



HAL
open science

Promoting wellbeing within the Health Promoting Schools framework: Could life skills be a means rather than an end?

Julien Masson, Adeline Darlington-Bernard, Emily Joan Darlington

► To cite this version:

Julien Masson, Adeline Darlington-Bernard, Emily Joan Darlington. Promoting wellbeing within the Health Promoting Schools framework: Could life skills be a means rather than an end?. *Journal of Epidemiology and Population Health*, 2024, 72 (3), pp.202748. 10.1016/j.jep.2024.202748 . hal-04760663

HAL Id: hal-04760663

<https://hal.science/hal-04760663v1>

Submitted on 30 Oct 2024

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Distributed under a Creative Commons Attribution - NonCommercial - NoDerivatives 4.0 International License



Special communication

Promoting wellbeing within the Health Promoting Schools framework: Could life skills be a means rather than an end?



Julien Masson^{a,*}, Adeline Darlington-Bernard^b, Emily Joan Darlington^b

^a Lumière Lyon2 University – Education Cultures Politiques Research unit, France

^b Claude Bernard Lyon1 University – Health, Systemic, Process, UR 4129 Research Unit, France

ARTICLE INFO

Article History:

Available online 8 June 2024

Keywords:

Health Promoting Schools

Well-being

Life skills

ABSTRACT

This paper explores the evolution and challenges of health promotion in educational settings, focusing on the Health Promoting Schools framework. Central to this approach is the empowerment of students through participatory strategies and community engagement to address health determinants and reduce inequities. Well-being, a subjective and multifaceted concept, is crucial for student success, with positive school climates playing a key role. Additionally, life skills (LS) are identified as potential tools for promoting student well-being, though their definition and assessment remain ambiguous. The paper concludes by highlighting the need for further research and clarity in order to maximize the impact of health promotion efforts in schools.

© 2024 The Author(s). Published by Elsevier Masson SAS. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

The field of health promotion has been thriving for decades, proposing frameworks and tools, and debating on how to ensure successes and best manage a potential risk for counter-productive interventions ([1,2]; World Health Organization, [3]). School-based health promotion has been at the very core of many researchers' work [4,5], thus resulting in varied way of thoughts as to how to best promote pupils' health and wellbeing. Oftentimes, school-based health promotion projects or interventions *target* schools without necessarily *involving* school stakeholders in the design process. While this can be a tremendous opportunity to initiate change and promote some aspects of pupils' health and wellbeing, one of the downfalls recognized in the literature lies in the fact that school is considered the *recipient* of the said intervention, its setting, which unfortunately could lead to a misconception of actual needs, as well as lower levels of stakeholder participation [6].

The Health Promoting Schools framework precisely aims to address this point [7]. The World Health Organization's "healthy schools" developed in the 80's gradually evolved into the well-known comprehensive and integrated "whole school" Health Promoting Schools' approach with the underlying rationale that the reduction of health inequities, which some researchers argue is the very core and the specificity of health promotion [8] requires to impact the determinants of health, as a long-term commitment to invest in sustainable developments within communities. In this spirit, the first Health Promoting Schools Conference, which took place in 1997 in

Thessaloniki (Greece) was the cradle of a European drive to conceptualize, disseminate, and share experiences across Europe, bringing together a community of researchers and professionals from the education, the health and the social care sectors¹ for many years now (WHO Regional Office for Europe, Council of Europe & European Commission, & Commission, [9]). This conference laid the strong foundations for a shared vision within its community with this motto "every child and young person in Europe has the right, and should have the opportunity, to be educated in a school that promotes health".

In this paper, we propose to reflect on some key issues and gaps relating to the promotion of pupils' health and wellbeing within the Health Promoting Schools framework, and to explore the way Life Skills fit into this bigger picture.

1. The values and key features of Health Promoting Schools

One may think that this is wishful thinking, in the face of the hugeness of the task, yet researchers and professionals alike have succeeded to advance the field and pinpoint key features and must-dos in hope for best practices. Health-promoting schools should draw from empowering strategies, which involve all stakeholders, including professionals, as well as foster the active participation of pupils, in the design of actions or projects which concern their health, their wellbeing as well as their academic achievement, which are

* Corresponding author at: ISPEF, 86 rue Pasteur, 69007 Lyon, France.
E-mail address: julien.masson@univ-lyon2.fr (J. Masson).

