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Schools for Health in Europe

HEALTH-PROMOTING SCHOOLS
IN THE TIME OF THE
COVID-19 PANDEMIC

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OBJECTIVE

The recommendations from the WHO-Europe Technical Advisory Group (TAG) for schooling during COVID-19[a] affirms that *"the principles of health-promoting schools (HPS) are even more important in a pandemic"* (1). This statement highlights the link between health and education and the importance of implementing the HPS approach to encourage physical, psychological, and social health and well being among students. However, moving from recognition of HPS values to concrete practices is challenging.

This document addresses school principals, teachers, health professionals, and policy-makers interested in promoting students' health and well-being during the COVID-19 pandemic and consists of three segments:

- Firstly, the document summarises evidence about schooling and the COVID-19 pandemic.
- Secondly, the document presents the HPS approach relevance during the COVID-19 pandemic.
- Thirdly, the document focuses on implementation strategies based on the HPS approach offering practical examples from different European countries.

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[a]) The WHO Regional Office for Europe convened a Technical advisory group (TAG) about Safe Schooling During the COVID-19 Pandemic to review the evidence and make recommendations. Schools for Health in Europe Network Foundation has been part of the group. Recommendations has been published in March 2021 to represent the best available evidence and expert advice on safe schooling.

EVIDENCE ON SCHOOLING AND COVID-19

The COVID-19 pandemic affects people's lives, health, and well-being. Much attention has been given to the impact on physical health. However, evidence is emerging that emphasises the degree to which learning, mental health and social well-being, health-related behaviours, safety and homecare, relationships, economy, learning, safety, etc. are affected (2–7). In particular, the effects related to schools regard several areas:

Learning: Throughout 2020, 1.5 billion students in 188 countries experienced restrictions in attending school. Despite many countries activating distance teaching strategies, school days and teaching hours were reduced, and many educational activities were interrupted. Methods for distance learning were limited, and so the educational value and habits of a regular daily school experience were severely affected. These effects are particularly relevant considering that countries with a record for low academic performance in PISA 2018 study, tended to closed schools for longer compared to other better performing PISA countries enhancing inequities across countries (8). This school disruption has impacted students learning, skills development, and school drop-out with low and long-term consequences.

Mental health and social well-being: Social distancing, quarantine, and limited activities negatively impact mental health and social well-being. Fear, anxiety, frustration and boredom, isolation, depressive symptoms are common conditions during quarantines and pandemics (2,9,10). These effects are higher when the restrictions requested are for more extended periods. In addition, school closures deny children and adolescents social and emotional experiences necessary for optimal development and well-being (11).

Health-related behaviours: School closure and reduction in learning opportunities affect many health-related behaviours. For example, schools offer reliable, healthy daily nutrition and unique opportunities for physical activity and participation in sport. However, these opportunities have decreased during the pandemic, increasing the risk of a rise in unhealthy habits (12, 13). Moreover, health services for children and adolescents have been partially or completed suspended (7). Moreover, the disruption of children's and adolescents' education may affect the probability of unhealthy habits and risky behaviours in the future (13).

Safety and homecare: Schools represent a protective place for many families, particularly for children from at-risk families and life contexts. The school environment enables the identification of difficult situations and provides access to health services and care opportunities. However, lockdowns and school closures have increased the risks of children witnessing or suffering violence and abuse or living in unsanitary and crowded conditions, such as refugee (7). In addition, the quality of homecare can suffer due to the absence of supervision if parents are required to work and can't provide care.

Inequalities: Many studies have shown the relationship between inequalities and vulnerability to COVID-19 and the subsequent consequences. It is clear from published studies that the pandemic has increased disparities within and among countries (6,8,14).

Work stress: The pandemic and subsequent school closures also affect principals, teachers, and school staff (8,15). The pandemic has required these employees to cope with continuous changes, quickly acquire new skillsets, and manage the increased responsibility. In addition, as students and parents exhibited particular needs throughout the pandemic, school staff were expected to master additional instructions and strategies. School staff were also reported to have feelings of concern about the increased risk of infection. As a consequence, stress, work overload and burnout risks for school staff have increased.

HEALTH-PROMOTING SCHOOL AT THE TIME OF COVID-19

What is the Health Promoting School approach?

