

2017



Responding To Needs, Driving Change



## CDI Healthy Schools Programme Summary Policy Brief Healthy Schools - Healthy Children

### Preamble:

The Childhood Development Initiative (CDI) delivered and evaluated a Healthy Schools' Programme in five DEIS<sup>1</sup> Primary Schools (Delivering Equality of Opportunity in Schools) in Tallaght, from 2008-2012. An independent follow-up study carried out in 2013 found significant health and wellbeing outcomes for the children involved. Since the inception of the CDI Programme, the HSE Health Promoting School (HPS) model has been nationally promoted by both the HSE and the Department of Education and Skills (DES). The role of schools in promoting the health and wellbeing of children is emphasised in many recent policy developments. These findings and developments have prompted the production of this Policy Brief which calls for the rollout of the HSE-HPS model initially to all DEIS Primary Schools and ultimately to all schools. The findings of the follow-up study support this call and demonstrate the effectiveness of a health promoting school approach as an early intervention and prevention measure.

<sup>1</sup> Launched in 2005 by the Department of Education and Skills DEIS is the most recent national programme aimed at addressing the educational needs of children and young people from disadvantaged communities.



## Recommendations

Barriers in the wider policy context such as reduced resources to schools, health and wellbeing services needs to be addressed in order to create the environment in which a HPS approach can flourish. In addition we recommend the following:

### Medium to Long Term Recommendations

- 1. Develop a national policy on HPS.** 62% of countries who responded to the Schools for Health in Europe (SHE) Network<sup>2</sup> survey have such a policy. The serious health and wellbeing issues affecting children in Ireland including childhood obesity, mental health issues, inadequate physical activity, use of tobacco, alcohol and drugs, justify such a development. The development of the National Strategy to Improve Literacy and Numeracy among Children and Young People (DES, 2011) acts as a precedent in this regard. The current concerns call for a similar national response. Whilst these issues are cross government, cross society and already a focus of a number of recent significant policies, the role of HPS is acknowledged nationally and internationally as a key way to address them. In the absence of a specific national policy on health promoting schools, implementation of this approach will continue to depend on the good will of individual schools, particularly given their level of autonomy. Such a policy would also reflect the growing recognition being given to a HPS approach at national policy level. The development of a national policy should be informed by evaluation of the current HSE-HPS, the learning from the CDI studies (2012 and 2013) particularly regarding implementation, and by a robust consultation process.
- 2.** Review teacher initial education and continuous professional development to ensure these adequately prepare teachers to engage in whole-school approaches.

### Short to Medium Term Recommendations

- 3.** Ensure the plan currently being developed by the HSE Health and Wellbeing Education Advisory Group (in conjunction with the DES and Department of Health (DoH) Health and Wellbeing Partnership Group) includes a commitment to roll out a full HPS approach to all DEIS Primary Schools as a first step in a fuller national roll-out.
- 4.** Provide adequate resources to support this rollout including a post of responsibility to allow the appointment of a HPS

Coordinator, within participating schools.

- 5.** Further develop HSE-HPS data collection to ensure information is available on the numbers and types of primary (and post primary) schools currently participating as well as the nature of the engagement. The DES Life Skills Surveys could assist in this<sup>3</sup>.
- 6.** Commission an independent evaluation of the HSE-HPS Programme and include a strong focus on outcomes for children (especially in DEIS schools).
- 7.** Take account of the significant learning regarding implementation outlined in the CDI 2012 study, in any future rollout of HSE-HPS, particularly in terms of capacity to provide school level supports.
- 8.** Develop an implementation plan for the Mental Health and Wellbeing Guidelines (2015) and recommend that implementation at school level is embedded in a HPS approach.
- 9.** Continue to strengthen the capacity of the Professional Development Service for Teachers (PDST) in relation to health and wellbeing.
- 10.** Continue to promote and support a focus on the theme of health and wellbeing in School Self Evaluation (SSE) and link this to schools adopting a HPS.
- 11.** Consider amalgamating the current three school flags, that is, Active School Flag, HSE-HPS Flag and Healthy Ireland School Flag into one 'Healthy School Flag'.
- 12.** Consider the full implementation of a HPS approach in all DEIS schools in the context of the recent review of DEIS. In this regard, engage in discussions with Tusla Education Welfare Services Management to strengthen cooperation at national and local level between the Home School Community Liaison Service (HSCL) and HSE-HPS Programme.
- 13.** Ensure coherence between current national policies and strategies on Physical Activity, Obesity and Sexual Health in terms of the role of schools in their implementation, and a commitment to and promotion of HPS approach.
- 14.** Consider the role of the Children and Young People's Services Committees (CYPSCs) in supporting a HPS approach especially in relation to the objective of strengthening access to services for children and families. Following this, produce guidelines for CYPSCs.

