



A Health Behaviour in School-aged Children study (HBSC) and Schools for Health in Europe network (SHE) collaborative project for data-led health action planning in schools

Findings and reflections from three European pilot case studies



ABSTRACT

This pilot project represents a collaboration between members of the Schools for Health in Europe (SHE) network and members of the Health Behaviour in School-aged Children (HBSC) study national teams in four countries/regions: Croatia, North Macedonia, United Kingdom (Scotland) and United Kingdom (Wales). It was coordinated by the WHO Regional Office for Europe. The overall aim of the project was to test the usefulness of SHE resources and HBSC national data for engaging the school community in health action planning in three case study countries and regions (Croatia, North Macedonia and Scotland) by: bringing together the work being carried out by HBSC and in the SHE network; providing two schools in each country/region with a toolkit of SHE resources and HBSC national data to understand and evaluate health and well-being in their schools; and gathering feedback from schools (teachers and students) on using the resources. This report reflects feedback from the pilot countries/region and provides some recommendations for promoting data-driven health action planning in schools in Europe.

Keywords

HEALTH PROMOTING SCHOOLS
ADOLESCENT HEALTH BEHAVIOUR
ALCOHOL DRINKING
LIKING SCHOOL
EXAMPLE
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EXAMPLE
PHYSICAL ACTIVITY
EXAMPLE
MENTAL WELL-BEING
EXAMPLE

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1. Background

This pilot project represents a collaboration between members of the Schools for Health in Europe (SHE) network and members of the Health Behaviour in School-aged Children (HBSC) study national teams in four countries/regions: Croatia, North Macedonia, United Kingdom (Scotland) and United Kingdom (Wales). It was coordinated by the WHO Regional Office for Europe.

SHE is a non-profit organization that aims to support the development and implementation of the concept of health promotion in schools in the WHO European Region. The SHE network develops a range of support systems and structures, including its own tools, such as a school manual, a school action plan and a rapid assessment tool. It is supported by the WHO Regional Office for Europe and the European Commission.

The HBSC is a WHO international study of the health, well-being, social environments and behaviour of 11-, 13- and 15-year-olds. The study is conducted in almost 50 countries in Europe and North America, covering about 220 000 students. HBSC data are used for international and time-trend analyses by stakeholders at national and regional levels for surveillance and health action planning and, in an increasing number of countries, at school level.

The project was developed by a steering group consisting of:

- Croatia: Ivana Pavic Simetin, Anja Belavic, Misela Zehacek Zivkovic;
- North Macedonia: Elena Kjosevska, Sanja Prosheva;
- SHE manager: Anette Schulz;
- Scotland: Dorothy Currie and Jo Inchley (HBSC International Coordinating Centre), Judith Mabelis and Suzanne Hargreaves (Education Scotland);
- Wales: Julie Bishop (Public Health Wales/School Health Research Network (SHRN)/SHE), Simon Murphy (HBSC/SHE/SHRN), Chris Roberts (HBSC/SHRN); and
- WHO: Martin Weber and Vivian Barnekow, with support from Aigul Kuttumuratova and Pia Maier.

The steering group met in autumn 2018 to develop a collaborative project that drew on a successful model developed in Wales and now being rolled out in Scotland that uses HBSC data and health promoting school resources for whole-school engagement in health action planning.

The overall aim of the project was to test the usefulness of SHE resources and HBSC national data for engaging the school community in health action planning in three case study countries and regions (Croatia, North Macedonia and Scotland) by:

- bringing together the work being carried out by HBSC and in the SHE network;
- providing two schools in each country/region with a toolkit of SHE resources and HBSC national data to understand and evaluate health and well-being in their schools; and
- gathering feedback from schools (teachers and students) on using the resources.

The steering group met in February 2019 to receive evaluation reports from the three case studies. These are presented in sections 3–5 of this report. The group reviewed the findings and considered the development of this work and opportunities for future collaboration between HBSC and the SHE network, which are outlined in section 6. Section 7 provides recommendations from the pilot project.

2. Methods

In January 2019, two schools in each case study country/region were sent the following tools and encouraged to use them with teachers, pupils and parents (where possible) to evaluate their usefulness in developing school health action plans.

The HBSC tools were:

- selected indicators from the HBSC 2018 international survey (five indicators for each country/region) chosen by the steering group as representing important health topics for schools in the respective countries/region;¹ and
- the HBSC School-level Questionnaire (SLQ), which asks about school priority areas in health and well-being and school health policies, activities and infrastructure.

The SHE tools were:

- the SHE school manual: this document introduces the concept of health promoting schools and provides information on how to become a health promoting school, or improve existing health promoting school plans;
- the SHE school action planner: this supports schools in preparing a health promoting school action plan; and
- the SHE rapid assessment tool: the tool can help assess current policies and practices related to health promotion to determine a school's needs and priorities.

The schools were asked to work with a selected cohort of pupils to examine HBSC national/regional data on their chosen indicators, fill in the HBSC SLQ and assess their relevance and usefulness in evaluating health and well-being in the school. They were also asked to examine the SHE tools to ascertain their relevance for monitoring health and well-being, and how they might track the successful implementation of health promoting school principles/health and well-being in the school.

