Schools for Health in Ireland

Framework for Developing a Health Promoting School

Post-Primary
School can make a substantial contribution to a student's health and well-being. This is being increasingly recognised by many international bodies including, for example, the World Health Organization (WHO), UNICEF, UNESCO, the US Centers for Disease Control and Prevention (CDC) and the International Union for Health Promotion and Education (IUHPE).

A range of models for promoting health in schools have evolved in the last 20 years. All these models share the common thread of taking a whole-school approach to health and of recognising that all aspects of life in the school community are potentially important in the promotion of health (IUHPE, 2009).

This publication, *Schools for Health in Ireland: Framework for Developing a Health Promoting School, Post-Primary*, offers a framework to schools against which they can look at their school, assess health needs and begin a process of working towards better health for all members of the school community.

The framework outlines the Health Promoting School (HPS) concept including its aims, core values and criteria. It briefly outlines the process of work involved in becoming a Health Promoting School.

The framework is written for all members of the school community – students, staff and visitors. In particular, it has been developed to assist school leaders to support health promotion work within their school. The framework is also relevant for health personnel and others who may be engaging with schools and who are seeking an understanding of health promotion within the school setting.

A separate publication, *Schools for Health in Ireland: Co-ordinator’s Handbook for Developing a Health Promoting School, Post-Primary* has been developed to assist schools with the implementation of this framework. The framework has been developed by the Health Service Executive (HSE) with input from the Department of Education and Skills (DES) and is intended to support and guide the implementation of Health Promoting Schools at post-primary level.
Section 1: Introducing The Health Promoting School Concept

The World Health Organization (WHO) highlights the fundamental role of schools in health promotion and states that:

An effective school health programme can be one of the most cost-effective investments a nation can make to simultaneously improve education and health.

It is important to have a common understanding of the definitions of health, health promotion and a Health Promoting School (HPS).

WHO defines each element as follows:

**Health** is “a resource for everyday life, not the objective of living. It is a positive concept emphasizing social and personal resources, as well as physical capacities.”

(Who, 1986)

**Health Promotion** is “the process of enabling people to increase control over, and to improve, their health.”

(Who, 1986)

A Health Promoting School (HPS) is “a school that constantly strengthens its capacity as a healthy setting for living, learning and working.”

(Who, 1997)
In Ireland, both the Department of Education and Skills (DES) and the Department of Health (DoH) seek to support schools in the promotion of health within the school community. Health promotion is not just the responsibility of the health sector.

**The Education Act (1998) states that schools are required to:**

“promote the moral, spiritual, social and personal development of students and provide health education for them, in consultation with their parents, having regard to the characteristic spirit of the school.”

The Education Act (1998) also highlighted the important role of school development planning in schools. The development and promotion of a Health Promoting School should ideally happen in the context of the school development planning process using a collaborative approach (Nic Gabhainn & Clerkin, 2004). The Inspectorate publication *School Self-Evaluation: Guidelines for Post-Primary Schools* (Inspectorate, 2012) provides practical support to post-primary schools in examining evidence, identifying needs, agreeing on where improvement is needed, setting targets and evaluating and reporting on outcomes. *The Mental Health Guidelines for Post-Primary Schools* (2012) also provide an additional support for schools to develop improvement plans to support the mental health and well-being of young people through robust, evidence-based self-evaluation processes.

Health promotion is central to DoH policy. It is also reflected in the mission statement of the Health Service Executive (HSE) which states that: *“We will promote health and empower people to maintain their own health”* (2005).

**The Health Promotion Strategic Framework** (HSE, 2011) identifies education as one of the key settings for health promotion. It advocates the implementation of a nationally agreed framework for Health Promoting Schools at both primary and post-primary levels.

Since 2000, the DES has worked in partnership with the DoH and the HSE to support the implementation of Social, Personal and Health Education (SPHE) at junior cycle and Relationship and Sexuality Education (RSE) at both junior and senior cycles. Health Promotion Officers and members of the SPHE Support Service collaborate on a regional basis to ensure that schools are supported in meeting the health needs of their students. The development of a national framework for Health Promoting Schools Post-Primary is regarded as a positive development by the SPHE Inter-Departmental Partnership.¹

¹ The SPHE Inter-Departmental Partnership is a formal agreement between the Department of Education and Skills, the Department of Health and Children (as it was then known) and the Health Service Executive to support the delivery of SPHE in schools.
Section 2: The Health Promoting School

Background to Health Promoting Schools

The concept of the HPS evolved during the 1980s and was developed in 1992 with the establishment of the European Network of Health Promoting Schools (ENHPS). This was a joint initiative of the Council of Europe and the European Commission. Ireland joined the ENHPS in 1992.

