

Commissioned by: S.P.H.E. Support Service
Post Primary

**Report from the Review of
Social, Personal and Health Education at Junior Cycle
By the S.P.H.E. Support Service, Post-primary**

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Date: September 02, 2003

Table of Contents

1. Introduction

- 1.1. Purpose and methodology
 - 1.1.1 Objectives
 - 1.1.2 Methodology
- 1.2. The Regional Support Service
 - 1.2.1 Structure
 - 1.2.2 Regional variations

2. The Partnership

- 2.1 Supports
 - 2.1.1 National supports
 - 2.1.2 Regional meetings
 - 2.1.3 National meetings
 - 2.1.4 Quarterly Reports
 - 2.1.5 Supports provided by Health Boards
 - 2.1.6 Role-specific requirements

- 2.2 Challenges
 - 2.2.1 Clarity of roles and responsibilities
 - 2.2.2 Health Promoting Schools
 - 2.2.3 Promoting SPHE
 - 2.2.4 Team building
 - 2.2.5 Volume of work

- 2.3 Conclusion

3. Training services

- 3.1 In-service training for teachers
- 3.2 In-service training for co-ordinators
- 3.3 Challenges
 - 3.3.1 Selection for training
 - 3.3.2 Duration of training
 - 3.3.3 Differences in the training
 - 3.3.4 Effectiveness

- 3.4 Conclusion

4. Other services

- 4.1 Work with principals and vice-principals
- 4.2 School based work
- 4.3 Assistance with policy-making
- 4.4 Resources and materials
- 4.5 Work with parents
- 4.6 Engaging uninvolved schools
- 4.7 Conclusion

5. Informing good practice

- 5.1 Methodology and materials
- 5.2 School based development work
- 5.3 Creating links
- 5.4 SPHE training at other levels
- 5.5 Sharing good practice
- 5.6 Conclusion

6. Other stakeholders' views

- 6.1 Management Committee
- 6.2 RDO for Local Drug Task Force Schools

7. The future of SPHE

- 7.1 Difficulties with discussing the future
- 7.2 Emerging support needs of schools
- 7.3 A vision for the future
 - 7.3.1 Within schools
 - 7.3.2 SPHE nationally
 - 7.3.3 Regional support service

8. Conclusion

9. References

10. Appendix 1: Review of SPHE by HPM

1. Introduction

1.1 Purpose and methodology

1.1.1 Objectives

The objectives of the review were the following.

- inform the process of developing the partnership between the Department of Education and Science, the Department of Health and Children and the Health Boards
- assess the effectiveness of implementation of SPHE, as perceived by the Support Service
- inform the development of good practice in the SPHE Support Service
- identify emerging support needs.

These objectives were set by the Social, Personal and Health Education Management Committee. The methodology was also largely pre-determined by the client. Within the overall structure, the consultant was involved in designing the details of implementation. With regard to the objectives, it is important to note that respondents concentrated on the support service and its implementation, on the grounds that they felt unqualified to comment on the effectiveness of the implementation of SPHE within schools.

1.1.2 Methodology

The review was conducted through:

- interviews with regional support teams and the Regional Development Officer for Local Drug Task Force Schools
- focus groups with Health Promotion Officers (HPOs), Regional Development Officers (RDOs) and the Management Committee
- telephone interviews with Health Promotion Managers/directors of Health Promotion (HPM).

Interviews were semi-structured and in-depth, lasting approximately two hours and usually involving two or more people. To a certain extent they could be categorised as small focus groups. Proceedings were taped and transcribed.

The **focus groups** were also semi-structured, lasting about three hours. Focus groups of RDOs and HPOs brought together people with similar work backgrounds, and another was conducted with the Management Committee. The material gathered was documented on flipcharts.

The semi-structured **telephone interviews** were taped and transcribed. Commissioned after the main process was complete, the results of this part of the review appear in an appendix to the main text.

The **consultant's role** in the review was to act as moderator and interviewer, to prepare, pilot, question, listen, probe, transcribe material, search for patterns, draw linkages, categorise and interpret the data.

It is important to note that the review was not based on a sample. All RDOs and relevant HPOs took part in the process.

The review method produced a rich set of data. Respondents were actively engaged in the process of reviewing the service and were articulate in expressing their views. A strong sense of ownership was apparent throughout. While imposing order on the data by using categories, summaries and interpretation, the consultant trusts that she has remained faithful to the views and opinions expressed.

1.2 The Regional Support Service

1.2.1 Structure

Schools were advised of the inclusion of SPHE into the junior cycle at second level schools in 2000. It aims to:

- enable the students to develop personal and social skills
- promote self-esteem and self-confidence
- enable the students to develop a framework for responsible decision-making
- provide opportunities for reflection and discussion
- promote physical, mental and emotional health and wellbeing.

(Department of Education and Science, 2000, p.4)

Delivered in the context of a flexible framework, SPHE is seen as a pre-requisite for successful learning.

There are ten SPHE regional support teams, corresponding to Health Board areas. All but one are known as SPHE regional teams (teams) and comprise one Regional Development Officer (RDO) and one or more Health Promotion Officers (HPO). In the exception, a HPO with a school brief has not been appointed. A number of health specialists from the Health Board contribute to the work of the RDO.

In-service training of teachers is the core service provided. As outlined in the Handbook (Social, Personal & Health Education, Final Draft) the other elements of assistance offered are:

- In-Service Training for Teachers new to SPHE
- In-Service for Experienced Teachers of SPHE
- Assist in SPHE Programme Planning
- Assist with SPHE Policy Development
- School Visits to SPHE Teachers and Principals
- Topic Based In-Service
- SPHE information seminars for Principals
- Information Seminars for Whole Staff Groups
- SPHE Leaflets for Staff
- Newsletters
- Assist with Choosing and Using Resources
- Health Promoting Schools
- Special Training Days
- Promoting parent involvement
- Newsletters (some regions)
- SPHE Information Leaflet for Parents
- SPHE Website: www.sphe.ie.

In-service training is planned as a team activity at the beginning of each year. The type and number of in-service training days provided depends largely on demand and the capacity of the teams to meet it. The support service regards its approach as responsive to stated need, rather than as prescriptive.

1.2.2 Regional variations

Although there are fundamental similarities in the operation of the teams at regional level there are also marked variations, including:

- **history of Health Board involvement in schools.** Prior to the establishment of SPHE, individual Health Boards had well established school teams. Contact with some schools had been made within the context of the Health Promoting School (HPS) and the Lifeskills Programme. These teams experienced the set-up of SPHE differently from those in areas which previously had more limited contact with schools.
- **allocation of HPO time.** Regional variations make it difficult to analyse the time allocated to SPHE by HPOs. For example, in some regions there is more than one HPO, but they may have responsibility for both primary and second-level schools. Where there is one HPO, SPHE at second level occupies anything from 25% to over 50% of their time. The teams identified the time allocated by the HPO to work on SPHE as influential on the equity of the partnership and the amount of work that could be undertaken. The teams also mentioned with gratitude other

supports provided by Health Boards, eg administrative support, personnel with particular expertise, training etc.

- **RDO involvement in Health Board teams.** Some RDOs are integrated into Health Board teams, attending team meetings, are involved in joint planning and understand the broader health promotion context. Others are not. The level of integration between the RDOs and the Health Boards varies widely between regions. The location of RDOs' work base - home, education centre or Health Board offices — also has an effect on the development of working relationships.
- **number of schools in the region.** The number of second-level schools in each region varies from 50 to 125, influencing the level of service that can be provided by the team.
- **types and location of schools.** Teams reported that SPHE was often seen by teachers in schools in disadvantaged areas as an effective mechanism for the discussion of challenges faced by their students, whereas more academic schools sometimes had difficulty with timetabling such classes. The wide distribution of schools in some regions also affected the support service's work.
- **roles and relationships.** The level of co-operation between RDOs and HPOs varies widely throughout the service. Some partners are planning together but not necessarily working together. Some co-facilitate programmes while others work separately. In some teams the facilitation expertise of one partner is used while the second (often new) partner is in a learning process. Also the level of contact the HPO has with the schools varies widely between regions.

These variations in structures, roles and relationships are significant. Consequently the experience of different respondents is quite distinct, making it difficult, in the context of the review, to work within established categories.

