



The Voice of
Adult Learning

Submission to the Update of the Healthy Ireland Framework

AONTAS,
The National Adult Learning Organisation

April 2026

Community Education as a Health Setting: AONTAS Submission to the Public Consultation on the Next Healthy Ireland Framework

About AONTAS

AONTAS is the National Adult Learning Organisation of Ireland, founded in 1969. Backed by robust research and focused community engagement, AONTAS advocates and lobbies for quality education for all adults and raises awareness of the impact of adult learning on people's lives and on society. This work is undertaken on behalf of our members and adult learners who inform our research and campaigns for social change across the whole island of Ireland.

Summary of Submission

This submission calls on the Department of Health to formally recognise community education as a health-promoting setting (Doody, 2021; Cobain et al., 2023; Cobain & Jackson, 2025). This will ensure that the next Healthy Ireland Framework includes a funded, cross-departmental commitment to community education as a resource for health promotion, health literacy, and wellbeing.

AONTAS makes four priority recommendations to the Department of Health:

Recommendation 1: Recognise community education as a health-promoting setting within the next Healthy Ireland Framework.

Recommendation 2: Invest in health literacy and health promotion through community education by introducing a cross-departmental funded programme.

Recommendation 3: Embed social connection and belonging as formal health promotion goals within the Framework, with community education formally identified as a delivery partner.

Recommendation 4: Address the chronic underfunding of the community education sector, which constrains its capacity to deliver sustained, relationship-based health promotion and support through cross departmental collaboration.

Recommendation 1: Recognise community education as a health-promoting setting within the next Healthy Ireland Framework.

Health inequalities in Ireland are persistent, well documented, and closely linked to the social determinants of health. Both the Department of Health and the HSE recognise that health outcomes are shaped by the conditions in which people are born, grow, live, work, and age, including access to education, housing, employment, and income (HSE, 2025).

Lower levels of educational attainment are strongly correlated with an increased risk of poverty, which in turn has significant consequences for health outcomes (CSO SILC, 2026). In Ireland, individuals living in the most deprived communities experience substantially poorer physical and mental health, including higher rates of chronic illness, premature mortality, and unmet healthcare needs. These outcomes reflect the cumulative and compounding effects of socio-economic disadvantage across the life course (Healthy Ireland, 2013; Connolly & Wren, 2017; Deane, 2020; Social Justice Ireland, 2023).

Conversely, education, in particular, is widely recognised as a foundational upstream determinant of health, alongside income, housing, and employment, influencing life chances and long-term health trajectories (WHO, 2008). As community education is embedded within communities experiencing structural disadvantage, its value to the updated Healthy Ireland Framework is clear.

With an ethos that is grounded in a holistic, learner-centred response to need, and capacity to be flexible to the local context, community education consistently reaches adults who are least resourced and furthest from formal education systems (Doody, 2021; Cobain et al., 2022; Cobain & Jackson, 2025). This includes people in low-income households, lone parents, older adults, migrants, people in recovery from addiction, and those with prior negative educational experiences (Keane, 2011; Doody, 2021; Meyler et al., 2023a; Dulee Kinsolving & Guerin, 2025).

This reach is important and is a key reason why community education should be recognised as a valuable asset in achieving the goals of the Healthy Ireland Framework (HSE, 2025; Social Justice Ireland, 2023). Community education not only offers pathways to address educational disadvantage linked to poorer health outcomes but also responds directly to community-identified needs through programmes that promote health, recovery, wellbeing,

and health literacy (Doody, 2021; Keane, 2011; SOLAS, 2024; Cobain & Jackson, 2025; Meyler et al., 2024).

As one community education practitioner observed:

“If they choose to say, well, I’m only just doing it for getting out of the house and for social skills? Well, isn’t that great as well? It’s saving society money on mental health [...] We would have people I know that come to our class every week that if they didn’t come to our class, they’d be down at their GP every week”
(Practitioner in Cobain & Jackson, 2025: 36)

Recommendation 2: Invest in health literacy and health promotion through community education by introducing a cross-departmental funded programme.

Health promotion is a central and well evidenced dimension of community education and Further Education and Training (FET) provision across Ireland. Evidence from national census data, learner voice research, and policy studies demonstrates that community-based education plays a significant role here (Doody, 2021; Cobain et al., 2022; Cobain et al., 2023). Community education providers frequently deliver early-intervention, low-threshold supports that complement formal health services. These include wellbeing-focused programmes, mindfulness and stress-management classes, creative and arts-based therapies, and informal, relational support networks (Doody, 2021; ETBI, 2021). Learners report that such interventions help them develop coping skills, resilience, and wellbeing, thereby contributing to prevention and reduced reliance on primary healthcare services (Cobain & Jackson, 2025; Cobain et al., 2023; Meyler et al., 2023b).

Another key area where community education can deliver value is in health literacy. The ability to access, understand, appraise, and apply health information in everyday life. It is widely recognised as a critical bridge between education and health outcomes (Murray et al., 2024). Around 40 percent of adults in Ireland have limited health literacy, with this burden falling disproportionately on people in lower socioeconomic groups, older adults, and those in communities with concentrated disadvantage (Murray et al., 2024; Murray et al., 2025). Research from the Sláintecare Healthy Communities Programme, conducted in

urban communities in Dublin and rural communities in Mayo, found direct evidence that ETB participation improved participants' capacity to manage medications, book medical appointments, and engage with health services (Murray et al., 2024).

The Adult Literacy for Life strategy (2021-2031) recognises literacy as essential competencies for full participation in society, including the ability to navigate health information and services (DFHERIS 2021). In addition to the importance of health literacy, the growing digitisation of health services means that digital health literacy is increasingly essential (Arias López et al., 2023). As the HSE expands online booking, patient portals, and digital communications, adults who lack digital literacy face compounding disadvantage in accessing care. This further amplifies existing health inequalities.

