



Building strong foundations

How to include the whole school
in foundational education
for health and well-being

This publication is part of a set of four briefs under the banner of *Building strong foundations*.

The other briefs are:

Brief 1: *What is foundational education for health and well-being?* (ISBN 978-92-3-100676-0)

Brief 2: *What to teach for foundational education for health and well-being* (ISBN 978-92-3-100677-7)

Brief 4: *How to put foundational education for health and well-being into practice* (ISBN 978-92-3-100679-1)

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Engaging the whole school community for health and well-being

In a rapidly changing world, establishing strong foundations for children is vital for their well-being and resilience. Quality education is central to this endeavour and is the key to lifelong health and success. Recognizing that children thrive in the classroom when they are in good health, it is crucial to learn about health and well-being early on in primary schools.

The Building strong foundations briefs, developed jointly by UNESCO and UNICEF, provide evidence-based guidance to support primary school-aged children to thrive through foundational education for health and well-being. Drawing from extensive research and consultations with leading experts from various fields and across the world, these briefs serve as a roadmap for education stakeholders to equip learners with the requisite knowledge and skills to navigate their current and future health and well-being needs.

The present document is the third of four briefs. It explores how a whole-school approach to health and well-being in primary schools generates significant impacts on learners' health, well-being and education. The brief shares practical guidance and case studies to distill six essential elements for an effective whole-school approach to health and well-being.

6 components
are critical for a
whole-school
approach



unesco

"Since wars begin in the minds of men and women it is in the minds of men and women that the defences of peace must be constructed"

Building strong foundations

How to include the whole school
in foundational education
for health and well-being

Foreword

Education has the power to transform the lives of children and young people. And it starts with healthy, happy and safe learners.

With many more children now in primary school, learning about health and well-being at this level is an opportunity to advance our children's education, health and futures – building strong foundations for healthier, safer and more informed transitions into adolescence and adulthood.

Providing education on health, well-being and social relations in an age- and developmentally appropriate manner early on is crucial. It helps prevent violence and abuse, prepare children for the changes brought by puberty, foster gender equitable attitudes, improve social and emotional skills, and promote healthy relationships. The most effective way to improve health and enhance learning outcomes is to ensure close cooperation between schools, teachers, families and communities.

Curriculum-based learning on health and well-being in primary schools not only helps children acquire knowledge and skills on these topics, but also promotes safe and inclusive learning environments and fosters connections with out-of-school services and non-formal learning.

Under the banner of *Building strong foundations*, UNESCO and UNICEF have co-published four technical briefs that provide evidence-based guidance to better conceptualize and prioritize education for health and well-being, supporting children in primary schools to thrive throughout their lives. The briefs describe what foundational education for health and well-being is, how to design content, how to involve the whole school and how to put this work into practice in the classroom.

Building strong foundations demonstrates our unwavering commitment and support for the education and the health of children and young adolescents aged 5-12 through quality foundational education for health and well-being. Our hope is that these resources will be helpful for ongoing and collective efforts to achieve Sustainable Development Goals (SDGs) 3, 4 and 5 on health, quality education and gender equality.

UNESCO and UNICEF join efforts to signal the importance of helping every child build strong foundations early on, to understand their rights, learn better and lead healthy and thriving lives.



Stefania Giannini

Assistant Director-General
for Education
UNESCO

A handwritten signature in black ink, appearing to read 'Stefania Giannini'.



Robert Jenkins

Global Director,
Education and Adolescent
Development
UNICEF

A handwritten signature in black ink, appearing to read 'Robert Jenkins'.

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Acronyms

| | |
|----------------|--|
| FEHW | Foundational education for health and well-being |
| HIV | Human immunodeficiency virus |
| Lao PDR | Lao People's Democratic Republic |
| LSHE | Life-skills based health education |
| SDGs | Sustainable Development Goals |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNICEF | United Nations Children's Fund |

Background

Children and adolescents who receive a quality education are more likely to be healthy. Likewise, children and adolescents who are healthy are better able to learn. The most effective education for health and well-being starts early and builds progressively as learners mature. Primary school foundational education for health and well-being (FEHW) programmes, tailored to learners' developmental stages and diverse needs, are critical to lay the groundwork for children and very young adolescents to experience healthy, fulfilling lives.

UNESCO led a consultative process over two years, under the banner of *Building strong foundations*, to create guidance for strengthening FEHW in primary schools. The process began with a literature review, followed by regional online consultations with around 215 stakeholders. Next, a global meeting was held, attended by 60 experts from diverse countries and sectors. The findings and recommendations of the *Building strong foundations* consultations are summarized in this set of four briefs, produced by UNESCO in partnership with UNICEF. The briefs offer guidance for ministries of education, curriculum developers, policy-makers, school management, educators and other stakeholders to plan, design and deliver quality FEHW in primary schools.

Introduction

The most effective health and well-being education programmes go beyond the classroom. They involve all aspects of school life and reach into the wider environment. Using a whole-school approach to education for health and well-being in primary schools generates the greatest impacts on learners' health, well-being and educational outcomes.

