



HEPS Tool for Schools

A Guide for School Policy Development on Healthy Eating and Physical Activity

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Title

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■ INTRODUCTION

We all care about our children; they are the future of Europe. Currently about one in four children are overweight. To help tackle this problem, the HEPS project supports countries in Europe to promote healthy eating and physical activity in schools in a positive and sustainable way. HEPS uses the health promoting school approach as an effective way of developing school health policy. HEPS as a European project is linked with the Schools for Health in Europe (SHE) network and has two general aims:

1. To develop, implement and evaluate effective national policy and sustainable practice for work on healthy eating and physical activity in schools in all EU member states
2. To support the development and implementation of comprehensive, sustainable and evidence-based school programmes in the member states for promoting healthy eating and physical activity based on the health promoting school approach

Across EU member states there are many initiatives aimed at reducing the number of children who are overweight with a practical focus towards developing activities, programmes and teaching methods. However, currently no EU member state has an effective national school policy in operation. HEPS aims to bridge this gap by being a policy development project on a national level across Europe. HEPS will help to implement these programmes in a sustainable way at school level.

➔ The HEPS Schoolkit

- The HEPS project will produce the HEPS Schoolkit. The HEPS Schoolkit will help EU member states to develop national policy promoting healthy eating and physical activity in schools, based on the health promoting school approach. It consists of the following six components.
- 1. HEPS Guidelines: a set of principles on promoting healthy eating and physical activity in schools, meant for organisations working on the national level in Europe
- 2. HEPS Advocacy Guide: a tool assisting those advocating for the development of national school policy towards promoting healthy eating and physical activity

- 3. HEPS Inventory Tool: a set of qualitative criteria for school programmes for the promotion of healthy eating and physical activity.
- 4. HEPS Tool for Schools: a manual that will help schools in the member nations to introduce and implement a school programme promoting healthy eating and physical activity
- 5. HEPS Teacher Training resource: a programme that will be used to train teachers to promote healthy eating and physical activity in schools
- 6. HEPS Monitoring Tool: will be used to monitor how effectively the HEPS schoolkit is being implemented in each member state

ABOUT THE HEPS TOOL FOR SCHOOLS

The HEPS Tool for Schools introduces the concept of school policy on healthy eating and physical activity and provides suggestions and guidelines for its development.

As emphasised in the HEPS Advocacy Guide (Bada, et al, 2009) and the HEPS Guidelines (Boonen, et al, 2009), up to a quarter of children living in Europe are overweight or obese. This can have a negative impact on children's physical health, mental health and well-being, on their academic achievement and learning outcomes.

Therefore it is recommended that each school should develop and implement a policy on healthy eating and physical activity as part of the school policy and in accordance with regional and national health policies and priorities. Box 1 highlights some of the important reasons why this is recommended.

There is growing evidence that a comprehensive whole-school policy on healthy eating and physical activity can lead to better academic outcomes of pupils as well as promoting their health. This means that in addition to contributing to general school health promotion, a policy on healthy eating and physical activity contributes to achieving a school's core function i.e. the education of its students.

- Coherent, planned and systematic approach to healthy eating and physical activity
- Increased motivation of all members of the school community
- Promotion of a healthy lifestyle among students
- Improved learning outcomes and school achievements for students
- Promotion of health, well-being and increased job satisfaction of school staff
- More transparent and democratic decision-making in the school
- Improved communication with parents
- Better atmosphere in school
- Better links between school and local community
- Improved collaboration with school-supporting organisations and businesses

Box 1: Benefits of a school policy on healthy eating and physical activity

WHAT IS A SCHOOL POLICY ON HEALTHY EATING AND PHYSICAL ACTIVITY?

In this publication, a school policy on healthy eating and physical activity means a written document developed in dialogue at a whole-school level. A policy of this kind will focus on:

- The needs of the school and its surrounding community concerning healthy eating and regular physical activity
- Description of school values concerning health promotion and promoting healthy eating and physical activity
- The aims and objectives concerning healthy eating and physical activity which relate to the general school educational values
- Priorities, tasks and activities aimed at promoting healthy eating and physical activity in school
- Timetable of activities and specific milestones, including monitoring, evaluation and reviewing
- Available resources for school policy development
- A plan for implementation, monitoring and evaluation
- Communication and organisation

As outlined in the HEPS guidelines and consistent with the core SHE values and pillars, this publication uses a broad, positive and holistic concept of health which acknowledges the UN Convention on the Rights of the Child (Boonen et al, 2009).

A broad health concept includes an understanding of the importance of both lifestyle and living conditions (Simovska et al, 2006). The whole school is involved in the practice of health promotion at the school and so

health is built into all aspects of life at school for those who learn and work there. It includes the school physical environment and also the social, physical, emotional, mental and spiritual health of pupils and school staff.

Additionally, it is recommended that:

- The policy should define the allocation of resources needed to address healthy eating and physical activity in school.
- The policy outlines a shared vision about where the school wants to go in its future development and sets priorities towards achieving this vision in ways consistent with its stated values.
- The policy works to address health-related issues relating to children who are overweight and obese at school level, by addressing factors in individual children's lifestyles but also those in the school environment, both physical and social.
- The policy provides consistency in the delivery of services, curriculum and the school environment.

WHO IS THIS PUBLICATION FOR?

The main aim of this publication is to serve as a practical guide for the development of a sustainable school policy on healthy eating and physical activity. It is hoped it will be used by all practitioners working within the field of health education and promotion in schools. Particularly it is aimed at school leaders, teachers and other staff in primary and secondary schools, vocational schools and special schools. School partners and supporters on local, regional and national levels could benefit from this publication as well as programme de-

velopers and policy makers more widely in the field of health promotion and education.

HOW TO USE THIS PUBLICATION?

This publication should be used as a guide since developing a school policy is a process which takes place within a dynamic school community and is linked to individual and changing local and national contexts.

The steps outlined in this publication can be used as a framework or an inspiration towards developing and implementing a context-specific action plan for establishing policy on healthy eating and physical activity in a school.

In addition, the other available HEPS publications help with policy development, implementation and evaluation process.

HOW DID WE DEVELOP THIS PUBLICATION?

The Guide for school policy development on healthy eating and physical activity has been developed by the partners of the HEPS project in a collaborative process which included three key phases:

- *Exploration:* we conducted a literature search exploring the existing resources on developing school policy on healthy eating and physical activity published over the last five years (2004–2009). Brief descriptions of these documents are published in a HEPS internal report (Morel, 2009) and were used as an inspiration for writing this publication.
- *Feedback from health and education professionals across Europe:* we did a survey on the first draft of the publication with 15 health and education professionals from 7 EU countries. Their comments and suggestions were analysed and integrated into the final text.
- *Feedback from the HEPS project partners and the HEPS educational panel:* a draft version of the document was discussed this fed into the final version of this document. ■

■ CHAPTER 1

BEFORE YOU START

1.1 WHO SHOULD DEVELOP THE POLICY?

A range of different people can be responsible for the development of a school policy on healthy eating and physical activity. Preferably, a policy working group will be established which may include representatives from:

- the school management team
- parents
- pupils
- teachers
- non-teaching staff
- school nurse, nutrition specialist
- the local community

Members of the working group will differ from school to school. Nevertheless, it is important to establish a working group which can foster an open process of dialogue and build a shared understanding of what is important, what the possible challenges are and how to best use available school resources.

Such a process helps to create ownership of the policy by the whole school community including pupils and parents and this will help to maximise the success of both the development stage and implementation.

Other questions that can be useful are:

- Which methods are the best to ensure the support, motivation, ownership, inspiration and learning of the different stakeholders involved in the policy development process?
- What are the milestones that can help us structure, monitor, evaluate and adjust the development process over time?
- Where can we get adequate and efficient support for the policy development process? ■

1.2 HOW TO PROVIDE GOOD CONDITIONS FOR THE POLICY DEVELOPMENT PROCESS?

We recommend starting the policy development process by discussing the following questions:

- Why do we need to develop a specific policy on healthy eating and physical activity in our school?
- What are the particular needs/problems/health issues in our school and community that this policy should address?
- What are the key priorities relating to the identified health issues?
- What do we ideally want to achieve concerning healthy eating and physical activity at school? (what is our vision)
- What are the resources available for this work (time, hours, people and finances)? How can we ensure optimal support and communication with relevant organisations and people outside school, including parents?



