

Chapter 1

Introduction

The prime function of schools is to maximise educational outcomes for their students. It is not their function to solve society's health issues. However, healthy students learn better and therefore schools have an obligation to address health to facilitate educational goals. Schools that undertake health from this perspective can achieve both health and education outcomes.¹

- 1.1. The need for health promotion is now accepted worldwide. This new focus on preventative health means tackling negative health behaviours before they emerge. Governments have a range of strategies to deal with this, with schools increasingly being seen as an appropriate setting for delivering health promotion messages to children and teenagers, and their families. Therefore, the Committee was pleased to have this opportunity to undertake an inquiry into the potential for developing opportunities for schools to become a focus for promoting healthy community living.

Functions of the Education and Training Committee

- 1.2. The Education and Training Committee is constituted under the *Parliamentary Committees Act 2003*. The Committee's specific function under the Act is to:
 - Inquire into, consider and report to the Parliament on any proposal, matter or thing concerned with education or training if the Committee is required or permitted to do so by or under the Act.
- 1.3. The Education and Training Committee comprises seven members of Parliament, with five drawn from the Legislative Assembly and two from the Legislative Council. Mr Geoff Howard MP chairs the Committee.

Terms of reference

- 1.4. On Thursday 4 December 2008 the Legislative Assembly referred to the Education and Training Committee an inquiry into the potential for developing opportunities for schools to become a focus for promoting healthy community living.
- 1.5. The terms of reference for the inquiry are as follows.
 - To the Education and Training Committee — for inquiry consideration and report no later than 1 July 2010 on the potential for developing opportunities for schools to become a focus for promoting healthy community living, in particular:
 - a) existing activities carried out by schools to promote holistic healthy living within their school communities involving healthy eating, active lifestyles, sun smart awareness and appreciation of the effects of harmful substances;

¹ Professor L. St Leger, Written Submission, July 2009, 1.

- b) successful programs which have been instituted in schools in other states or internationally;
 - c) identify whether it is appropriate for the State to encourage schools to extend health programs to be directed at the broader school community and, if so, what the most effective and efficient approaches are;
 - d) opportunities for linking with community leaders and forming partnerships with business and community organisations;
 - e) existing broader health promotion policies and activities; and
 - f) how school-based activities could relate and coordinate with these to maximise impact and efficiency.
- 1.6. On 8 June 2010, the Legislative Assembly agreed to extend the reporting date for the inquiry until 7 October 2010.

Inquiry methodology

- 1.7. The terms of reference were advertised in *The Age* and *Herald Sun* during June 2009, as well as local and regional papers during June 2010. They were also advertised in the Department of Education and Early Childhood Development's monthly magazine, *Shine*.
- 1.8. In June 2009, the Committee wrote to a broad range of organisations and individuals in the health and education sectors, advising them of the terms of reference and inviting written submissions. In April 2010, the Committee wrote to the Department of Education and Early Childhood Development regional directors, Primary Care Partnerships and schools involved in a pilot of the Health Promoting Schools framework, inviting responses to the terms of reference and a series of targeted research questions. Similar correspondence was sent to local councils, community health services and the School Focused Youth Service during May 2010.
- 1.9. The Committee received 159 written submissions to the inquiry (refer Appendix A). Submissions came from government agencies, local government, Primary Care Partnerships, community health agencies, health promotion bodies, researchers, parents and teachers.
- 1.10. Public hearings were held on 31 August 2009, 5 October 2009, 16 November 2009 and 21 June 2010 involving 43 witnesses (refer Appendix B). Participants included representatives of the Department of Education and Early Childhood Development, various health promotion bodies, Primary Care Partnerships and school-based health promotion programs.
- 1.11. In September 2009, the Committee met with representatives of the Queensland Department of Education and Training, Queensland Health and the University of Queensland (refer Appendix C). During October 2009, the Committee travelled to New Zealand to meet with a range of health promotion bodies and to visit best practice health promoting schools (refer Appendix D).

Health and health promotion

1.12. The World Health Organisation defines health as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’.² A person’s health can be determined by biomedical and genetic factors, health behaviours, socioeconomic factors, and environmental factors.³ Although genetic factors are out of the control of governments, health behaviours, socioeconomic factors and environmental factors are within the scope of influence of health professionals and governments.

