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Original Article
Suite: Flourishing as an Educational Aim

Flourishing as an educational aim: the case for school health education

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ABSTRACT

Flourishing has increasingly been defended in recent years as the overarching aim of education. Unsurprisingly, it has also been criticized on a number of grounds (e.g. the notion is imprecise, it has not got much to do with learning, it is insufficiently inclusive). In this article, I do not seek to add to the literature about the adequacy of flourishing as the overarching aim of education. Rather, I accept its utility as an umbrella term and focus specifically on how the acceptance of flourishing as at least *an* aim of education might be of value in determining our aims for school health education and how we might teach it. I choose health education in part because it is a subject that typically has quite low status in the school curriculum but would be likely to enjoy greater standing, and be given more time and attention in the curriculum, if schools took flourishing as an aim to heart. I examine three health education topics: sex and relationships education, mental health, and nutrition education. In each case I discuss what difference it would make to the content and teaching of these topics in schools if flourishing was taken more seriously as an educational aim.

KEYWORDS: health education, flourishing, aims of education, sex and relationships education, mental health education, nutrition education

INTRODUCTION

While contested, the notion that flourishing should be an aim, perhaps the central aim, of schooling has been increasingly explored and defended in recent years. In this article, I do not seek to add to the literature about the adequacy of flourishing as the overarching aim of education (see Carr 2021; Curren et al. 2024). Rather, I

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largely accept its utility as an umbrella term and focus specifically on how the acceptance of flourishing as at least *an* aim of education might be of value in determining our aims for school health education and how we might teach it. I choose health education in part because it is a subject that typically has quite low status in the school curriculum but would be likely to enjoy greater standing, and be given more time and attention in the curriculum, if schools took to heart flourishing as an aim, and in part because we might expect health education to contribute to human flourishing.

I begin by considering flourishing as an aim for human life in general and schooling in particular and then proceed to school health education. After examining the place of health education in schools, I examine three specific instances of health education: sex and relationships education, mental health education, and nutrition education. I end with some concluding remarks, arguing that taking flourishing seriously as an aim of education can help improve school health education.

FLOURISHING AS AN AIM

In the Western tradition, the notion of 'flourishing' is closely associated with Aristotle, who, somewhat optimistically, asserted in the *Nicomachean Ethics* that there is general agreement that *eudaimonia* (flourishing) is the highest good for humans but admitted that there is disagreement as to what sort of life enables such flourishing. Without wishing to outline a 101 course on ancient Greek philosophy, for Aristotle *eudaimonia* requires virtuous activities undertaken in accordance with reason. In education, some authors have explored this relationship between *eudaimonia* and virtue in considerable depth (e.g. Kristjánsson 2015), while others have criticized flourishing as an aim of education, on grounds that include the virtues being too context specific (see MacIntyre 1981).

As Iain McGilchrist notes 'The more important something is, the more we have to struggle in the attempt to reduce it to language' (McGilchrist 2021: 631). John White and I (Reiss and White 2013) have argued that one of the principal attractions of taking flourishing as the central overarching aim of schooling is that the term can be understood as less tied to a particular conception of the good than many others (e.g. Kant's categorical imperative, utilitarian perspectives, indeed virtue itself). The concept is sufficiently flexible that it can contain intuitions as well as ideas that date back to the births of the world's major religions and the origins of philosophy, whether in the East or the West. In common with others (e.g. Chaves 2021), I do not seek to make a distinction between flourishing and well-being, so that students' well-being—in part during their schooling but principally after they leave school—is seen as the central aim for school education.

It is notable that interest in human flourishing has been growing in recent years in academic, policy and popular circles, and not only with regards to education (VanderWeele et al. 2023). In part, this is a reaction against measures such as 'average human lifespan' or 'per capita Gross Domestic Product (GDP)'. While such measures clearly tell us something about a nation's state of affairs, a long life is

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not necessarily a good life and the same is true of a life that is rich if measured only in monetary terms (Briggs and Reiss 2021).