■ CHAPTER 2

WHAT ARE THE MAIN CONCEPTS OF THE POLICY?

2.1 THE CONCEPT OF HEALTH

The concept of health used by a school should be agreed before the development of a school policy for healthy eating and physical activity. There are many views on what defines 'health' in the literature, ranging from technical, disease-orientated views to philosophical accounts emphasising positive health or well-being, self-actualisation and quality of life. There is no one single answer to the question of what health is that can easily be translated into different cultures, contexts and lifestyles. Health, as well as illness, is experienced individually but also through the determinants that shape it such as living conditions, surrounding environment, socioeconomic status, ethnicity, culture, age, gender, etc.

As outlined in the HEPS Guidelines and consistent with the core SHE values and pillars this publication uses a broad, positive and holistic concept of health, which acknowledges the UN Convention on the Rights of the Child (Boonen et al, 2009).

Environment and society affect an individual's life. These could be the working environment, socioeconomic background, culture, the city, the neighbourhood, the economy, etc. The living conditions are more difficult, but not impossible, to change.

Lifestyle and living conditions influence each other. For instance, if people live in a community where fruit and vegetables are easily available they will probably eat more healthily and this then affects their health.

Figure 1 illustrates how lifestyle and living conditions in relation to health are interconnected.

A positive health concept implies that health is more than merely the absence of disease. Positive health, or well-being, represents a resource for quality of life. It is closely connected to people's ideas about what is a "good life". In other words, health is created through the interplay between people and their environments.

Therefore, to improve health we need to consider not only individual behaviours but also the environment, social relationships and living conditions. This is why

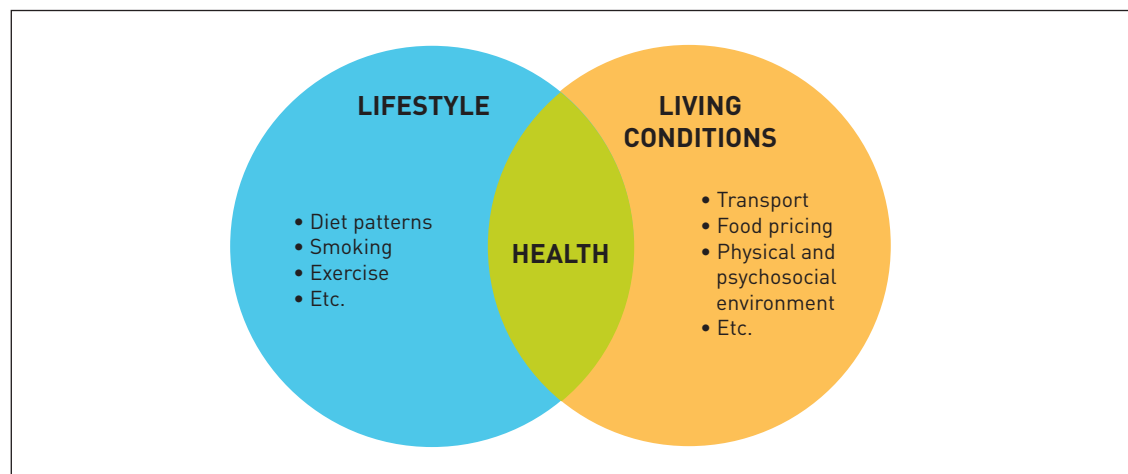


Figure 1: Health determinants: lifestyle and living conditions

A broad health concept embraces both the importance of lifestyle and living conditions (Simovska et al, 2006). Lifestyle is the way people live, their habits, the choices they make in relation to health, including choices concerning eating, physical activity, sexual behaviour, tobacco use, substance use, etc. Usually, individuals are able to influence their lifestyle choices.

Living conditions refer to the settings in which people live and work; to the ways in which the surrounding envi-

school policy which addresses the whole school environment is crucial in promoting healthy eating and physical activity.

2.2 THE CONCEPT OF HEALTHY EATING

The health promoting school approach to balanced and healthy eating takes a broad view of the issues around

food rather than looking solely its nutritional quality and calorific value. This approach takes into account the following:

- the aesthetic or visual appeal of meals
- the environment in which meals are consumed
- the temperature, taste and texture of the food
- social aspects of eating together, or sharing a meal
- accessibility and price of fresh, organic and healthy food
- the ways in which the food is produced and distributed

(jumping, pulling and pushing, stretching and bending) during breaks, a variety of body movement during the classes etc.

This broad concept implies that the school policy on healthy eating and physical activity needs to consider a number of factors that encourage or restrict mobility. This relates to school organisation and environment, as well as physical education and sports.

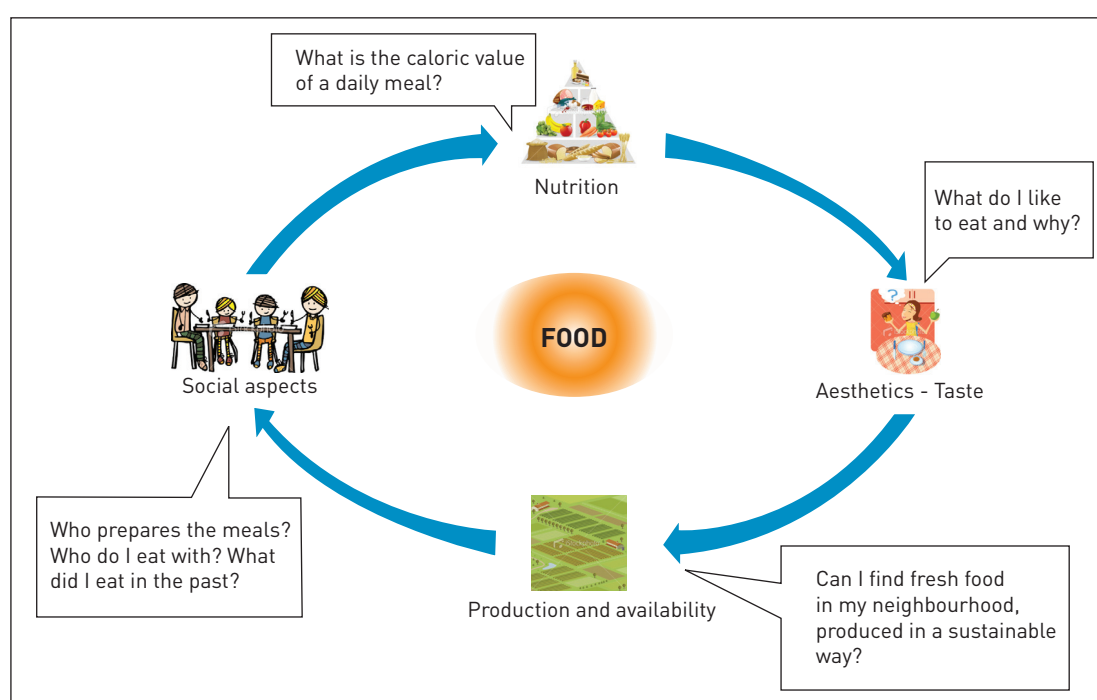


Figure 2. Dimensions of food and eating (modified from Simovska et al, 2006)

This list can be extended to include a variety of opinions and perceptions from members of the school community, including pupils, related to food and eating. Figure 2 illustrates such a wider approach to eating.

2.3 THE CONCEPT OF PHYSICAL ACTIVITY

The health-promoting school approach to healthy and balanced physical activity emphasises several different aspects including play, dance, aesthetics/self-image, as well as sports and planned exercise. Figure 3 illustrates the concept of physical activity.

