



Innovating health and education

“Because children and youth who feel better, do better.”



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Schools4Health seminar - Innovating health and education
“Because children and youth who feel better, do better.”

Seminar abstract

Schools play an increasingly important role in shaping children and youth's academic, physical, mental, and social development, with lasting impacts across their life course.

Investments in state-of-the-art health promoting school approaches are a key entry point to cultivating healthier educational and social environments. The WHO defines a health promoting school as one which “is constantly strengthening its capacity as a healthy setting for living, learning and working”. Such approaches not only enable students to develop good habits around nutrition, physical activity, and mental health, but are also part of the solution to interrelated societal challenges such as social inequity and climate change.

This is the ethos of the Schools4Health initiative (2023-2025), led by EuroHealthNet and funded under the EU4Health programme. Against this background, the seminar will explore how different stakeholders in policy and practice, across levels of governance and sectors, can work better together to optimise the contribution that schools can make to the health and wellbeing of students, the school community as well as the wider communities that they are in.

The purpose of this seminar is to:

- Gather experts, policy makers and other key stakeholders to convey the critical need to invest in health promoting school approaches and create enabling policy conditions for health promoting schools;
- Spotlight country-level policies on health promotion in schools, presenting key policy insights from Belgium, Greece, Hungary, Latvia, the Netherlands, Romania, Slovenia and Spain;
- Make links to the broader EU policy context and identify key tools which can be applied to mobilise health promoting approaches in and around schools;
- Explore the state of the art in multistakeholder involvement and identify opportunities for collaboration wherein health promoting schools can flourish.

Key takeaways from the seminar

- ❖ Schools play a crucial role in shaping the physical, mental, and social development of children, and integrating health-promoting approaches within educational settings is key to foster lifelong healthy habits and improve performance and wellbeing among children and the youth. It also helps develop their agency and address issues like commercial determinants of health and sustainability.
- ❖ The educational crisis in Europe is marked by declining test scores and teacher shortages, and is exacerbated by high work-related stress among teachers. Health and education should therefore go hand and hand: health is part of the solution to the educational crisis and not an extra burden.
- ❖ Promoting health in schools should not only be the responsibility of schools and teachers. Effective health promotion in schools requires a whole-school approach and collaboration among multiple stakeholders, including from the health, education, agriculture, environmental and social services sectors. Policymakers and public authorities at local, regional, national, and EU levels, as well as the broader community, must also support this effort.
- ❖ Involving children in health-promoting school policies from the start, using child-friendly language and recognising them as experts in their own lives, is key to foster a sense of ownership and empowerment among children, leading to better adherence to policies and improved health outcomes.
- ❖ Key barriers to implementing health-promoting school approaches include funding shortages, low teacher salaries, non-binding legislative frameworks, overloaded curricula, overburdened teachers, shortages of staff, lack of monitoring and evaluation, and lack of coordination between stakeholders at different levels of governance.
- ❖ Key enablers include motivated school staff and strong commitment from school leadership, flexible curricula, existing policy frameworks and structured programmes promoting healthy living, strong network support to alleviate pressure on schools, good inter-ministerial coordination, involvement of students and families, and addressing the underlying social determinants of health.
- ❖ There are various policies and resources in place at EU level that can support integrated health and education initiatives, such as the EU Child Guarantee, the EU fruit, vegetables and milk scheme, Europe's Beating Cancer Plan, the Pathways to School Success Council Recommendation, the Healthier Together initiative, the Communication on the Comprehensive Approach to Mental Health and the EU Best Practice Portal.

Opening session and introductory remarks

Opening remarks by Ingrid Stegeman - Programme Manager, EuroHealthNet

On behalf of the Schools4Health partnership, Ms. Stegeman welcomed all participants to the policy seminar on innovating health and education for more holistic approaches to wellbeing in schools. By way of introduction, Ms. Stegeman spoke about [Schools4Health](#), an initiative co-funded under the EU4Health programme, which highlights the importance of schools as key settings which can enable children and youth to develop life-long healthy habits. She noted that it is not schools' core business to support health; their role is to educate our children, enable them to reach their full potential and prepare them for this fast-changing and increasingly insecure world. However, if the school community is not physically and mentally well, they do not perform well. Health and education should therefore go hand in hand, calling for better integration of health into school settings. [EuroHealthNet](#) proudly leads this initiative, as it also ties in well with its core work of showcasing how investments in the underlying factors of health through an equity lens benefits all sectors and societies.

Organised under the auspices of the Belgian Presidency of the Council of the EU, the seminar strongly connects to the Presidency's priority on 'reinforcing the social and health agenda', through instruments such as the [European Pillar of Social Rights](#). This build on the work of the previous Spanish Presidency, which placed a strong emphasis wellbeing, through for instance Council conclusions on the mental health of young people, a declaration on school meals as a way to address food insecurity, as well as an intersectoral conference on childhood obesity. Against this backdrop, the seminar brings together a great line-up of speakers who can give different perspectives on how to advance and strengthen the health promoting school movement.

Video message by Hon. Minister Hilde Crevits - Vice-Minister-President of the Government of Flanders, Flemish Minister for Welfare, Public Health and Family

Showing full support for the Schools4Health seminar, Minister Crevits explained that children and youth who maintain good physical, social and mental wellbeing generally have less problems at school and are more likely to fulfil their full potential as citizens. To provide a foundation for this, Flanders has developed a strong preventive health policy within education. Targets have also been set in efforts to achieve this: by 2025, 80% of primary and secondary schools would need to have a high-equality preventative health policy. Data-driven tools such as the Flemish prevention studies and the health-behaviour in school-aged children (HBSC) study contribute to the necessary evidence base. For instance, the 2023 HBSC study demonstrated the elevated toll of students' mental health.

This is why the Flemish Ministry of Welfare, Public Health and Family invested EUR400,000 to help young people, mainly in vocational and special needs secondary schools, improve their resilience through dedicated school interventions. Other examples include the Child and Family Agency, which has consultation offices across Flanders to provide services to children aged 0-2.5 years, as well as the Pupil Guidance Centres for school-aged children and youth which monitor their physical, mental and socio-emotional development to enable quick intervention if needed.