The Health-Promoting School (HPS) approach acknowledges that learning and health are firmly linked, aims for individual and organisational change, recognises that all aspects of schools can impact a students' health, and offers health education and promotion programs and services (WHO, 2021). A HPS is a school that continually strengthens its capacity as a healthy setting for living, learning, and working by implementing a structured and systematic plan to promote the health and well-being of students, teachers, and non-teaching staff (16–18).

The HPS approach has been promoted by the World Health Organization (WHO) for over 25 years. In addition, WHO and UNESCO have launched the initiative *"Making every school a Health-Promoting School"*. The HPS model has been conceptualised and implemented differently according to professional backgrounds and contexts (19–21). Schools for Health in Europe Network Foundation (SHE) recognises the effectiveness of multidimensional and multilevel programmes, values different HPS's aims, and guarantees flexible implementation across schools, countries, and cultures (19,22,23). This HPS model includes six components shown on next page:

1. School policies

Healthy school policies are clearly defined documents or accepted practices that are designed to promote health and well-being. These policies may regulate which foods can be served at the school or describe how to prevent or address school bullying. The policies are part of the school plan.

2. School physical environment

School physical environment includes the buildings, grounds and school surroundings. For example, creating a healthy physical environment may include making the school grounds more appealing for recreation and physical activity.

3. School social environment

School social environment relates to the quality of the relationships among and between school community members, e.g., between pupils themselves and pupils and school staff. The social environment is influenced by the social competencies of the members of the school community, and also relationships with parents and the broader community.

## 4. Individual health skills and action competencies

Individual health skills and action competencies can be promoted through the curriculum and through activities that develop knowledge and skills which enables pupils to build competencies and take actions related to health, well-being and educational attainment. Actions should be included in the school's everyday life. They should aim at, for example, healthy eating, daily physical activity, developing social skills and health literacy

5. Community links

Community links are links between the school and the pupils' families and the school and key groups/individuals in the surrounding community. Consulting and collaborating with community stakeholders will support health promoting school efforts and support the school community in their health promoting actions.

6. Health services collaborations

Health services are the local and regional school-based or school-linked services that are responsible for the pupils' health care and health promotion by providing direct pupil services. This includes pupils with special needs. Health service workers can work with teachers on specific issues, e.g., hygiene and sexual education.
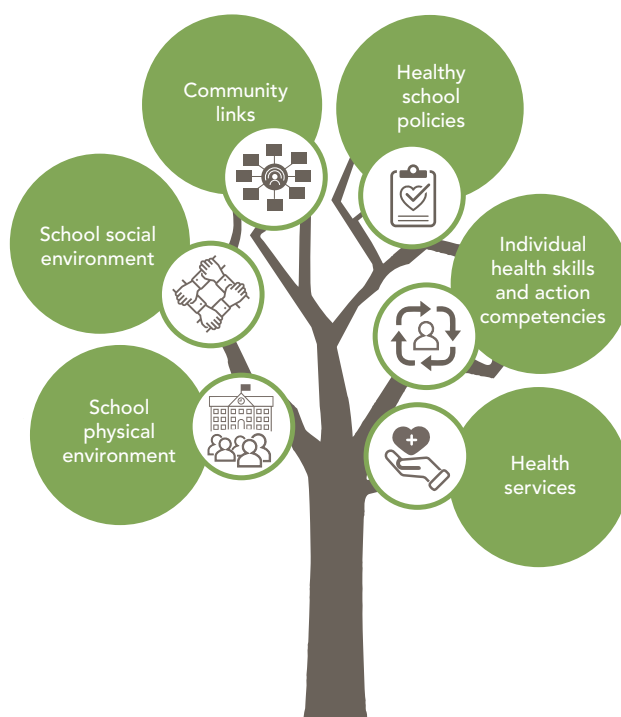
The HPS approach is also based on five values and five pillars[b] :

HPS values:	HPS pillars:
Equity	Whole school approach
Sustainability	Participation
Inclusion	School quality
Empowement	Evidence
Democracy	School and community

The HPS implementation is sustained by evidence-based programmes or good practices that reinforce the six components described above and focus on a variety of health topics (24). Moreover, standards and indicators have been developed based on the six components to promote the quality and effectiveness of HPS implementation (25).

