

Monografia

I contesti della promozione della salute: la scuola

Education and health go hand in hand: the European perspective on health promoting schools

Educazione e salute vanno di pari passo: la prospettiva europea delle scuole che promuovono salute

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Parole chiave: salute, educazione, scuole che promuovono salute, SHE network

RIASSUNTO

“Scuole che promuovono salute” è un’iniziativa strategica che ha una lunga tradizione a partire dagli anni Ottanta in cui è stato sviluppato questo approccio sulla base della Carta di Ottawa.

Il nuovo paradigma, che è la base per l’approccio della scuola che promuove la salute, comprende l’educazione alla salute e si concentra sulla promozione della salute e il benessere degli studenti e del personale scolastico. L’approccio viene visto come una qualsiasi attività intrapresa per migliorare e/o proteggere la salute e il benessere di tutti gli utenti della scuola: studenti, docenti e personale non docente; e comprende le attività relative alla promozione della salute nelle politiche scolastiche: l’ambiente fisico e sociale della scuola, il curriculum, familiari e i collegamenti della scuola con la comunità e i servizi sanitari (SHE, 2014). Nella rete SHE una scuola che promuove la salute viene definita come “una scuola che implementa un piano strutturato e sistematico per la salute, il benessere e lo sviluppo del capitale sociale di tutti gli alunni e di personale docente e non docente” (SHE 2014). Questo si caratterizza come un approccio per tutta la scuola (o *whole school approach*).

Nel corso dell’ultimo decennio il tema della sostenibilità è stato ancor più strettamente connesso alle scuole che promuovono la salute.

Il cambiamento climatico sta invitando tutti in tutto il mondo ad agire. L’educazione per lo sviluppo sostenibile ha quindi, ed avrà, una priorità nei nostri sistemi educativi. Scuole che promuovono salute e

educazione allo sviluppo sostenibile hanno una lunga storia e possono essere ben integrati e applicati. A livello europeo, i seguenti pilastri sono condivisi come base di una strategia di scuola promotrice di salute:

- Approccio scolastico globale per la salute: combinare educazione alla salute con lo sviluppo di politiche scolastiche
- Partecipazione: un senso di appartenenza da parte degli studenti, del personale e dei genitori
- Qualità della scuola: le scuole che promuovono la salute creano un migliore insegnamento e apprendimento.
- Studenti sani imparano meglio, il personale della scuola sano funziona meglio
- Scuola e comunità: le scuole sono viste come agenti attivi per il coinvolgimento dei genitori e lo sviluppo della comunità.

L'educazione è uno strumento fondamentale per contribuire a ridurre le disuguaglianze di reddito nella nostra economia globalizzata, come è anche riconosciuto nella recente pubblicazione dell'economista Thomas Piketty sul capitale nel 21° secolo. Scuole che siano parte integrante della comunità circostante, sono in grado di contribuire a ridurre le disuguaglianze in salute. La collaborazione con altri settori politici pertinenti, per esempio le politiche giovanili, le politiche sociali e ambientali e dello sviluppo sostenibile è essenziale. I partenariati e i networking sono strumenti chiave sviluppati e utilizzati nell'approccio della scuola che promuove la salute. L'approccio della scuola che promuove la salute richiede il lavoro intersettoriale. La "dichiarazione di Odense", risultante dalla quarta Conferenza europea sulle scuole che promuovono la salute, chiede di rafforzare i legami tra educazione, settore sanitario e tutti i soggetti interessati (Buijs, 2014).

L'educazione è determinante per la salute e il benessere dei bambini. Bambini che iniziano la loro educazione nella prima infanzia, come la scuola materna, tendono ad avere migliori risultati a scuola, trovare un lavoro meglio retribuito e godono di una migliore condizione di salute in età adulta.

La revisione Cochrane del 2014, relativa al framework della scuola promotrice di salute, sulla base di cluster di studi controllati randomizzati, conclude che vi sono evidenze che interventi scolastici basati sul quadro HPS sono efficaci nel miglioramento di alcuni risultati di salute nei bambini e nei giovani.

