



**Training and Programme Design  
Health and Wellbeing,  
Strategy and Research**

**Implementation Plan 2024-2027**



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# Introduction

Health and Wellbeing in the Health Service Executive (HSE) aims to provide services that keep people healthy, in order to reduce the likelihood of chronic disease and premature mortality, with a focus on individuals and communities at greatest risk. HSE Health and Wellbeing work closely with community and acute operational teams to embed health and wellbeing in the health service, and offer expertise, strategic advice and direction on the key known risk factors for chronic disease. The Health and Wellbeing function of the HSE has responsibility for the strategic implementation of Healthy Ireland within the health services.

## Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025

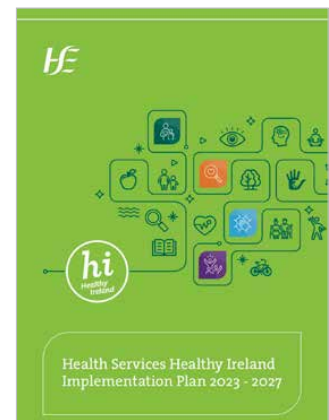


*Healthy Ireland: A Framework for Improved Health and Wellbeing 2013 – 2025*<sup>1</sup> was a landmark policy published by the Department of Health in 2013 that focused on living healthier lifestyles and preventing chronic disease. The framework promotes a cross-sectoral and cross-government approach and focuses on four goals:

- Increase the proportion of people who are healthy at all stages of life
- Reduce health inequalities
- Protect the public from threats to health and wellbeing
- Create an environment where every individual and sector can play their part in achieving a healthy Ireland

The Healthy Ireland Strategic Action Plan 2021-2025 sets out the key actions by theme for the period 2021 -2025<sup>2</sup>.

Following the publication of Governments Healthy Ireland Framework 2013 – 2025<sup>1</sup> the HSE responded with the development of a three year implementation plan Healthy Ireland in the Health Services 2015 – 2017. This plan provided the strategic direction for the HSE to deliver on its leadership role to support the achievement of Healthy Ireland Framework goals. The Hospital Groups and CHOs developed their own implementation plans. The HSE' Healthy Ireland Progress Report 2015-2020<sup>3</sup> gives a full update on the progress of the Healthy Ireland implementation in the HSE during that period. In 2023 the HSE published the Health Services Healthy Ireland Implementation Plan 2023-2027<sup>4</sup>. The development of this Implementation Plan is included as Action 4.3-7 “Develop a health and wellbeing training and programme design implementation plan.” p.20. A key next step for the continued progress of Healthy Ireland in the Health Services is the six Health Regions developing their own Healthy Ireland Implementation Plan



## HSE Health and Wellbeing

The National Policy Priority Programmes (NPPPs) identify evidence based practice, policies, programmes and infrastructure to support the translation of national government policies into implementable actions to reduce the development of chronic disease. The NPPP's include Tobacco Free Ireland, Health Eating and Active Living, Sexual Health and Crisis Pregnancy, Alcohol and Mental Healthy and Wellbeing. There are three cross cutting programmes; Stakeholder Engagement and Communications, Healthy Ireland in the Health Service and Training and Programme Design.

## Training and Programme Design

Established in 2019, the remit of Training and Programme Design is to co-ordinate, design, develop and evaluate training programmes together with the NPPPs, to prevent chronic disease and support improved health and wellbeing. Training and Programme Design is a key support function within HSE Health and Wellbeing (H&W), and incorporates the national Making Every Contact Count Programme, the national HSE Education Programme as well as the co-ordination and support of evidence informed Health and Wellbeing Training Programmes across all the policy priority areas. The work of the programme is informed by national policies and strategies including:

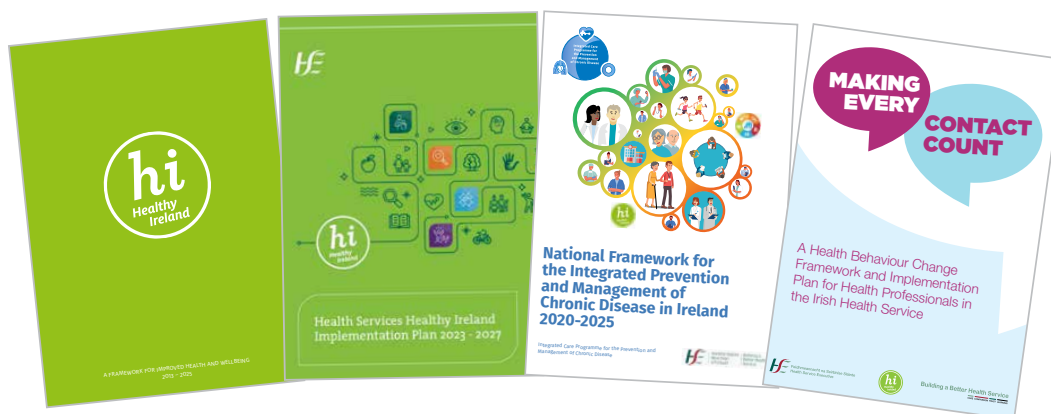


## Introduction

The Making Every Contact Count (MECC) programme is a national health behaviour change programme, developed by the HSE in 2017<sup>5</sup>. The programme is implemented under the remit of Training and Programme Design. The work of the MECC Programme is overseen by the MECC Implementation Group. (Appendix 2)

MECC is a key element of the Healthy Ireland Framework 2013 – 2025<sup>1</sup> and it complements the National Living Well with a Chronic Condition: Framework for Self-Management Support<sup>6</sup> and is a core element of the Integrated Framework for the Prevention and Management of Chronic Disease<sup>7</sup>.

MECC is an essential element in the integrated pathway of care for the prevention and management of chronic disease. It aims to enable healthcare professionals to recognise the key role and opportunities that they have through their daily interactions with patients in supporting them to make health behaviour changes. The Health Services Healthy Ireland Implementation Plan 2023-27 includes Action 4.3, “Scale up the implementation of Making Every Contact Count in the health service, including prioritisation in the Sláintecare Healthy Community areas.”<sup>4</sup>



## Rationale and context for action

Every year the health service has approximately 30 million contacts with patients and service users and there are estimated to be 14 million contacts with GPs<sup>8</sup>. All of these contacts are potential opportunities for healthcare professionals to support their patients to make behaviour changes. With approximately 1.3 million people living with chronic conditions e.g. asthma, chronic obstructive pulmonary disease (COPD), diabetes and cardiovascular disease, it is critical to support people to self-manage chronic conditions to both improve patient outcomes and reduce pressures on the health system<sup>8</sup>.

The largest proportional increases in the population in Ireland will continue in the 85 years and older category. The number of people aged 65 and over will grow from one-fifth to over one-third of the working population over the next two decades. It is good that people are living longer, and we need to ensure that more of these years, particularly in later life are spent in good health. Chronic diseases including cancer, cardiovascular disease, COPD and diabetes, are the leading cause of mortality in Ireland<sup>8</sup>.

