



WORLD HEALTH ORGANIZATION
Regional Office for the Western Pacific
HEALTH-PROMOTING SCHOOLS

SERIES 5

Regional guidelines
Development of health-promoting schools -
A framework for action

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INTRODUCTION

There is substantial evidence which indicates that the health of children and young people is a major factor affecting their capacity to learn. Similarly the level of individuals' education influences their health. Governments have a responsibility to ensure that the conditions for schooling are the best they can be. This can be achieved through establishing health-promoting schools, which are a means of organizing and linking all the crucial components which shape the health of children and young people.

The Western Pacific Region of the World Health Organization, in its document *New horizons in health*, has developed three themes under which its activities are grouped. These are: preparation for life, protection of life and quality of life in later years. It is chiefly within the theme "preparation for life" that the concept of the health-promoting school has its place, focusing as it does on the present health and well-being of children and on their future as healthy and health-conscious adults.

Governments have a key role to play in health-promoting schools. They need to take a lead in setting up country-based coordinating committees and to identify key ministries and personnel to establish health-promoting schools.

New horizons in health stresses that, to be effective, health promotion and health protection must engage partners beyond the health sector. Health-promoting schools can only be realized as the result of cooperation between the health and education sectors, the involvement of parents and local communities surrounding schools, and the range of local and national organizations concerned with children and their development.

The document which follows provides a framework for supporting the growth and development of health-promoting schools in the Western Pacific Region.

Its purpose is to support the countries and areas of the Region in developing their actions for health-promoting schools. It is not prescriptive and offers freedom of interpretation for different countries while upholding the cornerstones of health-promoting schools. It may be adapted as needs differ. Greater detail on how to carry out activities will be contained in a health-promoting schools manual (in preparation).

WHAT IS A HEALTH-PROMOTING SCHOOL?

A health-promoting school is a place where all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health. This includes both the formal and informal curricula in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health.

The concept of the health-promoting school is international in its development, with many countries around the world working on programmes which support schools and their communities in better health actions. It complements the WHO School Health Initiative, which provides an impetus for mobilizing and strengthening school health promotion and education activities at local, national, regional and global levels.

Health-promoting schools need to be set up in a way which ensures that positive changes are sustained. A school's future should not be dependent on the enthusiasm and commitment of a few staff members or an individual school administrator. For this reason the proposed approach is to develop policies, practices and structures which embed the fundamentals of a health-promoting school into a school's operation.

ADVANTAGES OF A HEALTH-PROMOTING SCHOOL

Most schools are involved in some form of health education. In a number of countries, this involvement has been going on for many years. However, efforts have been largely confined to the formal curriculum which has ignored all the other influences on students in shaping and improving their health status.

The health-promoting school concept offers the following advantages.

- It utilizes a holistic model of health which includes the interrelationships between the physical, mental, social and environmental aspects of health.
- It involves families by encouraging their participation in the development of health skills and knowledge of their children.
- It addresses the significance of the physical environment (e.g. buildings, sanitation, fresh water, play areas) in contributing to the health of children.
- It recognizes the importance of the social ethos of the school in supporting a positive learning environment and one in which healthy relationships and the emotional well-being of students are strengthened.
- It links regional and local health services with the school to address specific health concerns which affect schoolchildren (e.g. worm infestations, sight and hearing problems, malaria, psychosocial stress).
- It focuses on active student participation in the formal curriculum to develop a range of life-long health-related skills and knowledge.
- It enhances equity in education and health in raising the health competencies of girls and women in the community.

- It provides a positive and supportive working environment for school staff.
- It enables the school and the local community to collaborate in health initiatives which benefit school students, their families and community members.

COMPONENTS AND CHECKPOINTS FOR HEALTH-PROMOTING SCHOOLS

Components and checkpoints are developed in six areas which reflect the major elements of health-promoting schools. These six areas are: school health policies, the school physical environment, the school social environment, community relationships, personal health skills and health services. To keep some consistency between countries and to ensure the major elements of a health-promoting school are clearly identified, it is assumed that countries and areas will adopt the following framework and incorporate many of the examples detailed below. The checkpoints propose ways in which it could be demonstrated that action has occurred in relation to a particular component. There may be other checkpoints more relevant to the situation of particular countries. There may also be several different approaches to the realization of some of the checkpoints.