Under the Belgian Presidency, Flanders will collaborate on several dossiers that will strengthen the Union's social and health agenda, including negotiations on pandemic preparedness and the European Health Data

Space. Belgium will send a strong signal to the new European Commission to continue working on and investing in the health and care of all citizens. Collaborating and learning from each other is key to provide the young generation with every opportunity for good health and education.

Keynote on the value of investing in health-promoting school approaches by Prof Dr Kevin Dadaczynski - Professor, Fulda University of Applied Sciences Germany, Co-Chair of SHE Network research group

Prof. Dadaczynski set out the value of health promotion from education, making the link to health as an educational resource. As a starting point, the speaker explored whether we indeed have an educational crisis in Europe. The [results](#) from the 2022 Programme for International Student Assessment (PISA) study generated major political discussions on educational systems, due to the declining test scores in mathematics, reading and science (particularly between 2018-2022) – signalling an ‘achievement crisis’. Another issue which goes hand in hand is teacher shortages. More than 35 educational systems in Europe faced shortages of lower secondary school teachers in 2019-2020, calling into question the attractiveness of the teaching profession. A common denominator faced by teachers in Europe was the high proportion of work-related stress caused predominantly by the level of administrative tasks. The SHE Network Foundation carried out a review of school health policies in Europe, with the support of the SHE National Coordinators. In more than 67% of surveyed countries, there are national policies which mandate health education in school curricula, while only 30% indicated that there are policies in place to encourage a broader whole school approach to health and wellbeing.

Prof. Dadaczynski maintained that perhaps health promotion in schools is perceived as a ‘zero-sum game’. While schools agree that health is important, policy recommendations are often not followed as they are seen taking time and resources away from core subjects, and additional responsibilities on top of education. This concern is expected to increase, particularly amidst the educational crisis. Health and education however should not be separated – health is part of the solution to the educational crisis and not an extra burden.

WHO/Europe commissioned a [study](#) to investigate the relationship between child and adolescent health and educational attainment in the short-, mid- and long-term. While indicating that there might be a direct link, but most presumably there may be mediators such as self-esteem and teacher-student relationship. External factors also have an impact on the strength of the relationship between health and education, such as socioeconomic status. Educational attainment might also predict later outcomes in adulthood, such as the income bracket and health status, but also the future generation outcomes. Related studies dating back from [2012](#) showed that health indicators (overweight, physical activity, anxiety, depression, behavioural problems and ADHD) impact education through a series of confounding factors, showcasing that *health predicts education*.

Building on this evidence, a multitude of approaches on school health promotion have been developed. One example is the behavioural approach, or ‘health promotion in schools’, which takes its starting point in a particular health problem, addressing a single target group in the school. The school is a setting to reach the target group, rather than be involved in the intervention. On the other hand, the health promoting school approach is more complex because it takes into account the social, physical and structural environment of the schools, focusing on different target groups in and around the school setting. The idea is to enable schools to become the driver of their own change, promoting high potential for sustainable effects.

A [review on the sustainability of public health interventions in schools](#) found that there was no evident links between effectiveness and sustainability. Key facilitators to boost sustainability include commitment from school leadership, observation of positive impact, confidence in delivering health promotion and belief in the value of health promotion in education outcomes. Another [study examining health promoting schools](#) in Germany demonstrated how higher perceived educational benefits, decision latitude and resource availability resulted in higher implementation of HPS approaches.

In conclusion, Prof. Dadaczynski stated that:

- European education systems are in crisis – we need to see health as part of the solution and not an ‘add-on’.
- We need mandatory school health policies in place, given the clear interlinkages between health and education
- HPS moves beyond individual behavioural change, adapted to the schools’ needs
- We think less about the ‘WHAT’ dimension (topics, measures) and more about the ‘HOW’ factor (implementation) and create conditions for schools to enable change.

Setting the scene: what is needed to invest in health promoting school approaches in the context of our fast-changing societies?

Chaired by Goof Buijs, UNESCO Chair for Global Health and Education

Presenting the European perspective

Philippe Roux – Acting Director for Public Health Cancer and Health Security Directorate, DG SANTE, European Commission

Mr. Roux set out how schools play an important role in the educational, social and physical and mental development of children, and the interlinked nature of health, which should not be treated as a ‘burden’ but rather an essential element to educational success. Introducing the EU initiatives on health promotion and disease prevention, the [European Beating Cancer Plan](#) was built on a health-in-all-policies approach to address cancer across the entire prevention and treatment pathway, as well as the quality of life of survivors. With a budget of EUR 4 billion, the Cancer Plan is made up of 10 flagship initiatives and 32 actions (which also address childhood cancer) and aims at a cross-cutting level to reduce health inequalities. Joint governance on the research [mission on Cancer](#) has also provided an opportunity for more cross-sectoral work in the European Commission. Mr. Roux also mentioned the [high-level event marking the progress made on the Europe’s Beating Cancer Plan](#), happening in parallel to the seminar. [The Healthier Together Initiative](#) supports Member States in reducing the burden of non-communicable diseases in a coordination manner and represents a co-creative process among multiple stakeholders. It is built on 5 strands: health determinants, cardiovascular disease, diabetes, chronic respiratory diseases, mental health and neurological disorders, and financially supported by the EU4Health programme. The [comprehensive approach to mental health](#), built on 20 flagship initiatives, focuses on multistakeholder involvement and includes a dedicated chapter on children and young people. [The EU Best Practice Portal](#) an important tool to access evidence-based practices, but to also submit your own. Lastly, the [EU4Health programme](#) has a financial envelope of EUR5.3 billion for 2021-2027 period.

The European Commission works closely with Member States authorities and stakeholders on their health priorities, through for instance the [Public Health Expert Group](#) and the [EU Health Policy Platform](#). Schools are equally key partners to address health topics such as immunisation, healthy nutrition, alcohol and tobacco control and mental health from an early age.

