SHE Factsheet 4

School health promotion
– Evidence for effective action on inequalities

Introduction

What is the SHE Network Foundation?

SHE is a network of National co-ordinators from currently 31 countries in Europe and it is supported by the World Health Organization Regional Office for Europe, The Council of Europe and The European Commission. The SHE core values relate to equity, sustainability, inclusion, empowerment and democracy. The underlying principles or pillars of SHE's work can be summarised as:

- A whole school approach to health;
- Participation – developing ownership with students, staff and parents;
- School quality – healthy pupils learn better, healthy staff work better;
- Evidence based practice;
- Schools as active agents of community development

What is the focus of the factsheet?

Health promotion in a school setting is a set of practices aiming to improve and/or protect the health and well-being of all school users. Health promotion can be described as all activities aiming at modifying the determinants of health in a coherent strategy. In particular, school-based health promotion designates:

- Educational approached integrated into school development and governance, including the following domains: school policies, the school's physical and social environment, the curriculum, family and community links, and health and social care services. Health promotion has to be considered first and foremost as a key contribution to the quality of education delivered to all children and young people. In the factsheet we use "**health promotion practices**" to designate the activities inside the schools.
- Interventions or programmes that contribute to support schools in designing, implementing and evaluating a health promotion policy. In this case, we use "**health promotion interventions**".

> *Our focus in the factsheet is the way how practices in schools could contribute to the reduction of health inequalities. What are the conditions which enable schools to contribute to promoting health and wellbeing of all children and young people irrespective of their personal and social circumstances and hence narrow the health inequalities gap?*

For whom is the factsheet intended?

The fact sheet is intended to inform professionals and organizations (ministries, universities, teacher training institutions, professionals from the educational, social and health sectors, students, families, local stakeholders, others)

about the potential of schools to contribute to addressing inequality in health and to provide support in embedding inclusion and equity in educational policies and practices.

An educational perspective: creating conditions for an optimal development for all children

The factors that influence children's and adolescents' health are numerous and interact at different levels, from the individual to the global environment and the immediate environment. Individual factors include biology (gender, ethnic origin, illness, disability, etc.), psychology (self-concept, social skills, coping with difficulties or stress, attitude to risk etc.), lifestyle habits (physical activity, diet, sleep, alcohol and drug consumption, smoking, sexual behaviour, etc.). With regard to the immediate environment, it is mainly:

- the family (socio-economic characteristics of the family, type and composition of the family, attitudes and values of parents/caregivers, parent-child relationship, educational practices of parents/caregivers, etc.);
- the school (school climate, (inclusion policies, discrimination and bullying policies etc), pedagogical and leadership practices, characteristics of the school population, openness of the school to the community, etc.);
- other living environments (accessibility to other quality living environments, etc.): (e.g., neighbourhoods, sports clubs, cultural associations, popular education, etc.), social support (support from parents/caregivers, teachers, other adults, peers, etc.);
- the physical environment (safe and healthy housing, schools, absence of toxic materials and contaminants in the air or water, environmental safety, etc.) that affect children's health.

Social and cultural values (attitudes towards violence, the place and space given to young people, a culture based on competition or cooperation, advertising and consumer pressure by the media, etc.), political environment and economic conditions (social policies, intersectoral consultation, income level and security, level of unemployment, etc.), the organisation of services (availability and accessibility, territorial coordination, etc.) influence children's health. Inequalities are the result of complex interactions, which are caused by a number of factors at proximal, intermediate and distal levels. Social factors interact with environmental and behavioural factors.

In fact, all these factors have an impact on children's general development. Obviously, all determinants have a long-term impact because childhood and adolescence are specific periods. It is not only their physical growth, but also their ability to learn the social, emotional, behaviour, thinking and communication skills they need for life.

From an educational point of view, two dimensions have to be considered:
- creating the conditions for an optimal development through action on the life ecosystem of the children, i.e. the living conditions such as the physical and social environment and access to appropriate services;
- providing education to all children that fits with their needs whatever their personal or social circumstances. The objective is to give everyone the means to take charge of their own health in an autonomous and responsible way.