Everyday activities relating to school also include walking or cycling to and from school, running and playing

2.4 THE NEED FOR A COHERENT SET OF VALUES

School policy should build on the needs and priorities of the school. However, it is recommended also that the school policy integrates and reflects the main values and pillars of the health-promoting schools approach. These values and pillars can be discussed in the policy development process at school in order to build a shared understanding. Links can then be made between this and healthy eating and physical activity and set within the specific context of the school.

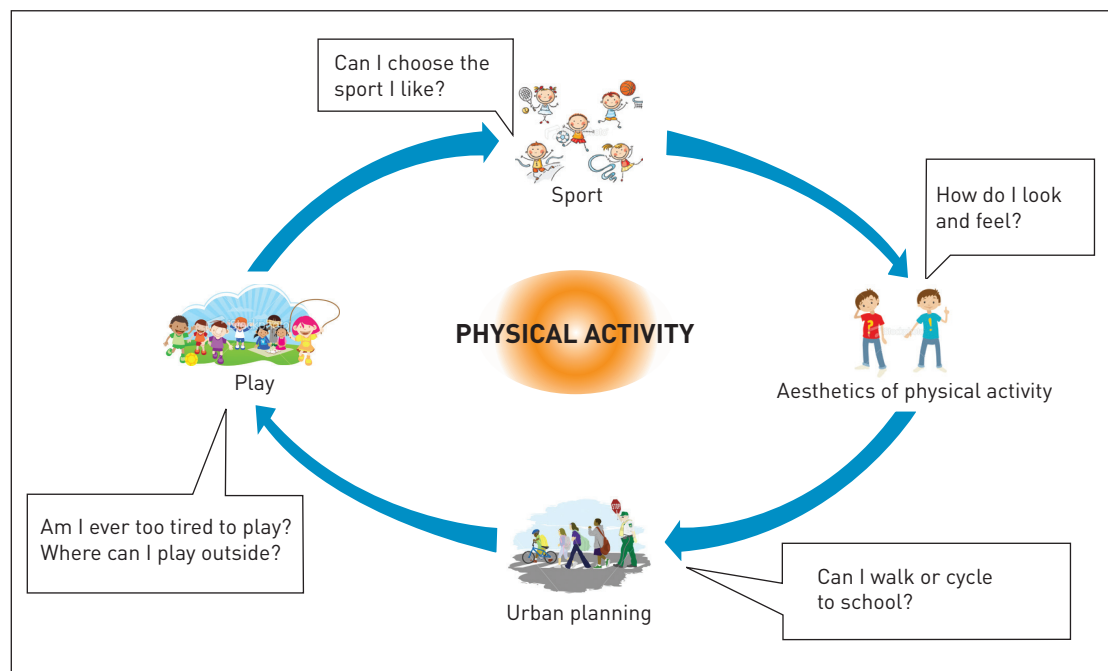


Figure 3. Dimensions of physical activity (modified from Simovska et al, 2006)

The SHE approach to school health promotion is based on five core values and pillars.

SHE core values

Equity

Health promoting schools ensure equal access for all to the full range of educational and health opportunities. This in the long term makes a significant impact in reducing inequalities in health and in improving the quality and availability of life-long learning.

Sustainability

Health promoting schools acknowledge that health, education and development are closely linked. Schools act as centers of academic learning. They support and develop a responsible and positive view of pupils' future role in society.

Health promoting schools develop best when efforts and achievements are implemented in a systematic way for a prolonged period, for at least 5-7 years. Outcomes (both in health and education) mostly occur in the medium or long term.

Inclusion

Health promoting schools celebrate diversity and ensure that schools are communities of learning, where all feel trusted and respected. Good relationships among pupils, between pupils and school staff and between school, parents and the school community are important.

Empowerment and action competence

Health promoting schools enable children and young people, school staff and all members of the school community to be actively involved in setting health-related goals and in taking actions at school and community level, to reach these goals.

Democracy

Health promoting schools are based on democratic values and practice the exercising of rights and taking responsibility.

SHE pillars**Whole school approach to health**

There is a link between the school's policies and practices in the following areas which is acknowledged and understood by the whole school community. This approach involves:

- a participatory and action-oriented approach to health education in the curriculum
- taking into account student's own concept of health and well-being
- developing healthy school policies
- developing the physical and social environment of the school
- developing life competencies
- making effective links with home and the community
- making efficient use of health services

Participation

A sense of ownership is fostered by students, staff and parents through participation and meaningful engagement, which is a prerequisite for the effectiveness of health promoting activities in schools.

School quality

Health promoting schools support better teaching and learning processes. Healthy students learn better, healthy staff work better and have a greater job satisfaction. The school's main task is to maximise school outcomes. Health promoting schools support schools in achieving their educational and social goals.

Evidence

School health promotion in Europe is informed by existing and emerging research and evidence focused on effective approaches and practice in school health promotion, both on health topics (e.g. mental health, eating, substance use), and on the whole school approach.

Schools and communities

Health promoting schools engage with the wider community. They endorse collaboration between the school and the community and are active agents in strengthening social capital and health literacy.

Box 2: SHE core values and pillars.

■ CHAPTER 3

HOW TO DEVELOP A WHOLE SCHOOL POLICY ON HEALTHY EATING AND PHYSICAL ACTIVITY?

3.1 PHASE 1: SETTING THE SCENE



Phase 1: Setting the scene

- *Ensure support and commitment of the school management*
A successful policy on healthy eating and physical activity depends on the support and commitment of the school management.
- *Build consensus within school community*
Try to create a positive ethos and agreement in the whole school community towards the school policy. Only then the implementation of the school policy can be a success.
- *Establish a policy working group and appoint a coordinator*
The policy working group including teachers, members of the school community and pupils is responsible for developing, implementing and sustaining the school policy.
- *Ensure conditions for the development of the school policy*
Important conditions include the physical environment of the school, the school culture and relationships and time allocated to carry out the policy.

Phase 2: Analysing existing policies and practices

The assessment of organisational, physical and individual factors that influence physical activity and healthy eating in school helps to set priorities and objectives for the school policy. The HEPS rapid assessment tool (Appendix 1) can help to make this assessment.

Phase 3: Developing and writing the policy

- *Set priorities and formulate objectives*
Based on the analysis of the current situation, aims and objectives can be formulated. The HEPS school level indicators (Appendix 2) can help to identify areas in the school on which the school policy could focus.
- *Draft the policy*
The policy document can include the needs and priorities of the school, available human and financial resources, tasks, responsibilities and a timetable. Ensure consultation and feedback are part of the process of developing the policy.
- *Revise*
Comments and suggestions are analysed, discussed and if relevant included in the school policy text.

Phase 4: Dissemination and implementation

- *Disseminate*
The policy document can be announced and celebrated with the whole school community. It can be useful to develop a communication plan.
- *Develop strategies for implementation*
This involves specific action planning including strategies and activities to meet the policy aims and objectives. There may be support at a regional level for this part of the process.
- *Implement and integrate policy into everyday school practices*
The work plan can be put in action. Support from partners in the local community and from parents can be useful. Efficient coordination and clear communication are very important in this phase.

Phase 5: Monitoring, evaluation and learning

The process of policy development and delivery is ongoing requiring monitoring, reviewing and revising at least every 3-4 years. The HEPS school level indicators (Appendix 2) can be used for monitoring and evaluation.

3.1.1 Ensure support and commitment of the school management

A positive and committed school head teacher is crucial to the successful development and implementation of a policy on healthy eating and physical activity. Further, sustaining the policy to remain active and appropriate depends on managerial support too. If the policy development is initiated by members of the teaching staff, or stakeholders from the local authorities, they should ensure commitment and support of the head teacher and the school management.

3.1.2 Build consensus within school community

The school head teacher is important for creating a positive attitude and agreement in the whole school community towards the school policy since the implementation of the school policy can only be successful if it is supported by the school community. It can be useful to properly understand that the promotion of healthy eating and physical activity supports the school in the core business of teaching and learning. Also there is a link between healthy eating/physical activity and mental health and general well-being. This can be highlighted in order to build a consensus within the whole-school community, including parents.