1.13. The social determinants of health are of particular importance when designing health interventions. The World Health Organisation describes the social determinants of health as:

The conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.⁴

1.14. In 2005, the World Health Organisation established the Commission on Social Determinants of Health to provide advice for governments on ways of addressing the impact of the social determinants of health on communities. The commission’s final report was launched in August 2008, and contained three overarching recommendations, namely to: improve daily living conditions; tackle the inequitable distribution of power, money and resources; and measure and understand the problem and assess the impact of action.⁵

Defining health promotion

1.15. Health promotion can be defined as ‘the process of enabling people to increase control over the determinants of their health’.⁶ The aim of health promotion is to work with individuals, communities and organisations to increase control over and improve their health.

1.16. Health promotion seeks to enhance the health and wellbeing of population groups and their members by preventing and/or reducing untimely morbidity and mortality. It involves mediating between people and their environment, combining personal choice with social responsibility, for people to create a healthier future. Health promotion can include:

- working with people, not on them;
- addressing all aspects of health (physical, mental, spiritual);
- collaborating with the local community and their issues;

² World Health Organisation, ‘About WHO in SEAR, Constitution of the World Health Organisation.’ <http://www.searo.who.int/en/Section898/Section1441.htm> (accessed 5 August 2010).

³ Australian Institute of Health and Welfare, *Australia’s Health 2008: the eleventh biennial health report of the Australian Institute of Health and Welfare* (Canberra: Australian Institute of Health and Welfare, 2008), 4.

⁴ World Health Organisation. ‘Social determinants of health,’ http://www.who.int/social_determinants/en/ (accessed 11 August 2010).

⁵ *ibid.*

⁶ Dr E. Bruce, Vice-President, Australian Health Promotion Association (Victorian Branch), Transcript of Evidence, Public Hearing, Melbourne, 31 August 2009, 12.

- addressing the underlying and immediate causes of health (the determinants of health);
 - working with both individuals and population groups;
 - emphasising the positive aspects of health;
 - being concerned with healthy lifestyles;
 - incorporating all levels and sectors of society and the environment;
 - emphasising partnerships and alliances between groups and sectors;
 - building the capacity of people through education, training and work opportunities; and
 - being innovative and addressing challenges.⁷
- 1.17. Worldwide, governments are increasingly focusing on health promotion as the tool not only to change unhealthy behaviours but, more importantly, to create healthy behaviours at a young age. This is supported by the 1986 Ottawa Charter for Health Promotion, which stresses the importance of: building healthy public policy; creating a supportive environment; strengthening community action; developing personal skills; and reorienting health services.⁸ This is achieved through the strategies of advocating, enabling and mediating through the settings in which people live.
- 1.18. As outlined by one world leading expert on health promotion in schools, Professor Lawrence St Leger, some commonly used approaches to health promotion include:
- Awareness raising: Increasing the public and individual's knowledge of the issue, usually through media campaigns and publications.
 - Regulation and policies: Passing laws and developing policies to prevent health endangering practices (eg. pesticides in food) and to promote good health (eg. seat belt legislation, smoke free areas).
 - Education: Equipping people of all ages with the knowledge and skills necessary to look after their own health and the health of others (eg. learning about disease transmission, skills in food purchase and preparation, skills in stress management, learning to drive a car safely).
 - Advocacy: Enabling individuals and groups to lobby for changes which prevent ill-health and promote opportunities for health to be advanced (eg. lobbying for non-smoking work environments, vehicle safety).
 - Mediation: Facilitating the balance between groups with differing interests in the pursuit of health (eg. between the proponents of processed food and unprocessed food).

⁷ Lawrence St Leger, *Health Promotion and Health Education in Schools – Trends, Effectiveness and Possibilities* (Noble Park North: Royal Automobile Club of Victoria (RACV) Ltd, 2006), 3.

⁸ World Health Organisation, 'Health Promotion Action Means.'
<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index1.html> (accessed 11 August 2010).

- Resources and services: The development of appropriate resources and services which enable people to access information and facilities which will enhance their health (eg. electronic and print material to support drug management, telephone advisory services).⁹

1.19. The above approaches are adopted by governments and health agencies worldwide as the tools for changing or preventing unhealthy behaviours. Schools are often a focus for health promotion as they provide an opportunity for promoting healthy life practices to children and preventing unhealthy behaviours from forming.

Government strategies aimed at health promotion

1.20. There are a range of national and state based strategies aimed at population health and health promotion. As noted in a recent report by the National Preventative Health Taskforce, the health system has traditionally focused on treating people after they become unwell, resulting in vast social and economic costs associated with chronic disease.¹⁰ Today, however, governments see the importance of preventing the behaviours which cause many of the chronic health problems experienced by members of the community.

