

Chapter 2

The Health Promoting Schools framework

The health care system does a great job with health care problems once they have emerged, but in terms of shaping attitudes and behaviours, particularly those at an early age, we need to be doing that in those cultural settings where young people spend most of their time.⁴²

- 2.1. Worldwide, there is growing understanding of the role of schools in the health and wellbeing of individuals, their families and the community. This has been coupled with a trend towards comprehensive, whole-school approaches aimed at improving and/or protecting the physical, mental, social and spiritual health of all members of the school community. The Committee examined these trends in the context of the internationally recognised Health Promoting Schools framework in which a school undertakes a broad range of activities aimed at strengthening its capacity as a healthy setting for living, learning and working.

Health promoting schools

- 2.2. A health promoting school is 'a school community that takes action and places priority on creating an environment that will have the best possible impact on the health of students, staff and the wider school community'.⁴³ A health promoting school takes action to 'promote and protect the health of its members, where health encompasses the dimensions of social, physical, intellectual, mental and emotional wellbeing'.⁴⁴ There are two key purposes of health promoting schools: to enhance educational outcomes; and to facilitate action for health by building health knowledge and skills in the cognitive, social and behavioural domains.⁴⁵
- 2.3. Building on the principles outlined in the Ottawa Charter for Health Promotion, the International Union for Health Promotion and Education sets out a number of principles for health promoting schools.⁴⁶ First, a health promoting school promotes the health and wellbeing of students and staff, enhances the learning outcomes of students, and upholds social justice and equity concepts. Health promoting schools provide a safe and supportive environment for all members of the school community, facilitate student participation and empowerment, and collaborate with parents and the local community. They also link health and education issues and systems, and integrate health into the school's ongoing activities, curriculum and assessment

⁴² Mr T. Harper, Chief Executive Officer, VicHealth, Transcript of Evidence, Public Hearing, Melbourne, 16 November 2009, 5.

⁴³ 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), 4.

⁴⁴ *ibid.*

⁴⁵ International Union for Health Promotion and Education, *Achieving health promoting schools: guidelines for promoting health in schools* (France: IUHPE, 2009), 1.

⁴⁶ *ibid.*

standards. Finally, a health promoting school sets realistic goals based on accurate data and sound scientific evidence, and seeks continuous improvement through ongoing monitoring and evaluation.⁴⁷

Essential elements of promoting health in schools

2.4. The International Union for Health Promotion and Education has identified six essential elements of a health promoting school, namely: healthy school policies; physical environment; social environment; individual health skills and action competencies; community links; and health services. These elements can be summarised as follows:

- Healthy school policies: These are clearly defined in documents or in accepted practices that promote health and wellbeing. Many policies promote health and wellbeing eg. policies that enable healthy food practices to occur at school; policies which discourage bullying.
- The school's physical environment: The physical environment refers to the buildings, grounds and equipment in and surrounding the school, such as: the building design and location; the provision of natural light and adequate shade; the creation of space for physical activity; and facilities for learning and healthy eating.

The physical environment also refers to: basic amenities such as maintenance and sanitation practices that prevent transmission of disease; safe drinking water availability; air cleanliness; as well as any environmental, biological or chemical contaminants detrimental to health.
- The school's social environment: The social environment of the school is a combination of the quality of the relationships among and between staff and students. It is influenced by the relationships with parents and the wider community.
- Individual health skills and action competencies: This refers to both the formal and informal curriculum and associated activities, where students gain age-related knowledge, understandings, skills and experiences, which enable them to build competencies in taking action to improve the health and wellbeing of themselves and others in their community, and which enhances their learning outcomes.
- Community links: Community links are the connections between the school and the students' families plus the connections between the school and key local groups and individuals. Appropriate consultation and participation with these stakeholders enhances the health promoting school and provides students and staff with a context and support for their actions.
- Health Services: These are the local and regional school-based or school-linked services, which have a responsibility for child and adolescent health care and promotion, through the provision of direct services to students (including those with special needs). They include: screening and assessment by licensed and qualified practitioners; and mental health services (including

⁴⁷ *ibid.*

counselling) to promote students' social and emotional development, to prevent or reduce barriers to intellectual development and learning, to reduce or prevent mental, emotional, and psychological stress and disturbances, and to improve social interactions for all students.⁴⁸

The process for developing a health promoting school

2.5. The International Union for Health Promotion and Education has developed a set of guidelines for health promoting schools, which outline the various stages involved in establishing health promotion within schools.⁴⁹ The guidelines emphasise that establishing a health promoting school is not a time limited project; it is a process of change, development and evolution that builds a healthy school community. The guidelines therefore suggest allowing three to four years to complete specific goals:

... everything cannot be changed at once and if the goals and strategies are realistic, then substantial change can occur in 3–4 years.⁵⁰

2.6. At the outset, there must be a supportive government and/or local education authority policy for health promoting schools. The guidelines note that where there are supportive policies for health promoting schools by national, regional or local authorities, it is easier for schools to embrace the concept.⁵¹ International experience has shown, however, that in a number of countries the initiative for health promoting schools has come initially from the school community, leading to later policy adoption at the national level.⁵²

