



**D2.1 Report on Policy and practice to strengthen  
the Health Promoting School approach across the  
EU**

*31 January 2024*

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## Report on policy and practice to strengthen the Health Promoting School approach across the EU

### Executive summary

Schools4Health (2023-2025) aims to introduce, strengthen and sustain the adoption of Health Promoting School (HPS) approaches. An important component of this is understanding whether the policy conditions are supportive enough for school environments to embed wellbeing at the core of their work. To investigate this, Schools4Health partners from Belgium, the Netherlands, Slovenia, Hungary, Romania, Latvia, Greece and Andalusia (Spain) engaged stakeholders from different sectors to scope the policy conditions that influence the support given to educational settings to implement Health Promoting School approaches. This was carried out through national/sub-national rapid situation analysis surveys and policy roundtables in partners' respective contexts. From this policy exercise a number of themes emerged:

- 1 Shared Responsibility:** Creating Health Promoting Schools requires collaboration among policymakers, public authorities, practitioners, and the broader community. It is not solely the responsibility of schools and teaching staff.
- 2 Legislative Support and Incentives:** There is a need to clarify and strengthen mandatory requirements, frameworks, and resources to support schools in efforts to integrate health into their core curricula and policies. This requires a commitment from policymakers and politicians across all levels of government.
- 3 Evidence-Based Advocacy:** Generating evidence by evaluating interventions in school settings can help convince policymakers of the benefits of Health Promoting School approaches.
- 4 Engaging Stakeholders:** Engaging policymakers, politicians, teachers, students, parents, and the wider community is essential for promoting the value of Health Promoting School approaches and generating commitment around the topic.
- 5 Reducing Teacher Burden:** Establishing central coordinating bodies within schools, such as multidisciplinary teams of experts, can help relieve the burden on teachers and facilitate the implementation of health promotion activities.

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- 6** **Societal Impact:** Health Promoting Schools not only benefit individual students but also contribute to reducing social and health inequities and addressing societal challenges such as the decline in mental and physical health among youth and improving overall academic outcomes.
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- 7** **Advocacy for Change:** Advocacy efforts should focus on showcasing how Health Promoting School approaches can improve wellbeing, address urgent challenges facing children and youth, and contribute to positive societal change.
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- 8** **Capacity Building and Awareness:** Building capacities and raising awareness among stakeholders about the benefits of Health Promoting School approaches and how to implement them is essential. This is needed to mobilise the support needed as well as improve the learning outcomes and wellbeing of children and youth, with ripple effects on the wider community around schools.
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These core themes reflect important areas for policy action, with the overarching aim of mobilising more widespread support for Health Promoting School approaches and better coordination across different governance levels. With a view of sustaining these efforts, the Schools4Health initiative will explore the most promising entry points at national and EU level, through other key resources that have been and will be developed over the course of the next months – notably, the Schools4Health Hub, the online toolkit for policymakers, and the Schools4Health Communication and Dissemination strategy. In establishing this core engagement among key stakeholders, Schools4Health aims to demonstrate the state-of-the-art in collaborating cross-sectorally within and around educational environments to strengthen wellbeing in schools.

## Exploring the policy context of Health Promoting School approaches in eight Schools4Health partner countries: overview of findings

### Part I - Introduction

#### **Schools4Health**

Schools4Health (2023-2025) strives to introduce, strengthen, and sustain the adoption of a participatory whole-of-school approach to health and wellbeing. The initiative will work with schools to analyse, implement and evaluate good practices in the fields of healthy nutrition, physical activity and mental health. These efforts will investigate how public investments in Health Promoting Schools provide the right conditions for children and adolescents to adopt healthier behaviours; promote active engagement across the school community; improve academic performance and health literacy; and address societal challenges like equity, climate change and environmental degradation.

#### *The Health Promoting School approach*

School systems across Europe, and many of the children, youth and teachers within them are struggling. This is reflected by a decline in PISA scores<sup>1</sup> and shortages of teachers that many countries across Europe are experiencing, as low pay and high levels of responsibility and stress are turning professionals away.<sup>2</sup> An important approach to address this, is to improve conditions within schools in ways which promote health and wellbeing. For example, children and youth who feel good in school and are healthy have better attendance levels and academic outcomes.<sup>3</sup> Healthier school environments can help address the underlying causes of ill-health, and also contribute positively to their communities by, for instance, providing opportunities for social connection, good quality employment, procuring goods and services, and promoting greener urban planning policies.

School cultures and structures are key entry points to strengthening population health and wellbeing. They impact the habits that influence physical and mental health from an early age, since this is where children and adolescents spend a large proportion of their time. Habits and behaviours developed in early life can have lasting impacts across their life course.<sup>4</sup> Schools are also key to reaching children and youth with, or at risk of vulnerability, and applying proportional universal approaches.<sup>5</sup> In general, it is not just the responsibility of individuals themselves to adopt a healthy lifestyle - many factors in the environment must come together

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<sup>1</sup> OECD (2023). PISA 2022 Results (Volume I): The State of Learning and Equity in Education. [PISA 2022 Results \(Volume I\): The State of Learning and Equity in Education | en | OECD](#)

<sup>2</sup> [Teachers in Europe Careers, Development and Well-being \(europa.eu\)](#)

<sup>3</sup> Jourdan D, Gray N, Barry M, Caffè S, Cornu C, Diagne F, El Hage F, Farmer M, Slade S, Marmot M & Sawyer S (2021). Supporting every school to become a foundation for healthy lives. *Lancet Child and Adolescent Health*

<sup>4</sup> SHE Network Foundation (2021). *European Standards and Indicators for Health Promoting Schools*, 2 nd ed. Available at: <https://www.schoolsforhealth.org/resources/materials-and-tools/standards-indicators>

<sup>5</sup> Marmot, M., Allen, J., Bell, R., Bloomer, E., & Goldblatt, P. (2012). WHO European review of social determinants of health and the health divide. *The Lancet*, 380(9846), 1011-1029.

to make it possible for individuals in a specific environment to maintain health and wellbeing. This is certainly true for the school environment. A wide range of actors must work together to create and sustain the conditions and structures that encourage and enable students, particularly those that face financial and/or other forms of vulnerability, to sustain and improve their health and wellbeing. Such collective investments in educational contexts are well worth it, generating “wins” or benefits for a range of sectors, by advancing not just health, but also educational and social policy objectives.

Health Promoting School approaches go beyond integrating health-related topics into school curricula, to create conditions for good health. The WHO defines a Health Promoting School as one which “is constantly strengthening its capacity as a healthy setting for living, learning and working”<sup>6</sup>. This can be achieved through comprehensive school policies and action plans focused on improving the health and well-being of students and all staff, with active participation from the entire school community in designing, implementing and evaluating health promoting practices.



*Figure 1: The six principles of a Health Promoting School Approach*

The Health Promoting School approach is well-established, scientifically based, well-tested, and respected at the EU Institutional level and by the WHO (Figure 1). Its commonly agreed core objectives are: (1) to promote a positive and socio-ecological view of health; (2) to

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<sup>6</sup> WHO (2021). Making every school a Health Promoting School – Global standards and indicators. Available [here](#).

support the development of knowledge and skills (including health literacy skills<sup>7</sup>) that enable pupils to make healthy choices, (3) to provide a healthier physical and social environment for all school members (pupils and staff) and (4) to empower pupils to engage in a healthier life and become agents of positive change for themselves and their communities. Health Promoting Schools also require support from, and strong collaboration between education and health entities as well as other sectors. These include urban planning (to ensure healthy environments in and around schools), agriculture (to provide schools with healthy and sustainably produced foods), and the social policy sectors (to help support students with or facing vulnerable circumstances), among others.