National Preventative Health Strategy

1.21. The National Preventative Health Strategy was launched on 1 September 2009. It outlines the major health concerns which can be prevented through health promotion and behavioural change. Strategies have been developed to deal with three main unhealthy behaviours. Obesity, tobacco and alcohol have been identified as causing adverse health effects and creating significant costs to the community. For example:

- The expected growth in the prevalence of obesity is the major reason for projections that, by 2023, type 2 diabetes will become the leading cause of disease burden for males and the second leading cause for females. If this occurs, annual healthcare costs for type 2 diabetes will increase from \$1.3 billion in 2002–03 to \$8 billion by 2032.
- Around half of the 2.9 million Australian adults who currently smoke on a daily basis and who continue to smoke for a prolonged period will die early; half will die in middle age. Smoking related illness costs up to \$5.7 billion per year in lost productivity.
- In 2004–05 the harmful consumption of alcohol resulted in huge costs to the community. They include costs attributable to crime (\$1.6 billion), health effects (\$1.9 billion), productivity loss in the workplace (\$3.5 billion), loss of productivity in the home (\$1.5 billion) and road trauma (\$2.2 billion).¹¹

⁹ Lawrence St Leger, *Health Promotion and Health Education in Schools – Trends, Effectiveness and Possibilities* (Noble Park North: Royal Automobile Club of Victoria (RACV) Ltd, 2006), 5.

¹⁰ Australian Government Preventative Health Taskforce, *Taking Preventative Action – A Response to Australia: The Healthiest Country by 2020 – The Report of the National Preventative Health Taskforce* (Canberra: Commonwealth of Australia, 2010), 5.

¹¹ Australian Government Preventative Health Taskforce, *Australia the Healthiest Country by 2020 – National Preventative Health Strategy – the roadmap for action* (Canberra: Commonwealth of Australia, 2009), 8.

National Partnership Agreement on Preventive Health

1.22. The National Preventative Health Strategy is supported by the National Partnership Agreement on Preventive Health which was agreed to by the Council of Australian Governments (COAG) in November 2008. The partnership agreement aims to address the rising prevalence of lifestyle related chronic diseases, by:

- laying the foundations for healthy behaviours in the daily lives of Australians through social marketing efforts and the national roll out of programs supporting healthy lifestyles; and
- supporting these programs and the subsequent evolution of policy with the enabling infrastructure for evidence-based policy design and coordinated implementation.¹²

1.23. The National Partnership Agreement on Preventive Health includes a series of outputs and performance benchmarks relating to healthy children, healthy workers, healthy communities, industry partnership, social marketing and enabling infrastructure. The benchmarks applicable to children include:

- Increase in proportion of children at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of children at healthy weight returned to baseline level by 2015.
- Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; 0.6 for fruits and 1.5 for vegetables by 2015.
- Increase in proportion of children participating in at least 60 minutes of moderate physical activity every day from baseline for each state by five per cent by 2013; by 15 per cent by 2015.¹³

1.24. The national targets are supported by a series of funding and reward payments to the states and territories. Each jurisdiction is free to decide how the funding will be allocated and what programs will be developed in order to achieve the targets and subsequent reward payments.

VicHealth – Strategic priorities 2009 to 2013

1.25. The primary agency for health promotion in Victoria is the Victorian Health Promotion Foundation, known as VicHealth. The agency identifies six health priorities in its Strategy and Business Plan for 2009 to 2013, namely:

- reducing smoking;
- improving nutrition;
- reducing harm from alcohol;
- increasing physical activity;
- increasing social and economic participation; and

¹² Council of Australian Governments, *National Partnership Agreement on Preventive Health* (Barton: COAG, 2008), 3.

¹³ *ibid.*, 8.

- reducing harm from UV exposure.¹⁴

1.26. The above priorities are supported by a series of key results areas relating to: health inequalities; participation; nutrition, tobacco, alcohol and UV; and knowledge, communications and business operations.¹⁵

The Victorian Child and Adolescent Monitoring System

1.27. The Victorian Child and Adolescent Monitoring System (VCAMS) is a cross-government initiative that aims to monitor the wellbeing of 0 to 18 year-olds in Victoria, and to ensure a coordinated approach to sharing information across agencies to enable more effective policy making. It provides a common basis for setting objectives and planning across the whole-of-government to advance the wellbeing of Victoria's children, through monitoring and reporting on how children are faring.¹⁶