Humans have long asked why we are here and what a good life entails (e.g. Layard and De Neve 2023). At different times, different answers have held sway. Many people still find the ultimate answers to meaning and purpose in religion. But in countries across the globe, secular views are widely held. In any event, whether religious or secular, individuals, communities, and governments need to make decisions about what people want and need from life. With Andrew Briggs (Briggs and Reiss 2021) I have argued that the concept of human flourishing provides a useful framework within which to consider the importance of satisfying people's yearnings for material goods, successful relationships and the hope that we can achieve and experience things that give us a sense of something greater than ourselves—the transcendent.

By the 'material dimension' is meant those aspects of human flourishing that are to do with such things as having enough to eat, access to clean water, sufficient sleep, reasonably good health, somewhere that one considers to be one's home and where one feels safe, and enough money so that one is not endlessly worried by financial matters.

A reasonable satisfaction of one's material needs may be a condition of human flourishing but it is clearly not enough—hence, for a start, the 'relational dimension'. The importance of this dimension is most obvious when one thinks of babies and young children; low-quality relationships early in life are very difficult to overcome (Holmes 2014). But the importance of relationships does not end, of course, once we attain adolescence or adulthood. For a start, almost all of us are less likely to flourish if we are on our own for long periods of time. Indeed, the United Nations has called for solitary confinement for more than fifteen days to be prohibited (United Nations Office on Drugs and Crime 2015). And, as almost all of us know, from either their presence or absence, high-quality enduring relationships with a small number of people are amongst the most important contributors to human flourishing.

The 'transcendent dimension' to human flourishing is not meant as an easy way of getting a place at the table for religion. Of course, many people find that religion is central to their flourishing. But by 'transcendent' is meant an aspect of life or experience that takes us beyond the everyday, that causes us to feel that there is something to life that is not satisfied even by rich relationships (excluding a relationship with the divine) in addition to meeting the requirements of the material dimension. Some find it in music, or in the out of doors, or in great art, or in worship, or certain communal activities such as dance. Others hold that they manage very well—flourish—without any such aspect to their lives. For the purposes of this article, I do not need to determine whether a transcendent aspect to one's life is a necessary component of a flourishing life. It is enough to acknowledge that for some people it is. It seems evident, then, that schools should help students cultivate an awareness of the transcendent, though this does not necessarily mean that this must be the case in every school subject.

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SCHOOL HEALTH EDUCATION

Although it is quite difficult to find objective data, it is clear that, around the world, health education enjoys low status compared with many other school subjects. Vollmer and Rothgangel (2024) linked health education with music, literary education, media education, religious education, and environmental education in this respect. A number of reasons for its relatively low status can be adduced: in Bernstein's (1975) terms, the subject is weakly framed; in Young's (2008) terms, the subject is not seen as manifesting powerful knowledge; in everyday language, it is a subject that is not assessed in high-stakes examinations and one which, if needs be, can be taught by anyone. Indeed, when I taught in secondary schools in England, there was a general presumption that health education could largely be covered in 'form time' with 'tutor groups'. Here, teachers, whatever their subject specialism, dealt with administrative matters, like registration, and occasionally taught subjects like health education or careers—though factual aspects of health education were often left to specialist biology teachers to cover in biology lessons.

Despite this low status, it would *a priori* seem that school health education has much to contribute to human flourishing. Using the tripartite analysis introduced above, the material dimension explicitly includes enjoying 'reasonably good health', and one would hope that school health education would succeed in enabling students subsequently to enjoy better health. It is, though, important not to privilege good health—one can flourish even if one does not enjoy good health. A recent study that looked at longitudinal correlates of self-reported measures of flourishing focused on six domains: emotional health, physical health, meaning and purpose, character strengths, social connectedness, and financial security (Chen et al. 2022). It transpired that the strongest and most robust correlates with human flourishing were for 'meaning and purpose', 'social connectedness', and 'financial security'.