### *Understanding the broader policy context*

A key objective of the Schools4Health initiative is to encourage and enable public authorities and other relevant actors to move from health promotion *in* schools, towards applying more holistic Health Promoting School approaches. This is supported through the initiative's policy component, which seeks to raise awareness, mainstream and scale up Health Promoting School approaches among policymakers and practitioners, and to engage them in efforts to integrate this approach in their national/sub-national contexts. It means bringing together different stakeholders in policy and practice, across levels of governance and sectors, to optimise the contribution that schools can make to the health and wellbeing of students, staff, and the wider communities.

As a first step, the Schools4Health consortium focused on scoping the current policy landscape across different participating municipalities, regions and countries influencing or impacting school wellbeing. This was done by identifying and bringing together key actors in the respective partner countries to discuss the broader policy context around health promotion in schools, and identify what is required, from a policy perspective, to introduce or strengthen the implementation of the Health Promoting School model in school settings.

### **Methodology and approach**

A three-step methodology was developed to set out the key phases that need to be undertaken to better understand the policy environment around Health Promoting School approaches. Schools4Health partners from Andalucia (Spain), Flanders (Belgium), Hungary, Greece, Riga (Latvia), the Netherlands, Romania and Slovenia were involved in this process, in support of their role as best practice donors or implementors.

### *Stakeholder analysis, outreach and engagement*

A first step to understanding the policy environment around Health Promoting School approaches was the identification of core stakeholders with an interest in, and knowledge and

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<sup>7</sup> World Health Organization (2021). Health literacy in the context of health, well-being and learning outcomes- the case of children and adolescents in schools: concept paper. Copenhagen: WHO Regional Office for Europe. <https://apps.who.int/iris/handle/10665/344901>.

understanding of the topic. A stakeholder matrix was developed to facilitate this process and map out the impact, relevance, and engagement of selected stakeholders. Project partners were asked to consider the following groups in their stakeholder analysis: policy makers and relevant experts, at national/regional/local sectors from both the health and education sector, social affairs, agriculture, urban affairs and sustainable development, health practitioners (including those in school settings), school administrators, and academics and researchers in the field.

### *Rapid Situation Analysis tool*

The Rapid Situation Analysis (RSA) tool was set out in the form of a survey (Annex I), to assess stakeholders' awareness of and engagement in health promotion programmes in schools and/or Health Promoting School approaches, and input on what is needed to strengthen these. The survey sought to capture insights from policymakers and experts identified through the stakeholder analysis. The survey featured a series of open-ended and multiple-choice questions to complement or generate helpful information on health promoting approaches across partner countries, as well as identify policy-related barriers and enabling factors impacting implementation. Between July and October 2023, project partners circulated the Rapid Situation Analysis questionnaire amongst their selected stakeholders, to consult a minimum of 10-15 experts knowledgeable in their field and varied enough to provide valuable insights on the current policy landscape.

### *National (or sub-national) Roundtable meetings*

Building on the initial results gathered through the rapid situation analysis exercise, roundtables were organised between September and November 2023 to engage invited stakeholders in a discussion on the initial findings. Partners were encouraged to invite around 15 stakeholders - stakeholders who undertook the Rapid Situation Analysis as well as others who were not engaged in this process, to add to and refine the results from the survey. These meetings were also an opportunity to introduce the Schools4Health initiative and build a network of stakeholders with knowledge of and/or interest in Health Promoting School approaches.

Following the roundtable meeting, partners were asked to write a policy report describing the key themes and discussions of the rapid situation analysis process, mapping out the opportunities and challenges as well as recommendations and next steps.

### ***Aim of this overview report***

This overview report will provide a snapshot of the responses received from respondents to the RSA surveys, and participants in the Round Tables. It is important to stress that the findings reflect the opinions of the experts involved, and are not, unless otherwise specified, based on further research in the field. Given differences in the way responses were presented in each partner report, the number and kinds of stakeholders involved, and the structure and



length of the different reports, this overview report will not provide a breakdown of the specific findings relating to each survey question. It will instead, summarise the main factors raised regarding the policy environment per country, and put forward common overarching findings across the reports. Part II provides an overview of who participated in the survey and the level of awareness around Health Promoting School approaches. Part III will discuss the information provided in the reports on different policies in place relating to health promotion and/or the Health Promoting School approach and whether and to what extent schools are pursuing the objectives of this approach. In this regard, specific findings are initially presented per participating region or country, followed by more general outcomes to questions in the RSA. Part IV will reflect on the overall responses from stakeholders in different partner countries, shedding light on what is needed from their perspective to strengthen such approaches in their context, while Part V draws some general conclusions and Part VI outlines the way forward. The findings of this report will be used to set out some collective entry points for action relating to the policy context for the implementation of Health Promoting School approaches that the Schools4Health Consortium will build on over the course of the project and beyond.

## **Part II – Rapid Situation Analysis Summary**

### ***Who Took Part?***

Given the varying capacities at national/regional/local level, the number of stakeholders that responded to the survey and participated in the roundtable varied. School4Health partners in Andalusia, Spain for example, reached out to and sent the survey in two phases; first to representatives from their health management team, decision makers in health promotion, the education management team, healthcare professionals, a policymaker in agriculture, a policymaker in childhood, a policy maker in health promotion, and a professional from the health promotion team, and then to school nurses in one primary health district of Andalusia. This resulted in 37 responses. All those who responded to the survey, as well as five school nurses, were invited to the round table, with a total of 21 attendees. Nine people participated in the round table in Hungary; 7 responded to the survey and 17 attended the round table in Latvia; 19 filled out the survey and 14 attended the round table in Romania. In Greece, 8 filled out the survey and 10 stakeholders attended the round table, while in the Netherlands, 11 filled out the survey and 9 participated in the round table. The approach taken to the round table by the Flemish partner Gezond Leven was somewhat different, since the Flemish healthcare department had commissioned research in 2023 on preventative healthcare in schools, which addressed the broader questions included in the RSA. The result of this research was therefore used and supplemented by Gezond Leven, and subsequently presented to and discussed at a roundtable involving 30 participants working in education and health.

The reports reflect that partners invited a sufficient selection of stakeholders across sectors to fill out the survey and participate in the round table. Overall, participants engaged experts from the health sector (policy makers and professionals in health promotion and health management) as well as the education sector (policy makers, school principals, administrators, teachers counsellors or nurses), social policy (policy makers in social, family, childhood and youth affairs), and those working in sports and agricultural departments, academic researchers, municipal representatives as well as civil society and youth organisations.

As expected, most respondents to the survey and/or participating in the round tables indicated that they were aware or partly aware of the concept of Health Promoting Schools, given that they were specifically selected to provide their insight into this topic. A few however, like those working directly in the education sector, or academics, were unfamiliar with the concept/policy. For example, a school psychologist that took part in the round table in Greece responded that: “While the concept is included in government documents describing the responsibilities of schools, I am not familiar with the term”. An assistant professor Nutrition Department of a University from Greece noted “I have heard of the term, it has to do with a school that promotes the physical and social health of students, yet it can be expanded also to school educators”. It is also interesting that a participant in Greece associated the Health Promoting School approach with the concept of “green schools”, which offered daily healthy meals, combined with relevant activities such as recycling and traffic education. Another overarching theme of the RSA was the need to improve knowledge and awareness and build more momentum around Health Promoting School approaches (as Schools4Health aims to do) to initiate or strengthen political action and ground-level implementation.

### **Part III - Key policies identified and level of attention for health promotion/Health Promoting School Approaches**

Responses relating to the policy context for health promotion in schools and Health Promoting School approaches reflect that there are a wide range of policies and programmes across sectors that address and relate to this topic. Nevertheless, survey respondents and round table participants in almost all participating localities felt that attention for health promotion in schools, not to mention the implementation of the Health Promoting School approach, is inconsistent and inadequate. Overall, it is left up to schools whether and to what extent they implement health promoting activities. While there is consensus that the topic is essential, and there are resources available that can be used to support schools, a lack of, or weak implementation of legislation and voluntary initiatives relating to health promotion in schools means other issues take priority. In addition, while resources (human and otherwise) may be available, they are often insufficient to implement such approaches in a thorough manner. Comments in reports (Flanders, Andalucia) reflect that health promoting approaches are much more likely to be implemented in primary school, with very little emphasis on relevant issues in secondary schools. Moreover, non-binding voluntary guidelines and the varied interpretation of health promotion obligations create imbalances across school settings

around the uptake of measures or more comprehensive approaches (e.g., in Flanders, Hungary).