The differences in frame of reference also have implications for SPHE and the regional support teams:

- the variations in starting points and expectations make it difficult to develop systems and structures that suit all regional support teams
- this means that communications between the teams is not always straightforward
- this in turn creates difficulties in building the sense of a coherent national SPHE support service.

In order to begin to tackle these issues it could be useful to:

- document current structures and practices
- work to establish a level of standardisation through core recommendations and guidelines. In order to preserve the creativity which teams currently bring to their work these should not be overly prescriptive.

These measures would aid the support service in its work, clarify for schools the level of service they could expect and would also assist in evaluation of the effectiveness of the support service.

2. The Partnership

The SPHE Support Service is a partnership between the Department of Health and Children (DOH), the Department of Education and Science (DOE) and the Health Boards (HB). This arrangement is regarded positively by all the teams. Their view is that schools and teachers like it because:

- it makes the system easy for schools to deal with
- they have only one team to work with
- there is a single point of contact
- they receive information and support in an integrated fashion.

Respondents in the review did not underestimate the difficulties of creating a partnership between Health and Education, identifying differences in culture, structures and work practices as among the many challenges to the partnership at both regional and national level. However, the teams were adamant in their view that partnership was the appropriate mechanism to deliver the support service. While many teams acknowledged the time and effort required to make it work, they did not express doubt about the requirement for partnership. The success of their efforts can be judged by the remarkable level of agreement and co-operation achieved on most of the fundamental aspects of SPHE.

At a personal level, a number of teams took the opportunity at the interview to acknowledge the work and expertise of their partners, to express their enjoyment of working with them and to thank them for their support. Some teams expressed the view that the process of the review was also supportive to them, in giving them time to reflect on the service, the partnership and their role within it.

2.1 Supports

2.1.1 National supports

The teams value greatly the support provided by the National Co-ordinator and Administrator in the National Support Service in Marino, in particular:

- prompt response to requests
- efficiency
- constant availability of support.

Some teams commented on the amount of work achieved by the team in Marino, especially given that there are only two people running a national service.

The commitment of and support from the Management Committee also received favourable comment.

2.1.2 Regional meetings

Many teams said that they found the meetings in the regions with the National Co-ordinator, and those in which members of the Management Committee were also involved, very useful. While recognising the time limitations of a two-person National Support Service, a number of teams felt they would benefit from more regular, structured visits.

2.1.3 National meetings

Many respondents, especially HPOs, felt that the benefits of national meetings of RDOs, and of RDOs and HPOs together, would be enhanced by the introduction of ground rules. Suggestions for these included:

- agreeing in advance the purpose of each meeting (eg training, personal or professional development, information sharing, administration)
- consistency in attendance
- improved timekeeping
- involvement of RDOs and HPOs in the management of meetings.

2.1.4 Quarterly reports

Quarterly progress reports are usually completed by the RDO on behalf of each team. The reports are distributed to the partners as a record and comment on the work completed and planned for the regions. While the reports are viewed as very useful and supportive to the partnership, some team members, particularly HPOs, felt that there was a lack of equality in the system and that it should be revised.

2.1.5 Supports provided by Health Boards

Some teams receive extensive support from their local Health Boards. This includes:

- the expertise and experience of a range of Health Board personnel across a variety of areas, including physical health, nutrition, mental health, suicide and bereavement
- the inclusion of RDOs in Health Board teams
- making Health Board training available to RDOs
- financial support
- administrative support
- supervision

Some teams had also accessed supervision and facilitation through the National Co-ordinator.

2.1.6 Role-specific requirements

Because they are not part of an organisational team, RDOs do not receive local support or supervision. They were offered supervision from a facilitator. They often have no access to local Health Board training. Several used the review as an opportunity to voice their interest in the provision of training. HPOs, while also welcoming training, raised their need for a forum, because, while they have HPO meetings, they do not have a forum dedicated solely to their SPHE role.

2.2 Challenges

The main challenges experienced in their daily work by the RDOs and HPOs in relation to the partnership are outlined below. Most teams recognised that these issues could have their roots at Health Board or Departmental level and therefore may need in the first instance to be tackled there.

2.2.1 Clarity of roles and responsibilities

This is a key issue for most teams. At the outset of the SPHE support service a national meeting, involving both HPOs and RDOs, was held to establish the partnership. HPOs in particular feel now that roles and responsibilities have been insufficiently clarified and adjusted since then. Confusion still exists in relation to expectations, roles and levels of responsibility. This is seminal because of regional variations in the partnership.

The teams felt this issue should be tackled at both national and regional level. National guidelines on matters such as the amount of Health Board staff time required to enable the service to operate effectively and to establish a balanced partnership would be particularly welcomed. In order to take account of the different circumstances in each Health Board, variations could be detailed in regional agreements. Some teams felt that changing circumstances and personnel could leave SPHE vulnerable in some areas if regional agreements are not introduced.

It is important to note that, even without such an agreement, most teams are working extremely well and have established informal local arrangements. Some, however, stated that sorting out the issues at local level was done at some personal cost, as conflicts often emerged. The majority stated that such agreements should be put in place as a priority.

2.2.2 Health Promoting Schools

The Health Promoting School (HPS) predates the establishment of SPHE at Junior Cycle. Currently involving a minority of second-level schools, HPS is a wider concept than SPHE, involving a broader range of issues. The lack of clarity concerning the relationship between SPHE and HPS and how they might best fit together is increasingly causing difficulty. Respondents expressed different views of the situation:

- *“SPHE and HPS are effectively the same”*
- *“SPHE is one pillar of the Health Promoting School”*
- Some HPOs felt that SPHE was *“leading towards the Health Promoting School”*
- Some RDOs felt that *“the remit of SPHE covered the Health Promoting School agenda”*.

Some teams regarded this issue as particularly important because:

- as SPHE matures the teams’ work is changing to encompass a higher percentage of “school based” work, which has the potential to overlap with the Health Promoting Schools initiative
- Health Boards could put more emphasis on Health Promoting Schools if the future of SPHE Support Service is not secure.

Many teams, particularly RDO members, felt that the relationship should be clarified at national and Health Board level before the SPHE work and partnership become compromised. Most consider that a partnership approach to resolving this issue is critical as any model developed requires the active participation of both Government Departments and the Health Boards.

The performance indicators for Health Promoting Schools were seen to add further difficulties to this situation.

2.2.3 Promoting SPHE

Many teams felt that SPHE needed to have a higher profile within health, education and related areas, while others felt that it also required a higher public profile. In the teams’ view more promotional work would ensure that the role and benefits of SPHE were better understood and that it would not be confused with other initiatives. Greater public awareness would also increase parents’ knowledge of SPHE.

2.2.4 Team building

Most of the teams feel the need for team development and support for several reasons:

- the complexities of working with partners from differing professional backgrounds
- the developmental nature of the work
- as standard good practice for teams.

The complexities of the situation were identified as:

- **lack of clarity in relation to roles and responsibilities** (see 2.2.1). For example, some HPOs found it hard to differentiate between their SPHE work, their HB role and their work on Health Promoting Schools
- those RDOs working within HB teams (with more than one HPO) report that finding **the balance between “fitting in” and maintaining equity** in the partnership can be challenging
- **joining an established team** can be challenging. There may be an imbalance in skills or experience and the negotiated ownership of a new partner may be lacking
- **joint facilitation** requires deeper levels of trust in the team than simply planning and working together. One team suggested that the level of support to the teams should reflect the level of their co-operation. Supports such as guidelines on debriefing could be helpful.

Most team members feel that these issues could be resolved by:

- **agreement** on certain issues **at national level**
- **supervision or an external person to facilitate team building** if required. Some teams aired difficulties (past and present) at the interviews and some have already sought and received assistance from the National Support Service or the Health Boards which they generally found extremely valuable.

2.2.5 Volume of work

The volume of work is problematic. Many respondents recognised that they overextended themselves initially in trying to contact and respond to the needs of as many schools and teachers as possible, which left insufficient time for reflection alongside the activity. Some felt that the heavy workload meant that they did not always embody the good practice they taught. SPHE would benefit from the introduction into the process at regional level of:

- time for reflection on the work
- debriefing after group work
- documenting good practice, lessons learned and the experience of the partnership itself.