**1.3** million<sup>7</sup>



people living with chronic conditions  
e.g. asthma, COPD, diabetes and cardiovascular disease

Contacts with our patients and service users



**30** million contacts<sup>5</sup>

Contacts with General Practitioners



**14** million contacts

Chronic diseases and their complications account for up to

**80%**

of general practitioner (GP) visits



**&**

**60%**

of hospital bed days<sup>8</sup>

At least **30%** of cancers and **80%** of heart disease and diabetes could be prevented by addressing modifiable risk factors such as smoking, alcohol use, poor diet, physical inactivity<sup>4</sup>

The successful prevention and management of chronic disease is critically important for patients and service users of the HSE as well as the health of the Irish population. It is acknowledged that the way in which we deliver healthcare has to change. The roadmap for this change is provided by the Sláintecare Report of the Oireachtas Committee on the Future of Healthcare<sup>9</sup>. As the demand for health services and the associated costs continues to rise, driven by an ageing population and adverse population health behaviour trends, the HSE must urgently redouble its commitment to improving population health and prevent chronic illness.

While creating a healthier population requires action in the areas of education, transport, food production and local environments, the health service plays a pivotal role in improving health and wellbeing. Promoting health and wellbeing and preventing chronic disease is an important component of creating a sustainable shift in our national approach to delivering healthcare. Supporting behaviour change can significantly reduce chronic disease. Brief behavioural interventions delivered by health professionals can support people to modify their health behaviour. Evidence points to a clustering of behavioural risk factors including tobacco use, alcohol use, unhealthy diet and physical inactivity in areas of deprivation. The pervasive effect of this and wider determinants of health mean that in areas of deprivation the risk of poor health is greater for children, young people and adults compared with those living in more advantaged areas<sup>10</sup>.

## Background and progress to date

The Making Every Contact Count Framework includes standardised training for healthcare professionals to use brief behavioural interventions in routine healthcare consultations with patients and service users. MECC training consists of a blended learning course, including an eLearning and a workshop component, and is available to all healthcare professionals in Ireland.

The eLearning consists of the following modules:

- Introduction to Behaviour Change
- Tobacco Free
- Alcohol and Drugs
- Healthy Food for Life
- Get Ireland Active
- Talking about Overweight and Obesity
- Promoting Mental Health and Wellbeing
- Skills into Practice

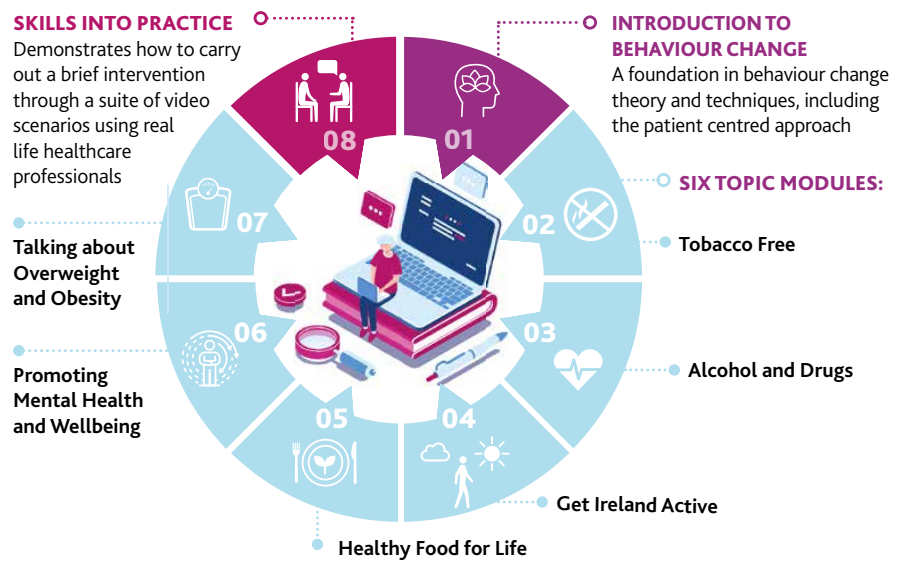


## Making Every Contact Count Training Framework



### Making Every Contact Count (MECC) Training Programme

The MECC eLearning Course consists of **8 modules** of 30 mins duration:



**ENHANCING YOUR BRIEF INTERVENTION SKILLS (EYS) WORKSHOP**

The EYS Workshop, a practical follow on to the MECC eLearning course, helps healthcare professionals to further develop their skills. Participants must have received their certificate of completion for the MECC eLearning course. The workshop is available either face to face (3.5 hours) or online (2.5 hours).

#### FEEDBACK FROM WORKSHOP PARTICIPANTS

"Thanks for the workshop it was beneficial and transferring it into practice will flow better now that we have the tools discussed today to do so".

"This was a good opportunity to reflect on, summarize and practice the required skills and I feel more confident in trying to implement this in practice".

"The virtual workshop enabled us to have the training safely in a pandemic world. Also saved us time and expense of travelling to a training location".

**REGISTER TODAY!**

Register at [www.hseland.ie](http://www.hseland.ie)  
[www.makingeverycontactcount.ie](http://www.makingeverycontactcount.ie)



A follow on 'Enhancing Your Skills' (EYS) workshop is available on completion of MECC eLearning. The EYS workshop aims to provide health care professionals an opportunity to enhance key skills to integrate healthy lifestyle interventions with patients/service users into everyday clinical practice. The workshop provides an opportunity for peer learning and reflection, with a view to building confidence in the delivery of MECC brief interventions.

# Section 1 Making Every Contact Count



The two elements of MECC training, both eLearning and workshop, have been included as a National Service Plan (NSP) 'Key Performance Indicator' (KPI) since 2018. The inclusion of MECC training as a KPI ensures that training completion is tracked as a key prevention measure. The annual targets are based on a percentage of frontline staff. The KPI is monitored and reported on a quarterly basis as a key enabler to support the implementation of the MECC framework.

The implementation of MECC needs to become part of everyday care in the health service. Comprehensive integration of the framework into routine care is complex and systems and resources are required to support this.

In 2021, Making Every Contact Count was included as a component of the Sláintecare Healthy Communities (SHC) programme<sup>11</sup>. SHC targets specific locations in Ireland where risk factors to the health and wellbeing of the population are particularly prevalent.

Making Every Contact Count is one of the key targeted initiatives working to tackle challenges from within these communities. All nine CHO areas have been resourced through SHC to appoint a dedicated MECC Mobiliser to drive implementation across the CHO region, with particular focus on areas of disadvantage. These designated strategic posts have enabled consistent and focused support to healthcare professionals and services working to implement MECC in a consistent and standardised way.

The National Programme supports the sharing of information, good practice and standardised implementation through co-ordination of a MECC Practitioners Network.

**Sláintecare. Healthy Communities**

## Sláintecare Healthy Communities 2021

- Cavan Town & County (Cavan) Gaeltacht (Donegal) Inishowen (Donegal)
- West Mayo (Mayo)
- Limerick City (Limerick) Clonmel (Tipperary)
- North Cork City (Cork)
- Enniscorthy & Wexford Town (Wexford) Waterford City (Waterford)
- Bray (Wicklow)
- Athy (Kildare) Cherry Orchard (Dublin) Clondalkin (Dublin) Tallaght (Dublin)
- Athlone & Mullingar (Westmeath) Longford Town (Longford)
- Ballymun (Dublin) Finglas & Cabra (Dublin) Kilmore & Priorswood (Dublin)

A wide range of resources have been developed to embed MECC into the healthcare system including implementation resources and communication guides. These resources can be accessed in the HseLand Discovery Zone, using <https://www.hseland.ie/dash/Account/Login> and following 'registration' or 'sign in' steps.



