SCHOOL BASED HEALTH PROMOTION ACROSS AUSTRALIA

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Executive Summary

This audit of health promoting schools across Australia has demonstrated that individual school factors are more significant than state and regional factors in shaping the health promoting school opportunities for students. Schools are making use of State curriculum programs which have a health promoting school perspective but are most comfortable with welfare and pastoral care aspects of the health promoting school concept and least confident in developing and using wider community and health resources. The study identified factors which are associated with effective health promoting school activities in schools and limiting factors for progress in this area. A series of assertions are proposed which summarise the findings of the team and are intended to provoke further discussion as the audit is used to shape a National Strategy and Action Plan.

Part 1

Introduction

This report is part of the development of a National Strategy Plan and Action Plan for health promoting schools (HPS). The Australian Health Promoting Schools Association (AHPSA) established four consultancies with funding provided by the Commonwealth Department of Health and Family Services.

The tender for this consultancy required the team to identify the national picture of health promoting school activity and the strengths and weakness in different states/territories. There was a requirement to focus on the areas that schools address successfully as well as the areas where they require additional support/professional development/resources. There was also an interest in differences between schools from different socio-economic areas.

A Deakin/Monash University team of six visited 28 schools and met key informant groups in the eight states and territories in Australia during May and June of 1997. The findings from this qualitative phase of the study were complemented by an extensive questionnaire completed by 486 people associated with school health education and health promotion in schools across Australia.

The report is organised under three major headings: methodology, findings and recommendations. Five appendices provide supporting materials for the text of the report. They are: brief descriptions of the 27 schools; assertion statements developed by the team; an annotated summary of the questionnaire survey; names of participants in key informant meetings; and an annotated bibliography and references.

Part 2

Methodology

The study gathered data in three ways:
- case study interviews
- key informant meetings
- national questionnaire.

2.1 Interviews to form case studies of 27 schools throughout Australia

At least two members of the team visited each school and used an interview schedule as a basis for discussion with staff, parents and students for up to three hours. Table 1 sets out the schools which were visited. These schools were identified to illustrate exemplary practice in aspects of health promoting schools. Case descriptions of each school emphasising special features related to the health promoting school profile form Appendix I. Each school approved the brief description before it was included in the final published report.

Table 1. Schools visited

State	Primary	Secondary
NSW	Casula Primary School The Junction Public School Maria Regina College (C)	Warner's Bay Secondary College Presbyterian Ladies College (I)
Western Australia	Allanson Primary School	Guildford Grammar School (I)K-12 Eastern Hills Senior High School Mandurah Senior High School
Tasmania	Friends' School (I) K-12	Sorell State Secondary School K-12
Queensland	Enoggera Primary School Stella Maris Primary School (C)	Brisbane Girls' Grammar (I)
Northern Territory	Humpty Doo Primary School	Nhulumbuy High School Darwin High School
ACT	Arawang Primary School	Lanyon High School
Victoria	Coburg North Primary School Alphington Primary School	St. Columba's College (C) Banksia Secondary College
South Australia	Devitt Ave Primary School	Siena College (C) Ross Smith Secondary School Parafield Gardens High School

Those without designations are state schools.

2.2 Key informant meetings

The NHPSI state co-ordinators in each state and territory, in conjunction with the audit team, arranged meetings with key people in health promoting school developments. Appendix IV lists the people who contributed at each meeting which extended for up to two hours. Two members of the team used an interview schedule as a starting point for discussions related to the status and development of the health promoting school concept in each state and territory.

2.3 Questionnaire on aspects of health promoting school practices

A 161 item questionnaire was developed for the audit. It was an amalgamation and adaptation of The Healthy School Index (Western Australian Health Promoting Schools Project: WASHP), checklists in the NSW health promoting school document, two separate Health Promoting School Surveys from Sydney University and WHO Western Pacific guidelines. This questionnaire consisted of closed questions with the opportunity to make comments at the conclusion of the survey. It was distributed by NHPSI State Co-ordinators and through the professional associations of the Australian Council of Health, Physical Education and Recreation (ACHPER), AHPSA and the Association of Heads of Independent Schools Australia (AHISA). Appendix III summarises the 486 returned questionnaires with selected analyses comparing responses from Primary vs Secondary schools, Government vs Non Government schools and schools serving High Socio Economic Status (SES) vs Low SES communities. The SES groupings were derived from postcode information provided by each respondent. The Disadvantaged index from the Socio Economic Indices For Areas (SEIFA) was used to divide the respondents into the top 25% and lowest 25% respectively for SES status.

This report is the outcome of eight extended team meetings and writing sessions where interpretations were debated and consensus achieved about the details and recommendations which make up the report.

An annotated bibliography and references are included as Appendix V.

(A copy of the questionnaire is included as Appendix VI)

Part 3

The Findings

3.1 The national picture

3.1.1 An overview

While it is difficult to accurately establish health promoting schools activity across Australia there are a number of measures which provide an indication. Every state and territory education system either used or recognised the term health promoting school and were on some level promoting the concept within school communities. Similarly health departments or health foundations have funded initiatives in health promoting school.

There is a National Health Promoting Schools Association with a membership of 267. This includes an affiliated NSW branch. Queensland and Victoria currently have regular newsletters sent to all schools linked to specific health promoting school projects, and NSW and SA have published comprehensive documents to support schools in moving toward health promoting school status. Western Australia has developed a major health promoting school project under WASHP. In a number of states small grants have been given to seed the concept of a health promoting school, and recently a major initiative, the National Mental Health Schools' Program, has been linked to health promoting schools. In December 1996, a think tank was held in Sydney with education researchers invited from across Australia to consider a major national research project in the area of health promoting schools. The third National Health Promoting Schools Conference is planned for November 1997 in Canberra, and ACHPER has identified health promoting schools as a key theme for its National Conference in January 1998.

Despite this level of activity and commitment within a number of systems the term health promoting school is only partially recognised within school settings. For example, our survey revealed that only half of responding school-based people were familiar with the term health promoting school prior to the survey. Of the 486 responses, only 20% said that they had been involved in a formal health promoting school initiative. However visits to case study schools did reveal a select group of schools who were very familiar with the health promoting school framework, and had been given or won funding to work on specific projects and initiatives. This report has also been informed by other published health promoting school case studies (NSW Department of School Education, WASHP, Mental Health Education in Australian Secondary Schools, Department for Education and Children's Services - DESC and SA Health Commission, Colquhoun et al and Queensland health promoting school network newsletters) and key informant reports of prior and ongoing health promoting school projects. Health promoting school initiatives discussed and described ranged from classroom fitness programs, whole school approaches to violence, skin protection, drug issues, land regeneration, developing positive relationships, healthy canteens, intersectoral partnerships and student empowerment.

health promoting school is used in Australia in different ways, e.g. to refer to programs and projects related to a component of the school operation, as an umbrella term under which schools organise their operations, or as a formal network of schools with a commitment to health. The lack of a common understanding of the term health promoting school is seen by some as an opportunity to interpret the concept in a way that will best meet school needs. Others see it as a limitation because of the inconsistency or uncertainty in relation to a holistic approach being adopted if a health promoting school can be defined in a myriad of ways. There appears to be benefits in continuing to accept and possibly promote this diversity as there are many examples of narrowly defined projects, such as class room drug education, over time moving into more broad approaches.

The 103 people who participated in the key informants meetings in the eight states and territories provided responses from the leading edge of the movement. While clearly articulating that the challenge of the health promoting school concept is to improve health at the school level, participants were very positive about what had been achieved and optimistic about what might happen in the future. As they represented diverse groups associated with school health, it was noted that there were differences in philosophy, approach and language between the groups. This becomes apparent when they begin to meet and work together.

The backgrounds, purposes and priorities of the people from the health and education sectors, differ significantly and this becomes evident when there is discussion of the nature of a health promoting school. Schools often reminded us of the relationship between health and education outcomes and argued that they had a clear responsibility for the health of their students. The perception of what the core business for the health and education sectors is, has resulted in some tensions, especially when schools are seen as settings in which to promote health, rather than places that can be made more health promoting. It was argued by some key informants from education that the core business of schools was educational outcomes and that promoting health or health promotion did not fall within specific education outcomes. The health sector, it was suggested, has been guilty of pushing their core business of reducing morbidity, increasing immunisation, decreasing cardio vascular disease (CVD), reducing skin cancer and decreasing smoking levels of adolescents,onto schools. The discussion about the core business became blurred around student welfare issues such as shade, mental health, bullying and physical safety, where school operations were acknowledged to have a direct impact on student health outcomes or their wellbeing.

In many ways the argument about whether health outcomes are core business for schools seems unproductive. Most schools regarded the welfare of their students as their core business and the health promoting school activities were justified in these terms. For schools in low SES areas, student welfare was likely to be seen in terms of basic needs not being met by the community. In higher SES areas, the school role was more likely to be seen as providing decision making skills for the students. The real question may be what health outcomes are core business for schools and what other health outcomes schools are willing to take on for the benefit of their students and their families.

At each key informant meeting there was consensus about the need to better understand and

school while allowing participants to satisfy the particular requirements of their constituencies. The need for strategic plans and actions appears timely as a means of harnessing the excitement and goodwill which now exists.

Our experiences with 28 schools and the results of the survey of health education professionals complements the contribution of the key informants. For convenience, we have used the three framework domains (NHMRC, 1997) of school ethos and environment; curriculum, teaching and learning and partnerships and services, to present the National Picture while emphasising the fact that effective health promoting school development will always require effective interaction of all these domains.

Although there were more similarities between states and territories than differences, some of the identifiable differences were:

- the existence of a memorandum of understanding between health and education at senior administrative levels in Tasmania and NT;
- the existence of co-ordinated networks of government and non-government agency working collaboratively on school based projects (SA, WA)
- co-location of health and police personnel in some schools in NT, QLD and WA;
- access to school nurses in some states and territories and variation in specialist health services available;
- existence of formal health promoting school networks;
- employment of consultant and project staff to support the health promoting school concept;
- teacher release for teacher professional development.

School and key informants similarly referred to other models and projects which both supported or were very similar to health promoting schools with an occasional question about duplication.

Projects such as Eco Schools, Healthy School Communities, Supportive School Environments, Full Service Schools, Middle Years Schooling Projects and Quality Learning Outcomes were all suggested as related projects. Some school personnel identified specific topic projects that take a holistic approach, such as National Initiatives in Drug Education (NIDE), the Mental Health in Schools Project and some of the National Professional Development Project initiatives as being similar to. This audit acknowledges that a number of these projects do have elements which fit clearly within health promoting school and in some cases overlap. In some case study schools a few projects were co existing, e.g. Eco schools and Supportive School Environments, and it was difficult to identify some of the activities as belonging solely to one project. How necessary this is in terms of school outcomes is questionable, although at times, accountability and evaluation make it difficult for schools to mix related projects. A suggested focus of the strategic plan will be how best to coordinate related projects in a complementary way.

The report now explores the findings in the three main domains of the health promoting school framework: school ethos and environment; curriculum, teaching and learning and

3.1.2 School ethos and environment

> The ethos of a school has been defined as *a web of interacting components, including school policies and procedures, cultural values and the social and physical environment* (NSW Department of School Education 1996 p 7).

When school community members were invited to highlight their school strengths, invariably they mentioned elements related to the ethos and environment.

One parent remarked, *There's a good feel about the school, it's friendly and a nice place for kids to be.* A Principal said, *It's a caring place, where children are made to feel valued.* A few respondents highlighted the physical environment - *Just look around you: the water, the trees, the gardens, it's a beautiful place to work and learn* - while others valued a positive social environment, *I'd say the two best things about this school are that it's safe with minimal bullying and it values diversity.*

The data from case study schools are rich with examples of deliberate efforts to create and maintain safe and supportive environments in which students can learn, live and play. School ethos and environment was identified through the audit as the domain where most activity was occurring across schools. Evident from the overwhelming majority of the schools visited and data from the survey, suggest schools consider their ethos, physical and social environments as an integral part of the education process, or what has previously been referred to as their core business. While most schools did not immediately identify their social environment and ethos as promoting and protecting health, they made comments such as, *If students feel a sense of belonging, are valued and rewarded for their achievements and can access support when needed, then their mental health will be promoted.* So too it was suggested that if the environment was pleasant, provided shade, areas for activity, and space to communicate, then students would feel healthier.

The social environment

The social environment of a school is contributed to by the formal procedures and programs, its extra curricula and social activities as well as the relationships and interactions between people within the school community. The audit found that, in general, schools draw a distinction between physical and social environments although the notion of a supportive environment or healthy environment is often used to encompass the two. About 80% of schools in the survey reported that the environment was safe, stimulating and welcoming, with 77.4% believing the school's social environment accommodated the special needs of students with behavioural or learning difficulties. A further 83% felt that the school reflected, through its practice, the cultural values of the school community.

The notion of a safe and supportive environment is put into practice through anti bullying policies and programs, tolerance policies, positive relationships policies, organisation of mini schools to create smaller more cohesive units, pastoral care initiatives, cross age tutoring,

support, and staff mentoring. These all deliberately operate to improve the welfare of students and staff, and contribute to the social environment.

The most commonly valued programs and structures were those which served to improve relationships between students within the school through developing friendships and a feeling of belonging or connectedness via peer education, buddy systems, cross age tutoring home groups and mentor schemes. Similarly valued were pastoral structures which enabled students to develop close relationships with certain teachers over their school years.

At Nhulunbuy High School teachers begin with a small group of ten year 8 students and move with them into year 9 and on throughout the school. This creates a close teacher student relationship but also a close peer network.

Extra curricular activities have led not only to student enjoyment and development of skills in new areas but also to an enriched social environment and improved teacher student relations.

At Siena College, all year 9 students are involved in a musical production which is both in and outside class time. The school sees this as a means of students developing performance skills and technical and management skills. However, it regards the major outcomes as developments in social skills and the social relationships evident within the broader school community.