2.3 Conclusion

All teams expressed a desire for greater role clarity, through the establishment of national guidelines and regional agreements, and through better definition of SPHE vis-s-vis HPS. More support is required for the teams if they are to work optimally. Changes in the structure and function of national meetings would assist in developing cohesion and the spread of best practice.

3. Training services

In-service training for teachers - those who are new to SPHE, more experienced teachers and co-ordinators - comprises the core of the work of the support service. The training is conducted outside the school setting.

3.1 In-service training for teachers

The teams believe that this element of their work is successful because:

- teachers are reporting back to them that they are learning from the training, they are enjoying it and finding it effective
- teachers are attending the training in large numbers and when it is run for two days they are attending on both days
- they are returning for topic days or further training for more experienced teachers
- feedback on the evaluation sheets distributed after each course is positive.

The teams feel that they achieve their training objectives. Some teams mentioned in the interviews that as they themselves were teachers their experience and expertise gave them confidence in their work and its relevance to the people they were training.

The teams consider in-service training in an out-of-school setting to be an effective approach to training for SPHE. Their confidence in their skill and ability to provide complex, challenging training to a high standard is also reflected in the section of this report on good practice (see Section 5). In the teams' view the current model provides teachers with a safe, supportive space to develop and practise the new skills and teaching methods required for teaching SPHE. Through the experiential approach teachers get a sense of what it is like for students in class. At the same time, as one team pointed out, when two or more teachers from a school train together it can initiate an SPHE team within the school. Similarly, the training creates opportunities for connections between schools, especially for the sharing of best practice, which some teams felt was otherwise all too rare.

3.2 In-service training for co-ordinators

Most schools designate a teacher as co-ordinator for SPHE. The teams see this role as vital to the success of SPHE in schools. The co-ordinator is the point of contact for SPHE within the school, encourages other teachers to become involved and keeps the principal informed. The co-ordinator is also recognised, by some teams, to have a role in creating change within schools.

The SPHE support service provides specific in-service training programmes for co-ordinators. Most teams expressed high levels of satisfaction with this training, based on the positive feedback they receive. The focus in co-ordinator training is broadened by many teams to encompass planning, reviewing and integration of SPHE within schools. Some teams saw this as crucial if messages received in SPHE classes (eg about assertiveness) were to be reinforced, rather than contradicted, in other subject areas. Some teams said they also worked with co-ordinators on parent involvement, and others said that they planned to do so.

The SPHE requirement for specific supports for co-ordinators was well recognised. Assembling a team within schools to work with the co-ordinator was seen as an enabling factor for SPHE.

Respondents felt that schools varied significantly in relation to how the role of co-ordinator was carried out. Some schools offer it as a post of responsibility, others give time for co-ordination meetings. Many teams understand from co-ordinators that progress is being made in relation to programme planning and co-ordination of SPHE but further improvement and support are required. Most teams felt that co-ordination of other subjects with SPHE is not generally taking place due to the lack of time allowed for planning, co-ordination and subject integration generally within schools.

3.3 Challenges

3.3.1 Selection for training

A number of concerns were raised:

- some teachers presenting for training are “sent”, rather than volunteering for the role. The teams found this disturbing in the context of the ethos of SPHE
- a large number of H.Dip students and temporary teachers are attending in-service training. One team had experience of part-time teachers hired specifically to teach SPHE. The concern is that this will create a higher than expected turnover of SPHE teachers and that it also has an effect on the status of SPHE within schools and its subsequent integration with other subjects and school activities
- while most teams find the appointment of Home School Liaison Officers as co-ordinators to be excellent, others expressed some reservations because they were not classroom-based.

3.3.2 Duration of training

All respondents raised this key issue. There was a concern that the amount of training provided is not leaving the teachers feeling competent and confident with the teaching methodologies in SPHE and the sensitive nature of much of its content. Most SPHE teachers were thought to be in receipt of between one and

three days training, of which one was often on a specific topic. The majority of the teams felt that, given the complexities of this work, the nuances of the experiential method and the difference from traditional teaching modes, more training is required for teachers of SPHE. The comparison was made with training for the teaching of other subjects, such as mathematics or English. A comparison was also made with the relative intensity of training under the Substance Abuse Prevention (SAP) programme or Relationship and Sexuality Education (RSE).

The understanding of many teams was that some teachers were implementing SPHE without having undergone any training.

3.3.3 Differences in the training

The teams base the modules they offer on those outlined in the Guidelines for Teachers, (National Council for Curriculum and Assessment, 2001). This is intended by the Department to be a flexible and enabling framework, so that curriculum content can take account of the broader school and community context. Consequently a great deal of variety between regions could justifiably be expected. Much of this difference was welcomed by respondents, who spoke of the richness of the programmes and the flexibility for teams to proceed in the way they work best.

As previously noted, SPHE is taught using experiential or active learning methodologies which differ substantially from traditional teaching methods. The approach requires a very facilitative teaching style and a high level of participation by students. Some teams stated that there is little dependence on materials or resources by the teachers.

In-service training reflects these methodologies. Almost all teams see this as vital to quality in-service training, not least so that the teachers experience the method in action. Most find that it challenges them as facilitators. One team explained the challenge by saying that they had to “*abandon the temptation to simply give out health information*”. The degree to which these methodologies are used consistently throughout the teams, and the degree to which they are subsequently used in the classrooms, is a concern.

All teams plan training schedules annually. How they arrange the training itself differs widely. For example, some teams offer a standard two-day training session, while others also provide an advanced or continuation programme. Some teams operate defined programmes with specific stages (see page 18), while others take a less structured approach and/or adjust their structure each year.

Example of a structured programme

Stage 1	2 days	Introduction to SPHE, content and methodology
Stage 2	2 days	Continuation training programme
Stage 3	2 days	Relationship and Sexuality Education training
Stage 4	1 day (Series)	Topic based training days, eg physical health, mental health, sexual health, substance use.

As noted previously, while the majority of teams co-facilitate most in-service training, a minority of teams work separately. Many teams co-facilitate at least once for each type of in-service training.

3.3.4 Effectiveness

The key issue raised by teams in relation to in-service training was their lack of knowledge of what was happening within schools. This made it impossible for them to comment knowledgeably on the effect that in-service training was having within the school setting. Some respondents commented that they had no way of knowing if teachers were using their new skills once they returned to the schools. This is particularly important for SPHE as teachers have options in relation to how they impart the knowledge and it is unclear as to whether the challenging methodologies being modelled during in-service training are being practised.

Furthermore, the support service had no way of knowing if schools as institutions were receptive to SPHE. This is a particularly important issue in the context of SPHE because the programme's impact is highly dependent on the values modelled in schools. Some teams felt that these questions would become more pressing as more teachers are trained and evaluation begins.

3.4 Conclusion

Most respondents expressed their lack of knowledge of the programmes and practices used by other teams. They all said that they would welcome this information. While they are currently offered opportunities to share their practice they would prefer a more formal system to capture the knowledge, experience and good practice of the service in general.

It is important to stress that while respondents voiced concerns, particularly about the duration of training, they also acknowledged that it is reaching a large number of teachers and providing a baseline of exceptionally high quality.

Even though the teams were fully confident in the training element of their work, they would welcome further evaluation of the effectiveness of their work and the effectiveness of SPHE.

4. Other services

4.1 Work with principals and vice principals

The support service recognises the importance to SPHE of the unambiguous leadership of principals and vice principals. Some of the teams commented specifically on the challenge this presents, recognising principals' difficult and multi-faceted roles and the lack of time they have available for training.

Respondents feel the need to offer specific support to staff at this level but are facing difficulties in doing so. Opinions differ between the teams in relation to the level of work that should be undertaken with principals, eg training, support or simply keeping them informed. In practice a number of strategies are used, including:

- specific in-service training
- information or discussion meetings with groups of principals
- meetings with individual principals.

Where specific in-service training is offered to principals there has been a very low attendance. Some sessions have had to be cancelled and difficulties have occurred in managing the days. Respondents expressed the view that if principals do not attend in-service initiatives their understanding of SPHE, the importance they attach to it and their willingness to lead and support it within the school setting could be reduced. Some teams did not appear to consider it sufficient to work with principals individually.

Not all work at this level is problematic, however. For example, one team talked about a very successful meeting of principals addressed by a principal experienced in SPHE. Other principals are attending topic days. However, many teams feel the need to reconsider the most appropriate way to work with school leaders into the future.