The implementation of the MECC Framework is enhanced through the inclusion of a chronic disease prevention and management curriculum within Higher Education Institutes (HEI) healthcare related courses at undergraduate level.



## Making MECC Work

The Health Behaviour Change Research Group at University Of Galway and the HSE National Making Every Contact Count Team worked collaboratively on a HRB Applied Partnership Award research project to understand key enablers and barriers to implementing MECC across the health services. This research identified evidence based implementation strategies to optimise and scale up implementation<sup>12</sup>.

The nine recommendations outlined in the Making MECC Work: Enhancing the implementation of the National Making Every Contact Count Programme in Ireland (Appendix 1) are addressed in this implementation plan.

<p><b>1.</b></p> <p>Provide dedicated time to practitioners to attend training and use Making Every Contact Count</p>	<p><b>2.</b></p> <p>Empower and engage management and senior staff to take responsibility for Making Every Contact Count delivery</p>	<p><b>3.</b></p> <p>Implement a user friendly and integrated system of recording Making Every Contact Count delivery</p>
<p><b>4.</b></p> <p>Develop service directories for healthcare professionals to refer service users</p>	<p><b>5.</b></p> <p>Have local Making Every Contact Count Champions to model best practice and share experiences</p>	<p><b>6.</b></p> <p>Have a dedicated resource centre on the Making Every Contact Count website with information regarding Making Every Contact Count training courses and contacts</p>
<p><b>7.</b></p> <p>Have HSE national communications campaign to promote Making Every Contact Count to staff and service users</p>	<p><b>8.</b></p> <p>Generate and highlight evidence for the impact of Making Every Contact Count on service users</p>	<p><b>9.</b></p> <p>Enhance integration of Making Every Contact Count with healthcare professional training within higher education</p>

## Strategic priorities and key principles

To ensure continuity with the original framework implementation actions, these recommendations are addressed in line with the principles and themes previously identified and build on work already underway:

- Leadership
- Partnership and cross-sectoral working
- Staff engagement, training and supports
- Monitoring and evaluation

It is recognised that the roll-out and implementation of this plan will align with the transition to HSE Health Regions.

## Strategic priorities 2024-2027

### Leadership: Key Actions

1.1	Co-ordinate the Making Every Contact Count Implementation Group to provide expertise, strategic advice and support to the work of the programme and oversee delivery of its implementation plan
1.2	Co-ordinate the Making Every Contact Count Practitioner Network to support standardisation of programme delivery across all services and enable consistent communication of developments in respect of policy and practice and support shared learning and harnessing of innovative approaches
1.3	Provide guidance and support to the implementation of Making Every Contact Count through support of MECC related actions outlined in all Healthy Ireland implementation plans 2023-27
1.4	Advocate with senior leadership and management to provide dedicated time for staff to attend training and incorporate to routine care
1.5	Build on and support local approaches to identify, develop and enable champions to promote Making Every Contact Count across all service settings to model best practice and share experience
1.6	Agree and deliver National MECC communications priorities in partnership with Stakeholder Engagement and Communications (SE&C) team and key stakeholders

### Partnership and Cross Sectoral Working: Key Actions

1.7	Support evaluation of the National Curriculum in Chronic Disease Prevention and Management in HEI's, to ensure that HSCP have the necessary knowledge and skills to provide evidence based interventions in practice
1.8	Support the integration and sharing of learning arising from the evaluation of the National Curriculum in Chronic Disease Prevention and Management with relevant stakeholders
1.9	Advocate for the implementation of MECC in all relevant HSE funded agencies

## Staff Engagement Training and Support: Key Actions

1.10	Update the Making Every Contact Count Website as part of overall Health Service Executive Digital revision of Health and Wellbeing webpages
1.11	Maintain and update the resource repository on HSeLanD, to ensure easy access for all stakeholders to training and implementation resources
1.12	Maintain and update the Discovery Zone for learners on HSeLanD to provide resources, examples of good practice and to enhance the learning experience
1.13	Share the learning on all relevant signposting initiatives to ensure access to up to date information to support patients and service users is available consistently to Health and Social Care professionals
1.14	Advocate to secure agreement for the inclusion of Making Every Contact Count training in Continuous Professional Development (CPD) and mandatory training schedules for all relevant health professional training bodies
1.15	Co-ordinate and administer the scale up of MECC Training in partnership with HSeLanD
1.16	Promote and support behaviour change efforts of staff through the HSE Staff Health and Wellbeing programme
1.17	Consolidate and support the Making Every Contact Count Enhancing Your Skills Trainer Pool through further Training for Trainers and resources as required

## Monitoring and Evaluation: Key Actions

1.18	Co-ordinate and provide all national performance reports required to demonstrate implementation of Making Every Contact Count including National Service Plan KPI metrics
1.19	Advocate for inclusion of Making Every Contact Count dataset in the Integrated Community Case Management System (ICCMS) and seek to align with any associated recording systems
1.20	Identify relevant research opportunities to capture and highlight evidence of impact of implementation on service users
1.21	Disseminate Making Every Contact Count monitoring and performance reports to ensure senior leadership focus is maintained

## Introduction

The HSE Education Programme was established in 2017 and comes under the remit of Training and Programme Design. The HSE Education Programme supports the National Policy Priority Programmes (NPPP) to progress strategic actions aimed at promoting health and wellbeing in the education sector including;

- Early Learning and Care
- Primary Education
- Post Primary Education
- Third Level Education

The programme works in partnership with the Department of Children Equality Disability Integration and Youth (DCEDIY), the Department of Education (DE) and the Department of Further and Higher Education, Research, Innovation and Science (DFHERIS), to further develop capacity for wellbeing promotion in these settings and align all objectives to relevant national policies and guidelines including:

- First 5. Whole-of-government Strategy for Babies, Young Children and Their Families, 2019-2028<sup>13</sup>.
- Department of Education Wellbeing Policy Statement and Framework for Practice 2018<sup>14</sup>.
- Healthy Campus Framework and Charter 2021<sup>15</sup>.
- Healthy Ireland. A framework for improved health and wellbeing 2013<sup>1</sup>.





### Rationale and context for action

The purpose of the HSE Education Programme is to support and co-ordinate strategic actions with the National Policy Priority Programmes to promote health and wellbeing in education settings. The promotion of health and wellbeing among children and young people with the aim of reducing the numbers engaging in risky or unhealthy behaviour is a key strategic priority. This work is included in the Health Services Healthy Ireland Implementation plan 2023-27 as action 4.2-2 -Engage with the Department of Education and the Department of Children, Equality, Disability, Integration and Youth on promoting health and wellbeing in education settings<sup>4</sup>.