Why is it important to implement school health promotion in the time of COVID-19?
Evidence based literature highlights the relevance of implementing the HPS approach during the COVID-19 pandemic:

1. Health regulation adherence and vaccination
Infection control policies have required schools to reorganise the school environment and ensure changes in the behaviour of students and school staff accordingly. Unfortunately, the prolonged nature of the pandemic has resulted in "pandemic fatigue", a *"demotivation to follow recommended protective behaviours"* (26).
The HPS school approach can promote long term compliance with health regulations and preventative procedures. The quality of the school environment, individual skills, and health literacy can all positively impact health regulation adherence. Participative processes, social support, and healthy social norms can also sustain compliance. Finally, intersectoral collaborations can be useful in supporting the school's reorganisation. Similarly, these same elements can improve vaccination adherence.

2. Learning
Disruptions to education have affected students' skills, increased drop-out risks, and impacted other risk factors affecting health. Moreover, many emotional, physical, and relational health issues have limited the learning opportunities of children, adolescents, and even teachers. A HPS offers a strategy to promote both health and learning. Research has demonstrated that healthier children learn better and healthier teachers are more effective (27,28).

3. Physical, mental, and social health among students and school staff
School closures, distance teaching, and social distancing impact children and adolescents' health and safety. Teachers and health professionals report that nutrition, physical activity and media abuse affect children's physical, mental and social health. Research indicates that COVID-19 will have significant, long-lasting impacts on children and adolescents' lives.

The HPS approach promotes physical, mental, and social health among students and school staff by implementing evidence-based programs or good practices (23,24,27,29). HPS include strategies suggested by experts and researchers. Brooks (2) reported that quarantine and low social contacts often triggered boredom, frustration, and a sense of isolation, with the OECD suggesting strategies such as skills, attitudes, values, resiliency, and self-efficacy (31). These strategies are consistent with the HPS approach: coping and stress management skills, fostering communication, reinforcing social support and collaborating with the community. *The Lancet Child Adolescent Health* (30) emphasises validating young people's experiences during this emergency, listening to them, empowering them, and allowing them to participate and change their contexts. Participation is one of the five key pillars of the HPS approach.

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[b] For more information about the SHE values and pillars see the SHE SCHOOL MANUAL 2.0 - A Methodological Guidebook to become a health promoting school

4. Non-communicable diseases

This crisis has highlighted the effect of non-communicable diseases (NCDs) on health (13,32). The HPS can help prevent NCDs and reduce inequalities (33–35). It is commonly accepted that prevention and health promotion help reduce NCDs. Effective approaches include promotion of healthy lifestyles and the reduction of individual and contextual risk factors related to tobacco and alcohol, unhealthy diets, and physical inactivity. Additional strategies include targeting other relevant and associated factors, such as inequality, mental health, or violence. Finally, early intervention and a whole life approach are necessary to promote healthy habits and reduce risk factors. The comprehensive HPS approach includes strategies that target all these points and improves more than one area of health (23,24,27,36).

5. Inequalities

Many studies have shown the relationship between inequalities and the COVID-19 consequences that are increasing worldwide. The HPS describes inclusion and equity as primary values and many studies showed that it can affect inequalities (37).

6. Resilience

Resilience is a commonly named concept used widely during the pandemic and refers to the individual and contextual resources in moments of adversity and stress. The United Nations suggests *"building resilient education systems for equitable and sustainable development"* (38). The HPS approach incorporates many strategies that promotes resilience in different contexts (39). Some of these strategies include skills development; meaningful relationships; offering a positive outlook; ensuring leadership and coordination; and promoting participation and opportunities for change.

Main obstacles for implementing school health promotion

One of the main obstacles for implementing school health promotion is the suspension of child services and health promotion activities during the pandemic. Other obstacles reported include (11,40–43):

- non-mandatory activities and programs being perceived as less of a priority and are therefore more readily interrupted;
- schools are more concerned about the reduction of school time than the reduction of health promotion;
- there is a lack of time and resources for teachers to prepare health promotion activities;
- school health programs that require a large amount of effort (e.g., a large number of sessions per week) are considered too challenging in the context of the pandemic;
- distance teaching limits active and cooperative learning techniques, such as modelling, behavioural practices, or group work;
- as collaboration with external professionals is physically limited, support to schools is reduced.

IMPLEMENTING HPS AT THE TIME OF COVID-19 PANDEMIC

The third part of this document aims to offer practical, evidence-based suggestions to implement the HPS approach during COVID-19. The strategies suggested can be implemented by school principals, teachers, communities, health professionals, and policy-makers.