At Lanyon High School an extensive and varied extra curricular program is highly valued as an avenue for staff/ student social interaction. Every teacher on staff is involved in facilitating a selected activity with variety including touch football, choir, cycling, debating, electronics, flight theory, pottery, triathlons and water aerobics. This is facilitated through the formal provision of one and a half hours of teaching time to resource this program.

Consideration of the issue of bullying and physical safety was evident in most schools, with an emphasis on positive relationships in classrooms and the yard. A few examples of a whole school approach to these issues, where curriculum, physical environment, student teacher relationships and community support structures were considered, were identified.

Banksia Secondary College joined a 'Creating New Choices' program, initiated by Sutherland Community Resource Centre, which takes a whole school approach to preventing violence and conflict. It has worked with parents, teachers, students, local health agencies and the broader community. *They have created a community that doesn't tolerate violence*. (Health agency staff)

In South Australia, Ross Smith Secondary School has initiated the 'Wellbeing' project. This is a collaboration between health, education and community services. The project aims to support and protect the well being of young people attending the school by providing a safe and supportive environment. Consultation through a series of parent, staff and student forums has informed a range of initiatives being pursued in this school.

A fictitious character called BOB (Back off Bully) has been created at Stella Maris Primary School in Queensland to address a range of social health concerns such as playground behaviour and student

Organisational structures

There were a number of organisational structures identified which promoted health. The establishment of mini schools, middle school projects, cross age tutoring, pastoral care groups, single sex groupings, specified play areas, student councils, reward schemes, and flexible timetables, were all clear examples of organisational structures which facilitate health promoting school activity to occur, or promote health outcomes by their very existence. Some of the organisational structures described by case study schools had been undertaken specifically as part of a health promoting school approach, although many organisational structures were adopted and justified on the grounds of better educational outcomes.

> At Lanyon High School, an integrated curriculum has been organised with the eight key learning areas amalgamated into three groups, so that students enjoy a timetable of interactive lessons in blocks of 90–100 minutes. The curriculum is negotiated with the students and is student centred.

A clear pattern in the survey and case study schools was the difference between primary and secondary settings. Both key informants and school based personnel were convinced that a health promoting school approach was easier to achieve in primary schools settings. The survey supports this with implementation of policy being significantly better in primary schools in the areas of sun protection, classroom safety, referral of student health problems and minimising local traffic hazards (Appendix IIIb Footnotes 20, 27, 29, 50). Reasons for the stronger focus in primary schools appeared to be: smaller size; flexibility of timetabling; more parental involvement with younger students; and teachers knowing primary students better. Faculty structures in large secondary schools often mean communication between staff is poor. A number of teachers suggested *primary schools teach students and secondary schools teach subjects.* While the survey showed that over 92% of schools were usually or always respectful and supportive to students, the frequency of 'always' was significantly higher in primary than secondary schools. (Appendix IIIb Footnote 56).

In recognition of the difficulty with transition from primary to secondary school all schools visited had some sort of transition program which aimed to decrease the possible stress involved in the move from primary to secondary school. Of particular note was a move by secondary schools like Lanyon in the ACT, Sorell in Tasmania and Eastern Hills in W.A. to place emphasis on building student teacher relationships which are facilitated by innovative teacher employment across disciplines, so that only three or four teachers are in contact with students each year, rather than the nine or ten which occur in some more traditional settings.

Student welfare

Welfare is defined in the Concise Oxford Dictionary (1976) *as satisfactory level of health, prosperity and wellbeing*. If one accepts this definition then schools are definitely working toward health outcomes through their core business, as schools identified student welfare as a major area of responsibility and concern. 94% of survey respondents have a student welfare policy and 71% were satisfied that promoting students' health and welfare was a

Student welfare is attended to in many ways including curriculum initiatives and organisational structures which support positive relationships, creating a sense of belonging, offering extra curricula activities and promoting cultural inclusivity. In schools where student welfare issues had been taken as a major theme, or where the social environment was a focus for improvement, the most successful initiatives appeared to include restructuring and organisational change within the school.

Welfare and discipline were often spoken about together with positive discipline policies such as the one developed by the Junction Public School based on the Glasser approach. Many schools preferred more positive approaches as they saw them as fairer and more desirable to a punitive approach.

> The Junction has developed a cohesive framework for policy, curriculum, ethos and school and class rules, based around the five needs of Glasser's Choice Theory Reality Therapy: freedom; fun; survival; love and belonging; and power/recognition. The whole staff have been trained in the Glasser approach.

A number of schools in their discipline policies emphasised the need for students to be clear about the type and sequence of consequences and used a gradation of consequences. In two schools, a stricter discipline policy was seen as a support for staff. While the tension was not strong, there was some evidence of tension between soft policy and stricter policy to provide equity in the classroom. What is apparent is that a number of approaches are effective, depending on the setting, number of staff, size of school, and culture of the community. Students usually had an opinion about the discipline approach, with one group of primary students reporting that the "time-out room" was not a real punishment. A few schools had tried to involve students in discipline committees, where they make decisions about peer punishment. However, this had been met with luke-warm reactions.

The existence of a welfare team or student services team which met regularly to discuss the progress of 'at risk' or special needs students, appears to be an effective way for schools to monitor students who are in need of support and ensure welfare remains on the agenda. This structure has been established to catch students who might fall through the net and is another example of positive practices which supports student health and welfare. Teachers and welfare and guidance people spoke about the importance of these team meetings to ensure frequent and accurate communication within the school, and classroom teachers were aware of issues which affected student learning. A number of welfare teachers identified the lack of a welfare team structure as a weakness in their welfare approach and suggested it should be mandatory. Designated counsellors were rare in primary school settings with a number of primary school principals suggesting that allocation of resourcing for welfare/counselling as an area of need.

Although the survey found more than 81% of schools had a critical incident policy (dealing with death, suicide, etc.), grief and loss were not covered by a number of schools within the formal curriculum. This finding highlights one example of inconsistent policy and practice in

need for co-ordinated planning in preference to that which is segmented or breaks down the health promoting school concept into separate domains without ensuring the connection between these. Interestingly, the survey showed significantly higher coverage in secondary schools and schools in the highest SES group, of ethics and morality and grief and loss (Appendix IIIb Footnote 5, 6). This may be related to schools in higher SES areas having far greater access to counselling services. The spiritual element related to grief and loss may also be different in religious schools.

> At St Columba's College a full school assembly was called to inform staff and students of a bereavement within the school. Many students were involved in planning the funeral, referred to as a celebration of life, and time was allowed for people to grieve. The chapel was set aside as a quiet area that the students and staff could visit and the counsellor was available for students and staff. One teacher suggested that the school *erred on the side of being too understanding, if that's possible.*

Relationships

Various research studies and the body of evidence on the effectiveness of organisations, suggest that the nature and quality of the relationships between all members of the school community affect operations in schools. A cohesive, supportive staff group appears to be an important health promoting school ingredient. While most case studies provided examples of harmonious staff relationships there were a few exceptions where people felt unsupported, attacked by others, hostile and unwilling to work to support health promoting school initiatives in an environment that was perceived as unhealthy for its workers.

There were many examples of enthusiastic individuals and keen groups who were working together and felt some ownership of their health promoting school project and other achievements.

> At Casula where staff morale was high, teachers reported a real sense of ownership of programs, and felt included in initiatives. They reported that clear roles and responsibilities were established for all, with a strong feeling of support and fellowship amongst staff, you were well supported - *problems are followed up, especially by the learning support teams, and staff feel their work is valued.*
>
> Humpty Doo in the Northern Territory had among its many learning area committees a 'good times committee' which met regularly to plan and keep staff welfare and social activities on the agenda. On Thursday afternoon a masseur comes to the school and staff stay around and relax and have massages together.

While some schools were not proactive, others were very deliberate in their attention to staff wellbeing, mental health and physical comfort.

> At St Columba's College, staff welfare was addressed through the allocation of adequate time for marking, and staff requests for time off for personal or family reasons were dealt with on an

would be supported.

Student involvement

Every case study school believed that students were given opportunities to be involved in the life of the school and that student participation was very important. The survey found that 23% of respondents said students were always encouraged to participate in school decision making processes, with 49% reporting 'sometimes'. Evidence of rhetoric about student participation was recorded in some places and the different attitude of students, teachers and parents in relation to this area. The survey indicated that primary students appeared more connected and had a stronger sense of belonging to their school than secondary students; however, students in the highest SES level were also perceived to be 'connected' to their school. Interviews with students showed a marked difference in student attitudes between schools, with secondary students far less likely to feel a sense of belonging although they may have enjoyed school. The students from the Friends' School in Hobart were rather exceptional in this respect and praised the school highly, feeling connected and supported, and indicating that the school was part of the family.

The Friends' School operates within the Quaker philosophy and promotes *challenging experiences that are relevant, stimulating, purposeful and meaningful within a supportive environment which offers safety, respect, a sense of belonging and connection to a wider community.*

Students in one school reported a desire to be treated with respect by teachers and felt that bells and lining up in single file to catch buses was degrading. A number of schools played music to indicate changes of class time and two schools had no time signal at all because everyone knew exactly what time you moved to the next class.
Most schools visited had a student council of some description and most schools had charters and education policy guidelines which identified the participation of students in school processes.

Some secondary schools stood out as exemplars in the deliberate and proactive way in which they encouraged and involved students in all parts of the school life. These schools canvassed and gave meaningful roles to students on every school committee, had a policy of negotiating the curriculum, provided opportunities for student led and student organised activities and encouraged direction of their own budget.

St Columba's school took an innovative approach to involving students in their decision making process. They have integrated students into all school committees; for example, behaviour management, curriculum committee, strategy committee. Students attend these committees in groups of three or four so that they feel confident to participate.

There was also a student run Drug and Alcohol committee and a peer tutoring program for health issues such as use of drugs, mental health, body image, sexuality and alcohol harm minimisation.

The majority of schools responding to the survey reported that they had numerous policies in health related areas, and furthermore believed that generally they were well implemented.

One of the most marked differences in the survey findings was the different perception of administrators and teachers about policy and practice within schools. On over 70% (117) of the survey variables (161), administrators were more positive about what was occurring in schools than classroom teachers. They reported more health related policies and were more satisfied with their implementation. It is worth noting that discussion with teachers in case study schools revealed that there were often barriers to full implementation of policies and programs and that putting theory into practice was an ongoing challenge for schools.

Figure 1 shows the frequency of **health related policies** and clearly identifies the most commonly regulated areas:
(a) smoking in school grounds and buildings (95.6%);
(b) welfare and discipline (93.8%);
(c) bullying (88.7 %);
(d) student alcohol and drug use (88.2%);
(e) first aid (86.4%);
(f) reported or suspected child abuse (83.1%);
(g) sexual harassment (82.9%);
(h) critical incidents (81.1% and
(i) safe storage and administration of student medication (80.4%).

Figure 1. Most commonly documented health related policies

Policy

Low priority policy development areas in schools

The lowest levels of **policy development** identified through the survey were in the areas of:
(a) staff health and welfare (52.4%);
(b) recycling (52.7%);
(c) staff alcohol consumption at school (51.8%);and
(d) healthy canteens (49.6%), as shown in figure 2.
This pattern also emerged from interviews in the case study schools. It could be worthwhile to consider resource allocation toward areas identified as gaps.

The areas of safety of playground equipment and blood and other bodily fluids spills also rated lower than most other areas. There appears to be the need for further training in the first aid and safety procedures area especially in primary schools. The lack of safe practices in relation to blood spills should be of concern to both health and education systems and may signal an area for immediate attention. South Australian education guidelines require more comprehensive first aid training than other states and it appears teachers in South Australia are better trained in first aid and safety issues.

Figure 2. Least commonly documented policies

Policy

Figure 3 and 4 indicates areas where differences of significance existed between primary and secondary schools in relation to **policy and implementation** (Appendix IIIb Footnotes 18-30).

Figure 3. Presence of policies in Primary v Secondary schools

Policy

Figure 4. Implementation of policies in Primary v Secondary schools

Policy

Significantly more schools from highest SES quartile had policies about environmental friendly waste disposal and recycling (Appendix IIIb Footnote 2, 3). Schools in disadvantaged areas also reported significantly less satisfaction with the implementation of classroom safety, movement in corridors and students as active participants in the learning process (Appendix IIIb Footnote 4, 8, 10). A number of teachers in schools in lower socio economic areas reported different challenges and priorities in schools where there are greater social health problems like unemployment, drug misuse, family breakdown and violence. The hosting of a health fair where girls from an independent school considered alternative therapies, skin care, exercise and recreation contrasts greatly with the school whose health promoting school effort was focused on a racial tolerance and anti-violence program to improve the social environment of the school. While both of these activities fit within the health promoting school framework and are legitimate activities, it highlights the demands on

activities.

In particular the issue of staff welfare/health emerged as an area that schools dealt with rather poorly and where schools require more support. Issues of stress, child care, short term contracts, lack of career structure, constant change, increased work load, industrial disputes and the increased age of the teaching profession, were all identified as having negative effects on health and resulted in apparent low morale. School representatives at key informant meetings signalled that teacher stress and the crowded curriculum are issues which the health promoting school movement needs to address.

Physical environments

The physical environment of the school was seen as important by every case study school. However, the level of activity occurring altered significantly with factors which were outside the school's control, proving to be a barrier in some settings. These factors included: the location of the school; the age, design, and materials of the buildings; the state of repair and financial resources. While a number of schools had stories and evidence about how they had overcome significant barriers to improve the physical environment, the inequality between physical environments is an important issue for health promoting school.

There is substantial activity occurring in the area of shade and protection from the sun as found in the survey. Every one of the 28 schools visited had a sun smart policy with evidence of practices which supported the policy. Compulsory hats as uniform, 'no hat no play', shaded areas, timetabling of PE to minimise sun exposure during midday hours, provision of sunscreen, redesigned PE uniforms and teacher role modelling were all examples of good practice. In primary schools there seemed to be a strong link between classroom programs and school practice in sun protection. In all schools, sun protection practices were not as prevalent as the presence of their policies. This was more marked in secondary schools than primary (Appendix IIIb Footnote 20, 26). A few secondary schools had allowed fashionable caps as a compromise to try to encourage compliance in an area which was perceived as difficult.

