

SHE monitoring report 2020:

Country-specific results of Italy, Friuli Venezia Giulia region

Schools for Health in Europe Network Foundation

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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 Italy, Friuli Venezia Giulia region. The survey was conducted in September 2020 and the findings represent the perceptions of the SHE regional 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 2019¹, the SHE Rapid Assessment Tool² and the fifth SHE Factsheet³. The complete survey is available at www.schoolsforhealth.org.

School health promotion and the HPS approach in Italy, Friuli Venezia Giulia region

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.⁴

The majority of schools in Italy, Friuli Venezia Giulia region implement health-related activities. Less than half of the schools formally work in accordance to the principles of the HPS approach.

Table 1 reports the estimated percentages of different types of schools involved in school health promotion and working according to the HPS approach in the Friuli Venezia Giulia region in Italy. The majority of primary and secondary schools (76-99%) implement health promotion activities. Between 25-50% of these schools work with the formal 'whole school approach' defining schools as Health Promoting Schools.

Table 1. The estimated percentage of schools involved in school health promotion and working according to the HPS approach in Italy, Friuli Venezia Giulia region

Health promotion in schools	% of schools	Health Promoting Schools (HPS)	% of schools
Preschools	-	Preschools	-
Primary schools	76-99%	Primary schools	26-50%
Secondary schools	76-99%	Secondary schools	26-50%
Vocational schools	-	Vocational schools	-

In Italy, Friuli Venezia Giulia region, there are national or regional guidelines, tools, standards or indicators from SHE 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 used by the schools in this country. Funding for HPS has been available since 2018. There is currently no national monitoring and evaluation program for health promotion in schools.

The rest of this report summarizes the results of aspects of the HPS approach that are already part of schools in Italy, Friuli Venezia Giulia region. These schools are not necessarily formal Health Promoting Schools.

Creating a healthy and supportive environment in schools in Italy, Friuli Venezia Giulia region

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 Italy, Friuli Venezia Giulia region. It shows that components 1 to 4 are all required and/or recommended by 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 Italy, Friuli Venezia Giulia region

<p>1. Healthy School Policies </p> <p>Required by policies</p> <ul style="list-style-type: none"> - Health promotion is part of the schools' educational goals and of the curriculum - Schools have a written policy on students' and/or staffs' health and wellbeing - The SHE values are part of the schools' approach to health promotion <p>Recommended by policies</p> <ul style="list-style-type: none"> - Schools apply a whole school approach to promote health and wellbeing 	<p>2. Physical environment </p> <p>Recommended by policies</p> <ul style="list-style-type: none"> - 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 - School canteens, food shops and vending machines offer food and drinks that follow national food standards - School physical activity facilities and canteens follow national safety and hygiene standards - School buildings are kept at a comfortable temperature, are well-lit and ventilated <p>Not mentioned by policies</p> <ul style="list-style-type: none"> - The routes to schools are safe and designed to encourage students to engage in physical activity (e.g., cycling or walking)
<p>3. Social environment </p> <p>Required by policies</p> <ul style="list-style-type: none"> - 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 <p>Recommended by policies</p> <ul style="list-style-type: none"> - 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 <p>Not mentioned by policies</p> <ul style="list-style-type: none"> - Spaces in the canteen, playground, classrooms and corridors are organized to promote student socialization and wellbeing - Health education and health promoting activities are included in after-school programs 	<p>4. Individual skills and action competences </p> <p>Required by policies</p> <ul style="list-style-type: none"> - Healthy eating is part of daily life in schools - Physical education and other forms of physical activity, e.g. activity breaks, are part of daily life in schools - Teaching/learning methods that enhance mental health and wellbeing are part of daily life in schools - Health literacy and action competence are integral parts of the schools' policies - E-learning methods are used to promote health skills and action competences of students <p>Recommended by policies</p> <ul style="list-style-type: none"> - Schools have clear rules that promote healthy behaviors