Un recente studio illustra l'importanza del lavoro in rete e partnership nell'ambito della promozione della salute nella scuola (Young, 2014). Alcuni dei temi principali relativi al networking e le partnership sono elencati di seguito (Young, 2014):

- problemi politici
- alleanze e cultura del territorio
- rispetto e comprensione dei ruoli professionali, idee e linguaggio
- fiducia come componente chiave di reti e partenariati
- natura delle scuole e loro ruoli
- valutazione e monitoraggio
- responsabilità, accountability e riconoscimenti
- obiettivi condivisi
- sfruttare il potenziale dei social media
- inibizione e paura di conflitti
- potere e influenza delle reti.

In Europa vi è una crescente comunità di professionisti interessati e coinvolti nello sviluppo e nell'attuazione delle scuole che promuovono la salute. La rete School for Health in Europe fornisce facile accesso a informazioni, buone pratiche, contatti e scambio di informazioni. La collaborazione internazionale aiuta a ridurre al minimo la duplicazione degli sforzi e fornisce un quadro che favorisce e sostiene l'innovazione. La rete SHE è di interesse per coloro che lavorano nel settore sanitario, in quello dell'istruzione, della cura dei giovani e in altri settori connessi; è aperta a qualsiasi organizzazione o professionista con un interesse per la salute nella scuola.

Key words: health, education, health promoting schools, SHE network

SUMMARY

Health promoting schools have a long tradition. In the eighties the health promoting school approach was developed, based on the Ottawa charter. Health promoting schools include health education and focuses on promoting the health and well-being of students and school staff.

Health promoting schools have shown evidence of improving the health and well-being of the whole school community. School programmes on healthy eating and on mental health promotion that are developed and implemented following the whole school approach, are most effective.

Schools, being part of the surrounding community, are designated as one of the settings to help reduce inequalities in health. Collaboration with other relevant policy areas, for example youth, social and environmental policies and sustainable development is essential. Partnerships and networking are key tools that have been developed and used in the health promoting school approach.

Climate change is urging everyone around the globe to take action. Education for sustainable development therefore has and will have a high priority in our educational systems. Health promoting schools and education for sustainable development have a long history and can be well combined and used for healthier students and school improvement.

The SHE network has demonstrated progress on a European and an international level, emphasising the role of schools in improving the health of children and young people.

1. Introduction

Imagine a child that is really happy about being alive, that is exploring the world every day and step by step, that is developing its intelligence and thinking, and loves to learn play and be with others. Imagine that schools are exciting places for learning and well-being, where children like to learn, where teachers and non-teaching staff like to work. This is the picture we can have in our minds when working in the area of health promoting schools. Health promoting schools is about exactly this: to support a healthy and happy life of children and adolescents around the globe and to contribute to school development and improvement.

About three decades ago, the health promoting school approach was developed and introduced. This coincided with the launch of the Ottawa charter presented at the first international conference on health promotion in 1986, which radically changed the context for health promotion. The Ottawa Charter (WHO, 1986) states that health promotion is a process about enabling people, me-

aning that people can actively acquire competencies to create more control over their own health and over their environment. Until then, the more traditional approach to health education in schools was, and often still is, focused on gaining knowledge about diseases and healthy behaviour based on a closed concept of health. The new paradigm which is the basis for the health promoting school approach, includes health education and is viewed as any activity undertaken to improve and/or protect the health and well-being of all school users, including students, teaching and non-teaching staff. It includes provision and activities relating to health promoting school policies, the school's physical and social environment, the curriculum, family and community links and health services at the school (SHE, 2014). It therefore focuses on promoting health and well-being, on lifestyles and living conditions, and on the absence of diseases. The underlying concept of health is more than the traditional WHO definition: 'a complete state of physical, mental and social well-being, and not

merely the absence of disease or infirmity'. It uses a more open concept of health, in which children and young people should be involved in defining their own health. Huber et al (2011) propose a new definition of health changing the emphasis towards the ability to adapt and self manage in the face of social, physical, and emotional challenges.