School's role in addressing the determinants of health inequalities

Families, communities and schools are partners in education. Schools are one among other settings, education delivered in schools is called formal but there is also informal and non-formal education. Even if a school has an important influence on young people's lives, it means schools are not a magic wand and its contribution to the reduction of health inequalities is limited. Both low school achievement as well as many external factors such as socioeconomical status are strong predictors of a low educational level in adulthood. In addition, schools can amplify social inequalities since children from disadvantaged backgrounds are less likely to succeed academically.

Globally, considerable progress has been made on addressing the determinants of health inequalities, but education remains a challenge especially for the most vulnerable and disadvantaged children. The question is not only how schools can mitigate the inequalities linked to social factors, but also under which condition is it possible to limit or even eliminate the school's amplifying effect on inequalities.

In fact, the key issue to reduce health inequalities is to contribute to the improvement of the quality of education especially in its capacity to promote educational achievement for all children and adolescents and contribute to tackle inequalities. Not all educational policies and practices are equal. Narrowing the inequality gap means supporting school and educational systems in the adoption of inclusive and equitable policies and practices. Data show when schools are considered only as providers of access to students, the risk is high that the intervention may increase the

inequalities. To be effective in the reduction of inequalities, health promotion has to contribute to and support a change process. The factsheet looks at what we know about inclusive and equitable policies and practices in order to help defining the agenda of health promotion in schools.

Health promotion in schools and health inequalities reduction

In this section we explore the potential impact on inequalities of the six components of a health promoting school according to WHO: school policy (influence of school management), physical environment (on basic need such as light, heating systems, playgrounds), social environment (school climate, connectedness, teachers' practices), curriculum, community links (influence of parents/caregivers and communities involvement) and health services (access to health and social services) on inequalities.

Policies: what do we know about school policies that promote inclusion and equity?
- Inequalities are not inevitable

Education systems where disadvantaged students succeed are able to moderate social inequalities. In fact, children from similar social backgrounds can show very different performance levels, depending on the school they go to or the country they live in. Countries that develop equitable policies succeed at reducing inequalities.
- The first priority to reduce inequalities is to have all children in schools

To improve health and to reduce inequalities, the first priority is to have all students in schools. Initiatives that support school attendance have a positive impact on inequalities especially for young children. For example, it has been shown that full day kindergarten improves academic achievement which is a predictor of longer-term health benefits. Universal access to kindergarten, especially for the children from low-income and minority communities, can advance health equity. This is also the case for policies and practices aiming at reducing school drop-out.
- The civil society plays an important role in educational change

The activity of teachers as well as the organization of the school systems are directly connected to the civil society's values and ways of thinking about "what is a good education". In particular, parents/caregivers' expectations are influential. The move towards equity and inclusiveness, has to be part of the process of educational change. Advocacy is needed to move towards a renewed vision for shaping a culture of inclusion and equity.
- Moving to more inclusion and equity needs a change in the culture within the school system

Moving to more inclusive and equitable ways of working requires changes in the culture throughout an education system. Leaders at all levels of the education system have an important role in promoting inclusive ways of managing schools and the education process.

To reduce health inequalities, political action is needed in the direction of civil society (view of schools' role), policy makers and educational managers and leaders. To have a potential impact on inequalities, health promotion in schools has to include a strong advocacy dimension.

Human resources: ensure school staff is prepared to respond to children diversity
- Attract the most talented staff to the most disadvantaged schools is a relevant strategy to promote equity and inclusiveness

Data show that professionalism and commitment of school staff, especially teachers, are critical to success. The highest performing education systems tend to systematically prioritise the quality of teachers over other strategies to improve education. They invest in competitive teacher salaries, ongoing professional development and a balance in working time that allows teachers to contribute to their profession and to grow in their careers. They tend to attract the most talented teachers to the most challenging classrooms and the most capable school leaders to the most disadvantaged schools, which steers all students to high standard.
- A continuous process of pre-service and in-service staff professional development and support

Having political and institutional frameworks is a necessary but not sufficient condition; the capacity building of professionals is necessary. Professional development (pre-service and in-service training) could help teachers and other school professionals to acquire the preparation they need to have equitable and inclusive practices. It has to be part of a coherent strategy since staff training is not just a stacking of modules. It has to be inserted in a renewed view of teachers' professional identity that creates a coherence between the various missions, needs, expectations.