¹ The Health Promoting Schools Network was born, to later become the Schools For Health in Europe Network Foundation (SHE)

of course the end goals of this framework [10,11,12,13]. The implementation of a curriculum which integrates health, of inclusive and tailored-to-need practices and school-led actions and projects, as well as strong links with the surrounding community, will, in turn, develop democratic and equitable physical and social environments, health literacy and skills [14] which are thought to address the key determinants of health, with a particular focus on education [15]. Nurturing the health of children and young people indeed serves for their present as well as their future health as their autonomy is strengthened, enabling them to develop the necessary skills to decide for themselves, to act in favour of their own wellbeing, and contribute to that of their peers. Needless to say, school staff training is fundamental, and evidence-based evaluation to monitor, enhance, fine-tune and ensure the effectiveness of the actions undertaken is absolutely paramount. Global and European Standards and indicators for Health Promoting Schools [14,16] were developed in the face of the growing interest and global implementation of the Health Promoting Schools framework, with a view to ensure a certain degree of consistency in evidence-based and evidence-informed practices across countries. Some researchers would even argue that without the evaluation of such practices, wellbeing could become an ideology rather than the overall objective of a whole school strategy, point with which we agree. Nevertheless, in spite of a more systematic use of measurement tools and guidelines, evaluation, of such a complex multi-layered strategy, remains somewhat of a Gordian knot [17], which could in itself take up a whole new issue and is not the focus here.

2. How can wellbeing be conceptualized within the Health Promoting Schools framework?

When it comes to wellbeing, one of the main objectives of Health Promoting Schools, a pressing question is how it may apply, be promoted and sustained in everyday school life. Bearing in mind that Fenouillet et al. [18] put forward that the term “wellbeing” frequently appears in scientific literature under different synonyms such as happiness, quality of life or optimal functioning (Bouffard, [19,20]), the first step to this requires to relate back and reflect on the specific characteristics of wellbeing as a multi-faceted concept. On the face of it some characteristics of wellbeing could appear objective, that is, independent from individual evaluation, such as age, income or health; however, let us pinpoint that wellbeing is based on personal subjective assessment [18]. Indeed, Deci and Ryan [21] emphasise that wellbeing refers to a *subjective* experience or an optimal psychological functioning, which each individual evaluates based on *their own perception* of the situation in which they find themselves. As for Diener [22,23], he defines subjective wellbeing as a combination of both positive and negative affects which are experienced in a different manner depending on the situation, with an additional component of life satisfaction which reflects an individual's appreciation of their own life. For Diener [23], each individual makes an overall evaluation of their life based on different areas (personal life, professional life, etc.). The subjective nature of wellbeing could pose a challenge when applied to a whole group or community as is the case in school settings. Nonetheless, with regards to everyday school life, such subjective wellbeing would be based on pupils' self-evaluation of their satisfaction regarding the different areas they deem important for themselves. Pupils would prioritize the different contexts in which they thrive and assign a level of satisfaction to each of them. While this last point focuses on pupils, it is quite clear that, in view of the whole school approach inherent in the Health Promoting Schools, well-being must also be considered from a systemic perspective. While pupil wellbeing is set as one of the general objectives of Health Promoting Schools, promoting the wellbeing of teaching and non-teaching staff features amongst the secondary desired outcomes, which in turn, will affect pupils in a positive way.

To finish this train of thought, and to put pupils' future health into perspective, Bucker, Nuraydin, Simonsmeier, Schneider & Luhmann [24] have shown that individuals reporting a higher level of wellbeing are less likely to experience social and psychological difficulties such as depression and complicated relationships with others (Park, 2004). This would lead us to point out that the efforts put into making every school a Health Promoting School would not only promote pupils present health and wellbeing, but they would also be an investment for children and young people's future.