I now examine three topics within health education. Sex and relationships education has been chosen because its very name suggests that good teaching about it should be able to contribute to at least the relationship dimension of human flourishing. Mental health has been chosen because, while there are increasing calls for schools to address it, the suggestion is still somewhat controversial; mental health is a key component of human flourishing, but concerns have been expressed that for schools to focus on it might be of little benefit, even counterproductive. Nutrition education has been chosen partly because, though well established in the school curriculum, it is somewhat unclear precisely what should be included within it; there is an argument that it should consider not just human flourishing but non-human animal flourishing and indeed wider consequences for the environment. These three topics, while each is important and an aspect of school health education, differ with respect to how a concern for flourishing might affect either or both of the content of what is taught or how such teaching takes place. Between them, these three topics therefore help to indicate how a greater emphasis on flourishing might affect school health education.

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Sex and relationships education

Sex and relationships education features as an integral part of the official health education curriculum in schools in many countries. Indeed, it is not uncommon for parents explicitly to be told in advance when lessons on it are to be taught and/or for parents to have the opportunity to see the materials that are used or even to meet the teachers who will teach it.

Sex and relationships education can be challenging to teach but has great potential to contribute to human flourishing. To give just one example, as I will mention below, such education can reduce pregnancy rates among young teenage women. Teenage mothers are more likely to experience a number of problems, such as premature births, neonatal fatalities and stillbirths, and the delivery of children with low birth weight (e.g. Chakole et al. 2022). They are also less likely to continue in education, with adverse consequences for themselves (e.g. Morgan et al. 2022). More generally, although objective data are obviously harder to come by than in the case of the consequences of young parenthood, school students frequently critique much of the school sex education that they receive for its failure to address issues that are deeply meaningful to them (e.g. Maslowski et al. 2024a).

A note on terminology: the shortest phrase is 'sex education', sometimes referred to as 'sexuality education', 'sexual education' or (though this term is narrower in scope), 'sexual health education'. A number of countries now use the term 'sex and relationships education' or 'relationships and sex education' with respect to the school curriculum, mainly to emphasize the importance of people treating one another with respect, rather than having too narrow a focus on the biology of human sexual behaviour. I will use 'sex and relationships education', partly to indicate quite a broad understanding of what might be included in such a topic and partly because the inclusion of 'relationships' connects with the above division of human flourishing into material, relational, and transcendent dimensions.

While all are agreed that sex and relationship education should benefit students, around the world, its position in schools is contentious. At one extreme are those countries that simply teach almost nothing explicitly about the subject in schools, typically on the grounds that such education is more appropriately done at home. In principle, there is much to commend such an approach. For one thing, it allows different elements of sex and relationships to be taught at ages that may be more appropriate for each child and by someone who knows that child well and will be teaching them in a very small group (typically, one parent and one child). Many teachers find school sex and relationships education to be demanding, in part because it can be embarrassing and in part because of the large class sizes that are typical in schools. On the other hand, surveys often show very high support from parents for schools to play a role in sex and relationships education (e.g. Cacciatore et al. 2020), not all parents are willing to teach it, and they may not always be good at it.

When sex and relationships education is taught in school, its precise aims are often unclear (Reiss 1993), ranging from the provision of factual information (e.g. about conception and contraception) through to discussions about values

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and identities (e.g. Halstead and Reiss 2003; de Heer et al. 2021). Whatever its precise aims, school sex and relationships education can, when undertaken well (which it often is not), contribute substantially to human flourishing. Recent relevant systematic reviews on the consequences of sex and relationships education are provided by Goldfarb and Lieberman (2021) and Lameiras-Fernández et al. (2021).