The Education sector recognises their role in promoting health, and is committed to wellbeing promotion actions in various policies and guidelines in this area. The health and wellbeing of children and young people today will dictate the health and wellbeing of the future population. The extent to which a person's health is nurtured or challenged during childhood and adolescence not only influences an individual's adult life, it also has consequences for the next generation<sup>16</sup>. Optimising health and wellbeing in adolescence and minimising risks can have an impact on future population health as inequalities established in adolescence persist into adulthood and account for many of the disparities in health and wellbeing later in life.

The statistics informing this work include:

- Approximately **18%** 7-12 year olds live with overweight and obesity. Whereas almost 24% of 17-18 year olds live with overweight and obesity<sup>17</sup>.
- **73%** of 15-16 year olds have tried alcohol, with 41% reporting that they are current users<sup>18</sup>.
- **19%** of 15-16 year olds report that they have tried cannabis, and 9% are current users<sup>18</sup>.
- **32%** of 15-16 year olds have tried smoking, with 14% reporting that they are current users and 5% reporting that they smoke daily<sup>18</sup>.
- **39%** of 15-16 year olds have tried e-cigarettes and 18% are current users<sup>18</sup>.
- **40%** of adolescents reported experiencing levels of depression outside the normal range<sup>19</sup>.
- **49%** of adolescents reported experiencing levels of anxiety outside the normal range<sup>19</sup>.

### Background, context for action and progress to date

Effective health promotion in education settings involves whole setting approaches focused on creating supportive environments; alongside implementation of evidence informed curricula. Since the establishment of the HSE Education Programme in 2017 there have been significant developments in how health and wellbeing is promoted and supported in education settings.

The HSE Education Programme has had a supporting role with many of these developments undertaken by the Department of Education (DE), the National Council for Curriculum and Assessment (NCCA) and the Department of Health (DOH).



## Curriculum Developments

### Early Learning and Care

NCCA is currently (2023) updating Aistear, the Early Childhood Curriculum Framework<sup>17</sup>. The framework is for all children from birth to six years in Ireland and has three interconnected themes of Well-being;

- Identity and Belonging
- Communicating
- Exploring and Thinking.

### Primary Social, Personal and Health Education (SPHE) Curriculum

The Primary Curriculum is currently being redeveloped by the NCCA. The draft Primary Curriculum Framework, published in March 2023, sets the direction for curriculum developments<sup>18</sup>. The framework introduces 7 interconnecting 'key competencies'. The key competency 'Being Well' develops children's understanding and appreciation of wellbeing and their ability to be as healthy as they can be, and recognises the role all curriculum areas have in nurturing wellbeing.

### Post Primary Social, Personal and Health Education (SPHE) Curriculum

#### Junior Cycle

A newly developed specification for Junior Cycle SPHE was published in 2023 by the NCCA<sup>19</sup>. The new course sets out 100 hours of learning in SPHE for Junior Cycle students and includes 4 strands:

- Understanding Myself and Others
- Making Healthy Choices
- Relationships and Sexuality Education
- Emotional Wellbeing

The HSE Education Programme represented the NPPPs on the development group.

#### Transition Year

As part of a broader reform of Senior Cycle SPHE, it is envisaged that a revised Transition Year programme statement will be developed by the NCCA. This revised programme statement will provide guidance and parameters for planning TY programmes going forward. SPHE will be a core part of all TY programmes. The publication of the revised programme statement will provide an opportunity to consider the best fit for Senior Cycle health education programmes, such as Know the Score.

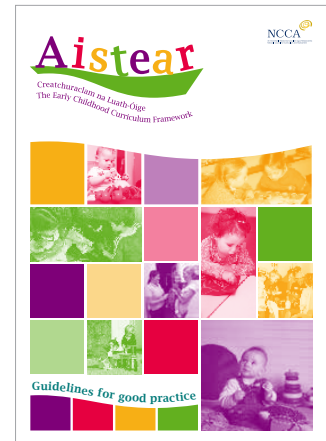
#### Senior Cycle

The SPHE Senior Cycle curriculum framework is currently being redeveloped by the NCCA and the HSE Education Programme is representing the NPPPs on the development group.

The draft specification sets out three strands:

- *Health and Wellbeing*
- *Relationships and Sexuality*
- *Into Adulthood*

It is envisaged that SPHE will be a mandatory 60 hour programme at Senior Cycle and the final curriculum will be published in 2024.



# Section 2 HSE Education programme

## A Whole School Approach

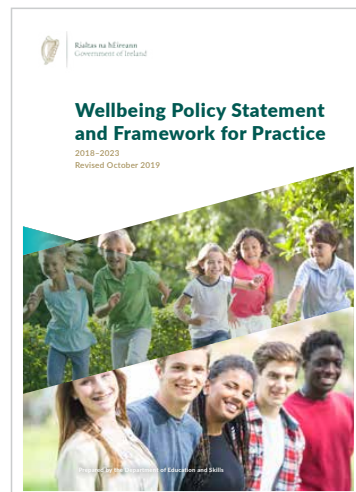
### Department of Education Wellbeing Policy and Framework for Practice 2018 (revised 2019)<sup>11</sup>

The Department of Education published the Wellbeing Policy Statement and Framework for Practice in 2018, with the aim that:

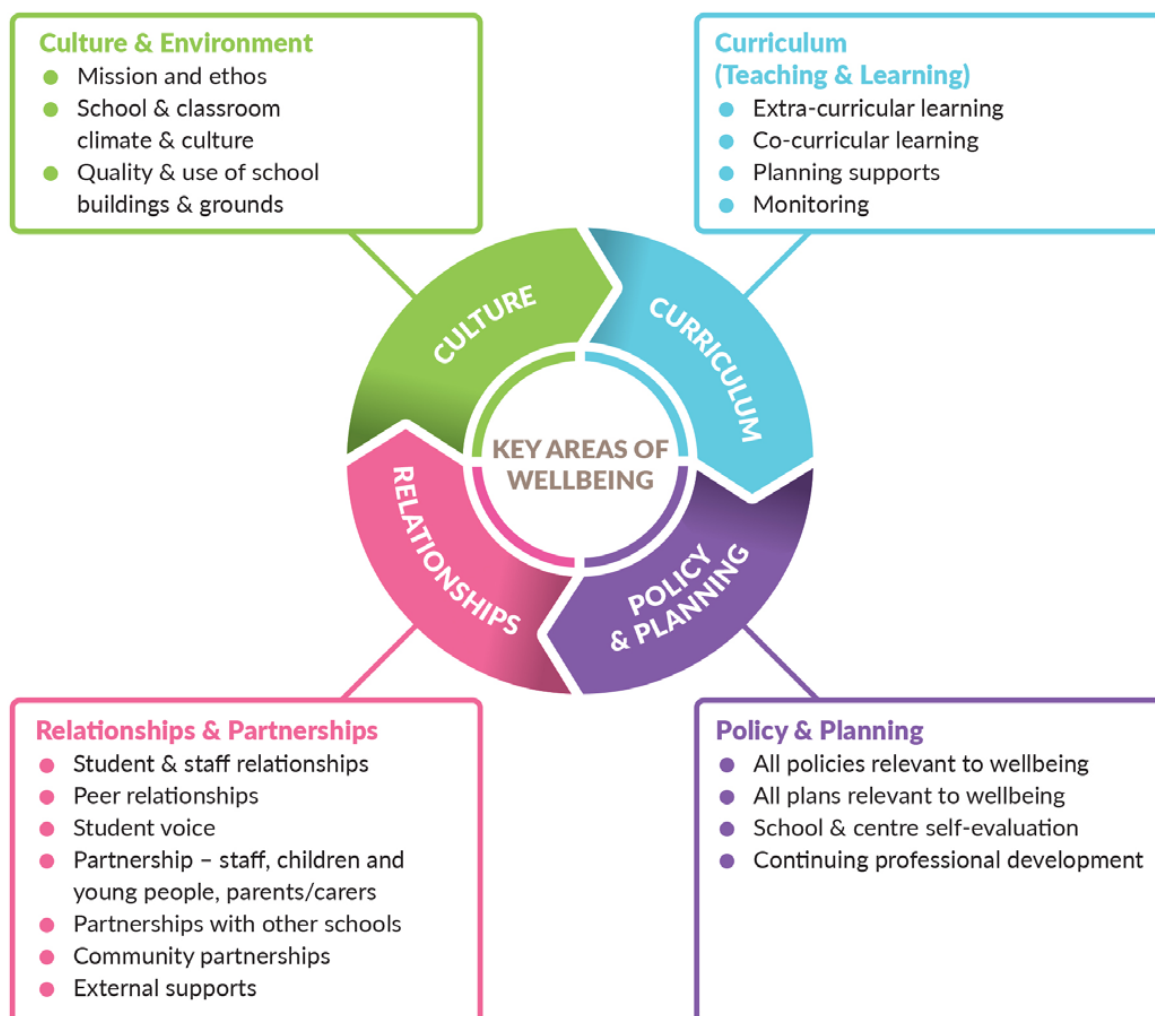
*“the promotion of wellbeing will be at the core of the ethos of every school and centre for education”*