This implies that health promotion in schools instead of learning how to behave and have knowledge about diseases and health threats and risks behaviours, is a democratic learning process that aims to develop children's and young people's competencies in understanding and influencing lifestyles and their living conditions (WHO, 2006). This approach also takes into account the health and wellbeing of those working in the school, teachers and non-teaching staff.

During the last decade the issue of sustainability has also been more closely linked to health promoting schools.

In the SHE network a health promoting school is defined as 'a school that implements a structured and systematic plan for the health, well-being and the development of social capital of all pupils and of teaching and non-teaching staff' (SHE, 2014). This is characterized as a whole school approach (or 'whole of school approach') and in different European countries other terms are used such as 'healthy schools', 'good and healthy schools', but they all have a similar intention.

Health promoting schools have shown evidence of improving the health and well-being of the whole school community. This is demonstrated by the work of Stewart-Brown (2006) on the effectiveness of school health promotion programmes. School programmes on healthy eating and on mental health promotion that are developed and implemented following the whole school approach, are

most effective.

Schools, being part of the surrounding community, are designated as one of the settings to help reduce inequalities in health. Collaboration with other relevant policy areas, for example youth, social and environmental policies and sustainable development is essential. Partnerships and networking are key tools that have been developed and used in the health promoting school approach.

There is a strong emphasis nowadays on sustainable development and its impact on education and health are obvious. Climate change is urging everyone around the globe to take action. Education for sustainable development therefore has and will have a high priority in our educational systems. The question is how health promoting schools and education for sustainable development can be combined and used for healthier students and school improvement.

2. Explaining the key concepts

In the Schools for Health in Europe network a set of shared core values and underpinning principles within the European context is being widely used. This is a huge achievement given the enormous diversity in education and health systems across the countries in the European region.

The SHE core values are:

- 1 Equity: equal access for all to education and health
- 2 Sustainability: health, education and development are linked. Activities and programmes are implemented in a systematic way over a prolonged period
- 2 Inclusion: diversity is celebrated. Schools are communities of learning, where all can feel trusted and respected
- 3 Democracy: health promoting schools are based on democratic values.

On the European level, the following five pillars are shared that underpin the health promoting school approach:

- 4 Whole school approach to health: combine health education in the classroom with development of school policies
- 5 Participation: a sense of ownership by students, staff and parents
- 6 School quality: health promoting schools create better teaching and learning processes and outcomes. Healthy students learn better, healthy school staff work better
- 7 School and community: schools are seen as active agents for parents involvement and community development.

The health promoting school approach is a 'whole school approach to health and well-being'. It combines a commitment to improving the health and well-being of children and to making schools a better place to learn and work. It therefore not only involves the health and well-being of children but also of school staff. This explains how health promotion in schools needs to be linked to the core task of a school which is education. And how this also is connected to inherent values of a school, which are mentioned in the SHE core values, and also include solidarity, influence, critical health literacy and action competence in relation to health (Jensen, 2015).

The health promoting school approach demands intersectoral working. The "Odense statement", resulting from the 4th European conference on health promoting schools, calls for strengthening links between the education and health sector and all stakeholders (Buijs, 2014). Furthermore, it focuses on taking a lead in school development and school improvement through a health promoting school approach.

