



Ministry of Health

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Ministry of Education, Universities and Research

Dipartimento per il sistema educativo di istruzione e di formazione [Department for the Education and Training System]

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Integrated Policy Guidelines for the Health Promoting Schools

INTRODUCTION

Health promotion is a comprehensive social and political process including not only measures to strengthen the skills and capabilities of individuals, but also pathways aimed at changing social, environmental and financial conditions, to mitigate their impact on the health of the individual and of the community. It represents all the activities undertaken to improve and/or safeguard the health of everyone in the community. It therefore requires the involvement of numerous players and various institutions, starting with the school as a specific setting.

Thanks to policy papers (Guadagnare salute: Rendere facili le scelte salutari [Gaining health: Making healthy choices easier]) and national plans (Piano Nazionale della Prevenzione [National Prevention Plan]), health promotion measures have been bolstered in Italy over recent years, by taking a “sector-wide”, “cross-cutting” approach to the risk factors, for measures aimed both at changing the incorrect behaviours of individuals and creating environmental conditions suitable for facilitating healthy choices. School, therefore, emerges as a privileged environment to successfully activate policies and promote the well-being of the community; it is a stable point of reference for young people, and, through them and thanks to the teachers, it makes it possible for families to become involved in informative and training courses.

The purpose of this document is to encourage the sharing of objectives between the central and regional levels, to ensure active commitment to implementing, monitoring and evaluating effective health promotion strategies. Thanks to the close cooperation between the Ministry of Health and the Ministry of Education, Universities and Research, formalised through Memorandums of Understanding, we have seen a change that has consolidated health promotion as a process no longer to be viewed as the exclusive responsibility of the health sector, in line with the main international guidance and Italian regulations and policy documents. At a local level, although certain experiences have grown stronger over the years, more interaction is needed in the relationship between the School system and the Health system, with a view to supplementing specific competencies and purposes. In this context, this document pinpoints the essential components for participatory planning that enables us to go beyond the prospect of episodic and prevalently content- and information-based planning, which is of little relevance both as regards the school’s own educational mission and in terms of the benefit-cost ratio and effectiveness on health processes.

A HEALTH PROMOTING SCHOOL

Health promotion strategies reinforce the value of “health” in the community as an investment. However, they need to be coordinated across the institutions in order to implement shared actions with common objectives aimed at achieving a better state of health and an improved quality of life.

Health promotion in the school setting is of greater value than *health education*, as it also includes policies for a healthy school with regard to the physical and social environment of the educational establishments and connections with partners (town councils, associations, healthcare services, etc.), to improve and/or protect the health and well-being of the whole school community.

Health and Education are closely connected and have an effect on a country’s economic well-being. They also impact significantly on health outcomes and social inequalities. Healthy boys and girls who are happy at school learn better; at the same time, boys and girls who attend school as part of a positive learning process have more chance of being healthy.

The *promotion of health and equity in health* requires initiatives throughout people’s lives, according to a life course approach. This not only means providing each child with a good start - for example with prevention procedures even before pregnancy, maternal and new family welfare systems, as well as breastfeeding promotion initiatives - but also preventing unhealthy behaviours, which often originate during childhood and adolescence, by promoting positive lifestyles in order to lower the risk of developing chronic diseases in adulthood, thereby allowing people to remain healthy and active as they grow older.

In particular for its ability to build networks and connections with all direct and indirect external entities, which are called upon to act in the common interest, the School is able to unite extremely diverse professional figures and services and to focus *ad hoc* initiatives - which would not otherwise be possible - within the education and training system itself. With this synergy of networks and alliances, it is possible to promote measures supporting the well-being of the individual and of the entire community.

The School is an essential place of exchange for the healthcare world, as, more than any other institution, it can educate and teach people to live more healthily, enabling effective *health promotion in the workplace* too, benefiting the pupils and all the staff who work there. It also enables the development of autonomy and of empowerment and engagement processes, by promoting not only specific subject matter competencies, but, above all, knowledge and skills fostering the development of personal skills that are essential for making the right decisions,

communicating effectively and refusing to entertain influences and ideas that could lead to unhealthy behaviours.