Despite occasional protestations to the contrary, it has long been established that when school sex and relationships education courses have any effect on teenage pregnancy rates or rates of sexually transmitted infections (STIs), they typically reduce them. Such reductions are particularly likely with what is called 'comprehensive sex education' (CSE), of which the World Health Organization (2023) states: 'Topics covered by CSE, which can also be called life skills, family life education and a variety of other names, include, but are not limited to, families and relationships; respect, consent and bodily autonomy; anatomy, puberty and menstruation; contraception and pregnancy; and sexually transmitted infections, including HIV.' Teaching such topics can contribute to human flourishing in a number of ways, for example, by reducing teenage pregnancy rates (as discussed above), by reducing STIs (with clear benefits for well-being), by promoting autonomy (a key component of flourishing) and by enabling a better understanding of what it is like to go through puberty and the teenage years (which can reduce embarrassment and anxiety).

A key feature of CSE is that it is relatively non-directive with respect to issues to do with sex education that are typically thought to be controversial—such as whether sexual intercourse should only take place within marriage. In this, CSE differs from abstinence education, which, as the name suggests, advocates that young people refrain from sexual intercourse until they are married. Somewhat ironically (though not that surprisingly for anyone who knows much about adolescents), abstinence education does not work well. As the Society for Adolescent Health and Medicine puts it:

> Abstinence from sexual intercourse can be a healthy choice for adolescents, particularly if an adolescent is not ready to engage in sex. However, government programs exclusively promoting abstinence-only-until-marriage (AOUM) are problematic from scientific and ethical viewpoints. Most young people initiate sexual intercourse as adolescents or young adults, and given a rising age at first marriage around the globe, increasingly fewer adolescents wait until marriage to initiate sex. While theoretically fully protective, abstinence intentions often fail, as abstinence is not maintained. AOUM programs are not effective in delaying initiation of sexual intercourse or changing other behaviors. Conversely, many comprehensive sexuality education programs successfully delay initiation of sexual intercourse and reduce sexual risk behaviors. AOUM programs inherently provide incomplete information and are often neglectful to sexually active adolescents; lesbian, gay, bisexual, transgender, and questioning adolescents; pregnant and parenting adolescents; and survivors of sexual assault. Promotion of AOUM policies by the U.S. government has undermined sexuality education in the United States and in U.S. foreign aid programs to prevent HIV infection. (Society for Adolescent Health and Medicine 2017)

Not only is there the objection that abstinence education does not work well in terms of such 'hard' measures as age of first sexual intercourse, teenage pregnancies and STI rates, as the quotation indicates, it has other shortcomings. My point is not

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so much to castigate abstinence education but to emphasize that a rich (rather than a narrow) sex and relationships education can have a whole range of benefits and enhance human flourishing. As one of the two systematic reviews cited above puts it: 'holistic and comprehensive approaches to sex education go beyond risk behaviors and acknowledge other important aspects, as for example love, relationships, pleasure, sexuality, desire, gender diversity and rights' (Lameiras-Fernández et al. 2021: 2). Indeed, one of the references cited in this review explicitly talks about how CSE 'plays a central role in the preparation of young people for a safe, productive, fulfilling life' (UNESCO 2018: 12), where the word 'fulfilling' is close to 'flourishing'.

It needs, though, to be admitted that the evidence base for effective sex and relationships education is not that large in terms of rigorous studies. Furthermore, most of these studies focus on knowledge, attitudes, or the above-mentioned 'hard' behavioural outcomes of one or more of age of first sexual intercourse, teenage pregnancies, and STI rates. Less is known of what makes for education that successfully promotes healthy relationships. It is also the case that when education is targeted at relationships, it is less likely to focus on positive aspects than on the prevention of such behaviours as dating and intimate partner violence and sex abuse. Ever since Michelle Fine's classic paper (Fine 1988), a consistent trope has been for sex education researchers and evaluators to complain that little or no attention is paid to sexual desire and pleasure in school sex education programmes, particularly for young women. In addition, few programmes consider the intersection of gender and power, few address rights and many are still heteronormative (Reiss 2019; Maslowski et al. 2024b). More positively, 'Curricula designed specifically to reduce homophobia have been found to be successful across grade levels using a variety of approaches both formally within sexuality education and throughout other areas of the curriculum'. Furthermore 'focused efforts to increase acceptance of transgender and gender-nonconforming people can be effective' (Goldfarb and Lieberman 2021: 16). Such inclusive curricula, when effective, can do much to promote human flourishing.

