Creating a Health Promoting School Environment: Lessons from a Healthy School’s Programme

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Presentation Aims

1. Introduce CDI;

2. Outline the context for health promotion in schools and describe CDI’s Healthy School’s Programme (HSP);

3. Describe the main outcomes of, and the challenges faced in implementing, the HSP;

4. Outline recommendations for overcoming these challenges.
Overview of CDI

- A community led initiative;
- Strategy developed by an inter-agency Consortium of 23 people;
- Jointly funded by the DYCA and the AP: €15m over 5 years;
- Seven evidence-informed interventions identified following three years of consultation;
- Eight independent evaluations.
Healthy School’s Programme

• One of CDI’s seven interventions;

• A whole-school approach to health promotion (Lahiff, 2008);

• Objectives:
  ➢ To improve children’s physical and psychological well-being;
  ➢ To improve access to and uptake of health care services through effective referral systems;
  ➢ To promote greater involvement of parents and families in their children’s health.
Healthy School’s Programme

• Implemented in five primary schools in Tallaght West (children aged 4-12);

• Two Coordinators employed by schools to deliver a manualised programme;

• Inter-agency Steering Committee established;

• Work programme focused on HSP activities and Speech and Language Therapy.
Short-term Outcomes

• Independent evaluation of the programme using a quasi-experimental design:
  – Comiskey, O’Sullivan, Quirke, Wynne, Kelly and McGilloway (2012). *The Healthy School’s Programme Evaluation*. Dublin: Childhood Development Initiative (CDI)

• No significant differences between the intervention and comparison schools;

• No significant short term impact on improving Health Related Quality of Life; reducing depressive symptoms; reducing rates of children who were obese (BMI); rates of school absenteeism over time.
Longer-term Outcomes

• Establishment of school-based committees to sustain the focus on health promotion;

• The schools have begun the process of change that is required to become a WHO defined ‘health promoting school’ (WHO, 1997);

• Improved understanding within schools of HSE/specialist services - ‘demystifying’;

• Masters programme developed in response to increasing teacher capacity.
Recommendations

• Bringing about change is challenging;

• A strategic, whole-school approach to planning undertaken by schools. Informed by a self-evaluation and inclusive of the views of the entire school community i.e. staff, parents, children, and services;

• Manualised approach seems to be useful but needs careful consideration.
Recommendations

• Help schools make structural-level changes i.e. in policy development, teacher capacity building, service level agreement development:
  – More likely to bring about sustainable change within schools;

• Provide and encourage leadership: schools already time-burdened and resource-stretched so support from the DES and DH. Also need to meet health and well-being needs that arise in schools and requires a local area service response.
Conclusion

• Development of a health promoting school is recognised internationally as a challenging process that requires time, enthusiasm, and support;

• The HSP was an ambitious health promoting school’s initiative;

• With some adaptation and higher level support, it has the potential to become an evidenced-based national health promoting schools initiative (Comiskey et al, forthcoming).
References

- Comiskey, O’Sullivan, Quirke, Wynne, Kelly and McGilloway (2012). *The Healthy School’s Programme Evaluation*. Dublin: Childhood Development Initiative (CDI)


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