Following this, they were asked to arrange two focus-group meetings in their school, one for pupils and the other for staff. A member of the HBSC/SHE team ran the focus groups by following a schedule that examined their experiences of using the resources (Annex 1). Informed consent was obtained from all participants, with notes taken to identify key themes for each question and recordings used to capture illustrative quotes.

¹ The five indicators were chosen from the international data file. The schools in the countries/region participating in the pilot could then select two to work with, using HBSC national/regional data to see how their school compared.

3. Croatia case study

3.1. Background of pilot

Many schools in Croatia exist within the network of health promoting schools. It is important that health promoting schools have tools and resources to help evaluate the health and well-being of the school. The SHE and HBSC resources strengthen collaboration and are useful instruments and tools for schools.

The two schools chosen from Croatia were Pregrada High School and III Gymnasium in Zagreb. Each is a SHE school with a history of successful collaboration.

The health topic chosen in Pregrada High School was physical activity. Action on this topic would be implemented in the everyday life of the school by incorporating classroom physical activity breaks into the school's curriculum. III Gymnasium chose mental health, which they associated with two indicators: social media addiction, and liking school. The decision was taken following discussions between students and teachers which concluded that students were using their smartphones too much.

Pregrada High School is located in a small town and municipality in Krapina-Zagorje county in northern Croatia. There are 450 students enrolled at the school and 49 teaching staff. The results of the SLQ show that health promotion is an integral part of the school and is cited in its mission statement. The SLQ identified good policies and practices in relation to physical activity, bullying and smoking, but nutrition was lacking. The school was chosen for its good practices and great communication between institutions and among staff and students. It is a health promoting school (part of the SHE network) and participates in activities related to health awareness and promotion annually through many projects.

III Gymnasium High School is located in the capital city, Zagreb. There are 635 students enrolled at this health promoting school and 46 members of teaching staff. The school website and mission statement cite specific components of health that the school addresses. III Gymnasium has implemented specific and informal rules and approaches to physical activity, nutrition, smoking and bullying. It has strict rules on bullying and smoking, and informal rules for nutrition and physical activity. Good practices at the school include the availability of healthy food choices for students during breaks and mandatory physical activity (two school hours). The school was chosen for the pilot because of the good communication and practices it has exhibited.

Both schools implemented project activities in accordance with the SHE manual. Pregrada is a vocational school with additional gymnasium courses, while III Gymnasium has only gymnasium courses. This was an important factor for the goals of the project. In addition to activities undertaken in the project, both schools have been expanding their activities independently: for example, Pregrada has worked consistently on classroom physical activity breaks, while III Gymnasium has had a strong focus on food and nutrition.

3.2. Aim

The aim was to provide the schools with a toolkit of resources to help staff and students understand and evaluate the health and well-being of their school. The teachers and students provided feedback through a structured interview with members of the national team.

3.3. Methods

Schools received specific documents via email. Guidance letters setting out important dates and necessary information to proceed with the project were sent along with the evaluations for teachers and pupils, which featured the questions for the focus groups. HBSC 2018 national/regional data and an explanation of the graphs were provided for five indicators: alcohol, social media, enjoying school, physical activity and smoking. The HBSC SLQ and the SHE tools were sent. Focus groups were held at both schools, one for pupils and one for staff. A member for the HBSC/SHE team led the focus groups and discussed answers to the evaluation questions.

3.4. Feedback from schools

3.4.1. How was the health topic chosen?

The health topic chosen by **Pregrada** was physical activity, in the form of classroom physical activity breaks (active breaks and workouts in classrooms). The school decided to implement physical activity into daily life and include it in the school curriculum. Students' reasoning for choosing this topic was awareness of increased academic commitments in school, decreased opportunities for extracurricular activities and playing sports, and recognition that they were often tired and not focused on learning. Students believe the short active breaks they now have during the second and fourth periods help them to stretch and relax.

III Gymnasium's topic was mental health, chosen on the basis of surveys and discussions with experts (educationalists and psychologists), the observed overuse of social media among students and dissatisfaction with school rules on this issue. Students also highlighted high levels of dissatisfaction with school, so chose to address issues around enjoyment of school and social media addiction.

3.4.2. Who was involved in deciding the topic?

The SHE working group coordinated activities in **Pregrada**. The Teaching Council completed the SHE rapid assessment tool and the class teacher presented the initial ideas to students. Parents were informed at the Parents' Council and parents' meetings and offered support. The idea to begin with classroom physical activity breaks was suggested by the school's professors.

All pupils in the first grade of high school at **III Gymnasium**, especially the focus group of students who analysed the survey results, and the professor and principal (members of the SHE working group) were involved in deciding the topic.

3.4.3. How useful were the HBSC data?

HBSC data are followed regularly at **Pregrada** as part of normal school procedures. The data are exceptionally valuable because they contain a huge amount of information related to the health and behaviour of students that is used as a source of ideas for local school research and is presented to parents when dealing with certain topics at parents' meetings. The data were also interesting to students (the data were presented to them by a psychologist) as they show how some behaviours, such as alcohol and cigarette consumption, are greatly increased once children begin to attend high school. The students found the data provided a graphic representation of where they stand.

