APPROACHES FOR SCHOOLS

World Health Organization

Life skills education school handbook

Prevention of noncommunicable diseases

Life skills education school handbook: prevention of noncommunicable diseases - Approaches for schools

World Health
Organization

Life skills education school handbook

Prevention of noncommunicable diseases

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For teachers

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INTRODUCTION

School health programmes are the most cost-effective way to influence health behaviours in young people *(1–4)*. The purpose of this two-part handbook is to support schools as they seek to implement interventions in order to reduce the main modifiable risk behaviours for noncommunicable diseases *(5, 6)*. This *Practical application handbook* provides advice to schools on providing young people with the knowledge, attitudes, beliefs and life skills necessary for making informed decisions, and creating a healthy school environment that can reduce the risk of NCDs *(7)*.

Noncommunicable diseases (NCDs) are a global health concern, with more than >36 million people worldwide dying from NCDs each year *(5)*. Most of these NCDs are preventable through actions to address five key modifiable risk factors: smoking tobacco; nutrition; physical activity; alcohol consumption; and hygiene. Schools are a prime location for NCD prevention through life skills education and can provide a supportive healthy environment for children to support the development and application of life skills.

This handbook is designed to assist schools to implement life skills education and supportive school environments. It outlines the rationale for action and offers suggestions for what could be provided in terms of education, school policy and supportive environments.

The first section presents the life skills required to reduce the five main risk factors, along with suggestions for how to improve school policy and environments. Specific desirable actions are described, providing clear goals for school managers and teachers. The second section includes guidance on developing lesson plans for students and for working with parents and communities are provided for teachers. Guidance on school, monitoring and evaluation is also provided for school managers.

PRACTICAL APPLICATION
ADDRESSING RISK FACTORS IN SCHOOLS

▶ **READ MORE...**

Read more about the background to NCD risk factors, life skills education and supportive school approaches in the *Introduction handbook*.

7 Nutrition

According to the World Health Organization (WHO), consuming a healthy diet across the life-course helps to prevent malnutrition, as well as a range of NCDs and conditions *(8)*. In order to follow a healthy diet and lifestyle, the amount of energy you consume (calories) should be in balance with the amount of energy you expend (physical activity). To avoid unhealthy weight gain, total dietary fat should not exceed 30% of total energy intake *(9,10)* and sugar intake should be less than 10% of total energy intake *(11)*. Keeping salt intake to less than 5g per day is also recommended to prevent hypertension and reduce the risk of heart disease and stroke in adults and young people *(12)*. Enabling young people to become aware of these guidelines, through life skills education, is a crucial preventative measure against the onset of NCD-related conditions and/or concerns.

Reducing poor nutrition through life skills education

Skill type	Skill area	Specific skills
Interpersonal and communicative skills	Communication skills	• Encourage parents and friends to make healthy food and menu choices *(3,13,14)*
	Refusal and negotiation skills	• Resist peer and social influences to adopt unhealthy eating practices *(3,13)*
	Advocacy skills	• Present messages of healthy nutrition to others through posters, advertising, performances, and presentations *(3,13)* • Gain support of influential adults such as headmasters, teachers and local physicians to provide healthy foods in the school environment *(3,13)*
Cognitive skills: Decision-making and critical thinking	Decision-making skills	• Choose nutritious foods and snacks over less nutritious options (13,20) • Convincingly demonstrate an understanding of the consequences of unbalanced nutrition (e.g. deficiency diseas*e) (3,7,13,14)*
	Critical thinking skills	• Recognize aggressive marketing and evaluate nutritional claims from advertisements and nutrition-related news stories *(3,13,14,58)* • Analysing peer and social influences on their personal value system *(13)*

Skill type	Skill area	Specific skills
Personal skills: Coping and self-management skills	Self-awareness and self-management skills	• Recognize links between eating disorders and psychological and emotional factors *(13,14)* • Identify personal preferences among nutritious foods and snacks *(13,14)* • Develop a healthy body image (*(13,14)* • Goal setting: Simple goals for changes in eating and physical activity, and devise strategies for implementing these changes and monitoring progress in reaching their goals *(7)*
	Behavioural skills	• Read and follow recipes *(3)* • Read ingredients list and highlight basic food groups *(3)* • Measure ingredients *(3)* • Culinary skills *(15)* for selecting and preparing healthy meals *(7,16,17)* • Knowing how to prepare a healthy meal *(7)*

Reducing poor nutrition through supportive schools

Policy dimensions

• A whole school approach that focuses on improving diet.
• Planning regulations established to limit the availability of fast-food outlets near schools.
• A national school nutritional policy or national/regional level programme of standards for nutrition.
• A school food and nutrition policy to establish and implement standards for meals provided in schools.
• A drinking-water policy that encourages young people to drink water regularly throughout the day.
• Partnership with families and community members in the development of school policies (healthy eating school-based programmes and activities).