2.7. Within the school, the first step in implementing the Health Promoting Schools framework is to achieve administrative and senior management support. Health promoting schools is a whole-school approach and, as such, needs to have ongoing support and commitment from school leaders.⁵³ The next step is to create a small group which is actively engaged in leading and coordinating health promotion actions and activities. It is essential that all key stakeholders are represented on this group, including teachers, non-teaching staff, students, parents and community members. The guidelines for promoting health in schools state that health promoting schools 'begin well if the workload is shared and all key groups are involved in decision making and implementation'.⁵⁴

2.8. The health promotion group's first task is to conduct an audit of current health promoting actions according to the six essential components of the Health Promoting Schools framework. The group can then establish agreed goals and develop strategies to achieve the goals within the capacity of the school's resources. The guidelines also suggest developing a Health Promoting School Charter which symbolises the commitment of the school, sets out the school's principles and targets, and enables the school to celebrate its achievements in health promotion.⁵⁵ Celebration of milestones such as the creation of the Health Promoting Schools Charter or implementation of a new health promotion policy helps to affirm the

⁴⁸ *ibid.*, 3.

⁴⁹ *ibid.*, 1.

⁵⁰ *ibid.*, 2.

⁵¹ *ibid.*, 1.

⁵² *ibid.*

⁵³ *ibid.*

⁵⁴ *ibid.*

⁵⁵ *ibid.*

concept of health promoting schools in the minds of the school and its local community and senior officials.⁵⁶

- 2.9. The health promoting schools guidelines recognise that staff must think about activities outside the classroom as being equally as important as activities within it. It is therefore essential that staff have ongoing opportunities to attend professional development programs and to be able to present and discuss their school's initiatives with others.⁵⁷

Sustaining health promotion initiatives within schools

- 2.10. The International Union for Health Promotion and Education guidelines outline a range of factors that have been demonstrated to be necessary for sustaining the efforts and achievements of the first few years over the following five to seven years.
- 2.11. One of the first factors in sustaining health promotion efforts in schools is ensuring there is a continuous active commitment and demonstrable support by governments and relevant jurisdictions to the ongoing implementation, renewal, monitoring and evaluation of the health promoting strategy.⁵⁸ The International Union for Health Promotion and Education guidelines identify that a signed partnership between health and education ministries of a national government has been an effective way of formalising this commitment.⁵⁹ Linked to this is the need to ensure that monitoring and evaluation services in the education sector view health promotion as an integral part of the life of the school and that it is reflected in the performance indicators. Likewise, the monitoring and evaluation services in the health sector must view student learning and success as an integral part of health promotion and reflect this in their performance indicators.⁶⁰
- 2.12. Another essential factor to ensure the sustainability of health promoting initiatives is to establish and integrate all the elements and actions of the health promoting strategy as core components to the working of the school. Schools should review and refresh after each three to four years. They should also maintain a coordinating group with a designated leader to oversee and drive the strategy. This group should have continuity of some members, as well as the regular addition of new personnel.⁶¹ The guidelines also highlight the need to ensure that most of the new and ongoing initiatives involve most of the staff and students in consultation and implementation.⁶² Schools should also seek and maintain recognition for health promotion actions both within and outside the school.⁶³
- 2.13. Various resources are also essential to sustaining health promotion efforts within schools. This includes ensuring there is time and resources for appropriate capacity building of staff and key partners.⁶⁴

⁵⁶ *ibid.*, 2.

⁵⁷ *ibid.*

⁵⁸ *ibid.*

⁵⁹ *ibid.*

⁶⁰ *ibid.*

⁶¹ *ibid.*

⁶² *ibid.*

⁶³ *ibid.*

⁶⁴ *ibid.*

The Health Promoting Schools framework in Australia

- 2.14. The Committee is aware that the Health Promoting Schools framework is not a new approach to health promotion within schools nationally and internationally. The adoption of a health promoting school approach was recommended by the National Health and Medical Research Council in 1996, and the Australian Health Promoting Schools Association supports health promoting schools as a best practice framework for school health promotion, and for inter-sectoral collaboration for health in schools.⁶⁵ A 1997 report found that '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'.⁶⁶ Similarly, 'health departments or health foundations have funded initiatives in health promoting schools'.⁶⁷
- 2.15. It is therefore unsurprising that there was a high level of awareness of the health promoting schools model among participants in the inquiry. Over sixty written submissions explicitly mentioned the Health Promoting Schools framework,⁶⁸ while many other submissions and witnesses described similar models with a whole-school approach to health promotion.

The national model

- 2.16. The Australian Health Promoting Schools Association was established in 1994. It developed out of the Australian Association for Healthy School Communities and the Network for Healthy School Communities.⁶⁹ The association aims to initiate and support ways of establishing in schools, a broad view of health consistent with the Ottawa Charter for Health Promotion, and to promote nationally the concept of health promoting schools through collaboration among existing agencies, professional associations, government departments and student and parent groups.

⁶⁵ 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.

⁶⁶ Jeff Northfield and others, *School Based Health Promotion Across Australia* (Sydney: Australian Health Promoting Schools Association, 1997), 5.