The survey showed that students in about 51% of schools participated in keeping the school clean and in beautifying the school. This was significantly higher in primary than secondary schools (Appendix IIIb Footnote 52). Improvements to school grounds and gardens were reported as achievements by schools often with attention focused on providing more passive or active space, removing unsafe equipment and planting gardens to make the environment more aesthetically pleasing. A few schools had farmlets or agricultural centres.

Brisbane Girls Grammar and Arawang Primary proudly showcase student art work in prominent areas of the school and many schools, particularly primary ones, were alive with art and craft, murals and paper maché, sculptures and visual displays.

Safety and security was a particular physical environment issue for a number of settings, especially where racial tension and violent incidents had occurred. Some schools have addressed security by mandating the wearing of official name tags by staff and signing

were protected from unwanted visitors. It was noted during the case study visits that large schools in certain areas can not now be seen as 'open schools' as they must ensure the balance between student safety and being a welcoming school.

Traffic and safety issues in delivering and collecting primary school students had been improved in two case study schools by the building of a drop off bay.

> At Casula Public School the bus bay was achieved by the parents and staff in collaboration with the local Liverpool Council. The 'A' frame signs were developed by the staff of Casula Public School and a Department of Health and Safety Committee using a money grant from the RTA.

While traffic was an issue in some primary schools, travel on public transport was a health and safety issue for one girls school.

> The Presbyterian Ladies College, Sydney, developed a good relationship with the Transport Police and have taken steps to provide girls with appropriate skills for safe travel. A self protection program is run in year 10 to facilitate this.

There are major contrasts between one school visited overlooking the Darwin coastline with expansive grounds and tropical vegetation and a city school which was completely fenced to minimise vandalism and semi attached to a government housing estate. There was a stark difference between the facilities in government and independent schools, often in quality of buildings, recreation facilities, grounds and space, gardens, artwork in school, technology, and sporting equipment. One independent boarding school is linked to NASA in Houston, USA, and has 24 hour nurse cover and an eight bed ward for sick students. Less than 40% of schools reported having ergonomically sound furniture. The situation was significantly better in schools in the highest SES category (Appendix IIIb Footnote 9).

Canteens and food provision

While having a healthy canteen policy was reported by about 50% of schools, this was significantly higher in primary schools. The survey showed that primary schools also considered teacher role modelling in eating healthy food, social and sporting events upholding food selections, and canteen staff working collaboratively with teachers and parents to create choices in the canteen, as important. The issue of canteens making a profit continues to be a dilemma for schools. A number of schools who reported to be very active in curriculum, social environment and physical environment said that improving the canteen was just too hard.

> The Junction Public School had developed a range of interesting foods that maintained student support while providing nutritionally sound snacks and meals, such as frozen fruit, baked beans and spaghetti cups, and a range of sandwiches made with low fat ingredients. Student uptake of healthy options was encouraged with a differential pricing system.

At one independent school where the administration had decided to get rid of the 'bad food'

good food for students, juxtaposed with the educational aim of encouraging reasoned decision making. This audit indicates that the debate is still alive.

Conclusions

It is clear from the data that some aspects of the ethos/environment domain as identified in the NHMRC document are better covered than others. However, it was possible to find exemplary practice in a multitude of schools. Some schools have many good practices, led by organisational structures which underpin other activities, while others have areas which need improvement. It is worth noting that a number of the policy and practice areas relating to health that seem to be covered successfully by the majority of schools have had special funding during the past few years, in particular drug education, sun protection, bullying and welfare and discipline. Key informants stressed the importance of support personnel for any health promoting school initiatives. A number of case study schools had been recruited and/or supported by consultants, tertiary sector personnel and occasionally, organisations in the health sector.

The need for interconnectedness between the three domains of a health promoting school concept cannot be underestimated and the individual and unique story in each environment explains how links do and do not occur. So too, personalities in schools appear very important in motivating others, providing a profile for health and having the necessary skills to implement projects.

In each school which was using the health promoting school framework the journey had been different and the focus of attention varied. While one principal had given the edict *we will become a health promoting school*, another setting was involved in two years of collaborative effort and needs analysis as part of the health promoting school planning. This sends a clear signal that the concept must be flexible enough to cater for the range of schools involved and the varied stages of school readiness and progress.

It is clear that processes and activity in health promoting schools have been tailored to suit school conditions and the history, culture and idiosyncrasies that accompany them. Regardless of the approach, it appears the involvement and commitment of a critical mass of people within the school is a necessary factor in gaining success and maintaining momentum.

A number of key informants cautioned about HPS being seen by schools as creating more work and being yet another thing to do. While this has been the case in some settings where a project approach has been taken, a number of case study schools suggested that they used the framework as a way to organise their whole curriculum.

> Coburg North Primary School has given impetus to the health promoting school concept by incorporating it into its school charter and making it integral to the Principal's performance review plan.

Most program initiatives, programs or school change in any subject or student welfare area, require effort, energy and time, as will HPS. The caution by some to ensure that health

options and diversity for the nature of health promoting school efforts can ensure that schools commit to realistic and achievable projects which recognise and capitalise on their internal and external supports.

3.1.3 Curriculum teaching and learning

The formal health education curriculum has been identified as a key aspect of a health promoting school in all health promoting school publications in Australia, and it is one of the three domains of the model upon which our survey and case study interview schedule were based.

The survey identified that only 73% of respondents were very satisfied or satisfied that their school offered a comprehensive health education curriculum, with only about half of respondents indicating that there was a shared vision or commitment to the health curriculum within their school or that sufficient time was allocated to health. There were no significant differences between primary and secondary schools in their responses to these questions, or between schools in highest and lowest SES areas. However, there are clear differences between school administrators and classroom teachers in these areas, with administrators being significantly more positive about the status and coverage of health within their schools than classroom teachers (Appendix IIIb, Footnotes 109–111).

As noted earlier, teachers in our case study schools were less likely to nominate the formal health curriculum when they initially began talking about the ways in which their schools promoted the health of students; they were more likely to nominate school practices, policies, structures or facilities, particularly those directly related to student welfare.

However, further discussion identified that in all case study schools, the formal health curriculum was seen as a critical area of school operations, and that teachers considered that such educational programs did directly promote student health. For some schools this was about giving students knowledge and skills in a range of health areas to promote 'healthy decision making', generally in the future, while in others, health education was seen as a way of addressing immediate health needs.

In addition, schools recognised the importance of education in general with respect to health outcomes, particularly the mental and emotional health gains associated with academic achievement, the need to provide meaningful learning experiences for all students, and the long-term health gains linked to further education, employment, income and career success.

Location of health education within the curriculum

In primary schools, health was frequently covered as part of an integrated curriculum. Integration of subjects and key learning areas was mentioned by a number of schools as a response to a crowded curriculum, although many saw integrated and thematic approaches as providing a rich and meaningful learning experience for students. Certainly, many schools saw difficulties in increasing coverage of health in their programs: *We have a crowded curriculum already. What will be removed if more health is brought in?* (Primary School

Some schools are using the eight key learning areas (KLAs) of the national curriculum (or its state and territory equivalents) as their organisers for their integrated programs.

At Humpty Doo Primary School and Alphington Primary School, one of the KLAs forms the focus each term, with the other KLAs in a supporting role.

Where health-related content is taught as a specific, identifiable component of a school program, it was often located within a more generic title. In some other schools, health was located mainly within Social Education (Humpty Doo Primary School) or Personal Development (Maria Regina Primary School). Some schools had an integrated health and physical education program, while in others, physical education and/or sport were offered as a separate component of the school's program, sometimes taken by a specialist teacher.

At Arawang Primary School, health was covered in a less formal manner, with teachers and students spending 15 minutes before each lunch break eating lunch together and discussing health issues.

Most schools had a range of special 'packages' that were placed at appropriate places in the primary curriculum; for example, personal safety, bike/traffic education, drug education, sexuality and swimming.

Classroom teachers interviewed sometimes felt ill-prepared or uncomfortable about teaching health education, particularly sexuality. This was also reflected in the survey, where only about 20% of primary school respondents reported being very satisfied with the coverage of sexual and reproductive health in their schools.

In secondary schools, health education was more frequently offered as a separate subject, being a core up to Years 9 or 10 and an elective from then on. It was usually located within a larger faculty or department: social education (Darwin High School), biology/science (Siena College, Guildford Grammar School), physical education (Eastern Hills Senior High School), home economics (Banksia Secondary College), PDHPE (personal development, health and physical education) (PLC Sydney) and, occasionally,religious education (Guildford Grammar). There was also considerable overlap between health education and other subjects in teaching about issues related to health.

Staff at Mandurah Senior High School recognised physical education, science, home economics, environmental science, outdoor education, design and technology, food and nutrition and early childhood studies as contributing to health, although students nominated only health education and science as health-related subjects.

At secondary level, the 'ownership' of health programs by faculties significantly affected the content and approaches taken and the staff who could teach the subject: *luckily all of the [health] staff were biology trained, so they could teach the topics that were thought appropriate*. In some secondary schools interested teachers were excluded from teaching

resented that their faculty was responsible for teaching health education, as it prevented them from taking more 'high profile and prestigious subjects'.

Where a discrete health subject existed in secondary schools, it was usually taught for only one or two periods per week, sometimes linked to pastoral care. However, there were a few schools where shorter, more intensive health programs were undertaken.

At Nhulunbuy High School, health education has 5 x 50 min lessons per week for one term each year; the other three terms are devoted to science. This has allowed the school to have specialist health teachers, rotating between classes over the year, to cover health content in greater depth and to establish a deeper relationship between teachers and students.

When health issues were dealt with across a number of subjects in secondary schools, there was usually little coordination of content or learning experiences. But where coordination was provided, very successful learning experiences could ensue.

Eastern Hills Senior High School developed an innovative project which promoted a cross curricular approach to the topics of assertiveness and bullying. This involved work in Health Education and Drama classes and involved the School Chaplain in a debriefing of the presentation.

Content and approaches

Most schools reported that State and Territory curriculum documents and syllabuses formed the basis of their programs, with particular issues selected to meet perceived local needs. The introduction of new curriculum documents, mostly using outcomes based education, in the majority of states and territories was seen as beneficial because it has stimulated discussion of the nature of the learning area and had opened up new health issues and approaches. Use of outcomes as a basis for curriculum planning was seen to allow greater choice in specific content at the local level, because of the more skeletal nature of new curriculum documents in comparison to earlier syllabuses. In addition, some older syllabuses are now clearly out of date and require updating.

However, identification of local health needs was an area that schools reported being uncertain about. Most schools identified student interest, parental concern, perceived health risks among students and families, and teacher professional judgements as the basis for selection of content, although few had any data on which to base decisions. Education departmental priorities, and initiatives of health agencies and departments were also influential in selection of content, although these were sometimes seen to 'distract' schools from the real health issues as they saw them, or even to impose demands on schools that they did not see as appropriate.

There was criticism from some schools that curriculum documents were too middle class.

The CSF [Curriculum and Standards Framework - Victoria] could be made workable. The outcomes are good, but we need support to make it work. We need examples of how to teach the CSF to NESB kids, kids from broken homes, kids with few resources. (Secondary teacher)

While the location of health within the Health and Physical Education Learning Area had legitimised its place within the curriculum, concerns were expressed that in a number of schools health was swamped by sport and PE. This issue was raised at a number of the key informant meetings, and the survey shows that for both primary and secondary schools, physical activity rated the highest of any health aspect in terms of respondent satisfaction with school coverage (overall 60% of respondents were 'very satisfied' with their school's coverage of physical activity and a further 33% were 'satisfied').

However, many schools, both primary and secondary, saw sport as a key mechanism for increasing self esteem and a sense of belonging to the school. For example, Alphington Primary School and Allanson Primary School both have compulsory sport for all students, although the ethos of sport in these schools is quite different. In one, sport is seen to provide the opportunity for all students to participate in a team experience, an experience that some may not have access to in secondary school. In the other, skill development is a key aspect of the PE program so that the school's sporting teams are more likely to win, and hence provide students with a sense of achievement and success: 'you don't have to win, but you do have to want to win.' And, when asked what aspects of the health program they most enjoyed, students in many schools (particularly primary students) identified sport and activity as the best parts.

The survey indicated that, after physical activity, the health areas that respondents were most satisfied with, were their school's coverage of friendships/relationships; drug use (including tobacco and alcohol); sexual and reproductive health; spiritual wellbeing; personal safety and nutrition. Areas where there was least satisfaction with coverage included community health resources; mental health; consumer health; environmental health; grief and loss; personal hygiene; first aid and personal and cultural identity. There are clear links between the areas most adequately covered and the funding and production of special/funded health projects over the last decade.

Examining coverage of health aspects by school type (primary/secondary) shows clear differences in priorities. Secondary schools are significantly more satisfied than primary schools with their coverage of the following areas: reproductive health; sexual health; first aid; tobacco, alcohol and illicit drugs; grief and loss (Appendix IIIb, Footnotes 40 - 43, 47 and 48). On the other hand, primary schools are more satisfied than secondary schools with their coverage of personal hygiene and road safety (Appendix IIIb, Footnotes 44, 45).

While it is clear that these results reflect coverage of developmentally appropriate health topics for different age groups, it is important to note that the questions referred not to level of coverage - which would be expected to vary across primary and secondary - but to level of satisfaction, a measure of how well respondents felt their schools were meeting the age-specific needs of these students in each of these areas.

Differences are also evident between administrators and classroom teachers in their satisfaction with the content of their schools' health curricula. Overall, administrators were far more positive than class room teachers about their school's coverage of health content

grief and loss; spiritual wellbeing; mental health; environmental health and first aid (Appendix IIIb, Footnotes 117-128). These differences between administrators and classroom teachers have clear implications for the setting of priorities and directions within schools in terms of curriculum and professional development.