4.2 School Based Work

SPHE is far more than a timetabled class subject. While the content of classes is important its influence is intended to be cross-curricular. How members of staff relate to students and each other throughout the school environment will have a significant effect on SPHE, determining to a great extent whether it is enhanced or undermined.

Teams agreed that the school environment and ethos, and therefore whole school work, was vital to the effectiveness of SPHE and critical as a support to SPHE teachers. Some teams noted that teachers were increasingly using SPHE methods in other classes, notably media studies and Leaving Certificate Applied. Respondents felt that whole school work will become increasingly important over time.

As in other service areas, support teams are providing a range of initiatives under the remit of school based work. Some of the variations were due to the responsive nature of the service – as one team expressed it, “*schools are on a continuum and it depended on what schools required*”. While some teams feel that schools want in-service training first, practice appears to depend on what has already taken place in the area and/or on the expertise of the teams, with some teams doing more whole school work and school-based work than others.

Providing information on SPHE to other teachers was emphasised by many teams as an important dimension of support to the SPHE co-ordinator. Most felt it was important to dedicate at least half a day, and preferably a full day, to working on whole school issues. These sessions are used to give information and introduce methodologies but primarily enable the teachers to experience a taste of what happens within SPHE in-service training. One team said that they no longer go into schools to give short information sessions as “*one hour is tokenism*”. Other teams found SPHE whole school work to be an ideal opportunity to bring the concept of HPS into schools. Some teams talked about making an intervention in the school which identifies positive and negative issues and practices, prioritises them and provides the beginning of a plan.

The practical difficulties presented by this element of the work often relate to securing sufficient time from the schools to undertake the type of work required. Conversely, it can be hard to engage teachers in longer sessions. In general, however, respondents felt that the outcomes are worth the challenges involved.

Most teams raised programme planning as an issue, feeling that SPHE teams within schools need more support in their planning work than they currently receive especially since, as previously noted, at present SPHE is insufficiently integrated with other school subjects. Similarly, the broader issue of School Development Planning (Department of Education & Science, 2002) was also raised in the interviews, with the support service expressing the view that SPHE (and HPS) should be incorporated as quickly as possible into core features of plans, such as the school’s vision, mission and aims.

4.3 Assistance with policy-making

All SPHE support service teams assist policy-making in schools, particularly in the areas of RSE, substance use, bullying and SPHE itself. While some teams simply offer advice, others facilitate the process of policy development. One team has instigated a model involving about three meetings over a six-month period. Many teams attach particular importance to this aspect of their work, as it enables them to engage with the full school community. Some teams see it as an element of Health Promoting Schools work. However, there is sometimes a

degree of overlap with work already being undertaken by the Health Boards, eg in the development of school policy on substance use. The situation is somewhat different in Local Drug Task Force Areas, where there is an RDO for the Local Drug Task Force Schools employed within SPHE (see Section 6).

Respondents perceived a number of difficulties in this time-consuming aspect of their work. Many felt that schools were under pressure to produce too many policies too quickly and were becoming “policied out”. The pressure to produce policies meant that the schools were approaching the process without sufficient planning and/or without the involvement of the key stakeholders, resulting in a lack of ownership. The implementation of Article 43 of the National Drugs Strategy, requiring schools to adopt policies on substance use, creates particular problems in terms of its timing in relation to other policy developments and the integration of this work into current plans.

Some teams felt that it would be useful to clarify the priority that should be given to this work within their SPHE remit and to discuss the approaches being developed to assist policy development. Although schools are not required to have an SPHE policy some teams feel that it can be of benefit as a way of giving status to the subject.

4.4 Resources and materials

Most teams felt that the resources available for SPHE are excellent, with the *SPHE Guidelines for Teachers, On My Own Two Feet* and the material developed by the North Western Health Board being singled out for praise. The quality of broader resource materials was also appreciated.

Teams in general felt, however, that the materials being used require some updating, particularly for 3rd year. Schools which have been involved in SPHE for some time would benefit from new resources. Two teams also expressed the need for resources targeted at specific groups (eg for the Travelling Community). Other ideas emerging from the interviews included the possibility of the provision of factual videos to replace the need to involve subject experts, and the possible provision of formal packages of resources. Several teams, however, expressed the view that although resources and programmes are important the materials “*should not be allowed to take over*”.

Some teams reported low attendance at resource evenings. Respondents were keen to share approaches to assisting teachers with resources.

4.5 Work with parents

All respondents agreed that the link to parents was vital for SPHE. The majority value the SPHE leaflet for parents and use it widely.

Teams' objectives in working with parents vary considerably, from information-giving to supporting parenting. Most see their role as encouraging and supporting the co-ordinator in linking with parents. Many teams felt that this role could usefully be expanded. Others initially did not see working with parents as part of their job but now consider that their remit has broadened to include this task.

Three teams see working with parents as the remit of Health Boards, especially where HBs are working extensively with parents. Some HPOs, however, pointed out that, although they were involved with parents, eg through the Family Self-Esteem Programme, often held in schools, they were not formally linked to SPHE. They stressed the difficulty of engaging parents with SPHE and some teams felt it would be useful to reflect on how best to do this.

4.6 Engaging uninvolved schools

Although SPHE at junior cycle is now mandatory, a number of schools in each area have not yet engaged with the service. Some respondents said they were mostly single-sex boys' schools. One team considered workshops on mental health and suicide to be the initiatives that these schools are most likely to attend. They felt that the broader subject of male involvement in the SPHE programme merited further investigation, with a view to developing strategies for working with them.

Teams consider timetabling issues to be a key reason for schools not engaging with SPHE, citing the excessive pressure on schools to fit academic subjects and other valued programmes into the timetable. The anticipated reduction in curriculum content at Junior Cycle may assist. The support service would welcome guidelines from the DOE in relation to timetabling.

While teams were pleased that SPHE is now mandatory, they expressed concerns about the type of schools that will now engage with the service and whether they will be different or more difficult to work with.

Teams offered different explanations for the lack on engagement by schools and teachers:

- lack of status and reward "*if you do a Masters you earn more money*"
- uncertainty about the status awarded to SPHE because the role of co-ordinator is not a post of responsibility
- fear by teachers that they could be pigeon-holed and have to deal with more than their share of problems in the school.

4.7 Conclusion

The SPHE support service brings exceptional creativity and innovation to its work. Any attempt to develop national standards of best practice in this area should not compromise this attribute.

At the same time, it would assist the teams if objectives and priorities in relation to their work were agreed nationally. For example, it is necessary to clarify the teams' role, and the Management Committee's expectations, in relation to their work with parents.

The lack of effective communication means that, as with the in-service training, teams are not getting the full benefit of developments in other regions. This will become more important in the future, given the general view that school-based work is set to become more central to the support service.

5. Informing good practice

Participants in the review engaged less with the questions on good practice than they did with other issues. This may result from the current lack of opportunity to document formally or share their practice. Teams also consider that they take insufficient time for reflection.

On the whole teams consider themselves to be following general good practice in a number of areas, e.g. in their knowledge and understanding of the situation in schools before they begin to work with them formally. As previously noted, there is a wide variety in the objectives and methodologies of the teams, which contributes to a broad spectrum of SPHE implementation. The introduction of a mechanism to exchange good practice was mentioned by many teams as a useful tool for supporting optimum implementation.

5.1 Methodology and materials

Teams consider that their methodology is appropriate for the type of training they deliver. Methods *“are not used just for the sake of it”* and include:

- experiential and active learning
- participant-centred and process-based, rather than information-based, approaches
- peer involvement in design and delivery.

Teachers appreciate that teams’ practice is grounded in an obvious knowledge of schools. Within in-service training teams model or reflect appropriate practice for SPHE teachers. To do this effectively requires teamwork, role clarity, excellent communication, training and team development. The extent to which these are available is reflected in the training, particularly where teams co-facilitate.

At the same time respondents aim to respect and build on good practice developed to date in individual schools, Health Boards and at national level, including the HPS, SAP programme, RSE and pastoral care programmes.

With regard to materials, although most teams work from a set module or programme, in order to ensure maximum relevance delivery is flexible. A very wide range of exercises are employed.