What can HPS offer during the COVID-19 pandemic?
The HPS can offer an **educational vision** that recognises the pandemic crisis and its implications and reaffirms the commitment to key educational principles, equity, quality, well-being, health, and safety (31,44). The HPS approach represents a framework that can help schools, health professionals, and policy-makers in recognising and affirming:

- the link between education and health;
- the importance of all health dimensions: physical, psychological, and social;
- that every element of a school community can influence students learning and health;
- the effectiveness of the whole-school approach, organisational strategies, and school community participation to promote health;
- the principles of equity, inclusion, democracy,.

Moreover, the HPS is based on a close *collaboration between the education and health sectors and all community stakeholders*. These collaborations are necessary (43,45) as: they guarantee a multidisciplinary approach, an integration of competencies, coordination in policy development; and foster sustainable, equity-oriented, evidence-based, and multilevel strategies.

Thirdly, the HPS implementation includes a series of **proven effectiveness or good practice actions that can be adapted to the current situation**. Evidence-based programmes and good practices represent practical tools to support a health promotion strategy (4).

Strategies to implement

Several actions, practices, and programs can be implemented according to the HPS approach.
Below is a list of expert suggestions, and local experiences (46) (31).

1. School policies

- Promote handwashing policies
- Develop policies for cyberbullying
- Develop policies for distance teaching
- Develop policies to integrate physical activity into the curriculum both physically and at a distance
- Involve students in caring for the school space and cleaning procedures
- Recognise children's and adolescents' perspectives and give weight to their voices in relation to schooling and interventions during the pandemic
- Define COVID-19 procedures together with students and parents, actively involving them in the decision-making process at school
- Consider people living in vulnerable situations (such as those with a lack of access to computers and the Internet at home) and prioritise allowing them to continue to be physically present in schools
- Define policies to guarantee education access to students with pre-existing health conditions

Example of school policies: WASH

The WHO, UNICEF, and many other international agencies have promoted initiatives to guarantee access to water, sanitation, and hygiene (WASH) services in all schools. Adequate and reliable WASH is a critical pre-condition for providing a safe school environment that supports equal opportunities for high-quality education and the healthy development of children.

Nowadays, access to WASH plays a critical role in COVID-19 infection prevention and control (47,48), and it is more important than ever to implement WASH strategies and guidelines in all schools (49,50).

Often, hygiene is taught theoretically as part of the school curriculum but is not practiced every day. Some specific strategies are suggested to integrate hygiene practices in school policies:

- *Ensure soap and safe water is available at age-appropriate handwashing stations;*
- *Encourage frequent and thorough washing (at least 20 seconds) with water and soap at critical times such as after using the toilet or before contact with food;*
- *Ensure adequate, clean and separate toilets or latrines for girls and boys;*
- *Post signs, stickers, posters or other forms of reminders such as nudges encouraging proper hygiene behaviors;*
- *Promote group handwashing or other routinely practiced activities;*
- *Provide training for teachers on key hygiene messages and skill-based education.*

Hygiene interventions with fixed schedules have been shown to improve handwashing practices. Promoting hygiene habits through group activities is particularly important: this kind of activity fosters habit formation, offers several cues, social interactions, and routine practices, helps overcome individual barriers, and ensures that each student is washing hands at least once a day. Moreover, group activities are practical and sustainable, if planned according to school facilities; they save time and water.

Last, but not the least, school staff and teachers can play an important role in encouraging healthy practices by pupils through training and setting a positive example. School staff should act as role models and consistently demonstrate appropriate hygiene behaviours, as well as reminding children to do so.

2. School physical environment

- Adapt school environment to guarantee physical distance (e.g., smaller class sizes, ensuring wider spaces between desks)
- Ensure handwashing facilities with running water and reliable supplies (e.g., soap, sufficient and adequate toilet facilities, and fresh-air ventilation)
- Use outdoor areas for breaks and lessons
- Use community spaces for lessons
- Ensure space and time for a healthy diet
- Ensure space and time for physical activity
- Ensure space and time for active and cooperative learning
- Ensure space and time for active social interactions

Physical activity and school physical environment

One of the effects of the COVID-19 pandemic is the reduction of physical activity among students. Unfortunately, many obstacles intervened in this area: distance learning, physical distance, uncertainty about risks, etc. However, some countries and HPS have identified strategies to guarantee physical activity also during the pandemic.

