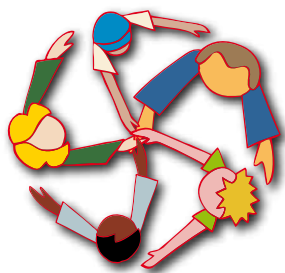


SHE



Schools for Health in Europe

State of the art:
health promoting
schools in Europe



Acting for better schools, leading to better lives

SUMMARY

This factsheet provides a brief description of the current state of health promoting schools (HPS) in the Schools for Health in Europe (SHE) Network. Data have been collected on where we are with health promoting school development and implementation in the 43 SHE member countries in the European region.

The findings from the HPS policy research study show that at least 34,000 schools were identified as health promoting schools in the European region in the 2012-2013 school year. The national HPS policies and/or programmes in the participating SHE member countries are diverse and vary in their organization and reach. In some of the countries, 100% of the primary and secondary schools are health promoting and in others the range is between 2 and 10%. The SHE National Coordinators have expressed their commitment to the further development, expansion and/or improvement of their national HPS programmes over the coming five years. The results presented in the factsheet will serve as a benchmark for future HPS development and implementation in the European region.

What is SHE?

SHE is

- the Schools for Health in Europe Network;
- an established network of National Coordinators in 43 countries in the European region since 1992;
- focused on making school health promotion an integral part of the policy development in the European Education and Health sectors;
- providing the platform for European professionals with an interest in school health promotion;
- supported by three European organizations: WHO Regional Office for Europe, Council of Europe and the European Commission;
- contributing to making schools in Europe a better place for learning, health and living;
- using a positive concept of health and well-being and acknowledges the UN Convention of the Rights of the Child.

What is a health promoting school?

A health promoting school is a school that implements 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. Other names are used in the different European countries, but they are characterized by a whole school approach.

Why is health promotion in the school setting important?

Health promotion in a school setting is important because health and education are intrinsically linked:

- healthy children are more likely to learn effectively;
- education plays an important role in economic prosperity and health outcomes later in life;
- promoting the health of school staff can lead to greater work satisfaction and reduced absenteeism;
- actively promoting health in schools can aid schools and policy-makers alike in reaching their academic, social and economic targets.



State of the art of health promoting schools in Europe

In order to gain a more complete picture of the current state of national HPS policy in the SHE member countries a descriptive questionnaire-based study was conducted in 2013 by the SHE secretariat. All 43 SHE National Coordinators, representing the current SHE member countries, were asked to complete the online SHE policy questionnaire. Of the 43 coordinators, 26 (60%) responded to and completed the questionnaire¹. The following information is a summary of the key findings.

1) The countries involved in the 2013 study are: Albania, Armenia, Austria, Czech Republic, Croatia, Denmark, Estonia, Finland, France, Georgia, Greece, Iceland, Kosovo, Kyrgyzstan, Lithuania, Macedonia, Malta, the Netherlands, Norway, Poland, Portugal, Russian Federation, Slovenia, Switzerland, Ukraine, Wales.

Number of health promoting schools in Europe

Based on our research study, the total number of health promoting schools in the European region in the school year 2012-2013 is at least 34,000 schools including pre-schools, primary, secondary and other types of schools. This number can serve as a benchmark for where we are with HPS in the European region. It can be seen as an underestimation because of the high non-response (40%) in our study.

The number and percentage of health promoting primary, secondary and compulsory schools varies widely by country:

- age group of students ranges from 3 to 20 years old;
- all of the primary and secondary schools in Portugal and Wales are HPS. In Iceland, 100% of the secondary schools are HPS;
- around 50% of the primary and secondary schools in Slovenia are HPS;
- the percentage of HP primary and secondary or compulsory schools is around 20% in Kosovo, Lithuania, Russia and Ukraine;
- the percentage of HP primary and secondary or compulsory schools is between 2 and 10% in Croatia, Austria, the Czech Republic, Denmark, Malta, and Poland.

Number of SHE member countries with a national HPS policy

Sixteen (62%) of 26 National Coordinators reported that their country has a formal national HPS policy.

SHE core values

On the European level, the following core values are shared that underpin the health promoting school approach:

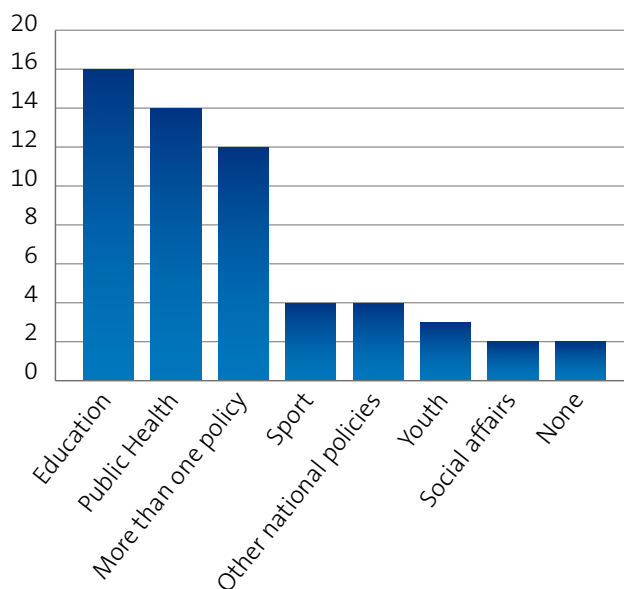
- **Equity.** Equal access for all to education and health
- **Sustainability.** Health, education and development are linked. Activities and programmes are implemented in a systematic way over a prolonged period
- **Inclusion.** Diversity is celebrated. Schools are communities of learning, where all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

Integration of national HPS policy into other national policies

National HPS policy is included in the national education policy in almost 2/3 European countries (16 countries, 62%). **Graph 1** illustrates in which national policies the national HPS policy is included in for the 26 responding SHE member countries. Twelve (46%) of the countries have incorporated HPS policy into two or more other national policies.