Interestingly, overall levels of satisfaction with the acquisition of health skills were lower than satisfaction levels for health issues. The skills with the highest level of 'very satisfied' were decision making, followed by esteem building, non-violent conflict resolution and communication. Lowest frequencies in the 'very satisfied' rating were for stress management, planning and goal setting.

The only significant difference between primary and secondary schools was that primary respondents were more satisfied that they had developed non-violent conflict resolution skills in their students than secondary respondents (Appendix IIIb, Footnote 49). Again, administrators were more satisfied than class room teachers with acquisition of all health skills, except for stress management (Appendix 111b, Footnotes 129-136). And, in terms of differences between high and low SES areas, the only health skill showing a significant difference was problem solving, where high SES areas were significantly more satisfied than low SES areas (Appendix IIIb, Footnote 7).

The contrast between satisfaction levels with health content and satisfaction levels with health skills, although not huge, suggests that teachers see that current health education programs in schools do not adequately address the acquisition of health skills. There may be a number of reasons for this, including: there is insufficient time to cover health skills; syllabuses and programs do not give teachers sufficient guidance on how to teach skills; skill acquisition is far harder to judge than knowledge acquisition. This area requires further investigation, as there are a number of implications for curriculum development and for teacher pre- and in-service education.

Professional development

Most case study schools felt that professional development needs of teachers were adequately addressed, although there were marked state/territory differences in this. Some states have clearly reduced professional development budgets and teacher release allocations. However, with devolved financial responsibility, some schools are choosing to allocate more funds to professional development.

> Alphington Primary School sees professional development as a continuing priority and, although allocated a nominal $3,000 per year for PD, has moved funds within its budget to increase this to $10,000. The school meets half the cost of in-service programs, with the individual teacher paying the other half.

Some schools include professional development priorities within their strategic planning, balancing priorities set centrally with school level priorities and individual needs.

Pupil free days are generally not available for health education related planning or

and that any development work for health curricula or professional development usually had to be done in their own time.

Time pressures were mentioned as the greatest barrier to professional development and curriculum planning in many schools. *Time for reflection and planning within the school is required. But we can't action new material or learnings from PD among staff because we just don't have the time* (Primary School teacher). Some schools have developed local clusters to address planning and professional development, spreading the load and creating a critical mass for the tasks they have identified.

> Enoggera Primary School has joined with two other local primary schools to trial and develop the new Queensland health and physical education curriculum.

Health-related professional development was most requested in whole school health issues (welfare, discipline) and those aspects of health curriculum which were perceived to be sensitive, controversial, novel or difficult; for example, harm minimisation approaches to alcohol education, sexuality in primary schools, mental health and suicide.

While teachers rarely mentioned pre-service training, this matter did come up at a number of key informant meetings. There was agreement that pre-service teacher training did not give all student teachers sufficient understanding of the links between schooling and health in general. It was also clear that key informants felt that health and physical education student teachers in particular needed a greater understanding of whole of school approaches to health topics, stressing links between formal curriculum, school policies and practices, and links with the community.

Student perceptions of health education

In discussing their views of teaching and learning in health, students overwhelmingly said that they enjoyed health classes. *You don't just have to sit there and write. You get to talk about important things.* (Secondary student). Active learning was favoured by all students, as was the opportunity to influence what would be covered in health classes. In a number of schools, groups of students were active in promoting special health events (such as Heart Week) and they saw strong links between health classes and the opportunity to become 'health promoting' within the school and its community.

> Students from Warners Bay Secondary College had targeted local retailers with pamphlets and shop window stickers aimed at reducing sales of tobacco and alcohol to those under 18.
>
> Eastern Hills Senior High School student health council had been involved in running a number of student led health promotion activities. These included promoting health weeks within the school such as Healthy Bones week, where they promoted physical activity and calcium rich foods.

Links between health curricula and broader school operations

Teachers saw health education as being most effective when there was consistency between

- clear links between anti-violence education and school policies on tolerance, harassment and bullying, and the school's discipline and welfare procedures (Banskia Secondary College);
- shaded play areas, use of SPF15+ suntan lotion and long-sleeved PE uniforms supporting education about skin protection (Warner's Bay High School, Guildford Grammar School and Devitt Ave Primary School);
- environmental education linked in with school-based recycling and composting, land care and re-forestation (Humpty Doo Primary School); and
- nutrition education supported by healthy canteen practices and breakfast programs (Nhulunbuy High School, The Junction Primary School, Humpty Doo Primary School).

Conclusions

About three quarters of schools surveyed indicated that they were satisfied that they provided a comprehensive health education program, with schools in all systems reporting that state and territory curriculum documents form the basis of their programs. The development of outcomes based education was seen are assisting the learning area by providing flexibility in selection of content to meet local needs. However, assessment of health needs is an area in which schools reported little experience, with student, and sometimes parent, input supplementing teacher professional judgment and departmental priorities as the basis for selection of content and approaches. The availability and quality of curriculum materials was also clearly a determinant of content, with funded curriculum projects prominent among school initiatives in the health area. Little use is made of health-related information held by local health agencies or government departments when setting priorities.

Data from the surveys and case studies indicate that there are a number areas where schools experience difficulties in developing and delivering comprehensive health education programs. Most schools reported that with a crowded curriculum and the many educational demands placed on them, it was impossible to cover all issues that are seen to be important in health. While the creation of a Health and Physical Education Learning Area in most states and territories had legitimised the place of health within the curriculum, there were fears that within the learning area it could easily be swamped by physical activity. In addition, while overall provision of health-related professional development was seen to be adequate, there were clear areas where pre-service and in-service training is lacking, such as mental health, grief and loss, ethics, community health resources and environmentalhealth. In most schools it is difficult for teachers to share knowledge and skills gained at professional development, as little time is available for peer education and support.

The formal health curriculum was seen to be most successful when it was supported by relevant policies and practices within the school and its community. However, it is difficult for schools to have sufficient time to plan such coordinated approaches to more than a few key areas.

Curriculum support documents and materials need to acknowledge that health is often not

in both primary and secondary school settings. Many teachers are not trained in health-related content and teaching methods and require support and on-going professional development. Even among experienced health teachers, there is a need for continuing professional interaction with fellow teachers and with health professionals.

3.1.4 Partnerships and services

Introduction

There is considerable rhetoric in both the health promotion literature, and literature describing health promoting school frameworks about the importance and usefulness of community partnerships. However, the majority of schools have not experienced the same value that the literature claims in such relationships. There are strong reasons for this and the following section explores the current situation.

The survey results convey a disappointing picture of lively and productive interactions between schools and key services, networks and agencies within their local communities. The visits to schools partly reinforced this picture, while also providing some examples of good practice, with agencies and local communities working together. It was rare for a school to initiate discussion about community partnerships and services, apart from the discussion of links with parents. They usually had to be prompted. There were minimal differences between schools in the highest and lowest SES grouping about their role and activities in this field. More differences occurred between primary and secondary schools and even more depending on whether the respondent was a teacher or administrator(Appendix IIIb 168 -196).

What the data showed

There is little research about the benefits of school-community partnerships in school health. Perry et al (1989) and Kalnins et al (1994) demonstrate that working with the local community on health issues relevant to students can have considerable benefits for students, but it is labour intensive and very demanding on the time and skills of teachers.

This study indicated that the majority of teachers need to be convinced about the effectiveness of community partnerships. Comments about how schools see partnerships are made in three categories of role of families, community interface, and health and counselling services.

The role of families

The visits to case study schools and the survey confirmed that all schools see parents as important players in the education of their children. However, realising this involvement on a broad level is difficult especially for secondary schools.

At Humpty Doo Primary school they work hard to make parents feel welcome especially as 25% of the school population are indigenous. '*Lots of bloody hard work, and an openness which invites people in. We encourage people to wander around the school, in classrooms, staffroom, sitting outside. Some just come and have a cuppa. All say in the canteen is given to the parents. The school is establishing a drop in centre*'.

While 60% of survey respondents agreed that a broad range of parents were actively involved in the life of the school, contradictory messages were also evident, with only 30% of families involved in issues about food, grounds and school policy. More than half of the schools reported that they 'rarely or never' included health related curriculum activities which involved students working with families. It should be noted that there may be different understandings of what 'active engagement' means. There are examples of information bulletins and parent meetings but there is limited evidence of parental participation in setting school based health policies or in contributing to health specific teaching and learning programs. Some parents, usually women who are not in full time work, contribute to the schools reading program or sports program.

> Sorell State Secondary College in Tasmania runs a module program. This is an avenue through which parents are involved in sharing particular skills or interests they have with a small group of students during a 10 week activity program.

In some schools parents are invited in on an ad hoc basis to give talks on particular subjects or take activities they have particular skills in. Other parents, again women, are involved in contributing to the functioning of the canteen. More parents (including men) appear to contribute to fundraising activities and in some schools have a role on the grounds committee but have very little involvement in shaping the school's health program and activities. Where parental participation takes place, it is most likely to occur in a primary school community in a higher SES area (Appendix IIIb Footnotes 12, 63).

At Ashgrove Primary school, the parents had been the initiators of the health promoting school profile because they wanted greater student negotiation within the curriculum. Key informant meetings revealed that some state parent organisations were aware of health promoting schoolconcepts and a few parent conferences had adopted its broad directions.

Community interface

The connection of community groups with schools is usually related to two factors - the use of the school's sporting and recreation facilities after school hours or at weekends, and seeing schools as a setting where easy access to young people is obtainable, e.g. talks to children about safety by the police or immunisation programs conducted by local health services. We saw some evidence in this study of community groups seeking to work with schools to develop a joint health program in a way which moved on from the more 'captive audience' approach.

> The Wellbeing Project at Ross Smith Secondary School was a joint initiative of Health, Education and Community Services. It aimed to provide a safe and supportive environment within the school. The project was initiated outside the school and is an example of intersectoral work which showed a good understanding of school needs, resources and limitations. Recommendations were developed and strategies identified to implement issues identified in forums of parents, students and teachers. The school now has a focus on peer mediation, increased security, more interactive teaching and learning strategies, a students council, and a grounds, toilet and building beautification plan.

and teachers are unsure about engaging community personnel in collaborative ventures. Although we note a recognition by some community groups about effective mechanisms in working with schools, most examples given by teachers, after prompting, related to visits to schools by community groups or individuals to provide talks to students. Only rarely did community personnel appear to contribute to teacher professional development within school settings.

The value of community partnerships is still largely rhetorical. Teachers can see it as an added chore and some feel unskilled in making it work. Teachers in a number of schools admitted that when they invite health agencies in, they often did not explain the content and context to their visitors because they did not have time.

> At Parafield Gardens Secondary School, they have made school community partnerships the focus of their health promoting school project for which they had received a grant from the Health Development Foundation. They acknowledged that to do the linking properly took time and energy and believed the outcomes were worth the effort and resource allocation

How sustainable this linking is without the funding and allocation of time may be questionable.

It is difficult to generalise about effectiveness of collaboration and health outcomes for children. However there are a number of examples of collaboration between local community agencies and schools. While the satisfaction with classroom support was mixed, there were some clear positive health outcomes in support with changes in physical environment and resources, and with development of procedures and practice.

> Banksia Secondary College and Sutherland Community Resource Centre have worked together since 1994 on a whole school approach to preventing violence and conflict. A number of factors were identified as contributing to the success of this collaborative venture, including:
> both the school and the community agency were prepared to make a long-term commitment to the area of violence
> - the project had strong support from school administrators who provided leadership and ensured a high profile for the project within the school;
> - on-gong collaboration and management involving all key players;
> - Centre staff not coming in with a standard product, but negotiating involvement to match the school's needs; and
> - all players being flexible in the ways in which they operate within the project.

The Banksia example above indicates that successful collaborations between schools and community agencies require commitment, flexibility, time and resources. The diminishing resources and increasing workloads in schools and agencies/servicesmay explain the survey response that only about 40% of respondents felt that they received appropriate support from community agencies.

Health and counselling services

counselling services for students and staff. Survey respondents are not totally convinced that there are adequate community support services to meet students' mental and social health needs (63.7% responses in the top two categories). There appears to be more confidence in community support services to meet students medical and emergency needs (84.0% in the top two categories). Schools have felt the cutback by both health and education systems of school counsellors, social workers and psychologists. There have not been cutbacks to external medical services such as local GPs.

It was common for teachers to relate stories about how difficult it is to gain access to a counsellor, social worker or psychologist for their students, or for the teachers themselves, to work through coping strategies in consultation with such professionals. In some states, particularly for mental health services, the waiting time is extensive and schools sometimes allocate their own monies to buy in specialists, or encourage parents to seek help for their children themselves.

Schools, particularly primary schools, spend considerable time creating a school ethos which is emotionally supportive. Teachers feel let down when they cannot gain access to, or guidance from, counselling professionals when their students fall through the cracks. It appears teachers do the best they can and add this extra dimension to an already over extended professional life.

The influence of socio-economic status

The survey identified a number of differences between school in the lowest and highest SES quartiles:

- Schools located in the highest SES quartile had more parents participating in school life than those schools in the lowest SES quartile (Appendix IIIb Footnote 12).
- Local groups were more likely to participate in the local school if the geographical area was in the highest SES quartile compared to the lowest quartile (Appendix IIIb Footnote 13).
- There appeared to be better counselling and support services for schools in the highest SES category than for schools in the lowest SES category (Appendix IIIb Footnote 14).
- Schools in the highest SES quartile appeared to have more procedures in place for identification and referral of students with respect to school refusal, students concern about their friends, and anxiety and depression, than schools in the lowest SES quartile (Appendix IIIb Footnotes 15 -17).

These findings confirm impressions gained by the team during their visits to case study schools, that schools in affluent areas tend to have more services to support the emotional health of their students. It also needs to be stated that the differences between the two SES groups appears to have been reduced by the extra efforts from teachers in schools which are minimally resourced or are in lower SES locations. The work of principals, teachers and associated staff in such schools frequently reduces socio economic factors which may inhibit schooling for those students.