A crucial element is the use of the school physical environment. The Daily Mile program has been implemented in many countries during the COVID-19 pandemic with some adaptations[c]. Individual physical activity, active breaks, and activities integrated into teaching that respects physical distance are also promoted by the Finnish School on the Move program[d]. Finally, both the Daily Mile program and the Finnish School in the Move program have adapted activities to be implemented into distance learning.

Schools in Wales have taken to the outdoors to deliver the curriculum and improve health and well-being as educators continue to adapt their ways of teaching during the coronavirus pandemic. Schools encourage learners to travel to school using active means wherever possible. Active travel is the easiest way to build in daily physical activity and requires no special equipment and facilities. Travelling independently to school also enables pupils to develop wider skills in assessing and managing risk and developing independence.

3. School social environment

- Reinforce school principal leadership
- Support school principals
- Promote school belonging, also during school closures
- Promote teachers' well-being
- Promote teachers' collaboration and work as a team
- Promote cooperative learning both in the presence and distance teaching
- Guarantee students' participation
- Implement peer education strategies to reinforce participation, skills development, and health literacy
- Implement peer education to support vulnerable students during school closure
- Mentoring and tutoring

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[c] For more information: https://thedailymile.co.uk/back-to-school/   [d] For more information: https://schoolsonthemove.fi/

The school principals' role to improve the school social environment

The school principals have played a central role during the pandemic. They have had to replan school management to find a balance between the aims of safety and education. Moreover, evidence showed that principals can strongly influence school organisation, innovation, workplace well-being, and involvement in health promotion activities (51).

The results of the German COVID-HL school principal survey highlights the importance of this occupational group. School principals with higher levels of health literacy reported a higher implementation level of school health promotion. Similar associations were found for perceived stress and well-being of school leaders, e.g., the lower the health status, the lower the degree of implementation of health-promoting activities at the level of the students and the school.

New strategies are required to reinforce leadership skills, principals' self-care and coping with emotions skills, chance management skills, health literacy and collaboration with communities (15). Supportive group interventions should be promoted to increase resilience in school teams (43).

4. Individual health skills and action competencies

- Transmit reliable information about COVID-19, protective behaviours, and vaccination
- Promote health literacy among students, teachers, and school principals
- Promote life skill and action competencies to process what is happening, cope with change, experience positive behaviours and situations, maintain positive relationships
- Use inclusive and active teaching methodologies both in the presence and distant teaching
- Train teachers in the use of active methodologies during distance teaching

The school principals' role to improve the school social environment

Life skills are psychosocial and interpersonal "abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life" (52,53). These skills can be promoted by the educational curriculum and the teaching methods employed to create and maintain healthy lifestyles, reduce risk behaviour, prevent non-communicable diseases, and promote well-being (34,54). The WHO, United Nations, and UNICEF have promoted life skill education for approximately 30 years, and many evidence-based programs have been validated and implemented worldwide. The efficacy of these programs increases when implemented through a whole school approach (55). During the pandemic, life skills are relevant to cope with the crisis and maintain healthy habits (42). Activities that are particularly relevant during life skill education programs allow students to share emotions and feelings, experience positive moments, practice healthy behaviours, and participate actively during lessons. All these elements are protective for students and often requested by them (56,57).
In the Lombardy Region, in the north of Italy, two evidence-based life skill programs have been implemented for more than 10 years integrated with a HPS approach: the LifeSkills Training program (58–62) in middle schools and Unplugged (63) in high schools.

ᵉ) For more information: https://www.schoolsforhealth.org/sites/default/files/editor/rg/rg21-dadaczynski-okan.pdf and https://youtu.be/pD9qM__GO_0

When the pandemic broke out, several strategies were implemented to ensure the programs' continuation:

- *The two programs were adapted to the actual situation and can be used both in presence and distance education;*
- *Operative instructions were disseminated for teachers trained in implementing the programs;*
- *Online technical assistance was available for trained teachers;*
- *Brief moduls of the program were developed for all teachers to help them implement specific activities with their students, even if they were unfamiliar with the program;*
- *Strategies to implement the program and use active and cooperative learning methodologies were collected from expert teachers, and guidelines were disseminated.*

The program incorporated the following topics/skills:
- *Goal-setting - Improving my health at home and organising my day*
- *Decision-making (e.g., school activities, social contacts)*
- *Critical thinking and health literacy - Advertising, news, and COVID-19*
- *Coping with anxiety*
- *Coping with anger*
- *Communication skills at a distance*
- *Social skills at a distance*
- *Assertiveness at a distanceExpressing emotions*
- *Solving conflicts*

