

SCHOOLS FOR HEALTH IN EUROPE MAPPING (SHE MAPPING)



Emily Darlington (Task force) – France

Helena Rafaela Vieira Rosário (Task force) – Portugal

Kathelijne Bessems (Task force) - The Netherlands

Julien Masson (Presenter) – France

María J. Miranda (Task force) – Spain

Teresa Vilaça (Task leader) – Portugal

Veronica Velasco (Task force) – Italy

Introduction



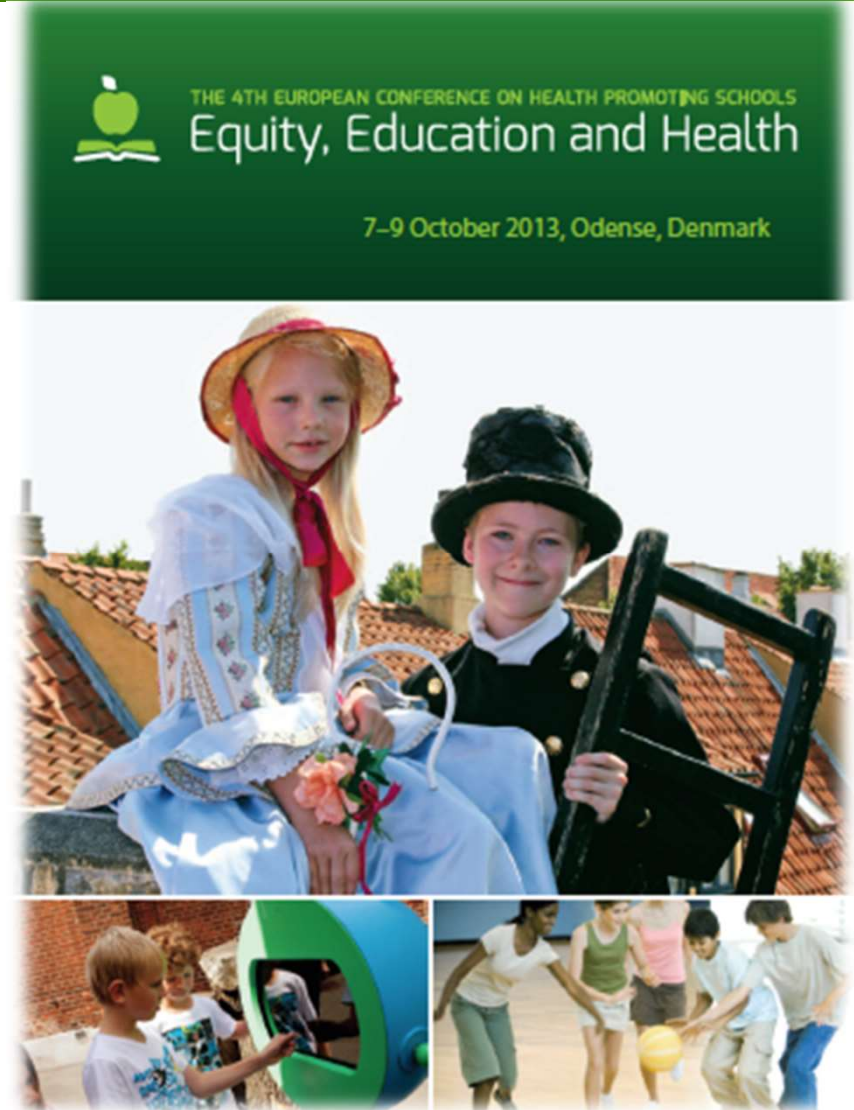
S·H·E

Schools for Health in Europe

2

- ◆ At the last SHE European Conference all participants:
 - ◆ re-affirmed that the principles, **values**, **aims** and **objectives** of the SHE remain **strong**
 - ◆ reinforced **the commitment to broaden and strengthen relevant research** to enable the development and implementation of health promoting schools **between 2014 and 2020**

(SHE, 2013)