Indicators of success includes that children, young people and staff experience a sense of belonging and feel safe, connected and supported in school and that curricular activities to promote physical, social and emotional competence to enhance their overall wellbeing are provided in schools.

The HSE Education Programme supports implementation of this framework through teacher training and curriculum resource developments.



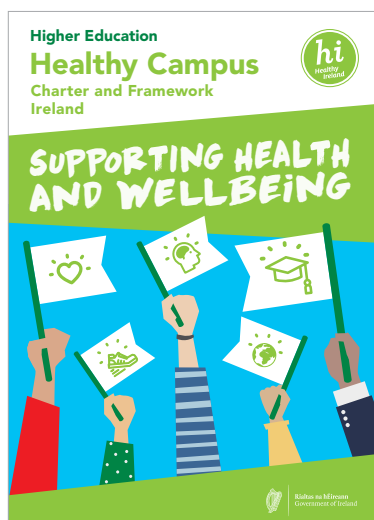
### Four keys areas of wellbeing promotion in schools



## Third Level Education

### Higher Education. Healthy Campus Charter and Framework<sup>15</sup>

Higher Education Institutions (HEIs) are uniquely placed to influence and transform society through research, teaching and learning, developing new knowledge and understanding about promoting health and wellbeing, leading by example and advocating to decision makers for the benefit of society and influencing the future decision-makers in society.



#### Healthy Campus Charter & Framework

A commitment by Higher Education Institutions (HEIs) to foster health and well-being

The HSE Education Programme supports the implementation of the Healthy Campus Charter and Framework for HEIs through its membership of the Healthy Campus Advisory Group which oversees the implementation nationally and also includes representatives from DFHERIS (Department of Further and Higher Education, Research, Innovation and Science), the Department of Health, and the Higher Education Authority (HEA).

## Strategic priorities 2024-2027

### Leadership, Coordination and Support

The HSE Education Programme supports the NPPP's to progress actions within the education sector and acts as a contact point for the Department of Education (DE), Department of Children Equality Disability Integration and Youth (DCEDIY), Department of Higher and Further Education Research Innovation and Science (DFHERIS) and the Department of Health in relation to health and wellbeing promotion in education settings. The HSE Education Programme is represented on a range of working groups and development groups chaired by the NCCA and the Department of Education including; the SPHE/RSE Resource Review Group, the DE Interagency Wellbeing Group, and the NCCA Development Group for Junior Cycle SPHE, the NCCA Development Group for Senior Cycle SPHE.

To facilitate national co-ordination of training programmes with the CHOs, the HSE Education Programme chairs the Schools Advisory Group and works with the Training and Programme Design Practitioner Network.

The HSE Education Programme also provides funding to the National Youth Council of Ireland Health Programme for their work in out-of-school settings and to Young Social Innovators to promote social innovation through the school setting.

# Section 2 HSE Education programme

## Leadership, Co-ordination and Support Actions

2.22	Provide leadership, co-ordination and support to policy programmes in relation to progressing actions within the education sector
2.23	Contribute to national, interagency groups related to the promotion of health and wellbeing of children and young people in education settings
2.24	Support best practice and consistent implementation of teacher training programmes through the Schools Advisory Group and the Training and Programme Design Practitioners Network
2.25	Provide funding to external partners to deliver agreed programmes of work in the areas of social innovation and in youth work sector
2.26	Develop an annual communications plan to support the work of the education programme

## Healthy Education Settings

### Early Learning and Care Settings

Staff in early learning and care centres can have a very positive influence on the social and emotional development of the children in their care by adopting a range of practices that promote social and emotional wellbeing.

Professional development of Early Learning and Care staff is under the remit of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). A partnership has been agreed whereby the HSE Education Programme, with the support of the NPPPs will provide a suite of e-learning modules for Early Learning and Care practitioners that will address healthy eating, physical activity and emotional wellbeing. One set of modules will address the needs of the 0-3 age group and the second set will address the needs of the 3-5 year old age group. The modules will be made available on the DCEDIY portal for early learning and care practitioners.

### School Setting

The HSE Education Programme support schools to take a whole school approach to healthy eating and active living in line with the statements of effective practice set out in the Department of Education Wellbeing Policy Statement and Framework for Practice<sup>14</sup>.

Statements of Effective Practice in each of the four key areas of Wellbeing Promotion describe practices operating competently and efficiently at the whole school preventative level and also at the more specialised and individual intervention levels of support in schools. Example of statements of effective practice in relation to healthy eating and active living include:

- School leaders and management understand the link between physical activity and wellbeing and facilitate physical activity and movement breaks within the school environment.
- Indoor and outdoor space is provided to facilitate social interaction, physical activity and quiet time.
- The school environment is conducive to promoting healthy eating choices. Drinking water is freely available and rewards other than food are used to motivate children and young people.

## Healthy Eating

Toolkits have been developed to support both primary and post primary schools to develop or review their healthy eating policy, training is also provided to support schools in using these toolkits.

## Physical Activity

Schools are supported to take a whole school approach to promoting physical activity through three key resources:

- Get your school walking
- Get active in the classroom
- Active playgrounds

Training is provided to teachers to guide them in the use of these resources.

As issues emerge and priorities change within the school context, the HSE Education programme will adapt their programme of work to meet these emerging needs and policy priorities.