FEHW refers to the building blocks of knowledge, attitudes and skills that enable younger learners to navigate their current and future health and well-being needs. A whole-school approach to FEHW creates a broad enabling environment that supports learners' health and well-being. It also actively addresses systemic factors that negatively affect learner health and well-being, including different forms of discrimination, harmful gender norms, unsafe school environments and insufficient teacher capacity, among others (Rutgers, 2016; UNGEI, 2019).

Building strong foundations briefs

Brief 1:

What is foundational education for health and well-being?

Brief 2:

What to teach in foundational education for health and well-being

Brief 3:

How to involve the whole school in foundational education for health and well-being

Brief 4:

How to put foundational education for health and well-being into practice

This brief explores why it is important for primary schools to adopt a whole-school approach for FEHW. It summarizes the key elements of the whole-school approach and provides examples of how it is being used in action.



Why is it important to adopt a whole-school approach for foundational education for health and well-being?

A whole-school approach harnesses the commitment and engagement of multiple stakeholders, including learners, parents and caregivers, teachers and support staff, school leaders, community members and service providers.

Bringing diverse voices, experiences and skills to the table helps to develop school health initiatives that meet the best interests of children, respond to their evolving capacities, support their transition through different life stages and contribute to their lifelong health and well-being.

A whole-school approach for health and well-being can boost academic performance, student attendance, participation and retention. It can have a positive impact on the health and well-being of learners, school staff and local communities (WHO and UNESCO, 2021a). Evidence from education programmes that fall under the FEHW umbrella – such as social and emotional learning, mental health and psychosocial support, comprehensive sexuality education, nutrition education and violence prevention education – demonstrates that a whole-school approach

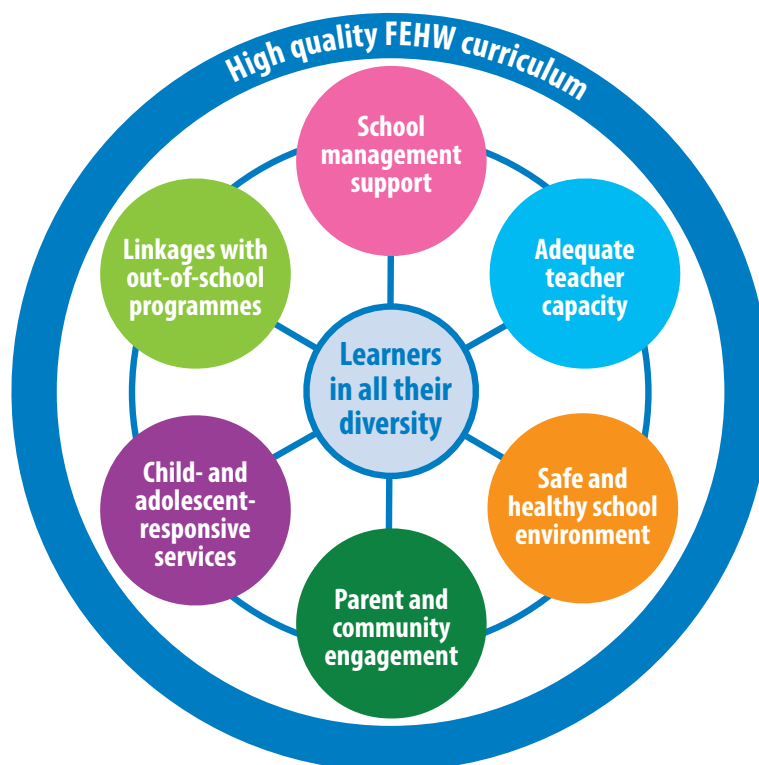
is more effective for promoting health and well-being than a single-component or stand-alone initiative (Cefai *et al.*, 2023; Goldberg *et al.*, 2018; UNGEI, 2019).

Whole-school approaches for FEHW put learners at the centre and include six critical components:

1. School management support
2. A safe and healthy school environment
3. Parent and community engagement
4. Access to child- and adolescent-responsive services
5. Adequate teacher capacity and
6. Linkages with out-of-school programmes (see the figure below).

These components are designed and implemented to support the delivery of a high-quality FEHW curriculum (for more guidance on FEHW curricula, see Brief 2: What to teach in foundational education for health and well-being).

Figure 1. Key elements of a whole-school approach for foundational education for health and well-being (FEHW) for children aged 5 to 12



Note: This figure was inspired by the Rutgers *Whole School Approach Toolkit* (Rutgers, 2016) and was adapted based on the global consultative process that process that informed this set of briefs on *Building strong foundations*.

Key elements of a whole-school approach for foundational education for health and well-being

Learners at the centre

FEHW for primary school-aged children has the potential of reaching more than 771 million learners globally (UIS, 2024). The most effective education programmes place children and adolescents at the centre. Placing learners – in all their diversity – at the core of their learning experience is paramount for FEHW.