HBSC data were useful in decision-making on health issues at **III Gymnasium** as they provided a guideline for a similar survey conducted with first-year students.

3.4.4. What processes were followed in the health action planning?

Three meetings were held at **Pregrada**, with the idea being presented at the first and a demonstration of the exercises at the second. The third meeting was held to determine the overall organization of the exercise. At this point, Professor Husic, the school's physical education teacher, began working with the students. Trained demonstrators (students) were selected to support other students during periods of physical education. Teachers had a demonstration of the physical activities at a Teachers' Council meeting held in the gym, where they could gain practical experience. Questionnaires focused on the effects of the intervention on concentration and ability to follow lectures.

Classroom physical activity breaks were incorporated into the curriculum in the school year 2017/2018. The process involved three stages:

- stage 1 involved introducing the physical activities (of about three minutes' duration) to at least 50% of teaching hours each day;
- in stage 2, teachers completed a questionnaire and discussions were held with the students, following which modifications were made to the physical activities; and
- stage 3 saw a modification to the physical activity schedule, with the activities being performed twice a day during the second and fourth periods (students monitored the duration of the activities).

The members of the SHE team at **III Gymnasium** decided to analyse the survey conducted in all first-year classes, assisted by expert information from the principal, educationalists and psychologist.

The SHE team met three times in three weeks, with the school principal present at each meeting. Some members of the SHE team also worked with first-year students and classmates over 10 hours in the first two weeks of the second semester.

3.4.5. Who was involved in the planning?

In **Pregrada**, the SHE working group, principal, pupils and parents supported the proposed activities. First-year students, principals and SHE members were included at **III Gymnasium**.

3.4.6. How useful was the toolkit? Feedback on the resources

HBSC national data were found to be useful in **Pregrada** to enable the school to construct its own questionnaires and provide a framework for comparing results. Students found the information useful in letting them see where health priorities for them and their peers should be aimed and how physical activity levels decrease when children enter high school.

The school was unable to determine which topic to address with the HBSC SLQ, but will certainly use it in the next school year as it will help to identify future areas that may need attention.

The SHE school manual was the starting point for the school. It was found to be extremely useful because it is written as a guide, with all steps precisely specified. The examples were valuable in helping to structure the activities to be carried out. Students felt that it was helpful in showing clearly what criteria the school must meet to be a health promoting school.

The SHE school action planner was found to be useful as it lists everything that is needed in a single document. It facilitates monitoring of activity implementation, encourages the realization of planned activities and allows teams to plan some minor activities along with the main priority activity.

The SHE rapid assessment tool generated much interest because of the quick and visually engaging feedback it presents to users' answers. It was used by a working group for health promotion, the Teachers' Council and Students' Council, and clearly identifies the current position in relation to the desired state. The school believes, however, that the tool by itself is insufficient to enable quality decisions to be made and that it would be most effective when combined with other sources of data.

The HBSC national data provided the framework for the survey conducted among first-year students in **III Gymnasium**, and the HBSC SLQ guided the survey.

The SHE school manual was not used because the school has some ideas of its own about planning and implementing project activities, and the SHE school action planner will be used at a later stage.

The school did not use the SHE rapid assessment tool as experience of using it two years previously had exposed some drawbacks, such as questions not being defined clearly and the school's inability to respond adequately to them because of lack of data.

3.5. Outcomes

After meetings with teachers, demonstrators and students, some physical activities have been changed in **Pregrada**. Tables with the exact schedule for physical activities in the second and fourth periods are now available, with the stipulation that if physical activity cannot be included during these periods, it will be implemented at the next available time. The eventual outcome of the process for this school is that the project lead will have physical activity records for each student.

For now, **III Gymnasium** will continue with activities from last year's topics: improving students' diets and physical activity levels. The school also plans to collaborate with experts around the issues of social media influence and mental health care and instigate weekly activities that will improve communication among students and reduce the use of social networking while in school. Most of the project activities will be collected and presented to all students, employees, parents and other interested parties during Health Week (8–12 April).

3.5.1. The extent to which existing school structures were used and previous experience was useful

The established SHE working group, the classroom activities, the physical education period and the individual meetings with students were useful in **Pregrada**. The School Council oversees measures to increase school satisfaction through activities such as High School Day and the school soccer league.

Existing structures, such as principals, parents, staff and students, were the primary sources of support in **III Gymnasium**.

3.5.2. Future approaches and support for data-driven health action planning

Pregrada recognises that students are occupied with schoolwork and other activities, so may not prioritize educating themselves on their health. Health topics therefore have to be presented in an

interesting way to help students recognize their importance. Lectures, websites, magazines, videos and brochures can be adapted for young people, with social networks, their main source of information, being used to promote health messages. Young people would be open to using all sorts of research related to health behaviour if the results were displayed appropriately for them through, for instance, graphical representations tailored to students. Students at the school feel it would be beneficial for them to meet with peers from other schools and regions to exchange experiences and good practices.

III Gymnasium believes the Croatian Institute of Public Health should be visible in schools, not just online, as personal contact and peer-to-peer experiences are the most effective measures for promoting health and well-being.