3. Health, wellbeing and academic achievement are indeed intertwined

As multi-faceted as it may be, a substantial body of research supports the focus on pupils' wellbeing, particularly in schools. Let us note that pupils' wellbeing is positively linked to physical health and health-promoting behaviours such as maintaining a balanced diet and physical exercise [25]. Higher levels of wellbeing are linked to less reports of disciplinary problems by teachers [26] and greater motivation of pupils [27]. Well-being indeed promotes self-efficacy, a central motivational factor which facilitates learning [19] and academic achievement. Motivation also supports the value given to school time, which results in enhanced wellbeing and higher academic achievement. Clément [28] highlights that pupils' motivation and engagement in learning, which are influenced by teachers' attention, classroom climate and sense of belonging to the school, thus contribute greatly to pupils' wellbeing as well as their academic achievement.

Moreover, according to Kirkcaldy and colleagues [29], countries scoring high in overall achievement, particularly in science, mathematics, and reading comprehension, also report high levels of wellbeing. Miller, Connolly & Maguire [30] confirm a significant correlation between wellbeing and academic achievement among primary school pupils, regardless of gender or socio-economic status. In summary, preserving the wellbeing of pupils, regardless of their gender or socio-economic background, contributes positively to their academic success. In addition to this, among adolescents, a negative correlation exists between wellbeing and the consumption of alcohol, tobacco, and drugs [31].

4. Fostering health and wellbeing requires to nurture the school climate

The feedback loop between the school climate, which is one of the targets of the Health Promoting Schools framework, and the individual wellbeing in pupils and staff is of crucial importance. Research by Engels et al. [32] underlines that pupils who feel good at school, have fewer behavioural problems, which improves the climate of the school in a positive way. In turn, the climate of a given school will impact individual wellbeing in a positive or negative way. In their meta-analysis, Aldridge and McChesney [33] formulate conclusions about various dimensions of the school climate. Positive relationships with teachers and peers (showing through respect, support, positive attitudes towards diversity and the absence of bullying or victimization) are associated with improved student wellbeing and healthy behaviours, while they are inversely associated with mental health problems (such as stress and anxiety) and risky behaviours. Moreover, they show that feeling safe at school (through clarity and enforcement of rules, knowledge of how to report incidents and seek help) is also associated with improved student wellbeing and healthy behaviours. In the same meta-analysis, they indicate that pupils' sense of belonging and attachment to their school is also linked to wellbeing and healthy behaviours, more specifically by reducing risky behaviours. Finally, and quite logically, anxiety-provoking school environments increase the prevalence of mental health problems and risky behaviours among adolescents. Other work by

Clément [28] emphasizes that the climate within the classroom seemingly plays a more important role than the climate of the whole school (Willms, 2000). In addition to this, Van Petegem [34] highlights that a beneficial teacher-student relationship from the first years of schooling, is associated with peer acceptance, pupil motivation and better academic results [35,36]. A positive cooperation between staff members about teaching methods and pupil counselling promotes pupil wellbeing and achievement [37].

5. The development of life skills as a strategy to promote pupils' wellbeing

It is clear that wellbeing is a major contributor to pupils' health and academic achievement. It is nonetheless not so evident to choose the best suited strategy or strategies to promote and nurture it in schools. One of the leads in more recent years has been to direct research towards the development of life skills (LS), which are embedded in the Health Promoting operational model. Indeed, according to a scoping review by Darlington-Bernard et al. [38], LS are considered a protective factor for health, particularly beneficial for the prevention of risky behaviours with young people (Botvin & Griffin, 2004; Griffin & Botvin, 2010; Mangrulkar et al., 2001; [39]; World Health Organization, 2003). When developed with school pupils, LS promote well-being, social interaction, learning and professional integration (Lamboy et al., 2021; St Leger, 1999; World Health Organization, 1994). It is recommended they be developed through participatory, integrated and intersectional approaches, as well as experiential pedagogical methods, (Lamboy et al., 2021; Nasheeda et al., 2019). Life skills are even becoming one of the strategic components of health promotion initiatives, a "must-promote" in school-based health promotion. However, from an empirical perspective, life skills are often an end goal in school-based promotion projects, which in our view is somewhat besides the point.