School environment considerations

- Food for staff/students stored/prepared to minimize the risk of disease transmission.
- Food preparation staff required to follow '5 Keys to Safer Food'.
- Restrict marketing of foods with high fat/sugar content on school premises.
- Elimination of the provision/sale of unhealthy foods in vending machines/close vendors, and at celebrations/events.
- A friendly food service environment and additional nutrition labelling to school meals.
- Safe and protective physical/psychosocial environments.
- Access to potable water, safe and clean toilets.
- Installation of water dispenser machines/water fountains/bottles in classrooms or vending machines.
- Culturally aware healthy eating and physical activity practices throughout the school environment.
- Principals to support staff and students to improve nutrition standards.

Suggested actions

- Disseminating nutrition standards for foods served in schools and in appropriate communication formats for staff, parents and students.
- Implementing school feeding programmes (e.g. fruit and vegetable schemes).
- Improving access to availability/affordability to community resources (e.g. local farm visits).
- Issuing a contract for school lunches to local food growers.
- Providing three 'fluid breaks' per day in schools.
- Information evenings, health education workshops, food preparation classes, health screening to improve nutrition, health literacy and fitness activities for parents and wider community.
- Organize health fairs, festivals and cooking contests including attendance from members of the community.
- Teachers to model healthy eating.
- Teachers to receive nutrition life skills education training.
- Training classes for school staff (e.g. gardening, food preparation, and kitchen safety) provided by qualified staff.
- Provide a school employee wellness programme.

8 Hygiene

According to WHO hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases *(13)*. Hygiene is a broad term and includes personal habits and choices, as well as hygiene in the home, school and workplace environment.

Reducing poor hygiene through life skills education

Skill type	Skill area	Specific skills
Interpersonal and communicative skills	Communication skills *(18)*	• Verbal/non-verbal communication to convey messages to families, peers and members of the community about health *(13)*, diseases and infection • Communicate with others (e.g. peers, siblings and family members) about healthy habits *(13, 19)* • Active listening • Expressing feelings; giving feedback (without blaming) and receiving feedback *(18)*
	Negotiation/refusal skills	• To resist social influence (e.g. family, peers, media) *(13)* • Negotiation and conflict management • Assertiveness skills • Skills to be able to refuse *(18)*
	Empathy building	• Ability to listen, understand another's needs and circumstances, and express that understanding *(18)*
	Cooperation and teamwork	• Expressing respect for others' contributions and different styles • Assessing one's own abilities and contributing to the group
	Advocacy skills *(18)*	• Influencing skills and persuasion • Networking and motivation skills
Cognitive skills: Decision-making and critical thinking	Decision-making/ problem-solving Skills *(13, 18)*	• To identify and avoid behaviours, and environmental conditions, that are likely to cause water and sanitation-related diseases *(19)* • Information-gathering skills • Evaluating future consequences of present actions for self and others *(13, 18)* • Determining alternative solutions to problems • Analytical skills regarding the influence of values and of attitudes about self and others on motivation *(18)*

Skill type	Skill area	Specific skills
Cognitive skills: Decision-making and critical thinking	Critical thinking skills	• Recognize and manage social influence (e.g. family, peer and media pressures) and analyse complex situations *(13,18)* • Analysing peer and media influences • Analysing attitudes, values, social norms and beliefs, and the factors affecting them *(18)* • Identifying relevant information and sources of information *(18)*
Personal skills: Coping and self-management skills	Increasing personal confidence and abilities to assume control, take responsibility, make a difference, or bring about change	• Building self-esteem/confidence • Creating self-awareness skills, including awareness of rights, influences, values, attitudes, rights, strengths and weaknesses • Setting goals • Self-evaluation/self-assessment/self-monitoring skills *(18)*
	Skills for managing feelings	• Managing anger • Dealing with grief and anxiety • Coping with loss, abuse or trauma *(18)*
	Skills for managing stress	• Time management • Positive thinking • Relaxation techniques *(18)*

Reducing poor hygiene through supportive schools

Policy dimensions

- Integrated, multi-component, whole school approach to support personal hygiene and oral health practices across the school/community.
- Hygiene policy that links with local/health authorities.
- Policies for implementing national standards/guidelines that incorporate healthier messages addressing general and dental health.
- Assess existing conditions and plan new developments/improvements.
- Food related policy promoting oral health.
- Sound maintenance policies.
- Setting targets for water, sanitation and hygiene.
- Liaison with educational authorities at local/national level.