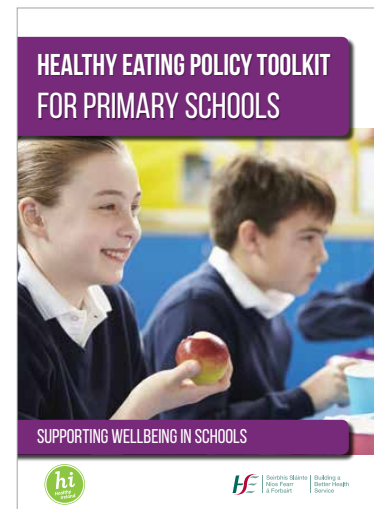
## Third Level Setting

The HSE Education Programme supports the implementation of the Healthy Campus Framework and Charter through the Healthy Campus Advisory Group which oversees the implementation nationally and also includes representatives from DFHERIS (Department of Further and Higher Education, Research, Innovation and Science), the Department of Health, the HEA, Union of Students Ireland, THEA (Technological Higher Education Association), IUA (Irish Universities Association).

The Framework sets out an inclusive, co-ordinated approach to improving health and wellbeing which includes 5 stages: Commit, Co-ordinate, Consult, Create and Celebrate and Continue. The process is cyclical and provides a 'how to' when implementing the Framework.

## Healthy Education Settings Actions

2.27	Strengthen the capacity of the early learning and care sector to make improvements in their service to promote emotional wellbeing, healthy eating and physical activity in partnership with the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and NPPPs
2.28	Support schools to address physical activity, healthy eating and other topic areas cited in the Wellbeing Framework for Practice, in partnership with the NPPPs and the Department of Education
2.29	Support the third level sector to promote health and wellbeing through the Healthy Campus Framework in partnership with the Department of Further and Higher Education, the Department of Health and the Higher Education Authority



# Section 2 HSE Education programme

## Supporting SPHE Teaching and Learning

The HSE Education Programme supports SPHE curriculum implementation through two domains; resource development and teacher training.

### Primary School SPHE

Zippy's Friends is a social and emotional learning programme for 5-7 year olds, developed by Partnership for Children UK. The HSE Education Programme holds the licence for the programme in Ireland. Teachers are provided with training at CHO level to support them to implement the programme as part of SPHE teaching and learning.

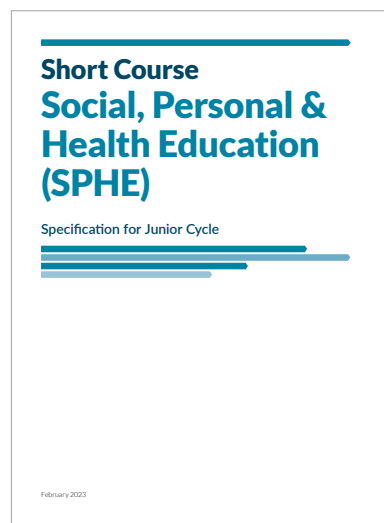
### Post Primary SPHE

#### Post-Primary SPHE Resource Development for Junior Cycle

The HSE supports the SPHE curriculum through the development of teaching resources in partnership with the NPPPs.

- *Understanding Myself and Others*
- *Making Healthy Choices*
- *Relationships and Sexuality Education*
- *Emotional Wellbeing*

In total 10 units of learning will be developed to support the four strands of the curriculum. The resources are supported by the Department of Education and the NCCA. The Emotional Wellbeing units of learning are being developed in partnership with the National Educational Psychological Service.



Available from <http://www.hse.ie/schoolswellbeing>





## SPHE Resources for Senior Cycle

Two HSE resources support Senior Cycle SPHE; *MindOut* and *Know the Score*. These resources will require updating so that they are inline with the Learning Outcomes of the new Senior Cycle specification.

*MindOut*, is an evidence-based social and emotional learning programme for Senior Cycle Students. An evaluation of the resource by NUI Galway found that it strengthens young people's coping skills and improves overall mental health and wellbeing<sup>20</sup>.

*Know the Score*, is an evidence-informed substance misuse programme for Senior Cycle, developed in partnership with HSE Addiction Service, the HSE Alcohol Programme, Drugs and Alcohol Task Forces and the Professional Development Service for Teachers (PDST). A research evaluation of the programme commenced in 2023 with funding from the Department of Health Drugs Policy Unit.

## Teacher Training

The HSE Education Programme consults with the NCCA and Department of Education when planning their service. An annual calendar for teacher training is developed every year and agreed with the Health Promotion and Improvement teams and the Department of Education. The Department of Education provides substitution cover of approximately 2,300 days every year for teachers to attend 90 HSE training events. The HSE Education Programme coordinates and monitors these teacher training programmes and provides training to CHO staff as required in partnership with the relevant Policy Priority Programme. To increase the accessibility of our training for teachers, training is available online for Zippy's Friends, Know the Score and Mindout.



## Section 2 HSE Education programme

### Training currently provided (2024)

#### Primary

- Zippy's Friends. A social and emotional learning programme for 5-7 year olds
- Wellbeing through a whole school approach to physical activity
- Wellbeing through a whole school approach to healthy eating policy development

#### Post Primary

- Mindout. A social and emotional learning programme for 15-17 year olds
- Know the Score. Substance use resource materials for senior cycle
- Skills for Facilitating SPHE. Supports teachers to develop the skills, competencies and attitudes for teaching SPHE
- Wellbeing through a whole school approach to healthy eating policy development

These training programmes may evolve over the course of this implementation plan in agreement with the Department of Education and other stakeholders.

### Supporting SPHE Teaching and Learning - Teacher Training

2.30	Develop an annual calendar for teacher training in partnership with Health Promotion and Improvement and the Department of Education that includes a range of programmes designed to promote health and wellbeing in schools designed in partnership with the Policy Programmes
2.31	Provide implementation support to Health Promotion and Improvement teams to deliver health and wellbeing focused teacher training
2.32	Monitor the numbers attending training and provide reports as required to the Department of Education
2.33	Support the implementation of the SPHE Junior Cycle Resources through the development, pilot and co-ordination of the Skills for Facilitating SPHE Programme for post-primary teachers from 2023 – 2026
2.34	Develop a plan for evaluating the Skills for Facilitating SPHE training



## Strategic Priority: Supporting SPHE Teaching and Learning - Resource Development

2.35	Work with the Mental Health Programme and NEPS on the development of Emotional Wellbeing to support Junior Cycle SPHE
2.36	Work with the DE, NCCA and the Sexual Health & Crisis Pregnancy Programme to complete Relationship and Sexuality Education 3 to support Junior Cycle SPHE
2.37	Work with the relevant Policy Priority Programmes and HSE Social Inclusion to support the Department of Education and NCCA on the development of Making Healthy Choices 3 to support Junior Cycle SPHE
2.38	Work with the relevant Policy Priority Programmes to support the Department of Education and NCCA in the development of SPHE Senior Cycle resources as appropriate
2.39	Provide upskilling in relevant health topics to Department of Education staff who provide wellbeing related Continuous Professional Development (CPD) to teachers

## Strategic Priority: Research and Evaluation

Research and evaluation is an important element of the work of the HSE Education Programme.