<sup>2</sup> Ireland is a member of this Network.

<sup>3</sup> The Life Skills Survey is administered by DES periodically. The 2015 survey is currently being processed and the previous survey was in 2012. It is sent to both primary and post primary schools and provides data on a number of important life skills. <https://www.education.ie/en/Press-Events/Events/Lifeskills-Survey-2015/Lifeskills-Survey-2015.html>

## 1.0 Introduction

This Policy Brief<sup>4</sup> focuses on the vital role of schools in promoting the health and well being of children. It outlines the learning from the independently evaluated 'Healthy Schools Programme' designed and delivered by the CDI. CDI became one of the Prevention and Early Intervention Programmes (PEIP) in 2007. In June 2013 it was included in the Government's Area Based Childhood (ABC) Programme. The Brief draws on the original evaluation carried out in 2011 and a subsequent follow-up study completed in 2013 as well as consultation with key stakeholders. The focus is on Primary Schools in which the HSP intervention took place. It also has relevance for early childhood care and education, Post Primary Schools and other learning contexts used by young people.

The production of this Brief was prompted by the identification in the follow-up study of significant outcomes for the children involved. It is hoped that these will inspire policy makers and implementers to further develop and support the role of schools in promoting the health and well being of children.

### 1.1 Health Promoting School (HPS)?

A HPS<sup>5</sup> is one in which all members of the school community work together to provide pupils with integrated, positive experiences and structures which promote and protect their health (World Health Organisation (WHO), 1997). One of the most significant features of effective HPS as highlighted in the literature is the adoption of a whole school approach:

*"There is a need for a strategic and whole-school approach to planning to be undertaken at the school level; one that is informed by self-evaluation and that is inclusive of the views of the entire school community i.e. staff, parents, children, and services that are part of the schools' functioning"* (Weare & Markham, 2005, Pg. 118-122).

The HSE-HPS Framework for 'Developing a Health Promoting School' (2013) also emphasises the importance of a whole school approach. The CDI evaluation encapsulates the scope of the system wide approach, citing Lahiff (2008) as follows:

*"This includes both the formal and informal health curriculum, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health"* (Comiskey et al, 2012, Pg. 1).

### 1.2 Rationale for HPS

There is considerable concern in policy circles regarding children and young people's health and wellbeing as evidenced in current policy debates and developments. These concerns include childhood obesity, emotional wellbeing, positive mental health, levels of physical activity, levels of smoking, alcohol and substance misuse. Recent policy developments emphasise both the rights of children to positive health and wellbeing as well as the significant costs to the State due to ill health later in life.

Schools play a central role in promoting the health and well being of children. The DES advocates that all schools in Ireland include a health promotion approach in both the curriculum and in their duty of care for children's health (DES, 2007). A HPS approach has also been linked to improved academic performance (HSE, 2013, DES, 2015). This is particularly emphasised in literature dealing with educational disadvantage and children affected by poverty and social exclusion (CDI, 2012).

### 1.3 Background to CDI's Healthy School Programme (HSP)

CDI's HSP was developed following extensive collaboration with those living and working in the community<sup>6</sup>. It drew on international evidence of what works in addressing children's health and well being, was delivered in five DEIS Band One Primary Schools in Tallaght West, and was independently evaluated in order to secure an evidence base for the Intervention.