Health 2020 is the new European health po-

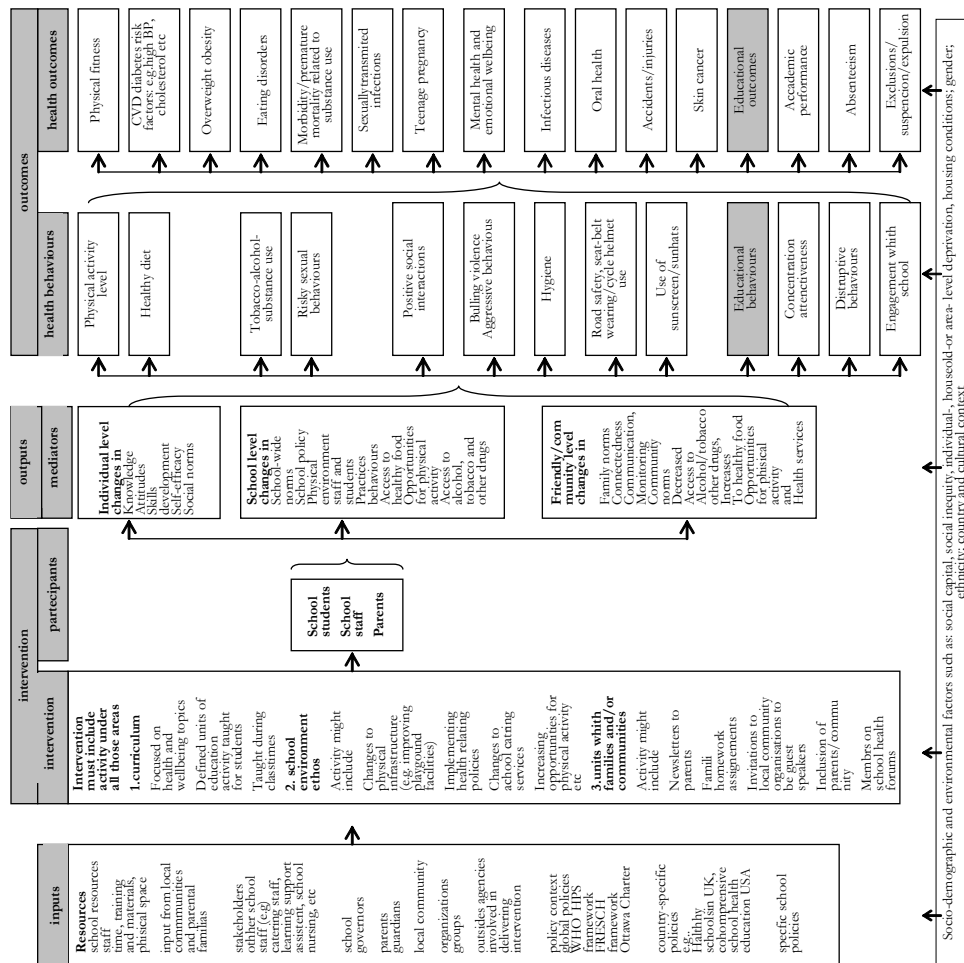
licy framework for the 53 member states in the European region. It aims to support action across government and society to: 'significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality' (WHO EURO). Health 2020 puts a strong emphasis on reducing health inequalities. Children from poorer backgrounds are more likely to experience poor parenting, receive inadequate support in schools and health services, live in hazardous environments and live shorter and less healthy lives as adults. Education policies and schools can help address these inequalities. The WHO EURO H2020 sectoral brief on 'education and early development' (WHO 2014) states very clearly how education can make a difference in health. Creating better synergy between health and education sectors implies improving education outcomes to create healthy adults.

In the recent Cochrane review on the effectiveness of school health promotion a logic model to illustrate the mechanisms for how a health promoting school might influence health and educational outcomes (figure 1). The logic model for school health promotion illustrates the complexity of the concept, and provides a guidance for a better understanding of the work in this area.

3. Knowledge on the relationships between health and education

Education is key determinant to the health and well-being of children. Children starting their education in early life, such as preschool or Kindergarten, are more likely to do well at school, get better paid employment and have better health in adulthood. Education is a key tool to help reducing inequality

Figure 1: Logic model for impact of the health promoting school approach on health and learning outcomes



in income in our globalized economy, which is also recognized in the recent publication by economist Thomas Piketty on capital in the 21st century.