The following suggestions should be considered when planning strategies to build consensus within the school community:

- Organise staff and parents meetings where experts in school health promotion engage in a dialogue with the whole school community about the links between physical activity, healthy eating and learning outcomes.
- Plan a visit to another (health promoting) school with experience in policy development and implementation related to physical activity and healthy eating, for staff members and/or parents.

3.1.3 Establish a policy working group and appoint a coordinator

The next step involves establishing a policy working group with representatives from the school community. It can be helpful to recruit volunteers, including teachers and members of the school community, who have a particular interest and competence in the field of healthy eating and physical activity.

The participation of pupils is important. If pupils are enabled to have an active say in the planning as well as in the implementation and evaluation phase of the school policy, it will increase their sense of ownership and motivation to adopt and sustain new practices.

After establishing the policy working group it is important to appoint a coordinator to coordinate the group's work. The coordinator needs to have the resources available to undertake these responsibilities, for example, teaching fewer hours.

The responsibilities of the working group include:

- Conducting a needs assessment and assessment of existing activities and programmes (you can use the Rapid Assessment Tool in Appendix 1)
- Planning, disseminating and implementing the policy, as well as its monitoring and evaluation
- Supporting and sustaining the commitment of the school community's towards the policy initiative

At this stage, reflecting on and discussing the following questions may be helpful:

- Who belongs to our school community? (identify everyone who can be involved)
- Who are the most relevant and motivated members to be involved in the working group? (such as teachers, school head teacher, pupils, school nurse, parents, representatives of local organisations, municipal health-promotion specialists etc.)
- What can their specific role or contribution to the policy working group include?

3.1.4 Set the conditions for development of the school policy

There are certain conditions within which the policy will be developed. We mention physical environment, organisational culture, relationships within the school and the time available.

The physical environment can be changed in order to promote healthy eating and physical activity. For example, the establishment or improvement of the school canteen or tuck shop, or other places in the school where pupils eat their lunch. Also the functional and/or aesthetic dimensions can be taken into consideration. Similarly, the school playground can be considered in terms of the possibilities for physical activity it offers, but also in terms of its aesthetic which should be attractive to pupils.

This step in policy development can be used in the way pupils are taught. Pupils can influence how the physical

environment within the school is changed and developed. For example they can research and give suggestions to influence the look of the school canteen, lunch places or the school playground as part of their involvement in the policy development and implementation process.

The school culture and relationships can be improved by considering how health promotion practices will support and develop social relations at the school and how policy development and implementation will underpin this. For example how the school policy on healthy eating and physical activity will address issues of marginalisation and inclusion at the school.

The time allocated should consider the everyday life of the school and find the times which are appropriate for this kind of policy development and implementation. For instance, the duration of the lunch break or the opportunities for addressing healthy eating and physical activity in the curriculum, within subjects or across different subjects.

3.2 PHASE 2: ANALYSING EXISTING POLICIES AND PRACTICES

The first task for the policy working group is to perform an analysis of the current situation in school. This involves an assessment of how organisational, physical and individual factors either facilitate or inhibit physical activity and healthy eating in school.

To make this assessment you can use the HEPS Rapid Assessment Tool (Appendix 1 in this publication). The HEPS Rapid Assessment Tool consists of a set of questions divided into seven areas. They reflect a whole-school approach towards healthy eating and physical activity. It is a flexible tool to which additional questions appropriate to a particular school may be added if the working group agrees it will be helpful.

This assessment will give an overview of practices which are working well and those which need to be improved. The outcome of the assessment will help to set priorities and objectives for the policy development phase and then the actions to be taken upon implementation.

This assessment of the current situation could also consider resources that may affect the promotion of physical activity and healthy eating in school. This might include the budget, time and staff competencies which are available to implement the policy within the reality of everyday school life. Additionally, the analysis of the current situation could include assessment of pupils' patterns of physical activity and healthy eating behav-

iours in school.

A good understanding of how organisational, physical and human factors influence pupils' behaviours helps in the setting of realistic objectives.

At this stage, reflecting on and discussing the following questions may be helpful:

- What are the current school policies related to the promotion of healthy eating and physical activity in school?
- What currently is happening in practice around the promotion of healthy eating and physical activity? (Are there individual differences in each grade depending on the teacher in charge?)
- What organisational factors inhibit or promote healthy eating and physical activity in school?
- What physical factors inhibit or promote healthy eating and physical activity in school?
- What individual factors inhibit or promote healthy eating and physical activity in school?
- What are the existing levels of physical activity in the various age groups?
- What are the existing eating patterns in the various age groups?
- Are there any gender differences in terms of healthy eating and physical activity?
- Are there any differences related to ethnic background, or religion in terms of healthy eating and physical activity?
- Are there any differences related to socioeconomic status in terms of healthy eating and physical activity?
- Are external stakeholders already involved in the promotion of healthy eating and physical activity in school?

3.3 PHASE 3: DEVELOPING AND WRITING THE POLICY

3.3.1 Set priorities and formulate objectives

Once a good understanding of pupils' needs and the current situation in school has been developed, aims and objectives can be formulated by the working group. This phase offers the opportunity to move into thinking about and describing what the implementation of a new policy around healthy eating and physical activity might achieve.

It has been found to be useful to select priority areas on which the policy will focus. It is recommended that the focus areas reflect the broad concept of health, healthy eating and physical activity as discussed in chapter 2.1.

They should also reflect the school values.

The HEPS school level indicators (appendix 2) could be useful. They can be used to help identify the areas in the school on which the school policy for healthy eating and physical activity should focus.

- Are there groups of pupils, or areas of the school life, that should be given particular attention based on the analysis of the current situation as found in the needs assessment?
- Have all the comments in the feedback been analysed systematically?
- Are the final stated aims and objectives practical?

3.3.2 Draft the policy

The task of the policy working group is to draft the policy text. This should be done in as simple and transparent a way as possible so that members of the school community can all see and understand how the policy is developing.

The policy document needs to balance the needs and priorities of the school, with the available human and financial resources. It should clearly outline tasks, responsibilities and a timetable for action.

At this point a simple process of consultation and feedback within the school can be useful. Those consulted could be a mix of pupils, parents and other external stakeholders. This helps to ensure ownership and awareness of the policy development and implementation process amongst all members of the school community. The consultation process needs sufficient time for response and for diverse forms of feedback including structured questionnaires and detailed individual comments. Special consideration might be given to different forms of feedback suitable for different age groups so that pupils of all ages and stages are properly included.

3.3.3 Revise

All comments and suggestions received at this stage are analysed and discussed by the policy working group and policy text revised accordingly.

At this stage, reflecting on and discussing the following questions may be helpful:

- Are the focus areas and outcome aims rooted in the agreed conceptual framework and school values?
- Are the focus areas and outcome aims rooted in both the considerations about problems that need to be solved and visions about future school developments?
- How do stated aims and objectives influence the school's teaching objectives or organisation of its everyday functioning?
- Has the consultation process been thorough and inclusive of all members of the school community, including pupils?

3.4 PHASE 4: DISSEMINATION AND IMPLEMENTATION

3.4.1 Disseminate

The new policy document can be announced and celebrated with the whole school community. Different formats are appropriate for different occasions and target groups which means that the development of a communication strategy is recommended. Some examples of different means of dissemination are:

- A copy of the policy document circulated among all the members of school staff and parents including being published on the school website.
- Information meetings organised to further inform members of the school community about the policy and offer an opportunity to discuss it.
- Pupils informed through the pupil council, classroom discussions, curriculum debates, posters and other visual displays within the school.
- The organisation of different policy awareness events for instance, in the school canteen or sports facilities.
- Local media used to both raise awareness within the surrounding local community of the issues around healthy eating and physical activity but also of policy development in the school

3.4.2 Develop strategies for implementation

This step involves specific action planning, which includes developing strategies and activities to meet the policy aims and objectives.

