Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Protocol for a descriptive overview of school health services in selected countries

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About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent body that promotes safety and quality in the provision of health and social care services in Ireland.

HIQA works to enable the best possible health and social care outcomes for all through standard setting, monitoring and regulating services and providing evidence to inform decision-making.

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List of abbreviations used in this protocol

HIQA	Health Information and Quality Authority
HSE	Health Service Executive
HTA	Health Technology Assessment
MOCHA	Models of Child Health Appraised
NIAC	National Immunisation Advisory Committee
WHO	World Health Organization

1. Background

The long-term health and wellbeing of individuals is often influenced by early-life conditions.[1] The World Health Organization's (WHO) *Guideline on School Health Services* (2021) discussed how a system of school health services may be the only institutional way to meet the daily needs of school-aged children.[2] School health services are services provided by healthcare and or allied professionals to students enrolled in primary or post-primary education, either within school premises or in a healthcare setting situated outside the school premises. The WHO subsequently published the *Implementation guidance for School Health Services* (2026) to provide practical insights for policy makers on implementing and sustaining school health services to improve their quality and access.[3] This guidance outlines the activities that can be considered as a school health service.

The Horizon 2020 Models of Child Health Appraised (MOCHA) project reported on school health service models across 30 European countries, including Ireland, to identify optimal models for the primary healthcare of school-aged children.[4] The review identified the key features, indicators, and types of school health services that were present in Europe. The MOCHA project provides useful background for the current overview. In particular, its definition of school health services has informed the conceptual approach outlined in Section 2.1.

In Ireland, the Health Service Executive (HSE) school health programme operates in both primary and post-primary school settings. Children in public, private, and homeschool education are eligible to receive school health services delivered by public health nursing, dental, and vaccination services, aligned with the National Healthy Childhood Programme.[5, 6] Although there is no clear point in time in which these services commenced, the statutory basis for the provision of hearing, vision, and dental services stem from the Health Acts of 1953 and 1970.[7, 8]

Vision and hearing screenings are typically conducted when a child is in Junior Infants (4-5 years old). A dental examination of the child's teeth, gums, and mouth, alongside a discussion on oral hygiene and dietary habits, is offered during the child's time in primary education. Vaccination services are provided throughout a child's primary and post-primary education in line with the Schools Immunisation Programme.[9] This Programme is updated as new evidence emerges, as was the case in 2019 when the offering of the human papillomavirus (HPV) vaccination was extended to males in post-primary education, having been introduced for females in 2010.[10] Updates to the schedule are based on guidance provided by the National Immunisation Advisory Committee (NIAC).[9]

Following a request from the Department of Health, the Health Information and Quality Authority (HIQA) agreed to undertake a descriptive overview of school health service models in selected countries to support the work of the department in considering the development of Ireland's School Health Programme.

1.1 Aims and objectives

The aim of this overview is to describe school health service models, as defined in Section 2.1, in selected countries to inform consideration of Ireland's School Health Programme. The objectives are to:

- provide a descriptive overview of school health service models in selected countries
- describe how school health services are provided, funded, staffed, and governed in these countries
- describe formal health promotion, screening, and related activities delivered through these programmes, and summarise reported evidence or evaluation information where available
- describe the roles of relevant professionals, including school nurses, doctors, and allied health professionals
- describe practical and governance arrangements relevant to school health services, including support for children with chronic conditions where this forms part of structured school health service provision.

1.2 Establishment of the Expert Advisory Group

An appropriately represented expert advisory group will be convened as a source of expertise to inform the interpretation of the evidence and development of the advice to the HSE. This group will comprise nominees from a range of stakeholder organisations, including relevant government departments, health services, public health, dentistry, education, academia, school leadership, and parent representation. The terms of reference of the Expert Advisory Group are to:

- contribute fully to the work, debate and decision-making processes of the group by providing expert guidance, as appropriate
- support respectful, constructive, and inclusive conversations
- be prepared to provide expert advice on relevant issues outside of any group meetings, as requested
- provide advice to HIQA regarding the scope of the project
- support the Evaluation Team led by HIQA during the assessment process by providing expert opinion and access to pertinent data, as appropriate
- review the project plan outline and advise on priorities, as required

- review the draft report from the Evaluation Team and recommend amendments, as appropriate
- contribute to HIQA's development of its approach to Health Technology Assessment (HTA) by participating in an evaluation of the process at the conclusion of the project.

2. Process outline

This section outlines the broad process that will be used to identify, extract and summarise information on school health service models in selected countries. The process will comprise the following steps:

1. Conceptual definition and scope of school health services
2. Country selection
3. Identification and selection of sources
4. Information extraction
5. Synthesis of findings
6. Quality assurance process.

2.1 Conceptual definition and scope of school health services

The conceptual definition of school health services used in this overview draws on the definition applied in the MOCHA project and has been adapted for the purposes of the current work.[4] This reflects the need to distinguish structured school health service models from broader school-based or education-led health activities.

For this overview, school health services are understood as health services provided to children and adolescents enrolled in, or otherwise eligible for services through, primary or post-primary education systems, by healthcare and or allied professionals, irrespective of the site of service provision. These services should be part of a formal system-level arrangement, policy or statutory basis that links the education system with healthcare organisations or providers. Subject to this definition, services considered in the overview may include physical health and preventive care, orthodontic care, mental health services, health promotion, screening and surveillance, management of chronic conditions, and referral to, or coordination with, community and specialist services.

Services may be provided to individual students or groups of students. School health services provided in disability education settings will be included where they form part of the formal school health service arrangement and will be reported where information is available. Group-level services may be universal, where they are offered to all students in a school or defined population, or selective, where they are

offered to students identified as being at risk of a particular health issue. Services may address student health directly or health-related aspects of the school environment, for example input from health professionals into school food provision or infection prevention.