School health policies

School health policies are the clearly defined and broadly promulgated directions which influence the school's actions and resource allocation in areas which promote health. Many schools may already have overall school policies on a range of issues. If these existing policies do not already refer to health issues they could be extended to incorporate them.

COMPONENTS

CHECKPOINTS

- | | |
|---|--|
| P1 The school has a policy on healthy food | <ul style="list-style-type: none">• the school has taken action to ensure healthy locally grown food is available to students• teachers act as role models by eating healthy food in school• healthy food is made available at school social events like sports days |
|---|--|

COMPONENTS	CHECKPOINTS
P2 The school is totally smoke-free and prohibits alcohol and illicit psychoactive substances in all activities	<ul style="list-style-type: none">• the school has developed a strategy for phasing out smoking completely within the premises, with a deadline for being totally smoke free: this policy applies to all staff, students and visitors• the school has prepared an appropriate action plan to eliminate alcohol and illicit psychoactive substances in all school activities
P3 The school upholds equity principles by ensuring that girls and boys have equitable access to school resources	<ul style="list-style-type: none">• the school has reviewed customs and practices prevailing within the school with respect to the utilization of play space, equipment, teacher time and other resources and, where necessary, taken action to redress inequities between girls and boys
P4 The school has formal procedures in place relating to the distribution of medication	<ul style="list-style-type: none">• all medication distributed by the school is recorded• local health officials provide advice on suitable storage and distribution of medication
P5 The school has a policy and programme on first aid	<ul style="list-style-type: none">• there are adequate first aid kits for the school population• an appropriate number of teachers is trained in first aid procedures• students are offered training in first aid• emergency procedures are set out in the event that the urgent referral of a student or a teacher to a hospital or clinic is indicated
P6 Where appropriate the school has a policy on the control of helminth and other parasites	<ul style="list-style-type: none">• students are taught basic knowledge and prevention methods

Components and checkpoints for health-promoting schools

COMPONENTS	CHECKPOINTS
P7 Where appropriate the school has a policy on sun protection	<ul style="list-style-type: none">• students are not permitted to play in the sun without protective clothing• teachers act as role models by wearing protective clothing while in the sun
P8 The school has a policy on health screening	<ul style="list-style-type: none">• children are provided with routine health checks in line with local priorities and with a view to cost effectiveness
P9 The school has a policy on closure in the event of emergencies or other circumstances which would endanger students' health	<ul style="list-style-type: none">• students are dismissed if there is a continuing interruption to the supply of fresh water, in the event of an outbreak of infectious disease, if there are extremes of heat or cold from which they cannot be protected adequately, or if the sanitation arrangements are considered to be health threatening by the school after consultation with local health services
P10 The school has a safety plan for implementation in the event of natural or other disasters	<ul style="list-style-type: none">• the school has an evacuation plan in the event of fire; students are drilled in the carrying out of this plan• the school has emergency plans for other circumstances which could be expected in the local area and for which little forewarning is likely e.g. flood, typhoon, physical attack in the event of hostilities
P11 Where relevant the school has a policy on the control of HIV/AIDS including its safe management	<ul style="list-style-type: none">• issues of practical management such as blood spill procedures are clearly documented and rehearsed and suitable equipment is available in the event that it is required• teachers and other school personnel are provided with training about HIV/AIDS prevention and management

The physical environment of the school

The physical environment refers to the buildings, grounds, equipment for both indoor and outdoor activities and the areas surrounding the school. The term also refers to basic amenities such as sanitation and the availability of water.

COMPONENTS	CHECKPOINTS
PE1 The school provides a safe environment for the school community	<ul style="list-style-type: none">• in selecting any new play and sporting equipment the school takes safety into account and, if appropriate, ensures that guidelines for their use are in place• the school undertakes periodic safety audits of all buildings, plant and equipment to ensure they are safe• in conjunction with the local community the school takes action to minimize local traffic hazards e.g. those related to traffic, drug dealing• the school puts procedures in place to see that students are protected from unwanted visitors to the school
PE2 Adequate sanitation and water is available	<ul style="list-style-type: none">• there are sufficient toilets for both males and females• safe and clean water is available for drinking and handwashing• an adequate quantity of water is available for washing facilities and sanitation
PE3 The school upholds practices which support a sustainable environment	<ul style="list-style-type: none">• recycling of renewable resources such as paper, glass and aluminium is undertaken• the use of disposable plastic containers is discouraged