Introduction



3

Schools for Health in Europe (SHE) core values

THE ODENSE STATEMENT
OUR ABC FOR EQUITY, EDUCATION AND HEALTH



- ◆ **Equity:** Equal access for all to education and health
- ◆ **Sustainability:** Health, education and development are linked, with activities and programmes implemented in a systematic way over a prolonged period
- ◆ **Inclusion:** Diversity is celebrated; schools are communities of learning in which all feel trusted and respected
- ◆ **Empowerment:** All members of the school community are actively involved
- ◆ **Democracy:** Health promoting schools are based on democratic values

(SHE, 2013)

Schools for Health in Europe (SHE) pillars

THE ODENSE STATEMENT
OUR ABC FOR EQUITY, EDUCATION AND HEALTH



- ◆ **Whole school approach to health:** Health education in the classroom is combined with development of school policies, the school environment, life competencies and involving **the whole school community**
- ◆ **Participation:** A **sense of ownership** exists among students, staff and parents
- ◆ **School quality:** Health promoting schools create better teaching and learning processes and outcomes, with **healthy pupils learning better** and **healthy staff working better**
- ◆ **Evidence:** New approaches and practices **based on existing and emerging research** are developed
- ◆ **School and community:** Schools are seen as active agents for community development

(SHE, 2013)

Introduction

A Health Promoting School:

- ◆ is a **whole-school approach**
- ◆ it is more than a school that has health promoting school activities
- ◆ addresses **health** and **well-being** in a **systematic and integrated** way and has **a written school plan or policy**
- ◆ is **action-oriented** and **participatory**;
including whole school community :
 - students
 - teaching/non-teaching staff and
 - parentstakes an **active role** in the decision making and activities.
- ◆ is focused on **capacity building** which relates to developing the **knowledge**, **skills** and **commitment** of all school community members to promote health and well-being



SHE online school manual
5 steps to a health promoting school



(Safarjan, Buijs, & Ruiter, 2013)

Essential Elements of Promoting Health In Schools:

◆ **Healthy school policies**

These are **clearly defined in documents** or in accepted **practices** that promote health and well-being (e.g. policies that enable healthy food practices at school; policies which discourage bullying).

◆ **The school's physical environment**

- **the buildings, grounds and equipment** in and **surrounding the school** (e.g. the building design and location; the provision of natural light and adequate shade; the creation of space for physical activity and facilities for learning and healthy eating).

- **basic amenities** (e.g. maintenance and sanitation practices that prevent transmission of disease; safe drinking water availability; air cleanliness; as well as any environmental, biological, or chemical contaminants detrimental to health).

(Ottawa Charter for Health Promotion, cit. IUHPE, n.d.)

Essential Elements of Promoting Health In Schools (cont.):

◆ The school's social environment

is a combination of the **quality of the relationships** among and between **staff** and **students**. It is influenced by the relationships with **parents** and the wider **community**.

◆ Individual health skills and action competencies

formal and informal curriculum and associated activities, where students gain age-related knowledge, understandings, skills and experiences, which enable them to build competencies in **taking action** to improve the health and well-being of themselves and others in their community, and which enhances their learning outcomes.

◆ Community links

participation with these stakeholders enhances the HPS and provides students and staff with a context and support for their actions.

◆ Health services

(Ottawa Charter for Health Promotion, cit. IUHPE, n.d.)

The theoretical framework for this mapping task:

- ◆ the **principles, values, aims** and **objectives** associated with the SHE concept of **health promoting schools** (Safarjan, Buijs, & Ruiter, 2013)
- ◆ the **critical health education approach** within the paradigm of health promoting schools
(e.g. McNamara & Simovska, 2015)
- ◆ the **National Health Education Standards** (NHES) of the Centers for Disease Control and Prevention (National Health Education Standards, n.d.)
- ◆ the **SHE Factsheets** (SHE, 2013 a, 2013b, 2014, 2018)
- ◆ **research** on implementation of health promotion programmes or projects in schools (e.g., Bessems et al., 2012; Darlington et al., 2018; Mladenovik et al., 2010; O'Toole, 2017; Rosário et al., 2016; Vilaça, 2017)
- ◆ the health and education objectives of the 2030 Agenda for Sustainable Development (United Nations, 2015)
- ◆ among other

Aim of this task



9

To map the level of implementation of health promotion in schools of the SHE member countries and how this implementation is carried out.