6. A "must-promote" without a clear definition

While LS appear to be a key component of the Health Promoting Schools framework, a lack of clarity as to the definition of LS has been identified in the literature [38]. Since the 1980s, a variety of Non Governmental Organisations have proposed their own definitions, such as the World Health Organization. In 1993, they identified LS as a health-supporting factor, through the development of personal skills, particularly in an educational context, and proposed their own definition as "the capacities for adaptive and positive behaviors that enable individuals to cope effectively with the demands and challenges of daily life" [40] (p.15). This definition included an initial description of 10 life skills articulated in 5 pairs: (i) decision-making and problem-solving, (ii) creative and critical thinking, (iii) self-awareness and empathy, (iv) communication and interpersonal skills and (v) coping with emotions and managing stress [38,40]. Meanwhile, the scientific community has also taken an interest in LS. Darlington-Bernard et al. [38] show that, although several conceptual definitions exist, none of them achieve scientific consensus: the definitions proposed by the WHO over the years still seem to be the most commonly cited in scientific publications. Moreover, their study of the terms used to define LS, both in French and in English, shows that LS are associated with the research fields of education, psychology and sociology: the theoretical foundations of LS are thus unclear. Thus life skills seem to be linked to a complex entanglement of dimensions that includes multidimensional factors [38]. Life skills remain a "polysemous and polymorphous" notion and a "hotch-potch" term [38,41,39]. The reasons why LS are so difficult to define, and why a consensual conceptual framework has yet to be established, become more apparent: LS are an unstable notion, which needs further epistemological, semantic, and ontological clarification [38].

7. How to develop and evaluate LS if no clear definition exists?

In our view, the problem is not just semantic. The meaning of LS, the way they are conceptualized will influence the way their development is enacted into practice, the tools needed to evaluate it, as well as the soil in which a common understanding between professionals from the education, the social and the healthcare sector can be rooted; common understanding which precedes constructive participatory practices. It is paramount researchers, professionals and stakeholders be on the same page when it comes to what LS are and what developing them actually means. This raises the crucial question of the objective towards which Life Skills should be developed in Health Promoting Schools. Should they be developed as an end, as if their development alone is sufficient to influence health, wellbeing or academic achievement? Or are they a means to reinforce health literacy, self-efficacy or life satisfaction, which will in turn influence choices and behaviours, which will then promote health, wellbeing or academic achievement for instance? We believe a clue is in the name itself, as skills only serve a purpose when actionable and used. Another pressing point lies in the form LS development programmes or interventions should take, and what potential to develop LS each typology of programme actual bears. Is a 10-hour module implemented by an external provider or even school teachers enough? Or should the development of LS be embedded in everyday school life, in the school ethos, in the school project?

Furthermore, these points also raise the way in which LS are assessed and measured on two levels: the achievement of a satisfactory level of each skill (which would have to be defined), and the impact of such development on a pupil's health, wellbeing and academic achievement. To date, no consensual method or tool has been developed to measure them particularly with school pupils [42]. Let us reflect on the fact that the objectives in which LS are developed in a school context cover areas such as health promotion, but also learning and academic achievement, living together and citizenship, as well as personal and professional development [38]. It would therefore be fair to ask whether the impact of life skills is limited to school life or if it spills over to other areas of children and young people's lives.

Against this backdrop, we argue that more research is needed on those particular points in order to inform decision-making processes as well as serve as the foundation to teacher training. Let us also insist on the fact that decision-makers, project promoters, as well as non-teaching school staff would benefit from training on LS and more broadly, on the Health Promoting Schools framework.

To conclude, we wish to put forward that the Health Promoting Schools framework seems particularly conducive to the development of wellbeing at school. It further expands the possibilities within the school community for making wellbeing a cardinal value that will guide all decisions made in schools. Beyond this, the Health Promoting Schools approach also offers new avenues for thinking about pedagogy in the context of pupil learning. We also argue that LS are a means rather than an end, a tool in favour of a dynamic lifelong health-promoting process. Although LS appear to be an ideal tool to promote pupils' health and wellbeing, they still need to be approached with caution, since stabilization of the underlying concepts is needed. This undoubtedly represents a pressing challenge that needs to be addressed in order to further establish Health Promoting Schools as widely as possible.