The broad aims of the Healthy Schools Programme (HSP) were improvements in:

- Children's physical and psychological well-being;
- Access to and uptake of health care services and effective referral systems;
- Involvement of parents and families in their children's health.

The Programme was supported at school level by HSP Coordinators and guided by an Interagency Steering Committee.

<sup>4</sup> This policy brief draws on an original policy brief entitled 'Developing a Health Promoting School through the Healthy Schools Programme' (2012).

<sup>5</sup> The HSE has a Programme called Health Promoting Schools; HSE-HPS will be used when referring to this Programme. The CDI intervention was called the Healthy Schools Programme (HSP).

<sup>6</sup> The HSE-HPS Programme was in existence at the time of development of the CDI intervention but did not have a nationally agreed framework or an evaluation of outcomes and impact in the Irish context. The CDI Policy Paper (2012) published following the original evaluation of the CDI-HSP called for a national framework. This was published by the HSE in 2013.

## 1.4 Findings from the HSP Evaluation and Follow-up Study

The evaluation of CDI's model employed a quasi experimental approach, involving the inclusion of two schools not receiving the intervention, for comparative purposes. A follow up study was published in 2013; both studies were conducted by Trinity College Dublin.

Whilst the original evaluation (2012) did not identify significant findings in terms of outcomes, it did identify issues relating to the health profile of children in DEIS schools which should be of national concern. The report states:

*"...there are sizeable proportions of children with below average Health Related Quality of Life on specific domains and a proportion of children with above-average depressive symptoms"* (Comiskey et al, 2012: 9).

The evaluation also captured significant learning in relation to implementation of the Programme at school level and highlighted the importance of the following elements of an evidenced-based implementation strategy:

- A strategic and whole school approach to planning, informed by School Self Evaluation (SSE) and views of the whole school community including staff, parents, children and services linked to the school;
- Allowing schools a long lead in time and development phase prior to independent evaluation beginning so that the programme can bed down;
- Investment in pre-implementation planning and supporting schools to be 'HSP ready';
- The HSP Coordinator (and implementation team) should be adequately trained in HPS theory and practices and work closely with HSE Health Promotion Services;
- Principals as drivers of the HSP and leaders of change;
- Role of HSP Coordinators in supporting policy development, teacher capacity building and interagency collaboration;
- Provision of clear steps for schools to follow and tools to assist decision-making;
- Long-term support from both the DES and the HSE to ensure that the development of health promoting school environments has support in the long term;
- Collaboration from local health services;

- Parental engagement as a key factor in developing and implementing a health promoting school.

Importantly the evaluation report (2012) concluded that outcomes for children arising from a healthy school approach need to be monitored in the medium to longer term rather than the short term, prompting Comiskey to undertake a follow-up study focusing on outcomes for children in the schools included in the original programme. This indicated significant outcomes for children in the intervention schools, compared to those in the comparison schools. In terms of social support and peer relations; and improved Body Mass Index (BMI) (C. M. Comiskey et al, 2013).

These findings have particular significance, and highlight the potential contribution of a HPS approach, in improving health and wellbeing outcomes.



## 2.0 Public Policy Context

The following recent policy developments are relevant to children's health and wellbeing and to the further development of a HPS approach:

- Better Outcomes, Brighter Futures (DCYA, 2014);
- Healthy Ireland (DoH, 2013);
- Connecting for Life (National Office for Suicide Prevention (NOSP), 2015);
- National Youth Strategy (DCYA, 2015);
- National Strategy on Children and Young People's Participation in Decision-Making (DCYA, 2015);
- National Action Plan for Social Inclusion (DSFA 2007)

The further rollout of a HPS approach could make a significant contribution to the achievement of national policy objectives including those contained in the above policies. It is likely that this will also be the case in relation to three other national policies<sup>7</sup> published in 2015 and 2016.

