

COUNCIL OF EUROPE

COMMITTEE OF MINISTERS

RECOMMENDATION No. R (88) 7

OF THE COMMITTEE OF MINISTERS TO MEMBER STATES

ON SCHOOL HEALTH EDUCATION
AND THE ROLE AND TRAINING OF TEACHERS

*(Adopted by the Committee of Ministers on 18 April 1988
at the 416th meeting of the Ministers' Deputies)*

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is to achieve a greater unity between its members and that this aim may be pursued, *inter alia*, by the adoption of a common approach in the health and social protection fields;

Recalling its Recommendation No. R (82) 4 on the prevention of alcohol-related problems especially among young people and its Recommendation No. R (82) 5 concerning the prevention of drug dependence and the special role of education for health, as well as the concerns which lay behind these two recommendations;

Considering that, in spite of the development of elaborate and specialised health systems combining general preventive measures and the availability of medical care services, numerous health problems continue to arise which do not respond to traditional preventive and curative measures;

Noting that the majority of these problems are linked to life-styles not conducive to health and that health education can contribute to avoiding them by promoting healthy attitudes and life-styles;

Noting that, alongside the central role of the family, the most appropriate structure for the introduction of health education is the school, as it regroups the young, the age-group which is most able to learn healthy behavioural patterns;

Conscious that the establishment of school health education programmes requires:

- guidelines for the planning and development of health education curricula;
- a clear definition of the role of the teacher in this field;
- basic, in-service and further training of all teachers to allow them to contribute within their field to the programmes in question,

Recommends that the governments of member states adopt a comprehensive policy for health education in schools, taking into account the matters contained in the appendix.

1. *Basic concepts*

1.1. Health is more than the absence of infirmity or illness, it is a quality of life comprising social, mental, moral and emotional as well as physical dimensions. It is a dynamic asset to be acquired, defended and constantly rebuilt throughout life.

1.2. Health education essentially consists in :

- providing better information on factors which influence health,
- elucidating the relationships which exist between health and the physical and psycho-social environment,
- developing individual, family and collective awareness and a sense of responsibility in relation to health,
- promoting responsible attitudes and ways of life conducive to health.

1.3. Health education at school implies that children and adolescents are confronted with formal and informal experiences enabling them to acquire attitudes and behaviour patterns which have a positive effect on their health, and are given the information and capacities required in order to make free decisions. It is different from other “taught” school subjects in that it is an interdisciplinary activity which has to permeate the whole of school life and extend into the outside community, and requires a personal commitment on the part of all those involved.

2. *Objectives of school health education*

School health education should :

- i. at pre-primary level, promote the mental, social and emotional development of children within the pre-school environment, stimulating them to become aware of their bodies in relation to others and the environment ; and encourage experience of, and active participation in, the decision-making process ;
- ii. at primary level, allow pupils gradually to acquire knowledge of human growth and development, and awareness of the basic issues of the relationship between health and the environment ;
- iii. at secondary level, enable young people to develop their knowledge of human growth and of physical, psychological and social development, and of factors which have a positive or negative effect on health ; to appreciate positively this period of physical and psychological change to attain a proper measure of self-esteem ; to learn to analyse attitudes and behaviour which have an effect on health, in order to facilitate active training in decision-taking.

3. *Guidelines for the planning and development of a health education programme*

3.1. Health education programmes should take account of schoolchildren’s social and cultural environment.

3.2. Programme planners should take account of :

- i. state of health needs and health-related behaviour as identified by children and young people themselves, and by their parents ;
- ii. state of health needs, as identified by doctors, practitioners and health inspectors ;
- iii. the state of health needs and types of health-related behaviour as they are seen by the community in which the children and young people live and by that in which they might later live.

3.3. Through a participative process, planners should develop a school health programme reflecting identified needs and priorities. School health education programmes should be articulated on three levels :

3.3.1. The health-promoting curriculum, including an overt “taught” component and different approaches incorporated in all aspects of the curriculum ;

3.3.2. The ethos established at school or health in school. It is necessary to ensure that life within the school is consistent with the aims of the health education programme ; it should ensure physical and mental health and good social relations ;

3.3.3. The various provisions of the school health and social services. Good co-ordination between the school and health and social services is necessary just as much to ensure the involvement of these services in the development of school health education programmes as in their implementation.

3.4. The health-promoting curriculum should take account of changes and developments occurring within the school population and its environment.

3.5. Health education issues should be taken up repeatedly at different levels of increasing complexity, according to the level of understanding of children and young people, so that they relate to their interests and needs (spiral development of curriculum).

3.6. As the objectives range from imparting knowledge to modifying behaviour, all methods might be considered, from the most classical to the most modern: traditional classes, discussion, group work, socio-educational activities, communication techniques, etc. Whatever methods are adopted, their effectiveness is influenced by the involvement and degree of commitment of the teacher.