A quality curriculum for FEHW supports learners to develop knowledge, skills and attitudes to address their current and future health and well-being needs. Tailoring the curriculum and pedagogical approaches to the diverse needs, abilities, aspirations and interests of learners enhances engagement and fosters a deeper understanding and application of health concepts. The determinants of health—for example, exposure to violence, including bullying and gender-based violence, stress, anxiety and menstrual health management—require a nuanced understanding of the diverse realities of children and adolescents (UNESCO *et al.*, 2021; UNICEF, 2021). Strategies can be put into place to draw on the experiences of learners to ensure that school-based education responds to their diverse needs, contexts and aspirations.

In practical terms, a learner-centred approach to FEHW includes an emphasis on classroom activities that invite learners to engage in investigation, reflection and self-expression. Examples of such learning activities include open debates, project-based learning, written reflections, creative mapping exercises and collaborative group-led work, among others. A learner-centred approach can also involve creating space for student councils or other student bodies to review and assess curriculum content and delivery.

The *Convention on the Rights of the Child* states that children have the right to participate actively in all matters affecting them (United Nations, 1989). Meaningful participation of the learners themselves can help to identify and better understand their complex needs. It empowers children to take ownership of their health and well-being, while cultivating attitudes and behaviours for lifelong good health. It can also help make FEHW programmes more inclusive for underserved groups, such as migrant children, children from ethnic minorities, children with disabilities and children living with HIV, among others (WHO and UNESCO, 2021a).

Meaningful participation of primary school learners is linked with improved school environments and better school relationships (John-Akinola and Nic-Gabhainn, 2014). Evidence has shown that engaging children in the design of health education programmes fosters supportive attitudes among teachers and makes it easier for them to address topics that may be considered sensitive (Porkka *et al.*, 2021). The meaningful engagement of children and adolescents also empowers them as leaders and change agents (UNESCO and UN Women, 2016; Van Reeuwijk and Singh, 2018; WHO and UNESCO, 2021a). Their participation in all stages of the design and delivery of health and well-being education can result in long-lasting positive health and well-being outcomes at the individual, school, community and societal levels (WHO and UNESCO, 2021b).



School management support

Strong school leadership and governance lead to a sustainable commitment to safe and health-promoting school environments (UNGEI, 2019). School leadership sets the tone and creates the culture for FEHW to flourish. When school management sends a message that health and well-being are a priority, teachers will feel more motivated and empowered to deliver high quality FEHW. In settings where health and well-being education is elective or is non-examinable, strong school management may be especially important.

Building the capacity of school management, educators and other school personnel on school health and well-being is key. This includes teacher training on education for health and well-being (see section on Adequate teacher capacity); training for all staff and school management about available reporting and referral channels for health and child protection services; opportunities for professional development related to school health, including participating in communities of practice; and trainings and support to promote teacher well-being.

School management plays an important role in encouraging community engagement with school health and well-being initiatives and can help create a sense of ownership among different stakeholders involved in the school environment, including parents and caregivers (UNESCO *et al.*, 2023).

School leadership and governance are important to ensure that classroom learning is inclusive and safeguards the health, well-being and education needs of groups such as children with disabilities, migrant children, ethnic minorities and children living with HIV, among others (UNGEI, 2019). School management support is also vital for establishing and maintaining reporting mechanisms for incidents of violence, including bullying, and referrals for health, well-being and child protection services.

School leadership also has an important responsibility for monitoring and evaluating FEHW. This includes collecting data on children's health status and needs; learning outcomes of FEHW programmes; and process indicators to monitor the quality and implementation of FEHW. Robust monitoring and evaluation systems are needed to generate actionable data which can inform decisions on how to improve programmes and gain a better understanding of how FEHW is contributing to change at the individual, school and community level. In schools lacking robust monitoring and evaluation systems, school management can lead a process to establish clear objectives and

indicators for FEHW. Simple data collection tools, such as checklists, short surveys and observation forms can be used to gather insights on the quality of FEHW and identify areas for improvement. Regular check-ins or focus groups with teachers and learners can also be helpful.

Adequate teacher capacity

As with any part of the curriculum, the success of FEHW greatly depends on the skills, knowledge, attitudes and beliefs of teachers and educators (Jones and Tournier, 2023). For effective learning, teachers require good quality pre- and in-service training; motivation; safe teaching environments; opportunities for professional growth; usable, free, age- and developmentally-appropriate, and culturally relevant materials; and, overall, good working conditions (UNESCO IIEP, 2021a). Strong leadership and support for FEHW from school management and ministry of education authorities also contribute to enhancing teachers' capacity to deliver quality FEHW.