Significant differences emerged in a number of areas when a comparison was undertaken between how primary and secondary schools grappled with community partnerships and services.

Primary schools appear to work more closely and collaboratively with parents. They also engage more frequently with local community groups and services than do secondary schools.

There appears to be a decreasing contribution to schools by parents and community groups as the student progresses from childhood to adolescence and from primary school to secondary school. Reasons for this may relate to the increasing independence of the child as she/he ages and the reduction of the protective role which parents and teachers play. Similarly, more traditional secondary schools are more subject based and do not concentrate on an integrated coherent education which most primary schools appear to adopt. Also, the creation of the social environment and importance which primary schools place on it is diminished in secondary schools where other priorities exist.

Administrators and teachers

Major differences emerged between the responses to the questions depending on whether the respondent was a classroom teacher or administrator. In summary, it appears administrators have a more optimistic view of what happens in health promoting schools than teachers. The meetings around Australia with the many school principals, teachers and parents, suggests an explanation for this anomaly. Teachers tended to call it like it is - they rarely exaggerated and on many occasions were self deprecating. They were loathe to affirm their own successes and to over-report situations. In fact, it was likely that they erred on the side of caution in describing their health promoting school practices.

On the other hand, school administrators were invariably enthusiastic and always conveyed the activities and outcomes of their school health initiatives with great pride. It may be that they were not familiar with all the difficulties faced by teachers. On the other hand, teachers rarely receive individual or collective affirmation and may be slightly pessimistic. This dissonance shows that there may be a difference in marketing a school's health promoting activities and how its practices at grass roots level are perceived.

The rhetoric of the health promoting school certainly sits more comfortably with administrators than it does with teachers.

Conclusions

While the research found a range of activity that could loosely be described as school and community partnerships or school community linking, this component of health promoting school was not as prominent as either the curriculum and learning or ethos/environment components. The notion of partnerships encompassed a number of different groups and services and schools tended to see the necessity to develop links and the benefits from partnerships differently according to the relationship with the group or agency. While all schools had some type of partnership with their parent group this varied when considering

components of health promoting schools, factors including location, local history, personnel, personalities, pressure of the crowded curriculum and teacher experience were all factors that effected both school and local school support agencies' capacity to develop a health promoting school partnerships.

While difficult to ascertain the outcomes from the different partnerships, the research uncovered a need to further explore factors which enhance partnerships as well as a few exemplary health promoting school models of parental involvement, co-location of health services and intersectional health and education projects.

3.2 Major patterns and themes

The major patterns and themes were the outcomes of discussion among all team members towards the end of the preparation of the final report. They are summary statements derived from analysis of the data gathered in the study.

These are:

1. The definition of the health promoting school concept is not clear. Particularly within secondary schools, it is likely to be seen as a stand alone, discrete project or be adopted by a particular curriculum area, rather than by the whole school. Whole school involvement and sustainability are pertinent issues. Schools have different ways of interpreting the health promoting school concept, including seeing it as a project, a program, an umbrella, a club, or a philosophy. The questionnaire showed that nearly 40% of schools were unfamiliar with the health promoting school concept.
2. Education departments give little status to the health promoting school concept and resulting projects.
3. HPS is in its infancy and various agencies are seen to be taking a leadership role in different states and territories.
4. Ownership by participantsis essential if progress in health promoting school initiatives is to be made.
5. Schools have the capacity to tackle the majority of health promoting school components, and there are a remarkable range of exciting activities happening in schools. There is enthusiasm and optimism about what can be achieved.
6. Where activity was happening the school organisation and structure had generally been reviewed and altered.
7. Pupil and whole school welfare is embraced by schools more readily than partnerships with local groups or curriculum activities.
8. Teachers are more confident in teaching health content and knowledge than they are in helping students to develop health related skills. This has implications for curriculum design, resource development and teacher professional development,
9. Schools in low SES areas have many hurdles to climb in becoming health promoting schools but are frequently successful if the health of students and/or staff is identified as a concern within the school.
10. Primary schools appear to be able to embrace the health promoting school concept more easily than secondary schools, due to their structure and ease of adopting a

to health. Single issue topics have been used as a spring board through which schools have been encouraged to look at a broader picture of health in their school.

11. Collaboration between different stakeholders in the school community is an art which is hard to master and requires constant nurturing to remain effective.
12. Sharing positions of responsibility across student age groups creates a healthier balance of power amongst students.
13. Staff health and wellbeing is not well addressed in most schools where the welfare of students and families is given a higher priority. Few schools have the capacity to adequately address staff wellbeing.

Recommendations

Our recommendations have been made in relation to the strategic plan and subsequent action plans.

1. Any strategic plan and action plan will have to include a research agenda with priority areas including: research into the relative effectiveness of the domains of health promoting schools; what minimum resources and services are necessary to establish health promoting schools; what factors sustain and enhance health promoting schools. The learnings/assertions provide a source of ideas for further research and teacher study of their practice is an area that must be encouraged if we are to better understand the health promoting school as it is developed in schools.
2. The nature of health promoting school activity and its assessmentmust be understood, owned and shaped by the school.
3. Any action plan will have to include examples of exemplary practices to define the language and provide directions for future activities. The attached cases begin to indicate exemplary practice but it is important to realise that it is the ways schools link their health promoting school activities as well as the value of particular activities which leads to the description 'exemplary'.
4. Schools will continue to adopt curriculum programs and packages linked to particular health issues. The strategic plan needs to address mechanisms for reinforcing whole school approaches in funded, topic-specific health projects.
5. A strategic plan may need to take risks in certain areas and question taken for granted features of schools. For example:
   - Existing school organisation structures in areas of timetabling and grouping of students. At secondary level, schools are exploring transition and middle school arrangements which have fewer teachers responsible for individual students over longer periods of time
   - The importance of participant ownership of ideas (especially students) requires genuine opportunities to accept responsibility for initiating and implementing activities in the health promoting school area. Understanding and belief in ideas is fundamental to promoting health and living healthier lifestyles in the future.
6. Any interpretation of data from schools must consider the source of the data. The significant differences in responses from administrators and teachers indicates the differences in roles when representing the health promoting school context.
7. Differential resourcing to schools may be based on SES and cultural needs.

area of health education, success is dependent on managing unique interactions between the curriculum agenda, and student and environmental factors. Any future development in health promoting schools will need to take into account both teacher and school experience.

9. Coherent theories of educational change and teacher learning should drive the action plan and be clearly indicated in the teacher education (pre and in-service) initiatives that are involved. (This recommendation emerges from the extensive and varied experience in educational and school change among the team members).
10. Any strategic plan should address the following areas:
    - clearing house function of relevant literature and exemplary practices;
    - provide forums for continuing discussion and debate by key people in health promotion;
    - a public advocacy function to maintain lobbying and promotion of the HPS concept;
    - a research agenda;
    - strategies to promote intersectoral planning and actions such as: appointments across sectors, memoranda of understanding between sectors, and joint planning of project work, executive agreements, joint conferences.
11. There is a need to establish key indicators of health promoting school progress for schools. This will help schools monitor their progress by establishing their own priorities and indicators. A health promoting school audit instrument could be provided for use in schools and which could be adapted or adopted by schools
12. Schools need increased opportunities for networking to support the growth of the health promoting school concept.
13. The strategic plan needs to legitimise the place of staff wellbeing within the health promoting school framework.
14. The AHPSA will need to be selective and strategic in identifying key partners, both government and non government, to take on lead roles in further development of a health promoting school in Australia.

All of the above would have to be addressed in order to provide a chance of sustainability for health promoting schools.

Appendix I
School Descriptions

New South Wales

The Junction Public School

This state primary school is located on the coast outside Newcastle. It has a school population from a mix of socio-economic backgrounds and from predominantly anglo-european families.

It is a school with a strong sense of community; among staff, between staff and students, and between staff and parents. The school provides a number of practical mechanisms for parents and students to contribute to developments and decisions.

The school has developed a cohesive framework for policy, curriculum, ethos and school and class rules, based around the five needs of Gasser's Choice Theory Reality Therapy: freedom; fun; survival; love/belonging; and power/recognition. The whole staff group have been trained in the Glasser approach.

Students had high regard for their Student Council which involves representatives from years 2 - 6. It was seen as giving students the opportunity of discussing issues among themselves, and as having status and power within the school. The school handed over a number of decisions to the Student Council, including some decisions relating to expenditure of funds. The sense of purpose and responsibility, together with strong and on-going teacher support, were regarded as key elements in the success of the Council. Year 6 have a parliament with various Ministers who have responsibility for particular portfolios such as school issues, personal relationships and the environment. These ministers then feed issues back to the school council.

Weekly fitness sessions have taken the place of sport to develop the children's physical condition. Although canteen operations in many schools are an area of on-going warfare between health and profits, the canteen manager at The Junction had developed a range of interesting foods that maintain student support while providing nutritionally sound snacks and meals, such as frozen fruit, baked bean and spaghetti cups, and a range of sandwiches made with low fat ingredients. Students uptake of healthy options is encouraged with a differential pricing mechanism.

Peer support is provided in the school and helps to create vertical mixing and a healthy atmosphere between year groups. A rich curriculum and varied extra curriculum activities are offered to the children. This results in a happy and healthy staff and student community.

Casula Public School

Casula Public School is located in south west Sydney, not far from Liverpool. It has 620 students drawn from a mixture of socio-economic backgrounds.

The health promoting school concept is used as an organising framework in this school. All activity has a health impact check done and health is on the agenda right across the school

but through the way they teach, as well as by developing links with a range of health and education sector services.

This school has a strong sense of internal cohesion and purpose, with strong links to its community. The teachers are well supported in their professional roles and they are a cohesive staff group which helps to create a good atmosphere in the school. Parents are very much involved in the school through the tutor program, grand friends and various other parent bodies. There is also genuine consultation with parents on decisions, through meetings and questionnaire mailouts. The school provides a rich curriculum which involves the children and develops their interests. Students and parents feel that they are respected by teachers.

In particular there is a health check done of food provided through the canteen and breakfast program, which extends to any food provided by the school. Peer support and peer tutoring programs operate in the school which produces vertical mixing and are beneficial to the school atmosphere. The issue of transport safety has been addressed through a parent initiative, with provision of a bus bay and A-frame notices to encourage parents to: 'kiss and drop' or' hello lets go'.

Warners Bay Secondary College
Warners Bay is a large high school on the outskirts of Newcastle with traditional class groupings and faculty structures.

It has established close links with a health promoting school network organised through the Hunter Centre for Health advancement, to undertake focused health promotion projects. A number of students, some teachers and two parents are involved in representing the school in the network. The network develops ideas, and then detailed planning is handled by students in health classes at the school. Students have undertaken health promotion projects in the local area, by targeting retailers of tobacco and alcohol with campaigns aimed at reducing sales to those under 18. A number of parents worked with students in carrying out these initiatives.

In addressing the issue of skin protection, the school has worked with local retailers to promote sales of hats as well as addressing internal policies and practices. In recognising a need to develop the schools surroundings to promote sun protection, the school sought the involvement of a community Skill Share project team to upgrade the grounds and plant trees.

Maria Regina Primary School
Maria Regina is a small Catholic school located on the Northern beaches of Sydney. It has close links with its parents and its small size gives it a real community feel.

Because of its Catholic ethos, the school sees justice principles as being critical in the development of curricula and policies. A comprehensive Personal Development program is a feature of the school and it acknowledges the links between emotional, social, mental and physical health. Staff and students both spoke highly of the work of Life Education within

Students felt that the religious aspect of the school meant that people got on well with one another. They liked the fact that *every one knows one another in this school, that teachers care, that you get noticed* and they considered that the way they treated each other had a lot to do with their health.

The year 6 students were concerned by their forthcoming move to secondary school. They were afraid of becoming lost, of not being able to find the toilets, of being bullied or made to smoke, and of having lots of homework to do. In talking about health-related behaviours, they saw peer pressure as a key determinant of what they might do, although all felt that they would never try drugs; *we don't want to die*. They considered that they led healthy active lives and would continue to do so.

The schools physical environment provided shaded and open areas, although students and staff both felt that an expansion of active play areas was needed. The school nurse and staff conduct a safety audit of the playground every month. In fact, the school would consider itself more of a *safety promoting school* than a *health promoting school*, but sees safety in emotional and social, as well as physical, terms.

Presbyterian Ladies College
This is a large independent K-12 girls school, with a secondary school component of 1150, including a small number of boarders. The school has a strong sense of community and provides a caring, supportive environment for its students. Pastoral care is an integral part of the school. Small groups of students meet with their pastoral care tutor for 15-20 minutes per day, and the same tutors stay with the girls throughout their school career.

The school has become active in the health promoting school area through its membership of the NSW Association of Independent Schools (AIS) and the attention given to health in the AIS. Within the school there is now a major health article in the school newsletter each month, with a focus on how the school and parents working together can impact on the girls health. The school is also organising a series of health forums for parents.

Some girls travel long distances by public transport to attend the school. Hence travel on public transport is a safety issue for the school, especially as travel times are very predictable and 90% of the secondary students use public transport. The school has liaised with the transport police regarding how best to ensure safe travel and have developed a Self Protection Program for Yr 10 students.

There are many clubs and sports, and plenty of extra-curricularactivities to enhance the social experience of the girls. Students feel a sense of pride in belonging to PLC.

Queensland

Enoggera Primary School
Enoggera is a state primary school located relatively close to Central Business District of

from its Principal and staff regarding health promoting schools and general parental support for the school is also very strong.

It has joined with two other local primary schools to trial the newly proposed health and physical education curriculum. This has highlighted the importance of a curriculum program with a perspective providing a focus for teacher change and school activities. This local networking may be a contributory factor to the successful implementation of the health promoting school concept.