Before starting to develop the work plan, it may be useful to connect up with school support at a regional level. They can help with practical and useful ideas and suggestions.

A work plan and timetable should be outlined describing the strategies and activities that will be used and the sequence in which they will be implemented. It may also be useful to develop a list of materials that are

needed for implementation. Again support may come from regional level for this.

Most teachers and other members of staff may benefit from participation in professional development related to promotion of healthy eating and physical activity. In some countries education colleges and universities offer training in health promotion. It is recommended that staff is involved in such training if sufficient resources are available. If resources are minimal it may be that only one or two staff members undertake this kind of external training and then themselves undertake capacity building within the school.

3.4.3 Implement and integrate policy into the everyday school practices

The next challenge is to transform this policy into practice. Policy is only valuable if integrated into the everyday life of the whole school community. Therefore, the work plan discussed above needs to be put in action. This requires organisation and delegation of specific responsibilities concerning each objective and adequate resource allocation. Support from partners in the local community and parents can be useful at this point in the process.

It is recommended that milestones are set so the process of implementation can be reviewed and adjusted. Efficient co-ordination and clear communication are crucial in this phase, to ensure that the work is done in time, the challenges are addressed and successes celebrated. It is important to emphasise the value of providing time to share and communicate examples of good practice in policy implementation.

At this stage, reflecting on and discussing the following questions may be helpful:

- Are the tasks, targets and timetable clearly described and communicated?
- Is there a feeling of ownership and responsibility for the policy implementation among the members of the school community?
- Have you promoted the new policy in the local community?
- Is the school staff competent to implement the policy?
- Does the school staff have sufficient time and financial resources for adequate policy implementation?
- Is there a system for continuous support and motivation of school staff in place for policy implementation?
- Have you considered transitions – new pupils, new parents, and new colleagues – and how they will get to know the

policy?

- Have conditions been provided to sustain policy implementation in a longer term perspective?

3.5 PHASE 5: MONITORING, EVALUATION AND LERNING

Monitoring and evaluation are integral aspects of policy implementation. The process of policy development and delivery is cyclical; it requires monitoring, reviewing and revising at least every 3-4 years.

The conditions that influence priorities, needs and expected outcomes related to policy implementation within the school or outside the school might change, and it is likely that it would be necessary to revise them on a regular basis.

To guide the policy monitoring and evaluation, you may look for existing monitoring and assessment tools. The SHE website (www.schoolsforhealth.eu) provides information about such tools. In some countries, the education sector may offer tools supporting policy evaluation in school.

Appendix 2 in this publication provides a set of school-level indicators that can be used for policy monitoring and evaluation. These indicators are a starting point and should be modified and adjusted to fit the needs and priorities of each individual school.

At this stage, reflecting on and discussing the following questions may be helpful:

- To what degree have the aims and objectives formulated in the policy been achieved?
- What is the level and nature of the success?
- What are the difficulties and challenges met?
- What are the lessons learnt from overcoming the challenges?
- How do members of the school community perceive the new practices initiated with the policy implementation?
- How do pupils perceive the new practices initiated with the policy implementation?
- How have parents responded to the increased focus on physical activity promotion and healthy eating?
- Have you communicated and celebrated your achievements



■ CHAPTER 4

SCHOOL EXAMPLES FOR INSPIRATION

4.1 SCHOOL EXAMPLE: DENMARK

Hillerødgades School, Copenhagen, Denmark
(‘all-day’ public school: grades from nursery class
until 9th grade, 230 pupils)
Contact person: Marika Ouchicha Jensen

4.1.1 Background

In 2006 the city council of Copenhagen decided to try out projects with ‘all-day’ schools in areas of the city characterised by ethnic and social polarisation. The purpose of these schools is to provide a stimulating school environment throughout the day.

The school opens at 7am, classes start at 8am, the school day ends at 3pm. Then between 3-5 pm children have spare time activities and sports.

4.1.2 What did the school do?

The school was engaged in a project about health education in schools and the development of health policy. The aim was to establish health as an issue integrated into the traditional curriculum for all classes. The school started this process by creating a health team which consisted of teachers, pre-school staff, the school health nurse and the school leader.

It was agreed that the school health policy is not a set of rules of how to behave. Rather, it is an educational manifesto stating that health is an important subject that should be a part of the whole-school environment. In other words, the policy should function within the everyday life of the school as well as part of the formal curriculum. Plus, it was agreed that the school health policy should emphasise that teaching about health in our school is action-oriented, based on the Investigation, Vision, Action, and Change (IVAC) method with pupils as active participants.

4.1.3 The policy in practice: school meals

Consistent with the new school health policy it was decided that school meals could be used to create a health-promoting space where the children could

work with one of the important aspects of health; food, not only for themselves but for the whole school.

So, the school introduced school meals. The aim was for healthy meals to be embraced under and within the schools philosophical and educational aims. Pupils should become active participants in the whole process of the preparation of meals so that they could learn about healthy eating and making healthy choices.

The school meals project also aimed to encourage the development of participation and democratic competences in pupils, increase the school connectedness and social capital, improve the informal interaction between pupils and teachers and increase the general wellbeing of the whole school community.

Some physical changes had to be made at the school since it did not have a canteen or kitchen. Now, each meal is prepared in the school’s kitchen and served in the canteen. The school has employed 2 professional chefs to help prepare and serve the meals together with the children and the home economic teacher.

4.1.4 Outcomes

The school made it part of the teachers’ working timetable to join and assist the pupils during meals. In so doing, the school aimed to create a safe and warm atmosphere within which children can risk trying out different kinds of food and learning about healthy eating.

Classes always have their meal together with their teachers and each class has its own table in the canteen. Lunch is served at the table on attractive trays that the children have to pass round in order to fill their plate. In this way pupils decide for themselves how much they eat. Teachers encourage them to reflect on the content and create a ‘healthy plate’ with a variety of different food types such as vegetables, meat, fish etc.

4.1.5 Pupil participation

The school uses the production of school meals in the kitchen as a practical means of teaching health education by including pupils from grade 5 to 8 and the home-economics teachers. Pupils each participate in

the kitchen for one week; a total of 25 lessons each year. They come to the kitchen in groups of 4-5 and work together with the school chefs and home economic teacher. In educational terms, the kitchen is a 'community of practice', where each member takes responsibility for the task of preparing good, healthy meals for the rest of the school.

4.1.6 What did the school learn?

The school-meals project is a specific example of the implementation of our school health policy in the everyday life of the school. The idea of including children in the production of school meals has given the school more than just a place to teach and work with healthy eating and food. The pupils have developed ownership of the meals and positive attitudes towards healthy eating. So far, between 85-90% of the pupils have joined the school-meals project.

The process undertaken to get to this point has become a central part of our school day and the school culture. Pupils, teachers and parents say that the healthy meals, the way it is working and the children being involved have a positive influence on the feeling of well-being at the school. We see fewer conflicts. Pupils have much more energy and are more focussed during classes. Those who are considered academically weaker seem to have particularly gained a lot by participating in the kitchen. They are more engaged in the process and their teachers observe that this engagement follows into the more traditional classes.

In conclusion, this is an example of a school health policy helping to make the whole school a community of learning about health.

4.2 SCHOOL EXAMPLE: GERMANY

'All-day primary school', Grundschule am
Hollerbusch, Berlin, Germany
(545 students, 36 teachers, 29 non-teachers)
Contact person: Karin Ronneberger

4.2.1 Background

In Germany the development of 'all-day' schools was promoted from 2003 to 2009 by the federal Ministry of Education. An 'all-day' school has contact hours until the afternoon for at least three days a week. In addition

to the school lessons the 'all-day' schools also offer lunch and leisure activities such as sports.

