

Chapter 4

School ethos and environment

Students can reach their full educational potential only when they are happy, healthy and safe and where a positive school culture exists to engage and support them in their learning.¹⁸⁸

- 4.1. A health promoting schools approach requires schools to move beyond traditional curriculum-based approaches to health promotion, and to consider a broad range of school-based factors. The school ethos and environment are very important, as they underpin the way the school views itself and its student body. The ethos of a school is a web of interconnecting components, including school policies and procedures, cultural values and the social and physical environments. It is about the climate, atmosphere or feeling of a school and the way this impacts upon students' learning and teachers' work.¹⁸⁹

Components of the school ethos and environment

- 4.2. Throughout the inquiry, the Committee received evidence relating to how various components of a school's ethos and environment contribute to the health and wellbeing of all members of the school community. These included the policies and practices developed by schools to support the broader educational policies and frameworks established by education authorities, as well as a multitude of factors which together comprise the school's physical and social environment.

Healthy school policies

- 4.3. In order to comply with the registration requirements set out by the Victorian Registration and Qualifications Authority, schools must have policies and procedures in place that provide students with a safe learning environment where the risk of harm is minimised and students feel physically and emotionally secure. Student engagement and wellbeing is one of the three key student outcomes that schools and networks are accountable for under the Department of Education and Early Childhood Development's school and network accountability and improvement frameworks.¹⁹⁰ Consequently, the Committee was able to identify a wide range of policies and practices in Victorian schools which are aimed at supporting health and wellbeing for all members of the school community.

¹⁸⁸ Knox City Council, Written Submission, July 2009, 2.

¹⁸⁹ 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), 10.

¹⁹⁰ Department of Education and Early Childhood Development (Victoria), *Effective Schools are Engaging Schools: Student Engagement Policy Guidelines*, (Melbourne: Student Wellbeing and Support Division, Office of Government School Education, DEECD, 2009), 5.

Department of Education and Early Childhood Development policies and resources

- 4.4. The Department of Education and Early Childhood Development has established a number of broad policies and frameworks which support a school's operations. Key among these is the Effective Schools Model, which is designed to provide schools with a constant framework through which to embed their whole-school projects, such as health promoting schools. The eight elements of the Effective Schools Model are: professional leadership; focus on teaching and learning; purposeful teaching; shared vision and goals; high expectations of all learners; accountability; learning communities; and stimulating and secure learning environment.¹⁹¹
- 4.5. The Committee notes that the Effective Schools Model extends to other policy areas for schools which are also relevant to the inquiry, including 'Effective Schools are Engaging Schools – Student Engagement Policy Guidelines' (2009) and the 'Safe Schools are Effective Schools' strategy (2006).
- 4.6. All Victorian government schools are required to develop a Student Engagement Policy, with this requirement listed on the School Compliance Checklist from 2010. The Student Engagement Policy articulates the school community's shared expectations in the areas of student engagement, attendance and behaviour. Student engagement can be defined as three interrelated components: behavioural, emotional and cognitive.¹⁹²
- 4.7. The Student Engagement Policy supports the rights and articulates the expectations of every member of the school community to engage in and promote a safe and inclusive educational environment. The policy should support a school's capacity to respond to individual student circumstances, such as when a student begins to disengage from their learning, their regular attendance is not consistent or when they fail to demonstrate positive behaviours. The policy achieves this by outlining a series of processes, actions and consequences developed in consultation with the school community.¹⁹³
- 4.8. Each school's Student Engagement Policy should cover the following components:
- school profile statement;
 - whole-school prevention statement;
 - rights and responsibilities;
 - shared expectations;
 - principals, teachers and student support staff;
 - students;
 - parents/carers; and

¹⁹¹ Department of Education and Early Childhood Development (Victoria), 'Effective Schools,' <http://www.education.vic.gov.au/about/directions/blueprint1/es/default.htm> (accessed 9 August 2010).

