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Co-Production by Internal and External Stakeholders in Health-Promoting Schools: A Cross-Sectional Survey Study on Partnerships in Polish Primary and Secondary Schools

Koprodukcja wewnętrznych i zewnętrznych interesariuszy w działaniach szkół promujących zdrowie — badanie ankietowe przekrojowe dotyczące partnerstwa w polskich szkołach podstawowych i średnich

ABSTRACT

A whole-school approach to health relies on internal and external stakeholders as key pillars of health-promoting school (HPS) interventions. Their involvement is considered essential for improving pupils' health and well-being. Stakeholder participation in school health initiatives can be analyzed through the lens of the co-production

concept, which provides a framework for understanding the engagement of both internal and external stakeholders. This study examines co-production in HPSs based on quantitative research conducted in Polish primary and secondary schools implementing HPS programs.

An online survey was carried out among 500 school health promotion coordinators between March and June 2023 using the HPS implementation questionnaire. The findings indicate that the more frequently school-community members and external stakeholders were involved in the planning and implementation of HPS programs, the more frequently schools took action to facilitate pupils' healthy choices. These results confirm that health-promotion professionals should include internal and external stakeholders into strategic partnerships, as they are among the most crucial co-producers of school health services.

ABSTRAKT

Całościowe podejście do zdrowia obejmuje interesariuszy wewnętrznych i zewnętrznych jako filary interwencji szkolnych promujących zdrowie. Ich zaangażowanie jest postrzegane jako istotny element działań promujących zdrowie i dobre samopoczucie uczniów. Udział wszystkich interesariuszy w inicjatywach zdrowotnych w szkole można analizować przez pryzmat koncepcji koprodukcji, która jest perspektywą zaangażowania interesariuszy wewnętrznych i zewnętrznych. W związku z tym niniejsze badanie omawia koprodukcję interesariuszy wewnętrznych i zewnętrznych w szkołach promujących zdrowie (HPS). Opiera się ono na wynikach badań ilościowych w polskich szkołach podstawowych i średnich wdrażających programy HPS.

Ankietę online przeprowadzono wśród 500 koordynatorów promocji zdrowia w szkołach w okresie od marca do czerwca 2023 r. przy użyciu kwestionariusza wdrażania HPS. Wyniki badań pokazują, że im częściej członkowie społeczności szkolnej i interesariusze zewnętrzni byli zaangażowani w planowanie i wdrażanie programów HPS, tym częściej szkoły podejmowały działania w celu ułatwienia uczniom dokonywania zdrowych wyborów. Potwierdza to, że specjaliści ds. promocji zdrowia powinni włączać interesariuszy wewnętrznych i zewnętrznych do partnerstw strategicznych, ponieważ są oni jednymi z najważniejszych współtwórców usług zdrowotnych w szkołach.

Introduction

The European Commission calls for schools to become more open to their communities by integrating school, social, civil, and expert stakeholders into an "open schooling model" in which schools collaborate with both internal and external stakeholders to act as agents of community well-being (European Commission, Directorate-General for Research and Innovation 2015). It is well established that the involvement of all actors is fundamental for creating meaningful, immersive, and real learning experiences (Giamellaro 2014). The area where people live and the school's location is not only a backdrop but also as an identity construct (Lúcio, l'Anson 2015) that helps build active citizenship among participants. Additionally, research indicates that real-world problems and school-community partnerships can function as contextual scaffolds, bridging school-based and community-based knowledge (Bouillion, Gomez 2001; Montero, Leite 2022).

A school's climate, which includes its culture, norms, and policies, also impacts children's health. Schools that promote inclusion, active participation, and respect for diversity tend to create a positive environment for both physical and mental well-being. Another contributing factor is support from parents and the community. Establishing strong educational partnerships can contribute to improving children's health (Anderson 2021; Cahyadi et al. 2024). The Schools for Health in Europe (SHE) network was established in 1992 to enhance the quality of education in Europe, with a particular focus on promoting positive health outcomes and a healthy lifestyle among students. Health is approached from a positive perspective, and the network acknowledges the UN Convention on the Rights of the Child.