The following provides more detailed information on the situation provided by each of the country/region/local reports, mainly relating to core curricula requirements about health promotion in schools, and whether or not schools are implementing Health Promoting School approaches:

### ***Flanders, Belgium***

Core [educational goals](#) in Flanders, Belgium also require the inclusion of actions that promote students' health as part of the school curriculum. Amongst the educational goals, all primary schools must attain the objectives set out for physical education as well as individual and social competencies. Pupils in secondary schools in Flanders must demonstrate a minimum level of competencies in topics related to physical and mental health, social awareness, social relations, cultural awareness, digital competencies and sustainability. As of 2018, all schools have been required to abide by the Decree on "Student Guidance" (leerlingenbegeleiding) that sets out how they will monitor, protect and promote each student's wellbeing and thereby promote their healthy lifestyles. This guidance covers four, broadly described domains: the educational trajectory, learning and studying, psychological and social functioning. Health policy is not explicitly outlined, and links to prevention can be interpreted differently. The Education, Welfare, Public Health and Family policy areas all recommend that 'whole school approaches' be used in schools to promote health and wellbeing.

All schools must demonstrate that they have a guidance policy and comply with "minimum standards" to achieve core curricula requirements. The nature of their guidance policy, and how they achieve the minimum standards, is up to them. Education inspectors use the Framework for Educational Quality to ensure that schools meet these requirements.

*"During a school inspection, the education inspectorate examines the school's quality of education as well as the quality of its policy on pupil guidance, including the health policy of the school. The difference with the past is that it takes the whole school approach into account. [...] There is also more attention paid to the processes by which schools come to decisions, for example the way they provide for participation of pupils in the policy of the school." – SHE Mapping Report, 2019.*

Schools in Flanders can solicit the support of a wide range of resources to help them achieve educational goals and develop and implement the Student Guidance Decrees. Noteworthy, in this respect, are the Pedagogical Guidance Centres (PBD) and Student Guidance Centres (CLB) that are subsidised to provide support to schools working on the wellbeing of students. The Flemish School Association (VSK) and the umbrella organisations for parent associations also receive resources to support students and parents working on health policy themes and student guidance. An extensive range of organisations, including Gezond Leven, can implement programmes in schools, depending on their interests. The Flemish Education

Council VLOR (Vlaamse Onderwijs Raad), has an advisory board on issues like discrimination, inequality, society in the classroom. Gezond Leven advises on the nutrition curriculum and guidelines for healthy and environmentally responsible food in the nutritional triangle, physical activity, mental health, smoking, vaping, health and inequality. Other organisations advise and provide schools with support on specific issues like alcohol, eating disorders, body image, obesity, and traffic safety.

While there are many policy measures in Flanders to compel and encourage schools to take forward the objectives of the Health Promoting School approach, the Flemish report states that “implementation in particular requires adjustment.” While health policy at school is mandatory, through minimal core requirements and the student guidance policy, schools must “read this between the lines” because health policy was not explicitly included in the Student Guidance decree. The guidance policy contains few or no quality requirements and assessment frameworks specific to a health policy. Coordination with and full recognition of Student Guidance Centres (CLB) and Pedagogical Guidance Centres (PBD) is necessary, but they currently only intervene on a “demand-based” basis. The educational objectives relating to health for the 2<sup>nd</sup> and 3<sup>rd</sup> grades of secondary education have also recently been changed and reduced, and there is debate about the consequences of this reduction.

### ***The Netherlands***

Schools in the Netherlands must also comply with a minimum set of requirements relating to health promotion. All students must engage in a mandatory level of physical activity. A Social Safety Act, passed in 2015, also requires schools to be socially safe environments, which means they must develop policies to prevent violence, including bullying<sup>8</sup>. Schools are also obliged to provide education around sexuality and sex diversity, although they are flexible in determining how they do this. Beyond this, schools can implement the Healthy School Programme and other programmes like the ‘Jong Leren Eten’ or programmes to stimulate more physical activity. Still, they do so voluntarily. The Dutch report also mentions that schools have a mandatory obligation to pay attention to vulnerable groups and can apply for (temporary) subsidies for programmes, where needed.

Policies do not mention that health education and/or health literacy should be part of the curriculum or part of the educational goals. Therefore, there is a substantial difference between schools in the extent to which they focus on health education. While all stakeholders responding to the RSA survey and in the roundtable in the Netherlands felt that health education should get attention in every school, the reality is that health promotion in schools in the Netherlands is not mandatory. 64% of the 11 survey respondents in the Netherlands therefore believe there is insufficient attention for health promotion, while 27% indicated they do not know, and 9% felt there is adequate attention. Amongst survey respondents, there was uncertainty about whether national policies recommend that schools have a written policy

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<sup>8</sup> [Wet veiligheid op school - School en veiligheid](#)

and/or action plan on the health and wellbeing of students and staff. 55% thought this was recommended while another 35% did not think or did not know if this was mentioned in national policies. Moreover, 73% of respondents said they were not familiar with or do not know of (mandatory) policies that specifically address the health and wellbeing of teachers and other staff working in schools.

## **Greece**

The report presenting the outcomes of the survey circulated in Greece and round table discussions indicates that all primary schools and the majority of preschools and secondary schools implement health promotion activities, as part of their cross-curricular teaching and non-curricular educational activities and projects. Such activities are, however, not a priority for schools. As a school educator in Greece put it: *There are some health promotion activities implemented in school settings, since they are described and included in the teaching curriculum (but) these cannot be considered enough to meet a holistic approach.* No schools at present fully implement the HPS/whole school approach. While the Health Promoting School network was initially established in 1993, it was disrupted, and there are current efforts to re-develop it. The Institute of Child Health has however translated the SHE school action planner tool on Health Promoting Schools into the Greek language, together with the “Healthy Eating and Physical Activity HEPS Tools for a Health Promoting School approach on childhood obesity prevention”.

The Greek report identifies a new development that may support efforts of schools to take forward the core objectives of the Health Promoting School approach. Since September 2021, a “Skills Lab” has been rolled out to all classes throughout the country, for mandatory inclusion in the national school curriculum. This new, innovative module focuses on the cultivation of soft, and digital skills, considered necessary for a rapidly changing world. These skills include fundamental life skills related to health, safety, and social interactions, as well as more elaborate skills related to education and life-long learning. It emphasises communication, collaboration, critical thinking and creativity - skills considered essential for children and youth to thrive in the 21st century. The Skills Labs are designed to promote and bring into effect the UN Sustainable Development Goals with a particular emphasis on Goal 4.7.<sup>9</sup> The module is part of the mandatory national curriculum for all students in compulsory education. Kindergartens and elementary schools dedicate three hours per week (10% to total teaching time) and lower secondary schools dedicate one hour per week (to be expanded soon). Almost 100% of targeted teachers (60,000) have either completed or enrolled in the Skills Lab module teacher training programme (32-hour online workshop). Education materials are developed by universities and civil society organisations and evaluated, selected, and

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<sup>9</sup> SDG target 4.7 ensures that by 2030, all learners acquire knowledge and skills needed to promote sustainable development, including among others through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture’s contribution to sustainable development

monitored by the Institute of Educational Policy. All educational materials are uploaded on an online, interactive platform that allows teachers to collaborate and exchange good practices.