School environment considerations

- Universal access to sanitation facilities and hygiene measures to aid health promotion in all aspects of the school environment.
- Adequate and safe water supply for a healthy learning environment.
- Functional water points at/near school.
- Functional toilets that meet national standards.
- Functional hand-washing facilities.
- Functional sanitary equipment, toilet paper, soap, water taps and bins available in sufficient quantities.
- Accessible, private and culturally appropriate toilets for staff and young people.
- Fencing of school grounds.
- Collaboration between teachers and staff in the development and maintenance of a healthy school environment, and that motivates them to achieve and maintain targets.

Suggested actions

- Life skills education for students.
- Include hygiene and oral health education in the school curriculum.
- Introduction of daily supervised tooth brushing – achieving this through endorsement from the local authority.
- Develop protocol for related extra-curricular activities.
- Students/staff to bring water from home (if school does not have adequate water source nearby).
- Provision of simple and economical equipment (e.g. pitcher/basin) for teaching hand-washing techniques.
- Role plays written and acted by young people on sanitation- and hygiene-related issues that are open to parents and community members.
- Involving parents in school sanitation and hygiene education activities.
- Training for parents around oral health.
- Community action for water fluoridation.
- Collaboration with local health services, environmental health services and public works departments to support hygiene initiatives in schools.
- Training and ongoing education for sanitation/hygiene guidelines to be provided to teachers/staff.
- Interdisciplinary/cross-curricular approach to teaching of hygiene.

9 Physical activity

Physical activity is a broad term that covers all movement *(14)*. WHO recommends that children and adolescents aged 5–17 years require at least 60 minutes of moderate or vigorous physical activity daily, with physical activity of amounts greater than 60 minutes providing additional health benefits *(64)*.

Reducing a lack of physical activity through life skills education

Skill type	Skill area	Specific skills
Interpersonal and communicative skills	Interpersonal communication skills	• Communicate health messages to family and friends *(13)*
	Negotiation/refusal skills (13)	
	Cooperation and teamwork *(13)*	
	Advocacy skills	• Influencing skills and persuasion *(13)*
Cognitive skills: Decision-making and critical thinking	Decision-making/problem-solving skills	• Identify a range of decisions and their consequences in relation to health/physical activity *(13)*
	Critical thinking skills	• Analysing peer and social influences on their personal value system *(13)* • Analysing complex situations *(13)*
Personal skills: Coping and self-management skills	Skills for increasing personal confidence and abilities to assume control, take responsibility, make a difference or bring about change	• Resilience *(20)* • Building self-esteem/confidence *(13)* • Creating self-awareness to assume control and take responsibility of health behaviours *(13)* • Setting goals *(13)*

Skill type	Skill area	Specific skills
Personal skills: Coping and self-management skills	Skills for managing feelings *(13)*	• Managing anger • Dealing with grief and anxiety • Coping with loss, abuse and trauma
	Skills for managing stress *(13)*	• Time management • Positive thinking • Relaxation techniques
	Behavioural skills	• Motor skills and physical fitness (i.e. flexibility, strength, coordination and endurance necessary for activity games/ sports) *(20)*.

Reducing a lack of physical activity through supportive schools

Policy dimensions

- Whole school approach that incorporates quality physical education in the curriculum.
- Multi-component physical activity curriculum.
- Policy to create a more supportive school environment for enhancing physical activity.
- Development of school travel plan in collaboration with local authorities, police, school and education officers.
- Urban planning and active transport policies to increase walking and cycling opportunities.
- Development of a 'framework of standards' for teachers.

School environment considerations

- Partners in the education sector to create supportive built environments in schools.
- Provision of safe and appropriate space and facilities for active participation in physical activity and opportunities to explore active play.
- Identify and address safety concerns and risks (e.g. crossing guards).
- Environmental changes – new opportunities and increasing physical activity during breaks and after school.
- Physical activity incorporated into daily routines and curriculum.
- Physical environment to provide quality equipment and facilities.
- Social environment to provide health awareness, choice and activities.
- Provision of gender-friendly spaces where appropriate.
- Help young people identify activities that they may enjoy on their own, such as games and sports.
- Ensure that walking/cycling are accessible and safe.
- School facilities made available to local organizations to establish partnerships with communities.

Suggested actions

- Provide adequate and appropriate staffing/facilities to support policy.
- Employment of certified physical education teachers to deliver quality programmes.
- Partners in education sector to create physical activity programmes tailored according to student's ages and abilities.
- Education and advice to increase awareness of physical activity benefits.
- Provision of homework activities that young people and parents complete.
- Provide information to families/communities on how to create a supportive home environment.
- School-based family activity days, family fun days and local schemes.
- Physical activity sessions and fundamental movement skills to be included during the week.
- Organize inter-school sport competitions.
- Parents and communities to arrange extracurricular activities.
- Provision of cycle and road safety training to encourage young people to walk/cycle to school.
- Guidance in relation to healthy body size, physical activity, sleep behaviours and use of technology to young people and the wider community.
- Shared use agreement of school facilities with community organizations.

