

# Chapter 3

## Curriculum, teaching and learning

We need school leaders to provide encouragement, guidance and support to ensure the curriculum is implemented as planned, to ensure that teachers have access to ongoing support and to ensure that the program is adapted as developments...emerge.<sup>129</sup>

- 3.1. Curriculum, teaching and learning practices are an essential, and perhaps the most easily understood, component of health promotion within schools. The curriculum encompasses the knowledge and skills taught in the classroom, planned sequential learning and assessment and reporting structures, as well as extra-curricular opportunities covering creative and physical activities. Under the Health Promoting Schools model, the health related curriculum and extra-curricular opportunities should be complemented by teaching and learning approaches which support health and wellbeing. This involves student centred, meaningful learning experiences for all students, the integration of health and wellbeing concepts into pre-service teacher training and ongoing professional learning opportunities for all teaching staff.

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### Health related curriculum

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- 3.2. Schools are able to contribute to the health of students through the development of general intellectual skills, which equip young people to deal with the range of health situations and decisions which face us all. These skills include:
  - literacy skills to gain access-related knowledge and be active in seeking out and investigating health services and products;
  - reasoning and decision making skills to make judgements and decisions concerning health; and
  - empathy and social understanding to contribute to the achievement of health by others.<sup>130</sup>
- 3.3. The following sections describe the overall structure of Victoria's curriculum and how it supports schools to implement their health education objectives.

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<sup>129</sup> Ms Y. Kelley, Manager, Education, Communication and Resource, Family Planning Victoria, Transcript of Evidence, Public Hearing, Melbourne, 5 October 2009, 27.

<sup>130</sup> 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), 9.

## The Victorian Essential Learning Standards

- 3.4. The Victorian Essential Learning Standards (VELS) outline the curriculum components that all Victorian students should learn during their time at school from prep to year 10. They provide a set of common statewide standards which schools use to plan student learning programs, assess student progress and report to parents.
- 3.5. The VELS differ from traditional curricula by including knowledge and skills in the areas of physical, social and personal learning. Skills which are transferable across all areas of study such as thinking and communication are also included. The VELS encourage a flexible and creative approach to learning.<sup>131</sup>
- 3.6. The VELS are organised into three connected areas of learning called 'strands'. The content and skills covered in each of the strands are important to the development of well-rounded and confident young people. Learning that occurs within each strand includes:
- Physical, personal and social learning: Students learn about themselves and their place in society. They learn how to stay healthy and active. Students develop skills in building social relationships and working with others. They take responsibility for their learning, and learn about their rights and responsibilities as global citizens.
  - Discipline-based learning: Students learn the knowledge, skills and behaviours in the arts, English, humanities, mathematics, science and other languages.
  - Interdisciplinary learning: Students explore different ways of thinking, solving problems and communicating. They learn to use a range of technologies to plan, analyse, evaluate and present their work. Students learn about creativity, design principles and processes.<sup>132</sup>
- 3.7. Under the VELS, teaching activities may draw on elements from each of the three strands so that learning becomes more meaningful for students. This integrated focus on knowledge, skills and behaviours in the process of physical, personal and social growth, in the disciplines, and across the curriculum helps to develop deep understanding which students can transfer to new and different circumstances.<sup>133</sup>
- 3.8. Each of the three strands contain a varying number of domains, which are themselves split into dimensions. Each of the domains include standards which outline the essential knowledge, skills and behaviours students are expected to demonstrate within each domain, as well as learning focus statements suggesting learning experiences that are based on the standards.<sup>134</sup>

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<sup>131</sup> Victorian Curriculum and Assessment Authority, 'Overview of the Victorian Essential Learning Standards,' Victorian Essential Learning Standards. <http://vels.vcaa.vic.edu.au/overview/index.html> (accessed 26 July 2010).

<sup>132</sup> Victorian Curriculum and Assessment Authority, 'Strands, Domains and Dimensions,' Victorian Essential Learning Standards. <http://vels.vcaa.vic.edu.au/overview/strands.html> (accessed 26 July 2010).

<sup>133</sup> Victorian Curriculum and Assessment Authority, 'Structure of the VELS,' Victorian Essential Learning Standards. <http://vels.vcaa.vic.edu.au/parents/structure.html> (accessed 26 July 2010).

