

SHE monitoring report 2020:

# Country-specific results of Iceland

Schools for Health in Europe Network Foundation

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Schools for Health in Europe



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## Background and methodology

The Schools for Health in Europe network foundation (SHE) monitors the implementation of school health promotion in SHE member countries. This country-specific report summarizes the results of the SHE monitoring survey in Iceland. The survey was conducted in September 2020 and the findings represent the perceptions of the SHE national coordinator on school health promotion and the Health Promoting School (HPS) approach in schools in this country. The survey is based on existing questionnaires and information sources including the SHE Mapping Survey 2019<sup>1</sup>, the SHE Rapid Assessment Tool<sup>2</sup> and the fifth SHE Factsheet<sup>3</sup>. The complete survey is available at [www.schoolsforhealth.org](http://www.schoolsforhealth.org).

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## School health promotion and the HPS approach in Iceland

In this report, a distinction is made between **school health promotion** and the **formal HPS approach** in schools. SHE aims to strengthen the formal HPS approach among all schools in the European Region. However, not all schools are formally working according to the HPS approach or are working under the specific HPS label. Despite this, many schools do take efforts to promote the health of their staff and pupils with concrete school health promotion activities.

### School health promotion

This relates to various health promotion activities in schools. These activities can focus on multiple health-related themes such as physical activity and mental health, for example in the curriculum or in the policy of the school. This can, but does not necessarily, imply that the school has a structured and systematic plan according to the principles of a formal health promoting school.

### Formal HPS approach

According to SHE, the formal HPS approach relates to schools that implement a structured and systematic plan for the health, well-being and the development of social capital of all pupils and of teaching and non-teaching staff. This is characterized as a 'whole school approach' and these schools actively involve pupils, staff and parents in the decision-making and implementation of health promoting interventions in the whole school system.<sup>4</sup>

*All schools in Iceland implement health-related activities. The majority of schools formally work in accordance to the principles of the HPS approach.*

Table 1 shows the estimated percentage of schools involved in school health promotion and schools working according to the formal HPS approach in Iceland. All schools implement health promotion activities. The majority of schools formally work with the 'whole school approach' defining schools as Health Promoting Schools. Overall, about 63% of the schools participate in the national HPS program and all schools follow the national curriculum. Health and well-being is one of six components for whole school approach.

**Table 1.** The estimated percentage of schools involved in school health promotion and working according to the HPS approach in Iceland

Health promotion in schools	% of schools	Health Promoting Schools (HPS)	% of schools
Preschools	100%	Preschools	26-50%
Primary schools	100%	Primary schools	51-75%
Secondary schools	100%	Secondary schools	100%
Vocational schools	100%	Vocational schools	100%
Compulsory schools	100%	Compulsory schools	51-75%

In Iceland, there are national guidelines, tools, and indicators for schools to support schools in becoming a HPS. The tools shared by SHE, such as the SHE online school manual and the rapid assessment tool, are not used by Irish schools. Schools work with the principles of the HPS using their own tools provided by the Icelandic national HPS network coordinated by the Directorate of Health. The HPS is funded by the national government, municipalities and schools. Every year, schools can apply for funding from the National Public Health Fund to implement projects. There is currently no national external evaluation program for HPS. However, internal evaluations are conducted through an interactive website of the Directorate of Health.

The rest of this report summarizes the results of aspects of the HPS approach in compulsory schools (children aged 6-15 years).

## Creating a healthy and supportive environment in schools in Iceland

The HPS approach as defined by SHE, targets the following six components: 1) healthy school policies, 2) the school’s physical environment, 3) the school’s social environment, 4) individual health skills and action competencies, 5) community links, and 6) health services.

Table 2 shows the implementation of the HPS components in schools in Iceland. It shows that components 1 to 4 are all required and/or recommended by national policies. Further, a combination of measures enhances the link between schools and community stakeholders (component 5) and with local and regional health services (component 6) in the majority of schools in the country.