> *To reduce health inequalities human resources are crucial. Attracting the best people to education, giving them the means to work in partnership and ensuring a continuous professional development (training and on-site support) is an efficient way to promote equity and inclusiveness in education.*

Structures and systems: strengthening school management, school environment, school community relationship

- Improving school management have a powerful impact on equity and inclusiveness

School management has been shown to have a powerful impact on equity and inclusiveness. Poor school organisation and management may lead to physical and mental health harms. Effective management focuses attention on teaching and learning; creates strong communities of students, teachers and parents/caregivers; nurtures the understanding of a culture of education among families; and, fosters multi-agency action.

- Community and parental engagement are consistently associated with pupils' success at school

Effects of out-of-school factors on school performance are well documented. Family, neighbourhoods and peers seem to improve opportunity to learn through strong relationships among peers and adults; connections to personal and other networks; strong peer and adults' models; clear identity structures; and values that acknowledge youth's success in multiple arenas. Nevertheless, although parental engagement is consistently associated with pupils' success at school, the evidence about how to improve attainment by increasing parental engagement is mixed and much less conclusive, particularly for disadvantaged families.

- Improving the school climate

The extent to which schools protect and engage students and ensure that teachers fulfil a broader role in young people's development is a determinant of health and well-being in schools. It is particularly important in disadvantaged areas and schools where there are high rates of violence, drug use and other risk behaviours. In addition, school climate and especially student-teacher relationship are a determinant of vulnerable students' attendance and education achievement. Incorporating the ethos and life of the school as a community (school climate) into school policy; classroom social and emotional learning curricula; teachers providing support and structure in the classroom; small group sessions for students with behaviour problems; one-on-one student-staff contact; giving students a voice in school decision-making; partnerships with outside community have a positive impact on school climate. Ensuring a good school climate and wellbeing for all students is a mean to reduce inequalities by improving education achievement.

> *To reduce the health inequalities, improving school management at the local level is a building block of an inclusive and equitable education.*

Practices: promoting inclusive and equitable educational practices
Not all educational practices are promoting equity and inclusiveness. In the factsheet we have selected principles for which the evidence-base is sufficient.

- Having high expectations for all students' achievements and giving them feedback

Teachers often expect less of students from lower socio-economic backgrounds, even if they show similar levels of achievement to those from more favourable backgrounds. The most equitable and inclusive systems are those for which students, parents/caregivers, teachers and the public share the belief that all students are capable of achieving high standards and need to do so. In these education systems, students who start to fall behind are identified quickly, their problem is promptly and accurately diagnosed, and the appropriate course of action is rapidly taken. In addition to the expectations, explicit feedback about students works is also important.

- Repeating a year has negative effects especially for students from disadvantaged backgrounds

Evidence shows that, in the majority of cases, repeating a year is harmful to a student's chances of academic success. In addition, studies consistently show greater negative effects for students from disadvantaged backgrounds, suggesting that the practice is likely to increase educational inequality. Repeating a year is also likely to lead to greater negative effects when used in the early years of primary school, for students from ethnic minorities, or for pupils who are relatively young in their year group.

- Student participation and education

Research indicates that encouraging student participation is the best use of available resources, particularly human resources, to support learning. Reviews showed positive effects, especially for the students themselves, the school as organization, and interactions and social relations at school. Almost all included studies showed personal effects on students referring to an increased satisfaction, motivation and ownership, an increase in skills, competencies and knowledge, personal development, health-related effects and influence on student perspective. In particular, there is strong evidence of the potential of approaches that encourage cooperation between students for creating classroom conditions that can both maximize participation, while at the same time achieving high standards of learning for all members of a class. Furthermore, this evidence suggests that such practices can be effective in supporting the involvement of all students who are facing vulnerable situations.