<sup>134</sup> Victorian Curriculum and Assessment Authority, 'Standards and Learning Focus Statements,' Victorian Essential Learning Standards. <http://vels.vcaa.vic.edu.au/overview/standards.html> (accessed 26 July 2010).

- 3.9. Students progress through six levels within the VELS as they complete prep to year 10, with concepts being introduced with increasing levels of difficulty or at appropriate times during the progression through school.
- 3.10. The Committee recognises that all three strands of the VELS are essential for the development, health and wellbeing of students and other members of the school community. It notes, however, that the Physical, Personal and Social Learning strand is of particular importance in the context of this inquiry.
- 3.11. The Physical, Personal and Social Learning strand has four domains: Health and Physical Education; Interpersonal Development; Personal Learning; and Civics and Citizenship. Of these, health and wellbeing is covered explicitly within two key domains:
- the Health and Physical Education domain, which comprises the dimensions of Movement and Physical Activity and Health Knowledge and Promotion; and
  - the Interpersonal Development domain, which comprises the dimensions of Building Social Relationships and Working in Teams.

#### **The Health and Physical Education domain**

- 3.12. The Health and Physical Education domain provides students with the knowledge, skills and behaviours to enable them to achieve a degree of autonomy in developing and maintaining their physical, mental, social and emotional health. This domain focuses on the importance of a healthy lifestyle and physical activity in the lives of individuals and groups in our society. It promotes the potential for lifelong participation in physical activity through the development of motor skills and movement competence, health related physical fitness and sport education.<sup>135</sup>

#### *Movement and Physical Activity*

- 3.13. The Movement and Physical Activity dimension focuses on the important role that physical activity, sport and recreation need to play in the lives of all Australians by providing opportunities for challenge, personal growth, enjoyment and fitness. It promotes involvement in a manner that reflects awareness that everyone has the right to participate in a healthy and active lifestyle. It develops students' confidence in using movement skills and strategies to increase their motivation to become active, as well as improve their performance and maintain a level of fitness that allows them to participate in physical activity without undue fatigue.<sup>136</sup>
- 3.14. Students' involvement in physical activity can take many forms, ranging from individual, non-competitive activity through to competitive team games. Emphasis is placed on combining motor skills and tactical knowledge to improve individual and team performance. Students progress from the development of basic motor skills to the performance of complex movement patterns that form part of team games. They learn how developing physical capacity in areas such as strength, flexibility and endurance is related to both fitness and physical performance.<sup>137</sup>

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<sup>135</sup> Victorian Curriculum and Assessment Authority, 'Introduction to Health and Physical Education,' Victorian Essential Learning Standards. <http://vels.vcaa.vic.edu.au/hpe/intro.html> (accessed 26 July 2010).

<sup>136</sup> *ibid.*

<sup>137</sup> *ibid.*

- 3.15. Students progress from learning simple rules and procedures to enable them to participate in movement and physical activity safely, to using equipment safely and confidently. Students undertake a variety of roles when participating in sports such as umpire, coach, player and administrator and assume responsibility for the organisation of aspects of a sporting competition.<sup>138</sup>

#### *Health Knowledge and Promotion*

- 3.16. The Health Knowledge and Promotion dimension explores the developmental changes that occur throughout the human lifespan beginning with the health needs necessary to promote and maintain growth and development, followed by discussion of significant transitions across the lifespan including puberty, to gaining an understanding of human sexuality and factors that influence its expression. The exploration of human development also includes a focus on the establishment of personal identity, factors that shape identity and the validity of stereotypes.<sup>139</sup>
- 3.17. Students also develop an understanding of the right to be safe and explore the concepts of challenge, risk and safety. In addition, they identify the harms associated with particular situations and behaviours and how to take action to minimise these harms.<sup>140</sup>
- 3.18. Through the provision of health knowledge, this dimension develops an understanding of the importance of personal and community actions in promoting health and knowledge about the factors that promote and protect the physical, social, mental and emotional health of individuals, families and communities. Students investigate issues ranging from individual lifestyle choices to provision of health services by both government and non-government bodies. In investigating these issues, students explore differing perspectives and develop informed positions.<sup>141</sup>
- 3.19. The Health Knowledge and Promotion dimension also examines the role of food in meeting dietary needs and the factors that influence food choice. Students progress from learning about the importance of eating a variety of foods to understanding the role of a healthy diet in the prevention of disease.<sup>142</sup>