4.2.2 What did the school do?

Following the "Good and Healthy School approach" the school is very active in several health relating areas:

- *Activity, perception & relaxation:* depending on the class situation and age of pupils regular all-day activities are offered including activity games and exercises, breathing exercises, imaginary journeys, music relaxation or massage. All classes are equipped with materials for activity breaks which are done during the school day. To meet the individual needs of all pupils the school offers an area for activities and a relaxation area.
- *Dynamic sitting:* to meet the activity demands of children and to support learning, 'dynamic sitting' is introduced. Each pupil and teacher has a 'back friendly' chair to relieve the spine. Pupils can decide on their sitting posture (e.g. backwards on the chair). In addition, alternative seating options such as physio balls are offered in each class.
- *Projects:* each class is engaged in an age appropriate project day on health promotion and on violence prevention once a year.
- *Creation of a pleasant school environment:* Since pupils and teachers spend a large amount of the day at school the creation of the school environment is important. The schoolyard offers all pupils the opportunity for physical activity through an adventure playground, adequate space for playing and doing physical activities, balancing activities and relaxing activities. So in the playground there is a play hill, play tables, table tennis tables and opportunities for climbing as well as benches and a class room in the school garden
- *In addition:* the school offers a variety of leisure time activities from which pupils can choose. There are opportunities for physical fitness and self development such as yoga as well as the chance of creative activities such as ceramics.

To ensure proper planning and controls the school established a working group on health promotion which is responsible for the overall co-ordination and co-operation with partners outside the school. Regular training courses for all colleagues are organised. As part of the 'Berlin good and healthy school network'



we began to contact other schools in our district about similar work they were doing.

Also, our school considers the participation of pupils and parents central to this work. Class representatives from grades 3 to 6 as well as parents were involved in pedagogical consultations and the planning of school events. From the 4th grade pupils prepare relaxation exercises on their own and accompany them in the lessons.

4.2.3 Why did the school choose to do this?

The school is located in a deprived area with 60% of pupils living in socially disadvantaged families. This concept of health promotion was developed to give each pupil the possibility for optimal physical and mental development. The aim being to strive for a healthy life style in which health risks such as lack of physical activity, mental strains or school stress is reduced and health related resources such as physical fitness and social contacts are promoted.

4.2.4 What actually happened?

As a 'Good and Healthy school' it is aimed to strengthen the educational quality and the sustainable development of the school through health promotion measures. Health promotion shapes the framework of the school day and has become a driving force for our school development and quality of instruction. This creates a motivational school climate, supports the

responsibility of the school, social contacts, mutual consideration, appreciates achievements and creates rules which are transparent and understandable. This contributes to the happiness and satisfaction of our pupils which in turn leads to better learning outcomes. Job satisfaction and readiness for change amongst the teachers is increased.

4.2.5 Which aspects went particularly well?

The degree of continuity and reliability of the work went particularly well.

4.2.6 What difficulties were encountered and how were these overcome?

All this work had to be undertaken without additional costs. This required the support of parents as well as the willingness of all colleagues to look at their own expenditure.

4.2.7 How do you know how successful it was?

A learning baseline test on basic skills during the first week of the first grade show that pupils come to school at different stages. The number of children who show significant problems in various areas increase due to these tests. The teacher receives a comprehensive overview on the results of the tests as a basis for the planning of supportive measures and priorities. Also, supportive leisure time activities are planned together with the child worker. All measures aim to ensure successful learning for pupils. During the third grade all pupils from Berlin do the same test which give comparisons. The results show that our school often exceeds the average. In addition, within the good and healthy school network several surveys with pupils, parents teachers and non teaching staff were conducted which yielded positive results especially with regard to our learning culture. Also, regular school audits and inspections take place within our school. To conclude, we feel that our school has a good climate which is characterised by mutual respect, tolerance and support.



4.2.8 What could be learnt?

A holistic concept of health promotion not only makes a contribution to physical and mental health, it has also a significant impact on the learning success of pupils. By connecting health promotion and educational quality successful theoretically sound work can be done which is highly accepted and effective. The work is process related and can be extended in the future.

4.3 SCHOOL EXAMPLE: POLAND

Primary school nr 5: Gustaw Morcinek School,
Mysłowice, Poland
(primary school, 86 students, aged 7-13)
Contact person: Renata Boba

4.3.1 What did the school do?

The school has been involved in health-promoting activities since 2006 when a three-year health education programme was developed. In 2009 the school joined the nationwide “Keep Fit” project, whose objectives are; developing students’ responsibility for their own and others’ health, the ability to take care of their physical condition, as well as healthy eating.

4.3.2 The main activities undertaken at our school are:

Concerning healthy eating:

- All pupils have milk or yoghurt each day – the school takes part in the nationwide “Glass of Milk” programme funded by the EU

- Every Wednesday students and teachers have a healthy fruit and vegetable breakfast together
- Pupils aged 10 to 13 attend a workshop entitled “What, how much and how to eat”
- Students’ parents attended a workshop on eating related disorders, such as obesity, bulimia and anorexia
- Students aged 7 to 10 come to the Squirrel Club meetings where they learn to select healthy foods for their “health baskets”

Concerning physical activity

- The school is surrounded by an area with lots of green space and a low volume of traffic. The students have access to an outdoor volleyball and basketball court and there are modern sports facilities including a football pitch, a full-size gymnasium and a work-out room. This gives opportunity for different kinds of physical activity.

The activities are popular among the students, their parents, the teachers and other school staff, as well as the community. Every year the entire school celebrates World Health Day which gives an opportunity for students to prepare a healthy smorgasbord of fruit and vegetable salads and juice, as well as sandwiches made with appetising and colourful fillings. All students and teachers, divided into groups, prepare and present mini stage plays about healthy food and physical exercise.

The school’s annual tradition is the Open Day, which brings the community together and gives an opportunity for a presentation of their health-promoting activities.

4.3.3 Why did the school choose to do this?

Prior to the formulation of the health education programme, school coordinators conducted an assessment taking into account the characteristics of the school and the students’ needs. Individual activities were decided by all teachers and based on the outcome of the assessment, observations made at breakfast breaks and conversations with students. The collected data indicated that there were unhealthy eating habits, free time spent in sedentary pursuits and a considerable percentage of pupils suffering with obesity. At the beginning of each school year students’ and parents’ expectations of the school, are explored. Our suggestions in the area of health promotion are approved of by 90% of parents and students.

4.3.4 What actually happened?

All of the above activities continue as part of our school timetable. The range of after-class activities has been extended to include aerobics and aikido. The youngest students can take part in snow games and sledging in winter and outdoor games and hiking in summer. We are planning to implement:

- the EU-funded nationwide “Fruit at Schools” programme. Students aged 7 to 10 will be given fruit, vegetables and fruit and vegetable juice every day
- “Colourful Week”, a project connected with the celebration of World Health Day on 7 April. Each day of the week will be assigned a different colour and on each day students and teachers will eat fruit and vegetables of that colour.

4.3.5 Which aspects went particularly well?

Thanks to the involvement of the students, head teacher and all employees and the parents’ acceptance and help, in 2008 the school was awarded the Silesian health promoting school network certificate and the 3rd place in the province in the “Keep Fit” project. Our other achievements are:

- the healthy breakfast: the students have been seen to bring more fruit and vegetables on other days
- Participation by pupils in all sports activities on offer and free time is being spent in active ways. Pupils are themselves suggesting new ways to use recreation time actively. Siblings and parents are frequently being involved.
- Open Day for the community
- holding workshops, in which active teaching methods, such as project work, are used

4.3.6 What difficulties were encountered and how were these overcome?

The main area of difficulty was communication between the school and the parents added to by some parents’ opinion that our activities served no purpose. Through posters, bulletins, meetings and conversations the entire school community was involved and initial difficulties were overcome by teachers’ commitment, parents’ approval and continuous evaluation of the projects.

4.3.7 How do you know how successful it was?

Only 86 students attend the school. The teachers know all parents and the local community. It enables the assessment of undertaken activities based on conversation and observation. Each year the two school health promotion coordinators conduct opinion polls and questionnaires in order to assess the level of approval by parents, students and teachers. 90% of them enjoy the activities and would like them to continue. Evaluation of the health education programme is planned for September 2011.