Taking a comprehensive and systemic approach to *health promotion* enables the School to meet its objectives, improving the level of education and health. Health promoting schools put a structured, systematic education plan in place, supporting the health, well-being and social capital development of all the pupils and both teaching and non-teaching staff. Therefore, it is also a place where equity is safeguarded, as it can provide improvement opportunities across the board for all individuals and entities making up the school “community”.

Historically, the subject of health education at school was based on a thematic (or sectoral) approach dealing separately with matters such as smoking, drugs, alcohol, diet, sexuality, safety, psychological well-being and more, through initiatives carried out in the classroom. The various subject areas were often taught by individuals coming from outside the school, and predominantly by health and health and social workers and subject matter experts focusing on their specific area of intervention.

The main records in the literature demonstrated the greater effectiveness of the **“Whole- (or systemic-) school approach”**, recommended by the World Health Organization, which deals with the individual matters within a single framework in the educational and training processes, by combining interventions in the classroom with those on the field, intertwining individual change with social transformation. Thanks to the consistency between the school’s policies (concerning the social, physical and organisational environment) and the educational activities, this approach helps improve learning outcomes, increases well-being and reduces behaviours that put health at risk.

INTEGRATED POLICY GUIDELINES FOR THE HEALTH PROMOTING SCHOOLS

In accordance with the national and supranational vision of “Health in All Policies” and the international recommendations relating to “School-based Health Promotion”, recent years have seen a radical cultural change that has strengthened the notion of “health”, in its biopsychosocial dimension, as a process for which the healthcare sector should no longer be considered exclusively responsible. In this context, the School is a partner in a cross-sector, inter-institutional dialogue and, in full compliance with the obligations of its educational mandate, is able to deal with Health Promotion themes in an integrated, interdisciplinary way, by enhancing and fully utilising, in equal measures, the specific skills of all professionals involved.

To develop health promotion and well-being in the school setting, the winning strategy is therefore having a profitable alliance between the School and the Health system, taking into account the objectives, the individuals and entities, the resources, the humanistic and scientific knowledge, as well as the relations linking them together, directing efforts towards the joint planning and joint building of challenging, welcoming and innovative educational environments.

The methodological framework of reference for this cross-system collaboration is found in a process in

which the parties are committed, each for the areas for which they are competent, to contributing to the health and well-being processes in the school community.

The “Whole-school approach” highlights how the School system and Health system have common fundamental interests, which when combined can enable the school to become a place for learning, working and living “better” while “gaining health”.

Having recognised the educational mission of the school, it becomes apparent that health is not a subject matter led by external experts of various disciplines, but a process that significantly affects the success of education, in the context of all-round well-being which, as such, should be a key component of the curriculum.

Health-promoting schools support better teaching and learning processes and work in cooperation with the entire community by actively striving to strengthen social capital and health literacy.

Therefore, when planning its improvement process, a Health-promoting school should take a comprehensive approach addressing all pupils, their families and the teaching and non-teaching staff, aimed at developing the individual skills of all members of the school community, as well as improving its physical and social environment, by opening up to the local area and fostering closer cooperation with the local community.

In fact, the school is identified as a social setting where determinants of health are at work that are attributable to its different areas:

- Educational environment (teaching, content, marking systems, etc.);
- Social environment (internal and external relations, organisational climate, rules, etc.);
- Physical environment (location, facility, spaces for physical exercise/sports, outdoor activities, workshops, catering, green areas, etc.);
- Organisational environment (services available: canteen/snacks, transport, accessibility, extra-curricular use, internal policies, etc.).

School becomes a “healthy environment” using participatory methods through measures of an educational/training nature (curricular activities, life skills education), of a social nature (listening, cooperation, participation), of an organisational nature (more opportunities to adopt healthy behaviours in the school setting: healthy food in the canteens and healthy snacks, an active lifestyle through curricular and extracurricular physical exercise, “walking” buses, cycling to school, adaptation of spaces, smoke-free environment) and of a cooperative nature with other entities in the local community.

Through the empowerment and capacity building of the “school community”, and with the technical and scientific support of the local hospitals, this raises the awareness and boosts the skills of all players (Head Teacher, Teachers, Support, technical and administrative staff, Pupils and Parents) in relation to health and to the importance of reorienting the school environment to make it a place where adopting healthy behaviours is facilitated in everyday life.

The key capabilities to be provided within the educational and training process implemented in a Health promoting school are a combination of context-appropriate knowledge, skills and capabilities aimed at giving greater decision-making autonomy to the younger generations, as a necessary element for personal development, social inclusion and active involvement as aware citizens.