***Oana Felecan** - Policy Officer on school education, equity and wellbeing - DG Education, Youth, Sport and Culture, European Commission*

Ms. Felecan explained the approach taken by the European Commission on school education, where specific attention is given to school success for all learners and exploring how wellbeing, socioemotional learning and health-related aspects fit into this picture. This is set out in a strategic framework called the [European Education Area](#) (EEA), which aims to build a space where high-quality education is interconnected across systems and where mobility is an integral part of students' and teachers' learning trajectories. Among the building blocks of the EEA, the [Pathways to School Success Council Recommendation](#) was adopted in 2022, building on past policies to reduce early school leaving as well as address issues around underachievement. The initiative seeks to improve educational outcomes for all learners by reducing low achievement in basic skills, increasing secondary education attainment and promoting wellbeing at school through improved physical and mental health, as a condition for success - moving away from merely the absence of illness. Overall, educational outcomes should be decoupled from socioeconomic status.

The Council Recommendation calls on Member States to develop an integrated and comprehensive strategy for school success, combining universal and targeted measures. It proposes a policy framework which details measures that countries can implement. Embedding the whole school approach, this strategy indicates the need for collaborative implementation within the school community, to create positive school environments. This approach also calls for multidisciplinary engagement of external stakeholders, which is where the health promoting models come into play, as well as contextualising education as a child right.

The European Commission has set up a working group with Member States on the Pathway to Schools Success, and an informal expert group on wellbeing in schools which will deliver guidelines on the whole school approach to wellbeing. Overall, educational actions are supported by EU funding opportunities such as the Resilience and Recovery Funds (14% allocated to education and skills), Technical Support Instrument flagship projects (notably, the [Youth First](#) and [mental health](#) initiatives) and Erasmus+ (including ongoing call for proposals – Key Action 2 priority for [‘Partnerships for Cooperation’](#) in school education, [Key Action 3 ‘European Policy Experimentation’](#)).

More resources:

- [Promoting supportive learning environments and supporting well-being at school](#)
- European Education Area portal: [factsheets](#)
 - Importance of [social and emotional learning](#)
 - Building [resilience in schools](#)
 - Supporting [well-being and mental health through education](#)
 - Bullying: [What can schools do about bullying?](#) and [What motivates children who bully, and can they change?](#)
 - [Well-being in the digital age](#)

- Promoting [teacher well-being](#).

Martin Weber – *Team Lead on Quality of Care, Programme Manager for Child and Adolescent Health, WHO/Europe*

Mr. Weber introduced the history of the European Network of Health Promoting Schools, which was established in 1992, with the goal that every school in Europe should be a health promoting school (as declared in the 2016 European high-level conference on health and education in Paris). Eventually renamed to the [Schools for Health Network in Europe Foundation](#), the organisation represented 45 member countries. He also noted that during the COVID-19, WHO/Europe convened a European Technical Advisory Group on Schooling. It was recognised early on that prolonged school closure in response to the pandemic would bear an impact on the social exchange, which is a developmental need for school children. The advisory group proposed 8 recommendations, encouraging among others the socialisation of school-aged children through in person attendance and improvements in the school environment.

Supporting the evidence base on child health in schools, the [Health Behaviour in School-Aged Children \(HBSC\) network](#) generates reports on the topic every 4 years. The SHE Network also carries out surveys through its national coordinators. In one of the surveys, coordinators indicated that most schools have health education strategies, but some Member States do not have a national strategy, calling for more action in this area. This can be supported by the SHE manual on HPS approaches, which can help countries embed health promotion in education systems. The Global Standards for HPS and implementation guidance developed by WHO and UNESCO outline 13 different levers for health promoting schools and are intended to support the wider functioning of school ecosystems and surrounding environments. It is important to take these global materials and understand how they can fit to the regional needs. A separate publication on HPS and school health services outlines that most Eastern European countries have links to school health services in place, which differs from the realities in the western counterpart. This could be an area where the European Commission might work on.

WHO/Europe is currently working on updating the [European Child and Adolescent Health Strategy \(2015-2020\)](#), setting out important health measures starting from infancy. The strategy focuses on the preventive, promotive and curative aspects, and includes topics such as sexual and reproductive health which was underrepresented in the previous edition. This strategy aims to ensure positive standards for schools to become health promoting schools, embedding health and wellbeing as important measures of success for educational systems.

Video message by Tigran Yepoyan - *UNESCO Regional Health & Education Advisor for Eastern Europe and Central Asia*

Mr. Yepoyan noted that the core vision of the Schools4Health initiative recognises the bond between health and education, where healthier students learn better. HPS are blossoming around the world, with two-thirds of all countries having strategies for more holistic approaches. However, the implementation of HPS approaches largely lacks due to the limited facilities in schools. The challenge lies in making that paradigm

shift from single interventions to more integrated and comprehensive approaches. This requires reorienting education systems towards health promotion, to recognise learners' health and wellbeing as part of the education mandate and curriculum. Teachers would also need to be trained differently to achieve health and wellbeing outcomes of children at different stages of development. UNESCO is committed to enabling this systemic change, where every child is in an environment that nurtures their wellbeing.

Presenting the national perspective from the Spanish Council Presidency

María Terol – Technical Advisor, Health Promotion and Equity Area, Ministry of Health Spain

Alvaro Hernando Freile - Head of Educational Programs Service, Ministry of Education, Vocational Training and Sports

Ms. Terol began her presentation by emphasising the usefulness of international guidelines and frameworks to promote health initiatives at the national level. She highlighted the coordinated efforts between the education and health sectors in Spain, which are consolidated under an agreement aimed at promoting health in schools and integrated into the legislative frameworks of both sectors.

In Spain, the responsibility for health and education has been transferred to the regional governments. Collaboration between national and regional level is therefore key. Several regions have already adopted and adapted the health-promoting school model to fit their specific contexts. This model became even more important during the Covid-19 pandemic, as both sectors worked closely to ensure face-to-face education while implementing health promotion and prevention measures with a strong emphasis on equity. The success of this approach has led to a renewed focus on health-promoting schools to address current public health and wellbeing challenges.