1.28. The VCAMS consists of 35 endorsed outcomes for Victoria's children and adolescents which are supported by 150 associated indicators. The indicators were developed following a review of national and international research, consultation with academic experts and practitioners, and consideration of best practice. Some of the outcomes relate to the child directly, and others relate to key factors that influence child wellbeing: the family, the community and services and supports.¹⁷

1.29. The Children's Services Coordination Board is responsible for endorsing the VCAMS. It brings together key decision makers including the Chief Commissioner for Police and the Secretaries of the Departments of Premier and Cabinet, Treasury and Finance, Education and Early Childhood Development, Human Services, Planning and Community Development and Justice.¹⁸ Primary responsibility for the measurement and collection of the data resides with the Department of Education and Early Childhood Development, the Department of Human Services and the Department of Health.

1.30. The Committee notes that the VCAMS provides a useful tool for the developers of health promotion initiatives, as it highlights the issues of concern for government, as well as the expected outcomes. For example, the key outcome for children relating to healthy weight is supported by indicators for the proportion of children who are overweight and obese and the proportion of children who are underweight. Similarly, the outcome relating to adequate nutrition includes an indicator for the proportion of children and young people who eat the minimum recommended serves of fruit and vegetables every day. Consequently, developers of health promotion initiatives relating to healthy eating and physical activity can build these indicators into both their program design and their monitoring and evaluation regime.

¹⁴ VicHealth, *VicHealth strategy and business plan 2009–2013: Promoting health and preventing illness* (Carlton: VicHealth, 2009), 10.

¹⁵ *ibid.*

¹⁶ Data, Outcomes and Evaluation Division, Department of Education and Early Childhood Development (Victoria), 'VCAMS—the Victorian Child and Adolescent Monitoring System,' *Child Outcomes Bulletin Issue 2* (Melbourne: DEECD, October 2009), 1.

¹⁷ *ibid.*

¹⁸ Department of Education and Early Childhood Development (Victoria), 'Children's Services Coordination Board,' <http://www.education.vic.gov.au/about/directions/children/cscb.htm> (accessed 23 August 2010).

Schools as a setting for health promotion

1.31. The Committee found a consensus among the education and health sectors that schools have a legitimate and important role in promoting healthy community living. Indeed, a number of participants commented on the perhaps outdated terms of reference for the inquiry and their implication that schools are not already a key focus for promoting healthy community living. HeartKids Victoria stated that 'it could perhaps be argued that rather than schools taking a role in promoting healthy living, it is their community responsibility to do so'.¹⁹

The link between education and health

1.32. As is recognised worldwide, education and health are inextricably linked.²⁰ Higher levels of education are associated with better employment, healthier lifestyles and higher levels of family and community wellbeing.²¹

1.33. Early school leaving is associated with risk behaviours such as smoking, risk conditions such as obesity, and chronic diseases in adulthood such as cardiovascular disease.²² In contrast, young people who attend school have a better chance of good health, while those who feel good about their school and who are connected to significant adults are less likely to undertake high risk behaviours and are likely to have better learning outcomes.²³ Put simply, 'education outcomes are a key social determinant of overall mental health and physical health'.²⁴

1.34. While education is important for health, so is health and wellbeing a necessary precondition for effective learning. Children and young people with poorer health status (including poorer vision and hearing, chronic physical illness and mental illness) have lower academic achievement than their healthier counterparts.²⁵ A number of other risk behaviours in which schools can try to intervene, such as truancy, drug use at school, bullying and low levels of academic achievement, have also been shown to be linked with poorer health.²⁶

1.35. The Committee recognises that there are a wide range of risk factors which can lead to poorer health outcomes for children and adolescents (and their families). Some of these include unemployment, poverty, social exclusion, exposure to harmful substances, and lack of access to healthy foods, health services or supportive social networks. Additionally, a significant proportion of ill-health is directly related to personal choices about nutrition, exercise, the use of legal and illegal substances, interpersonal relationships and other social behaviours. Evidence shows, however, that health promotion within schools can increase the capacity of students to

¹⁹ HeartKids Victoria, Written Submission, July 2009, 3.

²⁰ Lawrence St Leger and others, *Promoting Health in Schools: from Evidence to Action* (France: International Union for Health Promotion and Education, 2010), 1.

²¹ Department of Health (Western Australia), Written Submission, July 2009, 8.

²² Australian Health Promoting Schools Association, commissioned by the Australian Government Department of Health and Family Services, *A national framework for health promoting schools (2000–2003)* (Canberra: DHFS, 2001), 10.