Primary school teachers are often generalists, responsible for teaching a wide range of topics. In many countries, education for health and well-being at the primary school level is integrated into other subjects, and primary school teachers do not systematically receive training on education for health and well-being. Teachers often feel ill-equipped and lack confidence to deliver health and well-being lessons (UNESCO *et al.*, 2023). Insufficient training and lack of prior experience using participatory and learner-centred pedagogical approaches are contributing factors to this lack of confidence (Otaru *et al.*, 2019). When teachers lack skills or knowledge to deliver interactive FEHW, they often resort to using less participatory teaching methods and may avoid teaching topics they find challenging (UNESCO *et al.*, 2021; Zulu *et al.*, 2019).

Teachers' personal experiences, values and beliefs, and the influence of dominant social and gender norms, significantly affect the delivery of FEHW (WHO, 2019). Support and guidance are therefore vital to help teachers reflect on, discuss and challenge their own biases, prejudices, possible misinformation, taboos and feelings, such as shame. An open discussion about topics perceived as sensitive or difficult to teach can reduce ambiguity in delivery and provide teachers and learners with consistent messages (UNGEI, 2019). Therefore, teachers can greatly benefit from training that provides clear messages, age and culturally appropriate terminology and instructional materials, such as lesson plans, to deliver FEHW.

Teacher training should provide information about child development, including physical, cognitive, social and emotional development. This way, teachers can better understand how to adapt learning for the age- and development-stages of learners and also identify risks or challenges that may negatively affect health, well-being and learning. In addition, teacher training on positive (rather than fear-based) discipline and on participatory and learner-centred approaches will enhance teacher ability to provide a safe and caring learning environment throughout the school.

Teacher ability to deliver effective FEHW also requires skills for appropriate learner assessment, enabling them to understand the extent to which learners are achieving the expected learning objectives and how to adapt lessons to support learners. Assessment provides an opportunity to identify areas for improvement across teaching and

learning processes, including pedagogical approaches, materials and methods. Assessment also informs the design of individual education plans to support learners according to their specific needs (Save the Children, 2022).

FEHW covers topics that extend into learners' family lives (e.g. social relations, eating habits, domestic violence). Teachers require skills and tools to engage with parents and caregivers and to be able to respond to potential questions and concerns. In addition, teachers are often the frontline workers to whom learners report incidents of violence or trauma. Without adequate training and support, this may increase teachers' experience of stress (UNGEI, 2019). Specialised support is important to avoid overextending teacher roles into that of counsellors or social workers, and instead ensure linkages with other systems and services that can provide professional help.



How this looks in practice

The college hub model for training teachers on life-skills based health education in Zambia

In 2019, with support from UNESCO, a new model for teacher training for life-skills based health education (LSHE) was initiated in five provinces across Zambia. Previously, a cascade model was used for LSHE teacher training. However, a lack of resources, including time, resulted in considerable variation in terms of the duration and content of the trainings as they cascaded to lower levels, resulting in a loss of quality by the time it reached classroom teachers.

To address the challenges faced through the cascade model, the college hub model tries to bring the training closer to schools and communities working closely with existing colleges of education across the country. Lecturers from these colleges are trained as master LSHE teacher trainers and are supported to deliver pre-service and in-service teacher training at their respective college hubs. The model for in-service training involves bringing together teachers from a given province to their closest college hub for a five-day intensive training on LSHE – organised during school holidays. Three to four teachers from each school, including head teachers and guidance counselling teachers, are selected to participate in the training. These teachers then go back and train teachers and staff at their respective schools on the LSHE content. School-level trainings take place over a number of days and are supported by civil society partners. The standardised content and duration of school-level trainings ensures better quality teacher training. Brief workshops are also organised to sensitise parent-teacher association leadership.

For pre-service training, LSHE content is integrated within the standard teacher training curriculum to equip trainee teachers with the LSHE knowledge and skills required to effectively deliver LSHE once they complete their course.

Across the five provinces, a civil society organization situated in proximity to each college and possessing expertise in life-skills, health and education, is chosen to offer technical support to the designated provincial colleges of education. Personnel from these civil society organizations are included in the initial master training. Following this, a skilled staff member from the civil society organizations is assigned to be stationed at the college, providing support for organizing and delivering pre-service and in-service LSHE teacher training at the college hubs.

The civil society partners also provide on-site support for school-level in-service teacher trainings and maintain involvement in providing mentoring and supportive supervision to trained teachers. They also contribute to strengthening linkages between schools and health facilities, carry out community engagement activities related to sexual and reproductive health and rights issues, and work with schools to ensure safety of learning environments.

Since its inception in 2019, this new approach has successfully built the capacity of 13,360 pre-service teachers, nearly 31,960 in-service teachers and 579 headteachers. In addition, 200 Standards Officers from the Ministry of Education were trained in monitoring the delivery of LSHE.

Author: Patricia Machawira, Regional Health and Education Advisor for the Eastern and Southern Africa Region, UNESCO.

A safe and healthy school environment

FEHW is best delivered when learners and the school community feel safe and when learners are protected physically and psychologically at school (UNESCO, 2023). All learners need to feel safe, secure, welcome and supported within and around the school environment. Safe physical and psychological conditions can have a positive impact on learners' physical and mental well-being and their learning outcomes (UNESCO IIEP, 2021b).