The 2013 factsheet of the SHE network provides an overview of the evidence of school health promotion (SHE, 2013). Most of the HPS evidence traditionally comes from health topic research (on healthy eating, physical activity, tobacco use), rather than from research looking at whole school approaches or looking at initiatives focusing on health in a more holistic way. The overall conclusion from topic-based research is that programmes that can be classified as a health promoting school or whole school approach deliver most evidence on improving health behaviours. This is especially true for mental health programmes in schools. Successful mental health initiatives are well designed and based on theory and practice, have links between school, community and parents and school environment, and focus on relationships among students, teachers and parents (SHE, 2013). Results are varied and demonstrate improvements in achievement tests, social and emotional skills and decreases in classroom misbehaviour, anxiety and depression. There are also demonstrated benefits concerning reduction of aggressive behaviour, school drop-out rates and building a sense of community in the school. Similar positive links have been showed on other topics with a whole school approach, specifically in the area of promoting healthy eating and physical activity. It is stated that mental health should be a feature of all school health promotion initiatives.

The 2014 Cochrane review on the WHO health promoting school framework, based on cluster randomized control trials, concludes that there is some evidence that school-

based interventions building on a HPS framework are effective at improving a number of health outcomes in children and young people. It found evidence of significant, positive effects on body mass index (BMI), physical activity, physical fitness, fruit and vegetable intake, tobacco use, and being bullied. It also stated that currently it has not been demonstrated that the HPS framework can have an impact on other outcomes such as mental health or attainment. The most important limitation of this review is that the many studies that are not designed as randomized control trials were not included.

Other reviews, such as the Stewart-Brown 2006 review, commissioned by WHO EURO, uses a wider lense to evaluate what worked well and what are prominent features of a whole school approach (Stewart-Brown 2006). The review was a systematic review of robust, systematic reviews of the impact of school health promotion initiatives on some aspects of health or well-being and did therefore not only include randomized controlled trials. It concludes that the school health promotion programmes that were effective in changing young people's health or health-related behaviour were more likely to be complex, multi-factorial and involve activity in more than one domain (curriculum, school environment and community).

4. Networking and partnerships

A recent SHE factsheet illustrates the importance of networking and partnerships within the context of school health promotion (Young, 2014). In this factsheet, a network is defined as any collection of individuals or organisations who are connected. These connecting links vary in nature, for example they may be structural or they may be more about processes such as strategic

working and joint goal-setting. Partnerships are often viewed as simpler than networks because they may have fewer actors co-operating but they are also complex. Partnerships can be formed between a number of individuals, agencies or organisations with a shared interest. They can be formalised with written agreements such as between education and health government ministries or between schools, children and parents. However they may also develop informally, for example between a school and a community agency, and this can prove to be of practical value over time. In both cases partners aim to achieve goals that they could not do alone, by working together and sharing skills and resources. There is usually an overarching purpose for partners to work together and a range of specific objectives which need to be agreed. Partnerships may be formed to address specific issues, may be short or long term and partnerships may be part of wider, more complex networks. It is self-evident that human beings have the capacity to co-operate socially for mutual benefit. Individuals and organisations have the potential to be more connected to others than ever before due to information technology. Within any network or partnership there may be organisations which may vary, for example in aspects of their partner type, services, funding, ownership and governance. The connectedness of a network involves two related issues. One is connectedness at the level of structure (who is linked to whom), and the other is connectedness at the level of behaviour. The fact that each individual's actions in a network may have potential consequences for everyone in the system, illustrates the complexity of a network.

Some of the main themes relevant to networking and partnerships are listed be-

low (Young, 2014):

- 1 political issues;
- 2 alliances and territorial culture;
- 3 respect for, and understanding of professional roles, concepts and language;
- 4 trust as a key component of networks and partnerships;
- 5 nature of schools and their roles;
- 6 evaluation and monitoring;
- 7 responsibility, accountability and rewards;
- 8 shared goals;
- 9 harnessing the potential of social media;
- 10 inhibition and fear of conflict;
- 11 power and influence in networks.

The importance of networking and partnerships within the health promoting school context is illustrated with the example of Scotland. Scotland has introduced the Curriculum for Excellence in 2012 (Hargreaves, 2014). This new curriculum aims to achieve a transformation in education in Scotland by providing a coherent, more flexible and enriched curriculum from 3 to 18 years of age. The curriculum is firmly focused on the needs of the child and young person, and designed to enable them to develop the four capacities: successful learner, confident individual, effective contributor and responsible citizen. The development process has involved unparalleled engagement with teachers, practitioners, partners and learners. It is not about a 'big bang' change. It is about teachers and other professionals bringing about change and improvement, reinvigorating life in the classroom and continuing to maintain the reputation of the Scottish education system for giving our children the best start in life. 'Health and Wellbeing' is one of eight curriculum areas and has a number of entitlements for children and young people.