4. Research and evaluation

4.1. Research could give a better understanding of the perceptions of pupils, teachers, parents, social services and health service staff and representatives of the community with regard to health, and could help in the development of teaching materials designed to improve working conditions in the classroom and taking account of the most recent scientific data.

4.2. All components of the curriculum should be evaluated and the achievement of objectives assessed in a formative and summative way; teachers, pupils, parents, social and health service staff, and community representatives should all be involved in this process.

5. Training of teachers

5.1. In view of its differences from other “taught” subjects, all teachers need to be prepared for working in the field of health education, whether they are to play a major or a minor role.

5.2. Teacher training should be organised for primary school teachers preferably at both initial training and in-service levels. Secondary school teachers should be introduced to health education during their basic training, and should have the opportunity to extend their knowledge during the course of their work.

6. Professional preparation of teachers

6.1. In general, teachers should be:

- i. familiar with current theoretical bases of health education;
- ii. aware of national developments in the field both within the educational system and in the community at large.

6.2. During training, the following issues should be stressed:

- i. the potential of the school as a forum for promoting the health of children individually and the “collective” health of the school community;
- ii. health education is not only concerned with giving information but involves the clarification of values, attitudes and beliefs with a possibility of multiple choice and is not free from ethical considerations;
- iii. health is multi-faceted and is influenced by decisions taken and policies adopted in a wide range of government sectors (for example health, social and economic fields);
- iv. health education needs to be seen as a democratic process where pupils are encouraged to seek out and use relevant information leading to appropriate decision-making in given situations.

6.3. Objectives to be pursued in the preparation of teachers for health education should include the following:

- i. increasing knowledge about health; this should include social, emotional, moral and mental as well as physical components;
- ii. increasing understanding of the relationships between health and other components of the curriculum;
- iii. helping teachers and students to see that health education is an essential element in the development of personal skills and the personality;
- iv. demonstrating that health issues can be integrated into other aspects of the curriculum;
- v. demonstrating the importance of a variety of informal approaches which should be congruent with the formal health education curriculum;
- vi. helping teachers and students learn the use of methods appropriate to health education;
- vii. helping teachers recognise the role of others in education for health and of pupil counselling; they should be encouraged to call upon the expertise of teaching colleagues, members of the school health service, community groups, parents, etc.

6.4. The contents of training should ensure that all teachers, in the course of their professional preparation:

- i. acquire a basic knowledge about and a sense of responsibility for creating a healthy school environment;
- ii. be made sensitive to the health needs of children;
- iii. obtain an insight into the basic growth and developmental processes of children;
- iv. acquire knowledge of the skills necessary to make independent decisions about one's own health;

v. become familiar with the methodology to be used relevant to the cognitive and emotional elements of curriculum development ;

vi. become skilled in multidisciplinary work with colleagues in collaborative teaching strategies ;

vii. become able to co-operate with other significant individuals, systems and services.

6.5. Teachers who are identified as having specific roles in the school health education programmes, for example, co-ordinators, those involved in teaching particular parts of the curriculum or particular groups of children, need to have appropriate skills in addition to those of other teachers. They should be familiar with all aspects of the curriculum related to health. They should, in particular :

i. have special knowledge of how to develop comprehensive programmes and how to identify possible gaps ;

ii. play appropriate roles in implementing the programme ;

iii. be able to give advice to other teachers ; and

iv. assess the achievement of objectives, evaluate both the appropriateness of the methods employed and the effectiveness of the curriculum in contributing to pupils' health.

7. Organisation of teacher training

7.1. Training colleges and other appropriate establishments, should gradually become organised in order to provide this type of training for teachers through multidisciplinary teams ; in the absence of specialists, such colleges should appoint a co-ordinator to enlist specialists from a variety of disciplines from outside the college to ensure that the eclectic nature of health education is reflected in the teaching.

7.2. In-service training should be organised, preferably within the school, by co-ordinators belonging to the above institutions.

7.3 Training institutions responsible for the pre-service and in-service training of teachers should have at their disposal guidelines in the form of training documents which should be prepared at national level through co-operation between the health and education sectors. Such documents should contain :

i. a guide to the training including both method and content ;

ii. all the necessary materials for teachers participating in the course.

7.4. In-service training should include examination of topical questions.

8. Development of policies on health education

8.1. In order to ensure impact throughout the school system, policies need to be developed. Such policies should :

i. ensure co-ordination at central, regional and local levels between the health and education sectors by means of co-ordinating committees supporting the introduction of health education in all school curricula ;

ii. provide for the appointment of persons responsible at regional level for developing strategies within schools in close co-operation with the head teacher and, if necessary, the school co-ordinating committee ;

iii. ensure that resources of time and materials are provided to support all those involved.