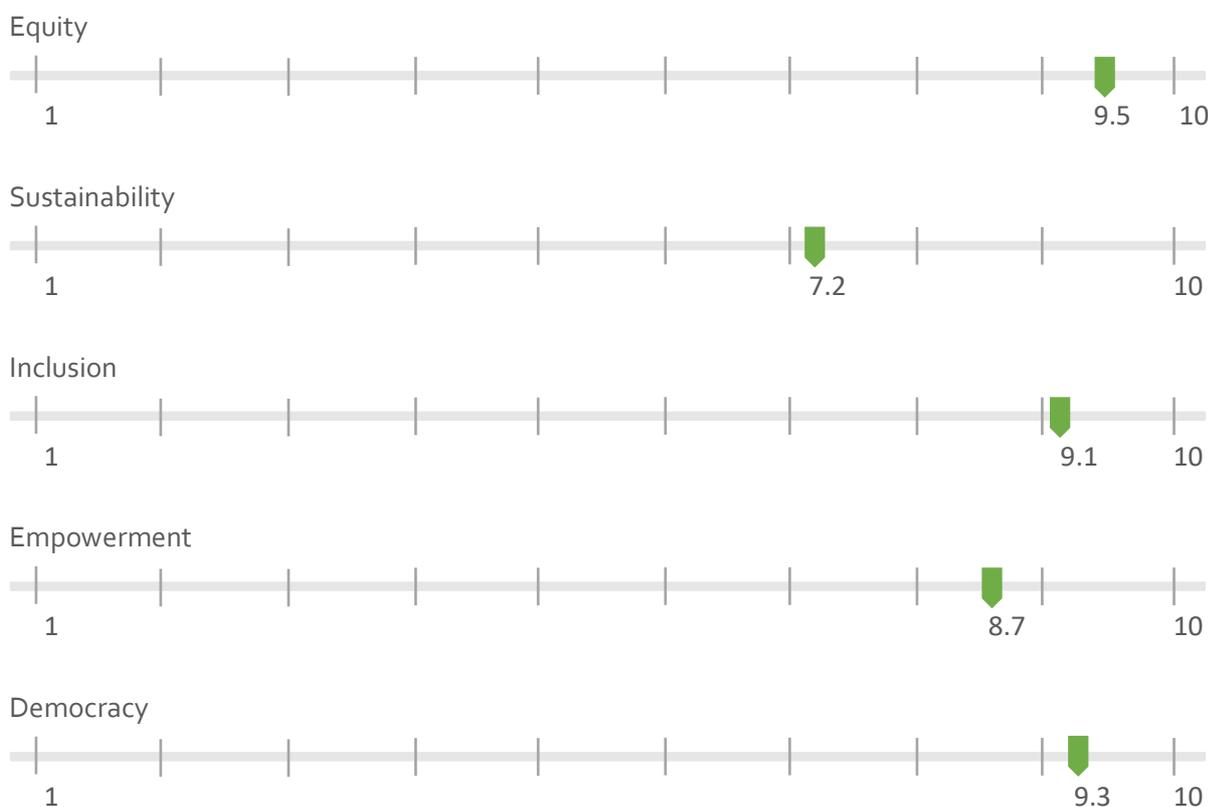
Table 2. continued

<p>5. Community Links</p>  <p>Applies to about half of the schools</p> <ul style="list-style-type: none"> - Schools establish connections with local partners such as sport and youth clubs, community or regional health agencies, counselling services, health insurances, local shops, etc. <p>Applies to less than half of the schools</p> <ul style="list-style-type: none"> - Schools arrange for parents of students to become active participants in the school community 	<p>6. Health services</p>  <p>Applies to most schools</p> <ul style="list-style-type: none"> - Health professionals are involved in health promoting activities at a school <p>Applies to less than half of the schools</p> <ul style="list-style-type: none"> - There is a psychologist available to support students
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SHE core values

The HPS approach is based on the core values equity, sustainability, inclusion, empowerment and democracy. Figure 1 shows the estimation of the SHE regional coordinator on how much the SHE-core values⁴ in schools in Italy, Friuli Venezia Giulia region are reflected on a scale from 1 (not reflected at all) to 10 (reflection to the highest degree). The mean score for all values is 8.7.

Figure 1. Generalization of the representation of the SHE-core values in schools in the Friuli, Venezia and Giulia region in Italy



Implementation of health promotion in schools

Schools in Friuli Venezia and the Giulia region in Italy, integrate health promotion in non-curricular educational activities and projects, where health promotion is a specific subject. Active learning strategies, such as experiential methods, action-oriented approaches and participatory co-creation activities, are used to involve students while addressing health topics in schools. Figure 2 shows the most commonly addressed health promotion topics in schools in this region of Italy. The list is quite diverse ranging from lifestyle-related issues such as healthy eating and smoking to sexuality.

Figure 2. Most commonly addressed HP topics in schools in the Friuli, Venezia and Giulia region in Italy



Tailored translation of the HPS approach on seven spectra in schools in Italy, Friuli Venezia Giulia region

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 factsheet³. Figure 3 shows the estimation from the SHE regional coordinator of Italy, Friuli Venezia Giulia region of the general placement of schools on the seven different spectra.

Figure 3. The Health Promoting School spectra in Italy, Friuli Venezia Giulia region



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

Figure 3. continued



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 different types of research designs that can be used to evaluate the HPS approach going from controlled designs with a strong focus on internal validity to action-oriented approaches focusing on external validity and understanding the implementation process in schools.



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 the region. It resulted in 8 facilitating factors and 7 barriers. These results are reported in table 3.

Table 3. Perceived facilitators and barriers for school health promotion according to the regional coordinator

Facilitators	Barriers
<ul style="list-style-type: none"> - Collaboration between the health and education sectors, intersectoral collaboration - The national educational policies and curriculum - Interest of schools in health promotion - Motivation of teachers - Support from school management - Participation in the SHE network - Support from local authorities 	<ul style="list-style-type: none"> - Lack of time and energy of school staff - Functioning like volunteers - Health promotion is considered an additional activity - Schools lack understanding about the benefits of participating in HPS activities - Absence of support from local authorities - School coordinators work is voluntary, it is not paid - Frequent changes of regional coordinators

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 government provided operational indications for the management of COVID-19 cases and outbreaks in schools and childhood education services. In schools, physical distancing, stricter hygiene routines and entrance and exit routes were set in place. A major challenge was the implementation of national guidelines in schools.

References

1. SHE Mapping survey 2019. Available from: <https://www.schoolsforhealth.org/resources/materials-and-tools/mapping-she>
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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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Find the coordinators here:

www.schoolsforhealth.org/about-us/member-countries

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