**Table 2.** The implementation of the Health Promoting School components in Iceland

<p><b>1. Healthy School Policies</b> </p> <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- Health promotion is part of the schools' educational goals and of the curriculum</li> <li>- Schools apply a whole school approach to promote health and wellbeing</li> <li>- The SHE values are part of the schools' approach to health promotion</li> </ul> <p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- Schools have a written policy on students' and/or staff's health and wellbeing</li> </ul>	<p><b>2. Physical environment</b> </p> <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- School facilities such as the playgrounds, classrooms, toilets, canteens and corridors are student-friendly, safe, clean and promote hygiene for all students. These are appropriate with regards to students with special needs</li> <li>- School physical activity facilities and canteens follow national safety and hygiene standards</li> <li>- School canteens, food shops and vending machines offer food and drinks that follow national food standards</li> <li>- School buildings are kept at a comfortable temperature, are well-lit and ventilated</li> </ul> <p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- The routes to schools are safe and designed to encourage students to engage in physical activity (e.g., cycling or walking)</li> </ul>
<p><b>3. Social environment</b> </p> <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- Trusted persons (e.g. class tutor/mentor) are available for students to privately share concerns or thoughts</li> <li>- Educational professionals (e.g. pedagogists) are available to pupils, parents and teachers to optimize education for example by mapping the support needs of pupils and translate these into action-oriented advice for teachers.</li> <li>- Support services and accommodations are in place at schools for students with special learning, developmental and physical needs</li> <li>- Schools have systems for identifying and referring students with special needs to outside professionals if those needs exceed the scope of expertise within the schools</li> </ul> <p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- Spaces in the canteen, playground, classrooms and corridors are organized to promote student socialization and wellbeing</li> </ul>	<p><b>4. Individual skills and action competences</b> </p> <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- Healthy eating is part of daily life in schools</li> <li>- Physical education and other forms of physical activity, e.g. activity breaks, are part of daily life in schools</li> </ul> <p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- Teaching/learning methods that enhance mental health and wellbeing are part of daily life in schools</li> <li>- Health literacy and action competence are integral parts of the schools' policies</li> <li>- Schools have clear rules that promote healthy behaviors</li> </ul>

Table 2 continued

<ul style="list-style-type: none"> <li>- Health education and health promoting activities are included in after-school programs</li> <li>- Health professionals (doctor/nurse), social worker or psychologist) are involved in individual and whole school health promotion and work together with the school management to integrate health topics into the school curriculum and policy</li> </ul>	
<p><b>5. Community Links</b></p>  <p><b>Applies to most schools</b></p> <ul style="list-style-type: none"> <li>- Schools arrange for parents of students to become active participants in the school community</li> <li>- Schools establish connections with local partners such as sport and youth clubs, community or regional health agencies, counselling services, health insurances, local shops, etc.</li> </ul> <p><b>Applies to about half of the schools</b></p> <ul style="list-style-type: none"> <li>- Schools arrange regular student visits to local partners/stakeholders to encourage healthy eating, physical activity, the development of emotional/ social health, etc.</li> </ul>	<p><b>6. Health services</b></p>  <p><b>Applies to most schools</b></p> <ul style="list-style-type: none"> <li>- Health professionals are involved in health promoting activities at a school</li> <li>- There is a school nurse available to support students</li> <li>- There is a social worker available to support students</li> <li>- There is a psychologist available to support students</li> <li>- There is a pedagogist available to support students</li> </ul> <p><b>Applies to less than half of the schools</b></p> <ul style="list-style-type: none"> <li>- There is a school doctor available to support students</li> </ul>

## SHE core values

The HPS approach is based on the core values equity, sustainability, inclusion, empowerment and democracy. Figure 1 shows the SHE national coordinator's estimation of how much the SHE-core values<sup>4</sup> in schools in Iceland are reflected on a scale from 1 (not reflected at all) to 10 (reflection to the highest degree). The score for all values is at least 7.