10 Smoking

WHO notes that the tobacco epidemic is one of the biggest public health threats the world has ever faced *(8)*. They indicate that tobacco use usually begins in adolescence and 10% of 13–15 year-olds worldwide are smokers.

Reducing tobacco use through life skills education

Skill type	Skill area	Specific skills
Interpersonal and communicative skills	Communication skills	• Inform others of the negative health and social consequences and personal reasons for refraining from tobacco *(13,21,22)* • Ask parents not to smoke in the car when they ride with them *(13)* • Encourage other persons to not use tobacco *(21)*
	Empathy skills *(21, 23, 24)*	• Listen to and show understanding of the reasons a friend may choose to smoke *(13)* • Suggest alternatives in an appealing and convincing manner *(13)*
	Advocacy skills	• Persuade a wide range of people (e.g. the headmaster) and generate local support to adopt and enforce a policy for tobacco-free schools and public buildings *(13,21–24)*
	Negotiation/refusal skills and conflict management *(25)*	• Resist a friend's (or any person's) repeated request to chew or smoke tobacco, without losing face or friends *(13,21–24)*
	Interpersonal skills	• Support persons who are trying to stop using tobacco *(13,21)* • Express constructive positive intolerance for a friend's use of tobacco *(13)*
Cognitive skills: Decision-making and critical thinking	Decision-making/ Problem-solving skills	• Gather information about consequences of tobacco use *(13)* • Assert their ideas and convey their decisions *(13,21–24)* • Weigh the consequences against common reasons young people give for using tobacco *(13,21)* • Identify their own reasons for not using tobacco and explain those reasons to others *(13)* • Make and sustain a decision to stop using tobacco and seek help to do so *(13)*

Skill type	Skill area	Specific skills
Cognitive skills: Decision-making and critical thinking	Critical thinking skills *(13, 21–24)*	• Analyse and manage peer and social influences (family, friends, media, tobacco industry) on their personal value system *(13,21,26)* • Analyse advertisements directed toward young people to use tobacco and see how they are playing upon the need to seem 'cool', appeal to girls, or be attractive to boys *(13,21–24)* • Develop counter-arguments to tobacco advertisement and other promotional materials *(21)* • Develop counter-messages that include the cost of buying cigarettes and how else that money could be used *(13)* • Assess how tobacco use takes advantage of poor people *(13)* • Analyse what may be driving people to use tobacco and aim to find a healthy alternative *(13)* • Analyse complex situations and a variety of alternatives *(13,21)* • Value analysis and clarification skills: identify what is important, influences on values and attitudes and aligning values, attitudes and behaviour *(23)*
Personal skills: Coping and self-management skills	Skills for coping and managing stress *(22)*	• Analyse what contributes to stress *(13)* • Reduce stress through activities such as exercise, meditation and time management *(13,21–24)* • Self-control and dealing with emotions: grief, anxiety, help seeking, dealing with difficult situations (conflict, loss, abuse, trauma) *(13,21–24,27)* • Make friends with people who provide support and relaxation *(20,13)* and maintain positive friendships *(22)*
	Skills for increasing personal confidence	• Build self-esteem *(21,26)* • Increase resilience and protective factors (e.g. a positive school environment and parents who provide structure and boundaries) rather than focusing primarily on reduction of risk factors, (i.e. tobacco and alcohol use) *(28,29)* • Identify personal strengths and weaknesses, positive thinking skills, building self-image and body image, ability to give and get care for health-related issues *(3,23)* • Goal-setting, adjusting to changes in their lives and maintaining friendships *(13,21–24,27)*

Reducing tobacco use through supportive schools

Policy dimensions

- Tobacco-free school policy.
- A substance abuse policy – prohibiting use of tobacco by students and staff.
- Policy to address psychosocial environment.
- Development of educational policies that are responsive to students' lives.
- Policy to be consistent with national and international policies.
- Policies should ensure interventions are evidence-based and consistent with regional and national tobacco control strategies.
- Policies need to be informed by why young people start smoking in the first place and should lead to interventions that are youth oriented.

School environment considerations

- Smoke-free environment.
- Restricting tobacco advertising in buildings and school publications.
- Ensure the psychosocial environment fosters confidence in healthy choices and lifestyles e.g. positive teacher–student relationships and connecting with the home environment by involving parents.
- Development of educational environments that support health-promoting behaviours e.g. displaying health information about smoking risks, posting in canteen information and guidance about health, connecting with the home environment, using a variety of learning models and activities will support learning.
- Social environment should support the health actions of all in the school and be consistent with other health promotion interventions to support abstinence.