- National Physical Activity Plan;
- National Obesity Policy;
- National Sexual Health Policy.

Strong policy support was identified for the role of schools in promoting the health and well being of children, particularly in relation to children experiencing poverty and disadvantage.

## 2.1 Current National Implementation Strategies for HPS

The HSE-HPS is currently the model promoted and supported nationally. This is grounded in the WHO model of health promoting schools. In existence since 1992, a more national approach was adopted in 2012. This resulted in the production of Frameworks for Primary and Post Primary Schools and the appointment of a National Coordinator in 2013.

Approximately 15%<sup>8</sup> of all schools are recognised as HSE-HPS (September 2015), comprised of 14.6% (or 482) of primary schools, and 20.7% (or 149) post primary. Approximately 19% of primary schools involved are DEIS schools, representing 14% of all DEIS primary schools.

In addition approximately 1.5% of primary schools work with HSE Health Promotion Officers to support health promoting activities but have not signed up for full HPS recognition.

A Health and Wellbeing Partnership including representatives from DES, DoH and HSE has been established to guide the implementation of both Departments' policies on health promotion in the school setting' (HSE 2015-Internal Document).

There is a proposal to involve all schools in the Healthy Ireland (HI) agenda by 2020. A HSE Health and Wellbeing Education Advisory Group is currently being established to lead the development of a plan to achieve this, to include the nature of the participation and how this will be rolled out and supported.

<sup>7</sup> <http://health.gov.ie/wp-content/uploads/2015/01/Profile-Table-of-Priority-Areas-Actions-and-Deliverables-for-the-Period-2015-2017.pdf>

<sup>8</sup> The data outlined here was provided by HSE-HPS personnel during the research to develop this Brief.



## 2.2 Department of Education and Skills and HPS Approach

The DES plays a key role in promoting children's health and well being at Primary and Post Primary level in a diverse range of ways. These include through:

- Curriculum, for example, SPHE and Physical Education (PE) and Activity (PA);
- Teacher development, for example, the PDST particularly the Health and Wellbeing Support Team;
- Support for Whole School Planning and SSE.

DES also produced a framework entitled 'Get Active! Physical Education, Physical Activity and Sport for Children and Young People' (DES, 2012). Associated with this is an Active School Flag funded by DES and supported by DoH and HSE.

Circular 0051/2015 and Circular 0013/2016, entitled 'Promotion of Healthy Lifestyles in Post Primary Schools' and 'Promotion of Healthy Lifestyles in Primary Schools' are a significant development in terms of wider adoption of a health promoting school approach. This strongly encourages Boards of Management and Principals<sup>9</sup> to participate in the HSE-HPS Initiative.

Another significant development is the publication of the Mental Health and Wellbeing Guidelines for Primary and Post Primary Schools (2015). The Guidelines were developed by DES, National Education Psychological Service (NEPS), DoH and HSE and they endorse the HSE-HPS approach as well as the NEPS continuum of support<sup>10</sup>.

The DES also supports health and wellbeing outcomes for children through the DEIS Programme (2006 and ongoing and recently reviewed) and the NEPS.

## 2.3 Policy Context - Enablers and Barriers

The policies and strategies outlined above and the positive attitudes at policy level to a HPS approach are key enablers for the wider adoption of the approach. Some barriers to this were also identified including:

- Insufficient coherence in some aspects of the policies outlined above;
- Weak implementation strategies in some cases;
- Lack of a national policy on health promoting schools;
- Level of autonomy accorded to individual schools potentially reducing effectiveness of guidance from DES;
- Reduced levels of resources and staffing in schools, in particular the loss of posts of responsibility and also cutbacks in the HSE Health Promotion area;
- Cutbacks in wider health and public services.

Johnston (2012)<sup>11</sup> argues that to ensure successful implementation of national policies three interlinked approaches are needed: top down; bottom up; and a transformative approach. While a bottom up approach is necessary but not sufficient alone, she stresses the importance of:

- Authoritative, accountable leadership (top down), and
- Identifying and addressing the resistors (transformative).