### ***Andalucia, Spain***

In 2015-2016, a renewed educational innovation programme based on healthy lifestyle and Health Promoting School values was established in the Andalucian region, in Spain. It resulted from the collaboration of various regional ministries in Andalucia, who recommend that schools implement the policy. There was widespread awareness amongst survey and roundtable participants that the government was promoting this policy. Almost 75% of those who responded to the survey in Andalucia believed that national/regional policies recommend that the pillars and values of a Health Promoting School should be part of the school's approach (with 16.2% thinking this was required). 59.5% believed national/regional policies and programmes strongly encouraged schools to have a defined action plan, with 24.5% believing this was required. 59.5% believed national and regional policies recommended that health education be part of the curriculum (24.3% believing this is required). Currently 2,351 primary schools and 919 secondary schools implement the programme. This constitutes 93% of primary and secondary schools in the region supported by public funds.

Even though the Regional Ministries of Education and Health support and recommend implementing the renewed educational innovation programme, and respondents and roundtable participants in Spain expressed that health promotion is increasingly being addressed in schools, there is still room for improvement. This is because the activities are not being implemented comprehensively, and the work done is often fragmented, and not systematised. The Spanish survey broke down the question of whether health promotion was adequately addressed in schools and if specific topics were given sufficient attention. While a slight majority of the respondents felt that health promotion received enough attention overall, many stakeholders felt that specific topics within health promotion were not properly addressed. Just over half agreed there was adequate attention in schools for good eating habits and physical activity, but over half disagreed that there was sufficient attention in the field of mental health and over a third both agreed/disagreed there was adequate attention to health education and health literacy. The Spanish report speculates that the different profiles of the professionals may have led to these differences in responses. Despite the feeling that there was still a lack of attention to topics like mental health and emotional wellbeing, with most activities being carried out in primary schools and virtually disappearing in secondary schools, it was noted that the Andalusian Healthy Schools Programme has improved awareness of these topics, and *'has opened the eyes of many professionals to actions beyond physical health'*.

The report conveyed the added value of the education model put forward in the Andalusian programme, noting that while it is not widespread, it *'opens the doors of schools to the community allowing public spaces to be democratised and creating synergies to work on a broader concept of comprehensive health for both the person and the community.'* Notwithstanding this, some uncertainty was reported among health and education professionals around the organisation of educational programs in Andalusia, which has been

modified this school year, impacting, among others the Andalusian Health Promoting School programme. It was also noted that health professionals often lack training in the HPS approach and are therefore unable to help promote and implement it adequately.

### **Romania**

The Romanian report indicates “there are a range of policy measures that can contribute to promoting health in schools, but none deal explicitly with the topic.” The report sets out a number of these policies that relate to health promotion in schools. The Law of National Education (2011) for example stipulates that physical activity and sport is a compulsory subject, to advance “the principle of promoting health education.” At the same time, teachers and other stakeholders have noted that it does not include recommendations for students to practice physical activities during leisure time and for schools to leverage the role of physical activity in developing better social skills. The Romanian report mentioned the National School Sports Olympiad, although it has been noted elsewhere that it is not necessarily the best instrument to promote health education, as it involves already active and skilled children.<sup>10</sup> The Romanian report mentions that a new education law was implemented in 2023, and that special schools are being established for children with different abilities. Furthermore, two strategies are being implemented in schools related to a screening programme for cardiovascular diseases that targets teachers and school staff, and another for human papillomaviruses (HPV). The rather ad-hoc list of policies that relate to health promotion in schools, mentioned in the survey and roundtable, reflect that there does not appear to be a strong focus on the issue of health and wellbeing in Romanian schools. The report notes, however, that teachers can take the initiative to introduce topics in the classroom that do not appear in the national curriculum, in agreement with inspectors specialised in that theme. Teachers can therefore be proactive themselves in covering topics relating to health promotion in schools.

### **Hungary**

The report on the survey and round table outcomes in Hungary demonstrated that most of the respondents were aware of the existence of the comprehensive school health programme and its pillars, aided by the fact that some respondents contributed to the development and the implementation of the programme. It was noted that this programme has been made obligatory in all Hungarian public education institutions since 2016, with teachers, health professionals, and school doctors responsible for its implementation. The programme provides a thematic coverage of topics, including healthy nutrition, daily physical education, mental health and health knowledge – with topics building on each other every year and allocated according to young people’s needs.

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<sup>10</sup> High-school Physical Education and Sport curriculum assessment in Romania DIYPES WP2 National Report (2018) [Romania\\_National\\_WP2\\_Report\\_110919.pdf \(europa.eu\)](https://europe.europa.eu/romania-national-wp2-report-110919.pdf)

In Hungary, there are laws in place to regulate certain aspects of the programme, such as the 'healthy buffet program', the 'healthy canteen programme' and daily physical education. Other aspects can be supported through the uptake of local/national best practices, however this is done on a voluntary basis. A notable example is the 'Digital School Health Development toolkit'<sup>11</sup> best practice, which sets out a methodology and teaching plans on topics such as the digital world, healthy environments, health services, movement, social relationships, a health vision, nutrition, and harmful habits (such as smoking).

National policies also require schools to include a Health Promoting School approach in their action plans, although these activities vary. As such, implementation is school-specific and there are no monitoring systems in place. While around 50-60% of educational institutes take up the Health Promoting School approach to varying degrees, the report states that "a stronger emphasis is needed on implementation" with a specific need to strengthen the availability of resources needed by the schools.

### **Latvia**

The 2020 SHE Monitoring Report<sup>12</sup> noted that schools in Latvia integrate health promotion in both curricular and non-curricular activities, with most tackling lifestyle-related topics such as alcohol and substance abuse, social competences, smoking and hygiene. It also sets out that national policies require that health promotion is part of the schools' educational goals and curriculum, along with schools having a written policy on students and/or staff's health and wellbeing. Moreover, according to the report, national policies additionally require health professionals to be involved in individual and whole school health promoting activities, working together with school management to include health topics into the curriculum. On a legislative level, the Latvian policy report mentions that there are national regulations that address overweight or obese environments and promote healthy living environments in and around schools.

Reflecting on the barriers, the Latvian report states that health promotion in schools is often impeded by the lack of human and financial resources, limited understanding on the importance of health promotion, lack of support to teachers (including low salaries), and low engagement with parents. To overcome these issues, it recommends better engagement with policymakers to communicate the added value of investments in health promotion.

### **Slovenia**

In Slovenia, the nutrition of children and adolescents in primary and secondary educational establishments is regulated by the School Nutrition Act. The report notes that students in need are eligible for school meal subsidies and the cost of school kitchen staff is reimbursed by

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<sup>11</sup> Digital School Health Development Teacher Toolkit <https://efop180.antsz.hu/jatszoter/>

<sup>12</sup> SHE monitoring report: Country-specific results of Latvia (2020)

<https://www.schoolsforhealth.org/sites/default/files/editor/mapping/latvia-monitoring-2020.pdf>



the national budget. This Act also mandates legally binding guidelines on school nutrition, which are used to organise the implementation of school meals and help schools define educational activities related to nutrition in their annual work plans. Revised guidelines<sup>13</sup>, which were drawn up in coordination with the health and educational sectors, were recently adopted in 2023. Other initiatives are also available to boost the intake of healthy local products in schools, such as the Slovenian Food Day and Traditional Slovenian Breakfast<sup>14</sup>. Resources<sup>15,16,17</sup> are available to support the implementation of the EU School Scheme and healthy school meals. While these measures provide an important foundation for healthy nutrition, several challenges were identified in the report, including a shortage of school kitchen staff, lack of space in grammar schools to organise school meals and increasing demands regarding school meals from students and parents. Overall, the report noted that the school nutrition system needs improving and protecting, raising the importance of good planning and coordination to sustain nationwide efforts.