4. North Macedonia case study

4.1. Background of pilot

The need for continuous monitoring to improve adolescents' health in North Macedonia was the driver for adopting the HBSC study and the health promoting schools approach about 30 years ago. The Kuzman Josifovski Pitu Primary School was involved in the European Health Promoting Schools Network from 2000–2007, but the Krume Kepeski Primary School was not part of the network.

Kuzman Josifovski Pitu Primary School is located in the Municipality of Kisela Voda. Student numbers have increased over the years, to 596 (272 boys and 324 girls) in 2018/2019. Students with impaired hearing and speech are educated in two combined classes. The staff are highly committed, which promotes the achievement of positive results.

The focus of the school is to create an educational model that supports equal opportunities and access to education for all. The school promotes and integrates multi-ethnic values and builds partnership with parents, with students actively getting involved in the community.

A school policy on reducing violence, increasing security and promoting mental and physical health has been implemented within the framework of the "Care for Health" programme. Parents who work in health institutions and who are members of the Parents' Council are invited regularly to give talks on prevention and preservation of physical and mental health in regular classes.

Krume Kepeski Primary School is also located in Kisela Voda municipality, in the central and rural village of Pripor. It has 728 pupils (378 boys and 350 girls). A school policy on reducing violence, increasing safety, providing care for mental and physical health, and protecting against addiction has been implemented within the framework of the "Care for Health" programme. Like the Kuzman Josifovski Pitu school, parents give talks on prevention and preservation of physical and mental health in regular classes. A procedure for treatment for students with health problems, chronic illness or serious injuries has been prepared.

4.2. Aim

The aim was to evaluate the effectiveness of national HBSC data and SHE tools in contributing to the assessment of health and well-being in schools.

4.3. Methods

The pilot project started on 21 December 2018 with the first meeting of the project team, organized by the SHE coordinator and the HBSC co-coordinator, Elena K Josevska from the Institute of Public Health. The team consisted of Bisera Rahic (HBSC team member), Sanja Prosheva (HBSC team member) and Snezana Jankulovska (former member of the European Health Promoting Schools Network). The meeting had the following agenda:

1. presentation of the results of the HBSC 2018 national survey on alcohol, violence, students' feelings about school, social media addiction and eating habits;
2. agreement on completing the HBSC SLQ;
3. agreement on activities to complete the SHE tools; and
4. agreement to implement activities with focus groups of teachers and students.

Guidelines on the final activities were defined at the meeting before being disseminated to the selected schools.

After the meeting, the materials were translated into Macedonian and spreadsheets and graphic representations of the HBSC 2018 data were prepared on students who:

- like school very much;
- have developed social media addiction;
- consume fruits, vegetables, sweets and carbonated drinks daily;
- have been bullied at least 2–3 times in the previous month; and
- had been drunk more than once in the last 30 days and had been drunk more than once in their lives.

An analysis of the data was prepared in accordance with guidelines from the team in Scotland to allow comparison of results among the participating countries/region.

The schools were visited, information and instructions for the activities given and materials (HBSC SLQ, SHE tools and evaluation list) distributed, with explanations that students and teachers should review them and prepare for implementation of the activities after the winter holiday.

The second part of school year 2018/2019 started on 23 January 2019. Activities were conducted in the schools from 23–30 January. The pilot project covered two eighth-grade classes (13-year-old students) in each school, with 45 students in Kuzman Josifovski Pitu school and 55 students in Krume Kepeski. The school coordinators determined the date and time of implementation of the activities in both classes. The research team carried two copies of the tables, graphs and data analysis with them. The approach to the students was to introduce the research team, who then presented the HBSC data on the five topics followed by discussion. The researchers also shared the SHE rapid assessment tool with the students, explaining its purpose and reviewing and discussing with students its importance in monitoring the health and well-being of the school community and supporting implementation of the principles of health promotion. School coordinators responded to the HBSC SLQ.

Two focus groups of eight people were organized in each school. One had six teachers, the school coordinator and the director, while the second had eight students randomly selected from the classes in which the activities and data had been presented and discussed. SHE tools (the SHE manual, rapid assessment tool and school action plan) were presented to the groups in each school, who were asked to review them and complete the rapid assessment tool over 10–15 minutes. Group members provided feedback on the usefulness of the tool and a questionnaire to evaluate the state of health promotion in the school was developed. The focus groups were led by the researchers, who posed questions from the evaluation for the project.

The focus groups lasted one hour. The atmosphere was positive and pleasant, and parents had given permission for photographs to be taken at the Kuzman Josifovski Pitu school.

After completing the meetings, the team made a joint assessment of all completed questionnaires from teachers and students, enabling one rapid assessment to be prepared for each school. The research team prepared a short report for each school and Professor Kosevska, the SHE coordinator and HBSC co-principal investigator in North Macedonia, prepared the final version of the evaluation report in consultation with the research team and presented the results at a meeting at the WHO Regional Office for Europe on 21 February 2019.

The SHE project in North Macedonia has not been implemented for more than 10 years, so the HBSC/SHE project presented a good opportunity to resume activity.