⁶⁷ *ibid.*

⁶⁸ Submissions noting the Health Promoting Schools framework include: AFL Victoria; The Alannah and Madeline Foundation; Australian Drug Foundation; Australian Health Promotion Association (Victorian Branch) and Australian Health Promoting Schools Association; Bayswater North Community Renewal Project; Bentleigh Bayside Community Health; Camp Hill Primary School; Cardinia Shire Council; Caulfield Community Health Service; City of Boroondara; Darebin City Council; Dental Health Services Victoria; Department of Education and Children's Services (South Australia); Department of Education and Department of Health and Human Services (Tasmania); Department of Education and Training (Queensland); Department of Education and Training and Department of Health and Families (Northern Territory); Department of Health (New South Wales); Department of Health (Western Australia); EACH – Social and Community Health; Eating Disorders Foundation of Victoria (Eating Disorders Victoria); Family Planning Victoria; Foundation 49; Frankston City Council; Glenelg Healthy Schools Network, Portland District Health; HealthWest Partnership; Healthy Kids School Canteen Association; Heart Foundation (Victoria); The Home Grown Project; Inner East Primary Care Partnership; Kids – Go For Your Life, Cancer Council Victoria and Diabetes Australia (Victoria); Knox City Council; Macedon Ranges Shire Council; MindMatters, Principals Australia; Moyness Health Services; Northeast Health Wangaratta; Northern Metropolitan Region, Department of Education and Early Childhood Development (Victoria); Nutrition Australia (Victorian Division); Outer East Health and Community Support Alliance; Peninsula Health – Community Health; Quit Victoria; School Focused Youth Service; Southern Health; SunSmart, Cancer Council Victoria; VicHealth; Victorian Healthcare Association; Wellington Primary Care Partnership; Western Metropolitan Region, Department of Education and Early Childhood Development (Victoria); Women's Health Victoria.

⁶⁹ Australian Health Promoting Schools Association, 'About us.' <http://www.ahpsa.org.au/pages/about.php> (accessed 8 July 2010).

- 2.17. In 1997, the Commonwealth Department of Health and Family Services commissioned the Australian Health Promoting Schools Association to develop a national framework for health promoting schools. The association developed a framework which was depicted as three overlapping elements: (1) curriculum, teaching and learning; (2) school organisation, ethos and environment; and (3) partnerships and services.⁷⁰
- 2.18. The purpose of the national Health Promoting Schools framework was to guide interaction between the health and education sectors in order to promote health gains for children and young Australians. In particular, the framework was designed to:
- enhance coordination between the education and health sectors, and between different levels of government and the non-government sector;
 - guide policy and infrastructure development at a national, state and local level;
 - set priorities to inform national, state and local planning and guide strategies, programs and initiatives; and
 - promote sustainable national and state health promoting school activity and strengthen community-based involvement.⁷¹
- 2.19. As part of the National Health Promoting Schools Initiative, the Australian Health Promoting Schools Association, through a consultative process with input from all states and territories, developed a vision statement in 1997 that ‘all children in Australia will belong to school communities which are committed to promoting lifelong learning, health and wellbeing’.⁷² The vision is based on the following principles:
- Health and learning: Good health supports lifelong learning, living and wellbeing.
 - Supportive, safe environment: Students grow and learn in a safe, caring, responsive and empowering environment.
 - Holistic (ecological) approach: Health promoting schools view health holistically, addressing the physical, social, mental, intellectual and spiritual dimensions of health through comprehensive programs.
 - Social justice: Equal access to education opportunities by male and female students from all population groups is essential for promoting quality of life.
 - Linking curriculum, environment and community: Health promoting schools ensure a coordinated, comprehensive approach to learning by linking curriculum with the school ethos/environment and the community.

⁷⁰ 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), 7.

⁷¹ *ibid.*, 6.

⁷² *ibid.*, 14–15.

- School community engagement: Health promoting schools are inclusive – the whole school community of students, parents, staff and local agencies are engaged in school activities.
 - Respect for all: Active participation is based on respecting skills, values and experiences of parents, students, staff and members of the school community.
 - Staff and parent wellbeing: Staff and parent wellbeing is integral to health promoting school activity.
 - Active participation and empowerment: Individuals and the community are empowered through collaboration, participatory decision making and personal action.
 - Partnerships: Partnerships result in action which is more effective, efficient and sustainable.
 - Health literacy: Addressing health literacy is an important component of a health promoting school.
 - Diversity: The contribution of diverse cultures and groups is sought, welcomed, supported and valued.⁷³
- 2.20. According to a report commissioned by the Commonwealth Department of Health and Family Services, evidence from the early implementation of the health promoting schools approach was promising, with positive impacts arising in the social and physical environments of various schools, staff development, school lunch provision, exercise programs, aspects of health related behaviour such as dietary intake, and aspects of health such as fitness.⁷⁴ There was also evidence that the approach is able to impact positively on aspects of mental and social wellbeing such as self-esteem and bullying, which had previously proved difficult to influence.⁷⁵
- 2.21. The Committee was unable to undertake a comprehensive analysis of the different approaches towards the health promoting schools philosophy across Australia. However, submissions from governments throughout Australia reveal that the Health Promoting Schools framework has evolved in various forms in different jurisdictions. While some jurisdictions, including Western Australia, Queensland, the Northern Territory and South Australia, have clear statements or resources associated with the Health Promoting Schools framework, other jurisdictions appear to have incorporated the framework's underlying principles into their broader education policies and programs.