In conclusion, the topic of sex and relationships education is not only an important one; it is one which, when taught well, can contribute much to human flourishing. Although sex and relationships education is frequently contentious, it is encouraging that we know quite a bit about how to teach it, and how not to teach it, so as to advance well-being.

Mental health education

Long the Cinderella of health issues, there is increasing recognition of the central importance of mental health to our well-being and the beginnings of a recognition that mental health is as important for school students as it is for adults. To use the phrase 'mental health' does not mean that one adopts a dualist position in which mind and body are taken as distinct, but the phrase is a useful one in the context of school health education because it focuses attention on an issue that is often given almost no consideration within schools. This is despite the fact that, as a major

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review pointed out almost twenty years ago, 'Mental disorders account for a large proportion of the disease burden in young people in all societies. Most mental disorders begin during youth (12–24 years of age)' (Patel et al. 2007: 1,302).

More recently, awareness of the importance of mental health in young people (e.g. McGorry et al. 2024) has been increasing for a number of reasons, including a growing awareness of so-called 'climate' or 'eco-anxiety' and greater attention being paid to the effects of the COVID-19 pandemic—more precisely, often the lockdowns and other human actions that accompanied the COVID-19 pandemic—on young people.

A recent review of the mental health impacts of the awareness of climate change on under-eighteen-year-olds concluded 'that children experience affective responses and eco-anxiety in reaction to then [*sic*] awareness of climate change. Mental health outcomes include depression, anxiety, and extreme emotions like sadness, anger, and fear. Youth from vulnerable communities, like indigenous communities, or those who have strong ties to the land are often identified as being emotionally impacted by climate change' (Léger-Goodes et al. 2022: 1). Anthropogenic climate change is one of the reasons for student anxiety and adversely affects their well-being; there is therefore a role for schools to address this.

Another recent review (this one systematic) identified twenty-one high-quality studies from eleven countries, covering more than 96,000 individuals from three to twenty-four years of age and compared data from before and after the onset of the COVID-19 pandemic (Kauhanen et al. 2023). This review found that:

> Most studies reported longitudinal deterioration in the mental health of adolescents and young people, with increased depression, anxiety and psychological distress after the pandemic started. Other findings included deteriorated negative affect, mental well-being and increased loneliness. Comparing data for pandemic and pre-pandemic periods showed that the COVID-19 pandemic may negatively impact the mental health of children and young people. (Kauhanen et al. 2023: 995)

It is, of course, difficult to determine with any certainty whether children's mental health is getting better or worse over time. A well-known quite early attempt to do so (Rutter and Smith 1995), which focused on Western societies in the second half of the twentieth century, unsurprisingly emphasized the numerous methodological problems in reaching firm conclusions: changes in diagnostic criteria, use of mental health services and record-keeping, such as police or suicide records, not to mention problems with representative sampling. Nevertheless, Rutter and Smith concluded that there was evidence for an increase in adolescents' conduct problems, substance abuse, depression, and suicide. More recent reviews (e.g. Collishaw 2015; Högberg 2021), benefiting from better-quality data, have reached not dissimilar conclusions, though noting that data from middle- and low-income countries are very limited.