4.4. Feedback from schools

4.4.1. *How was the health topic chosen?*

Students from both schools felt the HBSC national data on students who like school, use of alcohol and violence were realistic, while data on social media addiction, and consumption of fruits and vegetables, sweet and carbonated drinks were not so, even though a higher percentage of students are involved in the latter behaviours. All five topics were considered important and it was felt that they should be prioritized for further work.

Students at **Kuzman Josifovski Pitu** school agreed that the physical environment is the biggest problem and the focus of the group should be on improving and modernizing the conditions of the school. Students spend a big part of their day in the school, with some having eight classes per day.

Students at **Krume Kepeski** school stressed that all topics were important and went about the process of choosing a health topic through discussion, arriving at the topic of how much they like school. Teachers said they worked mostly on healthy eating, physical activity and, more recently, violence.

4.4.2. *Who was involved in deciding the topic?*

Students at **Kuzman Josifovski Pitu** believe that they and the teachers are the most important decision-makers, but do not exclude other staff.

At **Krume Kepeski**, the psychologist pointed out that involving students in the selection of a health topic is not yet standard practice in the school.

4.4.3. *How useful were the HBSC data?*

Kuzman Josifovski Pitu perceived health data as important and agreed that students should be informed about the situation at national level, but they think that every school has its own problems that should be resolved within the school or at municipality level.

Students at **Krume Kepeski** found the HBSC data were easy to understand and enjoyed commenting on them.

4.4.4. *What processes were followed in the health action planning?*

The **Kuzman Josifovski Pitu** school did not have experience in planning health-care activities based on data from various studies, but used presentations prepared by experts, mostly in biology classes.

The focus group believed the process of planning action can be developed by using resources and exchanging experiences with other schools in the network in the country and abroad, involving students and parents in preparing the action plan, using HBSC data at international and national levels, reviewing WHO publications with data and information from other countries/regions and using SHE tools. Data obtained at school level after the survey is conducted would be particularly useful as they will enable recognition of health needs of students in the school.

The action plan in **Krume Kepeski** is being implemented through self-evaluation in the school. When they choose a particular topic for work, they define their strengths and weaknesses around the topic and plan their activities accordingly.

4.4.5. Who was involved in the planning?

Students from **Kuzman Josifovski Pitu** did not participate in the planning of health activities.

The process of planning at **Krume Kepeski** is under the responsibility of the management team. Usually, the principal, teachers, psychologist and educationalist choose the topics for work. Students and parents are not involved in the planning, but the management team understands the benefits of involving students. Teachers propose that a presentation should be made to students and parents when choosing a topic.

4.4.6. How useful was the toolkit? Feedback on the resources

The SHE school guidance, school action plan and the rapid assessment tool were considered helpful in making decisions about choosing the health topic in **Kuzman Josifovski Pitu**. Data from the HBSC national survey will be used in deciding on health issues, as they will enable the school to prioritize problems that need to be addressed and enhance the process of implementation of the set goals of the action. Other studies or literature would also be used to help the decision-making process, which would also include students and parents, health organizations, the Ministry of Education and Science, the Bureau for the Development of Education and others.

Krume Kepeski expressed a positive attitude towards the SHE manual, the rapid assessment tool and the action plan; they think it would be very helpful for them to have something similar for their school. The manual in particular would provide a framework and a starting point for working on health topics. Teachers think the rapid assessment tool is useful but requires some adaptation for the school environment; for example, there are no active breaks or breakfast clubs at the school.

4.5. Outcomes

The outcome of the process at **Kuzman Josifovski Pitu** is that:

- in the future, the choice of the topic will involve more teachers, parents and students from the higher classes, with equitable representation of girls and boys and, if necessary, public health representatives; and
- the decision on the health issue will be made after several meetings and meetings of the Parents' Council, School Board and Student Parliament.

The lack of student involvement in selection of health topics at **Krume Kepeski** is perceived as a disadvantage, and the SHE manual provides a great incentive to involve students in the selection process.

4.5.1. The extent to which existing school structures were used and previous experience was useful

At **Kuzman Josifovski Pitu** school, various structures that were already in place supported the project, including:

- the parents' talks on prevention and preservation of physical and mental health in regular classes;
- the focus of the school director and school staff, which is to create an educational model to promote equal opportunities and access to education for all;
- the school's values of multi-ethnic integration and building partnerships with parents; and

- students' active participation and involvement in the community, with students from all age groups participating in municipal, city and state competitions organized through accredited institutions and associations.

Existing structures at **Krume Kepeski** school, such as principals, staff and students, were the project's primary sources of support. As at Kuzman Josifovski Pitu, the parents' talks on prevention and preservation of physical and psychological health in regular classes were very supportive.

4.5.2. Future approaches and support for data-driven health action planning

The aims and objectives of the project were fully achieved, confirming the usefulness of the application of the HBSC data, SHE tools and the evaluation framework for assessment of health promotion in schools.

Students and teachers in both schools expressed readiness to support data-driven health action planning and to use the tools when assessing and evaluating the current state of health promotion at the schools. They also included the "Care for Health" concept in the basic principles of work that will provide better quality of education, engender higher satisfaction for students and staff in the school, and promote a sense of belonging to, and responsibility for, the school and community.