SHE has defined a set of core values—equity, sustainability, inclusion, empowerment, and democracy—along with a set of pillars: a whole-school approach to health, participation, school quality, evidence, and school-community interaction. These elements form the foundation of the health-promoting school (HPS) approach. A fundamental principle of an HPS is the recognition that the entire school environment represents a crucial arena for health-related action. Consequently, the emphasis is not exclusively on learning

and teaching but also on the whole-school ethos and culture, which encompasses interpersonal relationships, school management, curriculum, policies, practices, and the school's physical environment. Accordingly, both internal and external stakeholders must collaborate to support the health and development of younger generations. The principles of the HPS emphasize that health promotion programs should be based on a synergistic integration of the curriculum and teaching with the school's ethos and its connections to parents and the wider community (Buijs 2009; Cushman et al. 2011). Consequently, internal stakeholders, such as school leadership, teachers, and administrative staff, along with external stakeholders, including parents and parent committees, significantly contribute to advancing the school's educational, moral, and community objectives (IUHPE 2009; St. Leger et al. 2007).

Schools face the unique challenge of balancing diverse expectations. Here, stakeholder management goes beyond the typical interactions found in other public institutions (Chotimah et al. 2024; Del-Castillo-Feito et al. 2019). In this approach, co-production offers a valuable analytical perspective. The core argument for co-production is that it provides an effective approach to public service delivery by mobilizing local resources that are better suited to local needs. From the perspective of social innovation, co-production supports a growing, reciprocal relationship between professionals, service users, their families, and their communities (Boyle, Harris 2009; Galli et al. 2014; Gawron 2022a). Victor Pestoff (2006, 2012) and Elinor Ostrom (1996) have previously studied the application of co-production in managing stakeholder relationships within educational institutions.

The concept of co-production has a long history, dating back to the 1970s. It generated considerable interest in the 1980s, when the first attempts were made to define it (Ostrom, Ostrom 1977; Rosentraub, Sharp 1981; Whitaker 1980). Initially, co-production was understood as a service delivery model that systematically and intentionally engaged stakeholders in the process (Alford 2009; Bovaird 2007; Boyle, Harris 2009; Gawron 2022b; Ostrom, Ostrom 1977). Effective stakeholder relationship management necessitates establishing transparent communication channels, regular interaction with stakeholders, and a commitment to addressing issues promptly and

meaningfully (Berkes 2009; Bovaird 2007; Gawron 2023; Ostrom 1996).

Elinor Ostrom (1996) developed one of the most widely accepted definitions of co-production, which describes it as a process in which all parties contribute substantial resources (Galli et al. 2014; Joshi, Moore 2004). From its inception, however, co-production has often been framed in terms of institutionalized relationships as formal stakeholder engagement can be structured through comprehensive stakeholder management plans (Freeman, McVea 2005).

In this context, public service co-production, including school programs, can be seen as citizens' involvement in providing public services to achieve outcomes that depend on their engagement and behavior. This strategy helps clarify stakeholder roles and responsibilities, establishes clear communication methods, and defines expectations for participation. By embracing a co-productive approach, schools can effectively address pressing challenges while fostering trust and collaboration, ultimately strengthening their reputation (Freeman, McVea 2005). Co-production views users and the community as a "pool" of untapped resources and highlights the reciprocal relationship between service users and professionals as a means to significantly improve service effectiveness and quality (Boyle, Harris 2009; Galli et al. 2014).

The literature on education services, including health-promoting school (HPS) programs, asserts that two key areas of co-production are necessary for its full development in education. The first area involves the co-production of education services, which requires active participation from teachers (formal service providers), and students (service recipients), as well as cooperation between them. In this sense, these are internal stakeholders. The second area of co-production draws on external contributions from sources such as parents, student peers, and community organizations (Galli et al. 2014). Both internal and external stakeholders have a considerable impact on the overall functioning of the school. They provide significant contributions to instructional objectives, management strategies, and community involvement, all of which are essential for the institution's educational success and the functioning of the school community (Salamondra 2021; Vogler 2020).

