

# SHE monitoring report 2020:



## Country-specific results of Slovenia

Schools for Health in Europe Network Foundation

October 2020. All rights reserved.



**S · H · E**

Schools for Health in Europe



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

## 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 Slovenia. The survey was conducted in September 2020 and the findings represent the perceptions of the SHE national coordinator, SHE regional coordinators and representatives from the Ministry for Education, Science and Sport, 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).

## School health promotion and the HPS approach in Slovenia

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 preschools and primary schools in Slovenia implement health-related activities. The majority of primary schools and between 26-50% of all preschools, secondary and vocational schools work with the HPS approach.*

Table 1 shows the estimated percentage of schools involved in school health promotion and schools working according to the formal HPS approach in Slovenia. All preschools and primary schools implement health promotion activities. This percentage is between 51-75% for all dormitories, secondary and vocational schools. The majority of primary schools (between 51-75%) and between 26-50% of all preschools, secondary and vocational schools formally work in accordance to 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 Slovenia

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

In Slovenia, 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 SHE online school manual and the rapid assessment tool, are used by the schools in this country. The HPS is supported by providing free seminars to teachers and free health promoting materials to the schools. Every year, regional and national reports are prepared based on schools self-report questionnaires about health promoting activities.

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

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

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 Slovenia. 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 Slovenia



<p><b>1. Healthy School Policies</b></p>  <p><b>Required by national policies</b></p> <ul style="list-style-type: none"> <li>- Health education is part of the curriculum</li> </ul> <p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- Health promotion is part of the schools’ educational goals</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> </ul>
---	--

Table 2. continued





<ul style="list-style-type: none"> <li>- Schools have a written policy on students' and/or staffs' health and wellbeing</li> <li>- The SHE values are part of the schools' approach to health promotion</li> <li>- Schools apply a whole school approach to promote health and wellbeing (based on the Basic School Act, General Upper Secondary Schools Act and Vocational and Technical Education Act)</li> </ul>	<ul style="list-style-type: none"> <li>- Students and staff have access to school facilities for physical activity outside school hours</li> <li>- School physical activity facilities and canteens follow national safety and hygiene standards</li> <li>- School canteens, food shops and vending machines offer food and drinks that follow the Slovenian Food and Nutrition Policy and the School Meals Act</li> <li>- The routes to schools are safe and designed to encourage students to engage in physical activity (e.g., cycling or walking)</li> <li>- School buildings are kept at a comfortable temperature, are well-lit and ventilated</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>- Trusted persons (e.g. class tutor/mentor) are available for students to privately share concerns or thoughts</li> <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>- 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>- Support services and accommodations are in place at schools for students with special learning, developmental and physical needs</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 education and health promoting activities are included in after-school programs</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>- Teaching/learning methods that enhance mental health and wellbeing are part of daily life in schools</li> <li>- Schools have clear rules that promote healthy behaviors</li> </ul> <p><b>Recommended by national policies</b></p> <ul style="list-style-type: none"> <li>- Health literacy and action competence are integral parts of the schools' policies</li> <li>- E-learning methods are used to promote health skills and action competences of students</li> </ul>

Table 2. continued

<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> <li>- Schools arrange regular student visits to local partners/stakeholders to encourage healthy eating, physical activity, the development of emotional/ social health, etc.</li> <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> </ul> <p><b>Applies to about 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 all 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 school doctor available to support students</li> <li>- There is a school nurse available to support students</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>
--	---

## 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 Denmark on a scale from 1 (not reflected at all) to 10 (reflection to the highest degree). All core values score 8 or higher.