⁷³ *ibid.*, 10.

⁷⁴ *ibid.*, 11.

⁷⁵ *ibid.*

- 2.22. Of interest, the Committee identified a number of formal agreements covering health promotion within schools between relevant ministries in Australia. Such agreements may cover a broad commitment to health promotion within schools, or focus on a specific health promoting project. For example, in Western Australia, a Memorandum of Understanding between the Department of Education and Training and the Department of Health underpins the delivery of school health services in public schools and clearly articulates the nature of school health services in a broader health promoting schools context. The Memorandum of Understanding includes the establishment of local agreements between District Education Offices and Area Health Services.⁷⁶ In South Australia, a Memorandum of Agreement with South Australia Health and the Department of Education and Children's Services has been signed for the Eat Well Be Active primary schools project.⁷⁷
- 2.23. Some of the other health promoting schools activities and approaches currently operating in various jurisdictions across Australia include: establishment of a health promoting schools unit within the education department; development and promotion of quality health promoting schools resources; the existence of formal health promoting schools networks; the employment of health promoting schools coordinators in various government departments and health organisations; the establishment of grant schemes for schools to undertake health promoting schools projects and activities; inclusion of the health promoting schools concept within broader education policies and frameworks; the existence of coordinated networks of government and non-government agencies working collaboratively on school-based projects; and school nurse programs that have an explicit health promotion function. Additionally, a number of jurisdictions provide awards to recognise the achievements of schools and/or communities in promoting healthy community living.

The Victorian Health Promoting Schools Project

- 2.24. The Health Promoting Schools model was first introduced into Victorian schools in 1997, through a collaborative project between Deakin University and the (then) Department of Education, Employment and Training. The objective of the project was to establish an interactive network of health promoting schools and to strengthen the capacity of schools to be healthy settings for living, learning and working.⁷⁸ VicHealth funded the Health Promoting Schools Project from 1997 to late 2000.⁷⁹
- 2.25. The framework used in the pilot project is shown in Figure 2.1.

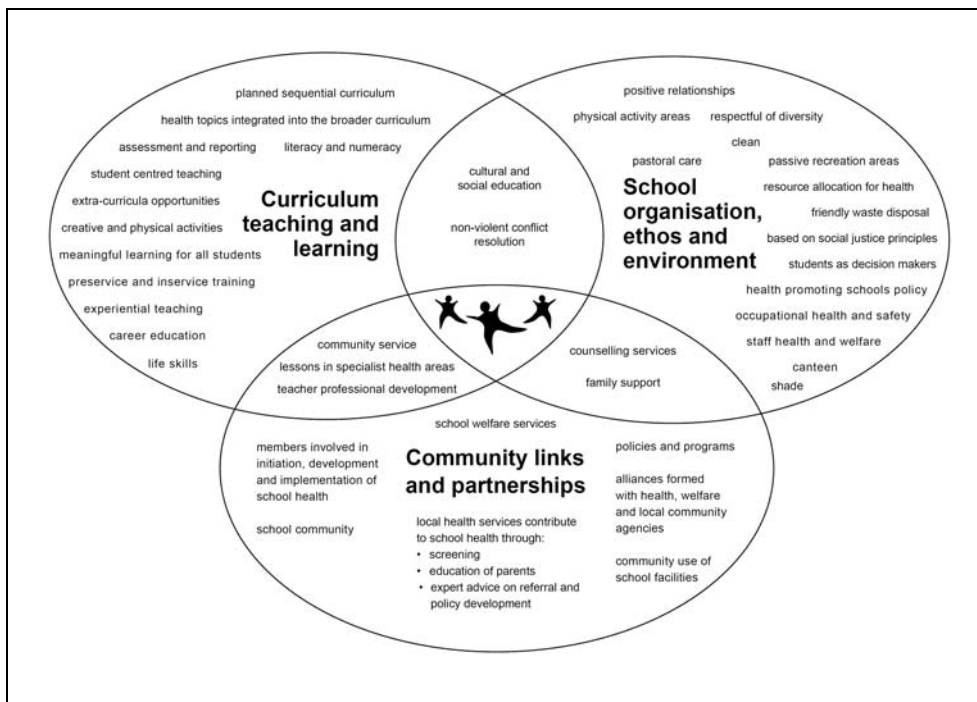
⁷⁶ Department of Health (Western Australia), Written Submission, July 2009, 10.

⁷⁷ Department of Education and Children's Services (South Australia), Written Submission, July 2009, 3–4.

⁷⁸ 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), 1.

⁷⁹ Damien Ridge and others, 'Finding a place for health in the schooling process: A challenge for education,' *Australian Journal of Education* 46, no 1 (June 2002): 21–22.