5.2 School Based Development Work

Respondents regularly referred to this element of their work as good practice (see also Section 4). The aspects which were seen most to embody good practice include:

- involving all the staff and other stakeholders in the process
- working with school management structures and co-ordinators to copper fasten leadership at that level

- developing links between SPHE with other subject areas, eg religious studies
- creating a receptive atmosphere in schools in which SPHE and the various models for Health Promoting Schools can develop.

5.3 Creating links

The fostering of links between organisations, including the existence of the partnership itself, was cited by teams as an example of good practice. Links with other Health Board professionals were mentioned frequently, and several teams named co-operation in training in areas such as healthy eating and physical activity as good practice activities.

Work done jointly with the co-ordinator of RSE in relation to Relationship and Sexuality Training was cited by a number of teams as extremely useful. Some respondents expressed the view that it would be preferable if RSE was fully integrated with SPHE structures. One team talked about designing a very successful conference for parents, with five organisations, including the Health Board, taking part. Other examples included fostering links between schools so that teachers can share good practice (finding out how other schools are delivering SPHE, coping with timetabling problems, increasing the profile of SPHE through putting it on report cards or ensuring there is an SPHE table at parent-teacher meetings).

5.4 SPHE training at other levels

Respondents cited the development of training other than standard in-service work with SPHE teachers as good practice. The Waterford extra-mural certificate in SPHE run by Waterford Institute of Technology and the South Eastern Health Board and the SPHE electives in the H.Dip. courses in some NUI Colleges were mentioned with respect. Teams mentioned the importance of pre-service training in relation to challenging conventional thinking before the completion of standard teacher training. Respondents also regard the wide variety and quality of training being provided by the SPHE teams as evidence of good practice.

5.5 Sharing good practice

National meetings currently provide the main forum in which support teams share good practice. Although teams thought that the format of these meetings needs to change (see Section 2.1.3.) some sharing does take place. Teams offered the examples of the “round” at the beginning of the meeting, setting up a “marketplace” to share practice and sharing information on seminars. Improvements in the organisation of national meetings would encourage more sharing. Some teams said they also shared informally, and the Internet was also mentioned. Respondents favoured the instigation of a more formal system of

sharing good practice in order to capture and compile the good practice that is developing and to disseminate it throughout the service, and to schools where relevant.

Due to the flexible nature of the implementation of SPHE support, regional teams have put a lot of creativity, imagination and hard work into the development of their own specific programmes and practices. Although respondents see sharing good practice as desirable there is also a feeling that teams are reluctant to do this as they fear that the quality or usefulness of the shared pool will not be of equal value. This notion is compounded by concerns that some support service members could be in competitive situations in the future, and are therefore reluctant to share their intellectual investments with potential rivals. One team felt that shared programmes and practices are insufficiently acknowledged, while others consider that rivalry between Health Boards also inhibits the sharing of good practice.

5.6 Conclusion

SPHE Support Services are aware that they are drawing on learning that has built up over time both in Ireland and Internationally. They are satisfied with the models they are following. While they have identified the need for more opportunities to evaluate and share their practice, they are convinced that the partnership between Education and Health is the best possible structure for this kind of work, and that the delivery of SPHE through existing teachers constitutes best practice in the field.

6. Other stakeholders' views

While the review focussed primarily on the views of the SPHE support service, the consultant was also asked to canvass the opinions of two other key stakeholders: the Management Committee and the RDO for Local Drug Task Force Schools. A focus group was held to elicit the Management Committee's views, and two interviews were held with the specialist RDO. The main issues to emerge are detailed below.

6.1 Management Committee

The Management Committee holds the SPHE support service in very high esteem, commenting on the exceptionally high quality of in-service training and the passion and commitment of the regional teams. The SPHE's regional presence was recognised as a resource involving great expertise and a rich diversity of experience and learning. The committee noted the contribution of the strong and effective support of the National Co-ordinator in creating and maintaining this situation.

The views of the Management Committee illustrate the tension between the health and education agendas in SPHE. Committee members with a background in health stressed links with HPS, while those from an education background emphasised the importance of the SPHE curriculum. While the initial vision was to put SPHE into the curriculum, HPS is clearly seen by some members as the next stage.

The committee also confirmed the perception of the teams that final decision-making on SPHE strategy and other important issues lies outside its remit. This has led to a lack of clarity as to how teams can contribute their views and experience most effectively into the decision-making process. Despite these limitations, the Management Committee regards the partnership between itself and the support service, both nationally and regionally, as very positive.

With regard to the next phase of SPHE, the Management Committee identified several priorities:

- informed by its recently completed series of regional visits, the committee highlighted the need to **consolidate** the regional service, including through the sharing of best practice. The committee felt that priority should be given to reaching those schools which have not yet embraced SPHE
- the need to **clarify** the dynamic between SPHE and HPS was recognised. While the committee valued the diversity of practice and structure in the current system, it considers that now, as elements of best practice are beginning to be identified, may be the time to move towards a more unified definition. Clarity regarding its own position would also be welcomed

- priorities for **planning** included child protection, substance use and the core service itself. The committee stressed that planning should be participative in nature and respect regional autonomy
- strengthening **links** between regional teams, and between the support service and other initiatives, such as School Development Planning is also seen to be important for the next stage of SPHE development.

6.2 RDO for Local Drug Task Force Schools

The RDO with responsibility for providing additional support to Local Drug Task Force schools (LDTF RDO) occupies a unique position within the SPHE Support Service. The focus for much of her work is to assist second-level schools in the ERHA and Cork regions to achieve Action 43 of the National Drugs Strategy (2001-2008) “to develop guidelines, in co-operation with the Health Boards, to assist schools in the formation of a drug policy” (Department of Tourism, Sport and Recreation 2001).

Initially the LDTF RDO understood that her role within SPHE was to provide additional support to LDTF schools in meeting the challenges of the National Drugs Strategy and that this would involve her, as part of the training team,

in assisting LDTF schools to introduce and implement SPHE. Her role has developed differently and might benefit from being reviewed. She finds her current role broad and challenging, citing the following reasons:

- different structures and systems in the four Health Boards she deals with
- in order to respect prior work different approaches are required for each school
- structures in communities and schools also differ
- further challenges are presented when cluster training takes place, involving several schools and groups
- while the LDTF RDO deals only with second-level schools, other stakeholders have an interest in and/or responsibility for primary schools as well
- the responsive nature of the role can result in a lack of control
- because the role is unique in SPHE systems and structures are not always relevant and there are limited areas of common interest with other team members.

The LDTF RDO’s role has much in common with that of other professionals outside SPHE, such as the Drugs Education Officers employed by Health Boards and LDTF Education Officers. Since the LDTF RDO within SPHE is expected to collaborate with other agencies her effectiveness depends to a large degree on their work. Her targets and theirs must also align. The National Drugs Strategy have also set a target for the completion of policies in all second level schools.

Respondents in the review were not asked specifically about the role and contribution of the LTDF RDO but some teams from relevant areas mentioned that they found her effective in her support of their work. A certain level of tension was perceived to exist between the development of substance use policies and other SPHE work due to differing priorities.

Despite the reservations expressed, the overwhelming weight of comment from both the support service and the LDTF RDO herself stressed the innovation and effectiveness of the approach to the development of substance use policy in second-level schools. The LDTF RDO has made connections with a very broad range of agencies, groups, schools and services across four Health Board areas, which are increasingly requesting and accepting her support and expertise. She has started up and developed a wide variety of initiatives, mostly tailored to suit the particular community and agencies involved in policy development in any given school. While many of these initiatives are at an early stage they have an extremely high level of stakeholder ownership, due to participative approaches to the work and the bespoke nature of design. The LDTF RDO's unique body of expertise, knowledge and factual information, in a very complex area of work that impacts on a wide range of agencies and groups, could usefully be harnessed by SPHE to enhance the understanding and learning of all those involved at national and local level.

In order to do this effectively key areas to be addressed include:

- updating the LDTF RDO job description
- clarifying expectations, if any, in relation to the number of schools which should have a substance use policy in place by 2004
- mapping the current situation
- planning, indicating the priorities to be given to policy development targets, information and public relations
- specific support, supervision and training for the LDTF RDO
- identification of how best to integrate this role more fully into the national team.