HSE Education Programme is represented on research working groups related to the health and wellbeing of children and adolescents.

2.40	Support the Know the Score evaluation being conducted by Trinity College in partnership with the Alcohol Programme
2.41	Contribute to support relevant pieces of evaluation and research in relation to the health and wellbeing of children and adolescents

# Section 3 Health and Wellbeing Training Programmes

## Introduction

Training development has been a core component of Health and Wellbeing (H&WB) and health promotion services, preceding the establishment of the national programme in 2019. This focus on training reflects the vision of Healthy Ireland, which aims to create an Ireland ‘where health wellbeing is valued and supported at every level of society is everyone’s responsibility’. Training is an effective approach to enabling communities and organisations to play their part in making Ireland a healthier place to live, work and play.

## Rationale and context for action

Training and Programme Design (T&PD) aims to co-ordinate, design, develop and evaluate training programmes in collaboration with the National Policy Priority Programmes (NPPPs) to prevent chronic disease and to support improved health and wellbeing.

Training programmes build capacity across all of the NPPPs and can be delivered to a range of different audiences – such as staff within the health service but also to a wider audience of external partners including both statutory partners such as education and community and voluntary sector partners.

The range of programmes currently being delivered includes programmes detailed within the Education section of this plan and delivered through implementation actions of each of the NPPPs. The delivery of many of these programmes is co-ordinated through Health Promotion and Improvement Training Leads within the CHO teams.

The consistent delivery of training programmes is supported through the Training Leads Practitioner Network, that is co-chaired by T&PD and HP&I nationally. The network aims to provide guidance, share good practice and ensure consistent and standardised delivery of these key programmes.

The actions within this implementation plan aim to support more focused collaboration to ensure a quality assured, evidence informed, cost effective and equitable training delivery to meet the objectives of the NPPPs and contribute to the improved health and wellbeing of the population.

## Strategic priorities

### Leadership and Co-ordination

3.42	Develop guiding principles to underpin the design, development, delivery of Health and Wellbeing training
3.43	Develop clear principles to guide Training of Trainers, shadowing and mentoring to ensure consistent and standardised implementation of programmes
3.44	Agree a consolidated data collection method to ensure consistency of approach to monitor activity

# Health and Wellbeing Training Programmes

## Communication and Engagement

3.45	Develop a communications plan to increase visibility, awareness and take up of H&W training by key target audience
3.46	Explore feasibility of a centralised booking system to provide ease of access and a centralised point to promote the range of H&W programmes available

## Research

3.47	Commission relevant research to build evidence to inform development of Health and Wellbeing training
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## Section 4 Summary of Actions

### Making Every Contact Count Actions (1-21)

No.	Action	Timeframe
1.1	Co-ordinate the Making Every Contact Count Implementation Group to provide expertise, strategic advice and support to the work of the programme and oversee delivery of its implementation plan	2024-2027
1.2	Co-ordinate the Making Every Contact Count Practitioner Network to support standardisation of programme delivery across all services and enable consistent communication of developments in respect of policy and practice and support shared learning and harnessing of innovative approaches	2024-2027
1.3	Provide guidance and support to the implementation of Making Every Contact Count through support of MECC related actions outlined in all Healthy Ireland implementation plans 2023-27	2024-2027
1.4	Advocate with senior leadership and management to provide dedicated time for staff to attend training and incorporate to routine care	2024-2027
1.5	Build on and support local approaches to identify, develop and enable champions to promote Making Every Contact Count across all service settings to model best practice and share experience	2024-2027
1.6	Agree and deliver National MECC communications priorities in partnership with Stakeholder Engagement and Communication Team and key stakeholders	2024-2027
1.7	Support evaluation of the National Curriculum in Chronic Disease Prevention and Management in HEI's, to ensure that HSCP have the necessary knowledge and skills to provide evidence based interventions in practice	2024-2025
1.8	Support the integration and sharing of learning arising from the evaluation of the National Curriculum in Chronic Disease Prevention and Management with relevant stakeholders	2024-2026
1.9	Advocate for the implementation of MECC in all relevant HSE funded agencies of Making Every Contact Count in all Health Services Executive funded agencies	2024-2027
1.10	Update the Making Every Contact Count Website as part of overall Health Service Executive Digital revision of Health and Wellbeing webpages	2024-2027
1.11	Maintain and update the resource repository on HSeLanD, to ensure easy access for all stakeholders to training and implementation resources	2024-2027
1.12	Maintain and update the Discovery Zone for learners on HSeLanD to provide resources, examples of good practice and to enhance the learning experience	2024-2027
1.13	Share the learning on all relevant signposting initiatives to ensure access to up to date information to support patients and service users is available consistently to Health and Social Care Professionals	2024-2027
1.14	Advocate to secure agreement for the inclusion of Making Every Contact Count training in Continuous Professional Development and mandatory training schedules for all relevant Health Professional training bodies	2024-2027
1.15	Co-ordinate and administer the scale up of MECC Training in partnership with HSeLanD	2024-2027

# Summary of Actions

1.16	Promote and support behaviour change efforts of staff through the HSE Staff Health and Wellbeing programme	2024-2027
1.17	Consolidate and support the Making Every Contact Count Enhancing Your Skills Trainer Pool through further Training for Trainers and resources as required	2024-2027
1.18	Co-ordinate and provide all national performance reports required to demonstrate implementation of Making Every Contact Count Including National Service Plan KPI metrics	2024-2027
1.19	Advocate for inclusion of Making Every Contact Count dataset in the Integrated Community Case Management System (ICCMS) and any associated recording systems	2024
1.20	Identify relevant research opportunities to capture and highlight evidence of impact of implementation on service users	2024-2027
1.21	Disseminate Making Every Contact Count monitoring and performance reports to ensure senior leadership focus is maintained	2024-2027

## Education Actions (22-41)

No.	Action	Timeframe
2.22	Provide leadership, co-ordination and support to policy programmes in relation to progressing actions within the education sector	2024-2027
2.23	Contribute to national, interagency groups related to the promotion of health and wellbeing of children and young people in education settings	2024-2027
2.24	Support best practice and consistent implementation of teacher training programmes through the Schools Advisory Group and the Training and Programme Design Practitioners Network	2024-2027
2.25	Provide funding to external partners to deliver agreed programmes of work in the areas of social innovation and in the youth work sector	2024-2027
2.26	Develop an annual communications plan to support the work of the education programme	2024-2027
2.27	Strengthen the capacity of the early learning and care sector to make improvements in their service to promote emotional wellbeing, healthy eating and physical activity in partnership with the Department of Children, Equality, Disability, Integration and Youth and the NPPPs	2024-2027
2.28	Support schools to address physical activity, healthy eating and other topic areas cited in the Wellbeing Framework for Practice, in partnership with the NPPS and the Department of Education	
2.29	Support the third level sector to promote health and wellbeing through the Healthy Campus Framework in partnership with the Department of Further and Higher Education, the Department of Health and the Higher Education Authority	
2.30	Develop an annual calendar for teacher training in partnership with Health Promotion and Improvement and the Department of Education that includes a range of programmes designed to promote health and wellbeing in schools designed in partnership with the Policy Programmes	2024-2027