Figure 2.1 Health Promoting Schools Framework



Source: 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), 8.

- 2.26. A diverse range of 100 schools were chosen for inclusion in the Health Promoting Schools Project, based on criteria such as location, past school health initiatives, level (primary and secondary) and system (government, Catholic and independent).⁸⁰ Formal evaluation and feedback was provided to schools during the project.⁸¹
- 2.27. At the commencement of the project in May 1997, a major survey of health promoting schools activity in Victoria found that while there was activity which fell within the health promoting schools concept in all surveyed schools, only a small number were very involved in actively becoming a health promoting school.⁸² At this time, more than 85 per cent of schools reported having policies on gender equity, classroom safety, discrimination and bullying, and over 70 per cent of respondents felt that their school always provided a safe, stimulating and welcoming environment.⁸³ A need for greater parent participation in school policy development and decision making was identified, and community links and partnerships were identified as an area that is particularly challenging.⁸⁴ More than 50 per cent of respondents reported that students gained a basic understanding relevant to their age and culture of physical activity, personal safety, nutrition, road safety and relationships, however, a basic understanding of mental health, sexual health and consumer health were judged as unsatisfactory.⁸⁵

⁸⁰ *ibid.*, 22.

⁸¹ *ibid.*

⁸² 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), 12.

⁸³ *ibid.*

⁸⁴ *ibid.*

⁸⁵ *ibid.*

- 2.28. During the project, schools were expected to set priorities for action, and plan and then implement health promotion projects in their schools over a one-year period. In order to encourage a holistic approach, the project provided a range of resources including a tool for staff to audit what was already happening in their schools in terms of: health practices and policies; professional development for teachers; funding for teacher release time; assistance in strategic planning; and various support resources such as regular newsletters and a guidebook. According to schools that participated in interviews following the project, the audit turned out to be a valuable educative exercise in that it revealed the different components of school life that can shape health, what the school was doing, and what still needed to be done.⁸⁶
- 2.29. Throughout the pilot, the (then) Department of Education, Employment and Training developed and maintained a health promoting schools website. The website included: latest research findings; resources to address health related issues such as bullying and drug education; case studies of school activities; contacts and news of in-service activities; copies of the health promoting schools newsletters; and discussion opportunities. Although the website no longer operates, some of the material remains available through PANDORA, Australia's Web Archive.⁸⁷
- 2.30. At the conclusion of the project, a guide was produced outlining a series of case studies showing the ways in which 15 participating schools had developed health promoting schools responses appropriate to their particular contexts. The case studies highlight a broad range of health promoting activities undertaken during the Health Promoting Schools Project. Practices and policies were prominent around staff health and welfare, positive school relationships and student mental health.⁸⁸ Some of the specific activities included:
- health promoting schools as a school charter priority or policy statement;
 - promoting positive/healthy relationships;
 - student behaviour policies;
 - student attendance;
 - resilience programs;
 - anti-bullying programs;
 - stress management;
 - staff wellbeing;
 - individual school drug education strategies;
 - healthy canteen food;
 - developing a 'passive' garden for student relaxation; and
 - lending outdoor equipment.⁸⁹

⁸⁶ Damien Ridge and others, 'Finding a place for health in the schooling process: A challenge for education,' *Australian Journal of Education* 46, no 1 (June 2002): 24.

⁸⁷ PANDORA, Australia's Web Archive, 'Health Promoting Schools,' Department of Education, Employment and Training (Victoria), <http://pandora.nla.gov.au/tep/67717>.

⁸⁸ Damien Ridge and others, 'Finding a place for health in the schooling process: A challenge for education,' *Australian Journal of Education* 46, no 1 (June 2002): 25.

⁸⁹ *ibid.*

- 2.31. Schools reported a wide range of achievements stemming from involvement in the Health Promoting Schools Project. These included: greater awareness of and skills in health promotion; better learning outcomes; better student participation; increased perceptions of student and teacher wellbeing; better coordinated and more comprehensive health promotion approaches; improved social environments; and better links with the community.⁹⁰ As observed by Ridge et al, ‘many of these kinds of changes are really about better, more effective schools’.⁹¹
- 2.32. In the post-project audit, 93 per cent of the project schools indicated that they felt they were ‘better equipped to implement education system policies and requirements concerning student welfare’, and 69 per cent indicated that they felt their teaching was more student centred.⁹²
- 2.33. Table 2.1 shows a range of reported changes that case study schools attributed to the Health Promoting School Project.

Table 2.1 Reported changes attributed to the Health Promoting School Project

Changes for students	Changes for the school	Changes in community links
<ul style="list-style-type: none"> • increased awareness of health issues • greater student responsibility for actions • improved student learning outcomes • increased physical activity • sense of being cared for and belonging • happier students • greater student involvement in decision making 	<ul style="list-style-type: none"> • increased awareness of health promotion and related issues • dissemination of HPS ideas and learning to wider staff body • better physical environment • improved relationships • better ‘atmosphere’ in school • better organisation of health promotion activities • better mediation of conflicts • better staff morale • move towards more proactive health strategies • development of school health curriculum • development of health related policies • incorporation of health into the school charter 	<ul style="list-style-type: none"> • networking with local schools • establishment of new links with local agencies • greater knowledge and use of wider service system • moves to formalise links with outside agencies • greater parent satisfaction in the school • greater involvement of parents in school life • community involvement in school projects

Source: Damien Ridge and others, ‘Finding a place for health in the schooling process: A challenge for education,’ *Australian Journal of Education* 46, no 1 (June 2002): 26.