It is the role of all school leadership and staff to foster a caring school environment, free of any form of violence and supported by timely, consistent and effective ways to respond to bullying, school-related gender-based violence and other types of school violence (UNESCO and French Ministry of Education, Youth and Sports, 2020).

A whole-school approach to FEHW means that a school's physical environment complies with government safety and hygiene standards and regulations. For example, primary schools should have a clean water supply, safe and adapted sanitation, including private and secure toilets for menstrual health and hygiene, healthy school meals, (as appropriate), adequate lighting, secure fencing, an infirmary and/or referral system to nearby health services, and adequate space for rest and play (WHO and UNESCO, 2021c). Ensuring the structural safety and maintenance of learning environments is also crucial (Global Alliance for Disaster Risk Reduction & Resilience in the Education Sector, 2022).

A safe and healthy school environment supports the engagement of learners in all their diversity. The school physical environment must respond to unique gendered needs for safety and well-being. The risks of school-related gender-based violence and other forms of violence can be aggravated in schools with poorly designed or managed infrastructure, such as isolated facilities, dim lighting or broken locks (UNESCO and UN Women, 2016). Girls and female teachers are more likely to attend schools when sanitary facilities for menstrual health management are available and in good condition (UNESCO IIEP, 2021c).

The needs of discriminated groups of children should also be kept in mind. Specific consideration should be given to children with disabilities, children living with HIV, ethnic minorities, learners from lower socio-economic status families, migrant and displaced children, gender non-conforming learners and other groups that experience intersecting forms of discrimination. For an inclusive and equitable school environment, school resources – human and financial – should be distributed in ways that benefit potentially vulnerable learners (UNESCO, 2017).

Measures to make school facilities more accessible, such as ramps and wider door openings, and adaptations for children with visual, hearing and/or intellectual disabilities can improve these learners' physical and psychosocial well-being, as they see themselves included in their own schools (UNESCO IIEP, 2021c). In addition, the spatial design of classrooms is an important factor, especially to facilitate participatory learning for younger learners (Barrett *et al.*, 2019). The specific environment and resources of each school should be considered when formulating an action plan for ensuring a safe and healthy school environment.



How this looks in practice

A whole-school approach for healthy schools in Paraguay

Paraguay's Healthy School Strategy is a whole-school approach driven by local, regional and national departments of health and education. It focuses on the needs and potential of each school and seeks to strengthen intersectoral collaboration. The *Healthy School Strategy* starts with a situational analysis by the school administration and the school community, including students. Following that, a *Healthy School Strategy* management team is created with school representatives, members from the health and education sectors at different levels, health professionals and other stakeholders.

The progress of the strategy is monitored using indicators established in the *Healthy School Strategy*. When a participating school meets the criteria and indicators outlined in the *Healthy School Strategy* for a specific period, the Ministry of Public Health and Social Welfare grants them a 'quality healthy school' accreditation. The WHO Regional Office for the Americas likewise certifies the formal recognition of the school as a 'healthy school'. To date, 280 schools have implemented the *Healthy School Strategy*, 88 schools are accredited by the Ministry of Public Health and Social Welfare and eight are certified by the WHO Regional Office.

Additionally, the Paraguayan Ministry of Public Health and Social Welfare prepared a management guide, which includes accreditation and certification indicators, to contribute to the progress of the *Healthy School Strategy* in the country.

Source: Based on WHO and UNESCO, 2021b. Available under [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/).

Parent and community engagement

Parents and caregivers are a child's first educators. Before and throughout school, parents and caregivers are responsible for their children's safety, nutrition, health and hygiene (UNESCO IIEP, 2021c). Providing nurturing care throughout early childhood, middle childhood and adolescence is necessary for children to develop to their full potential (WHO *et al.*, 2018). Parental support is crucial when children transition from early childhood care to primary school. This support can contribute to children's long-term positive learning and well-being outcomes in and out of school (OECD, 2017).

Involving parents and caregivers in health-promoting school initiatives can increase their knowledge concerning health and well-being topics, their understanding of their children's needs and enable them to be more supportive of school-based health and well-being initiatives (WHO and UNESCO, 2021a). Parental involvement is particularly relevant for children with disabilities and diverse educational needs, as addressing these needs can improve children's attendance, academic performance, behaviour and social skills (Jiguel *et al.*, 2019).

Sometimes parents and caregivers might consider certain FEHW topics sensitive or inappropriate for their children (Herzig van Wees *et al.*, 2021; UNESCO, 2014). Such attitudes contribute to primary school teachers feeling uncomfortable to teach important topics such as menstruation, puberty and consent. This can result in delivering preventative and protective education too late (Long *et al.*, 2013). It is important for teachers and school

managers to engage with parents and caregivers, to better understand their concerns, clarify misconceptions about FEHW and explain the benefits of FEHW for children and very young adolescents.