#### **The Interpersonal Development domain**

- 3.20. The Interpersonal Development domain supports students to initiate, maintain and manage positive social relationships with a range of people in a range of contexts. Relationships with peers and adults at the school provide students with opportunities for reflection and growth. Adults at the school can reinforce this learning by providing positive role models. Interactions should be positive, fair, respectful and friendly and be supported by a classroom culture which is open, honest and accepting.<sup>143</sup>
- 3.21. The Interpersonal Development domain provides students with learning opportunities and experiences that will support their learning across the curriculum, particularly in relation to working in teams where collaboration and cooperation, sharing resources and completing agreed tasks on time are highlighted. Learning related to building

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<sup>138</sup> *ibid.*

<sup>139</sup> *ibid.*

<sup>140</sup> *ibid.*

<sup>141</sup> *ibid.*

<sup>142</sup> *ibid.*

<sup>143</sup> Victorian Curriculum and Assessment Authority, 'Introduction to Interpersonal Development,' Victorian Essential Learning Standards. <http://vels.vcaa.vic.edu.au/interpersonal/intro.html> (accessed 3 August 2010).

social relationships encourages students to maintain positive learning environments across their learning programs.

### *Building Social Relationships*

- 3.22. Building effective social relationships and relating well to others requires individuals to be empathetic, and to be able to deal effectively with their own emotions and inner moods. It also requires them to be aware of the social conventions and responsibilities that underpin the formation of effective relationships.<sup>144</sup>
- 3.23. The Building Social Relationships dimension gradually develops an understanding of social relationships, moving from the basic concept of friends and appropriate social behaviours at the start of primary school (level 1) to a complex understanding of social norms and behaviours by the end of the compulsory years of schooling (level 6). It supports students to initiate, maintain and manage positive social relationships with a diverse range of people in a range of contexts. Students learn about and practise the social conventions which underpin relationships and learn how to act in socially responsible ways. Strategies for understanding, managing and resolving conflict are also an important focus.<sup>145</sup>

### *Working in Teams*

- 3.24. As working in teams is vital for social, academic and career success, students should develop this important skill while at school. The Working in Teams dimension requires individuals to be able to balance commitment to the group and its norms with their own needs. This requires competence in presenting their own ideas and listening to those of others, approaching topics from different viewpoints, and understanding their specific role and responsibilities in relation to those of others and the overall team goal.<sup>146</sup>

### **Integrating health promotion within the VELs**

- 3.25. In the context of this inquiry, one of the key advantages of the VELs is its highly flexible structure. As noted by the Victorian Curriculum and Assessment Authority, this allows current and future health promotion initiatives (including health promoting schools, drug education, water safety, Go For Your Life, road safety and MindMatters) to be easily incorporated into the VELs.<sup>147</sup>
- 3.26. Nonetheless, a common issue for schools, which was mentioned in many submissions, was the concept of the 'crowded curriculum'.<sup>148</sup> Contributors suggested that schools often find it difficult to cover health promotion in addition to traditional core subjects,<sup>149</sup> particularly where they see these programs as being alternative to, rather than part of, mainstream education.<sup>150</sup>

<sup>144</sup> *ibid.*

<sup>145</sup> Victorian Curriculum and Assessment Authority, 'Structure of the Interpersonal Development Domain,' Victorian Essential Learning Standards. <http://vels.vcaa.vic.edu.au/interpersonal/structure.html> (accessed 3 August 2010).

<sup>146</sup> Victorian Curriculum and Assessment Authority, 'Introduction to Interpersonal Development,' Victorian Essential Learning Standards. <http://vels.vcaa.vic.edu.au/interpersonal/intro.html> (accessed 3 August 2010).

<sup>147</sup> Victorian Curriculum and Assessment Authority, 'Safety and sensitive issues in Health and Physical Education,' Victorian Essential Learning Standards. <http://vels.vcaa.vic.edu.au/hpe/safety.html> (accessed 3 August 2010).