Under the Spanish presidency of the EU, health promotion in schools has become a major focus, with several events organised on the topic. Events organised included a [meeting on childhood obesity](#) that underscored the need for a multisectoral approach, highlighting the role of the educational sector in promoting healthy lifestyles and addressing issues such as diet, smoking, and alcohol use from an early age. Another meeting focused on [mental health and emotional wellbeing](#), which recognised the key role of education in this area. Lastly, the conference on “[Guaranteeing a Healthy Nutrition for All Children in the EU](#)” resulted in a declaration recommending at least one free school meal a day to combat poverty.

Ms. Terol then presented various policies aimed at promoting health and sustainable food in school settings, implemented by the Ministry of Social Rights, Consumption, and Agenda 2030. She mentioned Spain's publication of "[Programme 16](#)," which focuses on school menus, vending machines, and canteens in schools, along with protocol criteria for evaluating food supplies. Additionally, a draft regulation on promoting health and sustainable food in schools is currently being developed, and several campaigns on school canteens have been conducted.

Ms. Terol also introduced the [Health Promoting Schools Guide](#), developed by an intersectoral working group that includes multiple ministries such as Health, Education, Consumption, Agriculture, Equality, and Ecological Transition. This group promotes a whole-school approach tailored to different regional programs and networks. The guide comprises three parts: the conceptual framework with six standards for health-promoting schools in Spain (adapted from international models to the Spanish context), and practical

guidance on how to become a health-promoting school, including basic commitments, dos and don'ts, and precautions to protect schools from marketing influences.

Mr. Hernando Freile presented the action cycle of health-promoting schools and discussed the adaptation process to ensure the model's compatibility with the Spanish educational environment. Drawing inspiration from the [SHE network's whole-school approach](#), he outlined the key phases necessary for becoming and maintaining a health-promoting school.

The key steps include:

1. **Getting Started:** raise awareness, training the staff, analyse the educational center's needs, define interventions, and outline responses to challenges.
2. **Assessing Your Starting Point:** assess the schools' current resources to establish a baseline.
3. **Planning for Action:** define the mission and vision, set objectives, and plan cross-cutting actions.
4. **Taking Action:** implement and develop the planned actions.
5. **Evaluation:** evaluate the efforts, propose improvements, celebrate achievements, and disseminate the results.

Ms. Terol presented the third part of the Health Promoting Schools Guide, which includes proposals to modify the physical and social environment of schools by addressing determinants with the highest impact on public health. She discussed the strategy for implementation and how to progress towards making every school a health-promoting school. The implementation strategy includes short-term actions such as disseminating the guide, offering online training for school staff, and organising a conference to share best practices. Future plans involve launching a Spanish network of health-promoting schools, structured as a network of regional networks, with coordination provided by the Ministry of Education, Vocational Training, and Sports, and the Ministry of Health.

Policy contexts for health promoting schools

Chaired by Ingrid Stegeman, EuroHealthNet and Prof Orkan Okan, Technical University Munich

The European perspective

Gabriella Sutton – Project Coordinator, EuroHealthNet

The session began with an introductory [video](#) highlighting the [Schools4Health project](#). Ms Sutton then provided an overview of the initiative, which is funded by EU4Health for 2023-2025 and led by EuroHealthNet with support from 13 partner organisations. The project is built on three key pillars: practice, policy, and engagement. It uses a participatory approach to involve 16 schools in implementing best practices in nutrition, physical activity, and mental health.

The initial efforts of the project have focused on assessing the policy landscape across various municipalities, regions, and countries, and on building a network of experts. Additionally, the project is developing toolkits and learning guides for policymakers, which are available on the [Schools4Health online hub](#). Findings indicate that while there is awareness of health-promoting schools, the lack of mandatory

legislation has led to weak and inconsistent implementation. Recommendations include establishing clearer frameworks with mandatory requirements while allowing schools some flexibility, strengthening cooperation among ministries and institutions to build a network around schools, and creating a central coordinating body within schools to support relevant activities.

The project underscored the importance of addressing structural and political determinants to achieve a comprehensive shift toward health and wellbeing in schools. Engaging policymakers, public authorities, practitioners, and the broader community is key to communicate the value of health-promoting approaches and their positive impacts on wider communities.

The national perspective

Panel 1 – Strengthening health promoting approaches and scaling up through policy

Petru Sandu - Senior Public Health Doctor, National Institute of Public Health Romania

Mr. Sandru presented the policy context for health-promoting schools in Romania, summarising a policy analysis conducted in the first year of the Schools4Health project. This analysis included a rapid situation survey and a roundtable discussion with 14 participants from the Romanian health and education sectors. Despite the absence of a formal health-promoting school program in Romania, various relevant initiatives exist, particularly within the health and education sectors.

Key policies identified include the [EU school fruit, vegetables and milk scheme](#), the "Health Meal" program present in 450 schools, the National Schools Sport Olympiad, school medicine services, anti-bullying legislation, National Program XII for health promotion, and the legislation on hygiene norms and nutritional guidelines. The roundtable discussion revealed that the most relevant sectors for health-promoting schools in Romania are health, education, and social services, with school-decided curricula offering opportunities to advance health-promoting agendas. However, there is no legislation targeting school staff wellbeing, and barriers include non-binding legislative frameworks, funding and human resource shortages, and overloaded curricula.

Enablers include the presence of sufficient, well-trained, and motivated human resources. Recommendations from the roundtable included developing health programs for school staff, increasing parental involvement, scaling up existing initiatives, and improving resources for children with special educational needs.

Signe Dātava – Senior specialist – expert, Riga City Council Welfare Department

Ms. Dātava presented the findings of a policy situation analysis conducted by the Riga City Council in Latvia.

The survey involved seven stakeholders and results showed that most respondents were aware of the HPS concept but felt that health promotion in educational institutions was neglected due to limited funding and human resources. Participants noted the absence of specific policies for school staff health and a lack of guidelines to support schools in becoming health-promoting institutions. However, survey respondents were aware of existing policies aimed at regulating obesogenic environments and promoting healthy living

within school zones. The primary obstacles to HPS implementation included funding shortages, low teacher salaries, lack of understanding of health promotion's importance, and low teacher motivation.

The roundtable discussion with 17 stakeholders reinforced these findings, highlighting similar challenges such as funding issues, lack of interest and understanding, low teacher motivation, and frequent changes in city council priorities due to political inconsistency.