At the community level, these experiences help develop better social skills, including leadership, cooperation, mutual support, valuing diversity, encouraging participation and civic engagement, and other kinds of citizenship agency (Bruyere 2010). Since 1992,[1] HPS programs have also been implemented in Poland, which makes them the country's most stable and long-term initiative in health promotion. The Center for Education Development in Warsaw[2] oversees the program's implementation

A key factor in the successful dissemination of this approach is the HPS structure, which operates at four levels:

- National level: The national coordinator at the Center for Education Development leads the schools in the HPS network.
- Voivodeship (province) level: 18 regional coordinators in teacher training centers and regional educational superintendent's offices support HPS schools and kindergartens.
- Regional level: Around 40 local coordinators oversee educational institutions within the Polish HPS network.
- School/kindergarten level: A school coordinator and health promotion team are responsible for implementing the HPS approach at the institutional level.

However, extensive research on HPS programs remains limited (Soares, Farias 2019), and the co-production perspective has not yet been considered in Polish studies. To better understand the challenges of involving internal and external stakeholders in the HPS framework, this study examined the perceptions of HPS coordinators in this context. As the main organizers of health interventions in schools, they offer the broadest perspective on the specific conditions of their institutions. Their work relies on collaboration with both internal (school) and external (local) communities, considering all stakeholders as key participants in the intervention. The opinions of school coordinators may provide new insights on stakeholder engagement and its impact on school health promotion. A crucial

1 "Szkoła Promująca Zdrowie w Polsce i w Europie. Kalendarium, fakty, ludzie – Ośrodek Rozwoju Edukacji," https://ore.edu.pl/2022/12/szkola--promujaca-zdrowie-w-polsce-i-w-europie-kalendarium-fakty-ludzie/ [access: 27.10.2024].
2 "Ośrodek Rozwoju Edukacji – Strona główna," https://ore.edu.pl/ [access: 27.10.2024].

question is whether co-productive involvement in the planning, implementation, and evaluation of HPS programs is associated with facilitating healthier choices for students and introducing additional initiatives to support their well-being.

Research methodology

Study design, data collection, and sample size

This research targeted schools belonging to the HPS network in Poland. HPS coordinators were direct respondents. The survey was conducted in collaboration with the national HPS coordinator (Center for Education Development in Warsaw), who assisted the researchers by distributing the questionnaire to regional and school coordinators.

The HPS Implementation Questionnaire, developed by Vennegoor et al. (2022), was used as the main research tool. Designed for schools at various levels, the questionnaire consists of 28 questions. After adapting it to align with the Polish educational system and context, data collection took place between March and June 2023 via the online platform LimeSurvey. Participants were informed about the study's purpose and significance and were required to provide active consent before beginning the survey. Completing the questionnaire took approximately 30 minutes. In total, 500 school health promotion coordinators participated, of whom 426 completed the entire questionnaire.

Measurements

Outcome variables

Responses to two statements from the HPS Implementation Questionnaire were analyzed as outcome variables to assess the involvement of internal and external stakeholders in school health promotion activities. These statements were:

Pupils/students at my school or school location were supported in making healthy choices regarding health and well-being.

There were specific activities or unique components in my school's "approach to health and well-being" that, in my opinion, clearly contributed to pupils'/students' health and well-being.

Responses were measured on a 5-point Likert scale, ranging from 1 = "definitely not" to 5 = "definitely yes."

Covariates

The study examined the involvement of school-community members and external stakeholders in the planning and implementation of the "school-wide approach to health and well-being" as independent variables.

Two questions assessed co-production in the school health promotion process:

1. With which parties is the "school approach to health and well-being" planned at least once a year at your school or school location?
2. With which parties is the "school approach to health and well-being" implemented at least once a year at your school or school location?

For each question, respondents indicated (by selecting "yes" or "no") which groups of school-community members and external stakeholders were involved in planning and implementing the school's approach to health and well-being. All questions allowed for multiple-choice responses.