<sup>148</sup> For example, Australian Drug Foundation, Written Submission, July 2009, 5; The Alannah and Madeline Foundation, Written Submission, August 2009, 15; City of Greater Geelong, Written Submission, June 2010, 2.

<sup>149</sup> Australian Drug Foundation, Written Submission, July 2009, 5.

<sup>150</sup> Moorabool Shire Council, Written Submission, June 2010, 1.

- 3.27. Consequently, there was strong support throughout the inquiry for health promotion initiatives which can be integrated into the existing curriculum. The Victorian Healthcare Association stated:

School staff must be supported in recognising that emotional health and wellbeing of young people is part of the core business for schools and that the ability to form and sustain relationships, problem solve, and seek help are the cornerstones of health and wellbeing. These skills must be taught in schools, layer upon layer, year after year from prep to year 12 and schools must be given the resources to make this possible.<sup>151</sup>

- 3.28. The Alannah and Madeline Foundation similarly noted:

Programs that are embedded in the curriculum and the general life of the school are more effective than add-on programs. A barrier to the sustaining of any new school initiative is the already-crowded curriculum, and teachers' perception that their core business is solely to help students achieve curriculum outcomes. However, if teachers can be brought to see that health promoting initiatives – including social and emotional learning – can also achieve curriculum outcomes, then the new initiatives are more likely to be maintained over time and hence be more cost effective.<sup>152</sup>

- 3.29. Given this, the Committee found that some of the most successful health promotion initiatives have been those which provide tailored curriculum resources that assist teachers to incorporate important health messages into class activities. For example, the MindMatters activities and content have been linked to the relevant curriculum from each state,<sup>153</sup> while the SunSmart program provides tailored literacy and numeracy tasks for each level of primary school.<sup>154</sup> Similarly, a submission from Quit Victoria highlighted anti-smoking resources and activities which could be used within the Health and Physical Education, English and Communications domains of the VELS,<sup>155</sup> and Professor George Patton described how the Gatehouse Project used English classes as the vehicle for promoting social connectedness and resilience among secondary school students.<sup>156</sup>

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## The teaching workforce

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- 3.30. Teachers are key figures in the lives of children, youth and local communities, are often in a position to facilitate the development of resilience, and can have a favourable impact on children's lives.<sup>157</sup> As noted by the Australian Health Promoting Schools Association, 'health education programs are consistently more effective when they are delivered by trained teachers operating with adequate curriculum time and resources; and where the programs are supported by the school community'.<sup>158</sup>

### School leadership

- 3.31. The International Union for Health Promotion and Education guidelines for health promotion in schools emphasise that a whole-school approach to health and

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<sup>151</sup> Victorian Healthcare Association, Written Submission, July 2009, 4.

<sup>152</sup> The Alannah and Madeline Foundation, Written Submission, August 2009, 15.

<sup>153</sup> MindMatters, 'Curriculum Links.'

[http://www.mindmatters.edu.au/whole\\_school\\_approach/curriculum\\_links/curriculum\\_links.html](http://www.mindmatters.edu.au/whole_school_approach/curriculum_links/curriculum_links.html) (accessed 13 August 2010).

<sup>154</sup> SunSmart, 'Primary school curriculum resources.'

[http://www.sunsmart.com.au/protecting\\_others/at\\_school/e6\\_p6\\_schools/activity\\_pages\\_for\\_primary\\_students](http://www.sunsmart.com.au/protecting_others/at_school/e6_p6_schools/activity_pages_for_primary_students) (accessed 5 August 2010).

<sup>155</sup> Quit Victoria, Written Submission, July 2009, 1.

<sup>156</sup> Professor G. Patton, Director of Adolescent Health Research, Centre for Adolescent Health, University of Melbourne, Transcript of Evidence, Public Hearing, Melbourne, 5 October 2009, 5.

<sup>157</sup> 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.