- 2.34. A study of the perceived outcomes of the Health Promoting Schools Project reported ‘some shift away from the reliance on school staff time and expertise and a focus on the curriculum to a greater involvement of community agencies and partnerships with the health sector’.⁹³ Ridge et al stated that this happened ‘because the project broadened awareness of the wider community/agencies/services available to

⁹⁰ *ibid.*

⁹¹ *ibid.*, 26.

⁹² *ibid.*

⁹³ *ibid.*, 27.

schools, and a range of relationships and partnerships were initiated or enhanced in project schools'.⁹⁴

- 2.35. Importantly, the project evaluation illustrated 'how ownership of the school contribution to health can shift from externally developed programs and curriculum descriptions towards school-based development of initiatives, policies and procedures'.⁹⁵ The health promotion projects in schools 'tended to become located around issues that were pertinent to schools and already taking up time', for example, violence and staff welfare.⁹⁶ Over 90 per cent of project schools in the post-intervention audit indicated that the Health Promoting Schools Project linked in with other projects already occurring within the school and that it provided impetus and momentum to extend on previous and current work:

There was a sense that being involved in the HPS project helped people to reconceptualise and reorganise their activities to find better ways forward and to add value to their work. Additionally many interviewees considered that the HPS project provided an opportunity to bring specific projects together under the one umbrella for a more unified and coordinated approach to health promotion.⁹⁷

- 2.36. The qualitative analysis suggested that 'those who had a strong sense of what their school was trying to achieve in the long term, and who understood how different projects could be coordinated to increase effectiveness and save time, were best able to adapt the multitude of short-term projects (with varying agendas) that come into their schools to their own benefit and use the Health Promoting Schools framework to their best advantage'.⁹⁸ Ridge et al concluded that 'in any effective health promotion activity in schools, the agenda needs to be driven primarily by an education sector that has demonstrated it can embrace holistic approaches to health, with the health sector acting as partner and facilitator'.⁹⁹

Current Victorian experiences with the Health Promoting Schools model

- 2.37. The Committee found that despite the above pilot of the Health Promoting Schools model, together with a high level of understanding of the model among education and health sector stakeholders, the health promoting schools philosophy is not formally or consistently implemented in the Victorian school sector. Nonetheless, the Committee was pleased to receive a small number of submissions outlining current health promoting schools initiatives in Victorian schools.
- 2.38. A written submission from EACH – Social and Community Health (based in Melbourne's eastern region) outlined in detail its Health Promotion Team's experience with the Health Promoting Schools framework. The team has a health promotion officer dedicated to the education setting, with the main focus being a five-year health promoting schools pilot project (set to run until 2013). The project is supervised by the team's health promotion manager who has worked in the Scottish health promoting schools arena for over ten years.¹⁰⁰

⁹⁴ *ibid.*

⁹⁵ *ibid.*, 28.

⁹⁶ *ibid.*

⁹⁷ *ibid.*, 29.

⁹⁸ *ibid.*

⁹⁹ *ibid.*, 31.

¹⁰⁰ EACH – Social and Community Health, Written Submission, June 2010, 2.

2.39. EACH – Social and Community Health stated that the most important learning from its pilot project has been the creation of a dedicated specialist health promotion in schools position.¹⁰¹ This position, in working across three pilot schools, has concentrated on the following key health promotion action areas: partnerships; guidance and support; building capacity for the ongoing development and implementation of the Health Promoting Schools framework; and monitoring and evaluation.¹⁰² The team's other key learnings include:

- Developing relationships and laying the project foundations take time and are resource intensive in the early stages, but are nonetheless crucial and should not be rushed or forced.
- Consultation with the students, staff, parents and carers and wider community agencies creates a strong sense of ownership of the project within the school. It is important to work with and alongside the school and community and allow the project to be driven by the partnership process rather than as an individual or agency agenda.
- Leadership is extremely important in enabling the project.
- Engaging secondary school students proved to be very challenging and required intensive resources, persistence and patience.
- It is important to start where the school is at – going in with a preset agenda does not work.
- It is important for the school to have tangible outcomes.
- Publicity, recognition and reward proved to be great incentives for the school community.¹⁰³

2.40. The Committee notes that the above learnings are similar to those experienced in the various regions and schools visited during investigations in New Zealand.