***Matina Kouvari** - Director of Nutrition Design and Research, Prolepsis Institute Greece*

Ms. Kouvari presented the findings from a national roundtable with 20 stakeholders and a survey conducted in Greece. The main conclusion was that while health promotion activities exist in Greek schools, there is no comprehensive whole-school health policy. Although most participants understood the concept of health-promoting schools, it was unclear whether they fully grasped the comprehensive nature of this approach.

Key initiatives identified include the [Skills Lab](#), a mandatory program for primary schools since 2021, where each class undertakes a project on a specific thematic area, guided by teachers using resources from the Institute of Educational Policy. Additionally, there is [KEDASY](#), which is an interdisciplinary evaluation, counselling and support centre which maps mental health and psychoeducational services in Greece. Lastly, there are recommended regulations and standards for school canteens.

The primary challenge identified was the lack of monitoring and evaluation for these initiatives, making it difficult to assess their implementation and effectiveness. The main barrier reported during the roundtable was the heavy reliance on teachers for the implementation of health promotion activities. Teachers are considered the primary actors but face significant constraints, including limited time, energy, and low salaries. Another issue is the lack of coordination between the Ministry of Health and the Ministry of Education, which have separate agendas and priorities and little to no interaction between them.

***Fanni Mészáros** – Health Promoter, National Center for Public Health and Pharmacy Hungary*

Ms. Mészáros presented Hungary's comprehensive school health promotion policy, mandatory since 2016 for all public education institutions. This policy focuses on four main areas: healthy nutrition, mental health, physical education, and health knowledge. Programmes such as healthy buffets, healthy canteens, and physical education are part of this initiative and provide students with a holistic view of health. However, despite these requirements, the law does not mandate feedback, evaluation, or monitoring, leading to school-specific implementation based on available resources.

During the roundtable, which included professionals from various sectors, it was noted that some parts of the national school program performed better than expected, while others fell short. A positive aspect is the active involvement of six sectors—public health, education, social affairs, youth, sports, and multiple policies—in school health promotion, which all acknowledge its value for communities and society.

Challenges identified include significant disparities among schools, lack of resources for program financing, and insufficient motivation, which could be addressed by making teaching careers more attractive. Additionally, there is no specific focus on the health and wellbeing of teachers and school staff, currently managed only by occupational physicians. The roundtable revealed that the flow of information

about best practices is disrupted between schools and the ministries, with little feedback from schools on the programme's implementation, leading to a lack of data on the programme's effectiveness.

Panel 2 – Improving health promoting approaches and doing better through policy

Loes Neven – Innovation Manager, Flemish Institute for Healthy Living Belgium

Ms. Neven presented the regional policy context for health promotion in Flanders, summarising insights from a roundtable of 20 participants. Flanders has a well-established legislative framework that integrates health goals into educational objectives. There is a mandatory decree on student guidance that emphasises both physical and mental wellbeing. Additionally, the Ministry of Health has a five-year strategy aimed at ensuring that by 2025, 80% of elementary and secondary schools will have a minimal qualitative health policy in place. To support schools in achieving these goals, a variety of tools, interventions, and resources are offered by different organisations.

Close collaboration exists between the departments of education and health, as well as with agriculture and environment sectors, including a strong focus on the EU fruit scheme. However, the main challenge lies in the interpretative nature of the legal and policy frameworks, which are not very binding, allowing schools to interpret and implement health policies based on their priorities, often placing health promotion secondary to other crises and educational missions.

Currently, over 50 organisations, including [Gezond Leven](#), engage schools with their health initiatives, leading to fragmented efforts. Although pedagogical and student guidance services offer support, they mainly respond to schools' demands, which are often limited due to a focus on educational priorities and individual student issues rather than a holistic health approach.

Opportunities have emerged since 2021, with increased collaborative efforts and a more unified approach by the health sector to support schools in developing integrated health policies. The year 2024 also presents opportunities due to the June elections and the renewal of Flanders' strategic health targets.

Mirte Klomp – Scientific expert for Healthy School and Healthy Childcare, Dutch National Public Health Institute

Ms. Klomp presented the policy context for health promotion in the Netherlands, outlining both mandatory guidelines and voluntary national policies. The mandatory guidelines cover physical education, social-emotional development, and attention to sexuality and sexual diversity. National policies, while voluntary, are implemented in a decentralised way, allowing each municipality and school to tailor these policies to their specific situation.

A significant voluntary initiative highlighted was the [Healthy School Programme](#), which aims to promote healthy lifestyles among students by teaching them healthy behaviours and choices. The programme offers a roadmap based on the Health Promoting Schools framework and its pillars, along with providing knowledge, workshops, and tools to support health promotion efforts. Schools can also receive funding and assistance from local advisors when necessary. This programme is a collaborative effort involving five

organisations —both local and national public health organisations, and three educational councils— and is funded by four ministries.

During the roundtable, two key impacting factors for implementation were discussed. Firstly, despite the existence of a health in all policies approach and funding from four ministries, ministries give each a separate assignment to schools, which sometimes hinders practical collaboration. Secondly, an enabling factor is the strong network supporting schools in implementing health promotion.

Ms. Klomp underscored the need to integrate health promotion into the curriculum, strengthen support networks around schools to alleviate pressure on schools, and improve alignment between ministries.

María del Rocío Hernández Soto - Managing Director of the Aljarafe-Sevilla Norte Primary Care Health District, Andalusian Health Service

Ms. del Rocío Hernández Soto presented the health promotion efforts in Andalusian schools. Since 2015, Andalusia has implemented health promotion programmes in public schools, benefiting approximately 600,000 primary students through the "[Creciendo en Salud](#)" programme and 300,000 secondary students through the "[Forma Joven](#)" programme in the last year. Since 2021, two new pilot projects have been introduced: one for early childhood schools and the Andalusian Network for Health Promoting Schools. These programmes are well-implemented, consolidated, and positively received.

The programmes involve collaboration among the health, education, social services, and agriculture sectors. Key enablers include strong commitment from the school management, family participation, and a comprehensive programme focusing on various aspects of health, including healthy lifestyles, healthy relationships based on equality, and drug abuse prevention. The approach is based on a salutogenic model, addressing social determinants of health to prevent inequalities. School nurses were also identified as playing an essential role in health promotion.