## Section 4 Summary of Actions

2.31	Provide implementation support to Health Promotion and Improvement teams to deliver health and wellbeing focused teacher training	2024-2027
2.32	Monitor the numbers attending training and provide reports as required to the Department of Education	2024-2027
2.33	Support the implementation of the SPHE Junior Cycle Resources through the development, pilot and co-ordination of the Skills for Facilitating SPHE Programme for post-primary teachers from 2023 – 2026	2024-2027
2.34	Develop a plan for evaluating the Skills for Facilitating SPHE training	2024
2.35	Work with the Mental Health Programme and NEPS on the development of <i>Emotional Wellbeing</i> to support Junior Cycle SPHE	2024
2.36	Work with the DE, NCCA and the Sexual Health & Crisis Pregnancy Programme to complete Relationship and Sexuality Education 3 to support Junior Cycle SPHE	2024-2025
2.37	Work with the relevant Policy Priority Programmes and HSE Social Inclusion to support the Department of Education and NCCA on the development of Making Healthy Choices 3 to support Junior Cycle SPHE	2024
2.38	Work with the relevant Policy Priority Programmes to support the Department of Education and NCCA in the development of SPHE Senior Cycle resources as appropriate	
2.39	Provide upskilling in relevant health topics to Department of Education staff who provide wellbeing related Continuous Professional Development (CPD) to teachers	2024-2027
2.40	Support the Know the Score evaluation being conducted by Trinity College in partnership with the Alcohol Programme	2024-2027
2.41	Contribute to support relevant pieces of evaluation and research in relation to the health and wellbeing of children and adolescents	2024-2027

### Training Actions (42-47)

No.	Action	Timeframe
3.42	Develop guiding principles to underpin the design, development, and delivery of Health and Wellbeing training	2024-2027
3.43	Develop clear principles to guide Training of Trainers, shadowing and mentoring to ensure consistent and standardised implementation of programmes	2025
3.44	Agree a consolidated data collection method to ensure consistency of approach	2024-2027
3.45	Develop a communications plan to increase visibility, awareness and take up of H&W training by key target audience.	2024-2027
3.46	Explore feasibility of a centralised booking system to provide ease of access and a centralised point to promote the range of H&W programmes available.	2025
3.47	Commission relevant research to build evidence to inform development of Health and Wellbeing training	2024-2027

## Appendix 1

Making MECC Work: Enhancing the implementation of the National Making Every Contact Count Programme in Ireland<sup>12</sup>

### **Recommendations to enhance the Implementation of MECC**

**Recommendation 1:** Provide dedicated time to practitioners to attend training and use MECC

Limited release of staff to attend MECC training was barrier to implementing MECC. The MECC training workshop is critical to build confidence and competence of staff to deliver brief interventions. Therefore this is a key recommendation to upscale the programme nationally.

**Recommendation 2:** Empower and engage management and senior staff to take responsibility for MECC delivery

Senior management should be encouraged to promote MECC and support staff to implement the programme within services.

**Recommendation 3:** Implement a user-friendly and integrated system of recording MECC delivery

Routine recording of MECC interventions is good clinical practice and provides valuable information about the programme. It prompts staff to ask about health-related behaviour and facilitates upscaling the programme. MECC recording should be user-friendly and integrated with other clinical systems.

**Recommendation 4:** Develop service directories from healthcare professionals to refer service users

Local service directories could support healthcare professionals to signpost or refer service users to other parts of the health service and link them with relevant community resources

**Recommendation 5:** Have local MECC champions to model best practice and share experience

Identifying staff in services who are confident and competent in delivering MECC interventions, to provide peer-support to others, would promote implementation of MECC

**Recommendation 6:** Have a dedicated resource centre on the MECC website with information regarding MECC training courses and contacts

Central information on the upcoming MECC training schedule, to allow staff to select dates and times which suit to attend training, is needed. A calendar of MECC training workshops to be delivered across the country should be developed.

**Recommendation 7:** Have a HSE national communication campaign to promote MECC to staff and service users

The need for ongoing and reinvigorated communication in relation to the MECC programme across the health service and management

**Recommendation 8:** Generate and highlight evidence for MECC impact on service users

Creating evidence of positive impact of MECC interventions will promote the ongoing and continued support for the programme from both health service staff and management

**Recommendation 9:** Enhance integration of MECC with healthcare professional education

Increased support for the implementation of MECC national standardised programme across Higher Education Institutions in Ireland will ensure the sustainability of the programme by training healthcare professionals for the future and the earliest point in their career

## Appendix 2

### MECC Implementation Group Terms of Reference



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## Programme Steering Group

### Terms of Reference

#### Purpose

The Making Every Contact Count Programme Steering Group will provide expertise, strategic advice and support to the work of the Programme and oversee delivery of its implementation plan.

#### Responsibilities

##### To:

- Provide strategic advice, feedback and direction to the Programme's work
- Support achievement of the Programme's implementation plan and other relevant actions in national policies and strategies.
- Advise on annual priorities for the Programme
- Facilitate linkages and integration with other HSE functions, plans and relevant services and represent their business area.
- Leverage existing assets and partnerships to progress implementation of relevant activities
- Advise on how a health equity lens can be embedded into the Programme's activities
- Advise on how the voices and desired outcomes of service users, families and communities can be embedded into the outputs delivered by the Programme
- Review progress regarding implementation of agreed annual programme of actions and use influence and expertise to address and advise on challenges and opportunities.
- Advise on risks and or issues, escalation plans or mitigation actions
- Advise on and support high quality data collection, research and evaluation and provide expert guidance on integrating research and evidence into practice by seeking to foster innovative and novel ways of service delivery
- Advise on and participate in working groups as necessary



## **Membership**

Membership will represent a diverse range of key stakeholders at an appropriate level across their representative areas, encompassing various perspectives / purposes necessary to meet the Terms of Reference, including external stakeholders, where appropriate. Health & Wellbeing operational input on suitable membership will be sought.

Note- Representation and/or engagement with all services including Mental Health, Disability & Acute Services to be kept under review to ensure TOR can be progressed.

The group is chaired by the National Programme lead.

## **Quorum**

A minimum of 50% plus 1 member is required in attendance to establish a quorum for any meeting convened.

## **Accountability and Reporting**

The Programme Lead reports on implementation to the Assistant National Director Health and Wellbeing, who is accountable to the National Director Strategy and Research.

Progress updates, on implementation of actions, will be reported through the National Health & Wellbeing Strategy structure in line with NSP, Operational Plan and other reporting processes.

Progress updates will be shared with National Health & Wellbeing Community Operations.

## **Tenure**

The Programme Implementation Group will convene for a period of \_\_\_ years to oversee a multi-annual implementation plan. The membership will be reviewed on an annual basis.

## **Meetings**

A minimum of three to four meetings to be held per year. Notice of meeting dates will be issued/agreed in advance.

The Programme will be responsible for the administration associated with meetings.

Sub-groups may be formed for specific tasks with defined Terms of Reference and timeframes for these tasks.

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