To build support among parents and caregivers, it can be helpful to share local data about issues, such as violence against children, sexual abuse, or harmful practices such as female genital mutilation, as well as how FEHW serves as a protective factor. Sharing culturally relevant messages in local languages via parent-teacher associations can be helpful (WHO, 2019). Engaging community leaders, religious leaders, health workers and other local actors contributes to building broader support for FEHW.

Delivering FEHW is best when it is a shared responsibility between educators, caregivers, families and communities. Learners may receive conflicting messages at home, school or in the community. FEHW equips learners with the skills and knowledge needed to discuss and analyse these different messages. Teachers and school authorities must also be equipped to address situations in which conflicting messages create challenging situations for learners, teachers or other school staff.

Involvement of parents and communities is essential to address harmful social and cultural norms that contribute to poor health and well-being within and around schools. School leaders, parent-teacher associations, community leaders and civil society organizations can all work together to address discrimination and foster social and cultural norms that promote the health, well-being and safety of children and adolescents in all of their diversity.





How this looks in practice

Building bridges between parents and young adolescents in various countries in Asia and sub-Saharan Africa

Based on evidence demonstrating that parents play a protective role in their children's health, Plan International developed a training curriculum and an implementation guide for parents and caregivers of adolescents aged 10 to 14. The goal is to engage parents in understanding the physical, emotional and mental journey that their children undergo during adolescence and to provide them with the knowledge and tools needed to discuss and communicate about relationships and sexuality.

The curriculum, called *Building Bridges: Conversations on Sexuality and Relationships for Parents of Young Adolescents*, contains 10 sessions designed to increase parents' understanding of sexual and reproductive health and rights and children's sexual development. It also equips them with tools to discuss relationships and sexuality with their young adolescent children. Each session lasts 60 to 90 minutes. The 10 sessions help to improve parents' knowledge about parenthood and communication, early adolescence, sexuality education, gender, abuse online and offline, and sensitive issues including first sexual experiences, masturbation, and sexual diversity. Proposed exercises are designed to help parents explore their personal values and practise skills for talking with their children about relationships and sexuality.

Strengthening the confidence of parents and caregivers to talk about relationships and sexuality encourages open conversations with their children, which in turn, helps young adolescents feel more comfortable discussing these topics. The curriculum is accompanied by an implementation guide, providing additional support to facilitators intending to use the curriculum in the community.

Plan International integrated considerations for specific groups, such as parents of LGBTQI+ youth, young people living with HIV and children with disabilities, to make the training more inclusive.

The curriculum was initially piloted in Bangladesh in 2021 and has since been rolled out in Plan International's *My Body My Future* sexual and reproductive health and rights programme, implemented in Uganda, Mozambique, Ethiopia, Zimbabwe, Lao PDR and Myanmar. The experience has confirmed the high demand for this tool, from both parents and children. The training helped parents and caregivers develop a more confident and positive attitude toward their children, enabling them to discuss sexuality and children's sexual development. The sessions helped parents gradually feel more comfortable with these topics and the importance of their role to support their children and become a more 'askable parent'.

Contextualisation of the materials is recommended to take into account country-specific issues and themes, particularly on how to handle more sensitive topics like pleasure and sexuality, and LGBTQI+ inclusion in a context-sensitive way. Moreover, it is critical to carefully select facilitators to deliver the curriculum to parents and caregivers, and to ensure they have the necessary training and ongoing support to roll out the sessions.

Source: Based on Plan International, 2022.





How this looks in practice

Body, Emotion and Safety education for learners aged 0 to 8 in Finland

The Family Federation of Finland developed a programme called *Body, Emotion and Safety* (2019 - 2022) to deliver 'body-emotion education' for learners aged 0 to 8. Parents and caregivers were involved as key stakeholders in developing the programme. Body-emotion education refers to comprehensive and age-appropriate learning on sexuality and safety skills. The term body-emotion was chosen following a study that highlighted the primary aspects of sexuality that Finnish children most commonly associate with: the body and emotions.

The programme was designed to enhance the knowledge and skills of education professionals, parents and caregivers to support early childhood development, social and emotional learning, and to provide sexuality education. Staff underwent training to facilitate open and age-appropriate discussions with both children and parents. The aim was to support all children to acquire knowledge, skills and a positive attitude towards their bodies and their rights, encouraging them to ask questions. The two-year programme was successfully implemented in several kindergartens and preschools in two cities in Finland.

One component of the programme was the production of teaching aids and materials, such as discussion cards. Some of these materials have been translated from Finnish into Arabic, English, Sami, Somali, Swedish, Thai and Vietnamese, thus making them more accessible to parents and caregivers with diverse backgrounds. The programme generated a greater understanding of, and support for, age-appropriate sexuality education among parents, caregivers and teachers. This, in turn, contributed to the integration of guidance for educators on how to deliver age-appropriate education on body, emotions and relationships in the official curriculum for early education and care in Finland.