Services will generally be considered within scope where they:

- are aimed at school-aged children enrolled in, or otherwise eligible for services through primary or post-primary education systems
- are delivered to individual students or groups of students
- are provided by, or in collaboration with, healthcare and or allied professionals
- are part of a formal school health service arrangement
- focus directly on student health or on health-related aspects of the school environment, where these form part of a structured school health service model.

Broader school-based health promotion, education-led activities, and locally developed initiatives will be excluded unless they form part of, or are clearly linked to, a formal school health service arrangement.

2.2 Country selection

Preliminary scoping was undertaken, and expert input was sought, to inform the selection of countries for inclusion in this overview. This process considered countries identified in previous international work,[4] as well as countries for which relevant publicly available information on school health services could be identified.

Based on the scoping, expert input, and feasibility of conducting the overview within the available time and resources, the following countries were selected: England, Finland, Iceland, the Netherlands, Northern Ireland, Poland, Scotland, Sweden, and Wales. Philadelphia, a city in the USA, was also selected. For ease of reference, these jurisdictions are collectively referred to throughout as the 'included countries'.

The included countries were identified as relevant based on factors such as geographical proximity, population size, the organisation of health services, the availability of publicly accessible information, and the potential relevance of identified school health service models to the Irish context.

2.3 Identification and selection of sources

A targeted grey literature search will be undertaken to identify information relevant to school health service models in selected countries. This will include government

and statutory agencies, health services, ministries, public health institutes, and relevant guidance, evaluations, and international reports, where applicable.

Searching will be iterative. Initial searches will identify key sources and the service model for each country. Follow-up searches will address specific services, aspects of service delivery or governance, and other information gaps identified during the extraction phase.

Sources will be considered relevant where they describe structured school health services models as defined in Section 2.1.

Identified sources will be systematically recorded and reviewed by the project team to ensure consistency. Representatives from the selected countries or relevant experts will be contacted for confirmation of the included school health services and to identify additional resources, as appropriate.

2.4 Information extraction

Relevant information will be extracted from included sources using a standardised data extraction template. The template will be developed and piloted before use and may be refined during the early stages of extraction if required. The proposed extraction fields are outlined in Appendix 1.

Information will be extracted at both country- and service/activity-level. Country-level extraction will describe the overall school health service model in each selected setting. This includes how services are organised, governed, funded, staffed and delivered, and the scope of services provided. Service/activity-level extraction will describe the main structured services and activities delivered through these models, such as screening, vaccination, clinical assessment, and support for children with chronic conditions, where relevant. Information on relevant aspects of service delivery, including referral to or coordination with community and specialist services, the use of digital health approaches, and relevant consent arrangements will also be extracted where reported.

Reported evidence, evaluation, monitoring information, economic information, or rationale for the identified service models or their component services will also be extracted where available. More detailed service-level information will be extracted where it is clearly reported in core sources and relevant to the scope of the overview.

Data extraction will be undertaken by two reviewers in tandem, using an agreed template. Extracted information will be accompanied by source details where available, to support checking and validation.

Where relevant information is not available in English, translation software, DeepL Pro, will be used.

2.5 Synthesis of findings

Information on school health service models in the included countries will be summarised using the information fields outlined in Section 2.4. Findings will be presented in tabular and narrative formats, where appropriate. Areas where information is missing, unclear, or conflicting will also be noted.

2.6 Quality assurance process

The overview will be undertaken in accordance with HIQA's HTA Directorate Quality Assurance Framework. Data extraction for each country will be undertaken by two reviewers in tandem. The report will be reviewed by at least two members of the senior management team.

An expert advisory group, comprising relevant experts in school health services, will be convened to support interpretation of the information identified. Input from the group will be sought as appropriate, and draft protocol and report documents will be circulated to the group for review.

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Appendix 1. Example data to be extracted

Information will be extracted at both country- and service/activity-level. Country-level extraction will describe the overall school health service model, while service/activity-level extraction will describe the main structured services and activities delivered through that model.

Detailed service-level information will be extracted where it is clearly reported in core sources and relevant to the research questions. The extraction fields may be refined during piloting and following Expert Advisory Group input.

Table A. 1 Country-level information to be extracted

Focus Area	**Information to be extracted, where available**
Country/Jurisdiction	Name of country
School health service model	Name and brief description of the overall model or equivalent arrangement
Population covered	Age range, school years, eligibility criteria, and coverage of children in disability education settings or otherwise outside mainstream school settings
Organisation and governance	How the model is organised, who is responsible, and relevant governance, policy or service arrangements
Funding	Funding arrangements
Workforce	Main professional groups involved, such as school or public health nurses, doctors, dental teams, immunisation teams, allied health professionals, or others
Role of schools	Role of schools in delivery
Main services / activities included	Main structured services or activities delivered through the model
Key sources	Main sources used for extraction
Notes / uncertainties	Missing, unclear or conflicting information, or issues requiring follow-up

Table A. 2 Service-level information to be extracted

Focus Area	**Information to be extracted, where available**
Country/Jurisdiction	Name of country
Service / activity	Name or brief description of the service or activity
Description	For example, screening, vaccination, clinical assessment, oral health, mental health, health promotion, chronic condition support, referral or follow-up, relevant consent arrangements, or other as reported
Population / age group	Eligible population, age group, or school year, where reported
Delivery setting	Setting in which the service or activity is delivered, such as school, community, clinic, health centre, or mixed
Provider	Main provider or professional group
Reported evidence / evaluation	Reported evidence, evaluation, monitoring information, economic information, or rationale, where available
Key source	Source supporting the entry
Notes / uncertainties	Missing, unclear or conflicting information, or issues requiring follow-up

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