Suggested actions

- Prohibit tobacco trading.
- Provision of educational information through presentations, information sheets, talks and lesson plans to prevent tobacco use.
- School staff training skills in tobacco use prevention programmes and access to cessation programmes.
- Tobacco education in classrooms to include school health fairs, information sessions and guest speakers for both parents and students.
- Extra-curricular activities (e.g. peer education) to provide good supplementary tobacco education.
- Develop links with community organizations to capitalize on local resources.
- Coordinate school programmes with parallel community interventions at local and district level.
- Involve parents and the wider community in the school programme.
- Access and links to local health services to help access early intervention, prevention and cessation programmes.

11 Alcohol

WHO states that alcohol use begins in adolescence and that 25% of 13–15 year olds report having an alcoholic drink within the past month in many countries *(15,16)*. Substance use-related death among youth is mostly caused by alcohol *(15)*.

Reducing alcohol use through life skills education

Skill type	Skill area	Specific skills
Interpersonal and communicative skills	Communication skills *(22)*	• Inform others of the negative health and social consequences and personal reasons for refraining from alcohol use *(13)*
	Empathy-building skills *(13, 23)*	• Listen to and show understanding of the reasons a friend may choose to use alcohol *(13)* • Suggest alternatives in an appealing and convincing manner *(13)*
	Advocacy skills	• To communicate effectively with a wide range of people *(13,23)*
	Negotiation/refusal skills *(25)*	• Resist a friend's repeated request to drink alcohol without losing face or friends *(13)* • Conflict management and assertiveness skills *(13,22)*
	Interpersonal skills	• Support persons who are trying to stop using alcohol *(13)* • Express constructive, positive intolerance for a friend's use of alcohol.
Cognitive skills: Decision-making and critical thinking	Decision-making skills *(13,23,22,27)*	• Gather information about consequences of alcohol use *(13)* • Weigh the consequences against common reasons young people give for using alcohol *(13)* • Identify their own reasons for not using alcohol and explain those reasons to others *(13)* • Identify a range of decisions and their consequences in relation to health issues that are experienced by young people *(13,22)* • Assert their ideas and convey their decisions *(13,22,23)* • Suggest a decision to drink non-alcoholic beverages at a party where alcohol is served *(13)* • Make and sustain a decision to stop using alcohol and seek help to do so *(13)*

Skill type	Skill area	Specific skills
Cognitive skills: Decision-making and critical thinking	Critical thinking skills *(13,23)*	• Recognize and manage peer and social influences on their personal value system *(13)* • Analyse complex situations and a variety of alternatives *(13)* • Analyse advertisements directed toward young people to use alcohol and see how they are playing upon the need to seem 'cool', appeal to girls, or be attractive to boys *(13,23)* • Develop counter-messages that include the cost of buying alcohol and how else that money could be used *(13)* • Assess how alcohol use takes advantage of poor people *(13)* • Analyse what may be driving them to use alcohol • Aim to find a healthy alternative *(13)* • Value analysis and clarification skills: identify what is important, influences on values and attitudes and aligning values, attitudes and behaviour *(23)*
Personal skills: Coping and self-management skills	Skills for coping and managing stress *(13, 22,23,27)*	• Analyse what contributes to stress • Reduce stress through activities such as exercise, meditation or time management • Make friends with people who provide support and relaxation • Self-control and dealing with emotions: grief, anxiety, help seeking, dealing with difficult situations (e.g. conflict, loss, abuse, trauma) *(13,23,22)*
	Skills for increasing personal confidence	• Increase resilience (pathways to resilience) *(29)* and protective factors (e.g. a positive school environment and parents who provide structure and boundaries), rather than focusing primarily on reduction of risk factors (i.e. tobacco and alcohol use) *(28)* • Identify personal strengths and weaknesses, positive thinking skills, building self-image and body image, ability to give and get care for health-related issues *(13,23)* • Goal setting, adjusting to changes in their lives and maintaining friendships *(13,23,27)*

Reducing alcohol use through supportive schools

Policy dimensions

- School alcohol policy prohibiting use of alcohol by students/staff.
- Policy to be in line with national and international policies.
- Policy to address psychosocial environment.
- Development of educational policies that are responsive to students' lives.
- Policies should ensure interventions are evidence-based and consistent with regional and national alcohol strategies.
- Policies need to be informed why young people start drinking alcohol in the first place and should lead to interventions that are youth orientated.

School environment considerations

- Restriction of alcohol advertising in school buildings and publications.
- Ensure the psychosocial environment fosters confidence in healthy choices and lifestyles.
- Social environment should support health-conducive perceptions and actions of all in the school, and be consistent with other health promotion interventions to support abstinence.