The national curricula elaboration guidelines, assimilating the new constitutional legislation, which makes schools - insofar as they are autonomous - responsible for structuring their own curriculum, albeit in compliance with essential levels of education established at national level, have given Schools a great opportunity to set out their educational priorities within the study plans.

The decision to organise the curriculum around key skills gives pupils the ability to handle situations and solve problems in meaningful contexts from a very young age, so they can rise to the challenges of everyday life. It is a single overarching theme for the learning-teaching process in both education cycles, which enables integrated organisation of content and knowledge that enhances subject matter teaching.

Reference to the “eight key skills” for citizenship enables Schools to take a new approach to learning, in which not only subject matter content becomes significant, but also the skills (self-guidance, social, civic, cultural, etc.) guiding the attitudes and behaviours that affect health in various ways. These skills are needed in order to create and develop balance and personal and social psychological well-being, making sure that individuals are more capable of using their cultural instruments and adopting responsible behaviours with regard to their health and the health of others, in compliance with the rules of democratic coexistence.

These competencies correspond perfectly to the basic cognitive, emotional and relational skills identified by WHO to promote the health and well-being of children and adolescents, as they act as effective links between cognitive factors – attitudes and values - and the promotion of healthy, positive behaviour. The competencies recommended by WHO - known as life skills - are decision-making and problem-solving, creative thinking and critical thinking, effective communication and interpersonal skills, self-awareness and empathy, coping with emotions and coping with stress, including in the broader sense and teaching respect for the law, active citizenship and civil coexistence.

The common ground between the mission of the school and the mission of institutions protecting health is due to the need to enhance skills in young people that can be used in various areas and settings: the school is called upon to develop pupils’ key skills for citizenship, just as institutions protecting health are called upon to promote young people’s ability to maintain an adequate level of psychological and physical well-being.

In order to fulfil their respective mandates, within a structured and ongoing inter-institutional dialogue, it is necessary to:

- Organise a joint, ongoing, medium- to long-term pathway between “School” and “Health”, synergising objectives and health and well-being-related programmes that meet criteria of effectiveness and appropriateness and guarantee continuity and sustainability.
- Officially include health promotion, well-being and security and legality culture as part of the education and training system, by means of the Three-year Education plans (Italian Law no. 107/2015), with an integrated, ongoing and medium- to long-term vision, according to the principles of cross-sector action and participatory planning, in compliance with national regulations and programmes;

- Support the dissemination of the “**Whole-school approach**” recommended by the World Health Organization on the basis of the main scientific evidence, which pursues educational, health, sustainability and equity objectives, by means of planning that is governed and developed by each educational establishment, involving all aspects of the school’s life at the same time:
 - o Promoting individual skills and capacity for action
 - o Improving the physical and organisational environment
 - o Improving the social environment
 - o Cooperating with the local community
 - o Connecting with the Health Services
- Add health themes to school curricula as an education pathway cutting across all subject areas, which are predominant or contribute to the development of one or more key competencies guiding the planning, thereby breaking down barriers between subject areas, also taking the “implicit” elements of the curriculum into account (organisation of the learning environment, timing, spaces, division into groups and definition of roles, etc.), in order to provide all pupils with basic competencies and life skills.
- Promote the dissemination of intervention programmes that aim to build know-how in Schools that does not fade away within the temporal and managerial scope of a school year, and that strive to favour an inclusive and proactive methodological approach and make optimal use of the educational and training potential of the school setting, including in connection with the local community, in order to facilitate social learning associated with protective behaviours focusing on health and with the promotion of the well-being culture.
- Develop, rationalise and spread education models focusing on methodologies validated by the scientific literature to promote the construction of individual and collective “citizenship” and health and well-being responsibilities - including by overcoming gender, cultural and social differences - such as Life Skills and Peer Education.
- Activate cross-system, integrated governance action, nationally and regionally, for health training offered to schools by public and private entities, by formulating shared reference criteria, in order to sustain a guidance process for the offering in line with the “Whole-school approach” of the Health promoting schools.
- Share document collection instruments for Measures implemented by the Schools in line with the principles and guidelines set out herein, in order to monitor the process activated and help spread the knowledge of transferable “Good Practices”, according to shared criteria.

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