Source: Based on Cacciatore *et al.* 2020; Finnish National Agency for Education, 2022; Global Partnership Forum on CSE, 2023; Kontio, 2021.

For further information, see: <https://www.vaestoliitto.fi/en/professionals/body-emotion-education/> and www.vaestoliitto.fi/kehotunnekasvatus/materiaalit (In Finnish).

Access to child- and adolescent-responsive services

School referral mechanisms to child- and adolescent-responsive health and protection services render FEHW programmes more effective. A whole-school approach to FEHW calls for early detection and referral systems that address physical health, mental health, malnutrition, substance use, experience of violence or abuse at school or in the home and other health and well-being issues that can arise during childhood and early adolescence. This requires adequate training for teachers, school counsellors and other school staff to identify possible health and protection issues. For example, violence prevention requires that teachers are informed, trained and confident about appropriate referral channels, first through the school administration and then to services including health, justice and law enforcement, child protection, and others (UNESCO and UN WOMEN, 2016).

Linkages between schools and child protection services are a cornerstone of a whole-school approach to health and well-being. Learners who experience violence, including school-related gender-based violence, often require a range of support including psychosocial support, health protection services and access to law enforcement. It is important for school codes of conduct and teacher training to include clear guidance on referral pathways to such services. Coordination among multi-sectoral stakeholders is required (Beadle and Bordoloi, 2019; WHO and UNESCO, 2021c).

Examples of reporting mechanisms for school health and safety

- School-based focal points for reporting (e.g. counsellor, teacher, principle)
- Anonymous reporting boxes (e.g. 'happiness and sadness' boxes)
- Teacher or school staff incident reporting protocols and forms
- Telephone helplines
- Chat rooms and online reporting

Confidentiality, clear protocols and linkages with referral services are critical for effective reporting systems.

Source: Based on Beadle and Bordoloi, 2019; UNESCO and UN Women, 2016. Available under [CC-BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/).

Evidence shows that learners often do not report cases of violence or abuse if functional reporting mechanisms are not in place. When schools have clear, safe, accessible, confidential and supportive reporting systems – as well as links with protection and health services – learners feel more confident to report incidents of violence or other health risks (Beadle and Bordoloi, 2019). This, in turn, contributes to creating safer and healthier learning environments for all. A whole-school approach to FEHW requires protocols to be in place to record, report and take action on incidents of violence and other major health risks that may be disclosed during FEHW lessons (see box on previous page).

Where school-based health services exist, they should respond to the needs of primary school-aged learners and be delivered according to national standards and guidelines for child and adolescent health (WHO and UNESCO, 2021c). School health services can include health promotion, screening, preventive interventions and clinical assessment and management of health conditions in areas such as mental health, sexual and reproductive health and disease and injury prevention (WHO and UNESCO, 2021d).¹ Where comprehensive school-based health services are not in place, it is vital for schools to create and sustain clear referral systems to nearby health services.

Collaboration with out-of-school education programmes, such as those run by civil society organizations, can play an important role in reaching underserved groups of children and adolescents with FEHW. It is estimated that of the 263 million children worldwide who are out of school, 63 million are primary school-aged children who will not receive in-school health and well-being education (UNFPA *et al.*, 2020). Even when children attend primary school, it is common that certain health and well-being topics are not adequately covered. For example, some teachers avoid delivering FEHW because of limited time or space in the formal curriculum or discomfort teaching some topics (UNESCO *et al.*, 2021).



How this looks in practice

Save the Children's Safe Schools Common Approach

The *Safe Schools Common Approach* is a whole-school approach developed by Save the Children to protect children from violence, conflict, natural and/or climate change-induced hazards, health hazards and everyday dangers and threats in and around the school environment. This approach seeks to engage a wide range of stakeholders, including children, caregivers, teachers, school management, communities, civil society and governments. It incorporates a 'collective impact' approach to mobilize stakeholders to achieve impact at scale.

Action Packs were created for the *Safe Schools Common Approach* that address safe schools policies and systems, safe school management, school safety management, safer learning facilities teachers and children and safe schools research, monitoring and evaluation. The *Action Pack on Safe School Policies and Systems* includes guidance on how to conduct a contextual analysis of existing systems, policies, structures and coordination mechanisms in place to protect children in and around their school. Linked tools guide users to identify which child protection reporting and referral systems are in place (or should be established) to link schools with appropriate services for cases of reported violence.

In Colombia, Save the Children is implementing this approach within the context of internally displaced populations. The Ministry of Education and local representatives receive support from Save the Children to implement the requirements of the *Safe Schools Declaration* at the school level through school risk management planning, which includes the identification and development of prevention, response and child protection pathway activities.

Teacher training is facilitated, local case management systems are strengthened, and students are engaged in school risk management planning. Students have access to mental health and psychosocial support if they are affected by violence and abuse, including bullying (and cyber bullying). At the community and family level, the programme provides training on child rights, child protection and non-violent caring practices (engaging teachers too). Finally, parent and caregiver well-being is supported through the provision of social and emotional learning tools.