Challenges highlighted include the need for greater involvement from the school community, particularly parents and students, who play crucial roles as mediators.

Polonca Truden - Public health specialist, National Institute of Public Health Slovenia

Ms. Truden presented the health promotion initiatives in Slovenia, highlighting its long-standing participation in the European Network of Healthy Schools for the past 30 years. Currently, the network includes 70% of primary schools, 50% of secondary schools, 25% of student dormitories, and over 50% of schools for children with special needs. Despite this involvement, sustainability remains a challenge, particularly in maintaining staff engagement in health promotion.

Health promotion in Slovenia is primarily driven by the health sector with strong cooperation between healthcare and schools. The country is known for its well-established school meal system, although it faces challenges such as staff shortages, low wages, and pressures to accommodate diverse dietary needs. To alleviate some of these demands, an agreement was established with paediatric services, requiring a prescription for special dietary school meals. Initiatives like the Slovenian Food Day, the traditional Slovenian breakfast, and a new strategy to reduce food waste are also in place. Additionally, a recent law mandates free lunch for all pupils.

Physical education is particularly focused on, and the [SLOfit app](#) is used to collect data that medical doctors can use to assess the development of the child and prevent obesity.

Ms. Truden also highlighted the ongoing efforts to effectively communicate with target groups and mentioned the Schools4Health initiative as a great opportunity to innovate and potentially expand best practices to all schools in Slovenia.

Parallel session 1: Creating healthy environments in and around schools, with a focus on healthy nutrition and physical activity

Chaired by the Jacob Schouenborg – Secretary General, International Sports and Culture Association

Gregor Starc – Professor, University of Ljubljana Faculty of Sport

Mr. Starc presented the [SLOFit](#) intervention in Slovenia and its international implications. SLOFit, initiated in 1982, is a comprehensive fitness monitoring system involving 3 anthropometric measurements and 8 fitness tests conducted annually across Slovenian schools. The program is incorporated into the curriculum, which helps ensuring sustainability and consistent implementation.

Among the top ten international priorities for physical fitness research and surveillance in children and adolescents, the top two priorities are conducting longitudinal studies to track changes in fitness and its associations with health, and use fitness surveillance data to guide decision-making. Fitness monitoring also features on the political agenda, with the Council on Lifelong Physical Activity urging Member States to adopt evidence-based fitness monitoring systems. Mr. Starc underscored the need for fitness testing in schools to be non-judgmental, avoiding grades to prevent stigma, and ensuring a supportive environment where children understand the purpose of the tests.

In Slovenia, SLOFit compares children's fitness performance both against their peers and absolute criteria. The collected data is then used to provide feedback to students, who then work with teachers to set goals and create action plans. Physical education teachers receive specialised training to communicate students' results in a considerate manner. This feedback loop also supports policy-making, as the data informs local and national interventions and helps raise public awareness about physical activity.

Since 1982, the program has accumulated over 8 million sets of measurements, which means that over half of the current Slovenian population possesses their fitness data from childhood. In 2021, SLOFit expanded to also monitor adult fitness on a voluntary basis. To support other countries or schools interested in implementing a similar initiative, Slovenia has created a free platform called '[FitBack](#)' which contains a 10-step roadmap to facilitate the implementation of fitness monitoring systems.

Peter Defranceschi – Head of Brussels Office Global City Food Programme at ICLEI

Mr. Defranceschi presented the [SchoolFood4Change](#) project and the broader whole school food approach. The SchoolFood4Change project is part of ICLEI's global '[City Food](#)' program, which advocates for a triple H approach—healthy people, healthy landscape, and healthy climate. This approach focuses on areas with high potential for impact such as fresh food markets, food waste reduction, circular food systems, and the improvement of school meals. SchoolFood4Change is one of the largest initiatives focused on improving school meals, education, and procurement processes. It aims to address the issue that nearly one in three

school-aged children are overweight or obese. The project is based on three core pillars. First, it promotes innovative public procurement practices, setting criteria for food that align with the [Farm2Fork strategy](#) and [Sustainable Development Goals](#). Second, it implements a comprehensive whole school food approach. This includes developing policies and leadership, food sustainability, incorporating education on healthy eating and cooking into the curriculum, and building community partnerships. Lastly, it focuses on training and empowering cooks and other food enablers to create and promote meals that support planetary health.

The project has also initiated a petition called '[Buy Better Food](#),' advocating for the integration of healthy school meals and food education in every school. Mr. Defranceschi underlined that we should bring together health promoting schools and food education promoting schools, to create a win-win situation.

Parallel session 2: Mental health in schools, promoting mental wellbeing among students and teachers

Chaired by the Prof Dr Kevin Dadaczynski – Co-chair, SHE Network Research Group

The most recent [survey](#) on Health Behaviour in School-Aged Children (HBSC) highlighted the decline in mental health among children, and emphasised the importance of placing schools at the centre of mental health promotion and prevention programmes, with supportive resource investment and training. This is equally important to safeguard the mental wellbeing of the teaching staff and wider school community.

Prof Dadaczynski introduced the session by setting out that the many crises that we are currently facing produces instability, even in a healthy environment. This has a detrimental impact on mental health, especially that of children and youth.

The HBSC study has given a clear indication of the current state of play of children's mental health. It shows that girls have reported worse health outcomes than boys, particularly when it comes to loneliness, demonstrating an increasing gender gap.

In this session, speakers dived into health promotion strategies and best practices, discuss how to engage policymakers and practitioners in transforming school environments, and identify the resources needed for improving mental health and academic outcomes in educational settings.

Prof Peter Paulus – Professor, Leuphana University; German SHE National Coordinator

Prof. Paulus introduced the [Mind Matters Programme](#), a health resource for primary and secondary schools. The programme supports schools to improve school quality and quality of education through promotion of mental health. It is based on the concept of the good healthy school. MindMatters integrates the whole school, including pupils, principals, teaching and non-teaching staff, parents and the community around the school. Some of the modules are directed towards pupils from primary and lower secondary schools, others are for school staff only.