The report indicates that all students must demonstrate a mandatory level of physical activity. Fitness monitoring programmes such as SLOFit<sup>18</sup> provide parents and medical doctors with valuable information concerning children and youths' physical activity levels, monitoring this over time, to capture trends at the individual and societal level. On mental health, the report indicates that while major developments were achieved in recent years, unmet needs are still substantial and better coordination is needed between services.

Health promotion activities in primary and secondary schools are carried out by health staff, mostly nurses. As recommended by the national guidelines, paediatricians are also in contact with parents and teachers on health-related matters such as HPV vaccination, obesity and physical fitness. Improvements have also been made in the preventive universal health programme for children and youth<sup>19</sup> around health education in school settings. This has supported multidisciplinary interventions at primary care level, where different health professionals work with families of children with overweight or obesity and low physical fitness, also in cooperation with schools.

Within the context of the Health Promoting School approach, the Slovenian Network of Healthy Schools<sup>20</sup> was mentioned as an important platform, involving over 70% of primary schools, 50% of secondary schools and more than 50% of schools with programmes for children with special needs. This Network helps innovate health promotion and provide

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<sup>13</sup> Guidelines for eating in educational institutions (2024)

<https://www.gov.si/assets/ministrstva/MVI/Dokumenti/Osnovna-sola/Smernice-za-prehranjevanje-v-VIZ-2024.pdf>

<sup>14</sup> Official Gazette of the Republic of Slovenia (2022) [https://www.uradni-list.si/\\_pdf/2022/Ur/u2022115.pdf](https://www.uradni-list.si/_pdf/2022/Ur/u2022115.pdf)

<sup>15</sup>

Regulation on the implementation of the school scheme (2017)

[http://www.pisrs.si/Pis\\_web/pregledPredpisa?id=URED7468](http://www.pisrs.si/Pis_web/pregledPredpisa?id=URED7468)

<sup>16</sup> School fruit, vegetable and milk scheme <https://www.gov.si teme/solska-shema-sadja-zelenjave-in-mleka/>

<sup>17</sup> The School Pot Portal <https://solskilonec.si/>

<sup>18</sup> SLOFIT <https://en.slofit.org/>

<sup>19</sup> Health today for tomorrow programme <https://zdaj.net/>

<sup>20</sup> Slovenian network of healthy schools <https://nijz.si/programi/slovenska-mreza-zdravih-sol/>

additional training for teachers. However, the current lack of resources hinders the Network from providing the necessary support.

### ***Additional themes***

The above country profiles delve into the extent to which the Health Promoting School approach, and related policies in the field of school health promotion, are sufficiently supportive to boost wellbeing in schools. Building on this, this section sets out the additional themes reflected in partners' policy reports, including the health promotion topics most frequently addressed in schools, intersectoral collaboration and links to other policy domains as well as measures supporting teacher and staff wellbeing.

#### *Main health promotion topics being addressed*

When it comes to implementing health promotion in schools, responses to the survey and round table discussions overall reflect that there is still a solid general focus on the development of knowledge and skills to enable pupils to make healthier choices. This is just one of the objectives of the health promoting school approaches to health. When it comes to the question of which health topics are most likely to be addressed in schools, there was a consensus across countries that these tend to focus on substance use (alcohol, tobacco, drugs). There is also a focus on mental health and wellbeing. A wider range of other topics was also addressed, but to a lesser extent. These included sustainable development and environment, healthy eating, eating disorders, sexual health, physical activity, sport and sedentary behaviour, oral health, hygiene, gender equality, and to an even lesser extent, obesity, vaccination, social competencies, non-communicable diseases, health inequalities. The Greek report notes that specific thematic areas are assigned to each educational grade, and the manner in which these activities are organised is up to the educators.

#### *Further links to health-related policies and with municipalities*

Other key objectives of the Health Promoting School approach are to provide a more socio-ecological view of health, to ensure a healthier physical and social environment for school members, and to empower students to act for a healthier life and become agents for positive change. The policies identified per country in the different reports relate largely to educational criteria and curricula. The reports also mention other policies that stem from the health sector or involve a collaboration between the health and educational sectors. Such policies and collaboration are clearly in place in those countries with well-established Health Promoting School programmes, as set out in the Spanish, but also Flemish, Dutch and Slovenian reports. Other policies and programmes being implemented in schools with a strong link to health related to provision of school nurses in schools. Policies like smoking and food-related regulations, that can help to ensure healthier physical environments around school were also raised. These include legislation around food standards, whether basic hygiene rules and menu items (e.g., list of foods not recommended for preschoolers, as mentioned in the

Romania report), or procurement rules to ensure schools serve healthy and/or sustainable foods (the healthy buffet regulation mentioned in the Hungarian report). The European School fruit, vegetable, and milk scheme was also cited in the Flemish and Romanian reports, as an initiative to promote health in schools, involving collaboration between education, health, and agriculture departments.

The Flemish report, as well as the Dutch report, mention broader health prevention policies, that also include a socio-ecological perspective on health and can give impetus to initiatives to create healthier school settings. The Flemish Prevention programme, for example, sets out specific goals in relation to “living healthier”, that focus on healthy eating, sedentary behaviour, exercise, tobacco, alcohol, and drugs, that the regional government aims to achieve by 2025. It includes the following sub-objectives in the area of educational settings: 80% of primary schools and 80% of secondary schools will implement a preventative health policy of sufficient quality; by 2025 an increasing percentage of colleges and universities will implement a preventive health policy of sufficient quality. In attaining the educational objectives for primary and secondary schools, the Flemish prevention survey<sup>21</sup> presented interim results on the percentage of schools meeting the minimal quality criteria<sup>22</sup> for implementing a preventive health policy at school in 2019-2020. Over this period, 61% of elementary schools (in comparison to 57% between 2015-2016) and 73% of secondary schools (in comparison to 74% in 2015-2016) met the minimum criteria. Initiatives like the Flemish Food Strategy also call for attention to education.

The Dutch report also mentions the Dutch Prevention Agreement, which makes the link between living environments and health. The Prevention Agreement aims to reduce tobacco and harmful alcohol consumption, as well as overweight and obesity in the Netherlands, and strengthen levels of physical activity and mental health. In addition, the Dutch report highlights the GALA, Gezond en Actief Leven’s Akoord (Healthy and Active Life) agreement, initiated by the Ministry of Public Health, Wellbeing and Sport. It is an agreement between municipalities, municipal health services, health insurers and the Ministry of Public Health, Welfare and Sports to create the ability for cross-domain cooperation resulting in an integrated approach for prevention policies with common (mandatory) goals for 2040. It encourages these bodies to work together to create healthy living environments, through the Healthy School Programme in the Netherlands, amongst many others, and thereby also stimulates the uptake of this programme. The Netherlands mentioned organisations such as JOGG (“healthy youth healthy future”) that receives subsidies from the Ministry of Health to encourage and work with municipalities to create healthy living environments, also in and around schools. Interestingly, almost half of the stakeholders involved in the Dutch survey did not know of national policies that address community links and the physical and social environment, reflecting that this is an area that could use more focus.

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<sup>21</sup>The Prevention Survey <https://www.gezondleven.be/projecten/preventiepeiling>

<sup>22</sup> A preventive health policy of primary/secondary schools is defined as being of sufficient quality if an overall score of at least 20 out of 100 is achieved and no success factor (there are 4: health policy anchored in school policy, training and partnerships, involvement of students and parents, evidence-based approach) is scored less than 2 out of 10.

Additionally, regarding policies that contribute to healthy and less obesogenic environments in and around schools, Latvia, Hungary and the Netherlands all noted that there were policies prohibiting the sale of tobacco and alcohol within a certain distance of schools. Other reports mentioned such provisions extended to coffee shops, refreshment bars, pizzerias, snack bars, gaming stores, and entertainment centres. In addition, all stakeholders involved in the Andalusian survey and round table were aware of measures or regulations to promote active travel, walking and cycling to and from school. It was noted that the Andalusian Childhood Obesity Plan includes measures to restrict the number of fast-food chains in or around schools. The report also mentioned that a decree will regulate healthy and sustainable food supply in schools within this region. There is a fear, however, of the economic repercussions of unhealthy food sale limitations in canteens, that are often run as small-sized enterprises. The Flemish report was the only one to indicate that local authorities have no legal provisions to regulate the food environment around schools, although there are some research and initiatives focusing on this topic.