<sup>158</sup> *ibid.*

wellbeing needs to have ongoing support and commitment from school leaders, including head-teachers or school directors, managers and administrators.<sup>159</sup>

- 3.32. The importance of school leadership was a consistent theme during the inquiry. Southern Grampians Primary Care Partnership was one of many participants to note the positive impact of having the endorsement of school leaders for a school's health promotion activities:

Participating schools need to be positive about the approach with endorsement from the principal, leadership team and school council. It is our experience that schools whose leaders support the program and who present enthusiastic, energetic and supportive staff for involvement in projects experience significantly more impressive outcomes for the school community and their students than schools who are less supportive and creative in their participation.<sup>160</sup>

- 3.33. Similar views were presented by a range of other participants, including Dental Health Services Victoria,<sup>161</sup> HealthWest Partnership,<sup>162</sup> The Alannah and Madeline Foundation<sup>163</sup> and Baw Baw Shire Council.<sup>164</sup> Ms Liz Senior, a school-based health promotion worker employed by Eastern Access Community Health, noted that it is extremely difficult to work in schools if the principal is not supportive of the health promoting schools philosophy:

From our perspective, we would not actually work with schools unless the principal and senior leadership team were pretty much on board, because I actually think it is a waste of time. When I look at the schools that I am in...the schools where the principal and the senior leadership team have embraced the idea to a greater extent have been the schools that have been most successful. My least successful school is the one where I have engaged the least with the principal. You need very much to get your senior leadership on board, or it is very, very difficult.<sup>165</sup>

- 3.34. A submission from Outer East Health and Community Support Alliance also discussed leadership as being 'critical'. It stated that it 'would like to see the Victorian Government create opportunities for principals to become leaders in the areas of health, wellbeing and community connectedness'.<sup>166</sup> The alliance suggested that a change in the ways schools are measured will allow principals to start integrating health promotion principles into their school culture. It noted that to achieve this, further training and capacity building will be required. It suggested that principals be supported by school-based health promotion workers and opportunities to undertake postgraduate qualifications in student health and wellbeing.

<sup>159</sup> International Union for Health Promotion and Education, *Achieving health promoting schools: guidelines for promoting health in schools* (France: IUHPE, 2009), 2.

<sup>160</sup> Southern Grampians Primary Care Partnership, Written Submission, July 2009, 3.

<sup>161</sup> Dental Health Services Victoria, Written Submission, July 2009, 5.

<sup>162</sup> HealthWest Partnership, Written Submission, July 2009, 2.

<sup>163</sup> The Alannah and Madeline Foundation, Written Submission, August 2009, 15.

<sup>164</sup> Baw Baw Shire Council, Written Submission, July 2009, 1.

<sup>165</sup> Ms L. Senior, Health Promotion Officer, EACH – Social and Community Health, Transcript of Evidence, Public Hearing, Melbourne, 21 June 2010, 11.

<sup>166</sup> Outer East Health and Community Support Alliance, Written Submission, July 2009, 14.

### Health and wellbeing champions

- 3.35. Many contributors noted that the need for strong leadership also extends to the need for a champion within the school, to consistently remind staff and students of the importance of health promotion messages. For example, Peninsula Health stated that a school champion is required to get the drive and momentum of a program running throughout a school. It noted that the school champion does this by encouraging other teachers and working closely with outside organisations to ensure that a project is successful.<sup>167</sup> Other participants to highlight the role and importance of health and wellbeing champions included the Victorian Healthcare Association,<sup>168</sup> Wellington Primary Care Partnership<sup>169</sup> and a representative of the SunSmart program.<sup>170</sup>
- 3.36. As evidenced by the Health Promoting Schools framework, one means of ensuring leadership support and creating school champions, is the establishment of a core team with responsibility for health promotion within the school. Having a health and wellbeing team also helps to reduce the likelihood of health promotion initiatives being disrupted by staff changes or departures. A submission from HealthWest Partnership supported the establishment and adequate resourcing of student wellbeing teams, either within each school or across a region:
- This concept extends on the school nurse and welfare officer programs, where appropriately qualified and trained staff implement health and wellbeing programs with students and teachers. It is believed that a central health and wellbeing team will ensure more coordinated implementation of programs, act as a central contact point for teachers, students, school boards and community partners, and the skills required to undertake such work. It is noted that these teams would need to be resourced adequately and have commitment for principals, teaching staff, school boards, parents and government to be integrated into the school environments.<sup>171</sup>
- 3.37. Under the Health Promoting Schools framework, these school-based health and wellbeing teams should include representatives of the teaching and non-teaching staff, parent and student bodies and local community members. The team is responsible for leading and coordinating health promotion actions. This starts with an audit of current health promoting actions, establishing agreed goals and strategies, implementing programs and initiatives, reviewing progress and incorporating the results of program evaluations into future programs and activities.
- 3.38. The Committee met with a number of health promoting schools teams during its investigations in New Zealand. It observed that these teams typically comprised a small group of enthusiastic teachers, parents, students and other staff (such as student welfare officers, school nurses and chaplains), as well as other prominent community members. The teams were supported by a local health promotion coordinator who helped guide the team during the establishment phase and linked schools with their local health and other relevant services.