²³ Lawrence St Leger and others, *Promoting Health in Schools: from Evidence to Action* (France: International Union for Health Promotion and Education, 2010), 1.

²⁴ VicHealth, Written Submission, July 2009, 2.

²⁵ Deakin University and Department of Education, Employment and Training (Victoria), *Health Promoting Schools In Action: A guide for schools* (Melbourne: Deakin University, DEET and VicHealth, 2000), 5.

²⁶ *ibid.*

influence their environment and to take responsibility for the life decisions they make.²⁷

- 1.36. The Australian Health Promotion Association (Victorian Branch) and Australian Health Promoting Schools Association argued that 'incorporating the evidence on the social determinants of health into the planning of education will benefit the whole community, reduce health inequalities and minimise the long-term costs of health care'.²⁸
- 1.37. A submission from the Northern Territory Government recognised schools as a unique setting for improving the knowledge, skills and confidence of young people to understand and act upon their own health needs as they move from a stage of dependency during their schooling years to the independency of adulthood.²⁹ It identified a range of significant health issues (including mental health disorders, injury, chronic diseases and sexual health) which could be addressed in the short, medium and long term through effective school-based health promotion and primary prevention strategies. It also suggested that school-based health promotion could influence a range of risk factors that are common to Australian youth, such as smoking, alcohol abuse, obesity and sedentary behaviour.³⁰
- 1.38. A number of participants argued that given the interdependence of education and health outcomes, health promotion should be considered a core function of schools, with some even suggesting that health outcomes should be considered equally important as academic outcomes. The City of Boroondara made a submission which typified such views:

Schools play a key role in the promotion of mental and physical health for their students, which will have a direct impact on the health of families and the wider community. Schools have a major responsibility for student wellbeing and this is equally important as academic outcomes. Young people who do not have their emotional and social needs cared for by the school will not achieve their learning outcomes.³¹

- 1.39. Similar views have been supported by policy makers internationally. A recent paper published by the International Union for Health Promotion and Education noted that because healthy young people are more likely to learn effectively, health promotion can assist schools to meet their targets in educational attainment, as well as meet their social aims.³²

The advantages of schools as a setting for promoting child and adolescent health

- 1.40. The Committee believes that schools represent the most effective way of universally targeting children and young people and their families. Schools can be the most stable, predictable, safe and potentially nurturing environments available for children, while also acting as a health resource for communities.³³ Further, students spend a

²⁷ Australian Health Promoting Schools Association, commissioned by the Australian Government Department of Health and Family Services, *A national framework for health promoting schools (2000–2003)* (Canberra: DHFS, 2001), 12.

²⁸ Australian Health Promotion Association (Victorian Branch) and Australian Health Promoting Schools Association, Written Submission, July 2009, 9.

²⁹ Department of Education and Training and Department Health and Families (Northern Territory), Written Submission, July 2009, 5.

³⁰ *ibid.*

³¹ City of Boroondara, Written Submission, July 2009, 6.

³² Lawrence St Leger and others, *Promoting Health in Schools: from Evidence to Action* (France: International Union for Health Promotion and Education, 2010), 1.

³³ Australian Health Promotion Association (Victorian Branch) and Australian Health Promoting Schools Association, Written Submission, July 2009, 2.

significant proportion of their time at school, and interacting with the school environment during and after school hours.

1.41. The Committee heard that there are several factors unique to schools that make them an appropriate setting for enhancing the health and wellbeing of children. Some of these were summarised in a submission from the Western Australian Department of Health:

- Schools have an existing infrastructure incorporating educational opportunities, staff trained in the provision of education, environmental services, various structures and supports that can reinforce health messages, and existing links to community-based agencies and support services. Health promotion can therefore be cost effectively incorporated into this pre-existing structure.
- Schools have links to several influences on children’s health, including family, peers and the local community. This access puts schools in an ideal position from which to initiate interaction between key influences on children’s health behaviours, to create supportive environments and reinforce messages from outside the school setting.
- Schools provide an opportunity to reach all children, regardless of socioeconomic background, ethnicity or geography.³⁴

1.42. Other advantages of schools as a setting for health promotion were identified by HealthWest Partnership, which noted that there is capacity for flexibility within the school setting to respond to emerging health issues in a community,³⁵ and Cardinia Shire Council, which stated that ‘facilitating schools to be involved with health and wellbeing further supports the notion that health and wellbeing is everyone’s business and not restricted to a medical model of health and ‘ill-health’ service provision’.³⁶

1.43. The Committee notes that the above factors make schools an ideal setting not only for the promotion of health messages and development of health literacy among students, but also as a setting for immunisations, health screening and early intervention provided by school nursing, medical and oral health services.