<sup>9</sup> Because of the nature and structure of the Irish education system, the DES is not empowered to direct schools to take specific actions such as implement a HPS approach.

<sup>10</sup> This refers to a three tier approach to support: for all; for some and for a few. These tiers are linked to levels of need - general, mild and complex.

<sup>11</sup> [https://medicine.tcd.ie/public\\_health\\_primary\\_care/news/summer-school-2012/29-08-12-Workshop-3-Helen-Johnston-Exploring-the-determinants-of-implementation-in-the-Irish-policy-system.pdf](https://medicine.tcd.ie/public_health_primary_care/news/summer-school-2012/29-08-12-Workshop-3-Helen-Johnston-Exploring-the-determinants-of-implementation-in-the-Irish-policy-system.pdf)

## 3.0 Practice Context- Enablers and Barriers

The barriers outlined above hamper the adoption of models such as the CDI-HSP or HSE-HPS at school level. Other barriers identified through this consultation are outlined below:

### 3.1 External Barriers

- Lack of posts of responsibility resulting in loss of leadership at school level;
- Reduction in resources to some schools which are struggling to pay bills;
- Families of children in DEIS schools are particularly affected by recession resulting in more demands on schools to provide supports;
- Increasing demands on schools resulting in them feeling daunted;
- Insufficient level of services to refer children and families to, for example, Child and Adolescent Mental Health Service (CAMHS), speech and language therapy;
- Lack of coordination between service providers;
- The number of initiatives targeting schools and lack of coordination between them;
- Insufficient supports available to enable all schools to implement a HPS approach.

### 3.2 School-level Barriers

- Commitment to whole school approaches is not universal;
- Tendency to be reactive rather than reflective in adopting activities and programmes;
- Concerns regarding being held accountable for children's health and wellbeing outcomes which are beyond the control of the school;
- Openness to reflect on school culture and ethos;
- Commitment and capacity to lead and implement school level change;
- Understanding and capacity of teachers to participate in a HPS approach.





### 3.3 Enablers

The findings from the HSP Evaluation (2012) outlined at 1.4 above include many of the key factors which support the implementation of a health promoting school approach. Specifically, the research identified the following enabling factors:

- Ensuring a HPS Coordinator is appointed to guide and support the process.
- Developing strong links and engagement between the HPS Coordinator and Home School Community Liaison (HSCL) Coordinator (in DEIS schools); as well as with SPHE Coordinators and others such as PE or Sports Coordinators (where available)<sup>12</sup>.
- Overcoming concerns that proposed models are too daunting: it was suggested that initial support could focus on assisting schools to name what they are already doing to promote the health and wellbeing of children and so demonstrate that they may already be fulfilling many aspects.
- Demonstrating how a HPS approach assists schools in delivering on core elements of the curriculum and its potential contribution to whole school development.
- Securing buy in from the Principal as evidenced by commitment to drive and lead the process.
- Demonstrating that the model is flexible and can be adapted to meet the needs of each school.
- Providing a menu of available resources and programmes to assist implementation of the plan.
- Ensuring materials provided to schools are user friendly, accessible and jargon free.

#### References:

Please see Fully Policy Brief for list of references.

This policy brief was written by Maureen Bassett, Research, Policy and Social Development Consultant.

<sup>12</sup>The HSE- HPS model proposes that a Health Promoting School Team be established to plan and develop the initiative.

**The Childhood Development Initiative**  
St. Mark's Youth and Family Centre  
Cookstown Lane  
Fettercairn  
Tallaght, Dublin 24

**Tel:** (01) 494 0030  
**Fax:** (01) 462 7329  
**E-mail:** [info@twcdi.ie](mailto:info@twcdi.ie)  
**Web:** [www.twcdi.ie](http://www.twcdi.ie)  
**Twitter:** @twcdi



## The Area Based Childhood Programme 2013–2017