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<sup>167</sup> Peninsula Health – Community Health, Written Submission, August 2009, 4.

<sup>168</sup> Victorian Healthcare Association, Written Submission, July 2009, 4.

<sup>169</sup> Wellington Primary Care Partnership, Written Submission, June 2010, 3.

<sup>170</sup> Ms J. Osborne, Schools and Early Childhood Coordinator, SunSmart, Cancer Council Victoria, Transcript of Evidence, Public Hearing, Melbourne, 5 October 2009, 33.

<sup>171</sup> HealthWest Partnership, Written Submission, July 2009, 2.

- 3.39. The Committee found that the concept of a health and wellbeing team is also established in many Victorian schools, either through the application of the Health Promoting Schools framework, or as part of a specific health promotion initiative. A good example is provided by the MindMatters program, which involves a core team comprising school leadership and staff, as well as community members, school nurses, parents and students.<sup>172</sup> The core team attends professional development activities which provide schools with the tools for implementing a whole-school approach to mental health. Another example of a core team can be found in the Kids – Go For Your Life program which uses a committee within the school to decide on the appropriate policies and the curriculum or environmental changes which need to be implemented in order to achieve award status.<sup>173</sup>
- 3.40. The Committee believes that multidisciplinary, school-based health and wellbeing teams are an essential mechanism for ensuring a comprehensive and coordinated approach to health and wellbeing in Victorian schools. The Committee believes that all schools should establish such a team, which has responsibility for identifying the health issues of most concern for the school, identifying the most appropriate means of addressing these concerns, implementing programs and incorporating the results of evaluation into future programs. The Committee notes, however, that these teams will not be successful unless supported by colleagues who have a strong knowledge base and willingness to undertake the health promoting schools approach.

### Professional learning

- 3.41. The Committee is aware that health promotion activities are seen by many schools as adding to their already full workload. Effective school and community health promotion places high skill demands on teachers, because much work is outside the classroom and is student led.<sup>174</sup> While teachers are experts in educating and working with children, it cannot be expected that they will automatically have a deep understanding of health promotion, prevention and early intervention.<sup>175</sup>
- 3.42. The School of Public Health and Preventive Medicine at Monash University commented on the difficulties for teachers in implementing whole-school approaches to health, noting that ‘teachers are rarely skilled in the technical and conceptual frameworks, program logic, or evaluation of community-based health promotion programs’.<sup>176</sup> It recommended that the education sector, in collaboration with the health sector, identify the health promotion competencies required by school staff to successfully implement health promotion programs.<sup>177</sup> Southwest Primary Care Partnership suggested that existing health promotion qualifications (including short courses and degree courses) could be tailored to meet the needs of the education sector.<sup>178</sup>

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<sup>172</sup> Ms V. Archdall, Victorian State Project Officer, MindMatters, Principals Australia, Transcript of Evidence, Public Hearing, Melbourne, 5 October 2009, 10.

<sup>173</sup> Kids – Go For Your Life, Cancer Council Victoria and Diabetes Australia (Victoria), Written Submission, July 2009, 1.

<sup>174</sup> Professor L. St Leger, Written Submission, July 2009, 4.

<sup>175</sup> Outer East Health and Community Support Alliance, Written Submission, July 2009, 14.

<sup>176</sup> School of Public Health and Preventive Medicine, Faculty of Medicine, Nursing and Health Sciences, Monash University, Written Submission, July 2009, 1.