Enoggera have formed a health promoting school committee which comprises the Principal, Vice Principal, Physical Education teacher and Tuck Shop convenor. Whilst this committee is in its infancy, the school has begun to address many health issues such as the provision of shaded areas and the canteen. Presently, the children at Enoggera all participate in 10 minutes of daily activity, held following the morning bell.

Stella Maris Primary School

Stella Maris is a Catholic Primary school located on the outskirts of the city of Maroochydore. This school has made the health promoting school concept part of its philosophy, hence it appears to have adopted a number of characteristics shown in the health promoting school framework. A staff of approximately 20 teachers, with strong senior administration support, have worked diligently over the past 18 months to considerably raise the profile and importance of health within the school environment. The unique appointment of a Special Projects Officer has reflected the high priority of health within the school as this teacher spends a large amount of time on health orientated projects.

The school has implemented a number of projects which include a complete revamping of the school canteen, which is a non-profit making venture. The creation of a character called BOB (Back Off Bully) by a present staff member has been used to address a range of social health concerns such as playground behaviour and general student interaction.

A student 'parliament' is a novel way of including the children in the decision making processes of the school and allows student responsibility to be acknowledged in a very successful way.

A health and physical education committee, which acts as one of many of the Principal's consultative committees is the driving force behind HPS, and is comprised of teachers, parents and children who work in a collaborative and co-operative manner.

Stella Maris have a clearly identified and communicated commitment to the holistic health of its school community. Their strategy for health promotion within the school has involved very deliberate collaborationwith the wider community. It appears that the dedication of both staff and parents, and the involvement of students, significantly contributes to the success of the health promoting school concept in this school.

Brisbane Girls Grammar School

and history, yet it is also very progressive and one of the leading secondary health promoting schools in Queensland. The theme of balance which the school endorsed in 1996 was largely based on concepts found within the health promoting school framework.

Initiating the drive for health promotion within the school was the Principal who has a strong commitment to health promoting school ideas. A unique aspect of Brisbane Girls Grammar was the presence of a health promoting school steering committee, its composition and the role of its representatives. Present on this board are an Assistant Principal, a PE staff member, the Nursing sister, the Tuck shop convenor, the President of the Mothers Group, the Head of House (Pastoral Care) and 2 students, who act as executives. It seems that the drive for much of the health promoting school activity that occurs in the school, beyond the more 'routine' actions such as Pastoral Care (organised on a house basis), and development and implementation of various health promoting school policies, is initiated by these students. One of the current issues being addressed is the position of the canteen in a health promoting school approach. Admirably, the two students have a firm commitment to promoting the health of all within the school, showing vision and initiative beyond their years. For example, organisation of theme weeks based on health issues such as Heart Health are fully organised and overseen by these two students. This provides senior student leadership and empowerment.

Personal development is embedded in the health education curriculum, which is a compulsory subject for students from years 8-10. Students in the senior school are offered a combined health and physical education unit which is a very popular option. Staff involvement in HPS has become embedded in the current enterprise bargaining process with the school anticipating that it will assist staff in areas of perceived need.

Finally, the school maintains a web-page with up to date views of what is going on in the health promoting school activities.

Brisbane Girls Grammar has initiated an innovative approach to HPS which may justifiably be considered a model for other secondary school involvement in health promoting schools.

South Australia

Devitt Ave Primary School

Devitt is a state primary school is comprised of 220 students from a diverse range of cultures. Approximately 55% of students could qualify for a school card with a similar figure of NESB children being present. Devitt is one of a handful of schools in South Australia that has a kindergarten attached to the school premises (Child Parent Centre Kindergarten - CPC), with the responsibility for the centre ultimately belonging to the School Principal.

Historically, Devitt has had a major focus on physical activity and each student receives two lessons of physical education per week. Some of the other activities that are undertaken at Devitt which could be classified as a health promoting school include: SunSmart behaviours, provision of shaded areas, student involvement in decision making processes, use of theme

The St Morris Unit is a classroom for approximately ten students with a range of disabilities. While meeting with the school's student representatives, the students expressed the importance of including the St Morris students in as many school events as possible.

A PE and Health Committee involving staff and one student from each classroom, is present in the school. A buddy system exists, which caters for all students in the school. In this school, each class has a buddy class, and students link up with each other on a regular basis. Team teaching is an additional benefit of this structure.

The school was characterised by a highly enthusiastic staff with many roles and responsibilities for special areas and it is headed by a dynamic leader. Parents spoke about the acceptance of diversity at the school and commented on the safe environment. The healthy canteen? That's next on the list!

Parafield Gardens High School

Parafield Gardens is a state secondary school located in a low socio economic area of Adelaide. Approximately 60% of students in the school have access to a school card, whilst about 40% are Non English Speaking Background (NESB) students, spanning across 29 different cultural groups. In total, the student population reaches 900.

Parafield Gardens have been very proactive in accessing a large range of grants which has enabled them to more readily address the various needs of the school. This school has recently received a health promoting school grant to continue developing its linkages with the local community and agencies. Whilst previously not formally recognising the health promoting school concept, Parafield Gardens has employed many of the aspects of a health promoting school for some time. There is a significant emphasis on the social environment of the school, and several measures have been taken to help protect the safety of staff and students alike. The school's motto is 'Quality Learning' and a Centre for Quality Learning has recently been opened.

Through the formal curriculum, all students from years 8 -10 study health for 2 lessons per week over a six week period. Student involvement is valued within the school, with an active SRC in operation.

The STAR program is a unique feature of Parafield Gardens. This involves a group of 14-15 year old students being actively included in a local TAFE course for a period of 3 weeks per year. This program adapts the TAFE course to suit the students needs and uses it as an integral part of assessment.

In an attempt to maintain an attractive physical environment, graffiti is removed from school buildings on a weekly basis. Staff, students and the wider community are also encouraged to care for the school in a variety of other ways.

'Tuff Love' is a parent support group that Parafield Gardens have recently added to their

discuss alternative methods of coping, discipline etc, is small in size, it has already been a beneficial addition to the school community.

The partnerships component of the health promoting school is constantly at the forefront in a school like Parafield Gardens. The links made with local community agencies and support services are vital to promoting the health of students and families of the school.

Finally, staff health is also a high priority in this school and is taken on board by way of strong support for professional development along with a strong social element amongst staff.

Ross Smith Secondary School
Ross Smith High school has been in operation since 1996 and is the result of a forced amalgamation of Northfield and Nailsworth High Schools. With 800 students, many of whom come from disadvantaged backgrounds, there is a focus on at-risk students.

The school has been involved in 'The Well Being Project' which has been adapted from the Young People and Violence Prevention Project and is a joint collaboration between health, education and community services. The main goal of the project is to support and promote the well being of young people attending the school by providing a safe and supportive environment. Consultation through a series of parent, staff and student forums have been an important element of this project and a range of initiatives have begun at the school in response.

A peer mediation program is in operation where students are trained as mediators, the student population are encouraged to use this resource as a positive way to resolve conflict. Professional development for staff has been provided to look at positive ways of developing better relationships with young people, and more effective teaching and learning strategies. This is in its early stages of development.

Ross Smith has taken a comprehensive approach to wellbeing. There appear to be a number of opportunities for involvement of parents including: schools council, aboriginal parent committee, numerous other committees: canteen, curriculum, buildings and grounds, uniform, all of which have parent representatives. The parents thought that in general the school environment was health promoting.

The school is emerging from its transitional stage and has taken steps to promote the health of students and staff during a difficult period of change. As one parent said, *the amalgamation has taken some time but it feels like Ross Smith this year- we are happy to be here and be part of the school, we couldn't have said that last year.*

Siena College
Siena College is a multi-cultural all girls Catholic school, located in Findon, Adelaide.

Although health is not identified as a subject in its own right, it is comprehensively covered

involvement which is illustrated in the Ministries program which operates in the senior school. In this program, students, on a voluntary basis can choose to belong to a particular 'Ministry' which focuses upon an issue identified by the students as an area of need. For example: the St Vincent De Paul Ministry. In this example, students assist the local St Vincent De Paul societies in a range of ways as determined by consultation between the students and the agency.

A significant achievement of the school, further to the range of usual extra curricular activities is the year 9 musical. All students in year 9 are involved in this event which receives time within the formal curriculum. Staff considered this event to be beneficial, not only for students in developing personal communication and expression skills, but also in creating positive student/staff relationships and linking together components of the curriculum with the cultural aspects of the health promoting school ethos and partnership parameters.

The school have mandated back packs for all students and reported that approximately 70% of students wear hats in the warmer months. Although currently sufficient, shaded areas are being improved to encourage students to access a wider range of locations within the school grounds.
Siena has a considerable parent body who offer support to the school when required.

The dedication and enthusiasm of staff is very evident in this school. A strong social element combined with a commitment to teaching excellence underpins Sienas positive approach to the health of its students and wider community.

Victoria

Coburg North Primary School

This state primary school is situated in an inner city suburb of Melbourne. It has over 300 children, with a high level of Entitlement to Maintenance Allowance (EMA) and over 30% English as a Second Language. The predominant ethnic minorities represented in the school are Arabic and Turkish.

The concept of a health promoting school came into the school through an initiative driven by the local council. The school has given impetus to the health promoting school concept by incorporating it into the school charter. It is also integral to the Principals performance review plan. Teacher subgroups were appointed to prepare health promoting school policies. The school has links with the local councillors (the Mayor was a member of the school council), and the school is politically active.

The community use the school facilities for sports, clubs and language schools, which has contributed to the minimal vandalism experienced by the school. There has also been a joint project with the local council to develop a play area for local children in the school grounds. This has provided a play area of notable quality and design.

There is an extensive fitness program for all years which has seen a marked improvement in

health and PE program, which is shared between the PE teacher and main classroom teacher for each year group. Various external agencies are involved in the school through such avenues as sports clinics and the police school involvement program. The students are given positions of responsibility in the school, e.g. reception duties, and they have an active junior school council. There is an innovative school camp program which operates from Kindergarten level. A graduation evening is held for Yr 6s. Students particularly valued the good outdoor facilities and activities provided. Teacher welfare is now a priority area for attention in the school with a teacher responsible for this area.

Alphington Primary School

Alphington is a smallish primary school close to Melbourne with a strong sense that it is a real community school. Parents are involved in all areas of school life and they *treat the school like they own it*. Often parents and young children come along to assemblies just to join in or see what's happening. It is tucked away in a quite street and with its attractive physical cottage garden has almost a country feel.

Health is taught through the integrated curriculum approach with at least two topics a year having a major health focus. PE is taught at all grade levels by a specialist teacher and is seen as a priority area. An important focus of the sports activity is its emphasis on participation rather than on competition.

While the school has a number of health related policies the positive relationships policy draws together a number of different areas and has set positive relationships within the context of the classroom, yard and staffroom. As part of this the buddy system operates from prep to year 6 and is highly regarded. It is seen to generate a feeling of security, safety and companionship.

The physical environment has been a focus for Alphington over the past few years. Playground planning and design has been undertaken by teachers, parents and students in order to provide grounds that are safe, emotionally and physically, for the children. This has also been driven by the philosophy that play is an integral part of schooling and must be valued as part of the informal curriculum. Areas feature small places and large places; spaces that are challenging; spaces for creative games; spaces for different age groups with a balance between active and passive areas, shaded and open areas. The playground equipment is restricted to particular year levels, based on equity and what is developmentally appropriate.

Alphington is a school which has responded to various curriculum initiatives and challenges and works hard to improve and review their curriculum with an open mind. This has proved a demanding tasks for a small staff although a high priority on professional development and the flexibility for staff to develop their own professional development plans has supported staff in their ventures.

Banksia Secondary College

This is a large secondary school in the northern suburbs of Melbourne. It is in a lower SES area and has a high proportion of students from non-English speaking backgrounds. The

from the antecedent schools coming together with very different backgrounds and cultures. Addressing some priority student health issues has provided both a challenge and a pathway for a more cohesive and integrated school.

It is an innovative school that is working hard to create a safe climate and a culture of safety. The school has run a Creating New Choices program for the past three years. This program was initiated by an external agency and takes a whole school approach to preventing violence and conflict. The program has encouraged the collaboration of parents, teachers, students, a local health agency and the broader community in planning and development. Their whole school approach has targeted policy development, teacher training, student education, parent education, curriculum development, changes in the physical environment, and community networks and resources a means of achieving real growth in inter-personal skills and racial harmony. *School administration and staff have made a long term commitments to this project. They have given it status within the school and recognised that we needed to work collaboratively to make progress. They have created a community that doesn't tolerate violence.* (External agency staff). Their work on this program over three years demonstrates many of the characteristics of successful school-community partnerships.

The school population includes 26 profoundly deaf students, as well as other integration students. There is real inclusion of these students in the activity and social environment of the school and they have been influential in developing a sense of diversity and tolerance within the school.

Parents felt that the teachers are very student orientated and try to make links with parents. They saw the school as happy, with good social interaction and a commitment to learning. The school offers an wide activities program which allows students plenty of opportunities to participate in a variety of interesting and rewarding activities.

St. Columba's College

This is a catholic secondary college for girls. There are 900 students drawn in the main from the locality.

The students are very much involved in the decision making processes of the school through administration's policy to integrate students into all school committees: behaviour management, curriculum committee, strategy committee.

There is a very successfulpeer education scheme which focuses on health issues such as use of drugs, mental health, body image, sexuality and alcohol harm minimisation, and it has been well received. A student-run drug and alcohol committee has facilitated workshops for parents and students which proved informative and enjoyable for all involved.

The grounds and building of St Columba's are very well appointed and maintained. A visual enhancement project was initiated to address the aesthetic qualities of the interior design, which resulted in the provision of many areas of display space.

which underlines the importance of relationships and care for others. There is a large pastoral care focus and a good rapport is enjoyed between staff and students.

The school has been very active and generous in supporting other schools and sharing their program, expertise and knowledge.