MindMatters originates from Australia. In a pilot phase it was adapted to German and Swiss schools. Evaluation results in Australia and Germany demonstrate positive effects.

It is important to note that schools should not and cannot do everything alone, which is why the programme also supports schools in making the connections to for example health services.

This programme allowed to embed mental health promotion in the schools' work. It is well-evaluated, supported through a teacher-training institute and a national programme centre. It went from being a timebound programme, to a more continuous effort stream, helping to shift from a reactive to a proactive approach to mental health. Fundamentally, schools are not just learning spaces, they are civic spaces too.

Prof. Paulus also emphasised the importance of securing stakeholder support: the Ministry of Education endorsed the initiative, and the programme's benefits were demonstrated to health insurers to secure funding.

Michele Calabrò – Director, EUREGHA; Dissemination lead for BOOST project

Mr. Calabro presented the [BOOST project](#), a Horizon 2020 project aimed at building socioemotional (SEL) skills among school-aged children to improve mental health resilience.

The project developed, implemented and tested a new school-based population approach for social and emotional learning, focusing on developing school staff's skills, organisational development, and school implementation. The approach was tested in school environments by school staff in Norway, Spain and Poland. Given the diversity of educational systems, different paths were taken to engage school staff.

Primary schools were mainly involved in this project, but the in-person approach had to be readapted in response to the COVID-19 pandemic.

The project focused on three overall SEL competences: personal (self-regulation, self-awareness, self-acceptance), social (communication, collaboration, empathy and social awareness) and learning to learn (managing learning and critical thinking). The intervention aimed to address the shortcomings of existing SEL programmes, which are often time-consuming, implemented by outside experts, and not integrated into general teaching and school environments. Instead, BOOST shifted towards more effective programmes that are promotive and preventive, based on whole school approaches, integrated into mainstream school life, and implemented by regular school staff.

The BOOST project developed a concrete set of tools, including a 5-step guide to organise SEL work, a guide to facilitate shared learning, and a guide to create and share tools, all based on the BOOST mindset of strengthening mental health resilience. It also created a service delivery model consisting of learning modules, practical tools, and guidelines on how schools and staff can integrate the BOOST approach in their daily activities. This was done through a co-creative process with each school, recognising that schools are best placed to provide input.

Mr. Calabro noted that the project's end coincided with the war in Ukraine, which required adjustments to address this new reality. He also pointed out that the BOOST initiative was not seen as an extra burden because policymakers initiated it.

Working together and identifying opportunities for collaboration on the health promoting school approach

Chaired by Caroline Costongs and Gabriella Sutton, EuroHealthNet

Video message by Chris Wright - Head of Wellbeing, Youth Sport Trust on the 'Well Schools' movement

Mr. Wright presented the [Well School Movement](#) in the UK. Launched in December 2013, Well Schools aims to create happy and healthy schools based on data on children's health, happiness, and future prospects in the UK.

There are currently three major issues in the education sector. Firstly, high accountability stakes system and a narrow focus on a small range of subjects. Teachers face stress due to the pressure of adhering to these accountability measures. The movement emphasises the importance of well-led schools, supporting staff health and well-being, and fostering a holistic school culture. Ensuring that staff can be their best selves is crucial for student well-being.

Secondly, there has been an alarming decline in children's physical and mental health since 2010, with a noted mental health crisis affecting young people across the UK. Physical inactivity rates are at an all-time high, with many children failing to meet the guideline of 60 active minutes per day. This inactivity, coupled with poor mental health, is contributing to a rise in non-communicable diseases. The Well School Movement therefore aims to promote physical activity and mental well-being among students.

Thirdly, the current education system's narrow curriculum focuses primarily on maths, English, and the sciences, neglecting essential life skills needed for future employment and personal development. Mr. Wright stressed the need for an education system that values and integrates these skills, preparing children for the digital age and a rapidly changing job market.

The movement also addresses socioeconomic disparities, with many children coming from destitute or impoverished families. Evidence suggests that improving physical, social, and mental health can enhance learning behaviors and narrow the achievement gap. However, the current reality shows a decrease in these domains, further widening the gap.

Well Schools seeks to reimagine the educational experience for children, by adopting a collaborative approach to well-being and inclusion. This involves engaging staff and pupils in decision-making, creating positive relationships, and ensuring a sense of belonging.

The movement has shown that schools with strong autonomy over staff well-being see positive outcomes, with staff feeling safe, supported, and valued. This, in turn, leads to happier and healthier pupils, better engagement, and improved learning outcomes.

***Dr Ally Dunhill** – Director, EuroChild*

Dr. Dunhill presented about meaningful involvement of children and students in health-promoting school approaches and policies. Representing [Eurochild](#), she emphasised that meaningful participation involves effective, sustainable, and relevant discussions with children, recognising them as experts in their own lives. It is crucial to involve children from the beginning and use child-friendly language to explain the purpose of the initiative.

Involving children in health-promoting policies has multiple benefits. Introducing these policies at an early age teaches children the importance of a healthy lifestyle, encouraging lifelong learning and the continuation of good habits into adulthood. This participation gives children a sense of ownership and empowerment, making them more likely to actively participate and adhere to policies. It fosters collaboration, creating a shared responsibility for the health and well-being of the school community.

A better school environment can lead to improved mental health, reduced stress levels, and enhanced interpersonal relationships. This collaborative approach can also prevent health issues such as obesity, diabetes, and mental health disorders. Early interventions in childhood have long-lasting effects on overall public health and can positively impact educational outcomes by increasing concentration, attendance, and helping children reach their full potential.

Dr. Dunhill also highlighted the significant impact of social and environmental determinants on children's health and well-being, noting that children living in poverty and social exclusion are the most vulnerable to health inequalities.

Some EU policies exist to assist in this mission. The [EU's Child Guarantee](#), adopted on June 14, 2021, aims to provide effective and free access to quality healthcare for children in need. This initiative encourages Member States to develop accessible health promotion and disease prevention programs for vulnerable children, their families, and professionals working with children.