5. United Kingdom (Scotland) case study

5.1. Background of pilot

There has been considerable focus on the health and well-being of children in Scotland. The Children and Young People (Scotland) Act 2014 includes the Getting it Right for Every Child (GIRFEC) approach, which is designed to ensure that every child is helped to achieve their full potential. Well-being is at the centre of the GIRFEC approach, with eight indicators: safe, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI). All services working with children and young people, and those who care for them, must play their part in promoting, supporting and safeguarding children's and young people's well-being: this includes schools.

"Health and Wellbeing" is one of the eight curricular areas of the Curriculum for Excellence, Scotland's national curriculum. The importance of health and well-being is reflected in its position at the centre of the curriculum and at the heart of children's and young people's learning from ages 3–18 years. Along with literacy and numeracy, it is one of the three core areas that are designated the responsibility of all staff in the school. This reflects a shift from a health promoting school model, still prevalent across Europe, to an approach that sees health and well-being as the responsibility of all, with it being embedded across learning. Educational settings provide the opportunities for sustained participation in activities that develop mental, emotional, social and physical well-being.

Two schools in the Shetland Isles were invited to take part in this pilot. The schools were selected because health and well-being are embedded in the ethos and life of the schools as communities. Health and well-being is included in the annual school improvement plans and is monitored, tracked and evaluated on a regular basis.

The two schools that took part were junior high schools; this means they cater for children from the early years (aged 3) through to Secondary 4 (aged around 15 years). Both schools were relatively small (fewer than 200 pupils each) and serve remote communities.

5.2. Aim

The overall aim of the pilot was to test the usefulness of the SHE resources and some HBSC 2018 survey data from Scotland in these two schools in the Shetland Isles in understanding and evaluating health and well-being activities in their schools.

5.3. Methods

In January 2019, schools were sent the following tools and encouraged to look at them with teachers, pupils and parents (where possible):

- HBSC 2018 survey data from Scotland on drunkenness, liking school, problematic social media use, peer support and self-confidence, disaggregated by pupil age and sex;
- the HBSC SLQ; and
- SHE tools, including the school manual, school action planner and rapid assessment tool.

Mini focus groups were conducted with pupils and teachers to find out what work had been carried out as part of the pilot, the usefulness of the resources provided and any recommendations or gaps in data/information to assist with health and well-being activities in the

schools. The discussion groups also provided the opportunity to explore and discuss the health and well-being work and activities being undertaken in the schools.

Education Scotland, an executive agency of the Scottish Government tasked with improving the quality of the education system, asked the schools to recruit participants, teachers and pupils to take part in separate mini focus groups. The pupil group was made up of a maximum of eight participants with a mix of ages and gender to obtain as broad a range of opinions as possible. The staff focus groups included about eight staff members with different positions and responsibilities within the school.

5.4. Feedback from schools

5.4.1. How was the health topic chosen?

Both schools looked at the five HBSC indicators provided to them but did not choose their own specific health topic to action. Instead, they decided to discuss the five indicators with a group of pupils, involving a cross-section of boys and girls from Primary 7 through to Secondary 4.

5.4.2. Who was involved in deciding the topic?

The HBSC indicators selected for the schools were chosen by the HBSC/SHE project team members but were felt to be of relevance and interest to the school and pupils.

5.4.3. How useful were the HBSC data?

Both pupils and teachers found the survey data for Scotland interesting, engaging and useful.

The pupils discussed the HBSC data in a group with a teacher. The discussion covered: reaction to the results; the extent to which the pupils felt the results reflected their school; and reasons for potential differences between groups (their school/different age groups/gender).

On seeing the data, the teachers discussed what they meant for current practice and how they might be able to make improvements for pupils. Teachers felt the data could also help them to identify certain risk points when, for example, pupils were less likely to like school.

It was thought that the data could be used as a way of opening the door to a conversation with young people about topics. Teachers felt that the data could also help in discussions with parents and support them in their communication with parents to support school actions.

5.4.4. What processes were followed in the health action planning?

Teachers in each school shared the HBSC data with the group of pupils as part of existing classroom sessions and groups.

5.4.5. Who was involved in the planning?

Health and well-being is included in the annual school improvement plans. These plans are reviewed in conjunction with pupils and staff and set the priorities and focus for health and well-being for the school year. No specific planning was taken forward as part of the pilot, given that plans were already in place at the schools.

5.4.6. How useful was the toolkit? Feedback on the resources

It was found useful for staff to look at the HBSC SLQ as a group, see what priorities and policies are in place in their school and discuss this in a bit more depth. Senior members of staff felt that this discussion would be interesting in identifying whether wider staff understanding of the

vision of the school was the same as that held by senior leaders. The HBSC SLQ was also considered useful in serving as a checklist of things for schools to review to see what they have in place and what might need to be developed further.

As described above, health and well-being has been embedded across learning in schools in Scotland since the advent of Curriculum for Excellence in August 2010, with guidelines and targets to assist schools. The general feedback from teachers therefore was that they tended to refer to Scottish documents and guidelines rather than those provided by the SHE network.