Data analyses

The study presents frequency distributions for the variables mentioned above. Means and standard deviations are reported for the outcome variables. Differences in variable distributions were tested for statistical significance using the Mann-Whitney U test, with Wendt's rank-biserial correlation used to estimate effect sizes. The level of statistical significance was set at $p < 0.05$ (two-tailed). All analyses were conducted using IBM SPSS version 29.0 for Windows.

Ethical approval

The study was reviewed and approved by the Research Ethics Committee of the University of Silesia in Katowice, Poland (KEUS351/02.2023).

Sample characteristics

A total of 500 school health promotion coordinators participated in the survey, with 426 completing the entire questionnaire. Regarding the duration of HPS network membership among participating schools (n=440), it was found that

- 41.4% had been members for 1 to 5 years;
- 21.6% (95 schools) had been members for between 6 and 10 years (95 schools).

Among the participating schools (n=428), 26.4% (113 schools) had obtained the HPS National Certificate:

- 38.7% had been certified for 1 to 5 years;
- 34.0% had been certified for 6 to 10 years.

The majority of HPS school coordinators in the study represented primary schools (81.5%; n=433), located in villages and small towns (65.0%). The respondents were predominantly women (91.4%), with the largest age group being 50 to 59 years (41.5%).

The characteristics of school health promotion coordinators and their schools are summarized in Table 1.

Table 1. Respondents' sociodemographic characteristics

Item	Category	Frequency (n)	Percentage (%)
Duration of membership in the HPS Network (years) (n=440)	1–5	182	41.4
	6–10	95	21.6
	11–15	84	19.1
	≥16	79	18.0
Possession of HPS National Certificate (n=428)	yes	113	26.4
	no	315	73.6

Item	Category	Frequency (n)	Percentage (%)
Duration of HPS National certificate possession (years) (n=106)	1–5	41	38.7
	6–10	36	34.0
	11–15	18	17.0
	≥16	11	10.4
Type of school (n=433)	Primary school	353	81.5
	Secondary school	80	18.5
School location (n=437)	Village and small town	284	65.0
	Medium-sized and large town	153	35.0
Gender of respondent (n=431)	Male	37	8.6
	Female	394	91.4
Age of respondent (n=429)	≤29	3	0.7
	30 to 39	65	15.2
	40 to 49	161	37.5
	50 to 59	178	41.5
	≥60	22	5.1

Source: Authors' research.

Research questions and hypothesis

In this study, the following research questions were formulated:

1. To what extent are internal and external stakeholders involved in planning and implementing the HPS approach in schools?
2. Are there differences in the involvement of internal and external stakeholders in planning and implementing the HPS approach in schools and in facilitating students' healthy choices?
3. Are there differences in the involvement of internal and external stakeholders in planning and implementing the HPS approach in schools and in conducting specific activities or distinctive components that contribute to the health and well-being of pupils?
4. Is there a relationship between the involvement of internal and external stakeholders in planning and implementing the HPS approach in schools and the extent to which schools engage in health promotion activities and organize specific activities

or distinctive components that contribute to students' health and well-being?

Accordingly, the study proposes the following hypotheses:

1. Internal and external stakeholders will be involved in planning and implementing the HPS approach in most of the schools studied.
2. There will be differences in the involvement of internal and external stakeholders in planning and implementing the HPS approach and in the presence of specific activities or unique components that contribute to students' health and well-being.
3. The greater the involvement of internal and external stakeholders in planning and implementing the HPS approach, the more frequently students will be supported in making healthy choices and participating in activities that promote their health and well-being.
4. There will be a relationship between stakeholder involvement in planning and implementing the HPS approach and the extent to which schools engage in actual health promotion activities, including the organization of specific initiatives that contribute to students' health and well-being.

Results

Descriptive statistics

The findings indicate that, according to respondents, school principals and PTAs (Parent-Teacher Associations) are the most active in planning and implementing health-related actions and initiatives within school communities. Surprisingly, fewer than 70% of HPS coordinators and workgroups are involved in designing and implementing the whole-school approach to health (planning—69.8%; implementing—65.4%).