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

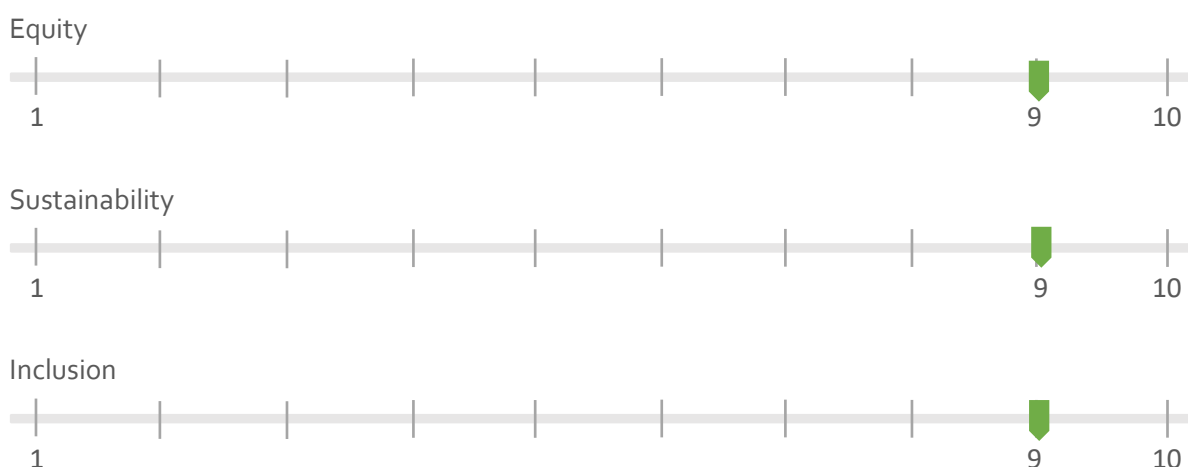
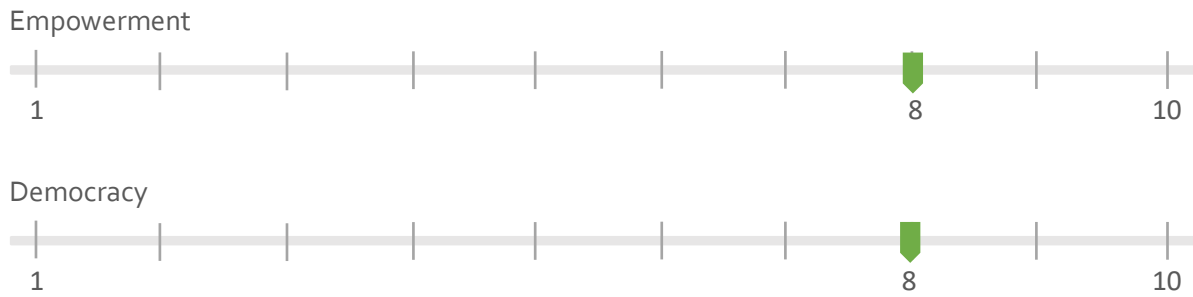


Figure 1. continued



## Implementation of health promotion in schools

Schools in Slovenia integrate health promotion into curricular subjects which already include health topics. Besides, health promotion is integrated 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 investigation, action-oriented approaches and participatory co-creation activities) learning strategies are used to involve students while addressing health topics in schools.

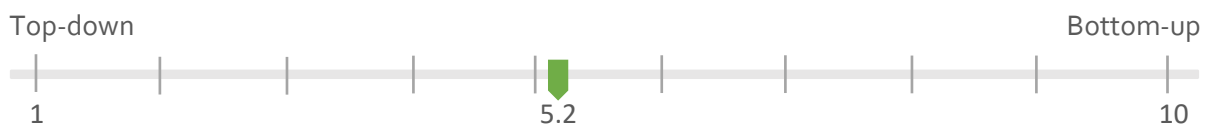
## Most addressed HP Topics

A broad spectrum of health topics is focused on in Slovenia. The national coordinator indicated an inability to decide on seven main HP topics and stated that all topics were equally addressed in the schools in the country.

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

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

Figure 3. The Health Promoting School spectra in Slovenia



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

Figure 3. continued



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.



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 Slovenia by the national coordinator concluded with 15 facilitating factors and 11 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>- 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>- Participation in the SHE network</li> <li>- Exchange of good practices</li> <li>- Education training and support for health schools coordinators</li> <li>- Country coordinators network</li> <li>- Existence of supporting guidelines</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>- Existence of a lot of bureaucracy</li> <li>- Teachers are or feel overloaded</li> <li>- Low health literacy level of parents</li> <li>- Lack of political will on the 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 Slovenia immediately created guidelines for distance education. Technical assistance was provided to schools, webinars were organized for teachers and computer equipment was made available to socially disadvantaged families. Teachers creatively included the topic 'health' in education. Major challenges were home education via online learning, the low level of digital literacy of relatively old teachers, the ongoing adjustment of hygiene measures, and the safe functioning of schools due to lack of space, and integrating health content into online teaching. Other challenges were the care for vulnerable families, the collaboration with local communities and children's and teachers' well-being.



## References

1. 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>

# SHE monitoring report 2020: Country-specific results of Slovenia

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)

We would like to thank the SHE National Coordinator **Mojca Bevc** for participating in the SHE monitoring survey.

Published by:

Schools for Health in Europe Network Foundation (SHE).

Haderslev, Denmark:

October 2020

All rights reserved

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)



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



S · H · E

Schools for Health in Europe

[www.schoolsforhealth.org](http://www.schoolsforhealth.org)