4.3.8 What could be learnt?

The knowledge gained by the coordinators, head teacher and teachers was put into practice. The school learnt that the only way to success is through consistency, determination and teamwork. The school feels the students, parents and teachers:

- have learnt about healthy eating guidelines and understand about the impact that unhealthy eating and lack of exercise can have
- have learnt to plan their free time to include sports and outdoor activities
- are more diligent and organised
- have learnt to plan their actions and work in a team





4.3 SCHOOL EXAMPLE: PORTUGAL

School EB2, 2/Sec, Moimenta da Beira, Portugal
(secondary school: 10-12th grades with also 7-9th grades, 847 students)
Contact person: Helena Correia

4.4.1 What did the school do?

- “Health Day” and “Apple Day” are held every school year
- School meals have improved with 3 meat meals and 2 fish meals a week and an increase in the consumption of vegetables and fruit to the point that now every lunch includes vegetables and also soup
- provides seasonal fruit for sale in both the students and teachers’ cafeterias
- has cut down the amount of fried food and salt generally in the food at the canteen
- has checked cholesterol, diabetes and blood pressure weekly at our “Health Room”, with the support of the Local Health Centre
- has created an extra curricular subject in 9th grade named “Healthy eating” (90 minutes a week);
- a group of 9th grade students have joined our health promotion project and has presented about healthy eating to primary students with success.
- With the collaboration of other institutions or personalities the school is continually developing different activities throughout the school year, including physical activities.

4.4.2 Why did the school choose to do this?

The school consists of all different sorts of people; teachers from different disciplines, students, school nurses,

parents and we are an institution which practices child protection.. We all believe that we can make a difference in helping to build up healthier people, because to us healthy means happy.

4.4.3 What actually happened?

It has all been a success! The enthusiasm of students is an observable fact and local products have become more visible.

4.4.4 Which aspects went particularly well?

The consumption of vegetables and fruit has doubled. Students and parents are more aware of the benefits of healthy eating. Some individual problems have been solved or are being treated and sustainability is in progress.

4.4.5 What difficulties were encountered and how were these overcome?

No difficulties. We know these changes take time.

4.4.6 How do you know how successful it was?

The number of pupils who eat regularly at the canteen has increased, the school has noticed that they are eating apples every day; the feedback from parents, students and teachers is positive and the enthusiasm from all involved is great.

4.4.7 What could be learnt?

A motivated group of people with the will to work for the benefit of a school community can make a difference.

■ APPENDIX 1

RAPID ASSESSMENT TOOL

Introduction

Before developing and implementing a policy on healthy eating and physical activity an assessment should be undertaken of existing health policies and practices in order to have an overview what is working well and what needs improvement. In this document this is included in phase 2: 'Analysing existing health policies and practices'. The outcome of this assessment should then be a guide towards setting priorities and objectives and therefore the actions to be taken.

The HEPS rapid assessment tool contains a set of questions which are divided into seven areas reflecting a whole-school approach to healthy eating and physical activity. It is designed to be flexible and additional questions may be developed as appropriate by any individual policy working group in order to make it as helpful as possible for their school. The whole policy working group can be involved with this.

Instructions

Each question should be measured in two ways:

1. Current situation: The school should be rated on a three point scale: 1 = fully in place; 2 = partly in place; 3 = not in place. (Columns on left of the form headed 'rating')
2. Priority given to this question. This should be rated on a three point scale: 1 = low/ no priority; 2 = medium priority; 3 = high priority. (Columns on right of the form headed 'priority')

After the assessment the results can be interpreted by analysing each question separately or by summarising the results for each of the seven areas by calculating the mean for each.

Areas which result in a low mean on the first dimension (the school's rating) and have a high mean on the second dimension (priorities) at the same time can be the focus of further action in the school policy.

Assessment tool

Your rating: 1 = fully in place; 2 = partly in place; 3 = not in place

Your priority: 1 = low/no priority; 2 = medium priority; 3 = high priority

	Rating			Priority		
	1	2	3	1	2	3
1. Documentation / Data						
1.1 Our school has an overview of the current situation regarding pupils being overweight, obese or suffering with eating disorders						
1.2 Our school can estimate the current eating and physical activity behaviours with regard to the age and gender of our pupils						
1.3 Our school has undertaken an assessment of the needs and wishes of pupils and teachers concerning healthy eating and physical activity (e.g. survey, wish boxes)						
2. School policy						
2.1 Our school has a written policy on healthy eating and physical activity						
2.2 Physical activity and healthy eating are linked to the educational goals of our school						
2.3 Physical activity and healthy eating are part of the curriculum of our school						
3. School physical environment						
3.1 School facilities such as the playground are activity-friendly for all pupils and are appropriate with regard to age and gender						
3.2 Pupils have access to school facilities for physical activity outside school hours						
3.3 All the physical activity facilities of our school meet common safety standards						
3.4 The route to our school is designed to encourage pupils to engage in physical activity (e.g. cycling or walking)						

4. Whole-School level						
4.1 The school canteen, the school shop and vending machines offer food and drinks which are healthy and meet national food standards						
4.2 Unhealthy food and drinks in vending machines are reduced to a minimum						
4.3 Our school canteen is arranged in a pleasant and sociable way						
4.4 Our school offers regular shared activities on healthy eating and physical activity such as project weeks, festivals, competitions, breakfast clubs etc.						
4.5 Physical activity and healthy eating is included in after-school programmes						
5. Class level						
5.1 Our school implements programmes which are focused on individual skills and knowledge of healthy eating, physical activity and mental health						
5.2 Healthy eating and physical activity as a subject is integrated into the curriculum in different subjects such as biology, sports, chemistry etc.						
5.3 Clear rules are established concerning the avoidance of unhealthy eating patterns as form of gratification for pupils (e.g. good behaviour)						
5.4 Activity breaks are regularly included in the school lessons and the school breaks						
6. School - community cooperation						
6.1 Parents are involved in the planning and implementation of activities on healthy eating and physical activity in our school						
6.2 Our school has established a connection with local partners such as sport and youth clubs, restaurants, health insurances, counselling services etc.						
6.3 Our school arranges regular visits to local stakeholders to encourage our pupils in healthy eating and physical activity						
7. Professional development of school staff						
7.1 It is known to the whole school community who is responsible for topics such as healthy eating and physical activity						
7.2 Our school offers regular teacher training and capacity building on healthy eating and physical activity						
7.3 There are sufficient resources available to provide the school staff with up to date materials on healthy eating and physical activity						

■ APPENDIX 2

HEPS SCHOOL LEVEL INDICATORS

Introduction

The HEPS School Level Indicators in this Appendix give an overview of aspects that need to be considered in planning, implementing, monitoring and evaluating a whole school policy on healthy eating and physical activity.

Consistent with the SHE values and pillars, the HEPS school-level indicators presented here are categorised in three groups:

- the whole-school (including school environment and curriculum)
- participation (pupils and staff)
- school-community collaboration (with families and local authorities)

While the Rapid Assessment Tool (Appendix 1) is helpful in the policy development process (phase 2), the HEPS School Level Indicators can be used to help analyse existing policies and practices in the policy planning process, but also in monitoring and evaluation.

Policy development

These indicators are designed to help schools when writing and fine tuning the components of their policy. They can be used as a prompt for what could be included in the policy so it is recommended that the policy working group compares the draft policy text with the list of indicators in the revision phase (part of phase 3).

Evaluation

Once the policy is put in practice the indicators can help in monitoring and evaluating its implementation. The evaluation can be flexible and follow the priorities set, so for example a school could decide which indicators would be in focus in a particular time period and indeed, add other indicators to the list as appropriate. In this way it is responsive to the particular needs of a school and aims at being a starting point and inspiration rather than being prescriptive. Not all indicators will be relevant to all schools.