Schools themselves can cause mental health problems for their students, for instance through the direct actions of their staff (e.g. *Jane Eyre*; *David Copperfield*; Christensen and Darling 2020) or through peer bullying (*Tom Brown's School Days*; *Mean Girls*; Montes et al. 2022). I am a long-standing trustee of Red Balloon Educational Trust, a charity that addresses school bullying. A common

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finding from both my own experience and the academic literature (e.g. Eyuboglu et al. 2021) about bullying—in both its 'traditional' forms and more recent ones, such as cyberbullying—is that adults, including school staff, underestimate both its prevalence and impact. Drawing on data from the Global School-based Health Survey, which recorded health behaviours among adolescents aged twelve to fifteen years from eighty-three countries, Tang et al. (2020) concluded that the overall incidence of being bullied was 35 per cent, of suicide planning was 17 per cent, and of attempting suicide was 16 per cent. The highest risks of being bullied and suicidal behaviours were in Africa. Globally, there was a strong relationship between being bullied and attempting suicide (adjusted odds ratio = 2.14). Bullying therefore has substantial adverse impacts on human flourishing (see also Arslan et al. 2021; Hysing et al. 2021).

Schools can do a lot to help improve the mental health of their students and so contribute to their well-being. For a start, ensuring that teachers and other staff treat students at all times—not just in health education lessons! —with respect and take bullying seriously can make a difference (cf. Ibrahim and El Zaatari 2020; van Aalst et al. 2024). More generally, a review of the history and contemporary landscape of school mental health, Hoover and Bostic (2021) concluded that schools are an essential component of the system of child and adolescent care, indeed that integrating mental health supports and services within schools is an effective delivery system for child mental health care. Their review determined that delivering mental health treatments in schools enables far more children to be reached, improves participation in treatment and makes it more likely that problems are identified early. The result is diminished impacts of mental health conditions, lower rates of stigma among children and their families, and positive consequences for both psychosocial functioning and academic performance. These conclusions are congruent with those of more recent reviews (March et al. 2022; Fazel and Soneson 2023).

This does not, though, mean that schools should necessarily have 'mental health' lessons or specific lessons intended to promote well-being, such as mindfulness lessons. Indeed, while mindfulness meditation, on average, has moderate benefits for anxiety, depression, and pain (Goyal et al. 2014), there can be adverse effects and these are not rare (Farias et al. 2020). Indeed, a major study that tested more than 8,000 children (aged eleven to fourteen) across eighty-four schools in the UK from 2016 to 2018 found that mindfulness failed to improve the mental well-being of children compared to a control group, and may even have had detrimental effects on those who were at risk of mental health problems (Montero-Marin et al. 2022; Farias 2024). This finding and others have resulted in increasing scepticism about specific mental health interventions in schools (e.g. Williams 2022; Barker 2024; Lee et al. 2024). Timimi and Timimi argue that many of the student behaviours and experiences that were previously deemed ordinary and/or understandable are now seen as likely mental health problems that require specialist treatment. Somewhat chillingly, they conclude that 'Rather than preventing mental health problems, it is likely that this ideology, and the resulting practices it encourages, are creating them' (Timimi and Timimi 2022: 14).

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It is clear that the ways in which schools can promote flourishing among their students in respect of mental health is rather different from the way they can in respect of sex and relationships education, as considered in the previous section. While dedicated lessons on sex and relationship education seem to be an effective way of promoting flourishing through the provision of high-quality, specialist teaching, there is little evidence that this approach works well for student mental health. Tentatively, one can suggest, as ways forward to address mental health issues in schools and so promote human flourishing: (1) asking school students themselves what they would find helpful (Foulkes and Stapley 2022); (2) focusing on certain quite specific problems, like bullying (as discussed above); (3) improving the overall school environment and ethos; (4) drawing on specific subject expertise—and thus issues to do with anthropogenic climate change, and what can be done by humanity to mitigate and adapt in response, might primarily be addressed in geography and science lessons.