The SHE resources were acknowledged to be useful, with the rapid assessment tool in particular being deemed to be of interest because it helped the school to reflect on current practice and think about how they communicate with staff, pupils and parents about health and well-being. The perception, however, was that the SHE documents were of less relevance to schools in Scotland, given the work already done on health and well-being. It was felt that these resources would be of more relevance to schools starting out on measures to promote health and well-being.

5.5. Outcomes

The pilot did not appear to have led to any changes in practice or a new direction in terms of health and well-being planning and activities in the schools. This is probably not surprising, given the engagement that these schools have already in health and well-being, the availability of guidelines and structures within Scotland and the limited timeframe in which schools had to carry out the pilot work.

The HBSC data were perceived to promote some interesting debate among pupils and teaching staff and the other resources provided the opportunity to reflect on current practice and thinking.

5.5.1. The extent to which existing school structures were used and previous experience was useful

Discussion on the HBSC data in one school took place in the school's Pupil Council, which meets regularly with the head teacher to discuss school issues and initiatives.

5.5.2. Future approaches and support for data-driven health action planning

HBSC data should be used much more at local/school level, but the general interest has tended to focus on trends and results across Europe. This may be more about assisting discussions with young people and making staff more aware of the issues that children may face, rather than school planning (although if local data exist, this would of course be useful). The HBSC data may provide a useful and easier way in to discussing some potentially sensitive topics with young people in a depersonalized way.

Scotland in general, and these schools in particular, are quite advanced in their health and well-being work due to it being embedded across learning and comprising a core part of the ethos of the school as a community. It therefore is important to bear in mind that:

- any tools provided to schools need to fit in and/or complement existing structures and frameworks in place;
- schools are overwhelmed with paper and forms to complete, so it is advisable that any guidance be short and simple to use; and

- the schools expressed an interest in receiving guidance on monitoring health and well-being in their schools and evaluating the impact of any activities they carry out.

There was interest in learning from other schools about the initiatives undertaken – what they do and what outcomes they achieve.

It is important to consider carefully how to best engage pupils and parents in this process; pupils expressed a preference for activities rather than being “talked at”.

6. Discussion

The project steering group reviewed the case study findings and undertook a strengths–opportunities–weaknesses–threats (SWOT) analysis to inform recommendations for future approaches to data-driven health action planning within the HBSC/SHE collaboration. School selection was partly determined by the tight timetable for the project, with availability and existing engagement with HBSC/SHE teams influencing the selection process. This may have influenced the level of engagement with the resources provided and the health action-planning process.

6.1. HBSC/SHE collaboration

The HBSC/SHE partnership provided an effective framework across the case studies for value-added activities and built on complementary team skills and existing positive relationships with schools. This meant that the project was delivered in all the target settings, despite a very tight timetable. The collaboration was also thought to have a potential role in supporting recruitment to SHE through the development of school peer-support networks for data-driven action planning that share good practice and reduce potential burdens on national coordinating teams.

The collaboration was seen to have potential for future development, but it is important that it is located within, and addresses, national legislative frameworks and school-level systems and structures. Wider system barriers to health improvement action in schools, such as staff motivation and pay, resource investment and the importance of health in the education system, are upstream determinants that need to be understood and addressed for effective data-driven health action planning to occur in schools.

6.2. HBSC data

The HBSC data specific to Croatia, North Macedonia and Scotland were seen as being helpful and relevant to schools and acted as effective prompts to health action planning. The provision of the data provoked interesting debates between pupils and teachers and among teaching staff and head teachers. These focused on consideration of the relevance of the data to their schools, potential explanations for the findings and the best way to address the issues in the schools. Data relating to issues that were most amenable to school action were seen to be most valuable.

HBSC data were particularly useful as a vehicle for facilitating pupil engagement in decision-making, especially in schools with lower levels of pupil involvement in health planning and in areas where there may be sensitivity around discussing pupils' behaviours.

6.3. Health action-planning tools

The health action-planning process varied across schools. It is worth noting that not all schools collected their own data by completing questionnaires and used the health action-planning tools. Use was governed by where schools were on their health improvement journeys, with less established health promoting schools finding more relevance and utility in the support tools. The rapid assessment tool was seen as most useful, but more time was needed to consider the implications after completion.

There were some suggestions that there may have been too many resources provided to schools, with some tailoring and targeting suggested for future approaches. It was recognized that really progressing health action planning in schools will require capacity development with schools

(pupils, parents and teachers) to enable them to understand and use data, help with developing data-led classroom teaching resources and guidance on what constitutes effective data-driven action planning.

Although the project prompted health action-planning activities, this did not lead to any notable changes in practice or any new activities. This is perhaps unsurprising, given the short time frame of the pilot. It was also noted that actions may be more likely if schools are able to choose their own indicators and the process is integrated into their normal cycles of health and well-being activities, many of which were already underway. The health action process would benefit from the involvement of public health professionals from outside the schools, the provision of additional resources, including financial, and the sharing of good practice across schools.