Regarding pupils, the results show that in approximately two-thirds of the surveyed schools, students play an active role in planning and implementing health promotion initiatives. Parents participate slightly less in these whole-school activities (planning—59.2%; implementing—56.0%).

Further analysis reveals that external stakeholders (e.g., experts) are less frequently involved in planning school health promotion initiatives (36.8%). However, this group more often implements health-related actions and initiatives (43.7%) (Table 2).

Table 2. Involvement of internal and external stakeholders in planning and implementing the HPS approach in schools.

Answer	*Internal and external stakeholders' involvement in…*	
	Planning [%]	**Implementing [%]**
School principal		
Yes	86.8	79.4
No	13.2	20.6
PTA		
Yes	79.2	72.6
No	20.8	27.4
HPS coordinator/workgroup		
Yes	69.8	65.4
No	30.2	34.6
Pupils		
Yes	61.4	58.6
No	38.6	41.4
Parents		
Yes	59.2	56.0
No	40.8	44.0
External stakeholders		
Yes	36.8	43.7
No	63.2	56.3

Source: Authors' research; n=500.

Regarding the frequency of results for the selected HPS implementation indicators, HPSs most often facilitated students in making health-conscious choices (87.0%; M=4.39; SD=0.87). Moreover, in 85.5% of the surveyed schools, specific activities or distinctive components of the "school approach to health and well-being" contributed to pupils' health and well-being, either in the school or its surroundings (M=4.36; SD=0.92) (Table 3).

Table 3. Frequencies of the HPS implementation indicators

Outcome variables	n	No/ Definitely not	Neither yes nor no	Yes/ Definitely yes	Mean value	SD
Pupils/students at my school or school location were supported in making healthy choices regarding health and well-being.	485	4.1%	8.9%	87.0%	4.39	0.87
There were specific activities or unique components in the "school approach toward health and well-being" in my school or school location that clearly contributed to the health and well-being of pupils/students.	482	5.4%	9.1%	85.5%	4.36	0.92

Source: Authors' research; n=500; 1–5 Likert scale, from 1 = *definitely not* to 5 = *definitely yes.*

Differences between internal and external stakeholders' involvement in planning and implementing the whole-school approach to health promotion and outcome variables

A statistical analysis of differences in the engagement of internal and external stakeholders in the whole-school approach to health promotion and their role in facilitating pupils' healthy choices revealed significant differences across all considered groups. In other words, the more frequently internal and external stakeholders were involved in planning and implementing HPS programs, the more often schools took action to support pupils in making healthy choices. The Wendt rank-biserial correlation results indicate that the strongest associations with planning are observed for school principals (r=0.27; p<0.001), parents (r=0.26; p<0.001), pupils (r=0.22; p<0.001), and external stakeholders (r=0.20; p<0.001). A very weak yet statistically significant correlation is found for HPS coordinators and workgroups (r=0.18; p<0.001) and PTAs (r=0.13; p=0.021).

Regarding the implementation of the whole-school approach to health promotion and the facilitation of pupils' healthy choices, the statistical analysis reveals a weak association with parents' and the engagement of school principals, as well as very weak correlations for pupils (r=0.19; p<0.001), external stakeholders (r=0.19; p<0.001), HPS coordinators and workgroups (r=0.18; p<0.001), and PTAs (r=0.14; p=0.009) (Table 4).

Table 4. Internal and external stakeholders' involvement in planning and implementing the whole-school approach to health promotion and their role in supporting pupils'/students' healthy choices concerning health and well-being

Independent variables	Internal and external stakeholders	Involvement in…			
		planning		implementing	
Outcome variable		p	r	p	r
Pupils/students at my school or school location were supported in making healthy choices concerning health and well-being.	School principal	<0.001	0.27	<0.001	0.23
	PTA	0.021	0.13	0.009	0.14
	HPS coordinator/workgroup	<0.001	0.18	<0.001	0.18
	Pupils	<0.001	0.22	<0.001	0.19
	Parents	<0.001	0.26	<0.001	0.24
	External stakeholders	<0.001	0.20	<0.001	0.19

Source: Authors' research. Mann-Whitney U test results; $p<0.05$; r—Wendt rank-biserial correlation.