- Student grouping in the classroom has an impact on equity

Setting and streaming children by ability can be detrimental to lower-ability pupils' results, it has negative impact on inequalities. The evidence on within-class attainment grouping (mostly in core-subjects) indicates that it is likely to be beneficial for all students. However, there appears to be less benefit for lower attaining pupils than others. Within-class attainment grouping may also have an impact on wider outcomes such as confidence. Some studies from the broader evidence base conclude that grouping pupils on the basis of attainment may have longer term negative effects on the attitudes and engagement of low attaining pupils, for example, by discouraging the belief that their attainment can be improved through effort.

- A wide range of activities could contribute to the achievement of students from various backgrounds

Improving the quality of education also comes through activities other than core subjects such as expressive arts (dance, drama, music), physical activity and sports, outdoor activities, gardening. The impact of arts participation on academic learning appears to be positive. Improved outcomes have been identified in English, mathematics and science. Benefits have been found in both primary and secondary schools, with greater effects on average for younger students and, in some cases, for disadvantaged pupils. Wider benefits such as more positive attitudes to learning and increased well-being have also consistently been reported. School gardens and orchards have potential to affect fruit and vegetables availability in the home environment.

It is also the case of activities linked to universal social and emotional learning activities programs or self-regulation activities. Compared to controls, students beneficing of such activities demonstrated significantly improved social and emotional skills, attitudes, behaviour, and academic performance.

> *To conclude this section, it is clear that education and health are inter-related and can be viewed as synergistic in their relationship. The evidence suggests that: healthy young people are more likely to learn more effectively; health promotion can help schools to meet their social aims and to improve educational attainment; young people that attend school have a better chance of good health; young people that feel good about their school and who are connected to school and significant adults are less likely to undertake high risk behaviours and are likely to have better learning outcomes.*

Educational policies and plans*

Curriculum and assessment system*

Mobilization of the civil society*

School Management **

Educational practices*

School environment***

Policies

Structures and systems

Practices

Services for vulnerable students***

HP Intervention practices***

Human ressources

School-families-community links*

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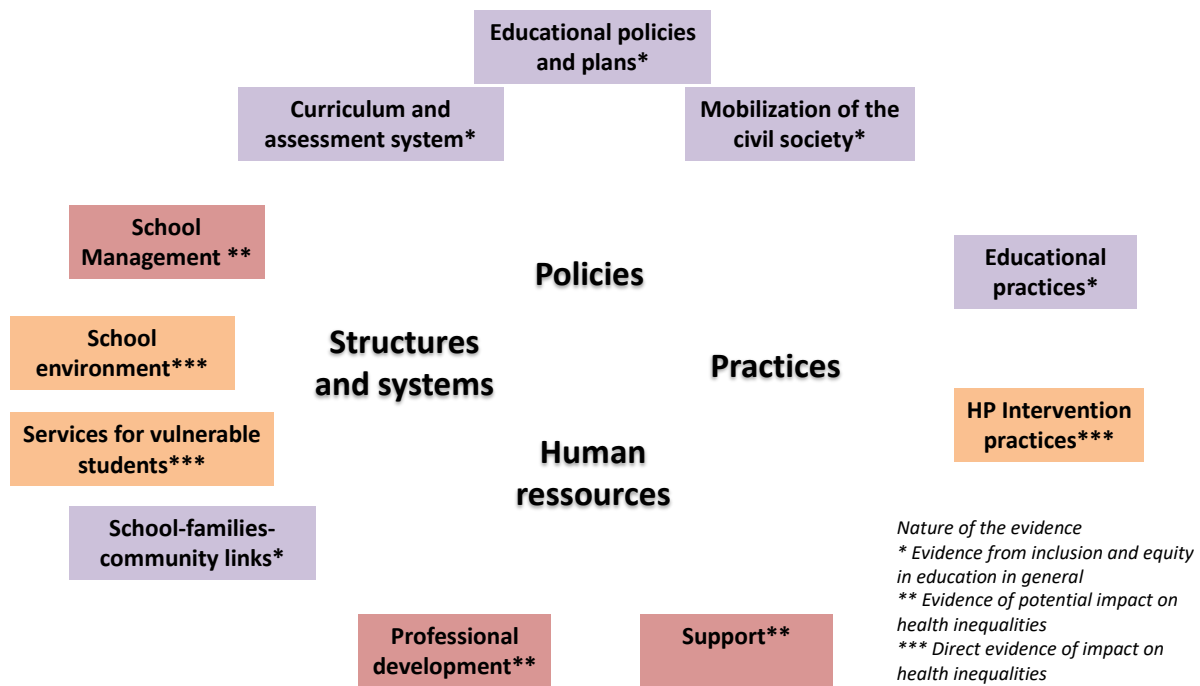
Professional development**

Support**

Figure 1: Summary of what is known about the potential contribution of schools to the reduction of inequalities via inclusive and equitable policies and practices.