<sup>177</sup> *ibid.*, 9.

<sup>178</sup> Southwest Primary Care Partnership, Written Submission, May 2010, 3.

- 3.43. A range of participants identified the need for cohesive professional development activities which help to ensure that teachers base their activities, policies and behaviour on evidence-based information.<sup>179</sup> Some suggested that the need for professional development is particularly strong for sensitive issues such as sexuality education<sup>180</sup> or drug education.<sup>181</sup>
- 3.44. VicHealth and the Outer East Health and Community Support Alliance highlighted the priority given to advanced professional learning within the Catholic education system. For example, the Catholic Education Office Melbourne sponsors school leaders to undertake the Postgraduate Certificate in Education (Inclusive Schooling) at the Australian Catholic University and the Master of Education (Student Wellbeing) at the University of Melbourne.<sup>182</sup> There are now 800 teachers in Victorian Catholic schools with the Master of Education (Student Wellbeing), ensuring that student wellbeing is a key consideration for Catholic schools.<sup>183</sup>
- 3.45. In addition to professional development activities, some submissions and witnesses suggested that there is a need for pre-service teacher education to address health promotion,<sup>184</sup> with Dental Health Services arguing that 'teachers should graduate with the expectation that promoting health is one of their many roles'.<sup>185</sup> The Australian Health Promotion Association (Victorian Branch) and Australian Health Promoting Schools Association supported health promotion modules being included in both primary and secondary teaching degrees. They suggested that this could be modelled from the existing Monash University health promotion short course.<sup>186</sup>
- 3.46. Importantly, submissions were consistent in the view that teacher training and ongoing professional development are only part of the solution for ensuring that the school-based workforce has the knowledge and competencies required for effective health promotion. Effective support systems must also be set up to provide teachers with access to health experts for advice and support. This could be achieved through a range of strategies, such as mentoring or supervision, having an in-school health promotion worker, or by having strong referral systems and partnerships.<sup>187</sup>

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<sup>179</sup> For example, Cardinia Shire Council, Written Submission, July 2009, 6; Department of Health (Western Australia), Written Submission, July 2009, 9; The Alannah and Madeline Foundation, Written Submission, August 2009, 16–17; Outer East Health and Community Support Alliance, Written Submission, July 2009, 14.

<sup>180</sup> Family Planning Victoria, Written Submission, July 2009, 13.

<sup>181</sup> Australian Drug Foundation, Written Submission, July 2009, 5.

<sup>182</sup> VicHealth, Written Submission, July 2009, 12; Outer East Health and Community Support Alliance, Written Submission, July 2009, 9.

<sup>183</sup> Outer East Health and Community Support Alliance, Written Submission, July 2009, 9.

<sup>184</sup> For example, The Alannah and Madeline Foundation, Written Submission, August 2009, 16; Ballarat Community Health, Written Submission, September 2009, 7; Healthy Kids School Canteen Association, Written Submission, August 2009, 4; Quit Victoria, Written Submission, July 2009, 2.

<sup>185</sup> Dental Health Services Victoria, Written Submission, July 2009, 5.

<sup>186</sup> Australian Health Promotion Association (Victorian Branch) and Australian Health Promoting Schools Association, Written Submission, July 2009, 10.

<sup>187</sup> Outer East Health and Community Support Alliance, Written Submission, July 2009, 14.

## Conclusion

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- 3.47. The VELs cover a range of health related curriculum content, as well as the development of interpersonal and social skills, which together contribute to the physical, mental and emotional health of Victorian students. Importantly, the flexible structure of the VELs provides a suitable basis for incorporating health promotion initiatives in a cross-curricular way. The Committee found that this structure contributes to the success of many health promotion initiatives in schools, particularly where program designers have tailored their activities and curriculum resources to the VELs requirements and stages of learning.
- 3.48. The Committee also found that the approaches to teaching and learning adopted within a school have a key influence on the level of commitment to and success of health promotion initiatives. In particular, the Committee found that health promotion in schools works best where it has the support of the school leadership and other staff, especially through the establishment of a health and wellbeing team. Additionally, health promotion needs to be supported by appropriate professional development opportunities for the teaching workforce and other school-based staff.