2.41. Glenelg Healthy Schools Network provided a submission outlining its experience in assisting schools to implement the Health Promoting Schools framework in Glenelg Shire. The network was established in 2006 by lead agency Portland District Health and involves collaborative partnerships with schools, teachers, youth workers and a broad range of health sector staff from a range of organisations. The network noted that it has had particular success in health promotion within primary schools:

From experience we can comment that primary schools are an excellent forum for change and many programs such as Kids – Go For Your Life and Get a Taste of This have been successfully implemented in our schools by involving the broader school community (parents, teachers, health workers, clubs and groups). Indeed, primary schools in our shire that made efforts to involve these people were more receptive to new ideas, achieved more and more readily took on board health messages.¹⁰⁴

¹⁰¹ *ibid.*, 10.

¹⁰² *ibid.*, 10–11.

¹⁰³ *ibid.*, 9–10.

¹⁰⁴ Glenelg Healthy Schools Network, Portland District Health, Written Submission, July 2009, 2.

- 2.42. Moyne Health Services told that Committee that it is also in the process of establishing a collaborative network of partnerships to apply the Health Promoting Schools framework at a local level. Organisations involved in this partnership include Warrnambool Schools Network, South West Healthcare, Terang/Mortlake Health Service, Brophy Family and Youth Services, Barwon South West Women's Health Network, Moyne Shire Council and South West Primary Care Partnership.¹⁰⁵
- 2.43. Camp Hill Primary School also made a written submission outlining its experiences with the Health Promoting Schools framework. The school has found the framework to be 'extremely helpful' in developing a culture of healthy living within the school community:
- The framework has raised awareness within the school community of the importance of leading a healthy lifestyle and the benefits that can have both physically and emotionally. Implicitly the framework has also strengthened ties within the community as parents, students, teachers and members of the broader community come together to participate in the many health promoting activities initiated by the school. The framework has also provided an impetus for the school to become involved in other state or local programs such as Kids – Go For Your Life, Ride2School, Travel Smart and Streets Alive.¹⁰⁶
- 2.44. The Committee believes the above examples represent only a sampling of schools and partnerships currently applying the Health Promoting Schools framework in Victoria. A submission from the Department of Education and Early Childhood Development's Hume regional office suggested that many schools in its region have been operating under the Health Promoting Schools model since 1997,¹⁰⁷ while the Northern Metropolitan office outlined how the Health Promoting Schools framework is used by secondary school nurses within the region.¹⁰⁸

Future development of the Health Promoting Schools model

- 2.45. Various submissions to the inquiry recommended statewide implementation of the Health Promoting Schools framework in Victoria. Organisations recommending the implementation of the Health Promoting Schools model were largely from within the health sector and included: the Australian Health Promotion Association (Victorian Branch) and Australian Health Promoting Schools Association,¹⁰⁹ Bentleigh Bayside Community Health,¹¹⁰ Cardinia Shire Council,¹¹¹ Dental Health Services Victoria,¹¹² EACH – Social and Community Health,¹¹³ Foundation 49,¹¹⁴ The Home Grown Project,¹¹⁵ Nutrition Australia (Victorian Division),¹¹⁶ South West Primary Care Partnership,¹¹⁷ Victorian Healthcare Association¹¹⁸ and Wellington Primary Care Partnership.¹¹⁹

¹⁰⁵ Moyne Health Services, Written Submission, June 2010, 1.

¹⁰⁶ Camp Hill Primary School, Written Submission, April 2010, 2.

¹⁰⁷ Hume Region, Department of Education and Early Childhood Development (Victoria), Written Submission, May 2010, 2.

¹⁰⁸ Northern Metropolitan Region, Department of Education and Early Childhood Development (Victoria), Written Submission, May 2010, 2.

¹⁰⁹ Australian Health Promotion Association (Victorian Branch) and Australian Health Promoting Schools Association, Written Submission, July 2009, 4.

¹¹⁰ Bentleigh Bayside Community Health, Written Submission, June 2010, 6.

¹¹¹ Cardinia Shire Council, Written Submission, July 2009, 5.

¹¹² Dental Health Services Victoria, Written Submission, July 2009.

¹¹³ EACH – Social and Community Health, Written Submission, June 2010, 10.

¹¹⁴ Foundation 49, Written Submission, August 2009, 7–8.

¹¹⁵ The Home Grown Project, Written Submission, July 2009, 9.

¹¹⁶ Nutrition Australia (Victorian Division), Written Submission, August 2009, 35.

¹¹⁷ South West Primary Care Partnership, Written Submission, May 2010, 3.

¹¹⁸ Victorian Healthcare Association, Written Submission, July 2009, 4.

¹¹⁹ Wellington Primary Care Partnership, Written Submission, June 2010, 4.

