

SHE monitoring report 2020:

# Country-specific results of Estonia

Schools for Health in Europe Network Foundation

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S·H·E

Schools for Health in Europe



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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 Estonia. 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 2019<sup>1</sup>, the SHE Rapid Assessment Tool<sup>2</sup> and the fifth SHE Factsheet<sup>3</sup>. The complete survey is available at [www.schoolsforhealth.org](http://www.schoolsforhealth.org).

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## School health promotion and the HPS approach in Estonia

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.<sup>4</sup>

*All schools in Estonia implement health-related activities. The majority of preschools and between 26-50% of all primary and secondary 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 schools working according to the HPS approach in Estonia. All preschools, primary and secondary schools implement health promotion activities. Further, the majority of preschools (between 51-75%) and between 26-50% of all primary and secondary schools formally 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 Estonia

Health promotion in schools	% of schools	Health Promoting Schools (HPS)	% of schools
Preschools	100%	Preschools	51-75%
Primary schools	100%	Primary schools	26-50%
Secondary schools	100%	Secondary schools	26-50%
Vocational schools	-	Vocational schools	0%

In Estonia, there are national or regional guidelines, tools, standards or indicators to support schools in becoming a HPS. The tools shared by SHE, such as the rapid assessment tool, are used by the schools in this country. On national level, funding is available for support, counselling and training of local health promoting coordinators.

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

## Creating a healthy and supportive environment in schools in Estonia

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 Estonia. 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 Estonia



<p><b>1. Healthy School Policies</b> </p> <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- Health promotion is part of the schools’ educational goals and of the curriculum</li> </ul> <p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- Schools apply a whole school approach to promote health and wellbeing</li> <li>- The SHE values are part of the schools’ approach to health promotion</li> </ul>	<p><b>2. Physical environment</b> </p> <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- 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</li> <li>- School physical activity facilities and canteens follow national safety and hygiene standards</li> </ul>
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Table 2. continued





<p><b>Not mentioned by national policies</b></p> <ul style="list-style-type: none"> <li>- Schools have a written policy on students' and/or staffs' health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>- School canteens, food shops and vending machines offer food and drinks that follow national food standards</li> <li>- School buildings are kept at a comfortable temperature, are well-lit and ventilated</li> </ul> <p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- Food shops and vending machines offer food and drinks that follow national food standards</li> </ul> <p><b>Not mentioned by national policies</b></p> <ul style="list-style-type: none"> <li>- Students and staff have access to school facilities for physical activity outside school hours</li> <li>- The routes to schools are safe and designed to encourage students to engage in physical activity (e.g., cycling or walking)</li> </ul>
<p><b>3. Social environment</b></p>  <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- Spaces in the canteen, playground, classrooms and corridors are organized to promote student socialization and wellbeing</li> <li>- 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.</li> <li>- 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</li> </ul> <p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- 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</li> <li>- Support services and accommodations are in place at schools for students with special learning, developmental and physical needs</li> </ul>	<p><b>4. Individual skills and action competences</b></p>  <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- Healthy eating is part of daily life in schools</li> <li>- Physical education and other forms of physical activity, e.g. activity breaks, are part of daily life in schools</li> <li>- Health literacy and action competence are integral parts of the schools' policies</li> </ul> <p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- Teaching/learning methods that enhance mental health and wellbeing are part of daily life in schools</li> </ul> <p><b>Not mentioned by national policies</b></p> <ul style="list-style-type: none"> <li>- E-learning methods are used to promote health skills and action competences of students</li> <li>- Schools have clear rules that promote healthy behaviours</li> </ul>