Research questions

1. What are **the national policies** for the implementation of health promotion in schools (6 to 18 years old) and, if appropriate for the country, in kindergarten/day care/ pre-schools (3-5 years old)?
2. How do national policies establish that **schools organize themselves to operationalize national or regional policies** for the implementation of health promotion in schools?
3. Are there national or regional **guidelines, institutional tools, resources** or **professional support** for becoming a health promoting school and if so, what are they?
4. How is **each component of the health promoting schools** approach **materialized in schools**, and how many schools in each country follow this approach?
5. **Is there a national process for monitoring / evaluating** the implementation of health promotion in schools and if so, how is this process working?

Research questions

6. Is there a school / national concern with **continuing professional development (CPD) of health and education professionals** to support the implementation of health promotion projects/ programs in schools and if so, how is this process working?
7. What is **the place in the school curriculum** of the school practices related to health promotion, and what are these practices?
8. What are the **potential barriers** and **facilitating factors** for the implementation of health promoting schools, and how do they impact the process?
9. Is there a **national qualification for schools doing health promotion excellently** and if so, what is the process for assigning this qualification?



S·H·E

Schools for Health in Europe

Methods

Participants

All the SHE national coordinators or other relevant key informant selected by the national coordinator.

National/regional coordinators

See the countries below and click on a country to see its national coordinator:

- > Armenia
- > Austria
- > Azerbaijan
- > Belarus
- > Belgium
- > Bulgaria
- > Croatia
- > Denmark
- > Estonia
- > Finland
- > Greece
- > Hungary
- > Iceland
- > Ireland
- > Israel
- > Italy
- > Kazakhstan
- > Kosovo
- > Latvia
- > Lithuania
- > Malta
- > Moldova
- > Netherlands
- > North Macedonia
- > Norway
- > Poland
- > Portugal
- > Russian Federation
- > Scotland (UK)
- > Slovenia
- > Spain
- > Switzerland
- > Wales (UK)

Data collection instrument



14

Online questionnaire (English language)

- (a) **background information** (e.g. gender, age, academic background and the number of years in the position of the respondent, and questions regarding the size of the national network).
- (b) questions regarding the **level of implementation of health promotion** in schools in the country, and
- (c) questions concerning **how the implementation** of health promotion **is carried out**.

Ethical considerations

Informed Consent

- ◆ purpose of the research
- ◆ procedures involved in the research
- ◆ possible risks and discomforts to the subject
- ◆ benefits of the research to society and to the school community
- ◆ length of time the subject is expected to participate
- ◆ person to contact for answers to questions or in the event of a research-related injury or emergency
- ◆ statement indicating that participation is voluntary and that refusal to participate will not result
- ◆ statement regarding the subjects' right to withdraw from the study at any time without any consequences.

Expected outcomes & success criteria



16

Expected outcomes/ implications

- ◆ It is expected to map the implementation level of health promotion in schools, at least in 60% of SHE member countries, which implies that we have sufficient evidence:
 - (i) **to (re) think SHE internal policies** towards SHE Member countries
 - (ii) **to propose some guidelines** for the (re) organization of support structures in SHE **to differentially support countries** with different degrees of implementation of HPS, to promote **international equity** in health promotion in schools
 - iii) **to disseminate successful practices**
 - iv) **to deepen the international reflection on the power of SHE** to operationalize collaborative work among both researchers and stakeholders working on HPS and among.
- ◆ Dissemination and communication to practice and policy

Organisation & collaboration (4)

- ❑ **Task leaders:** Teresa Vilaça - Portugal

- ❑ **Task force:** Emily Darlington – France
Helena Rafaela Vieira Rosário – Portugal
Kathelijne Bessems - The Netherlands
María J. Miranda – Spain
Veronica Velasco– Italy

- ❑ **Reading:** Annamária Somhegyi – Hungary
Catriona O'Toole – Ireland
Elena Kosevska - Republic of North Macedonia
Luis Lopes – Portugal
Peter Bentsen – Denmark
Tineke Vansteenkiste - Belgium

Next step

Inviting you...

in September ...


to complete the **online questionnaire** with
enthusiasm!

**Thank you very much for your so important
collaboration!**



Before that...

Sticky notes activity !



As field practitioners and national coordinators, what key elements from field practice do you think we need to look for in order to do this mapping?

Thank you!