Source: Based on Save the Children, 2020; Save the Children, 2023.

For further information, see: <https://resourcecentre.savethechildren.net/document/safe-schools-2-0-toolkit/>.

¹ Refer to WHO guidelines for a full list of recommended school health services (WHO and UNESCO, 2021d).



How this looks in practice

School health in Thailand

In Thailand, which has a net enrolment in primary education of nearly 98%, school health is guided by the *National School Health Policy*, implemented since 1998. The policy, led by the Ministry of Health with support from the Ministry of Education, outlines ten key elements to promote good school health:

1) school policy, 2) school management, 3) collaboration between schools and communities, 4) creation of environments that support health, 5) provision of school health services, 6) health education in school, 7) nutrition and food safety in schools, 8) physical activity through sport and recreation, 9) provision of counseling and social support, and 10) health promotion for school staff.

Health-promoting hospitals play a crucial role in implementing the *National School Health Policy*. These hospitals are the most accessible primary healthcare facilities in Thailand, catering to the full population, including vulnerable groups. Healthcare workers from these hospitals visit schools to monitor children's health and provide health services such as immunization and nutritional supplementation. They maintain records of the children's health status, which are shared with schools for any necessary follow-up actions by families.

Each school appoints at least one teacher who is responsible for coordinating school health activities. All teachers are eligible to apply for this role and those selected receive short-term training from provincial officers. Also, implementation guidelines, including the *Guideline for Health-Promoting School Evaluation*, are widely disseminated in accessible language to all schools.

Recent studies have shown that school health-related activities in Thailand are well-organized, cost effective, and effectively engage a range of key stakeholders including teachers, learners, healthcare providers, and the community.

To encourage adherence to the *National School Health Policy*, a certificate-based award system has been established. More than 90% of schools in the country participate in this award system, with selected schools receiving bronze, silver, gold or diamond status based on a self-assessment against a standardized set of indicators. At the primary school level, there are 63 indicators covering the ten elements in the national policy, aimed at promoting good health in schools.

Source: Based on Ogasawara et al., 2022; Phaitrakoon et al., 2014; Tomokawa et al., 2018; WHO, 2022.

Data source: UIS, 2024.

Linkages with out-of-school programmes

A whole-school approach to FEHW includes making linkages to out-of-school programmes, which can help broaden the dispersion of knowledge and skills (UNFPA et al., 2020). Furthermore, out-of-school programmes can provide tailored education to meet the needs of specific groups (UNFPA et al., 2020; UNESCO et al., 2021). For instance, many health education programmes inadequately address the needs of children with disabilities, and schools often do not provide accessible materials or infrastructure (UNESCO et al., 2023). Likewise, general curricula often overlook the health and well-being needs of children living with HIV, migrant children, gender diverse adolescents and other underserved groups. Establishing partnerships with organizations and out-of-school programmes is vital. They can fill content gaps in official government curricula and supplement formal education with extracurricular activities.

Out-of-school health and well-being education programmes are not a replacement for in-school FEHW programmes. Instead, they should complement or reinforce topics that are taught at school or that might not have been well-covered due to a lack of time or resources (UNFPA et al., 2020). Just as with in-school curricula, out-of-school curricula should be comprehensive, evidence-based, age- and developmentally-appropriate, participatory, culturally relevant and aligned where possible to in-school curricula.



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Conclusion

Adopting a whole-school approach for FEHW is crucial for children and adolescents to thrive. With committed leadership from school management, a whole-school approach fosters an environment where health, well-being and safety are valued as core aspects of learning. This has the potential to contribute to better health and well-being, as well as amplify learning outcomes. Engaging parents, caregivers and community members is key, as it creates a holistic support system to help learners navigate their educational journey at primary school and beyond.

Key messages from this brief

- **Implementing a whole-school approach to foundational education for health and well-being (FEHW) in primary schools yields significant benefits for learners' health, well-being, and educational outcomes.**
- **Whole-school approaches put learners at the centre and encompass six critical components: school management support; a safe and healthy school environment; parent and community engagement; access to child- and adolescent-responsive services; adequate teacher capacity; and linkages with out-of-school programmes.**
- **Everyone has a role to play. A whole-school approach to FEHW engages learners, parents and caregivers, teachers, support staff, school leaders, community members and service providers to create a broad enabling environment to support learners' health and well-being. Involving diverse stakeholders ensures that FEHW addresses the holistic needs and evolving capacities of children and very young adolescents.**

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BRIEF
3

Building strong foundations

How to include the whole school
in foundational education
for health and well-being

The *Building strong foundations* briefs provide evidence-based guidance on foundational education for health and well-being in primary schools. They serve as a roadmap for education stakeholders to help children learn about health and well-being early on, equipping them with the knowledge and skills needed to navigate their evolving needs and building strong foundations for healthy and thriving lives.

The present document is the third of four briefs. It shares practical guidance and case studies to distill six essential elements for an effective whole-school approach to health and well-being.