It has built upon the existing good practice across all sectors of Scottish education and

takes account of research and international comparisons. It recognizes the professionalism of teachers and the importance in exercising the freedom and responsibility associated with broader guidance.

Curriculum for Excellence will offer better educational outcomes for all young people and, provide more choices and more chances for those young people who need them. This means: a focus on literacy, numeracy and health and wellbeing at every stage.

Learning in, through and about health and wellbeing promote confidence, independent thinking and positive attitudes and dispositions. Because of this, it is the responsibility of every practitioner who works with children and young people to contribute to learning and development in this area.

In Scotland, partnerships are seen as an essential component in the establishment of health promoting schools in the mainstream of education provision. Much of the original drive for this work in Scotland came from the health promotion sector and the partnership approach evolved over a period of twenty years. It became clear to health professionals that they needed to be sensitive to the language concepts and structures in the education system (Young, 2009), rather than imposing their own assumptions or views on colleagues in education.

Another factor which was seen as vital to this development in Scotland was a clear political will from both the education and health sectors of the government to prioritise health promotion in schools and other settings. There was also a strategy to give clear guidance and targets at national level but to avoid a hierarchical approach by recognising local authority expertise and to allow some flexibility in local practice. Although this example is a partnership approach, owner-

ship of this work is now viewed primarily as being with the partners in the education sector to enable a sustainable approach in the schools with health promotion being embedded in the day to day management and life of the schools.

5. Health and sustainable development

A healthy environment, both in terms of a healthy physical as well as social environment, is one of the key components of a whole school approach to health. The emphasis that is placed on sustainable development against the background of climate change is reflected in the attention for environmental education, including initiatives such as green schools, eco schools and sustainable schools. Education for sustainable development therefore has and will have a high priority in our educational systems. There is a lot in common between these approaches and the health promoting school approach. Some of the shared values (Young, 2015) are:

- Underpinned by ecological principles
- Are based on complexity
- Shared views on the nature of learning and a whole school approach
- Partnership working is a requirement
- Similar ethical approach
- Taking inequalities into account
- Share a political dimension
- Looking at school improvement
- Offer shared solutions to education, health and the natural environment of shared issues

How can these initiatives be further aligned? What are the common goals and differences, how can they support school development and not compete with each other at the school's front door? An interesting example of these initiatives of combining health

and sustainable development is the emphasis on outdoor learning in the Curriculum for Excellence in Scotland. Outdoor learning focuses on the learning process through outdoor activities, and should not be mixed up with outdoor education. Outdoor learning encourages learners to understand the interplay and relationship between curriculum areas. This awareness promotes lifelong learning and develops critical thinking skills. It can also lead to lifelong recreation. Activities such as walking and cycling which are ideal for physical and emotional wellbeing contribute to healthier children and young people. Outdoor learning activities span social divisions and can help build stronger communities. Some organisations have therapeutic programmes where outdoor learning plays a central role. Children and young people have opportunities to develop skills to assess and manage risk when making decisions. Frequent and regular outdoor learning encourages children and young people to engage with the natural and built countryside and urban areas provide ideal settings for children and young people to understand the global significance of sustainability issues and inform personal decisions that contribute towards a greener world. Finally, the outdoors provides excellent opportunities to use a wide range of skills and abilities not always visible in the classroom. Becoming aware of such skills can fundamentally change personal, peer and staff perceptions and lead to profound changes in life expectations and success (Learning and Teaching Scotland, 2010).

6. The SHE network

The members of the Schools for Health in Europe (SHE) network use a positive concept of health and well-being and acknowledge the UN Convention on the Rights of the

Child. They recognise the whole school approach to health and active participation of all members of the school community. Health promoting schools support schools in achieving their educational and social goals. Healthy students learn better, healthy teachers work better. They are active agents in all EU member states for strengthening social capital and health literacy.