Components and checkpoints for health-promoting schools

COMPONENTS	CHECKPOINTS
PE4 Students are encouraged to take care of the school facilities	<ul style="list-style-type: none">• the school has an adequate garbage disposal system, suitable to its situation• students participate in keeping the school clean• students participate in beautifying the school e.g. by painting murals and planting trees and shrubs
PE5 The school endeavours to enrich learning by ensuring the physical conditions are the best they can be	<ul style="list-style-type: none">• adequate ventilation exists in all school areas where students gather• the lighting is adequate• basic heating is available when needed• care is taken to reduce unnecessary sound disturbances• the school should identify what standards already exist and explore with relevant authorities how resources can be obtained to meet those standards

The school's social environment

The social environment is a combination of the quality of the relationships among staff, among students, and between staff and students. It is often strongly influenced by the relationship between parents and the school which in turn is set within the context of the wider community. It is also influenced by senior staff from within the school and by health and education personnel who visit the school, all of whom provide role models for students and staff by the attitudes and values they display in their social behaviour.

COMPONENTS	CHECKPOINTS
SE1 The school ethos is supportive of the mental health and social needs of students and staff	<ul style="list-style-type: none">• teachers do not use harsh discipline and are supportive of and respectful towards students• students are encouraged to participate in school decision-making processes• students are encouraged to be active participants in the learning process
SE2 The school creates an environment of care, trust and friendliness which encourages student attendance and involvement	<ul style="list-style-type: none">• the school actively discourages physical and verbal violence, both among students and by staff towards students
SE3 The school provides appropriate support and assistance to students who are at a particular disadvantage relative to their colleagues	<ul style="list-style-type: none">• the school and/or the education authorities recognize that some students have special needs and ensure appropriate facilities, learning aides and programmes are offered to students with disabilities and students from less advantaged backgrounds
SE4 The school provides a fully inclusive environment in which all students are valued and differences are respected	<ul style="list-style-type: none">• the school provides opportunities to celebrate cultural, religious and tribal diversity e.g. through food, costume, dance, craft, displays, festivals and exhibitions• the curriculum provides opportunities for students to learn about cultural, religious and racial diversity
SE5 The school is attentive to the educational needs of parents and how these can influence the well-being of students	<ul style="list-style-type: none">• where appropriate the school provides the setting for the provision of specific educational services for parents e.g. literacy, parenting skills, helminth education

Community relationships

Community relationships are the connections between the school and the students' families plus the connection between the school and key local groups who support and promote health. By definition a health-promoting school is one where parents are closely consulted about and involved in the school's health promotion activities.

COMPONENTS	CHECKPOINTS
C1 Family and community involvement in the life of the school is fostered	<ul style="list-style-type: none">• families are involved in making decisions about suitable health-promoting activities e.g. food policies, the development of a school garden, physical activities• the curriculum contains health-related activities which involve children working with their families• local groups with an interest in child and adolescent health and health organizations providing services in the local community participate collaboratively in school activities
C2 The school is proactive in linking with its local community	<ul style="list-style-type: none">• students and teachers participate in local events on a regular basis e.g. culture, sports, festivals• the school informs the local community of its health initiatives e.g. through the use of local media, school open days, students providing "healthy school" displays at community functions

Personal health skills

This refers to the formal and the informal curriculum whereby students and others gain age-appropriate knowledge, attitudes and understanding and skills in health which will enable them to become more autonomous and responsible in individual and community health matters.

COMPONENTS

CHECKPOINTS

- | | |
|--|---|
| <p>PS1 The curriculum approaches health issues in a coherent and holistic way</p> | <ul style="list-style-type: none">• the health curriculum is designed to be interesting, engaging and relevant to students• the learning process places an emphasis on student participation• the content reflects issues which students can relate to in their own community, and which draws on their own experience, and which supports their routine health-care management• the curriculum provides developmentally appropriate learning experiences for children• sufficient time per week is allocated to health in the overall curriculum |
| <p>PS2 The curriculum is designed to improve students' theoretical understanding of health issues and how to apply this in practice</p> | <ul style="list-style-type: none">• students gain a basic understanding, relevant to their age and culture, of nutrition, disease-prevention and hygiene, physical activity, safety, mental health, sexuality (including HIV/AIDS), tobacco and drug use prevention, oral health and environmental issues• students have opportunities to gain skills with respect to specific and relevant health issues e.g. resistance to tobacco and drug use, maintaining oral hygiene |