In examining the distinctions between the involvement of internal and external stakeholders in planning actions within the whole-school approach to health promotion and specific activities or unique components that contributed to students' health, the most notable correlation is observed for HPS coordinators and workgroups ($r=0.31$; $p<0.001$). Furthermore, a weak, but statistically significant correlation is observed for school principals ($r=0.26$; $p<0.001$), pupils ($r=0.26$; $p<0.001$), parents ($r=0.26$; $p<0.001$) and external stakeholders ($r=0.24$; $p<0.001$). With regard to PTAs, a tendency toward differences is observed ($r=0.25$; $p=0.087$). Concerning the involvement of members of the school community and external stakeholders in the implementation of the school approach to health promotion and the specific activities or unique components of the HPS approach that contributed to the health of students, the statistical analysis revealed that the most significant correlation exists in the case of HPS coordinators and workgroups ($r=0.32$; $p<0.001$). The observed associations were weak but statistically significant for external stakeholders ($r=0.26$; $p<0.001$), parents ($r=0.24$; $p<0.001$), pupils ($r=0.21$; $p<0.001$) and school principals ($r=0.21$; $p<0.001$). A very weak correlation is observed in relation to PTAs ($r=0.14$; $p=0.008$) (Table 5).

Table 5. Internal and external stakeholders' involvement in planning and implementing (the whole-school approach to health promotion) and providing specific activities or unique components that contribute to pupils/students' health and well-being

| Independent variables | Internal and external stakeholders | Involvement in… | | | |
| | | planning | | implementing | |
Outcome variable		*p*	*r*	*p*	*r*
There were specific activities or unique components in the "school approach toward health and well-being" in my school or school location that clearly contributed to the health and well-being of pupils/ students.	**School principal**	<0.001	0.26	<0.001	0.21
	PTA	0.087	0.25	0.008	0.14
	HPS coordinator/workgroup	<0.001	0.31	<0.001	0.32
	Pupils	<0.001	0.26	<0.001	0.21
	Parents	<0.001	0.26	<0.001	0.24
	External stakeholders	<0.001	0.24	<0.001	0.26

Source: Authors' research. Results from the Mann-Whitney U test; $p<0.05$; r—Wendt rank-biserial correlation.

Discussion

The changing paradigm of school leadership shows that nowadays schools' main tasks are not only teaching but, ideally, also building trusting relationships with parents and the community (Leksy et al. 2024; Porterfield, Carnes 2012). Many scholars (Fullan 2014; Wilcox, Cameron 2012) emphasize that maintaining a school's strong external relations—including with the general public, regulatory bodies, the community, taxpayers, and the media—is one of its primary tasks.

The presented results are in line with previous research indicating the importance of involving stakeholders in planning and implementing interventions (Hawkins et al. 2017; McConnell et al. 2018; Morrow et al. 2010; White et al. 2017. They also suggest that, according to respondents, co-production approaches engage and develop both internal and external stakeholders. Bouillion and Gomez (2001) have shown that schools focus on developing authentic activities driven by both parties, in which protagonism is encouraged. Therefore, internal stakeholders should be committed to identifying community partners who respect and support students' interests, agency, and decisions in ways that enhance their learning experiences and help achieve the

goals of both the curriculum and local communities. According to Lúcio and I'Anson (2015: 133), "access to positive, healthy and safe participation experiences potentiates autonomy, the rise of a sense of identity and an overall perception of competence."

Further evidence suggests that collaborative efforts between schools, parents, and communities typically create an environment that supports children's health. Intervention programs designed to improve mental and physical well-being in schools, such as HPS, social skills training, and counseling, can provide significant benefits (Anderson 2021; Cahyadi et al. 2024; Chang et al. 2019; Tjaden et al. 2019). Our statistical analysis shows that the greater the frequency with which school-community members and external stakeholders were involved in the planning and implementation of HPS programs, the more frequently schools took action to facilitate pupils' healthy choices. Students often talk about the school activities that they have participated in with their parents and friends outside school settings and report feeling that their voices are heard on societal issues (Bouillion, Gomez 2001; Montero & Leite 2022).