Impact of health-related interventions in schools on inequalities

Among the studies assessing the impact programmes working towards implementation of a health promoting school approach, some studies found more favourable intervention effects for participants from a low-SES background than for those from a high-SES background. Others showed no impact on inequalities, i.e. the effect was the same irrespective of the background of the students. In some cases, a negative impact of universal approaches (increase of the inequalities) was observed. An intervention could have differential effects depending on the outcomes considered. There are also differences in the kinetics of the effects, the impact of a program is all the more rapid and powerful when the school is in a privileged environment.

There is strong evidence for the effectiveness of interventions targeting the school environment and services on reduction of inequalities. It is easily understandable since, for example fast-food restaurants around post-primary schools are associated with less fruit and vegetable intake in Ireland. When a positive impact is found (reduction of the inequality gap) the studies are mostly complex interventions including a component modifying the school environment. These environmental components could be linked to a service provided in schools (meal/fruit supply) or change in the school environment (physical activity facilities, organization of the school life). School feeding programs are designed to improve attendance, achievement, growth, and health outcomes. It has been proven effective for children from low socioeconomic and minority backgrounds to improve physical and mental health and broader determinants of health.

> *The studies available do not provide enough information about the way in which the programme have been implemented and what was the real exposition of the students. It is then difficult be conclusive about the "good" intervention approach. Nevertheless, data suggest when intervention mostly consist in learning activities targeting a health issue without interactions with the environment, the impact on inequality tends to be null or negative. In general, settings approaches which modify the broader determinants of health are more supportive than those which target individual behaviour change.*

More generally, the implementation of a programme cannot be limited as a "plug and play" process. Research shows many different kinds of mechanisms are involved. These mechanisms are linked to the characteristics of the staff, the setting, the community and of the programme. Depending on the context, the programme or the development stage of the process, professionals are coping with the numerous stimulations, trying to make the most of the situation, defining the status of programmes, selecting what fits, customizing what could be used, and discarding what doesn't suit and often following their own path. They never implement programmes they sometimes saw as "a detail", they build something new with available resources including, but not limited to health programmes.

Summary: inequalities reduction, the added value of health promotion in schools

Data show that schools can contribute to reducing the health divide, but do not possess a "magic bullet". Their contribution is only one among several that can make a difference. Increasing the quality of education, developing equitable and inclusive policies and practices, empowering stakeholders and building stronger links between schools, families and local communities are important steps in reducing the gradient of health inequalities.

To be effective in the reduction of inequalities, health promotion has, with all stakeholders involved in children's education, to contribute to and support a change process. The health promotion framework is potentially relevant to federate and galvanise the energies of professionals, children, parents/caregivers and other stakeholders.

In the factsheet we make the distinction between "health promotion practices" that designate the activities inside the schools and "health promotion interventions" that designate the interventions or programmes that support schools in designing, implementing and evaluating health promotion policy or practice.

This review clearly shows the characteristics of the health promoting practices (the six components of a health promoting school) are in direct coherence with what we know about inequality reduction. The review does not challenge the principles of health promotion and, to a large extent, give an empirical background at health promotion principles. These six dimensions have an evidence-base: school management (health promoting school policies), school environment and services (school's physical and social environment, health services), link with the student's life ecosystem (family and community links) and teaching practices (curriculum and teaching) have been demonstrated to be levers for inequalities reduction.