Ireland was a signatory to the first conference of the ENHPS which was held in Greece. The conference resolution set out the core principles proclaiming that Health Promoting Schools are an investment in health, education and democracy.

In 2002, the Department of Education and Science (as it was then known) and the Department of Health and Children (as it was then known) were represented at the European Conference in the Netherlands and were signatories to the Egmond Agenda. This restated the need to establish and develop health promotion in schools across Europe. From the outset, the HPS initiative in Ireland was viewed as a school-based project jointly supported by both the Department of Education and Skills and the Department of Health and Children.

The ENHPS became the Schools for Health in Europe Network (SHE) in 2009. The main aim of the SHE network is to provide a European platform to support organisations and professionals to develop and sustain health promotion in schools in each country. SHE focuses on making Health Promoting Schools and school health a more integral part of policy development in both the education sector and the health sector in Europe. The SHE network encourages each member country to develop and implement a national policy on Health Promoting Schools, building on the experiences within the country and in Europe. The SHE network also supports individual schools to establish connections and links with the wider HPS community throughout Europe.

Aims of the Health Promoting School

The HPS aims to:

- Foster the healthy development of the whole school community
- Provide a framework for developing health promotion initiatives in a way that supports and enhances the implementation of the curriculum
- Support the planning, implementation and evaluation of health-related activities under school self-evaluation, school development planning processes
- Enhance the links between schools and their communities.
In a Health Promoting School:

- Everyone in the school setting is valued
- Self-esteem is fostered
- Fairness and tolerance are evident
- People experiencing difficulties are supported
- Communication is open and transparent
- Effort is recognised
- Uniqueness and difference are respected
- Conflict is handled constructively
- Initiative and creativity are encouraged
- Social, moral and civic values are promoted
- Students’ emotional, psychological and physical well-being is promoted.

What are the benefits of a Health Promoting School?

There is a strong evidence base for engaging in the HPS process (Appendix 1). Ongoing evaluations of the ENHPS report the following outcomes:

- Better learning outcomes for students
- Improved staff well-being
- A more co-ordinated approach to social, physical and environmental needs
- Increased student self-esteem
- Lowered incidence of bullying
- School environment is safer and more secure
- Better understanding of a school’s health aims
- Improved relationships within the school
- More involvement of parents
- Better use of external agencies.

Core values of a Health Promoting School

The school is a key setting for health promotion. A HPS supports a whole school approach to promoting health and well-being. It strives to create an environment where positive relationships are fostered among students, staff, parents, guardians and the wider school community.

The HPS is underpinned by the following core values:

**Equity**

The HPS seeks to ensure equal access to, and participation in, the full range of educational and health opportunities. In this way, schools have the potential to reduce health inequalities.
Sustainability
*Health Promoting Schools flourish when health-related policies and practices are implemented in a systematic and sustained way.*

Inclusion
*Health Promoting Schools celebrate diversity and ensure that schools are communities of learning, where all members of the school community feel trusted and respected.*

Empowerment
*Health Promoting Schools empower all members of the school community to be actively involved in setting health-related aims and in taking actions, at school and community level, to achieve these aims.*

Democracy
*Health Promoting Schools are based on democratic values and practise the exercising of rights and the taking of responsibility.*

Criteria for a Health Promoting School

*Schools in the Health Promoting School process work on themes that are in keeping with and contribute to the following criteria, which are adapted from the ENHPS*. These criteria will help schools to review and measure their progress in the HPS process and evaluate their health outcomes:

1. To provide a safe, secure and stimulating school environment that encourages the whole school community to be health and safety conscious both in and out of school
2. To create a school climate in which good communication, relationships, respect and consideration for others flourish
3. To formulate, implement and review a range of health-related policies, plans and procedures that are aligned to statutory guidelines and to the school’s aims
4. To provide opportunities that encourage the development of self-esteem and self-confidence of the whole school community
5. To actively encourage the whole school community to engage in activities that will enable them to make choices and to exercise responsibility for their own health and well-being
6. To access opportunities for the professional development of staff
7. To actively develop positive and dynamic relationships between home, school and the community
8. To promote school as a learning community that fosters a whole school understanding of the school’s educational and social aims
9. To plan and implement a coherent curriculum which promotes health and well-being, complies with statutory requirements and is accessible to all students
10. To work collaboratively with the Health Service Executive (HSE) and the Department of Education and Skills (DES), and to liaise with other statutory and voluntary groups to promote the health and well-being of the whole school community.