Nutrition education

I am an evolutionary biologist by background. Humans are omnivores. The relevance of these two statements is that, within reason (as I will consider below), this means that we can eat most things profitably and that, while the standard advice that we should eat a 'balanced diet' is good advice, the word 'balanced' here can be taken with a very broad brush. Nevertheless, what we eat—both in terms of the constituents of our diets and how much we eat—has implications for our health (objectively measured) and how we feel about ourselves, so that it might be hoped that effective nutrition education could contribute positively to our well-being.

In addition, as I shall consider below, we can consider the well-being of non-humans. For a start, there is the argument that it is not only humans who have interests. It can be difficult to determine where sentience ends (amphibians?, bees?), but there are few who doubt that our closest evolutionary relatives, such as other mammals, are capable of experiencing both pleasures and pains (see Bekoff 2008; Miller 2021; Gibbons et al. 2022 for discussion of the issue). Given that, it is difficult to see how we can ignore non-human sentient beings in any moral calculus, a point that is of particular importance when it comes to keeping animals for our food. Furthermore, a number of moral frameworks go beyond seeing sentience as the key criterion (e.g. Taylor 1986). Indeed, the entire Deep Ecology movement is predicated on a belief that nature has intrinsic value (Naess 1973). We can note that the World Health Organization (2017) advocates 'One Health' as a unifying approach to balance and optimize the health of people, non-human animals, and the environment in general, while posthumanism, of course, fundamentally challenges anthropocentric views (see Haraway 2016).

One of the difficulties faced by nutrition education in schools is that there is still quite a high degree of uncertainty among nutrition experts as to what constitutes a good diet (in the sense of what one eats, not food restriction). It is clear that too little of certain dietary components (vitamins, minerals, fibre, water, calories) is not good for one and that too much of certain dietary components is also not

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good for most people (industrially produced trans fats, saturated fats, highly processed carbohydrates, calories, salt, alcohol). The difficulty is in determining just what constitutes 'too much'.

Unsurprisingly, most of the large literature on the controversy over what constitutes a good diet is authored by scientists with nutrition expertise. A rare contribution from a philosopher is provided by Jukola (2019) who concentrates on evidentiary standards and criticizes the fact that nutrition guidelines are often criticized because they only rarely derive from randomized controlled trials (the so-called 'gold standard' of evidence-based medicine). Of particular interest is the conclusion of the polymath (psychiatry, neuroscience, philosophy) Iain McGilchrist (2021) who after reviewing the evidence for limits on the amount of salt and alcohol we 'should' consume was deeply doubtful of their validity, suspecting a degree of 'group think' (my term). At the same time, the general public receives a bewildering amount of contradictory nutritional advice. One study looked at the 100 best-selling nutrition books. Weight loss was a common theme but many of the books promised to cure or prevent a host of diseases, including diabetes, heart disease, cancer, and dementia. The authors of the review concluded that 'the nutritional advice given to achieve these outcomes varied widely in terms of which types of foods should be consumed or avoided and this information was often contradictory between books' (Marton et al. 2020: 1).

So far, I have not given much indication that school nutrition education can contribute greatly to human flourishing. While I am, in fact, in favour of a certain amount of advice about diet being given in school *lessons* (the points above about balance and the risks from too much or too little of certain components or overall calories), there is much that a *whole-school* approach can do. In a major review of the effectiveness of school food interventions and policy across Europe, Rose et al. (2023) produced a practical toolkit with six themes:

- Autonomy (e.g. involve young people in developing healthy eating policy and food provision)
- Social (e.g. community growing and food hubs; national and local advertising bans)
- Appealing (e.g. catering staff training; pleasant eating environment)
- Cost (e.g. free fruit and vegetable programmes)
- Healthiness (e.g. implementation of collaboratively developed 'Whole School Food' policy)
- Time (e.g. review dining structure to reduce time spent waiting in line and increase time to eat)

All of this can help contribute to human flourishing, but as argued above, non-humans can have interests and may flourish or not. In this regard, schools might also help students to think more about where their food comes from. For example, as I have argued elsewhere:

