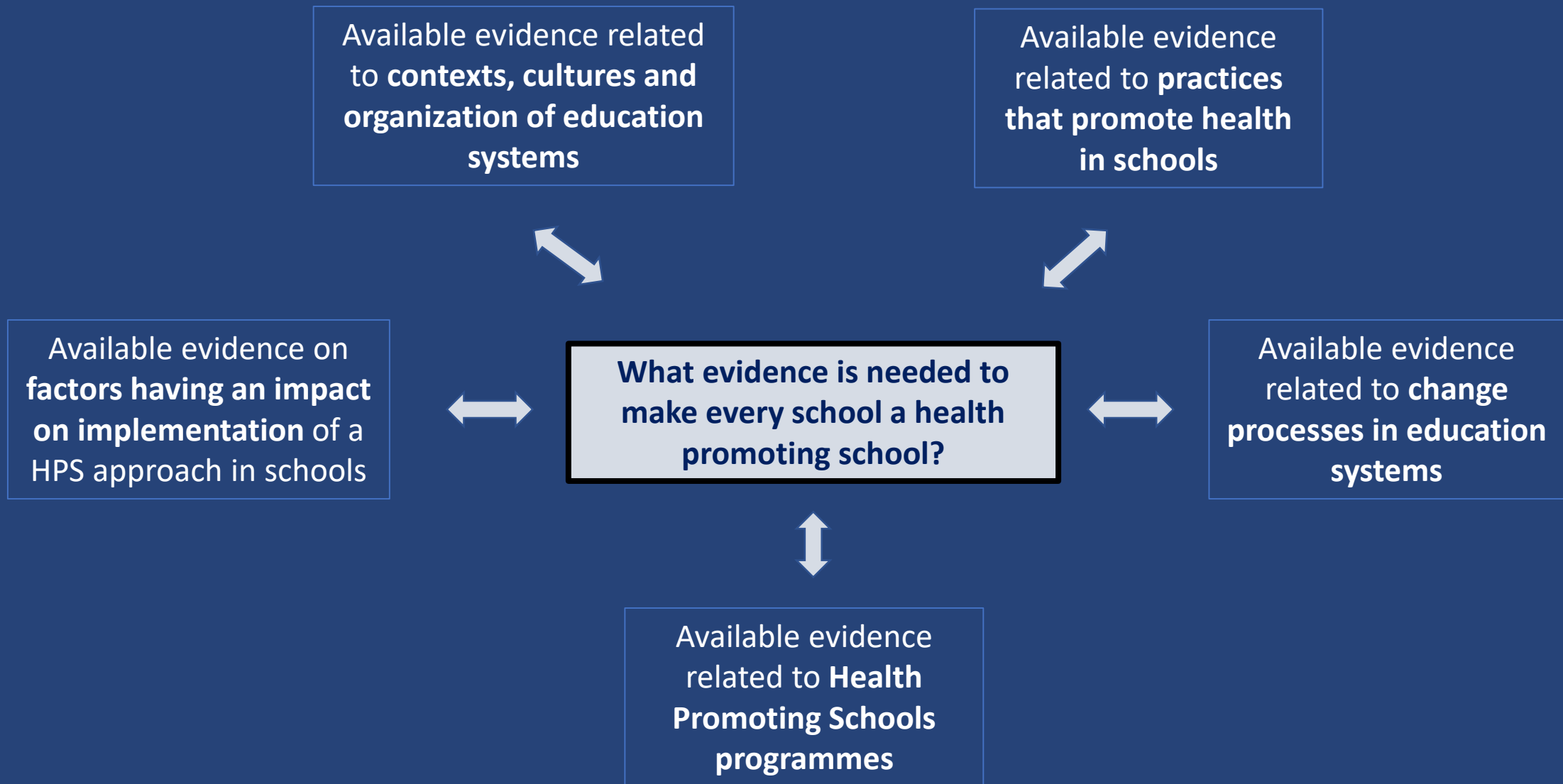
Available evidence related to **contexts, cultures and organization of education systems**

Available evidence related to **practices that promote health in schools**

Available evidence on **factors having an impact on implementation** of a HPS approach in schools

What evidence is needed to make every school a health promoting school?

Available evidence related to **change processes in education systems**

Available evidence related to **Health Promoting Schools programmes**

Supporting every school to become a foundation for healthy lives

1. Schools and health
2. School management
3. Professionals
4. Scaling up

Conclusion

- Schools are an important influence on every student's health.
- Beyond the implementation of ready-made programmes, the core contributions of schools to health improvement and reduction of inequalities are: having all children in school from a young age; keeping students in secondary education for as long as possible; and maximising students' educational success

Conclusion

• Making every school a foundation for healthy lives is a matter of improving daily practices that promote health. The challenge, in the various educational contexts, is to engage education professionals and support them in developing management and teaching practices that positively affect the determinants of health of their students.

• Health professionals can position themselves as catalysts for structural change, as they have many opportunities to advocate for, and participate in, the intersectoral implementation of reforms and innovations in school systems to promote the health of all students.

UNESCO CHAIR
Global Health & Education

Connecting knowledge, taking on children's health

Health education in schools
The challenge of teacher training

DIDIER JOURDAN

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Supporting every school to become a foundation for healthy lives

Didier Jourdan, Nicola J Gray, Margaret M Barry, Sonja Caffe, Christophe Cornu, Fatou Diagne, Fadi El Hage, Mychelle Y Farmer, Sean Slade, Michael Marmot, Susan M Sawyer

As a setting where children and adolescents live and learn, linked to the family and embedded within the wider community, schools have an important influence on every student's health. Many health interventions have used schools as a platform, often for standalone programmatic initiatives to reduce health risks, and sometimes for more comprehensive approaches, but the interventions, uptake, and sustainability are generally disappointing. Evidence shows that, to improve health and to reduce inequality, all students must attend school from a young age and for as long as possible, and their educational success therein must be maximised. Thus, beyond educational benefits, schools are also important for health. Coherence between each school's policies, structures and systems, human resources, and practices is required to advance both academic and health outcomes. Beyond simply implementing ready-made programmes into schools, health professionals can position themselves as catalysts for structural change as they have many opportunities to advocate for, and participate in, the intersectoral implementation of reforms and innovations in school systems to promote the health of all students.

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