AONTAS recommends that the next Healthy Ireland Framework commit to the following clear actions that drive health and digital literacy integration across community education, and FET programmes in partnership with DFHERIS and SOLAS. Pilots to address priority public health challenges should be co-designed with learners and health professionals (Murray et al., 2025; Dowdall & Sheerin, 2019). It is also important for cross departmental collaboration on monitoring the outcomes of these programmes in line with a health in all policies approach (HSE, 2025). This will support the ongoing development of an evidence base for health literacy and promotion programming in community settings.

Recommendation 3: Embed social connection and belonging as formal health promotion goals within the Framework, with community education formally identified as a delivery partner.

Social connection and a sense of belonging are recognised as significant determinants of health outcomes (WHO, 2025). Loneliness and social isolation are increasingly described as public health emergencies. Research shows that approximately 20 percent of people in Ireland report feeling lonely most or all of the time, a figure significantly higher than the EU average of 13 percent (Power & Swader, 2025; EC JRC, 2023). The seriousness of this public health challenge is evident in research findings that shows social isolation raises mortality risk by 29 percent and loneliness by 26 percent (Holt-Lunstad et L., 2015).

Adult and community education is one of the most effective and accessible ways in which adults can develop and maintain social connection and overcome this challenge (Cobain &

Jackson 2025). AONTAS research consistently shows that participation in FET and community education improves mental health, self-confidence, and sense of belonging. The latest Learner Voices Across Ireland report (2025) shows learners benefit from increased self-confidence, a more positive outlook on the future, an increased sense of belonging and improved health and wellbeing as a direct result of their participation (Farrell et al., 2025). Research by Eustace et al. (2023) found that community education significantly improved mental health, self-confidence, and sense of belonging for lone parents, enabling them to overcome isolation and trauma while fostering personal transformation. As one learner in AONTAS research stated, the sector has, in their own words, “saved the Government a fortune” not having to treat them for mental health (Cobain et al., 2023).

Critically, the protective effects of community education participation are most pronounced for those who face the greatest health challenges. AONTAS research found that learners seeking asylum reported a greater increase in self-confidence, resilience, and general wellbeing as a direct result of their courses compared with the average learner population (Meyler et al., 2023b). This suggests that community education functions as a genuinely protective health-promoting environment, particularly for people with the most complex social circumstances.

AONTAS recommends that the next Healthy Ireland Framework formally identify social connection and belonging as measurable health promotion goals, and that community education be named as a key delivery mechanism for these goals. This should include the integration of social prescribing referral pathways directing people to community education programmes, and funding for community education providers to support health-promoting activities including peer support, group learning, and community development. The development of shared outcome metrics to capture wellbeing improvements in community education settings is also recommended.

Recommendation 4: Address the chronic underfunding of the community education sector, which constrains its capacity to deliver sustained, relationship-based health promotion and support through cross departmental collaboration.

The case for community education as a partner in health promotion is compelling. The infrastructure exists. The evidence is strong. The populations served by community

education are precisely those that the Healthy Ireland Framework must reach. Yet the chronic underfunding of the sector fundamentally constrains its capacity to deliver on its full potential.

Community education receives approximately 2 percent of the total Further Education and Training budget, despite supporting approximately 20 percent of all FET learners (AONTAS, 2025a). Many community education providers operate on year-to-year funding cycles, creating significant instability for both organisations and the learners they serve (Magrath & Fitzsimons, 2019; Cobain et al., 2021). This short-term funding model prevents community education providers from engaging in the kind of sustained, multi-year relationship-building with health services and local communities that effective health promotion requires.

The HSE Public Health Position Paper on Health Inequalities (2025) explicitly endorses the WHO Health in All Policies approach, recognising that health outcomes are determined primarily by policies operating outside the health sector, including in education. The next Healthy Ireland Framework must reflect this understanding by naming community education as a core partner in the national health agenda, not a peripheral contributor. AONTAS urges the Department of Health to engage directly with the Department of Further and Higher Education, Research, Innovation and Science (DFHERIS) and SOLAS to ensure that the health-promoting dimensions of community education are reflected in both sectors' planning and resourcing.

We specifically recommend the following; ringfenced multi-annual funding for community education providers to support health literacy, health promotion, and wellbeing activities; inclusion of community education as a named partner in the Healthy Ireland Fund, with dedicated funding lines for collaboration projects; development of a cross-departmental memorandum of understanding between the Department of Health, DFHERIS, and SOLAS, setting out shared objectives, shared measurement, and shared accountability for the health outcomes generated through community education; and investment in shared training so that community educators are equipped to identify and respond to health needs.

Conclusion

The Healthy Ireland Framework's vision of a whole-of-society approach to health cannot be realised without the active, resourced engagement of the community education sector.

AONTAS calls on the Department of Health to place community education at the heart of the next Healthy Ireland Framework. Community education reaches the adults who experience the greatest burden of health inequality. It builds health literacy, reduces social isolation, promotes mental health and wellbeing, and creates the conditions for community empowerment that sustainable health improvement requires. The evidence is strong, the infrastructure is in place, and the policy alignment across Healthy Ireland, Sláintecare, the Adult Literacy for Life strategy, and the Community Education Framework is clear. What is needed is formal recognition, cross-departmental coordination, and sustained, multi-annual investment.

AONTAS is committed to working with the Department of Health, DFHERIS, SOLAS, and ETBs to support this work. We welcome the opportunity to contribute further to the consultation process and to participate in the implementation structures of the next Healthy Ireland Framework.

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