Suggested actions

- Education to prevent alcohol use, complemented with other health promotion efforts.
- Teachers and staff informed and trained in skills needed to implement alcohol prevention education.
- Access to treatment and intervention programmes for students and staff.
- Alcohol education in classrooms to include school health fairs, information session and guest speakers for students and parents.
- Extracurricular activities (e.g. peer education to provide supplementary alcohol education activities).
- Develop links with community organizations and coordinate school programmes with parallel community interventions to capitalize on local resources.
- Involve parents and the wider community in the school programme.
- Provision of information through numerous resources.
- Access and links to local health services to help access early intervention, prevention and alcohol abuse treatment services.

MOVING FORWARD:
ADVICE FOR EDUCATORS AND MANAGERS

12 Teachers: developing lesson plans

Using/preparing resources

In selecting appropriate materials for life skills education, it is often possible to work with already existing resources rather than starting anew to create materials. The following aspects should be considered for selecting existing materials:

- What health issues are addressed? What are the objectives? Are these relevant to our students' needs?
- Who is the target audience?
- What time investment is suggested (number and length of sessions)?
- For what setting is the resource intended?
- Are the behaviours that are to be addressed clearly identified?
- Does the material include clear, accurate, up-to-date knowledge on the health issue?
- How successfully are attitudes, which are relevant to the health issue, addressed?
- How relevant are skills to the behaviours that are to be influenced?
- How appropriate are the methods for achieving the objectives?
- Is the session gender-sensitive in content, methods, and language?
- Is the session planned around student needs and interests?
- How involved are teachers, parents and students in the adaptation and implementation of the health objective?
- Is the session of sufficient duration and realistic to achieve the objectives?

Existing materials might be available from local or regional UN agencies such as UNICEF or WHO, and from educational institutions.[b]

> ▶ **READ MORE…**
>
> Learn more from the *'Suggested actions'* chapter of the *Introduction handbook*.

Suggested activities for the classroom, whole school or wider community

Learning activities are individual or group activities that offer opportunities for presenting key messages, demonstrating skills and applying concepts and principles learned. The activities below can be used by educators as opportunities to teach life skills to students, to employ such habits themselves, and to share such information with the wider community:

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b   Further information is available at:
     https://www.unicef.org/education/skills-development
     http://iris.paho.org/xmlui/bitstream/handle/123456789/49296/Teachers_guide.pdf?sequence=6&isAllowed=y
     http://www.emro.who.int/resources/for-teachers/index.html
     https://www.schoolsforhealth.org/resources/materials-and-tools/teachers-resources

- Role plays (to practice negotiation skills).
- Class discussions (e.g. on the tactics the tobacco industry uses to recruit young smokers).
- Case studies, videos and online resources (e.g. related to alcohol or nutrition issues).
- Developing peer pacts (e.g. a pact not to use tobacco or drugs or violence).
- Board games (e.g., to consider social dynamics).
- Field trips (e.g. to supermarket to learn about food labelling).
- Out-of-school observation activities to analyse social influences that negatively impact health, (e.g. poster boards, radio and TV shows and ads, magazines).
- Young people sharing information with family members and outreach 'on the streets'.
- Smoking cessation activities for teachers.
- Games, sports and other recreational activities as a means to cope with stress.

Suggested activities for engaging with young people and monitoring their responses

Using physical movement and 'questions/comments' techniques

Using physical movement in activities improves life skills learning. If young people can physically 'do' something that is related to the learning point, they will learn better. For example, rather than asking young people to express verbally whether they agree or disagree with a health–related statement (e.g. "The risks of smoking are exaggerated. I know people who smoke and don't have any health problems"), educators can ask them to physically move to an 'I agree' or 'I disagree' signpost (on the wall) in the classroom. When young people have gone to their signpost of choice, this provides educators with an opportunity to ask them why they chose to move there, and to discuss with others at that signpost how they came to their decision, or if they moved there because they watched others doing so (at which point this can be used as timely point in the session to discuss peer pressure).

In addition to physical movement techniques, educators can employ more a more traditional 'questions/comments' technique at the end of each session. It is useful to ask young people for their general questions and comments (if any) before asking them specific questions about the activity. It is important to instil this habit, even if some are shy at first, in order to build confidence skills.

Drawing symbols

Educators can ask young people to draw symbols in order to reflect their answers to a given activity. For example, ask young people to think about their own special qualities and to tell others about these qualities through the use of symbols (such as stars, hearts, drawings etc.). Educators can provide young people with shield shapes and flip chart-sized paper to facilitate symbol constructions. In this way, educators can gain an insight into how young people are responding to certain activities, as well as enhancing individual creativity.