7. The future of SPHE

7.1 Difficulties with discussing the future

SPHE support service teams found it difficult to articulate their vision and plans for the future of SPHE because:

- **the short-term nature of the RDO contract** (four years, of which three have already been completed) makes the future of the service uncertain and renders long-term planning irrelevant. In some teams this uncertainty also affects willingness to invest in the partnership. One team said, *“If we knew we had another three years we would plan – otherwise it is a waste of time”*. Some HPOs are unsure if they should begin to develop a vision and plan from a purely Health Board perspective. One team member stated that this would entail concentrating on about six schools to develop the HPS model
- teams felt that **SPHE Support Service could be withdrawn** at very short notice. Some teams had experience of services that were ended abruptly. One team felt that cutbacks in the Health Boards would render SPHE unsustainable without the input of the Department of Education and Science. Consequently, as one team put it, there is a certain amount of *“cynicism on the ground”* regarding the future of the service
- Although the Management Team are constantly involved in planning and setting objectives, their planning work needs to be brought together into **co-ordinated strategic and operational plans**. The lack of such a document makes it difficult for local teams to develop local plans.

As part of the review process the consultant asked respondents to imagine the ideal SPHE Support Service into the future. The results of this exercise appear in this section of the report.

7.2 Emerging support needs of schools

All respondents agreed that support would be required for some time to come to ensure SPHE is embedded into the curriculum and timetable of all second-level schools. The dimensions of these support needs are:

- teachers currently implementing the SPHE programme need to **deepen** their **confidence** and increase their skills. While SPHE in-service training is reaching a high proportion of teachers the training itself is not very extensive
- **sustaining and/or re-energising teachers** who are at risk of burnout from the extent and challenge of SPHE work
- **more input on relationship and sexuality training**, along with other areas which teachers find particularly challenging
- **in-service training** will be required for teachers in schools which are only now beginning to engage with SPHE and for new teachers in

- schools which are already involved. Staff turnover will continue to necessitate the provision of an in-service training programme
- **further refinement** of in-service training is desirable, eg one team suggested specific training for teachers of first, second and third year students
 - **more school based work** is required in order *“to stitch SPHE into schools”*, as one team put it. Another team considered school based initiatives to be the most sustainable work they were engaged in, another through setting up cluster meetings of those involved in planning was now important. Respondents reported that schools are increasingly seeking their input for whole school initiatives
 - **national guidelines or a model for Health Promoting Schools** would be useful. Many teams stated that clarifying the relationship between SPHE and HPO would be extremely supportive to their work. As one HPO put it, *“SPHE needs to move towards healthy schools, move past curriculum and classroom and down the corridors and around the school”*
 - **creating strong links** to School Development Planning and similar initiatives
 - **positioning SPHE as a vehicle for future issues.** The responsive nature of the support service enables it to accommodate emerging issues. Teams were uncertain as to what these might be but were sure that students would be meeting more challenges, not less, in the future. Emerging issues might include Internet and text pornography, substance use, bullying, mental health and child protection
 - **areas of work requiring development** include assessment, involving parents, development of student involvement
 - although currently outside their remit, many teams expressed an interest in contributing to **SPHE, senior cycle**, citing the advantages to harnessing their experience in a formal way
 - **a national qualification in SPHE** could usefully be developed at undergraduate level. Most respondents saw a role for the support service in this, in order to give students “hands-on” experience
 - resources and materials require **updating**

7.3 A vision for the future

This vision represents the pooled views of members of the regional support service.

7.3.1 Within schools

The ideal SPHE school would:

- understand SPHE
- be committed to it
- see SPHE not only as a curriculum area but also as an attitude of mind
- have a principal and vice-principal who were aware of SPHE and were supportive of and committed to it
- designate one or more paid, recognised co-ordinators who were able to create a cohesive approach to SPHE in the school and within the subject itself, through planning with their team to dovetail with other relevant subjects (science, English, religion...)
- facilitate weekly SPHE team support meetings, held during a free class
- foster whole school awareness of SPHE
- have long-term teachers who volunteer to become involved in SPHE and attend relevant training more often
- have more SPHE teachers, so smaller classes
- have dedicated practical facilities, rooms and resources
- develop its SPHE programme in co-operation with students, parents and the wider community.

7.3.2 SPHE nationally

The ideal SPHE nationally would:

- have clarity and long-term commitment to the partnership at Departmental level, along with recognition that SPHE is a long-term process
- involve regional teams in long-term strategic planning
- enable regional teams to invest time and resources in the partnership, thus enhancing clarity with regard to roles and responsibilities and allowing staff to work with trust and honesty
- link SPHE to relevant initiatives eg. School Development Planning
- use the expertise of RDOs and the Health Board staff to create a harmonious service that brings about something different and new - a synthesis, a new form - through the merger of contrasting skills and approaches
- embody the partnership of equals in which issues (eg the fit between SPHE and Health Promoting Schools) would be resolved together.

7.3.3 Regional support service

The ideal regional support service would:

- be welcomed into all schools, respected and its contribution sought
- be staffed by RDOs and HPOs who are regularly up-skilled to work experientially
- involve teams that share experience and expertise in order to enhance regional services.

8. Conclusion

The main findings of the review are summarised below.

Objective A:

Inform the process of developing the partnership between the Department of Education and Science, the Department of Health and Children and the Health Boards

This review considered a service which is based on a partnership between entities with divergent organisational cultures. Despite the perception that in some ways it would be more straightforward to work alone, respondents are sure of the relevance of the partnership to their work and that it is the most effective way forward for SPHE. They are committed to it despite the difficulties it entails.

Objective B:

Assess the effectiveness of implementation of SPHE, as perceived by the Support Service

The teams provide a high-quality support service, in many cases with very limited resources. Running through the interviews was respondents' passionate belief in the service and in the objectives and ideals of SPHE.

Objective C:

Inform the development of good practice in SPHE Support Service

The teams are creative, innovative and flexible in their approaches. They value the regional diversity which offers them scope to use their creativity. They are convinced they are building upon and contributing to good practice.

Objective D:

Identify emerging support needs

Key areas for development were identified in the course of this review and are highlighted in the text. In summary, they are:

1. Further **role clarity**, particularly in relation to the partnership
2. **Team support and development** at regional and national levels
3. Development of approaches for **capturing most effective practice**. This includes:

- valuing reflective time
- documenting the work
- use of quarterly reports for sharing factual information
- use of national meetings for sharing practice.

The shared information could also be used in developing the profile of SPHE.

4. **Clarification of the relationship with HPS**
5. **A greater level of standardisation** is required in a national service. The sharing of good practice, as part of the development of the national team, could allow for the identifications of those areas which would be enhanced by a level of standardisation.
6. **Linking with other initiatives.** There is a particularly complex and growing web of relationships - the three partners, NCCA, other support services, those working in the area of substance misuse, HPS, SPHE at other levels and most importantly the SDP. Ensuring that these initiatives and structures are complementary, rather than at odds, is a priority.
7. **Planning.** Given these complexities some systems thinking is needed to map the relationships and identify the most significant, eg with SDP. A planning process could also be used as an opportunity to involve key stakeholders in developing a shared vision and strategy and could also assist in the resolution of other issues. Any plan should maintain the current emphasis on responsiveness.
8. **Evaluation.** The teams are confident that they are delivering a high-quality service and would welcome evaluation of their work. Their attitude to this review, for example, was very positive. Since the work of the support service is mostly related to process outcomes are not always very visible or concrete. An evaluation format that reveals the extent and quality of their work would be welcomed.

* * * * *

As a consultant I have rarely encountered a group with such enthusiasm, commitment and passion. This is reflected in the range and detail of the views communicated during the review process. The need for greater clarity, cohesion, the capturing of good practice and planning identified by the review should be seen as a natural outcome of this level of innovative and creative activity. It is vital that the challenge be met in order to capitalise on the exceptional work undertaken to date by all the partners involved.