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2 The Health Promoting School and School Self-Evaluation are mutually supportive and therefore the above criteria may also be considered within the context of the DES themes for school self-evaluation in Looking at Our School: An Aid to Self-Evaluation in Second-Level Schools (2003) and in School Self Evaluation: Guidelines for Post-Primary Schools (Inspectorate, 2012)
Section 3: The Health Promoting School Model

Developing as a HPS involves establishing and maintaining policies, practices and programmes that promote health over a sustained period of time. This work is not instantaneous or based on ‘one-off’ events in the school calendar; it is incremental, developmental, takes time and involves a cycle of planning, action and review. It needs the support of the whole school community working towards better health for all.

A HPS requires strong leadership from the principal and ongoing support and commitment from the board of management, staff, students and the wider school community. Effective communication structures and the maintenance of respectful relationships in the school are essential ingredients in the HPS process as well as appropriate training and support for staff.

Key areas for action

The process of working towards becoming a HPS involves attention and focus on four key areas:

- Environment
- Curriculum and Learning
- Policy and Planning
- Partnerships

A HPS aims to achieve progress in each of these key areas. In that way, each area influences and supports the other and the whole school is stronger and more robust as a result of this interlinked approach.

Environment
Each school has a distinctive atmosphere which usually reflects the extent to which the school takes care of the social, emotional and physical needs of those who learn, work and visit there. It is reflected not only in the physical environment but in the social environment which is felt in the school.

Curriculum and Learning
Teaching, learning, assessment and reporting form the core work of every school. A solid, robust SPHE curricular framework in particular is vital, along with a menu of subjects and activities that nurture, challenge and support students. Towards a Framework for Junior Cycle: Innovation and Identity (NCCA, 2011) provides broad scope for schools to develop and reinforce a young person’s key skills in critically important areas such as managing self, staying well, communicating and working with others, all of which are important to the HPS ethos. The quality of teaching, learning, assessment and reporting, and the relationships fostered within the classroom also contribute to the health and well-being of the school community. Supporting staff to do the best they can is essential to ensure a healthy learning and working environment.
Policy and Planning

Policies are written documents which support the everyday running of the school through active implementation on a day-to-day basis. They form the background script or compass by which the school navigates its way. They are developed and implemented by the whole school community, not just by one or two people.

Partnerships

Developing strong partnerships with parents/guardians and the wider community is a central part of the HPS process. The school recognises the value of these links for the promotion of health.

School Self-Evaluation and Development Planning – in the context of the HPS Model

Promoting school health is core to school self-evaluation and development planning and involves a strong commitment to fostering the health and well-being of the whole school community.

As previously stated, the Health Promoting School Framework acknowledges that planning for the implementation of the HPS initiative should happen in the context of school self-evaluation and development planning.

School self-evaluation and development planning and the HPS process are mutually supportive. Evaluation of the school using the School Self-Evaluation: Guidelines Post-Primary Schools (Inspectorate, 2012) may highlight specific areas that could be explored using a HPS approach. In addition Looking at Our School – An Aid to Self-Evaluation in Second-Level Schools (Inspectorate, 2003) is designed to assist schools in reviewing and evaluating the work of their school under the following areas:

- **Area 1 - School management**
- **Area 2 - School planning**
- **Area 3 - Curriculum provision**
- **Area 4 - Learning and teaching in subjects**
- **Area 5 - Support for students**

These evaluation areas are reflected in the four key areas of the HPS, Environment, Curriculum and Learning, Policy and Planning, and Partnerships. Using a HPS approach can thus support schools in their self-evaluation and planning processes.
Section 4: The Health Promoting School Process

The HPS process is a dynamic concept and is underpinned by a reflective planning and learning cycle that supports ongoing development and growth.

The management and staff of Health Promoting Schools are committed to implementing the following 11 stages (see Figure 1). A more detailed outline of each of the stages and supporting documentation to assist the process are provided in Schools for Health in Ireland: Co-ordinator’s Handbook for developing a Health Promoting School, Post-Primary.