Analysing advertisements (posters)

Advertisements are part of the environment in which we work, live and play. They can reflect the values of our society and create peer pressure. As part of life skills learning, educators can use illustrations of lifestyle behaviours that have a negative impact on health, (e.g. advertisements promoting smoking). Educators can use these illustrations to engage young people in discussions about the topic, how the advertisement may impact health, and how it may influence young people through both open and hidden messages in the advertisement. Educators can build on this activity by asking young people to seek out an illustration of their choice for discussion at the next class.

Using visual images to teach a concept

Educators can use visual images to stimulate learning, thinking and understanding. For example, when teaching young people about relationships, educators could give young people a visual image of a ship, with a specific relationship attached to it (e.g. parents). They can then ask young people to think about what makes a good relationship (which will keep the ship moving), and what could damage the relationship (ship stops sailing).

An additional example might include using the tree of life to illustrate that people are on different branches (which are representative of the different stages that an individual experiences in their life). Educators can create a group discussion from this activity or can ask students to add notes to a whiteboard, outlining which branch they picked on the tree and why, and who they would not like to be and why. This activity can also be used to help young people set up short-, medium- and long-term life goals, depending on the age group of the class. The goal setting can be revisited a few sessions later to see whether young people accomplished any of the short-term goals they outlined for themselves, in order to reinforce critical and creative thinking skills.

Feedback: a sandwich loop of positive feedback

Giving feedback to students is essential for confidence building. Educators should aim to provide students with positive feedback during the activity/lesson. For example, state something positive about their idea/work, give them something further to think about/improve on, followed by another positive statement to leave them feeling confident (e.g. "Great idea, very creative"), in addition, to asking them to think about/discuss what is positive about X, and how one could make X happen more often?, followed by a positive closing comment (e.g. "You are working very hard today"). Educators need to ensure that the praise given is sincere and that it is genuinely focused on young people's efforts and improvements.

Suggested activities for homework and assessment

Life skills can be assessed in the classroom and can be a normal part of what education systems do. The classroom setting can offer a relatively safe environment where the application of information and the development of attitudes and skills can be explored, observed, and assessed using role play, group discussions and student observations. Some techniques that can be used to examine the success of life skills learning are presented below.

Paper-and-pencil assessments

Knowledge, attitude and skill levels can be assessed by programme providers via paper-and-pencil assessments, such as worksheets, tests, quizzes and homework assignments. Paper-and-pencil assessments may include in-classroom activities, such as multiple choice/true–false questioning, fill-in-the-blanks exercises or completion of ranking scales, such as agreement/disagreement with health-related statements. In addition to in-classroom assessments, paper-and-pencil assessment may include essays, to be prepared at home. Through essays, students relate what they know about content and demonstrate their reasoning and creative thinking skills by constructing an argument, coming to conclusions, or solving problems. Essays are also useful for assessing the ability and clarity of written communication skills.

Classroom exhibits/oral presentations

For homework, educators can ask students (in pairs) to design a poster for an NCD or other health-related classroom exhibit, that they must then present in class. Through oral presentations, students can organize what they know about the topic at hand and demonstrate their ability to think about how this topic has an impact on health. This format of assessment also enables students to demonstrate various aspects of their communication skills (e.g. diction, tone of voice, use of hands etc.). To some degree, engaging other students in a debate with those presenting could be considered, depending on the skill level of the class.

Portfolio of field trips

A field trip is a visit to a place outside the regular classroom that is designed to achieve certain learning objectives. This type of life skills activity is rich in educational possibilities, as students learn from actual hands-on experiences, rather than by simply reading or hearing about the topic at hand. Involvement in a real-world experience makes learning more meaningful and memorable compared to traditional, instructional classroom education. Educators can also use this means of learning for student assessment purposes, by asking students to develop a portfolio of their field trip experiences (if the school has the means to conduct more than one) throughout the year. Portfolios have the advantage of containing students' work over a period of time and contain reflections on the field trips made. Portfolios can provide evidence of students' growth in knowledge and skills and document their progress as a learner.

13 School management: developing an action plan

Getting started

An action plan must contain sufficient detail to achieve a given goal. It resembles a small-scale project and includes the outline of goals, measurements, action steps and responsibilities for each step. Figure 1 outlines an example of an action plan.

Figure 1. Action planning (adapted from the Continuous Improvement Process Model *(17)*)

- Assess results.
- Compare to see if goals have been met.
- Determine changes needed to ensure goals are met (if needed).
- Adjust processes accordingly.

- What are the goals?
- Urgency of school goals.
- Impact/benefit of addressing the goal(s).
- Ability to make progress within given time frame.
- Resource limitations.
- Stakeholder support.