9. References:

- Department of Education & Science, 2000, *Junior Cycle, Social, Personal & Health Education* (Dublin Stationary Office)
- Department of Education & Science & School Development Planning Initiative, 2002, *School Development Planning initiative, Guidelines for Post-Primary Schools, 2002*
- Department of Health & Children Health Promotion Unit, Department of Education and Science, Marino Institute of Education, 1999, *Learning from the Irish Network of Health Promoting Schools.*
- Department of Health & Children, 2000, *National Health Promotion Strategy, 2000-2005* (Department of Health & Children)
- Department of Tourism, Sport & Recreation, 2001, *Building on Experience*, National Drugs Strategy 2001 – 2008 (Dublin Stationary Office)
- National Council for Curriculum and Assessment, Department of Education & Science, 2001, *Social, Personal & Health Education, Junior Certificate, Guidelines for Teachers*, (Dublin Stationary Office)
- Northern Area Health Board, East Coast Area Health Board, South Western Area Health Board, in partnership with the Department of Education and Science and Local Drug Task Forces, *Developing Guidelines for Schools, Developing Policy on Alcohol, Tobacco and Drug Use.*
- Social, Personal & Health Education, *School Handbook Final Draft.*

Appendix 1: Review of SPHE by HPMs

Introduction

The review of the SPHE support service by Health Promotion Managers/Directors of Health Promotion (HPMs) forms part of the broader review of the service at junior cycle. For information on the scope of the review and the structure of the service, see the main report, Section 1.1 and 1.2. This part of the review, commissioned after the main body of work had commenced, is intended to present the views of the people who have responsibility for the process from the Health Board side.

This part of the review was undertaken through semi-structured telephone interviews with all HPMs. The interviews were taped and transcribed. The methodology followed that of the rest of the review (see Section 1.1.2).

Responsibility for SPHE forms only part of the working brief of HPMs. Consequently HPMs contextualise SPHE differently from other respondents and operate from a broader and longer term perspective. The following sections summarise the main views expressed.

Sections

1. Understanding of SPHE
2. Implementation of SPHE in their Health Board area
3. The role of the Health Board in SPHE
4. Effectiveness of SPHE
5. Measuring effectiveness
6. Improvements required
7. Good practice
8. Sharing experience and practice
9. View of the partnership
10. Inhibitors to the development of the partnership
11. The Health Promoting School
12. The future for SPHE

1. Understanding of SPHE

HPMs see SPHE as a national curriculum, syllabus or programme. They understand the support service's role to be to develop competencies and skills that enable teachers to deliver the programme and interface optimally with students. They recognise that it has a role in broader contexts, too, in relation to Health Promoting Schools (HPS) and as part of "*a shift to look at and enhance contextual issues that are relevant to how the school runs itself*". The partnership aspect of SPHE is seen as important.

2. Implementation of SPHE in their Health Board area

Most HPMs describe the regional support team, comprising a Regional Development Officer (RDO) and one or more Health Promotion Officers (HPO), as the structure or vehicle which delivers SPHE. The majority, however, said that differences between Health Boards (HBs) in relation to resources, size of teams, history of working with schools etc means that implementation varies widely throughout the country.

HPMs from HBs which were already working with schools prior to the establishment of SPHE were more likely to discuss the complexities as well as the advantages stemming from the introduction of the programme. At the same time they felt that the existence of SPHE vindicates their work and enables them to reach a far larger number of schools.

The introduction of SPHE has also focussed resources into this area. However, one HPM said, *“the work we do in schools is not bound by SPHE work – we have a broader commitment to schools”*. At the same time, there is concern about the need to clarify the role of RDOs, and of SPHE in general, in broader health promotion agenda.

3. The role of the Health Board in SPHE

Most HPMs feel that the HBs are equal partners with others in SPHE, with representation on the Management Committee and an active role in implementation. They see the HB role in SPHE as being primarily to provide resources to the initiative through the time and expertise of HPOs and other HB staff. Other roles include to:

- function as a bridge between the schools and the HBs overall
- assist in providing access to information and services (eg dental care), *“to funnel this information through and to integrate it into SPHE”*
- partner and/or support the RDO.

As previously noted, the HPMs are conscious of the way in which SPHE fits into a broader agenda. While most mentioned their role in developing the HPS initiative, some cast their net wider. One HPM explained, *“We have about thirty projects that feed into SPHE – babysitting programmes, school journals, community development, arts programmes in schools, our sexual health strategy...”*.

Those HBs which see themselves as having sufficient resources to dedicate to SPHE recognise their advantage, as well as the relative disadvantage of those which do not. HPMs from these latter areas detailed their frustrations. They felt that optimal participation in a programme to which they were committed was

stymied, especially in terms of the lack of fully dedicated staff (only a part of one job is allocated to the role in some areas) and the effects of the jobs embargo in HBs. As one HPM put it, *“it requires more bodies and a larger budget to support schools”*. Another HPM noted the irony that schools are required to provide SPHE but HBs are not explicitly required to support and resource SPHE.

4. Effectiveness of SPHE

While HPMs see the effectiveness of SPHE in some areas as compromised by inadequate resources, overall the programme and the support service are viewed as highly effective. Aspects singled out for praise include:

- reaching a broad base of schools, so that many more young people than ever before are receiving targeted health messages
- allowing greater access to schools, even in those areas with a history of this work – SPHE *“legitimises school contact”*, as one respondent put it
- reducing duplication and enhancing co-ordination in many areas of work, through creating a framework for bringing issues into schools
- high quality of in-service training
- high quality of work of SPHE teams overall
- partnership approach
- sharing of resources.

Most HPMs regard the interplay between SPHE and HPS as effective. As one HPM put it, SPHE *“is a building block or cornerstone in the development of the Health Promoting School”*.

5. Measuring effectiveness

HPMs see the need for a comprehensive framework for the evaluation of SPHE. They are aware of international studies which provide ample evidence that the approaches use by SPHE are effective when appropriately resourced and implemented. Some respondents feel that even though it could be some time before SPHE outputs could be evaluated the framework should be put in place now.

In the absence of such an evaluation framework HPMs measure the effectiveness of SPHE in a variety of ways:

- through such quantitative information as is available to them (eg proportion of schools with SPHE on the timetable or engaging with the support teams, approximate number of students receiving health messages through SPHE, number of teachers attending training etc). One HPM uses this data as rough performance indicators
- feedback on evaluation forms used at training sessions

- level of repeat requests for training
- via feedback from support teams
- level of related policy development in schools and links between schools.

Several HBs undertake more formal evaluations of elements of SPHE. A number evaluate pilot initiatives such as work in the field of mental health. One respondent reported the evaluation of SPHE against their broader health promotion objectives. Independent evaluation of related programmes was seen to offer evidence supporting the concept and approach of SPHE.

6. Improvements required

Although HPMs cited a number of potential improvements to the SPHE support service, respondents reported a high level of satisfaction overall.

Most HPMs feel that SPHE needs to be strengthened by a long-term commitment from the participating Government Departments and by a corresponding commitment from HBs to fill critical posts. The issue of resources surfaced again, as “*any Government which wants to change behaviour must divert resources*”. HPMs also stressed the need for planning, especially at national level, in order to contextualise SPHE, ensure that it is in alignment with related services and clarify its relationship with HPS. Some HPMs feel that the next stage of the programme should involve a re-assessment of needs. One suggested that this might reduce the emphasis on in-service training in favour of more team building within and outside the school setting.

Respondents see quality control and a degree of standardisation as necessary for the development of a structured approach to the future of SPHE. At present levels of service vary throughout the country and differences in delivery in individual HBs make it difficult to set any strategic objectives at national level. Achieving agreement on objectives and basic levels of service (eg in sex education) is seen as very important.

HPMs identified other issues requiring resolution, including:

- schools allocating the teaching of SPHE to relief teachers, which maintains the subject in a marginalised position in the curriculum
- developing stronger links with School Development Planning (SDP) and SPHE at primary level
- how to reach children who are missing out on SPHE through low school attendance
- managing around the three months of summer holidays, especially from a planning perspective
- the need for a partnership approach to quarterly reporting.

Despite these drawbacks, HPMs generally, especially but not exclusively those with smaller teams, see SPHE as an effective use of their resources. As one

respondent said, *“Young people in schools will see health gains if we get it right. It is a long-term investment for the future”*.

7. Good practice

In discussing good practice as manifested by SPHE one respondent pointed out that health education is not at worst neutral. By contrast, the wrong sort of health education can have a negative impact. In this context HPMs are satisfied that SPHE is informed by internationally-documented best practice (including the Ottawa Charter, 1986, and WHO's Jakarta Declaration, 1988) and also conforms to Irish policy guidelines and the Health Promotion Strategy (Department of Health & Children, 2000).