Components and checkpoints for health-promoting schools

COMPONENTS

CHECKPOINTS

- | | |
|---|--|
| <p>PS3 Teachers are adequately prepared for their role as key participants in health-promoting schools</p> <p>PS4 Other key stakeholders have the opportunity to gain skills relevant to health-promoting schools</p> | <ul style="list-style-type: none">• students are helped to acquire skills in problem-solving, decision-making, effective communication, interpersonal relationships, coping with emotions and stress and critical and creative thinking, with a view to enhancing their own well-being and their effectiveness as advocates of health• pre-service and inservice programmes on health promotion (e.g. short courses and workshops with refresher and update opportunities) are provided to teachers• teachers are supported by receiving adequate information, on an ongoing basis, about the availability and use of health resources• training sessions are made available for parents, key health and education personnel and local community members in addition to the professional development programmes provided for teachers |
|---|--|

Health services

These are the local and regional health services which have a responsibility for child and adolescent health care and education, through the provision of direct services to students and in partnership with schools.

	COMPONENTS	CHECKPOINTS
HS1	Basic health services which address local and national needs are available to students and staff	<ul style="list-style-type: none">• the school actively seeks immunization for its students• appropriate health screening is provided e.g. vision, hearing• appropriate basic oral health services are provided, e.g. annual examination, sealant application and restoration of teeth• appropriate health records are kept on children's health status by relevant authorities• counselling and support services are available for socially and emotionally distressed students and those with medical problems
HS2	Local health services contribute to the school's health programme	<ul style="list-style-type: none">• there is consultation between health services personnel and teachers about the design and implementation of the health-related curriculum• health services personnel complement the work of teachers by participating in the delivery of relevant aspects of the curriculum• health service agencies are active in approaching schools with offers of support to them in their work on health promotion• local health services support schools in explaining and implementing local health campaigns
HS3	Health services contribute to teacher training	<ul style="list-style-type: none">• relevant health services personnel provide training programmes for teachers in appropriate topics e.g. helminth control, first aid

DEVELOPING A CHARTER FOR A HEALTH-PROMOTING SCHOOL

All schools intending to become a health-promoting school are encouraged to create their own Charter. This is best developed through discussions between teachers, students, health-care workers, families and key members of the local community. The Charter should be displayed prominently in the school and will serve as a signal to all about the school community's commitment to and actions towards enhancing the health of the students.

An example is provided in Annex 1.

THE AWARD SYSTEM

A school should be acknowledged for its achievement in becoming a health-promoting school. At the same time it is recognized that not all schools start from the same point and not all schools have access to the same support services and other resources in getting their health-promoting school strategies under way.

In some countries schools have been involved for some time in providing health curricula and health-related activities. In other countries it will involve a lot of extra planning and work at both central and school level to achieve. While outcomes might be clearly agreed for all schools, the effort involved and the degree of ingenuity and innovation required, might differ considerably from one setting to another. For this reason it is important that, while the ultimate objectives are agreed and mutually endorsed, effort towards achieving them, as well as the actual outcomes, is recognized and rewarded.

An award system is proposed as a means whereby countries and areas give recognition to health-promoting schools. The system needs to contain some consistency throughout the Region to be credible. Therefore it should be built around the six basic elements of a health-promoting school outlined above. These basic elements are fundamental to better health outcomes for students. Definite progress towards achieving some or all should be clearly demonstrated before an award is made.

An award system needs to reflect the reality that the achievement of excellence in being a health-promoting school is something that will take time. For that reason it is proposed that a three-tiered system should be implemented so that schools can gain recognition for progress towards the goal of excellence. A series of awards, Bronze, Silver and Gold, is proposed. Each level should have its own minimum requirements built around progress towards the six major elements.

The attached Award Proposal is included as a model for those countries and areas which intend to introduce an award (Annex 2). It shows how objectives can be set within the framework of the six elements and progressive achievements can be stipulated, against which progress can be assessed.