ACT

Arawang Primary School

Arawang Primary School is located in an established part of Canberra. It was created from an amalgamation of two local state schools seven years ago. The school has approximately 400 students and on walking into the buildings one quickly experiences a sense of purpose, conviviality and commitment to education.

The school administration and staff have a strong belief in enhancing the health of the students. Staff health is also considered important. They are a cohesive and supportive staff group which helps to generate the good atmosphere of the school. There is a significant focus on making the school a place of security and friendliness, and in providing opportunities for the students to be extended in all areas of the curriculum.

The Principal invites a selection of children for a special lunch once a term to reward achievement and good behaviour. A buddy system operates which encourages vertical mixing and improves inter-age relations.

Areas of health in which the school appears to be exemplary are basic hygiene, interpersonal communication, and tolerance and respect of diversity. The school has also worked hard to improve its canteen and develop the right balance between physical activities and cultural pursuits. Everyday each class has a 15 minute health period prior to lunch break where the children and their classroom teacher consume their lunch in a communal atmosphere and discuss health.

Lanyon High School

Lanyon High School is on the outskirts of Canberra. It is down in the Tuggeranong Valley and opened in 1996. The school will eventually be a year 7-10 state high school of considerable proportion. Already it has 480 students in year 7 and composite year 8 and 9.The buildings are imposing and water recycling is a feature. The school is surrounded by a moat which receives all the run off water and then acts as a storage area for recycling. The school has a major partnership with Fujitsu which provides many computers for students and staff. Due to the thoughtful planning of the local access routes to the school, many of the children cycle or walk to school.

Lanyon High School has created various structures which aim to enhance the health advancement opportunities of the students. The school has been organised around an integrated curriculum where the 8 key learning areas have been amalgamated into three groups. The students therefore enjoy a timetable of interactive lessons in blocks of 90-100 minutes each. The curriculum is negotiated with the students and is student-centred.

At this school an emphasis is placed on building student-teacher relationships. This is facilitated by innovative teacher-use across disciplines, so that only 3-4 teachers are in contact with students each year. The result is good relationships between students and staff, which is healthy and creates a good social environment. In the same vein the school provides an extensive and varied extra-curricular program by allowing teachers 1.5 hours less teaching load per week. This time is instead utilised by every teacher to provide an extra-curricular activity and helps to enhance student-teacherrelations. A number of primary trained teachers are employed to work with students and staff to demonstrate integrated approaches and cross-fertilise ideas.

The school has piloted an innovative peer tutoring reading scheme, which has proved very successful. A buddy system operates to ensure new students feel welcome. There is also an active SRC.

Northern Territory

Humpty Doo Primary School
The school is located 35 km from Darwin and has about 500 students, plus 79 kindergarten students and a further 17 students in a special education unit. Of these, about 20% are Aboriginal students, and there are significant Thai and Vietnamese communities. The school is organised into four multi-age units, with an integrated curriculum where a different Key Learning Area is the focus each term. It has a dynamic Principal and a cohesive team of teachers.

The school has worked hard to make parents feel welcome, and the level of involvement of parents, students and teachers in decision making and subsequent action is very high. The schools three-year Action Plan for School Improvement shows priorities and strategies related to policy, curriculum, school operations, physical resources and environment. A group of Aboriginal parents meets at the school and has input into curriculum and special programs. There is also a Homework Centre for Aboriginal students where members of staff and parents come in after school and help students with their homework. Up to 40 students attend.

The Student Representative Council is made up of representatives from each of the four vertical units within the school. It runs open discussion sessions in the yard and feed results back to the school. It has also been successful in gaining a $200 grant from a major health agency to run a Smart Snack Committee to produce and sell bags of dried fruits in the school.

They also organise the Graduation Dinner and are responsible for all charity work in the school health education is mainly located within social education, although because of the integrated nature of the curriculum, it comes up in most areas. There strong links between the health curriculum and school practice; for example, the canteen (run by the School Council not for profit but as a service to students and families) and the schools breakfast program for designated students, complement the 'Breakfast - Too Good To Miss' program taught as part

The school has strong links with the local community, running activity programs for children with physical or intellectual disabilities, being a member of the local Land Care group, becoming a centre for composting and recycling within the community, and organising a Writers Picnic and an Art and Craft Fair (drawing in local weavers, artists, and people with knowledge of bush tucker and bush medicine) for the whole community.

Staff welfare is also given priority through collaborative decision-making processes; mentor groups; after-school massage sessions run by a local masseur; a comprehensive teachers handbook to assist with most tasks teachers have to undertake and the schools Good Times Committee. Teachers said they felt well supported and professionally recognised.

Nhulunbuy High School

Nhulunbuy is an isolated mining town, situated on the Gulf of Carpentaria. Most families enjoy high incomes, and appreciate the range of activities available in a tropical ocean environment and a well planned and serviced town.

The high school has a population of about 250 students organised in traditional year level groupings of about 20. In addition, starting this year, each teacher has a home group of 10 students and stays with this group all the way through school, from year 8 to year 12. This ongoing contact is regarded a key component in providing a secure and supportive environment for students.

Health education used to be taught in years 8-10 for one period per week. This was seen to ineffective and was hard to staff. Curriculum organisation has been changed so that health education now has 5 x 50 minute periods per week for one term per year. The other three terms are allocated to science. This has allowed the school to have specialist health teachers, who rotate between classes each term. Teachers see this organisationas allowing them to get to know students better and to cover issues in more depth.

As with all secondary schools in the Northern Territory, Nhulunbuy has a nurse and police officer located on site, as well as a full-time student counsellor. All of these people take on roles affecting student well being, support teachers in education programs and provide links to outside agencies and services. Nhulunbuy is a regional centre for health and so there is a range of health services locally, some located at the Nhulunbuy Hospital. The school also has phone access to a Department of Education psychologist in Darwin.

Nabalco, the main employer in Nhulunbuy, has worked closely with the school in a number of areas. The school is designing educational programs that will link with employment in the company. The company makes available grants for health and safety in the community and the school has received a number of these. In addition, some of the parents closely involved with the school hold professional positions with the company and have supported the school in areas such as manual handling training, health and safety audits, and development of student injury statistic records.

bullying. They enjoyed the spacious grounds, with larger areas of lawn and many trees. They also saw the absence of bells as being a very positive aspect of the schools environment. *Everyone just knows when to change classes.* The isolation of the school was an issue for students, both in terms of curriculum offerings and in relation to contact with students at other schools. In this respect, annual sports competitions in Darwin are an important part of the schools program, and are greatly valued by students and staff.

Darwin High School

Darwin High School is a large (1200) mixed sex government school which is highly regarded by the community. Although it offers a wide range of subjects in years 8 - 10, the school focuses on academic subjects in years 11 and 12.

The school has been very active in policy development for a number of years, and is now concentrating more on strategies for successful implementation of policies, on how they fit together, and on how they could work more effectively. The school adopted a Healthy School Framework as a way of linking different policies, only later finding out that this was a national and international movement. Currently they are making a major effort to make policies more readable for students and parents. The aim is to convert all policies into 2-3 page documents in language readable by a year 8 student.

Darwin High School found that pairing students or small groups of students in a buddy system was not effective. They now pair year 8 and year 12 classes, with home room groups blocked to allow shared activities between buddy classes. So far they have had successful year 8/year 12 breakfasts, dance parties, games afternoons and a swimming carnival. They see considerable social and emotional benefits coming from this system and consider that it has contributed to anti-harassment and anti-bullying developments in the school. Transition is also assisted by having the one teacher take Home Group, English and Social Education (including health education) in each year 8 class.

The school's physical environment was seen to be a great asset. Its location on a cliff top overlooking the sea, with bush surrounding it, was enhanced further by a decision of the School Council to employ a full-time gardener. The gardens provide quite spaces for students and areas for outdoor classes.*There are nice places for them to go and think, to collect their thoughts*.

A wide range of activities and clubs is offered so that students can gain experience and achievement in many areas. There are many sports teams, a range of public speaking clubs, science and maths competition teams, a United Nations Youth Council, a range of bands, orchestras and choirs, a drama group and a small business management group.

Western Australia

Allanson Primary School

Allanson Primary School is a small rural school, about three hours drive south of Perth. It has

While the school would not have identified itself as an health promoting school, it demonstrated many of the characteristics found in other case study schools. It recognises that the school contributes to the health of students, particularly in terms of the social and physical environments, physical activity, and links with community services. It has developed comprehensive policies and practices in sun care. The school has developed a number of shaded areas for active and passive recreation, and broad-brimmedhats were being worn by nearly all students at play in open areas. There is an emphasis on self esteem in welfare, physical activity and curriculum programs. The school utilises a cohesive discipline policy, well supported by staff, including a concerted effort to address bullying, including skilling senior students to deal with situations.

The school would not see health education as a priority within the school, as it is satisfied that it currently teaches the WA syllabus in a satisfactory manner.

Sport is seen as an important aspect of school life, with all staff taking 2 x 40 min PE plus 60 min sport per week. All students are expected to be members of teams, although those wishing not to participate in competition learn the skills, do the training, but take on different roles during the competition.

Eastern Hills Senior High School
This is a large state high school of 1300 students that takes children from eight feeder primary schools in the surrounding area. The school is well landscaped and backs onto bushland which gives it a rural feel.

It has taken an innovative approach to health planning with a health committee which incorporates teachers from a variety of subject areas, and parents, along with a student health council that takes the lead on health promotion activities in the school. It utilises the Western Australian health weeks calendar and runs a number of events such as Healthy Bones Week where physical activity and calcium-rich foods were a focus. The school has also piloted a cross curricular approach to health issues, by developing the topics of assertiveness and bullying through role play in drama, resulting in a performance that was very well received. The issues were taken up and developed in English, Social Studies, Drama, Home Economics and Science classes.

In order to address alienation and social isolation of younger students in the secondary environment, a year 8 hub school is being planned which will provide cross curriculum teaching and child centred education. This concept has been developed by a parent/teacher consultative group.

The students enjoyed being involved in different aspects of the school, through positions of responsibility, extra-curricular activities and very active committees, such as the students council. As one of the students commented, *the school council is wicked, its something to do, you get responsibility, you're appreciated.* Senior students particularly liked the peer support training camp which helped to break down the barriers between students and

Mandurah High School
Mandurah Senior High school is located 75 kilometres south of Perth in the semi-rural environs of the coastal town of Mandurah. This government school opened in 1979; the current student population is 1120 supported by a teaching staff of 80.

The school development plan has as its priorities motivation, manners, behaviour and etiquette. As a means of putting these into practice the school has a TRAC code: Tolerance of individual differences, Respect for school facilities, Appreciation of the strengths and successes of others, and Courtesy through the use of good manners. These then transfer into each subject area through their individual strategic plans.

The school has an active student health committee which includes representatives from all years and the school nurse.

A mentor program is provided for students through two coupled year groups: year 11 with year 8, and year 12 with year 9. This helps to create a sense of belonging in the school. A similar program is in place for graduate or younger staff members.

There is a varied program of lunchtime year group activities provided, involving sports competitions and fun games to keep students occupied over the lunch break and involved in extra-curricular activities. These activities also help to foster a sense of belonging through the use of house group competitions.

The school is supported by a strong staff community many of whom live locally, which contributes to the strong inter-staff and staff/student relationships. The school has also created open communication with parents by making time-tabled time available to year Coordinators so that they can arrange one-to-one contact with parents and through a system of letters of recommendation to parents of students who have excelled in some area of the school program.

Guildford Grammar School
Guildford Grammar school is an independent boys boarding school covering K - 12 which has a student population approaching 1000. It has been open since 1896 and has a long established history. One of the main foci is sport after school which every boy is obliged to participate in. However there is also a fully equipped space lab with a link up to NASA, in Houston, Texas. The boys won last years Rock Eisteddfod State final. A range of activities from a Pony Club to Classical Music is provided. The school is set in beautiful grounds with extensive sports facilities, its own chapel of some magnitude and a variety of facilities which are unique to a boarding school environment: 24 hour sanatorium with nurse and ward on site.

The school has adopted an extensive health education curriculum component for years 8, 9 and 10. This curriculum is complimented by health education issues covered in religious education and sports classes. Years 11 and 12 have a Life Issues program that covers health education topics and builds on what was learnt further down the school. A variety of external

The school operates a strong house system to encourage a sense of belonging and has integrated a peer support programme into its pastoral care activities. Many of the staff are long serving and this coupled with the extra-curricularinvolvement teachers have, has created a healthy social environment in the school where a good rapport is enjoyed between boys and staff.

Tasmania

Sorell State Secondary College

Sorell is one of the oldest schools in Tasmania. It is a two campus K-12 school on the outskirts of Hobart, and has its own school farm that the students utilise for classes and project work. Students were positive about the practical elements of agricultural projects.

A particular focus has emerged in the middle school years where in years 6, 7 and 8, the students are taught by two main teachers to ensure continuity between the primary and secondary campus and allow classes to be taught in an integrated manner. The co-location of the primary and secondary school allows for the sharing of staff between campuses. Parents are involved in the school through the writing, reading and parents program and the parent reference group (which meets to discuss particular issues). The module program also offers an avenue through which parents can share a particular skill or interest they have with a small group of students through a 10 week activity program.

Sorell is set in a semi-rural environment and the building and landscaping add to the well organised ambience that pervades throughout the school.

The Friends' School

Friends is a large K-12 independent mixed school in Hobart. It uses the Quaker philosophy to guide its operations. The schools motto 'No one is born for self alone', encapsulates how the school functions.

Friends' places great importance on fostering a whole school ethos which supports and nurtures students. It emphasises a strong sense of concern for and commitment to others. Health and other issues of growing up are put firmly on the agenda by teachers, students and parents. There is a very close formal relationship between parents, teachers and students and a sophisticated understanding of the concept of community which is reflected in how the students relate with one another and with outside agencies.

Students are encouraged to diversify in their studies, recreation and cultural pursuits and to undertake all their activities with a sense of respect for and trust in other human beings.