- Assess the school rules.
- School environment - physical and psychosocial.
- Education and training systems.
- Community facilities and needs.
- Technology resources.

Define Goals

Monitor & Evaluate

Measure Resources

Implement Plan

Develop an Action Plan

- Assign roles and responsibilities.
- Implement the action plan.
- Coordinate and document activities.
- Monitor and record progress against plan.

- What is the school vision?
- Set specific, measurable, achievable and relevant goals.
- Methods and timeframe for implementation.
- Identify links and gaps among resources, activities and outcomes.
- Link plan to goals.
- Select strategies that will achieve the goals.
- Indicators for evaluating success.

Implementation

The process that schools use to implement plans is a key factor in determining the achievement of the corresponding goals. Using a whole school approach – or involving the whole school community – is beneficial for the development of new plans. Involving the school community is one way of helping to ensure that change ultimately occurs, by implanting new approaches within the school environment. Leadership from principals and other school authorities is needed to actively support and promote the changes to an existing action plan. It is necessary that schools review and monitor the action plan activities in order to create healthier school environments.

Monitoring and evaluation

There is a need to incorporate monitoring and evaluation into the action plan to check whether the planned results are being reached. Monitoring and evaluation provide knowledge of what is being done, how it is being done, what is being achieved and what actions might be necessary to amend the plan accordingly. It helps to measure how well the plan is being implemented and if the set goals are being reached, while guaranteeing that both time and funds are used effectively. Monitoring and evaluation can be carried out both internally and externally.

GLOSSARY

Adolescence	The period of life between 10 and 19 years of age, divided into three sub-groups: early adolescence 10–12 years; mid adolescence 13–15 years and late adolescence: 16–19 years *(30)*.
Noncommunicable diseases (NCDs)	Diseases that are not passed from person-to-person, characterized by long duration and slow progression. Also known as chronic diseases. There are four main types of NCDs: cardiovascular diseases (e.g. heart attack and stroke); chronic respiratory diseases (e.g. chronic obstructive pulmonary disease and asthma); diabetes; and cancers *(8)*.
Risk factor	A behaviour, trait or exposure that increases the probability of developing a disease or injury *(8)*.
Risk-associated behaviour	A behaviour with that carries a probability of harm or loss *(31)*.
Health literacy (HL)	Knowledge, motivation and competences to access, understand, appraise, and apply health information … to maintain or improve quality of life *(32)*.
Functional HL	The basic reading and writing skills that are essential for dealing effectively in everyday life *(33)*.
Interactive HL	Advanced cognitive, literacy and social skills that are necessary for extracting and applying information for active participation in everyday situations *(33)*.
Critical HL	More advanced cognitive and social skills that enable critical analysis of information to exert greater control over life events *(33)*.
Life skills education	Education addressing specific content to achieve given goals. The term entails teaching methods that help learners develop the required knowledge, attitudes and psychosocial life skills to inform behaviour modifications *(14)*.
Knowledge	Understanding that allows concept synthesis and useful application of information *(14)*.
Attitude	In the context of life skills education, attitude covers the wide range of social norms, ethics, values, culture, tradition, spirituality and perceptions about self and others *(14)*.
Life skills	Psychosocial abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life *(13)*.

Whole school approach	A comprehensive approach to improve students' health, well-being and education attainment through addressing the needs of students, their families, school staff and the community. This approach entails collaborative action by the entire school community and involves the whole physical and social school environment *(34)*.
School health policy	Standards and guidelines that regulate the school system practices and procedures *(35)*.
School feeding programmes	Programmes that provide breakfast, lunch or snacks at a reduced price or free in schools. They aim to improve nutrition of young people, particularly those without adequate food *(7)*.
Breakfast clubs	Breakfast provided to young people in a school setting in the early morning before school starts. Breakfast clubs provide proper nutrition to students at the beginning of the school day, improve social connectedness between students and staff, promote awareness of healthy food and nutrition, and increase academic performance *(3)*.
Moderate intensity physical activity	Activity that increases breathing rate slightly more than normal (e.g. jogging, cycling, dancing, yoga and low-impact aerobics) *(26)*.
Vigorous intensity physical activity	Activity that increases breathing rate considerably more than normal (e.g. swimming, tennis, football, and high-impact aerobics) *(24)*.
Sedentary lifestyle	Young people are considered sedentary if they are active for less than 30 minutes per day or not active at all *(27)*.
Walking school bus	A group of young people walking to and from school, accompanied by volunteers *(28)*.
School travel plan	A written plan of measures to improve road safety and reduce traffic around a school, based on consultations with school staff, students, their families, the community and local authorities *(45)*.
Social influence	Peer, family, media and similar pressures affecting young people's behaviours *(13, 37)*.
WASH	Water, sanitation and hygiene *(38)*.

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