5. Community links
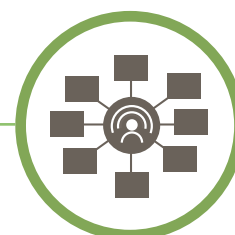
- Guarantee access to devices and facilities required for online learning
- Collaborate with community stakeholders to support schools in new procedures (e.g., entrance and exit)
- Use community spaces for lessons and school activities
- Promote active transport to school through walking and cycling
- Co-create COVID-19 procedures with parents
- Involve the parent's committee or any parental associations
- Promote parent health literacy
- Involve youth organisations in the school procedure definition
- Involve non-profit and private stakeholders to support vulnerable students
- Involve local sports associations to promote physical activity in community spaces or online
- Promote school networks and reciprocal support
- Establish local committees or workgroups to co-construct the education response to the crisis
- Define a coherent communication strategy about COVID-19 with community stakeholders

School spaces and community links in Lithuania[f]

In Lithuania, community links function to support HPS implementation. Connections with local partners are encouraged, parents are involved in many activities, and health promotion action plans at school are co-created with community stakeholders.

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[f]) For more information: https://www.schoolsforhealth.org/sites/default/files/editor/assembly/lithuania2020.pdf

During the pandemic, many Lithuanian schools have shared with SHE good practices and case histories. Most of them showed two main characteristics: the use of different spaces inside and outside the schools and community involvement. Schools have used community spaces for lessons. Activities in the community areas were organised for students and their parents or friends, such as treasure hunts or steps campaigns. Schools were involved in initiatives to support community members and improve the sense of community, such as ensuring face masks were available for all community members. During the lockdown, many schools encouraged physical activity by inviting the whole family to exercise remotely.

6. Health services collaborations

- Define protocols about the support of health services with COVID-19 infections
- Activate contact-tracing
- Guarantee substitute services for those normally delivered in the school setting when closing schools (e.g., health services, school meals)
- Offer psychological support for teachers and students
- Co-define procedures to support vulnerable students
- Define joined procedures with health and social services to reinforce the collaboration between school and vulnerable families
- Collaborate with health promotion services and municipalities

Protocols to ensure low-risk school environment and HPS principles – the Scottish case

The Scottish Government has published guidance to help schools ensure a low-risk environment for learning and teaching. The focus is "on supporting children to form a secure and emotionally resilient attachment base as they grow and develop. Nurturing and attached relationships are essential to creating the conditions for all children to flourish. All children have a right to play, to learn and to access experiences that meet their physical, social, emotional and cultural needs, and they have a right to associate with their peers". The best practices should: "put the best interests of the child at the heart of decision making; take a holistic approach to the wellbeing of a child; work with children, young people and their families on ways to improve well-being; advocate preventative work and early intervention to support children, young people and their families; and believe professionals must work together in the best interests of the child". From these words, it's clear that the HPS pillars and values are recognised as fundamental for the Scottish Government and educational system.

The guidance provides principles to help professionals make decisions based on evidence and their professional judgement. Moreover, health protection teams and healthcare practitioners have provided guidance for non-healthcare settings including schools. Guidelines for specific activities (e.g., Infant Feeding Services, physical activities, organised activities) have been published. Strategies to promote mental health, wellbeing, safety and learning continuity and a focus on inequalities are suggested in each document.

CONCLUSION

Health promotion at school is even more important during and after a pandemic to ensure all students' learning, health, and safety. The HPS approach can offer a useful perspective and a strategy. Evidence-based programs and good practices have been adapted to the actual situation, and many countries have developed a variety of tools and resources. This document offers an overview of the evidence about the impact of the COVID-19 pandemic on schools, a list of strategies that can be implemented, and specific national cases.

More information and useful documents can be found on the SHE website: https://www.schoolsforhealth.org/resources/covid-19

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HEALTH-PROMOTING SCHOOLS
IN THE TIME OF THE COVID-19 PANDEMIC

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If you need dialogue about the health promotion school and its key concept and activities, please contact the national or regional coordinator in your country. He or she will be happy to help you. Find the coordinators here:
www.schoolsforhealth.org/about-us/member-countries

If your country doesn't have a national coordinator, contact the helpdesk in the SHE secretariat on email: info@schoolsforhealth.org

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