The *atmosphere* of the school clearly tells the visitor that Friends is a place where social and emotional health is fostered, developed and practised. It is a fine example of a health promoting school, particularly in how it has established its sense of belongingness, tolerance and community service.

RECOMMENDATIONS

REPORT 1

Recommendations

Our recommendations have been made in relation to the strategic plan and subsequent action plans.

1. Any strategic plan and action plan will have to include a research agenda with priority areas including: research into the relative effectiveness of the domains of health promoting schools; what minimum resources and services are necessary to establish health promoting schools; what factors sustain and enhance health promoting schools. The learnings/assertions provide a source of ideas for further research and teacher study of their practice is an area that must be encouraged if we are to better understand the health promoting school as it is developed in schools.
2. The nature of HEALTH PROMOTING SCHOOL activity and its assessment must be understood, owned and shaped by the school.
3. Any action plan will have to include examples of exemplary practices to define the language and provide directions for future activities. The attached cases begin to indicate exemplary practice but it is important to realise that it is the ways schools link their HEALTH PROMOTING SCHOOL activities as well as the value of particular activities which leads to the description 'exemplary'.
4. Schools will continue to adopt curriculum programs and packages linked to particular health issues. The strategic plan needs to address mechanisms for reinforcing whole school approaches in funded, topic-specific health projects.
5. A strategic plan may need to take risks in certain areas and question taken for granted features of schools. For example:
   - Existing school organisation structures in areas of timetabling and grouping of students. At secondary level, schools are exploring transition and middle school arrangements which have fewer teachers responsible for individual students over longer periods of time
   - The importance of participant ownership of ideas (especially students) requires genuine opportunities to accept responsibility for initiating and implementing activities in the HEALTH PROMOTING SCHOOL area. Understanding and belief in ideas is fundamental to promoting health and living healthier lifestyles in the future.
6. Any interpretation of data from schools must consider the source of the data. The significant differences in responses from administrators and teachers indicates the differences in roles when representing the HEALTH PROMOTING SCHOOL context.

7. Differential resourcing to schools may be based on SES and cultural needs.
8. School and teacher experiences are fundamental for further progress in HEALTH PROMOTING SCHOOL. In the area of health education, success is dependent on managing unique interactions between the curriculum agenda, and student and environmental factors. Any future development in HEALTH PROMOTING SCHOOL will need to take into account both teacher and school experience.
9. Coherent theories of educational change and teacher learning should drive the action plan and be clearly indicated in the teacher education (pre and in-service) initiatives that are involved. (This recommendation emerges from the extensive and varied experience in educational and school change among the team members).
10. Any strategic plan should address the following areas:
    - clearing house function of relevant literature and exemplary practices;
    - provide forums for continuing discussion and debate by key people in HEALTH PROMOTING SCHOOL;
    - a public advocacy function to maintain lobbying and promotion of the HEALTH PROMOTING SCHOOL concept;
    - a research agenda;
    - strategies to promote intersectoral planning and actions such as: appointments across sectors, memoranda of understanding between sectors, and joint planning of project work, executive agreements, joint conferences.
11. There is a need to establish key indicators of HEALTH PROMOTING SCHOOL progress for schools. This will help schools monitor their progress by establishing their own priorities and indicators. A HEALTH PROMOTING SCHOOL audit instrument could be provided for use in schools and which could be adapted or adopted by schools
12. Schools need increased opportunitiesfor networking to support the growth of the health promoting school concept.
13. The strategic plan needs to legitimise the place of staff wellbeing within the HEALTH PROMOTING SCHOOL framework.
14. The AHPSA will need to be selective and strategic in identifying key partners, both government and non government, to take on lead roles in further development of HEALTH PROMOTING SCHOOL in Australia.

All of the above would have to be addressed in order to provide a chance of sustainability for health promoting schools.

6.1 Recommended Action Areas

The following section provides recommended areas for action in relation to health promoting school related policy development and context.

A legend, which appears in the left margin has been developed to address the potential "lead" role to be played by different stakeholders or levels of the structure proposed in 6.1.1. , and is described below:

Legend for potential lead roles and responsibilities

(N)	National level
(S)	State level
(L)	Local level
(A)	All levels

(N)>(S)>(L) = implies a cascading effect

6.1.1 (N) Develop a progressive structure for uniting and promoting the health promoting school concept

Extensive support in both policy and programmatic terms has been indicated for the development of structures to provide a focus and point of contact for health promoting school issues. Such bodies should ensure that policy-related issues are central to their activities. The establishment of a committee structure such as that outlined below would assist in overcoming the definitional, coordination and collaboration issues noted above.

(N)>(S)>(L) · Establish inter-related, multi-sectoral health promoting school **leadership committees** at the national and state/territory levels, and cluster groups at the local level, which are directly related to any existing National and State/Territory branch health promoting schools networks, while mindful of resource constraints and levels of personnel.

(N)>(S) · Establish clear **terms of reference** for the committees established at the national level, and tailored at the state level (utilising existing health promoting school networks), and which may change over time to reflect the current climate.

(N)>(S) · **Generate resources** in both human and material terms to support interagency/coalition initiatives for operations at the state and local level, especially through maintenance of a state coordinator role and related budget.

(A) · Endorse **reporting and monitoring** of the integration of health promoting school policies as a role at all levels, which requires agreement on reporting guidelines (e.g. policy content, implementation and evaluation).

(N) · Acknowledge **development and dissemination** of a range of policy samples using both issue-based and comprehensive approaches, as a major role at the national level, although conducted at all levels of the structure.

6.1.2 (N) Improve communicationand collaboration(genuine partnerships)between health and education sectors

The health promoting school concept could substantially benefit from leadership, through policy initiatives and other mechanisms, at the sector level to unite and give recognition and credibility to activities occurring on the ground. A number of mechanisms have been identified in this report to assist in this, such as:

(N) · endorse **policy development at the sector level** which specifically articulates and promotes the health promoting school concept, and which is adequately resourced, such as through formally endorsed interagencies/coalitions, personnel to advance health promoting school related policy initiatives, and project seeding.

(N) · endorse the on-going establishment of **intersectoral agreements** such as Memoranda of Understanding, to guide ways in which sectors operate on issues in common, (especially health and education sectors), and which address the areas of difference and compatibility for each sector.

(N)>(S)>(L) · endorse and **resource practical strategies** which facilitate improved intersectoral communication; for example, via formally endorsed interagency or coalition forums, email, web pages, personnel exchanges.

6.1.3. (N) Develop progressive advocacy strategies for promoting the health promoting school concept, including policy development

(N) · Establish a **marketing plan** for health promoting schools at the national level, with linked plans tailored to and by the state level, which may consider the following:

- Developing and disseminating **policy development resources** which specifically focus on processes/'how to' as established in this report, for policy development within the context of the health promoting school approach. Such resources, building on the process outlined in Attachment 4, below, could take the form of supplements to existing resources, and may utilise aspects of existing resources (e.g. see TACADE references as a framework, Nutrition Success, & WASH examples).

- Close consideration of the feasibility of a health promoting school project **grants strategy**, nationwide, which is administered at the state level through the committee/association structures. Such an initiative may include an awards strategy.

- Utilising existing networks, such as the Australian Health Promoting Schools Association and the Health Education Unit, Universityof Sydney, in establishing a **clearinghouse** or centre for health promoting school information and support.

- Designing **data bases** (e.g. monitoring and evaluation) and utilising them specifically in policy development and advocacy strategies (e.g. in rationale statements).

6.1.4. (N)>(S)>(L) Promote balance in approaches to policy

(N) (S) · Via the national/state committee/association structure, there is a need to provide **leadership** on balanced approaches to policy development (as per Attachment 4) which:

- Acknowledge the **entry point** model as the most prevalent in schools, but also recognise the value of the comprehensive approach to health promoting schools.
- Assist in identification of contemporary **priorities** across the range of health promotion issues encompassed by the core components of curriculum, environment, and partnerships.
- Reflect evidence of **philosophy** underpinning policies and include attention

to ethical, legal and other obligations

- Are inclusive and encompass the needs of a range of **stakeholders** in the school community, including students, staff, parents, and external agencies, preferably through direct participation.
- Address information and skills **development needs** of stakeholders, especially professional development of teachers.
- Incorporate **reasonable evaluation** approaches to health promoting school policy development and implementation.
- Promote **broad research** as a basis for policy development, including identifying existing policies, sources of information, human and other resources, and other forms of support for policy development and related health promoting school processes.

6.1.5. (N) (S) Promote understanding and use of a sound policy formulation procedure

Having regard to the lack of support for a policy template or prototype expressed by project participants, it is recognised that health promoting school activities could be assisted and improved by an understanding and usage of recognised policy formation, development and implementation procedures. Without restricting health promoting school activities to a single model, Attachment 4 provides a suggested process which could form the basis of advisory documentation for dissemination.

- Endorse and **disseminate** a suggested policy development process at national, state and local levels which outlines sample policy **development procedures** (Attachment 4).

Conclusion and Recommendations

This audit has presented results from a sample of School-Health Service links across Australia. While it has pointed to the great diversity in such links, it has also proposed a schema that sees them as falling broadly into three categories:

- collaborative **policy and program** links at a relatively 'central' level around the broad concept of moves towards health promoting schools as part of health promoting communities;

- cooperative **health activities** within school and community settings to achieve more limited health promotion goals;

- coordination between schools and agencies to provide **health services** to a school population.

There is strong support from the various levels of the Health sector for the further development of links, not only because it is recognised that 'traditional' youth health goals can only be met through structured access to a school-age population, but also because health promotion is seen as an activity which must be carried out:

- holistically - in relation to other factors and influences upon the young person's well-being;
- cooperatively - both with other services providers and with the young people themselves;
- efficiently and effectively - in recognition of and in concert with other initiatives;
- sustainably - over a significant period of time.

Beyond these, this audit proposes that the health promoting schools concept must be seen within a broader scenario of healthy community development, which empowers young people to identify community health goals, to undertake roles of value in working to achieve those goals, and to build their connections to a healthy community.

Some issues, including barriers to productive links and potential solutions to these, have been identified through this audit.

Recommendations

In formulating recommendations for the Health Promoting Schools Strategic Plan, the

audit proposes some broad statements of principle that should be addressed in the Plan, some areas for central action, and some mechanisms for supporting productive Education-Health Service links within the context of health promoting schools and communities.

Recommendations of Principle

1 The Health Promoting Schools Strategic Plan should recognise the value of existing formal departmental collaboration at a senior level and support and encourage the development of such collaboration at national and state/territory levels where it is not yet established .

   Such collaboration should urgently seek ways to overcome the negative impact (including duplication of process efforts) of bureaucratic impediments to local inter-agency collaboration, such as differing regional boundaries and organisational structures.

2. The Strategic Plan should see moves towards the Health Promoting School as a developmental process that reflects the development of long-term collaborative processes at all levels between education and health services, rather than as the development of a single model by one sector.

3. The Strategic Plan should build upon successful practice within existing Health Promoting Schools initiatives, at both central and local levels, and with particular reference to the consolidation and development of existing inter-agency links.

4. In face of the relative low priority and time for formal Health Education in the curriculum, the Strategic Plan should support the establishment and development of Health Service-School links across the curriculum, i.e. within the context of a whole of school approach.

Recommendations for Central Action

5. The Strategic Plan should press for adequate funding from both health and education to be committed over a significant period of time for activities leading to the development of the health promoting schools concept. Both the development of pilot projects and their translation into 'mainstream' activities should recognise the importance of process-based funding over several years. Such funding should, where relevant, support and build upon existing initiatives for the funding of health promoting schools activities from Education, Health, and statutory health promotion foundations.

6. The Strategic Plan should propose the establishment of a National Health Promoting Schools Funding Mechanism which draws ongoing financial support from both health and education and from other sources (including industry). This Mechanism should be established on a statutory basis, with specific responsibility for the advancement of the health promoting schools concept, and with an ability to fund activities in a range of sectors using criteria based on the health promoting schools framework.

7. The Strategic Plan should address, through criteria associated with the National Health Promoting Schools Funding Mechanism and other means, the lack of resources flowing from central to local level to enable sustainable non-fragmented service provision.

8. The Strategic Plan should support a priority in resource allocation from non-Government and Government agencies to areas in most need, e.g. rural and remote areas, outer-urban developing communities, young people of non-English speaking background, Aboriginal communities, and homeless young people.

9. The Strategic Plan should encourage the Health sector to target resources to the professional development of staff in order to raise their awareness of the health promoting schools concept, and for the development of positive strategies for inter-sectoral collaboration, e.g. use of the NIDE Guidelines.

10. The Strategic Plan should recognise the need for further specific research into effective strategies employed within traditional and other Aboriginal communities in order to address differing views of health and education.

11. The Strategic Plan should recognise the need for further research and professional development initiatives around the needs of professionals within Education, Health and other agencies for developing inter-sectoral collaborative processes.

12. The Strategic Plan should support the continued coordinated documentation and evaluation of health promoting schools initiatives in order to disseminate advice about effective strategies and approaches; such advice should be incorporated within a resource kit aimed at encouraging collaborative practices between schools and health services within the health promoting schools framework.

Recommendations for Local Action

13. The Strategic Plan should support a range of activities that aim at regularly

documenting, sharing, and networking good practice in Education-Health Service links that promote the Health Promoting School concept, e.g. expansion of health promoting schools newsletters to all schools and agencies, creation of a category for health promoting schools in the HEAPS database, development of directories of organisations that work within a health promoting schools framework.

14. The Strategic Plan should include the development of small initiative grants for health promotion in the area of formal linking and networking of projects and agencies, using a health promoting schools framework.

15. The Strategic Plan should support the development of school-based approaches to health promoting schools and communities, that enable, promote and support active and participatory roles for students as instigators and planners.

16. The Strategic Plan should support the development of community-based approaches that enable, promote and support students in accessing community resources, agencies and services in the development of the Health Promoting School and community and in which students are partners in defining their own and their community's health needs.

REPORT 4