**Figure 1.** Generalization of the representation of the SHE-core values in schools in Iceland

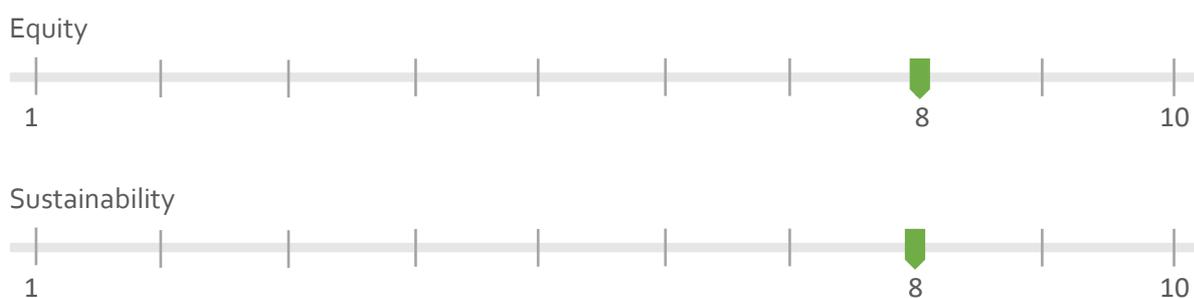
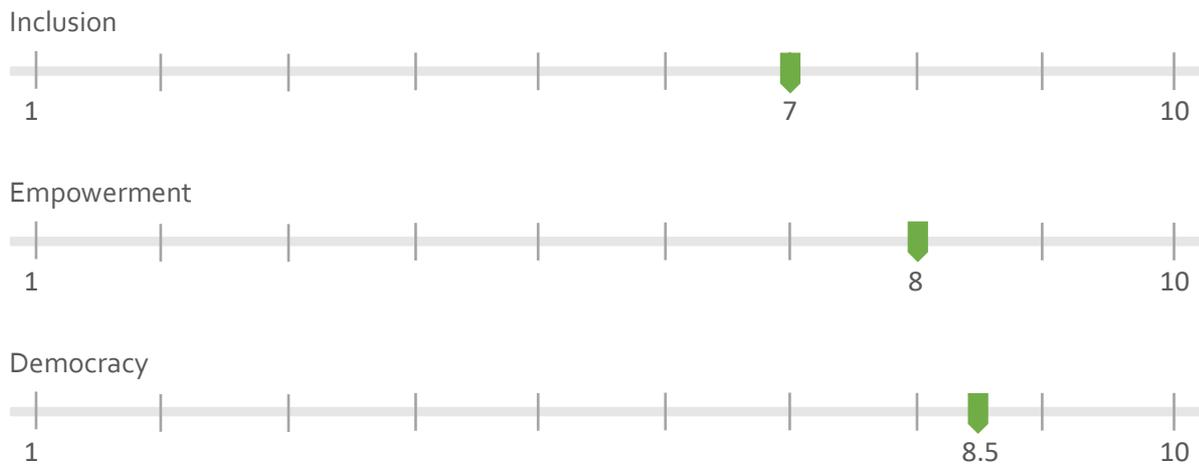


Figure 1. continued



## Implementation of health promotion in schools

Schools in Iceland integrate health promotion in several curricular and non-curricular educational activities and projects, in which subjects are interlinked. Health issues are addressed in more than one subject at a time, creating a holistic approach that integrates health into all aspects of the school. A combination of passive (such as one-way lectures) and active (such as group discussions and student investigation) learning strategies are used to involve students while addressing health topics in schools. Figure 2 shows the most common health promotion topics that are addressed in schools in the country. The list is quite diverse ranging from lifestyle-related topics such as healthy eating and smoking to safety and the prevention of violence.

Figure 2. Most common addressed HP Topics in Iceland



## Tailored translation of the HPS approach on seven spectra in schools in Iceland

The tailored translation of the HPS approach creates a variety of choices regarding the optimal implementation of the HPS approach in a specific context. This variety can be illustrated by seven different spectra. A detailed explanation of each spectrum can be found in the fifth SHE factsheet<sup>3</sup>. Figure 3 shows the SHE national coordinator's estimation of the general placement of schools on six spectra. The national coordinator indicated that it was not possible to assess the seventh spectrum related to research designs for evaluation.

