SHE monitoring report 2020:

Country-specific results of the Netherlands

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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 the Netherlands. 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 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 the Netherlands

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

No information is available about how many schools in the Netherlands implement health-related activities. Less than 25% of all primary schools and about 26-50% of all secondary and vocational schools formally work in accordance to the HPS approach.

Table 1 reports the estimated percentage of schools involved in school health promotion and schools working according to the formal HPS approach in the Netherlands. No information is available about the percentage of schools that implement health promotion activities. Further, although no information is available about preschools, less than 25% of all primary schools and between 26-50% of all secondary schools and vocational schools formally work with the '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 the Netherlands

Health promotion in schools	% of schools	Health Promoting Schools (HPS)	% of schools
Preschools	-	Preschools	-
Primary schools	-	Primary schools	<25%
Secondary schools	-	Secondary schools	26-50%
Vocational schools	-	Vocational schools	26-50%

In the Netherlands, there are national or regional guidelines and standards or indicators for schools to support schools in becoming a HPS. It is not clear whether the tools shared by SHE, such as the SHE online school manual and the rapid assessment tool, are used by schools. Schools can apply for funding at the national program 'Healthy Schools'. Further, there is a national monitoring and evaluation program for schools that receive funding from the national program 'Healthy Schools'.

The rest of this report summarizes the results of aspects of the HPS approach that are already part of schools in the Netherlands. These schools are not necessarily formal Health Promoting Schools.

Creating a healthy and supportive environment in schools in the Netherlands

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 the Netherlands. 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 the Netherlands

1. Healthy School Policies



Recommended by national policies

- Health education is part of the curriculum
- Schools have a written policy on students' and/or staffs' health and wellbeing
- Schools apply a whole school approach to promote health and wellbeing
- The SHE values are part of the schools' approach to health promotion

It is not mentioned in national policies

- Health promotion is part of the schools' educational goals

2. Physical environment



Required by national policies

- 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 physical activity facilities and canteens follow national safety and hygiene standards
- School buildings are kept at a comfortable temperature, are well-lit and ventilated
- Smoke-free school environment

Recommended by national policies

- The routes to schools are safe and designed to encourage students to engage in physical activity (e.g., cycling or walking)

It is not mentioned in national policies

- Students and staff have access to school facilities for physical activity outside school hours
- School canteens, food shops and vending machines offer food and drinks that follow national food standards

3. Social environment



Required by national policies

- Trusted persons (e.g. class tutor/mentor) are available for students to privately share concerns or thoughts
- 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.
- Support services and accommodations are in place at schools for students with special learning, developmental and physical needs
- 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

4. Individual skills and action competences



Required by national policies

- 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

It is not mentioned in national policies

- Healthy eating is part of daily life in schools
- E-learning methods are used to promote health skills and action competences of students
- Schools have clear rules that promote healthy behaviours

It is not mentioned in national policies

- Health education and health promoting activities are included in after-school programs
- 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

5. Community Links



6. Health services



Applies to most schools

 Schools arrange for parents of students to become active participants in the school community

Applies to about half of the schools

- Schools establish connections with local partners such as sport and youth clubs, community or regional health agencies, counselling services, health insurances, local shops, etc.

Applies to less than half of the schools

- Schools arrange regular student visits to local partners/stakeholders to encourage healthy eating, physical activity, the development of emotional/ social health, etc.
- Schools involve all key people in the community in co-creating health promotion action plans at schools

- Health professionals are involved in health promoting activities at a school

Applies to about half of the schools

- There is a school doctor available to support students
- There is a school nurse available to support students
- There is a social worker available to support students
- There is a pedagogist available to support students

Applies to less than half of the schools

- There is a psychologist available to support students

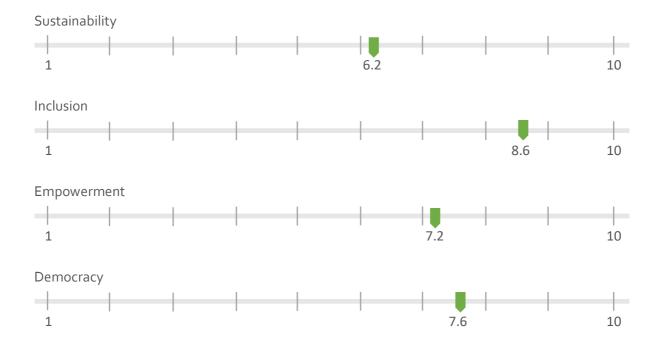
SHE core values

The HPS approach is based on the core values equity, sustainability, inclusion, empowerment and democracy. Figure 1 shows the estimation of the SHE national coordinator on how much the SHE-core values⁴ are reflected in schools in the Netherlands on a scale from 1 (not reflected at all) to 10 (reflection to the highest degree). The mean score for all values is 7.7.

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



Figure 1. continued



Implementation of health promotion in schools

Schools in the Netherlands integrate health promotion as a specific subject and in several (cross-)curricular and non-curricular educational activities and projects. A combination of passive (such as one-way lectures) and active (such as group discussions, student investigations, experiential methods, action-oriented approaches and participatory co-creation activities) learning strategies are used to involve students while addressing health topics in schools. Figure 2 shows the most commonly addressed health promotion issues in schools in the country. The list is quite diverse ranging from life-style related topics such as healthy eating and smoking to sexuality.

Figure 2. Most commonly addressed HP topics in schools in the Netherlands



Tailored translation of the HPS approach on seven spectra in schools in the Netherlands

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 national coordinator of the Netherlands of the general placement of schools on the seven different spectra.

Figure 3. The Health Promoting School spectra in the Netherlands



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.

Figure 3. continued



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 Netherlands. This resulted in 9 facilitating factors and 8 barriers. These results are reported in table 3.

Table 3. Perceived facilitators and barriers for school health promotion

Facilitators	Barriers
 Collaboration between the health and education sectors, intersectoral collaboration The national educational policies and curriculum It is mandatory for schools to promote health and well-being Sufficient funding Interest of schools in health promotion Motivation of teachers Support from school management Education training and support for health school coordinators Health behaviour in School-Aged Children Survey 	 Lack of time and energy of school staff Lack of funding Health promoting is considered an additional activity Schools lack understanding about the benefits of participating in HPS activities Absence of support from the local authorities Teachers are or feel overloaded School coordinators work is voluntary, it is not paid Lack of political will on the agenda

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 Dutch educational councils provided COVID-19 protocols for schools. Challenges were meeting the hygiene (e.g. facemasks) requirements and social distancing in schools.

References

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

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



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