References

- [1] 4th International Conference on Health Promotion. The Jakarta declaration on leading health promotion into the 21st century. *Health Promot Int* 1997;12 (4):261-4.
- [2] WHO. Ottawa charter for health promotion. 1986.
- [3] World Health Organization. (2016). Draft Shanghai Declaration on Health Promotion in the 2030 Agenda for Sustainable Development: ensuring sustainable health and well-being for all. (November), 21-24

- [4] Deschesnes M, Martin C, Hill AJ. Comprehensive approaches to school health promotion: How to achieve broader implementation? *Health Promot Int* 2003;18(4):387–96. doi: 10.1093/heapro/dag410.
- [5] St Leger L, Young I, Blanchard C. *Health promotion in schools: from evidence to action*. Saint Denis, France: IUHPE; 2010.
- [6] Darlington E, Masson J. What does co-creation mean? An attempt at definition informed by the perspectives of school health promoters in France. *Health Educ J* 2021;80(6):746–58. doi: 10.1177/00178969211013570.
- [7] Langford R, Bonell CP, Jones HE, Poulou T, Murphy SM, Waters E, Campbell R. The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement. *Cochrane Database Syst Rev* 2014;4:CD008958. doi: 10.1002/14651858.CD008958.pub2.
- [8] Ridde, V. (2012). *A qui sert la promotion de la santé? Essai introductif sur la réduction des inégalités sociales de santé*.
- [9] WHO Regional Office for Europe. Council of Europe & European Commission, & Commission. E. First Conference of the European Network of Health Promoting Schools : the health promoting school - an investment in education, health and democracy : conference resolution. European Network of Health Promoting Schools (Ed.), First Conference of the European Network of Health Promoting Schools; 1997. p. 1–4 <http://www.who.int/iris/handle/10665/107850>.
- [10] Darlington EJ, Masson J. *Promotion de la santé à l'école et réussite scolaire (DUNOD edit)*. 2020.
- [11] Driessen-Willems M, Severens F, Darlington E, Bartelink N, Kremers S, van Assema P, Bessems K. Exploring the implementation dynamics of the Health Promoting School approach in Europe: a qualitative study among school health representatives. *Health Educ* 2023;123(1):1–18. doi: 10.1108/HE-12-2021-0149.
- [12] Samdal O, Rowling L. Theoretical and empirical base for implementation components of health-promoting schools. *Health Educ* 2011;111(5):367–90. doi: 10.1108/096542811111161211.
- [13] Severens FMJ, Bessems K, Darlington EJ. *Implementation of health promoting schools in Europe and associated determinants*. Maastricht University; 2020.
- [14] Darlington, E.J., Bada, E., Masson, J., & Santos, R.M. (2021). European standards and indicators for health promoting schools 2.0. Haderslev.
- [15] Solar, O., & Irwin, A. (2010). A conceptual framework for action on the social determinants of health. In *social determinants of health discussion paper 2 (policy and practice)*. https://doi.org/10.1002/9781118150085_2
- [16] World Health Organization and the United Nations Educational, S. and C. O. *Making every school a health-promoting school: global standards and indicators for health-promoting schools and systems*. 2021.
- [17] Darlington EJ. *Shedding light on the implementation and evaluation of complex health promotion interventions: the contribution of Health Promoting Schools and co-creation processes (Habilitation à Diriger des Recherches)*. Claude Bernard Lyon 1 University; 2023.
- [18] et Fenouillet F, Chainon D, Yennek N, Masson J, Heutte J. Relation entre l'intérêt et le bien-être au collège et au lycée. *Enfance* 2017;1:81-103.
- [19] Bandura A. *Self-efficacy, the exercise of control*. W. H. Freeman & Co; 1997.
- [20] Ryff CD, Singer B. The contours of positive human health. *Psychol Inq* 1998;9:1–28.
- [21] Deci EL, Ryan RM. *Hedonia, Eudaimonia, and well-being: an introduction*. *J Happiness Stud* 2008;9(1):1–11.