Concerning the health promotion interventions, it could be suggested that the contribution of health promotion in schools to filling the gap of health inequalities can be described as follows:

1. to advocate at national, regional and local levels in order to increase awareness about the determinants of inequalities and comprehensive ways to have an action on these determinants (political function). Advocacy is one of the contributions of health promotion to the process of change in social contexts, that are often not very favourable at inclusive and equitable policies. Health promotion's input is to make the mechanisms of creation, maintaining and amplification of inequalities understandable for the people; to identify the determinants and offer a comprehensive framework aiming at acting on all that affects students' health to enable them to develop all their potential.

2. to contribute to and support a change process in policies and practices with the people involved in children's education by offering competences in change management at the local level: data, methods, tools about inclusive and equitable practices built on the principles of quality improvement … (technical function). The contribution of health promotion has to be deeply rooted in cultures and contexts. In other words, there is a need to promote a comprehensive approach that covers teaching knowledge and skills related to social issues (health, wellbeing, environment, peace, democracy, sustainable development) in the classroom, changing the social and physical environment of the school and creating links with families and the wider community.

Different approaches or initiatives are sharing this view of education such as 'democratic schools', 'sustainable schools', a 'whole school approach' and a 'whole child approach'. In the advocacy work, links have to be made between these different frameworks in order to reach civil society, policy makers, education and health leaders, professionals. The sustainable development framework (UN) offers a relevant framework for all these activities in schools.

3. to contribute to the capacity building of school professionals, children, parents/caregivers and community stakeholders (capacity building function). The aim is to support every individual in the education, social and health sectors to put the willingness to reduce inequalities into practice.

4. to strengthen the database by (1) producing knowledge about health promoting policies and practices and their impact on inequalities, (2) and making available and understandable local health data so that all stakeholders understand the health issues/inequalities under which children and young people live (scientific function). The review of the available evidence shows there is a need to improve the research capacity in the field. Ambitious research projects can contribute to renew the intervention research framework and to improve the quality of the context and interventions' descriptions.
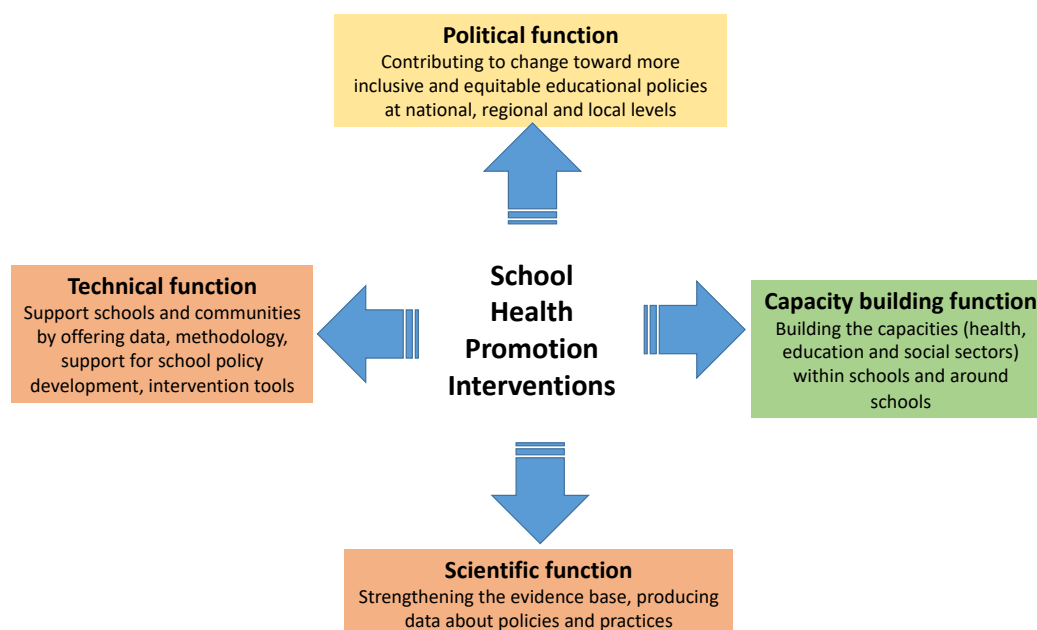
Fig 2: Contribution of school health promotion interventions and programmes to the reduction of health inequalities