In Europe there is a growing community of professionals interested and involved in the development and implementation of health promoting schools. The SHE network provides easy access to information, good practices, contacts and exchange of information. International collaboration helps to minimize duplication of effort and to provide a framework that fosters and sustains innovation. The SHE network is of interest to those working in the health sector, the education sector, the youth care sector and other relating sectors. The SHE network is open for any organisation or professional with an interest in school health.

Currently, the membership of the SHE network is for the SHE national coordinators, those appointed in their country by the Ministry of Health and the Ministry of Education and who are responsible for the national health promoting school programme. In 2015 the SHE network has 45 member countries in the European region, as well as 6 autonomous regions (from Italy, Spain and the Netherlands). For the research community in Europe the SHE research group is operating, currently with over 80 researchers from 25 countries, with an interest and commitment in research in school health promotion. The SHE network has demonstrated progress on a European and an international level, emphasising the role of schools in improving the health of children and young people.

Members of the network have indicated that their membership contributes to the national development and implementation of school health promotion. They have expressed their commitment to the further development, expansion and/or improvement of their national health promoting school programmes (SHE, 2013).

The main target group for the SHE network are the SHE national and regional coordinators and members of the SHE research group. Also policy makers, programme developers, practitioners and other professionals working in the area of health promoting schools belong to the primary stakeholders of the SHE network. Secondary stakeholders are members of the school community (i.e., students, school staff, parents).

In the school year 2012-2013, 34 000 schools were identified as health promoting schools in the European region (CBO, 2013). These include preschools, primary, secondary and other types of schools, including vocational schools. Age groups of students range from 3 to 20 years old. Health promoting schools are not only concerned with the health, well-being and the development of social capital of all students but also of teaching and non-teaching staff.

Most health promoting schools are a member of a regional or national health promoting school network. This creates a direct link between the SHE network and the school communities.

The level of implementation of health promoting schools varies widely between member countries and even within countries. Some countries have a formal national health promoting school policy while others don't. These national health promoting school policies can be integrated into other national education policies. Some countries have a

long history in implementing health promoting schools while other countries just recently initiated a national health promoting school programme and joined the SHE network. Within the SHE network the differences are valued and are seen as an opportunity to learn from each other.

More information about the SHE network on their website: www.schools-for-health.eu.

7. Conclusions

Education and schools play a very important role in creating and promoting healthy behavior among children and adolescents. The health promoting school approach demonstrates how health and education can be effectively aligned and integrated. Through intersectoral working mutual benefits can be created, both the health sector (leading to healthier behaviours) and the education sector (leading to school improvement and better academic achievements).

There are obvious gains in integrating health and sustainable development through a whole school approach. Although the focus is different, the overlap and synergies of both fields are enormous. It is timely to investigate against the background of climate change, how schools can respond to this crisis. It has been demonstrated that schools working as a health promoting school, are more likely to respond to crisis situations.

For practitioners in school health promotion, there is a body of research and practical case studies to inform our approach to networking and partnership working. However our understanding of how complex systems such as schools and education systems change and develop is at a relatively early stage. We do know that partnership working and networking is essential to work effectively in these systems. Partnerships and networks

can enable the exchange of knowledge and skills, they can assist in achieving and sustaining vital political support and they can achieve more efficient use of scarce resources. Our understanding of the barriers and promoters to effective networking is still growing but has developed greatly since WHO raised the issue of the need for intersectoral working as part of their Health2020 strategy.

In Europe we can learn a lot from each other's experiences on how health and learning can go hand in hand. Scotland offers an intere-

sting example of how the education sector has now taken the lead in promoting the health and wellbeing of Scottish students. It is important to realize that in the end it is the school who is in charge and responsible of their own change, not experts from outside the school. And finally, it helps to realize that changing the daily life in a school in order to become a health promoting school is a timely process: change takes time. More research on the process of effective implementation of these innovations is needed to better support schools in their change process.

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Conflitti di interesse dichiarati: nessuno