

SHE monitoring report 2020: Overall report of the SHE member countries



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 school health promotion in SHE member countries. In September and October 2020, a survey was conducted among 24 of the 40 SHE member countries or regions. The aim of the survey was to assess the implementation of school health promotion and the formal Health Promoting School (HPS) approach in schools in the SHE member countries from the perspective of the SHE national coordinators. The findings of the complete survey were reported in 24 country-specific reports.¹ This current report presents some of the highlights from the survey.

School health promotion and the formal HPS approach in SHE member countries

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.

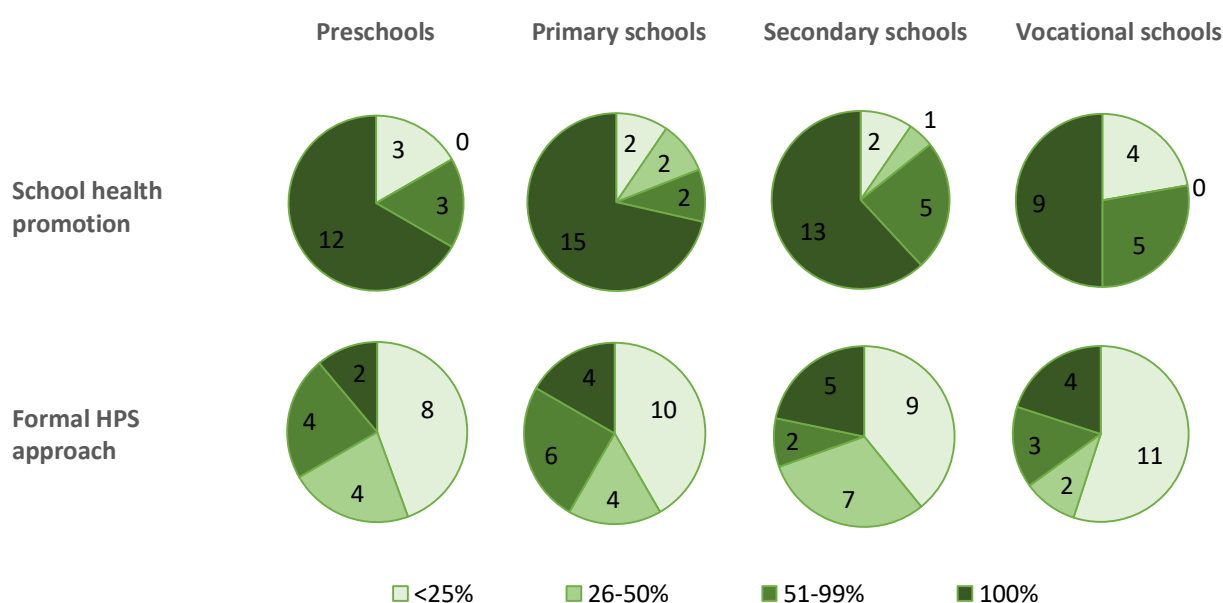
Formal HPS approach

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.²

The majority of schools in the SHE member countries implement health-related activities. However, the number of schools formally working in accordance to the Health Promoting Schools approach is much lower.

Figure 1 shows the estimated percentage of schools involved in school health promotion and schools working according to the formal HPS approach in SHE member countries. The figure indicates that in the majority of countries more than half of the schools implement health-related activities, but that the number of countries in which schools formally work according to the HPS approach is much lower. No countries, apart from Hungary, fully work with the formal HPS approach in all types of schools. Figure 1 suggests that primary schools are the type of school in which the majority (>50%) work according to the formal HPS approach. The figure also illustrates that in the majority of countries less than a quarter of vocational schools (<25%) formally work with the HPS approach. Finally, some countries have indicated that they work using the formal HPS approach in other school types: In North Macedonia, 100% of the medical faculties, in Slovenia 25-50% of the dormitories, and Iceland 51-75% of compulsory schools work with the formal HPS approach.

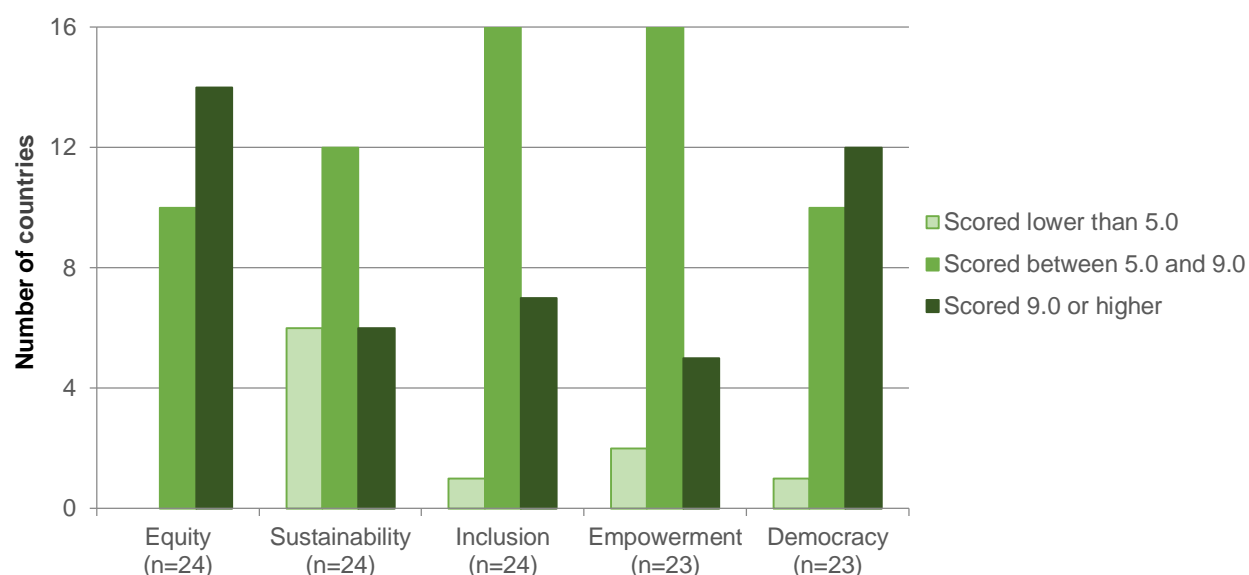
Figure 1. The number of SHE member countries that estimated the percentage of schools involved in school health promotion and schools working according to the formal HPS approach