We have evidence that, when examining the distinctions between the involvement of internal and external stakeholders in planning actions within the whole-school approach to health promotion and in specific activities or unique components that contribute to students' health, the strongest correlation is observed for HPS coordinators and workgroups. The same pattern can be seen in the implementation of the school approach to health promotion and in specific activities or unique components of the HPS approach that contribute to students' well-being.

Therefore, implementing a structured and systematic approach to stakeholder engagement—one that involves transparent communication, active participation, and cooperative decision-making—is particularly important here (Leksy 2020). By cultivating these connections and responding to the changing requirements of stakeholders, schools can continue to build a robust foundation for long-term success (Chotimah et al. 2024; Salamondra 2021). Other findings also reveal that internal stakeholders are key to fostering academic and moral development, while external stakeholders play an essential role in advocacy, community involvement, and providing feedback (Hawkins et al. 2017; McConnell et al. 2018; Morrow et al. 2010;

White et al. 2017). This collaboration can be essential for strengthening a school's reputation and supporting its mission. Therefore, it should be recognized that both internal and external stakeholder engagement is essential for fostering pupils' growth (Bryson 2004; Chotimah et al. 2024).

Conclusions

School is a multidimensional environment that is built through the involvement of many people and groups. Internal and external stakeholders have a considerable impact on the overall functioning of a school. These stakeholders make significant contributions to the school's instructional objectives, management strategies, and community engagement, all of which are essential for upholding the school's reputation within the community (Boryson 2004). Maintaining good relationships and managing the expectations of various stakeholders—such as parents, students, teachers, and the general public (Bouillion, Gomez 2001)—has thus become one of the school's critical responsibilities (Brundrett 2012) which requires skilled strategic management. Furthermore, effective school functioning is said to rely on the shared management and evolution of these target groups (Tikerperi 2023).

This research has analyzed the internal and external stakeholders involved in the planning and implementation of the HPS approach in schools. The results are compatible with previous research that emphasizes the crucial significance of stakeholder participation in educational outcomes. Researchers have recognized that co-production has the potential to be more meaningful in the research and development process through an interdisciplinary or transdisciplinary approach (Clarke et al. 2017). Co-production is a logical strategy in developing effective, complex interventions, particularly those related to health (Clarke et al. 2017; Filipe et al. 2017; Hawkins et al. 2017). Allowing internal and external stakeholders the opportunity to have their voices heard provides valuable knowledge for intervention development and increases the likelihood of achieving set goals (Filipe et al. 2017; Hawkins et al. 2017).

But there is still much room for improvement in engaging these groups. An effective way to develop a common co-productive

approach for internal and external stakeholders is to implement a systematic and intentional strategy for involving them in school life. By adopting a proactive approach to stakeholder management, a school can effectively deal with urgent concerns while establishing a strong foundation of internal and external trust and collaboration. This will ultimately enhance the school's functioning and the achievement of set goals, including those related to the health of students and other members of the school community (Freeman, McVea 2005).

Naturally, stakeholder relationship management necessitates the establishment of transparent communication channels and consistent interaction. Schools should also utilize new technology (e.g. email, social media platforms, and the school's website) to enhance communication, thus keeping stakeholders well-informed and providing them with opportunities for active involvement (Azwar et al. 2024). It must be noted that when presenting research results, certain limitations should be acknowledged. Most importantly, as this was a cross-sectional study based on respondents' self-assessments, the findings apply only to the schools that participated in the study. Moreover, further research is needed, particularly in the areas of parental involvement in school life and school-based mental health interventions, taking into account needs, strengths, values, and culture (Kern et al. 2017; Weare 2017)—understood as a potential co-production contribution. In this sense, if internal and external stakeholders are skillfully and consistently involved, their contributions can be expected to enhance the quality of educational services.

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