- [22] Diener E. Subjective well-being. *Psychol Bull* 1984;95:542–75.
- [23] Diener E. Subjective well-being. The science of happiness and a proposal for a national index. *Am Psychol* 2000;55:34–43. doi: 10.1037/0003-066X.55.1.34.
- [24] Bucker S, Nuraydin S, Simonsmeier BA, Schneider M, Luhmann M. Subjective well-being and academic achievement: a meta-analysis. *J Res Pers* 2018. doi: 10.1016/j.jrp.2018.02.007.
- [25] Frisch MB. *Improving mental and physical health care through quality of life therapy and assessment*. Advances in quality of life theory and research. Dordrecht: Springer Netherlands; 2000. p. 207–41.
- [26] McKnight CG, Huebner ES, Suldo S. Relationships among stressful life events, temperament, problem behavior, and global life satisfaction in adolescents. *Psychol Sch* 2002;39(6):677–87.
- [27] Huebner ES. Correlates of life satisfaction in children. *Sch Psychol Q* 1991;6(2):103–11.
- [28] Clement N. Student wellbeing at school: the actualization of values in education. *International research handbook on values education and student wellbeing*; 2010:37–62.
- [29] Kirkcaldy B, Furnham A, Siefen G. The Relationship between health efficacy, educational attainment, and well-being among 30 nations. *Eur Psychol* 2004;9(2):107–19.
- [30] Miller S, Connolly P, Maguire LK. Wellbeing, academic buoyancy and educational achievement in primary school students. *Int J Educ Res* 2013;62:239–48.
- [31] Zullig KJ, Valois RF, Huebner ES, Oeltmann JE, Drane JW. Relationship between perceived life satisfaction and adolescents' substance abuse. *J Adolesc Health* 2001;29(4):279–88.
- [32] Engels N, Aelterman A, Van Petegem K, Schepens A. Factors which influence the well-being of pupils in Flemish secondary schools. *Educ Stud* 2004;30:127–43.
- [33] Aldridge JM, McChesney K. The relationships between school climate and adolescent mental health and wellbeing: a systematic literature review. *Int J Educ Res* 2016;88:121–45 (2018).
- [34] Van Petegem K. *Relationship between student, teacher and classroom characteristics and students' school wellbeing*. unpublished van doctor in Pedagogische Wetenschappen. Universiteit Gent; 2008.
- [35] Hughes JN, Kwok O. Classroom engagement mediates the effect of teacher-student support on elementary students' peer acceptance: a prospective analysis. *J Sch Psychol* 2006;43:465–80.
- [36] Hughes JN, Luo W, Kwok O, Loyd LK. Teacher-student support, effortful engagement, and achievement: a 3-year longitudinal study. *J Educ Psychol* 2008;100:1–14.
- [37] Van Landeghem G, Van Damme J, Opdenakker M, De Frairie DF, Onghena P. The effect of schools and classes on noncognitive outcomes. *Sch Effectiveness Sch Improve* 2002;13:429–51.
- [38] Darlington-Bernard A, Salque C, Masson J, Darlington E, Carvalho GS, Carrouel F. Defining life skills in health promotion at school : a scoping review. *Front Public Health* 2023;11:1296609. doi: 10.3389/fpubh.2023.1296609.
- [39] Simar C, Pironom J, Tessier D, Nsambu C, Masson J. Validation transculturelle d'une échelle de mesure des compétences sociales chez les élèves des 8 à 12 ans. *Education, Santé, Sociétés* 2020;7:125-139. Volume Numéro 1. doi: 10.17184/eac.3865.
- [40] Nutbeam D. *Glossaire de la promotion de la santé*. Organisation Mondiale de la Santé; 1998.
- [41] Fonte D, Apostolidis T, Lagouanelle-Simeoni M-C. Compétences psychosociales et éducation thérapeutique du patient diabétique de type 1 : Une revue de littérature. *Santé Publique* 2015;26(6):763-777. doi: 10.3917/spub.146.0763.
- [42] Sancassiani F, Pintus E, Holte A, Paulus P, Moro MF, Cossu G, Angermeyer MC, Carta MG, Lindert J. Enhancing the emotional and social skills of the youth to promote their wellbeing and positive development : a systematic review of universal school-based randomized controlled trials. *Clin Pract Epidemiol Ment Health* 2015;11(1):21-40. doi: 10.2174/1745017901511010021.