SHE core values

The formal HPS approach is based on the five core values³ of equity, sustainability, inclusion, empowerment and democracy. Figure 2 shows the SHE national coordinators estimation of SHE core values in their country's schools measured on a scale from 1 (not reflected at all) to 10 (reflection to the highest degree). The core values, equity and democracy, scored highest. In the majority of the countries, national coordinators scored these two values with a 9 or higher. The core values sustainability, inclusion and empowerment, were mostly scored between 5 and 9. No countries scored lower than 5 on all core values.

Figure 2. Representation of the SHE core values in schools in SHE member countries (n = 24 countries)



Implementation of health promotion in schools

Schools that implemented health promotion activities could address many different health topics. Table 1 shows the main topics that were addressed in schools according to 21 national coordinators. Almost all topics were listed by at least one of the countries as one of the seven main topics. Table 1 highlights the diversity in the topics addressed throughout European schools. The five most common topics all relate to lifestyle, namely 1) physical activity/sports, 2) healthy eating, 3) smoking, 4) alcohol, and 5) drugs and substance use. Four topics were not considered as part of the seven main topics in any country, these include: inequity in health, dating violence, other infectious diseases, and eating disorders. The national coordinators of three specific countries indicated an inability to decide on seven main HP topics. They stated that all topics were equally addressed in the schools in their country.

Table 1. Most addressed health topics in schools in SHE member countries (n = 21 countries)

Health promotion topic	
1. Physical activity/sports	13. Safety
2. Healthy eating	14. Obesity prevention
3. Smoking	15. Oral health
4. Alcohol	16. Health literacy
5. Drugs and substance use	17. Gender equality
6. Hygiene	18. Non-communicable diseases
7. COVID-19	19. Vaccinations
8. Sexuality	20. Inequity in health
9. Violence in schools	21. Dating violence
10. Mental health	22. Other infectious diseases
11. Wellbeing	23. Eating disorders
12. Social competencies	

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 national coordinator's home country. Despite facilitators and barriers being dependent on a country's context, some factors were frequently mentioned. The top 10 facilitators and barriers are presented in table 2.

Table 2. The top 10 facilitators and barriers for school health promotion according to SHE national coordinators (n = 24 countries)

Facilitators	Barriers
<ol style="list-style-type: none">1. Collaboration between the health and education sectors - intersectoral collaboration2. The national educational policies and curriculum3. Interest of schools in health promotion4. Motivation of teachers5. Active involvement of students6. Support from school management7. Education training and support for healthy school coordinators8. Becoming obligatory for schools to work with health and well-being9. Participatory processes10. Exchange of good practices	<ol style="list-style-type: none">1. Health promotion is considered an additional activity2. Teachers are or feel overloaded3. Lack of time and energy of school staff4. Lack of funding5. Schools lack understanding about the benefits of participating in HPS activities6. Functioning like volunteers7. Many simultaneous 'competing', not collaborative, projects in schools8. Actions, good practices and standards should be better defined9. Absence of support from the local authority10. School coordinators work is voluntary - not paid

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 majority of SHE member countries closed schools during national lockdowns, and students received online education. Primary schools in Sweden remained open during the pandemic. All schools had to deal with many challenges while coping with the COVID-19 pandemic. Despite these challenges being country-specific, many similarities existed. Results from the survey have demonstrated five main challenges. These were 1) organizing distance learning in such short amount of time, 2) worries about the mental health of teachers and students, 3) lack of physical activity and/or extracurricular activities, 4) drop-out of teachers due to COVID-19 infections, and 5) increasing gaps between students coming from lower and higher socio-economic backgrounds.

References

1. SHE Mapping survey 2019 and the country-specific reports. Available from: <https://www.schoolsforhealth.org/resources/materials-and-tools/mapping-she>
2. SHE concepts. Available from: <https://www.schoolsforhealth.org/concepts>
3. SHE core values. Available from: <https://www.schoolsforhealth.org/concepts/she-values>

SHE monitoring report 2020:

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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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