#### *Links to social policies*

Collaboration with the social sector can also be important to implementing the Health Promoting School approach, and to ensuring a healthy social environment, particularly when it comes to supporting vulnerable groups in school settings and to reducing health inequalities. Social policy-related initiatives, linked to efforts to reduce health inequalities, came up in the report mainly in relation to the question around initiatives within schools to address crises situations, like COVID-19 and the cost-of-living crises. As mentioned, schools in the Netherlands, for example, have a mandatory obligation to pay attention to groups in vulnerable situations, and there are different funding schemes to address social challenges through schools, although subsidies are not permanent. Several reports mentioned policies that provide children and youth in difficult situations with free or subsidised meals. The programme for the Reinforcement of Child Nutrition in Andalusian Public Schools (at Infant and Primary levels) for example, guarantees three meals a day (breakfast, lunch, and afternoon snack) to children in situations of social exclusion. The “PROA” Programme (Programme for the Reinforcement, Guidance and Support in Andalusian Schools) aims to improve the level of acquisition of key competencies among pupils from vulnerable families. It was noted that these programmes rely on the professional opinion of the social services (which is a condition to access these plans), the involvement of the families and the support of the schools and the education authorities. In Latvia there are also initiatives to support families facing difficulties, such as discounted free meals for disadvantaged students. The Romanian report specifies that “A warm meal in schools” programme is being implemented in some regions across the country (although not at national level). It also mentioned the European Child Guarantee as a relevant policy that can give impetus to initiatives to ensure free healthy and nutritious school meals, and other measures that can be taken through schools to support children and youth in vulnerable situations.

### *Links to Environmental/Sustainable Development Policy*

In Flanders many schools are also involved in a “Sustainable Education” initiative, which stems from a collaboration between the Environment Department of the Flemish government, Flemish provinces, and the Flemish Community Commission. The initiative focuses on sustainable development, including free guidance and training for schools. It also applies a whole school approach and the Sustainable Development Goals as a framework and compass to screen how strongly schools perform in certain areas. Gezond Leven and health professionals in Flanders have provided a range of ideas on how schools can achieve SDG3 (good health and well-being) at school. As mentioned, participants in the Greek round table also linked the Health Promoting School approach to “green school” approaches, making the connection between health and the environment. Slovenia has also recently fostered this link to sustainability within the context of reducing food waste in school meals, with the adoption of a dedicated strategy put together by a governmental intersectoral group.

### *Policies and initiatives focusing on the health and wellbeing of teachers and staff*

While Health Promoting School approaches aim to provide a healthier physical and social environment for all school members, including teachers and other school staff, responses to the RSA and discussions at the round tables seem to reflect that the focus is currently on the health and wellbeing of students. The Flemish report was the only one to indicate otherwise; it mentioned a federal obligation to have a written annual action plan and multi-year plan for the wellbeing of educational staff.<sup>23</sup> The National Coordinator for Health Promoting School policy in Greece mentioned that programmes targeting the physical, social and emotional health of school staff are limited. The Greek report additionally indicated that there are relevant policies relating to the safety of workers in general, but not specifically school staff. Such regulations focus on the safety but also the promotion of the health of all workers accompanied by specific measures, obligations, and responsibilities in both the private and the public sector. Such remarks call into question the links needed to occupational health and safety, in having measures in place for teacher wellbeing. The majority of respondents in the Netherlands, Andalusia and Hungary were also not familiar with or do not know of (mandatory) policies that specifically address the health and wellbeing of teachers and other staff working in schools. The Andalusian report however notes that “teachers are under great pressure from society (as teaching is increasingly undervalued by society), their work is very stressful, and they often feel abandoned by the administration, so any action in this area is welcome (there is much to be done in this field)”. Echoing this, the Slovenian report also indicated that the issue of teacher wellbeing still needs to be properly addressed.

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<sup>23</sup> Flemish Ministry of Education and Training. Well-being at work [Welzijn op het werk | Vlaams Ministerie van Onderwijs en \(vlaanderen.be\)](https://www.vlaanderen.be/welzijn-op-het-werk)

## Part IV - Barriers, facilitators, and entry points for action

There was a clear consensus amongst stakeholders involved in surveys and round tables as to the main barriers and facilitating factors for implementing health promotion in schools. As the Andalusian report stressed, it is ultimately up to educational centres to put health and wellbeing at the heart of their policies and activities. However, almost all reports identified the motivation and ability of teachers to take up this role as a critical barrier, since the reality is that many teachers are overwhelmed and underpaid. As a result, all reports raised the lack of human, and financial resources to implement health promotion in schools. As participants in the Belgian round table put it: *“Schools are now busy with modernisation, teacher shortages, childcare shortages” [...] “Teachers are busy (and panicking) about their subject content and having everything in order. They are too busy delivering on the existing curriculum. In acute needs or crises, it is difficult to look a step higher and work on health policy.”* Many of the reports indicated that health promoting activities cannot be mainly the responsibility of educators, and that it is equally important to bring parents and the broader school community on board.

A number of reports therefore suggested that there is a need to reduce, rather than increase, the burden that schools are experiencing at the moment. The Dutch report noted that the focus now is too much on teaching and advising schools about health education and/or health literacy when the schools are not the only stakeholders that should take responsibility.

One approach from reducing the responsibility of schools themselves to implement health promotion activities, *on top of* what they are already doing, is to ensure that they, and the Health Promoting School approach, are integrated better in existing school curricula as these are being upgraded to suit the needs of the 21st Century. The Greek report highlighted this as an opportunity, by introducing the “Skills Lab”. Through this approach, health promotion in schools, and the Health Promoting School approach does not become an “add on” but becomes a part of the changes that need to happen within school systems, to best prepare children and youth to lead healthy lives and contribute positively to society. The links between the Health Promoting School approach and the sustainable school agenda - as mentioned in the Greek as well as the Flemish reports - can help to encourage politicians, policymakers and all other stakeholders involved to better integrate these two areas in efforts to “modernise” school curricula and structures.

Supporting schools more to adopt Health Promoting School approaches can also be achieved by creating a stronger network of organisations and actors around schools and strengthening existing contact and cooperation between ministries and institutes. Round table participants in Flanders, for example, commented that organisations like the Pedagogical and Student Guidance Centres have potential in engaging schools and advising them on how to put health and wellbeing at the heart of their policies. A participant from the Flemish policy roundtable also commented on the importance of local assistance, citing the city of Amsterdam as an example. Here, the entire city is involved in creating safe and healthy environments, and this approach can also be extended to schools. The Slovenian report showcased the value of the Healthy School Network and the opportunities that the network can foster, with the proper

resources to drive innovation on health promoting approaches in schools with schools. The Dutch report ended with the overarching recommendation that the key priority actions and next steps, in terms of strengthening health promotion in schools, need to come from a policy perspective to support and integrate the whole school approach in school settings. This means setting up new meeting structures between different organisations and ministries to support coordination of health promotion in schools. It recommends building on the existing structures, drawing on the concept of the 'educational table' which brings different stakeholders together to discuss educational matters. The Dutch report in this respect also concretely calls for the need to review the role of municipal health services in their Healthy School Programmes. In this regard, it suggests exploring the possibility of shifting the role of the local advisors from boosting the network *in* the school to maintaining a network *around* the school.

