SHE monitoring report 2020:

Country-specific results of Greece

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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 Greece. 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 Greece

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

All primary schools in Greece implement health-related activities. Currently, no 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 working with the HPS approach in Greece. All primary schools and the majority of preschools and secondary schools (76-99%) implement health promotion activities. Although no public schools officially work with the 'whole school approach' which defines schools as Health Promoting Schools, Greece is currently re-developing the HPS network established since 1993, but disrupted in recent development.

Table 1. The estimated percentage of schools involved in school health promotion and working according to the HPS approach in Greece

Health promotion in schools	% of schools	Health Promoting Schools (HPS)	% of schools
Preschools	76-99%	Preschools	0%
Primary schools	100%	Primary schools	0%
Secondary schools	76-99%	Secondary schools	0%
Vocational schools	-	Vocational schools	0%

In Greece, there are national or regional guidelines, but there are no standards or indicators to support schools in becoming a HPS. The recently released SHE European Standards and Indicators are not yet implemented on a national level. The tools shared by SHE, such as the Greek SHE online school manual, have been made available for schools.

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

Creating a healthy and supportive environment in schools in Greece

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 Greece. 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. Although these components are recommended, they are however not always implemented by the majority of the schools.

1. Healthy School Policies



2. Physical environment



Required by national policies

- Health education is part of the schools' curriculum

Recommended by national policies

- Health promotion is part of the schools' educational goals
- Schools have a written policy on students' and/or staffs' health and wellbeing
- The SHE values are part of the schools' approach to health promotion

Not mentioned by national policies

- Schools apply a whole school approach to promote health and wellbeing

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

Recommended by national policies

- School canteens, food shops and vending machines offer food and drinks that follow national food standards
- School buildings are kept at a comfortable temperature, are well-lit and ventilated

3. Social environment



competences



Required by national policies

- 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

Recommended by national policies

- 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
- Support services and accommodations are in place at schools for students with special learning, developmental and physical needs
- Schools have a Teachers' Board and Pupils' Board for democratic decision making

4. Individual skills and action



Required by national policies

- Physical education and other forms of physical activity, e.g. activity breaks, are part of daily life in schools

Recommended by national policies

- Healthy eating is part of daily life in schools
- Health literacy and action competence are integral parts of the schools' policies
- Pilot to train teachers to teach health promotion and life skills to students

5. Community Links



6. Health services



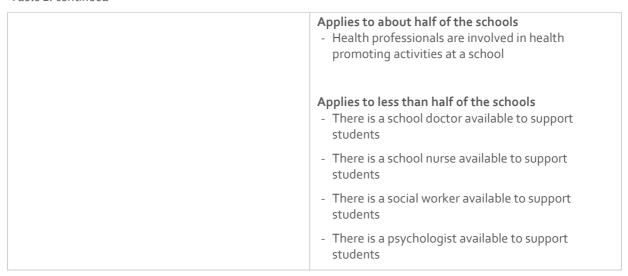
Applies to most of the schools

- Schools arrange for parents of students to become active participants in the school community, through the Parents' School Union

Applies to all schools

- Local health services are linked to schools

Table 2. continued



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 values⁴ are reflected in schools in Greece on a scale from 1 (not reflected at all) to 10 (reflection to the highest degree). The core values equity and democracy, scored highest.

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



Implementation of health promotion in schools

Schools in Greece integrate health promotion in cross-curricular teaching and non-curricular educational activities and projects, in which health promotion subjects are integrated into curricular health topics. A combination of passive (such as one-way lectures) and active (such as group discussions and student investigation activities) learning strategies are used to involve students while addressing health topics in schools. Figure 2 shows the major health promotion topics that are addressed in schools in the country. The list is quite diverse ranging from lifestyle-related topics such as healthy eating and smoking to safety.

Figure 2. Most common HP topics in schools in Greece



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

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 SHE national coordinator's estimation of the general placement of schools on the seven different spectra.

Figure 3. The Health Promoting School spectra in Greece



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

Figure 3. continued



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.



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

An exploration of the important potential barriers for the implementation of health promotion in schools in Greece by the national coordinator concluded with 2 facilitating factors and 5 barriers. These results are reported in table 3.

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

Facilitators	Barriers
 Becoming an obligatory school working with health and well-being Exchange of good practices 	 Lack of time and energy of school staff Lack of funding Health promotion is considered as an additional activity Teachers are or feel overloaded Lack of political support

COVID-19 pandemic

The pandemic drastically altered school health promotion. The government of Greece determined specific strategies to support schools such as obligatory mask-wearing, distance learning from web platforms and disseminating information about new strategies, e.g., hygiene routines. If a student or pupil tested COVID-19 positive, the classroom or school closed down to successfully quarantine. The safe functioning of schools is still a significant challenge because of the limited staff and small classroom spaces making in particular social distancing difficult.

References

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

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We would like to thank the SHE National Coordinator **Electra Bada** for participating in the SHE monitoring survey. Published by:

Schools for Health in Europe Network Foundation (SHE).

Haderslev, Denmark:

October 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: $\underline{info@schoolsforhealth.org}$



This report has received funding under an operating grant from the European Union's Health Programme.