HPMs also regard the delivery of SPHE as constituting good practice in that it:

- follows a structured programme (which also has the advantage of preventing the development of bad practice)
- creates a supportive environment which encourages discussion at class and school level
- enables the integration of the concerns of a variety of groups into one school programme
- ensures that health education is integrated into the school setting
- is based on consultation with students
- is flexible and easily adjusted to meet students' needs and concerns
- has a participatory method of delivery.

HPMs see one of the strengths of SPHE to be that *"it is integrated into the delivery of the school curriculum and it does not separate health out"*. It has reduced the "once-off talk" approach to the delivery of health information and assisted teachers to become more confident in relation to giving such information and/or choosing who else should. As one respondent said, *"Teachers are more discerning about who they let into the classroom– there are issues of quality control"*.

At the same time HPMs feel that to represent best practice SPHE should be more closely integrated with HPS and whole-school planning (WSP) over time. Like the support service teams, HPMs said that they were unaware of how the programme was being implemented in schools.

8. Sharing experience and practice

Most HPMs consider the sharing of experience and practice to be an area of relative weakness for SPHE. However, some said this weakness was not unique to SPHE and applied more generally to Health Promotion practitioners with the HBs. Two HPMs associated this weakness with rivalry between HBs, while another felt it might be related to lack of time as areas of responsibility increase. According to two respondents, however, there are good informal ad-hoc methods used to share SPHE experience and practice.

HPMs see the National Co-ordinator, the quarterly reports and the national meetings of RDOs and HPOs as the most important mechanisms at present for sharing SPHE experience and practice. They also cited several health promotion mechanisms within the HBs – national meetings of HPMs, the School Practitioner Forum and winter and summer schools – but felt that they were somewhat underutilised. Other suggestions for ways of sharing good practice include:

- papers at conferences and workshops
- asking various HBs to take responsibility for developing different sections of the work and then sharing the results
- encouraging HBs which are more experienced to mentor others.

9. Views of the partnership

At regional level

HPMs generally have very positive views of the SPHE partnership. The teams are regarded as “*genuine partnerships*” which work well together and are often integrated into HBs. The partnership aspect is very visible, for example using headed notepaper which carries the logos of both participating Departments and having the signatures of both the RDO and the HPO at the end of letters. On the occasions when the support team is not working well together, however, it is often unclear whose role it is to address the problem, leading to delays and avoidable complications.

At national level

Respondents reported very good working relationships with the SPHE Management Committee, finding them very open and willing to communicate. They appreciate the involvement of the range of stakeholders in the committee and find the rotating chair to be a fair system. The complexities of the partnership are such, however, that decisions are often delayed or even avoided.

Although there is total support for the concept of partnership at this level, several HPMs have concerns about lack of clarity and definition. While delaying project start-up in favour of achieving total clarity would not have assisted the process, it is now time to re-visit the issue.

10. Inhibitors and supports to the development of the partnership

HPMs feel that the development of the partnership is inhibited by:

- the ambiguity of the DOE’s position, which prevents long-term planning and creates difficulties concerning the co-ordination and/or integration of the work and role of RDOs. As one HPM put it, “*It’s like a relationship and it’s not clear how long they want to stay in the relationship*”

- differences in culture, structure and work practices between health and education agencies, which militate against easy communication, discussion and agreement. HPMs believe that “*health promotion is as much about values and beliefs as about resources or structures*”
- concerns of education partners that planning inhibits responsiveness, instead preferring a centralised approach emphasising curriculum
- lack of commitment from those HBs which are unwilling to put the required resources into SPHE.

One HPM felt that the multi-sectoral committee documented in the Health Promotion Strategy (Department of Health & Children, 2000) could be a discussion forum for SPHE.

At the same time HPMs see the following as supportive to the partnership:

- national supports, especially the National Co-ordinator’s understanding of issues pertaining to both health promotion and education
- key personnel in the Government Departments, several of whom are on the Management Committee
- the approach taken by the Management Committee
- those HBs which have experience of working in schools and are willing to share their experience and resources with others
- increased co-operation between Education and the Health Boards at regional level

Despite the complexities of the system and the factors inhibiting its further development the partnership in most regions has been in line with or even exceeded the expectations of HPMs. Respondents were enthusiastic about the partnership overall and made their suggestions out of a desire to “get it right”.

11. The Health Promoting School

HPMs are exercised about the confusion which currently characterises the relationship between SPHE and HPS. One said, “*The confusion is very damaging. It requires a certain sort of leadership from Health and Education to resolve and move it forward*”.

Overall HPMs see HPS as a holistic, complete model, with SPHE as the beginning of or curriculum for HPS. “*SPHE needs to be acknowledged as a journey to HPS*”, said one respondent. HBs do not see the models as conflicting – rather, they feel that they support each other and, depending on the perspective taken, areas of work can be categorised as either HPS or SPHE. “*We work with schools and parents, on policies, for example. We do not call this HPS – we see it all as SPHE*”.

The differences in organisational culture noted in the previous section of this appendix are seen to complicate the discussion and resolution of these issues. “*In Education their system is tighter*”, explained one HPM. “*There is a focus in*

Education on the curriculum and NCCA documentation.” Some HPMs suggested that it is the job of the SPHE Management Committee to clarify and resolve these matters, while others were uncertain whose role it might be.

These tensions are heightened by the fact that there is no national framework for HPS and that, it is time- and resource-intensive. Some regions where the HPS model was well-established before the introduction of SPHE had particularly difficulty with the fit between the two.

Despite the tensions, there is a substantial level of agreement that the two models are closely interlinked and mutually supportive. Furthermore, all HPMs see the way forward as involving joint planning and development within a partnership framework. *“Don’t set up conflicting constructs – just see them as one”*, was the advice of one HPM.

12. The future for SPHE

The vast majority of HPMs consider that the current model of SPHE is the best possible and that it should be developed both nationally and at regional level. They made a number of suggestions for improvements to aid this development:

- **create stability in the partnership and the support service.** Teachers and schools need to know that they will be supported in the long term. This requires commitment at senior level from all the partners – HBs, Departments and school principals. One respondent noted that this commitment is necessary for HPMs to continue to work on integrating Health Board services to schools into SPHE
- **develop in-service training.** HPMs in whose regions SPHE is still at an early stage of development see this as a priority. In addition new teachers come on stream, new concerns arise, more teachers are needed in schools and so on. HPMs feel that without this input teachers will not be able to teach these new topics in the appropriate way
- **match resources to commitment.** HPMs suggest that it might be useful to state a minimum level of resources to be allocated to SPHE
- **integrate SPHE with HPS.** HPMs see this as critical to the development of the HPS model
- **integrate SPHE with whole-school planning.** This is seen as the way to “join the dots” with regard to the SPHE agenda
- **better planning.** HPMs see the need to set strategic objectives for SPHE. They regarded the review as an opportunity to reassess needs and consider requirements for the next stage, and to adopt a more structured approach to the future of SPHE
- **introduce standards and quality control.** The current wide variation in capacity between HBs results in differing levels of service delivery to teachers. HPMs would like to SPHE to agree on and apply quality standards to a core service to schools

- **achieve clarity in relation to roles and decision-making.** HPMs would welcome increased clarity on such matters as:
 - the role of the Management Committee
 - how decisions are made and by whom within the management structure
 - the role of members of support teams, particularly RDOs
- **share good practice.** HPMs consider that the time is right to document, share and learn from the good practice that SPHE has developed
- **integrate RSE into SPHE**
- **establish a comprehensive framework for evaluation**
- **increase the public profile of SPHE**
- **prepare for the future by:**
 - working on parental involvement
 - preparing for SPHE at senior cycle
 - preparing for emerging and new areas of work.

HPMs were unclear about the future of the support service. Some wondered if the DOE would consider its work to be complete when SPHE is on the curriculum of all second-level schools. One felt that that if the support service was not there the same level of resources would have to be allocated to health promotion departments to ensure that the work was done. This would be seen by the majority of HPMs as retrogressive. *“The health of a child is a multi-dimensional issue, therefore no uni-dimensional approach is appropriate”*, as one HPM put it. The HPMs have no doubt that partnership is the best way forward.

02/09/03

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