**Figure 3.** The Health Promoting School spectra in Iceland



*This refers to the level of involvement of stakeholders (e.g. pupils) in the decision-making and implementation of the HPS approach*



*The place on the spectrum refers to the number of HPS core-component that are addressed in the HPS-approach*



*This relates to the development of the new or the adoption of existing interventions resulting from the HPS approach*



*This relates to the level of disruptiveness of interventions as part of the HPS approach. Non-disruptiveness refers to small changes that can smoothly enter, while disruptiveness means large health promoting changes that can create a positive disruption in the school system.*



*This relates to the compatibility of interventions within the school curriculum. An intervention can be added-on to the current core curriculum obligations as an additional task, or added-in the current curriculum becoming part of the curriculum without reducing time from core curriculum obligations.*



*This refers to the dissemination of the HPS approach at a local level characterized by an optimal fit with each school context, or at national level, reaching more pupils.*

## Facilitators and barriers to health promotion in schools

The survey explored significant barriers and facilitators for the implementation of health promotion in schools in Iceland. An exploration of the important potential barriers for the implementation of health promotion in schools in Iceland by the national coordinator concluded with 14 facilitating factors and 4 barriers. These results are reported in table 3.

**Table 3.** Perceived facilitators and barriers for school health promotion according to SHE national coordinator

Facilitators	Barriers
<ul style="list-style-type: none"> <li>- Collaboration between the health and education sectors, intersectoral collaboration</li> <li>- The national educational policies and curriculum</li> <li>- Schools are interested in health promotion</li> <li>- Motivation of teachers</li> <li>- Support from school management</li> <li>- Participatory processes</li> <li>- Receiving support from the Ministry of Health</li> <li>- Participation in the SHE network</li> <li>- Education Training and support for health school coordinators</li> <li>- Support from local authority</li> <li>- Country coordinators network</li> <li>- Existence of supporting guidelines</li> <li>- Health behaviour in School-Aged Children Survey</li> <li>- Other data collected for schools by the Icelandic Centre for Social Research and Analysis</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of time and energy of school staff</li> <li>- Lack of funding</li> <li>- Health promotion is considered an additional activity</li> <li>- Teachers are or feel overloaded</li> </ul>

## COVID-19 pandemic

Since spring 2020 the COVID-19 pandemic drastically altered school health promotion due to the country-specific measures for combating the pandemic. The main challenge was to keep the preschools and primary schools open (students 2-15 years old). Upper secondary schools (students 16 – 19 years old) were closed and teachers supported home education via online learning.

## References

1. SHE Mapping survey 2019. Available from: <https://www.schoolsforhealth.org/resources/materials-and-tools/mapping-she>
2. SHE Rapid Assessment Tool. Available from: <https://www.schoolsforhealth.org/resources/materials-and-tools/how-be-health-promoting-school/rapid-assessment-tool>
3. SHE the fifth SHE Factsheet. Available from: <https://www.schoolsforhealth.org/resources/materials-and-tools/fact-sheets>
4. SHE concepts. Available from: <https://www.schoolsforhealth.org/concepts>
5. SHE core values. Available from: <https://www.schoolsforhealth.org/concepts/she-values>

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Authors:

**Kathelijne Bessems**

(Maastricht University, the Netherlands)

**Nina Bartelink**

(Maastricht University, the Netherlands)

**Lotte Prevo**

(Maastricht University, the Netherlands)

Editorial: SHE Secretariat, **Anette Schulz**

We would like to thank the members of the task group monitoring for their constructive advice:

**Emily Darlington**

(University Claude Bernard Lyon1, France)

**Elena Kjosevska**

(Institute for Public Health of the Republic of North Macedonia, Republic of North Macedonia)

**Annamária Somhegyi**

(National Center for Spinal Disorders, Hungary)

**Teresa Vilaça**

(University of Minho, Portugal)

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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](http://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](mailto:info@schoolsforhealth.org)



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