The award system

The setting of objectives and the stipulation of achievements meriting an award should reflect the situation pertaining in the particular countries. The criteria should be developed with the clear purpose of providing encouragement, support and recognition for efforts made. To foster ongoing development of health-promoting schools, each Gold Award school will need to demonstrate it has supported one other school for at least a year in its efforts to become a health-promoting school. To ensure that high-achieving schools do not rest on their laurels it may be useful for Silver and Gold Award holders to have to requalify every three years to maintain current award status.

The attached model utilizes a Charter for a Healthy School, referred to in the section Developing a school charter for a health-promoting school.

DEVELOPING NETWORKS FOR HEALTH-PROMOTING SCHOOLS

School communities learn from each other. Schools which are pursuing similar objectives, especially those that are involved in pioneering new developments, can provide significant support and stimulus to each other and strongly reinforce each others' efforts. This type of productive interaction can involve parents, teachers, students and support agencies.

The establishment of networks of health-promoting schools is a way of facilitating this interaction. Among the benefits that could result are:

- pooling expertise
- sharing information, resources and experiences
- deciding on future directions
- providing the nucleus of a concerted "school voice" on health issues
- reinforcing the health-promoting school concept
- ensuring a mechanism for monitoring the progress of health-promoting schools in the Region
- providing advice and support to new health-promoting schools

Similarly organizations and individuals involved with and supportive of health-promoting schools may benefit greatly by being linked into a network. This would provide a structure for the exchange of information, experiences and resources.

If supported by an appropriate coordinating and resourcing agency, a network could provide an even more effective focal point for health-promoting schools in a district, or if appropriate, on a broader front, such as nationally. They could in turn link with other networks both nationally and internationally, creating considerable scope for the ongoing development of the concept through pooling participants' experience.

A FIVE-YEAR PLAN FOR ACTION

Each country or area in the Region needs to work out the best approach to initiating or advancing the health-promoting school concept. Crucial to the success of health-promoting schools is the establishment of a Country Coordinating Committee to oversee developments and to ensure the essential cooperation and coordination of the education and health authorities at all levels in supporting the work of the schools. It also creates the vehicle for other key national agencies and interests to be involved.

A five-year action plan is proposed to support both countries and areas and the Regional Office for the Western Pacific in the preparation of action strategies. This is as follows:

Year 1 (1996)

- Additional health-promoting schools established
- National Coordinating Committees established in countries and areas
- National coordinators appointed in countries and areas
- Health-promoting schools manual for the Pacific Island countries finalized and distributed.
- Technical focal points designated to support networks
- Regional network initiatives commence
- Guidelines adopted by countries and areas and award systems established
- School "twinning" projects started, both within countries and areas and across countries and areas
- Resources sought from relevant agencies to support key regional initiatives

- Report on health-promoting schools discussed at IUHPE Regional Health Promotion Conference
- Study of health behaviours of schoolchildren commences

Year 2 (1997)

- Report on health-promoting schools made to the meeting of the Health Ministers of Pacific Island Countries (Cook Islands, April)
- Report on health-promoting schools made to the Fourth International Conference on Health Promotion (Indonesia, July)
- National strategy plans, including evaluation priorities, developed in all countries and areas
- Countries and areas begin to integrate health curricula into the health-promoting schools framework
- Working Group meets to review progress
- Publication on research and evaluation issues, priorities and approaches produced and disseminated
- Networking and twinning expands
- Ongoing expansion of health-promoting schools in countries and areas

Year 3 (1998)

- Case studies collected on a variety of health-promoting schools, and published in various media or as part of the WPRO Health-promoting Schools series
- National Strategy Plans finalized
- Review undertaken of pre-service and in-service training of school health personnel within a health-promoting schools context

- Selected experiences documented and published of national initiatives in establishing and implementing health-promoting schools with accompanying analysis and identification of successful practices

Year 4 (1999)

- Review undertaken of Guidelines (late 1999)
- Report on progress made to the WHO Regional Committee on this aspect of “Preparation for Life” theme of *New horizons in health*
- Report prepared on the training of school health personnel

Year 5 (2000)

- Comprehensive analysis undertaken of appropriate research and evaluation studies and results synthesized
- Comprehensive analysis undertaken of the outcomes of health-promoting schools through which they can inform and support each other, share ideas and resources and reinforce each others’ efforts
- Development of the next five-year plan for health-promoting schools based on current analysis of results and successful practices.