The [EU's Mental Health Strategy](#) from July 2023 calls for Member States and stakeholders to submit best practices on children's mental health to enhance promotion, prevention, and early detection of mental health issues through the [EU Best Practice Portal](#).

Ms. Dunhill encouraged to share both successful practices and failures, as learning from mistakes can be more valuable than learning from successes.

Dr Stefanie Vandevijvere – Public Health Nutrition Senior scientist, Sciensano

Ms. Vandevijvere focused on the necessity of creating healthier food environments in schools to improve children's dietary intake. Effective interventions and policies should target the school food environment by increasing the availability of vegetables, providing healthy meals, and removing sugary drinks from vending machines. Literature has shown that these measures positively impact children's dietary habits.

A significant barrier to the success of these interventions is the obesogenic environment surrounding many schools. Studies show that these external environments hinder efforts to promote healthy eating among children. For example, a comprehensive study in Flanders revealed that over a period of more than ten years, there was an almost 25% increase in fast food and convenience stores around schools. Additionally, more than 70% of outdoor advertisements in these areas promote ultra-processed foods or alcohol.

Addressing the obesogenic environments requires collaboration with multiple stakeholders, such as public transport authorities, urban planners, and multiple levels of government. It is important to empower local authorities to act on these obesogenic environments.

Carlos Martin Ovilo - Deputy Head of Unit, Directorate General for Agriculture and Rural Development, European Commission

Mr. Martin Ovilo presented the [EU School Fruit, Vegetables, and Milk Scheme](#), a programme financed by the EU aimed at distributing fruits, vegetables, and certain milk products to children, together with educational measures to promote healthy eating habits. The scheme, now in its seventh school year,

primarily aims to increase the consumption of healthy agricultural products and improve children's eating habits.

Assessing the impact of the scheme is complicated. While it is possible to measure the distribution of quantities, it is difficult to measure actual consumption by children both at school and at home and whether these habits will remain into adulthood.

In the last school year, approximately 18 million pupils participated in the scheme, accounting for about one in three to four children in the EU. Additionally, about 24 million children participated in various educational activities, including school gardens, farm visits, cooking workshops, and quizzes. The scheme has a total budget of 290 million euros.

The scheme is considering several revisions for the coming years. It plans to focus primarily on children aged 6 to 12 years to better influence their eating behaviours. Additionally, it aims to enhance sustainability by limiting high-fat and high-sugar products and promoting environmentally respectful production methods. The scheme will also provide more educational initiatives on healthy diets, improve budget execution, simplify administrative processes, and enhance coordination among the different stakeholders involved.

Chiara Piccolo, Head of European Affairs, Learning for Well-being Foundation, member of European Commission Expert Group on well-being in schools

Ms. Piccolo presented the Learning for Well-Being ontological framework, which emphasises the holistic development of children -encompassing physical, emotional, mental, and spiritual aspects- in relation to themselves, others, and their environment. The framework, which is based on a living systems perspective, views well-being as a dynamic, multifaceted process rather than mere happiness. It stresses the importance of recognising and supporting children's inherent capacities such as empathy, reflection, and observation, and integrating these elements into their educational experiences.

It is also based on the concept of "inner diversity," which acknowledges that children process information and experience well-being differently. This means that a tailored approach is required to consider each child's unique developmental needs and context. It is important to involving children in defining and taking action for their own well-being, as well as encourage feedback and self-reflection.

This framework aligns with the goals of the [EC Expert Group on Well-being at School](#), which aims to create comprehensive guidelines for a systemic, whole-school approach to well-being. They are developing a self-assessment toolkit, raising awareness at EU and national levels, and focusing on integrating mental health into the curriculum, improving school governance, and ensuring safe and inclusive environments.

Lastly, Ms. Piccolo emphasised the importance of the well-being of teachers since children cannot experience wellbeing at school if their teachers are unwell. She also underlined that schools should be viewed as integral parts of their broader communities and that achieving academic success is insufficient on its own, we need to prioritise well-being to enhance academic performance and positive mental health.

Ivana Pavic Simetin - SHE Network Manager

Ms. Pavic Simetin presented the [Schools for Health in Europe \(SHE\) Network](#), a well-established initiative with over 40 member countries. The SHE Network aims to develop and implement health-promoting practices in schools throughout Europe.

The value of SHE Network's resources is that they have been developed through a collaborative effort between experts from various countries. This international cooperation ensures that the materials are adaptable to various educational settings and practical for everyday school use.

Schools within the network have shown eagerness to be the 'twinning partner' of a new members, which facilitates the sharing of experiences and best practices, and is therefore the main value and key strength of such a network.

Closing remarks

Caroline Costongs – Director, EuroHealthNet

The seminar concluded with some closing remarks by Caroline Costongs, the Director of EuroHealthNet. She highlighted the important role of the SHE Network in the Schools4Health project, mentioning the resources, expertise, and network support it provides.

Ms. Costongs highlighted four key takeaways from the seminar.

Firstly, the urgency of addressing health inequalities among children. Current statistics show a decline in healthy nutrition, physical activity, and mental health, which is why the work on health promoting schools is more important than ever. It is a positive step that the European Commission acknowledges this need.

Secondly, there is a shift from health promoting schools towards a more systemic approach where children's health and wellbeing is at the core of everything, including the teacher's work, the school, and the school surroundings. The approach also considers the socio-economic determinants of health to prevent increasing inequalities between schools with different resources.

Thirdly, there is a need to move beyond solely integrating health topics into the school curriculum. Ms. Costongs noted that creating conditions that enable children, young people, and teachers to eat healthily, be active, and look after their well-being is crucial to develop their agency and address issues like commercial determinants of health and sustainability.

Lastly, promoting health in schools should not only be the responsibility of schools and teachers. Policymakers and public authorities at local, regional, national, and EU levels, as well as the broader community, must support this effort. A collaborative approach will relieve pressure on schools and allow them to become a driving force for change.

Ms. Costongs concluded with some forward-looking reflections. The Schools4Health project will continue to develop a hub to gather relevant resources, policy briefs, and toolkits, and will plan a final conference for 2025. EuroHealthNet will remain active at the EU level, identifying opportunities and build collaboration to further advance the healthy school agenda.