The role of schools in promoting broader community health

1.44. The terms of reference for the inquiry required the Committee to ‘identify whether it is appropriate for the State to encourage schools to extend health programs to be directed at the broader school community’.

1.45. Various participants outlined their strong support for schools having a role in promoting healthy living to the wider community.³⁷ Some noted the role of schools in acting as a ‘gateway’ through which health information and messages can be conveyed to the wider community, while others outlined how schools can be used as

³⁴ Department of Health (Western Australia), Written Submission, July 2009, 9.

³⁵ HealthWest Partnership, Written Submission, July 2009, 1.

³⁶ Cardinia Shire Council, Written Submission, July 2009, 5.

³⁷ For example, HealthWest Partnership, Written Submission, July 2009, 1; Eating Disorders Foundation of Victoria (Eating Disorders Victoria), Written Submission, July 2009, 7; Mr T. Harper, Chief Executive Officer, VicHealth, Transcript of Evidence, Public Hearing, Melbourne, 16 November 2009, 2; Jean Hailes Foundation for Women’s Health, Written Submission, July 2009, 8; Catholic Education Office Melbourne, Written Submission, August 2009, 2.

a setting for health promotion programs which target various groups within the community. Mindmatters argued that ‘schools are not separate from their community they are part of their community’.³⁸

- 1.46. Submissions identified a wide range of specific initiatives where schools could extend health promotion programs to the broader community. These were summarised by Moreland City Council as follows: provision of garden space for growing vegetables and fruit trees; provision of sporting grounds and facilities for organised sports; provision of after-hours access to play space for unstructured recreation; provision of meeting rooms for groups to meet after school hours, including halls, art rooms and libraries; provision of schools as a location to provide programs for parents including physical activity classes and access to nutritious food; and opportunities to build social connections not just with parents from the school but also the local neighbourhood.³⁹
- 1.47. Various submissions cautioned that it is only appropriate for the government to encourage schools to extend health programs to the broader school community where they are provided with adequate resources to do so. Submissions suggested that this includes: adequate funding; professional development for teachers; resources and support to build capacity; guidelines and support regarding implementation and running of programs; and flexibility to adapt the programs to suit the specific issues and demographics of the school community.⁴⁰
- 1.48. The Australian Health Promotion Association (Victorian Branch) and Australian Health Promoting Schools Association acknowledged that schools themselves are not resourced and do not have appropriately trained staff to take on the role of promoting health in the broader community. They suggested that instead, ‘strong partnerships between the health, welfare and education sectors are required in order to establish effective pathways between the range of health related organisations/services and schools and their communities’.⁴¹

Challenges for effective health promotion within schools

- 1.49. The Committee found that despite widespread agreement about the benefits of health promotion activities within schools, there are a range of factors which can inhibit the implementation or effectiveness of health promotion initiatives. The barriers mentioned most frequently during the inquiry were:
 - the competing aims and interests of the health and education sectors;
 - the often ad hoc, short-term nature of programs and projects offered to schools;
 - the lack of ongoing funding to ensure the sustainability of proven programs and initiatives;
 - unrealistic expectations;

³⁸ MindMatters, Principals Australia, Written Submission, July 2009, 4.

³⁹ Moreland City Council, Written Submission, June 2010, 2.

⁴⁰ For example, Women’s Health Victoria, Written Submission, July 2009, 7; Victorian Alcohol and Drug Association, Written Submission, July 2009, 2; Wyndham City Council, Written Submission, July 2009, 2.

⁴¹ Australian Health Promotion Association (Victorian Branch) and Australian Health Promoting Schools Association, Written Submission, July 2009, 5.

- the extensive number of programs available to schools and the associated difficulties for schools and teachers to assess and prioritise programs;
 - failure to take a whole-school approach;
 - variability in the quality and credibility of programs;
 - inconsistency in health messages presented in schools, homes and the broader community;
 - the structure and organisation of secondary schools and their curriculum; and
 - lack of coordination, communication and cooperation between various levels of government.
- 1.50. The Committee notes that short-term, issue-based health programs and projects have very limited success in terms of long-term health and education outcomes. The key finding of the inquiry is the need for improved structures and systems to support school-based health promotion that operate at the state, regional and local levels. Many participants in the inquiry felt that this could best be achieved through the internationally recognised Health Promoting Schools framework, as discussed throughout the following chapters.