7. Recommendations

1. The HBSC/SHE collaboration provides an effective framework to support data-led action planning in schools. As an approach, however, it needs to be adapted to take account of national and regional legislative frameworks and local school systems and structures if it is to be sustainable.
2. The participation of schools via a school peer-support framework may provide an effective vehicle for further SHE expansion. This would also present an effective means of managing coordinating teams' limited resources.
3. HBSC data provided a useful prompt for discussion and health action planning across all schools. Future approaches would be strengthened by allowing schools to select their own indicators for the health action-planning process.
4. Use of the SHE tools varied across schools and was related to the schools' progress as health promoting schools. Schools at earlier stages of development found these of greatest value, and future provision of material could be tailored against needs.
5. It should be recognized that schools may require support in data literacy and guidance on what constitutes effective health action-planning processes.
6. Further work is required to refine and test the approach across a wider range of schools and countries/regions. Any evaluation should be conducted across a time frame that allows the planning activities to be integrated into normal school planning cycles, promotes the development of partnerships external to the school, and ensures longer-term follow up to assess whether recommended actions were implemented. This would represent an evidence-based approach that would ensure future resources were used effectively and avoid any potential harms.

Annex 1

PILOT PROJECT INTERVIEW SCHEDULES

In each school, semi-structured interviews will be conducted with the teacher responsible for organizing the pilot and a focus group undertaken with the pupils involved.

The focal points for the Health Behaviour in School-aged Children (HBSC) study and Schools for Health in Europe (SHE) network projects in your country/region will be responsible for carrying out the focus-group activity. Notes will be taken to identify key themes for each question and recordings will be used to capture illustrative quotes.

Consent will be needed from all participants in the focus groups. Data from the focus-group work will be presented anonymously and will be used to prepare a report looking into all of the bullets below. The report will be made available to the school and will be included in an analysis of the project carried out in three European countries/regions. The interviews will be recorded, but each member of the focus group can request that the interview be stopped at any point in time.

Teacher semi-structured interview schedule

Introduction

You recently took part in a pilot to evaluate a data-driven approach to health action planning in school. We are interested to hear your views on how this went and ideas for future approaches.

1. What is your position/role in the school?
2. What health topic did you choose to focus on, and why?
3. Tell me who was involved in deciding the health topic. [Probe whether pupils, teachers, senior managers, parents, school service/support staff and others were involved.]
4. To what extent was a broad range of pupils involved? [Probe for range of ages, gender and educational abilities.]
5. How did you decide on the health topic? [Probe for the number of meetings, process followed, and whether existing school structures like pupil council groups, governors or curriculum classes were used.]
6. How useful were the HBSC data in deciding the health topic? [Probe for whether they understood the data, whether the presentation was helpful, and what skills/support they had.]
7. Was there anything else that helped you decide?
8. Would any other materials or support have been useful?
9. After deciding the topic, did you use any of the toolbox for planning school action? [Probe for use of: HBSC national data; HBSC school-level questionnaire; SHE school manual; SHE school action planner; and SHE rapid assessment tool.]
10. For each “Yes”, how useful was this? For each “No”, was there any reason for this?
11. Did you use any other approaches to health action planning and, if so, what?
12. Who decided the approach to health action planning and who was involved in the planning? [Probe for involvement of pupils, teachers, senior managers, parents, school service/support staff and others. Probe the breadth of engagement at each stage of planning – pupil age, gender and educational ability.]
13. What recommendations/actions came out of the planning? Will there be any next steps?

14. Did you use any existing structures, such as pupil council groups, governors or curriculum classes, for engaging staff, parents, pupils and others in the health action planning?
15. Would any other materials or support have been useful?
16. Does your school have any previous experience of using data or engaging pupils for health action planning?
17. Do you have any thoughts on how a data-driven action-planning process could be developed for your school? [Probe for usefulness of online resources, type of data (national, international and trends), presentation of data, support for data use, support for health action planning, support for engaging pupils, parents and others, and any other support.]

Pupil focus-group schedule

Introduction

You recently took part in a pilot study to understand how health data can be used by young people to improve health in their schools. We are interested to hear your views on how this went and ideas for future approaches.

1. What health topic did you choose to focus on and why?
2. How did you decide on the health topic? [Probe for the number of meetings, process followed, and whether existing school structures like school classes or pupil councils were used.]
3. How useful were the health data in deciding the health topic? [Probe for whether they understood the data, whether the presentation was helpful and what support/skills they had.]
4. Was there anything else that helped you decide?
5. Would any other materials or support have been useful?
6. After deciding the topic, did you use any other material for planning school action? [Probe for use of: HBSC national data; HBSC school-level questionnaire; SHE school manual; SHE school action planner; and SHE rapid assessment tool.]
7. For each “Yes”, how useful was this? For each “No”, was there any reason for this?
8. Did you use any other approaches to health action planning and, if so, what?
9. Who decided the approach to health action planning and who was involved in the planning? [Probe for involvement of pupils, teachers, senior managers, parents, school service/support staff and others.]
10. What recommendations/actions came out of the planning? Will there be any next steps?
11. Would any other materials or support have been useful?
12. Do you have any previous experience of being involved in health action planning in your school? [Probe whether this experience included use of data.]
13. Do you have any thoughts on how data could be used to help you plan actions for health in your school? [Probe for type of data, presentation of data, support for data use, support for health action planning, support for engaging pupils, parents and others, and any other support.]

The WHO Regional Office for Europe

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