To avoid overburdening schools, suggestions in a series of reports note that at the outset, policies should clarify the vision better in relation to health promotion in schools and Health Promoting School approaches, bringing resources together and making the necessary cross-connections across sectors and departments. This can enable different sectors benefitting from the implementation of health promotion in schools to send clearer, non-contradictory messages and guidance to schools, and to ensure more consistency in the application of their approaches. Integrating the Health Promoting Schools and the sustainability agenda can, as mentioned, also help generate energy and enthusiasm amongst all relevant actors to adapt school curricula and systems as needed. A number of reports set out in this context that communication between different department and sectors involved in the implementation of health promotion in schools is crucial to set out the benefits of the initiatives, which involves the need to exchange and listen to different views and perspectives.

Findings also reflect the need, from a policy perspective, to strike the right balance between making health promotion mandatory and enforcing this duty, while giving schools the flexibility to deliver on this based on their needs and realities. There is a general pattern across countries that frameworks relating to health promotion in schools were considered ambiguous and non-binding, and that resources available to implement such programmes are insufficient and fragmented, leading to a lack of incentives in schools to implement initiatives in this field. In Flanders, for example, this entailed striking a balance between clarifying the minimum requirements in schools relating to health promotion (in the core curricula and student guidance) so that they are less vague and easier to achieve. As the Greek report stresses, the frameworks should be in place, but the schools, including students and other stakeholders, should be able to adapt these based on their different needs. The input of students in this respect is of course, crucial. The Latvian report noted that they involved two students in their roundtable discussions which was an important exercise as it reflected how their views might differ from those of the adults around them.

More clarity about the frameworks that are being applied, and the resources that are available and needed to strengthen the structures around schools is required at all levels of governance. This points to the need to engage policymakers on the benefits of Health Promoting School approaches, to generate energy and commitment around the topic and create more conducive

environments for schools to embed wellbeing. The Greek report in this respect raised the need to evaluate more interventions in school settings, to generate evidence that could be used to convince politicians and policymakers. The Latvian report raised the challenges around this: the outcomes of actions aimed at promoting health only become visible over the long run, well-beyond the usual duration of a political term, making it harder to request the resources needed. Developing effective messages and approaches to engage policymakers and politicians in Health Promoting School approaches is therefore more easily recommended than done but requires urgent attention.

Finally, in addition to strengthening the structures and networks around schools, the burden on teachers can also be relieved by establishing a central coordinating body within schools to implement relevant activities. The Andalusian report highlighted the role of school nurses during the COVID-19 pandemic as an opportunity, since it has become a great asset for the coordination of actions. The Greek report also notes that since the concept of Health Promoting Schools is a broad one related to many different domains, a multidisciplinary team of experts - involving educators, school psychologists, nutritionists, social workers as well as students, parents and members of the wider school community - should be assigned to each school. These groups should then engage in a network of other such groups to exchange experience and good practices.

## Part V - Conclusions

Test scores<sup>24</sup> show that education systems in Europe are in crisis. The physical and mental health of children and youth are in decline in many parts of Europe, along with persistently high levels of social and health inequalities. Low pay, stress and administrative burdens are additionally leading to teacher shortages and burn-out.

Schools, as community-based settings that reach all children and youth, are vital entry points to address many of the critical challenges that face the 21<sup>st</sup> century. The strong links between mental and physical health and academic performance means that safeguarding the wellbeing of children and youth is key to ensuring they are well prepared to deal with current and future challenges. Creating this healthy school environment demands the meaningful participation of the entire school community – a concept which lies at the heart of the Health Promoting School models. Schools implementing such models must engage and communicate with students, staff, parents, local authorities, health and education institutes, and the wider school community, to shape and sustain a school culture and environment which embeds wellbeing at its core. This also has a wider societal impact, as meaningful student participation gives strong importance to active citizenship and democracy<sup>25</sup>, as core

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<sup>24</sup> OECD Programme for International Student Assessment (PISA) scores  
<https://www.oecd.org/en/about/programmes/pisa.html>

<sup>25</sup> V. Simovska, Student participation: a democratic education perspective—experience from the health-promoting schools in Macedonia, *Health Education Research*, Volume 19, Issue 2, 1 April 2004, Pages 198–207, <https://doi.org/10.1093/her/cyg024>



values that underpin and unite countries; values that are being threatened by a range of societal and geopolitical developments. Measures introduced in schools to support children and youth in difficulty can also contribute significantly to reducing social and health inequities, while the strong links between the public health and sustainable development agendas provide promising opportunities to bring these agendas together in the context of schools.

Drawing on the Schools4Health policy scoping exercise, the findings from participating partner countries on health promotion in schools and the implementation of Health Promoting School approaches align well with the 2020 SHE Monitoring Report<sup>26</sup>. Setting out the pre-COVID situation in schools, the report found that SHE member countries varied greatly in the implementation of the Health Promoting Schools approach in all types of schools, and that the majority (>50%) of efforts to formalise the Health Promoting School approaches are focused on primary schools. The SHE report also signalled that the main barriers were a lack of time and resources, mainly amongst teaching staff (with reports that teachers are or feel overloaded), lack of existing legislation, challenges with cooperation on implementation and lack of knowledge on the whole school approach. Facilitators included teacher training and active involvement of staff, the availability of training manuals and tools, as well as collaboration across Ministerial entities.

A common conclusion between the report and the policy exercise was the emphasis that implementing the Health Promoting Schools approach is not, and should not, solely fall on schools and teaching staff. Results from the policy exercise further fleshed out the varying levels of supporting legislative structures and incentives in place to encourage and make it easier for schools to adopt a Health Promoting School approach. The exercise also flagged gaps that are important to address through the Schools4Health initiative. Of note, policy discussions need to draw more on how investing in Health Promoting School approaches can contribute to reducing health inequalities. This is essential particularly within the context of diverse societal crises, such as those flagged by respondents, including the impact of COVID-19 on the deterioration of mental health amongst youth and the rising prevalence of overweight and obesity.

Overall, this policy scoping highlights the important role that political and structural determinants play, and the positive impact that the right policies and structures could have in creating the necessary support to enable this comprehensive shift towards better health and wellbeing. As such, policymakers, public authorities, practitioners, and the broader community around schools have equal responsibility to ensure that measures and instruments embed the Health Promoting School approach and are drivers of positive change and healthier school environments. While this is easier said than done, the reports highlight the need to better communicate the value of health promoting approaches, and the important ripple effects (and return on investment) of a healthy school into the wider communities. This requires setting out important entry points for action – with the environmental agenda being noted as a promising example – as well as more effectively advocating the added value of Health

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<sup>26</sup> SHE Monitoring Report - Overall report of the SHE member countries (2020)  
<https://www.schoolsforhealth.org/sites/default/files/editor/mapping/monitor-report-overall-2020.pdf>

Promoting School approaches in boosting wellbeing in schools and addressing urgent societal challenges.

The evidence is clear - education is a key determinant of health, and health, a key determinant of education. Strengthening investments in school settings is fundamental in improving the health of, and health equity in, the wider school community. This showcases the forward-looking approach of Health Promoting Schools as a compass for change, rather than as an 'add on' to existing structures. The outcomes of this Schools4Health analysis into the current policy contexts have highlighted the need to mobilise more widespread support for Health Promoting School approaches, and coordinate across departments at different governance levels to implement them. They also underlined how, in order to do so, it is important to understand the key entry points for engagement with different stakeholder groups and draw to the relevant evidence that showcases how they can strengthen wellbeing in schools. Such engagement depends on encouraging and enabling more actors to take up such approaches, through further examples and evidence of its benefits, and by building capacities to do so. Through its policy work and the upcoming online awareness campaign, the Schools4Health initiative will seek to build on these findings to contribute to such change across the EU.

## **Part VI – The way forward**

The policy outcomes showcased the value of an EU-funded initiative such as Schools4Health in steering momentum towards the health promoting school approach as an important anchor to address the fundamental issues of education systems in crisis. However, this requires collective effort. A recurring leitmotif in the analysis was the importance of engaging public authorities and policymakers, in addition to practitioners and the wider school community in creating wellbeing environments in schools. This underpins the need for strong advocacy efforts and a community of practice built upon the expertise gathered through the project.