Annex 1

A MODEL CHARTER FOR A HEALTH-PROMOTING SCHOOL

“Our schools aim, through all our activities and structures, to assist students, staff and other members of our school community to experience physical, mental and social well-being.”

WE ARE COMMITTED TO:

- Ensuring our physical surroundings are safe, pleasant and stimulating.
- Teaching effective skills for health in the classroom.
- Relating and communicating well with members of our school community.
- Setting in place school policies and procedures which support health.
- The participation of staff, students and their families in planning and carrying out health-promoting initiatives.
- Inviting local organizations to work with us to make our school community more healthy.

OUR SCHOOL WILL:

- Provide health and physical education programmes which develop lifeskills.
- Involve the local community in the review, implementation or evaluation of at least one health-promoting programme each year.
- Ensure the availability of healthy food.

Annex 1

- Provide a fully-equipped and well maintained first aid area, staffed by a qualified person, and ensure careful attention to practices and medications.
- Recycle paper, aluminium and glass and use environmentally-friendly products, where possible.
- Address safety in all school activities, including sport, playground, practical lessons and school environments.
- Provide an environment that minimizes health risks, with particular regard to water, air and noise pollution.
- Provide programmes that address major public health issues such as drug education, with community participation in planning and implementation.
- Establish links with local health services on issues relating to the health of students and staff.
- Provide at least three supervised sessions of vigorous physical activity per week for all students.

Annex 2

A MODEL AWARD SYSTEM

Schools should be acknowledged for their achievements in becoming “a health-promoting school”.

The following model of a possible award system is based on a three-tier system. This enables countries/health departments/education departments (separately or in combination) to formally award a certificate designating the status of a health-promoting school. On application to the appropriate body in their countries, schools can seek higher awards providing that they meet both the qualifying period and the key criteria as demonstrated by the indicators.

Certain criteria are seen as fundamental to the attainment of one of the three levels. Others can be included according to the school community.

To give the award system respectability, it is crucial that there be some consistency throughout the Region and within countries. There are some basic elements of any school that wishes to be called “a health-promoting school”. These basic factors are fundamental to better health outcomes for students and must be clearly demonstrated before the award is made. This will contribute to the credibility of the award and enable it to be used as a goal for which schools can strive.

Gaining an award

The components and checkpoints reflect the directions of the WHO Western Pacific Region policy document *New horizons in health* and the WHO Ottawa Charter for Health Promotion.

School communities may be awarded a Bronze, Silver or Gold certificate indicating their achievements as a health-promoting school. A school community can move from Bronze to Silver to Gold if it meets the specific criteria. Achieving such status is an acknowledgement of the school community's efforts in becoming a health-promoting school and in sustaining those efforts.

The bronze award

To attain this level schools need to demonstrate that they:

- have developed a “Charter for a health-promoting school”;
- have been active for over one year in the six areas;
- meet the minimum requirements for the Bronze level.

The silver award

To attain this level schools need to demonstrate that they:

- have developed a “Charter for a health-promoting school”;
- have been active for over two years in the six fields;
- meet the minimum requirements for the Silver level.

The gold award

To attain this level schools need to demonstrate that they:

- have developed a “Charter for a health-promoting school”;
- have been active for over three years in the six fields;
- meet the minimum requirements for the Gold award.
- supported another school to become a health-promoting school

A PROPOSED STRUCTURE FOR AN AWARD SYSTEM

Level	Years of participation	Components and checkpoints					
		P	PE	SE	C	PS	HS
Bronze	1	1	1	1	1	1	1
		2	4 plus one other	2	(any two checkpoints)		
Silver	2	1	1	1	1	1	1
		2 plus two others	4 plus two others	2 plus one other	(all checkpoints) or 1 (any two checkpoints) and 2	(with over 50% of the areas covered in both knowledge and skills)	plus one other
Gold	3	1	1	1	1	1	1
		2 plus three others	2 4 plus two others	2 3 4	2 *	2 with over 80% of the areas covered in both knowledge and skills 3	2 3

P School health policies
 SE School social environment
 PS Personal health skills

PE School physical environment
 C Community relationship
 HS Health services

* Supported another school for at least a year.