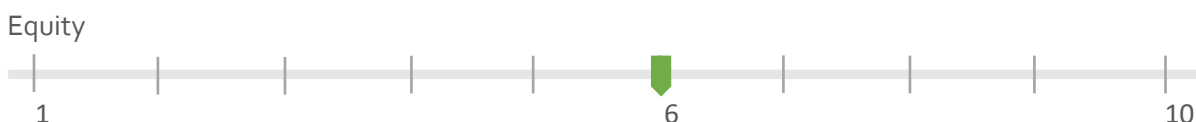
Table 2. continued

<p><b>Not mentioned by national policies</b></p> <ul style="list-style-type: none"> <li>- Health education and health promoting activities are included in after-school programs</li> <li>- Trusted persons (e.g. class tutor/mentor) are available for students to privately share concerns or thoughts</li> </ul>	
<p><b>5. Community Links</b></p>  <p><b>Applies to most schools</b></p> <ul style="list-style-type: none"> <li>- Schools arrange for parents of students to become active participants in the school community</li> </ul> <p><b>Applies to about half of the schools</b></p> <ul style="list-style-type: none"> <li>- Schools establish connections with local partners such as sport and youth clubs, community or regional health agencies, counselling services, health insurances, local shops, etc.</li> <li>- Schools arrange regular student visits to local partners/stakeholders to encourage healthy eating, physical activity, the development of emotional/ social health, etc.</li> </ul> <p><b>Applies to less than half of the schools</b></p> <ul style="list-style-type: none"> <li>- Schools involve all key people in the community in co-creating health promotion action plans at schools</li> </ul>	<p><b>6. Health services</b></p>  <p><b>Applies to most schools</b></p> <ul style="list-style-type: none"> <li>- There is a school nurse available to support students</li> </ul> <p><b>Applies to less than half of the schools</b></p> <ul style="list-style-type: none"> <li>- Health professionals are involved in health promoting activities at a school</li> <li>- There is a social worker available to support students</li> <li>- There is a psychologist available to support students</li> <li>- There is a pedagogist available to support students</li> </ul> <p><b>Applies to no school</b></p> <ul style="list-style-type: none"> <li>- There is a school doctor available to support students</li> </ul>

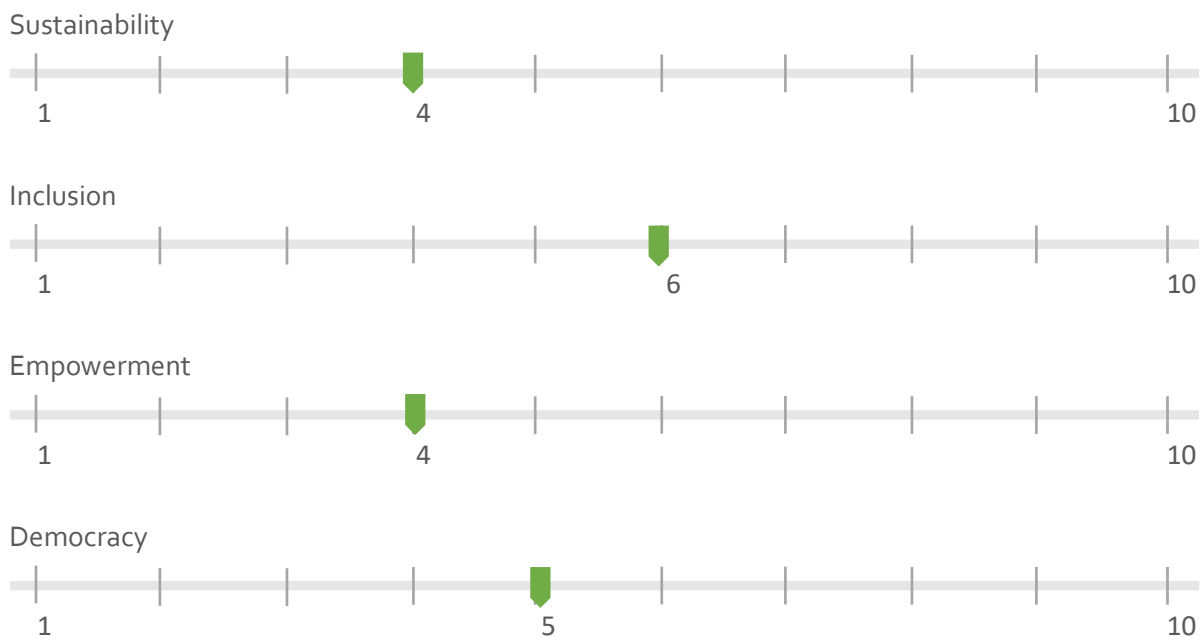
## SHE core values

The HPS approach is based on the core values equity, sustainability, inclusion, empowerment and democracy. Figure 1 shows the SHE national coordinator's estimation of how much the SHE-core values<sup>4</sup> are reflected in schools in Estonia on a scale from 1 (not reflected at all) to 10 (reflection to the highest degree). The mean score for all values is 5.