Stages of the Health Promoting School process

Stage 1: Expression of interest
Schools express an interest in becoming involved in the HPS process by contacting their local Health Service Executive (HSE) Health Promotion Office.

Stage 2: Meeting with principal and key staff
A local Health Promotion Officer will arrange a meeting with the principal and other key staff. The purpose of this meeting is to outline what is involved in developing as a Health Promoting School.

Stage 3: Whole-staff presentation
A whole-staff presentation is given by a local Health Promotion Officer to introduce and explain the HPS initiative to the rest of the staff.

Stage 4: School agreement and appointment of co-ordinator
The school decides to proceed with the HPS process and nominates a HPS co-ordinator from within the school community.

Stage 5: Health Promoting School team established
The HPS co-ordinator will establish a HPS team from within the school community to support, plan and develop the initiative.

Stage 6: Raising awareness and consultation
Participation of the whole-school community in the HPS process is encouraged and awareness raising activities are organised. The school undertakes a consultation process to get the views of the whole-school community and to record what is working well and what needs attention in relation to health.
Stage 7: Setting priorities and developing an action plan
The HPS team will identify themes for action from the results of the consultation process. Evidence of best practice in relation to identified themes will be researched and these themes will then form the basis of a HPS action plan.

Stage 8: Implementing action plan
The action plan is implemented over an agreed timeframe and is assessed and monitored on an ongoing basis by the in-school HPS team.

Stage 9: Application for HPS recognition
At the end of an agreed timeframe, the HPS team completes an application form for recognition as a Health Promoting School.

Stage 10: Recognition and celebration
The HSE formally recognises the school as a HPS and the school celebrates its achievements.

Stage 11: Reviewing and planning for next phase
The HPS team carries out a review of the process and the cycle of work continues. There is no single end point to the Health Promoting School process but rather a cycle of review-plan-do-review that enables participating schools to reflect, sustain and build on earlier work.
Appendix 1

Evidence of the effectiveness of a Health Promoting School

There is a correlation between educational attainment and current and future health status. An analysis of over 100 Local Education Authority (LEA) areas in the UK found educational attainment at age 15 – 16 to be significantly associated with both coronary heart disease and infant mortality. *HM Treasury and Department of Health* (2002), *Tackling Health Inequalities*.

There is a strong relationship between poor student health and poor student educational achievement, behaviour and attitude. Good health in students is closely linked to positive educational outcomes. *Caccamo, J.M.* (2000), *Sharing the Vision: Healthy Achieving Students*. *Journal of School Health* 70/5.

The capacity of each student to learn effectively is influenced significantly by their health status. *Australian Health Promoting Schools Association* (2000-2003). *A National Framework for Health Promoting Schools*. 
Schools can provide effective sites for health promotion interventions that are comprehensive, multi-level and address the social determinants of health. *European Commission, WHO – Europe, Council of Europe (1995). Towards an Evaluation of the European Network of Health Promoting Schools – the EVA Project.*

Positive mental health and educational attainment are linked. School context (school conditions, social relationships, means for self-fulfilment and health status) has a major influence on pupils’ general subjective well-being. Konu, I. et al. (2002). *Factors associated with School children’s General Subjective Well-Being. Health Education Research 17/ 2.*

Students most engaged in school (enjoy school and are progressing academically) are more likely to succeed academically and to display positive health behaviours. Those most alienated (least like school and are achieving less well academically) are most likely to engage in risk behaviours. Samdal, O. (1998), *Achieving Health and Educational Goals through Schools – a Study of the Importance of the School Climate and the Students’ Satisfaction with School. Health Education Research 13/ 3.*


The school is an appropriate location to ensure co-ordinated work on the promotion of emotional health Wagner, G.H. et al. (2003) *Health Promoting School – Evidence for Effectiveness. Health Promotion and Education 10/4.*

A whole school approach to health promotion programmes results in the most benefits and is the most effective. Stewart-Brown, S. (2006). *What is the Evidence on School Health Promotion in Improving Health or Preventing Disease and specifically what is the Evidence of Effectiveness of the Health Promoting School Approach? Health Evidence Network Report, WHO Regional Office.*

There is a need for stakeholders to recognise that school-based change takes time, systems change takes time and embedding change in school practices and ethos takes time. *International Committee of the ENHPS (2002) Egmond Agenda, Education and Health in Partnership: European Conference on Linking Education with the Promotion of Health in Schools – Conference Report.*

**References**