National HPS policy integrated into other national policies



Graph 1. Integration of national HPS policy into other national policies

Health education as a separate subject in the national health curriculum

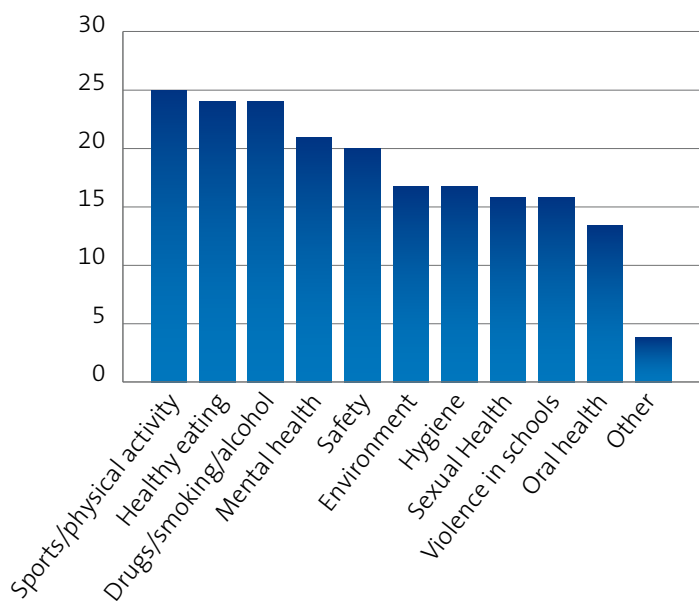
Health education is included in the national curriculum as a separate subject in 10 (38%) of the 26 European countries. In 16 (62%) of the 26 countries, health education is incorporated into other subjects. These include physical education, health and safety, personal and social education, home economics, nutrition, citizenship, biology, life sciences and design and technology.

SHE pillars

On the European level, the following pillars are shared that underpin the health promoting school approach:

- **Whole school approach to health.** Combine health education in the classroom with development of school policies, the school environment, life competencies and involving the whole school community
- **Participation.** A sense of ownership by student, staff and parent
- **School quality.** Health promoting schools create better teaching and learning processes and outcomes. Healthy pupils learn better, healthy staff work better
- **Evidence.** Development of new approaches and practices based on existing and emerging research
- **School and community.** Schools are seen as active agents for community development

Health topics included in the national HPS policy



Graph 2. Health topics included in the national HPS policy

Health topics included in the national HPS policy

Health promotion in schools often focuses on specific health topics. **Graph 2** illustrates the primary health topics included in the national HPS policy of the 26 participating countries. Almost all of the 26 countries included sports/physical education (96%), healthy eating (92%), drugs/smoking/alcohol (92%) and mental health (80%) in their national HPS policy.

Stakeholders in national HPS programme

National level

On the national level, the government is the most often mentioned key stakeholder in the national HPS programme (22 of 26 countries (85%)), mainly the Ministry of Health and Ministry of Education. Other stakeholders mentioned include international organisations (WHO and UNICEF), national Ministries of Labour and Social Policy, of Environment and of Youth, national public health institutes, NGOs and teacher training centres.

Regional, district or local level

On the regional, district or local level, the regional/local government is also the main key stakeholder, 21 of 26 countries (81%). Local governmental agencies were more frequently reported as key stakeholders, e.g., public health offices, centres or institutes. Other stakeholders mentioned include the regional Departments of Education and Health, regional Boards of Education, insurance providers, schools and teacher training centres.

Sources of funding for national HPS programmes

Twenty (77%) of 26 European countries receive public funding for at least a portion of their health promoting activities or related human resources. However, the level of public funding received by the HPS programmes varies widely by country. Some of the National Coordinators reported that the HPS programmes receive full public funding and others reported that the public funding is limited or insufficient. The principal public funding sources include the Ministry of Education and the Ministry of Health.

Main expectations of National Coordinators for their national HPS programme

Table 1 presents the SHE National Coordinator's main expectations for their country's national HPS programmes over the next five years. The SHE National Coordinators have diverse expectations, the most mentioned are to have a national policy/strategy and to increase the number of health promoting schools in their country.

Main expectations	Number of responses	% of total (N=26)
To have a national programme/strategy	11	42
Increase number HPS	9	35
Network/collaboration among stakeholders	8	31
Monitoring and evaluation	6	23
Increased health and well-being	5	19

Table 1. Main expectations of National Coordinators

CONCLUSION

National Health Promoting Schools (HPS) policies and/or programmes in the 26 participating SHE member countries are diverse in their organization and in their number and percentage of HPS. In some of the SHE member countries, all of the primary and/or secondary schools in the 2012-2013 school year were HPS and in other countries the percentage was between 2 and 10%. The National Coordinators have expressed their commitment to the further development, expansion and/or improvement of their national HPS programmes over the coming five years. However, some National Coordinators have also indicated that the national HPS programmes receive limited or insufficient financial support from governmental stakeholders.

With the continued and expanded support of HPS stakeholders, HPS can lead to positive health, social and academic outcomes on a large scale. The SHE Network will continue to support the development and implementation of HPS in the European region.



Further information

For more information about the SHE Network, or to obtain a copy of the original research report, please visit our website, www.schoolforhealth.eu or contact the SHE Secretariat.

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