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



*Figure 1. continued*



## Implementation of health promotion in schools

Schools in Estonia integrate health promotion as a specific subject in education and in non-curricular educational activities and projects. A combination of passive (such as one-way lectures) and active (such as group discussions and student investigations) learning strategies are used to involve students while addressing health topics in schools. Figure 2 shows the most common health promotion topics that are addressed in schools in the country. The list is quite diverse and ranges from lifestyle-related topics, such as healthy eating and smoking, to the prevention of violence.

**Figure 2.** Most common addressed HP topics in schools in Estonia



## Tailored translation of the HPS approach on seven spectra in schools in Estonia

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 factsheet<sup>3</sup>. Figure 3 shows the estimation from the SHE national coordinator of Estonia of the general placement of schools on the seven different spectra.

**Figure 3.** The Health Promoting School spectra in Estonia



*This refers to the level of involvement of stakeholders (e.g. pupils) in the decision-making and implementation of the HPS approach*



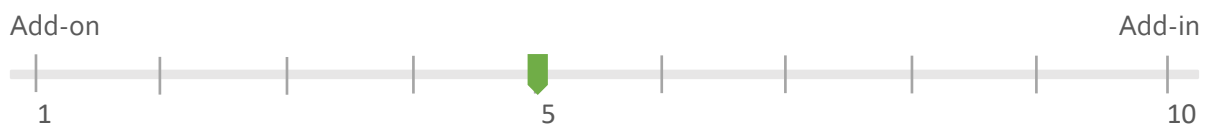
*The place on the spectrum refers to the number of HPS core-component that are addressed in the HPS-approach*



*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.*

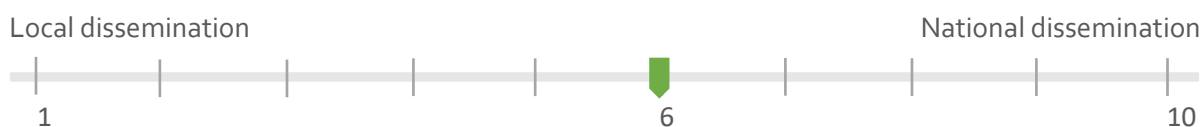


*This relates to the compatibility of interventions within the school curriculum. An intervention can be added-on to the current core curriculum obligations as an additional task, or added-in the current curriculum becoming part of the curriculum without reducing time from core curriculum obligations.*



*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.*

Figure 3. continued



*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 Estonia. It indicated 14 facilitating factors and 12 barriers. These results are reported in table 3.

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

Facilitators	Barriers
<ul style="list-style-type: none"> <li>- Collaboration between the health and education sectors, intersectoral collaboration</li> <li>- The national educational policies and curriculum</li> <li>- Becoming an obligatory school working with health and well-being</li> <li>- Sufficient funding</li> <li>- Interest of schools in health promotion</li> <li>- Active involvement of students</li> <li>- Motivation of teachers</li> <li>- Support from school management</li> <li>- Support from parents</li> <li>- Participatory processes</li> <li>- Receiving support from the Ministry of Health</li> <li>- Education training and support for health school coordinators</li> <li>- Existence of supporting guidelines</li> <li>- Health behaviour in School-Aged Children Survey</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of time and energy of school staff</li> <li>- Lack of funding</li> <li>- Functioning like volunteers</li> <li>- Many simultaneous “competing”, not collaborative, projects in schools</li> <li>- There are not enough specialists from different health thematic areas to support HPS</li> <li>- Health promotion is considered an additional activity</li> <li>- Deficient interaction between the Ministries of Education and Health</li> <li>- Schools lack understanding about the benefits of participating in HPS activities</li> <li>- Absence of support from the school administration</li> <li>- Teachers are or feel overloaded</li> <li>- Actions, good practices and standards should be better defined</li> <li>- No priority on the political agenda</li> </ul>



## 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 of Estonia provided practical recommendations and guidelines to support schools and provided technical solutions for distance learning. Challenges for schools were the high levels of stress among teachers and distance learning.

## References

1. SHE Mapping survey 2019. Available from: <https://www.schoolsforhealth.org/resources/materials-and-tools/mapping-she>
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3. SHE the fifth SHE Factsheet. Available from: <https://www.schoolsforhealth.org/resources/materials-and-tools/fact-sheets>
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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](http://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](mailto:info@schoolsforhealth.org)



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