- 2.46. The views presented by organisations supporting statewide implementation of the Health Promoting Schools framework are well represented by a submission from the Heart Foundation:

... the Heart Foundation recommends that the Committee examine the 'Health Promoting Schools' model with a view to endorsing its implementation in Victoria. Health Promoting Schools is an internationally recognised and widely used model to best guide health promotion in the school setting yet despite this, its implementation is somewhat lagging in this state. This inquiry presents an ideal opportunity for Victoria to introduce a comprehensive and system-wide approach to better health in the school setting.¹²⁰

- 2.47. The Victorian Healthcare Association similarly recommended that the Committee's inquiry should 'result in a contemporary Victorian framework of core values and principles relevant to the health promoting schools approach'. It noted that the framework should provide schools, health services and other stakeholders with the relevant tools, guidance and knowledge to implement a health promoting schools approach, while allowing for sufficient flexibility for local decision making.¹²¹ It noted that this will require 'substantial, long-term funding mechanisms that facilitate these processes'.¹²²

- 2.48. The Australian Health Promotion Association (Victorian Branch) and Australian Health Promoting Schools Association suggested that the benefits of investing in the health promoting school concept could be 'very significant'.¹²³ They believe that a 'state and regionally managed holistic "healthy schools program" will provide the one entry point into the education sector and encourage and promote high quality initiatives that are based on good evidence and ultimately add value to existing curriculum initiatives, and broader features of school society such as ethos and culture'.¹²⁴ They stated:

A Health Promoting School framework across Victoria warrants further widespread implementation via Health and Education department collaboration. This is not a prescriptive approach, but requires a basis of core values and principles that enable the reflection of local cultural, organisational and political considerations. This must be supported by high level leadership and appropriate resourcing.¹²⁵

- 2.49. The Australian Health Promotion Association (Victorian Branch) and Australian Health Promoting Schools Association suggested that one of the foundations for effective implementation of the Health Promoting Schools framework would be strategies that clearly establish the expectations of what schools must accomplish in order to participate in health promoting schools, and which also provide a clear direction in terms of what specific actions are required. They therefore recommended that the Victorian Government develop a health promoting school 'status indicator' by 2015 which forms a component of accreditation and reporting guidelines. They suggested that this status be realistic, achievable and measurable, and annually audited.¹²⁶

¹²⁰ Heart Foundation (Victoria), Written Submission, July 2009, 2.

¹²¹ Victorian Healthcare Association, Written Submission, July 2009, 4.

¹²² *ibid.*

¹²³ Australian Health Promotion Association (Victorian Branch) and Australian Health Promoting Schools Association, Written Submission, July 2009, 7.

¹²⁴ *ibid.*, 4.

¹²⁵ *ibid.*, 7.

¹²⁶ *ibid.*, 6.

- 2.50. The Committee notes that other countries have introduced similar indicators and targets for participation in health promoting schools initiatives. For example, the UK Government set a target that all schools would be participating in the National Healthy Schools Program by 2009, and that 75 per cent of schools would have achieved National Healthy School Status.¹²⁷ Similarly, the Scottish Executive set a target in 2002 that all schools in Scotland were to be health promoting schools by 2007. In the same year, the Scottish Health Promoting Schools Unit was established by the Scottish Executive, in partnership with the Health Education Board for Scotland (now NHS Health Scotland), Learning and Teaching Scotland and the Convention of Scottish Local Authorities.¹²⁸
- 2.51. The Committee recognises the Health Promoting Schools framework as a comprehensive and useful tool for schools seeking to implement a whole-school approach to health promotion. The framework is an international best practice approach to health promotion within schools which is well understood and accepted within the Victorian health community. It is less clear, however, how well the framework is understood, accepted and utilised within the schools sector.
- 2.52. The Committee therefore recommends that the Department of Education and Early Childhood Development review the development and implementation of the Health Promoting Schools framework in Victorian schools, with the aim of:
- establishing realistic goals and expectations for school health promotion;
 - guiding policy and practice at the regional and local level;
 - facilitating effective collaboration between the health and education sectors in planning, implementing and evaluating health promotion activities within schools;
 - identifying the health promotion competencies required by school staff to successfully implement health promotion programs;
 - coordinating and sustaining the wide range of health and wellbeing programs and services currently occurring in Victorian schools;
 - ensuring longer-term funding for proven school-based health promotion programs and services; and
 - improving the dissemination of information and evidence, including case studies and practical resources, about the effectiveness of health promotion activities within schools.
- 2.53. The Committee believes that the above work should be underpinned by a signed partnership agreement between the health and education departments, and the establishment of a high level interdepartmental committee responsible for planning and implementing a coordinated, systemic approach to health promotion within Victorian government, Catholic and independent schools.

¹²⁷ *ibid.*, 10.

¹²⁸ Learning and Teaching Scotland, 'Background,' <http://www.ltscotland.org.uk/healthpromotingschools/practitioners/nationalguidance/background.asp> (accessed 9 July 2010).

Conclusion

- 2.54. A central focus of the Committee's inquiry was the International Union for Health Promotion and Education's Health Promoting Schools framework. Health promoting school communities aim to make a positive contribution to health and learning through the interrelationships between three important areas: curriculum, teaching and learning practices; school organisation, ethos and environment; and partnerships and services. The Health Promoting Schools framework has been successfully implemented by governments worldwide, and was presented as international best practice throughout the Committee's inquiry.
- 2.55. The Committee found that most Victorian schools are already involved in a varied range of health promotion programs, activities and services. In some instances, schools and local networks are formally applying the Health Promoting Schools framework. The Committee welcomes these initiatives and believes that through a more systemic approach, primary and secondary schools across Victoria could be assisted to better plan, organise and implement their health education, health promotion programs and student welfare initiatives.