### **A) Promoting the right policy conditions through meaningful policymaker engagement**

As elaborated in the methodology, the initial step for Schools4Health partners to understanding the policy environment around HPS approaches (with an eye to improving it), was to identify core stakeholders with an interest in, and knowledge and understanding of the topic, as well as some influence to act. This was necessary to start building a network of policy experts across sectors (health, education, social, care, agriculture, among others) within the national or sub-national contexts of partner countries, as a basis for engagement for the rapid situation analysis survey and the roundtables. At a more European level, an important milestone in engaging policymakers was through the Schools4Health European Seminar on 31 January. This was organised under the auspices of the Belgian Presidency of the Council of the EU, which resulted in the initiative receiving an endorsement from Hon. Minister Hilde Crevits, Vice-Minister-President of the Flemish Government and Flemish Minister of Welfare,

Public Health and Family, who [commended](#) the project's efforts in mobilising health promotion in schools.

Building on this initial engagement, the Schools4Health initiative will develop an online toolkit for policymakers. The aim of this toolkit is to foster better capacities among policymakers to invest and commit to the policy conditions that can support Health Promoting Schools. In addition, core themes of the initiative, including wellbeing in schools, health equity and sustainability will be explored through a series of policy briefs, which will also include recommendations for policymakers and relevant stakeholders on how HPS approaches can advance common objectives across different policy domains.

Policy-related objectives will be complemented by efforts in the respective national partner countries to embed the best practices into school workstreams, by making links to supportive policy and financial instruments. A key example of such work lies within the current exploration of the well-established EU School fruit, vegetables and milk scheme. In this specific case example, partners implementing the healthy nutrition-focused best practices aim to present implementation efforts undertaken through Schools4Health to policy representatives of the agriculture sector and understand how this financial instrument can further support the establishment of healthy and sustainable food environments.

To monitor such activities, Schools4Health partners will keep track of policymaker engagement at (sub) national and European level, and continue building this policy movement, with a view to sustaining efforts beyond the project.

## **B) Advocating Health Promoting Schools: the Schools4Health Communication and Dissemination strategy**

An important pillar of the Schools4Health initiative is communicating the added value of the Health Promoting Schools approach to a wider audience. Findings clearly show that an education system in crisis is a symptom of the structural investments that are lacking at a societal level. This not only impacts children and youth's learning prospects, but can also affect their mental, physical and social development. It is therefore important to communicate that building quality and inclusive education systems through Health Promoting School approaches is an essential building block to fostering wellbeing, addressing common challenges and building resilience among societies from an early age.

As a key milestone of the project, the Schools4Health communication and dissemination strategy will set out our approach to engaging key stakeholders specified in the proposal – namely policymakers, practitioners and school settings. More specifically, the strategy will outline the overall communication goals, key communication resources (including the Schools4Health Hub, informational videos, infographics, articles, props, press release templates to engage traditional media) as well as important messaging and calls-to-action per target group, together with a plan for the online information awareness campaign on Health Promoting School approaches. As part of their sustainability action plans, Schools4Health partners will additionally set out how they will maintain such communication

efforts beyond the project duration. To this end, they will continue to map out and engage trusted figures with interest in the theme of health and wellbeing in schools and that can influence policy developments in their countries in this field, to help strengthen the HPS movement. These plans will also detail how resources such as the Schools4Health Hub, will be used as a tool to foster engagement and help build the HPS movement.

### **C) Mobilising the health promoting school momentum through communities of practice**

The Schools4Health partnership aims to create renewed momentum around Health Promoting School approaches by engaging, in practical ways, policy makers and school communities across the project's policy, practice and communication workstreams. These efforts will be amplified through the Schools4Health advisory board, comprising SHE Network National Coordinators, a representative from WHO and experts in the field of health promotion in schools. To capture this growing pool of expertise, EuroHealthNet will create a thematic working group on Health Promoting School approaches following the project's completion. This working group will be an important structure to sustain the community of practice that has been and will continue to be built over the course of the Schools4Health initiative, also demonstrating the added-value of European cooperation coming out of EU4Health-funded projects. EuroHealthNet will also continue to collaborate with the Schools for Health in Europe Network and engage in efforts to ensure the sustainability of the Network and integrate the outcomes of the Schools4Health initiative in this context. EuroHealthNet and project partners will also continue to collaborate with the UNESCO Chair Global Health and Education and other relevant actors and organisations to further mainstream Schools4Health and, by extension, the implementation of health promoting school approaches.



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## Annex I

### Schools4Health Rapid Situation Analysis Template

1. Which stakeholder group do you belong to?
  - Policymaker
  - Policy expert
  - Health practitioner
  - School administrator/staff
  - Academic/researcher
  - Other \_\_\_\_\_
  
2. Do you feel there is adequate attention to health promotion in schools (good dietary habits, physical activity, mental health, health literacy)?
  
3. Are you aware of the concept of Health Promoting Schools/Whole of School approaches to health? *[You may also add the name of national or regional Health Promoting School -program here, if available in your country (e.g. Gezonde school in Flanders)]*
  
4. Which country policies (regional, national, local) do you know of that promote the implementation of health promotion in primary and secondary schools? Are these policies mandatory requirements for schools, or are they taken up on a voluntary basis?
  
5. Which sectors include policies that mandate actions to integrate/implement health promoting approaches in schools?
  - Public Health
  - Education
  - Social Affairs
  - Youth
  - Sport
  - Urban Planning
  - Agriculture
  - Multiple policies (if yes, elaborate here) \_\_\_\_\_
  - Other (elaborate here) \_\_\_\_\_
  
6. How do country policies support health-promoting practices in schools? Answer each statement below with one of the following responses: *I'm not sure - it is not mentioned in national policies - it is recommended by national policies - it is required by national policies*
  - a. Policies indicate that the Health Promoting School model or the whole school approach should be part of the school's plan to promote health and wellbeing.
  - b. Policies indicate that schools should have a written policy and/or action plan on the health and wellbeing of students, and teaching/non-teaching staff.
  - c. Policies indicate that health promotion is part of the schools' overarching educational strategy.
  - d. Policies indicate that health education and/or health literacy should be part of the curriculum.

7. Do you know of any policies that specifically address the health and wellbeing of teachers and other staff working in schools? Answer with: *Yes – No*
8. Are there national or regional guidelines, institutional tools, resources or professional support systems in place to support school's efforts to become a Health Promoting School? Answer with: *Yes – No – I don't know*
9. Which health topics are generally included in policies and programmes relating to health promotion in schools? Choose from the topics below:
  - Social competencies
  - Non-communicable diseases
  - Inequity in health
  - Gender equality
  - Sexual health
  - Vaccination
  - Oral health
  - Hygiene
  - Sustainable Development
  - Environment and climate
  - Mental health and wellbeing
  - Alcohol
  - Smoking and vaping
  - Illegal psychoactive substances (Illicit drugs)
  - Eating disorders e.g. anorexia, bulimia
  - Obesity
  - Healthy eating
  - Physical activity/ sports/addressing
  - Sedentary behaviour
  - Other (please specify)
10. Are there legal or non-legal policy instruments in place to regulate obesogenic environments and promote healthy living environments, specifically within school zones? (e.g. restricting the number of fast food chains within school zones, promoting active travel uptake such as walking and cycling to and from school etc.) Answer with: *Yes – No – I don't know*
11. What in your opinion are the potential barriers and facilitating factors for the implementation of health promotion in schools/ Health Promoting School approaches, and how do they impact the process?
12. Do policies address how schools can be supported in the face of current environmental and/or social challenges (e.g., cost of living problems for many families), as well as in emergency situations (e.g. COVID-19 pandemic, war on the continent, climate crisis)? Answer with: *Yes – no – I don't know*