HEPS School level indicators

Criteria	Indicators
Whole-school	
School policy on healthy eating and physical activity, consistent with existing national and local policies and action plans for health promotion	<p>School policy in place which follows national and local guidance concerning healthy eating and physical activity. Policy includes for example: school meals, snacks and celebrations of pupils' birthdays at school</p> <ul style="list-style-type: none"> • Food policy is evident on school trips and celebration events • Monitoring of the implementation of school policies is in place • Policy is visible at the school and consistent with curriculum • Resources are allocated for policy implementation • Clear policy implementation strategies are in place, with defined roles and responsibilities of school staff and pupils
Provision of food and drinks	<ul style="list-style-type: none"> • The offer of food and drinks at school is consistent with national and local nutritional guidelines • Food is provided in a non-stigmatising manner (especially if pupils participate in free meal programmes) • Healthy food and drinks are available in the school shop • Evidence of the school actively discouraging fast food being sold to pupils around the school • Vending machines and snack bars at school offer healthy choices including water, fruit and low energy snacks • Water is available free of charge in a number of visible places throughout school, and separate from the toilets • Evidence of school activities encouraging healthy lunchboxes or other school meals • Evidence of school activity encouraging a healthy breakfast at home or at school and/or at home
The school physical environment, culture and ethos	<ul style="list-style-type: none"> • The school building and surroundings encourage physical activity • School-based sports events and competitions are organised regularly • Evidence that the breaks are used actively and physical activity is encouraged consistently • The school yard and the gym equipment are adequate to encourage and allow for a variety of physical activity modes • After school programmes offering a wide range of physical activity and healthy cooking opportunities are in place • The displays on the walls support the messages of healthy eating and regular physical activity • Strategies are in place to avoid and reduce the impact of the marketing and advertising of unhealthy food and drinks in the school environment • The canteen is arranged in a pleasant, sociable manner, adjusted to pupils' needs

	<ul style="list-style-type: none"> · There are eating areas, which offer sufficient room for students · Lunch time is organised in a way that allows enough time for a pleasant meal · Time is allocated for pupils to socialise and play, preferably before lunch time · The staffroom is arranged in a pleasant and relaxing manner · Evidence of consistent messages concerning healthy eating and physical activity in school competitions, rewards-schemes etc. · The school offers counseling concerning healthy eating and appropriate levels of physical activity for pupils and parents · Evidence of school activities to promote overweight pupils' emotional health and prevent stigmatization, exclusion or bullying
Professional development of school staff	<ul style="list-style-type: none"> · Teachers and support staff receive appropriate training concerning healthy eating and physical activity and the links to health and wellbeing. Also training in the participatory methods used to work with pupils on these and related issues · Training is cascaded and evaluated on a regular basis · Materials (printed, video etc) on healthy eating and physical activity from local, national and international organisations disseminated regularly to school staff · Providing healthy food and drink at breaks at staff meetings · Evidence that training influences practice
Curriculum	<ul style="list-style-type: none"> · Consistency between curriculum content and school policy on healthy eating and physical activity · Evidence that curriculum resources are devoted to healthy eating and physical activity · Clear links between mental and emotional well being and healthy eating and physical activity · Consistent messages are provided throughout the curriculum · Specific projects on healthy eating and physical activities have been implemented and evaluated during the last 3 years
Participation	
Pupils	<ul style="list-style-type: none"> · Evidence of pupils' influence on policy development, implementation and evaluation · Evidence of activities that promote healthy eating and physical activity with the active participation of pupils in planning as well as in implementation and evaluation · Evidence of pupils' influence on the food and drinks provision at school (menu in the school canteen, vending machines, school yard, the feel of the school building etc) · Evidence of pupils' influence on the physical environment of the school related to healthy eating and physical activity

Staff	<ul style="list-style-type: none"> · Evidence of staff influence on policy development · Evidence of staff influence on professional development planning, implementation and evaluation concerning healthy eating and physical activity · Evidence of initiatives for promoting healthy eating and physical activity among staff
School-community collaboration	
Families	<ul style="list-style-type: none"> · Parents are informed of the school policy and activities concerning healthy eating and physical activity on a regular basis · Parents are invited to be involved in the planning, implementation and evaluation of school activities and special events concerning healthy eating and physical activity · The expertise of parents is used to support school policies and activities concerning healthy eating and physical activity when appropriate
Local authorities (municipalities etc)	<ul style="list-style-type: none"> · Links with regions and local authorities to ensure support for school policies and activities concerning healthy eating and physical activity and consistency with local and national policy · Schools engage with and support local/national initiatives promoting healthy eating and physical activity · Schools initiate and organise local community activities to encourage healthy eating and physical activity · Strategies in place to mobilise parents and communities to organise extracurricular activity events · Any contribution is planned, evaluated and followed up
Professional organisations and persons (nutritionists, health experts, sports organisations etc)	<ul style="list-style-type: none"> · Links and active collaboration with relevant outside clubs, organisations, agencies and individuals are made to ensure support of school policies and activities concerning healthy eating and physical activity · Any contribution is planned, evaluated and followed up

■ REFERENCES

- Bada, E., Sokou, K., Dafesh, Z., Lee, A., Flaschberger, E. & Buijs, G. (2009). *HEPS Advocacy Guide: Arguments and strategies towards a health policy*. Woerden, NIGZ.
- Boonen, A., Vries de, N., Ruiter de, S., Bowker, S. & Buijs, G. (2009). *HEPS Guidelines. Guidelines on promoting healthy eating and physical activity in schools*. Woerden, NIGZ.
- BHF (2004). *The active school. Developing a Physical Activity Policy and Development Plan Section*. Retrieved from the World Wide Web on October 12th 2009, from <http://www.bhfactive.org.uk/downloads/PolicyDevelopment.pdf>.
- CDC (2005). *School Health Index: A Self-Assessment and Planning Guide. Elementary school version*. Retrieved from the World Wide Web on July 15th 2009, from <http://www.cdc.gov/HealthyYouth/SHI/pdf/Elementary.pdf>.
- *Developing a Whole School Food and Fitness Policy (2006)* Welsh Network of Healthy School Schemes, Welsh Assembly Government.
- Young, I. (ed., European version) (2005) *Growing through adolescence: A training pack based on a Health Promoting School approach to healthy eating*. Edinburgh: NHS Health Scotland.
- Morel, K. (2009). *Inventory for HEPS Tool for Schools. Internal report*. Woerden, NIGZ.
- Paulus, P. & Michaelsen-Gärtner, B. (2008). *Referenzrahmen schulische Gesundheitsförderung. Gesundheitsqualität im Kontext von Schulqualität. [Frame of reference of school health promotion. Health quality within the context of school quality]*. Retrieved from the World Wide Web on October 12th 2009, from <http://www.bzga.eu/bot—Seite4427.html>.
- Simovska, V., Jensen, B.B., Carlsson, M. and Albeck, C. (2006). *Shape Up Europe: Towards a healthy and balanced growing up – children and adults taking action together. Methodological guidebook*. Barcelona: PAU Education.
- Sørensen, K. Koch, B. And Jensen, B.B. (2006). *Health policies in schools: theory and practice*. Aabenraa, Denmark. The County of Southern Jutland.
- *School Policy Framework: Implementation of the WHO Global Strategy on diet, physical activity and health. (2008)*. World Health Organization. <http://www.who.int/dietphysicalactivity/SPF-en-2008.pdf>. Accessed November 2009.
- SNGS (2007). *Qualitäts-Kriterien Gesundheitsfördernde Schule [Quality criteria health promoting school]*. Retrieved from the World Wide Web on July 09th 2009, from <http://www.gesunde-schulen.ch/data/data—417.pdf>.

Useful web links

- Schools for Health in Europe (SHE Network)
<http://www.schoolsforhealth.eu>
- HEPS supports school health policy
<http://www.hepseurope.eu>
- Shape Up Europe
<http://www.shapeupeurope.net>

HEPS PARTNERS

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