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> … broilers are chickens raised for meat production. They have been bred to grow so fast that they typically live only about 35–50 days before they are slaughtered, compared to several years for their wild ancestors. Unsurprisingly, this huge increase in growth rates has been accompanied by skeletal and locomotory problems; the majority of broilers find walking painful. They live their lives under artificial light regimes (some in complete darkness, some in complete light, some in perpetual, Hadean gloom) at abnormally high densities and typically in rearing sheds that hold thousands or tens of thousands of birds. Catching the birds (for transport to slaughter) is traumatic and not infrequently leads to further injury. (Reiss 2020: 221)

Eating chicken meat from animals that are kept in such conditions does not contribute to their flourishing, quite the reverse. Furthermore, other food sources of ours have adverse consequences for what we might term 'global flourishing'—that is, taking account of not just human well-being. Much of the present deforestation in the tropics is being undertaken to plant soybean to feed cattle to provide us with food—beef, in this case. Such deforestation contributes to the worsening biodiversity crisis. In addition, these cattle produce large amounts of methane, contributing disproportionately to global climate change. Eating such food, more than occasionally, does not contribute to global flourishing.

More positively, school nutrition education might help students to think about the importance of what they eat and drink for their well-being and the well-being of others. Most of us enjoy eating or drinking with others and this can contribute to the material and relational dimensions of flourishing, some would argue to the transcendental one, too. There was a time when students (though all too often girls more than boys) would be taught how to prepare meals in home economics lessons. Regrettably, with the ongoing overemphasis on academic subjects in schooling, home economics has all but disappeared as a subject in the school curriculum in many parts of the world. Sometimes it is replaced by food technology, but this has considerably less emphasis on cooking. In fact, it can be deeply satisfying not only to eat a meal that one has prepared but also to grow one's own food. There was a time when a considerable number of schools had school gardens and/or farms that kept some domestic food animals but both school gardens and farms are rare in many countries, despite their health and other benefits (Farag et al. 2021; Wells et al. 2023).

In conclusion, nutrition education in schools can contribute to flourishing but what is of particular interest for the purposes of my argument is that: (1) it seems that both lessons that focus on this topic can play a part (as I concluded above is the case for sex and relationships education) and a focus on whole-school issues can help (as I concluded above is the case for mental health education); (2) nutrition education provides a particular opportunity for students to think about the flourishing of non-humans.

CONCLUDING REMARKS

The aim of this article is not to provide a list of suggestions as to what precisely schools can do to improve the health of their students both in the present and once they have left school. That would entail advice about who undertakes the

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teaching (Can peer education be effective? When should one use outside speakers?), about the age at which such education should begin (a classic battle ground for relationships and sex education), about whether school health education should be a timetabled subject in its own right, with specialist teachers, or integrated within other school subjects, about all the topics to be addressed (I have written nothing here, for example, about physical education and drugs education) and so on. Nor are these trivial questions. For example, as discussed above, there is considerable uncertainty about whether mindfulness, which some very enthusiastically advocate for schoolchildren, does any good in schools or may even be counterproductive for some students.

Rather, this article maintains that by considering health education within an overall framework of flourishing—a framework that is entirely consistent with any broad view of the function of schooling (e.g. Marples 1999; Harðarson 2012; Gluchman 2018)—the arguments for taking school health education seriously are strengthened. Furthermore, it seems likely that taking flourishing as the basis for school health education would have several positive consequences. For a start, as discussed above, there should follow positive benefits for sex and relationships education, students' mental health, and nutrition education. In addition, the ways in which taking flourishing as the basis for school health education might have positive consequences differ for the three topics I have considered. More generally, taking flourishing as the basis for school health education would broaden what is taught in lessons, give more of a whole-school emphasis to the subject, promote student autonomy and engagement and, potentially, help students to think about the effects of human actions on the non-human world.

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