¹⁹² Department of Education and Early Childhood Development (Victoria), *Effective Schools are Engaging Schools: Student Engagement Policy Guidelines*, (Melbourne: Student Wellbeing and Support Division, Office of Government School Education, DEECD, 2009), 7.

¹⁹³ *ibid.*, 5.

- school actions/consequences.¹⁹⁴
- 4.9. The Student Engagement Policy is complemented by the ‘Safe Schools are Effective Schools’ strategy. This strategy was developed as a response to the National Safe Schools Framework, which consists of a set of nationally agreed principles for a safe and supportive school environment, including appropriate responses to address issues of bullying, violence, harassment and child abuse and neglect.¹⁹⁵ The ‘Safe Schools are Effective Schools’ strategy is underpinned by the eight key elements of the Effective Schools Model, and has received strong support from community organisations such as the Alannah and Madeline Foundation.¹⁹⁶
- 4.10. Another key resource published by the Department of Education and Early Childhood Development to assist schools to develop and implement appropriate school-based policies is the Victorian Government Schools Reference Guide. Some of the topics covered in the guide of key relevance to the inquiry include: occupational health and safety, student attendance, student health, student safety and risk management.¹⁹⁷

School-based policies

- 4.11. The Committee identified a wide range of school-based policies which flow from the overarching policies and programs of an education system. Some of the typical health and wellbeing policies seen in Victorian schools include: healthy canteens; anti-smoking policies; use of alcohol and other drugs; gender equity; first aid; sun protection; classroom safety; critical incident policies for dealing with death, suicide, fire, accidents and other emergency situations; reported or suspected child abuse; environmentally friendly resource use and waste disposal; staff health and welfare; immunisations; safety of playground equipment; sexual harassment; anti-bullying policies; and welfare and discipline.
- 4.12. The Committee heard that school-based health and wellbeing policies must be integrated with other activities within the school, and even the local community. Ideally, health and wellbeing policies will support the health messages communicated in the classroom and within the broader community. Additionally, healthy behaviours should be modelled by staff and other adults.
- 4.13. The Committee found that although most Victorian schools have a number of policies which support health and wellbeing, often these policies have not been developed in a comprehensive or coordinated manner. The Committee heard that many schools would therefore benefit from assistance in auditing their existing policies, including formal written policies, as well as those which are generally accepted within the school but which have not yet been formally recorded.¹⁹⁸ The Committee heard that this could be achieved by either providing key staff with time release to review and

¹⁹⁴ *ibid.*

¹⁹⁵ Australian Government Department of Education, Employment and Workplace Relations, ‘National Safe Schools Framework.’ http://www.dest.gov.au/sectors/school_education/publications_resources/profiles/national_safe_schools_framework.htm (accessed 9 August 2010).

¹⁹⁶ The Alannah and Madeline Foundation, Written Submission, August 2009, 13.

¹⁹⁷ Department of Education and Early Childhood Development (Victoria), ‘Victorian Government Schools Reference Guide, A–Z Topic Index,’ <http://www.education.vic.gov.au/management/governance/referenceguide/index/default.htm> (accessed 6 August 2010).

¹⁹⁸ Transcript of Evidence, Public Hearing, Melbourne, 21 June 2010.

formalise their school's policies and practices, or by providing outside assistance, such as through a health promotion worker, to lead and develop this work.¹⁹⁹

- 4.14. The Committee believes that school-based health and wellbeing policies will be most effective when they have been developed in close consultation between all members of the school community, including teaching and non-teaching staff, students, parents and other community members. Indeed, the Committee believes that student empowerment and the involvement of parents, families and other community members was a key to the success of the Health Promoting Schools initiative examined in New Zealand.
- 4.15. The Committee also believes that all Victorian schools should develop an overarching health promotion policy which outlines the school's commitment to health promotion, its specific health promotion goals and its processes for engaging the school community in a health promoting philosophy.

The physical environment

- 4.16. The physical environment represents one of the most tangible ways in which schools can demonstrate their commitment to supporting and improving the health and wellbeing of all members of their community. The physical environment includes the design, layout and quality of the buildings, and indoor and outdoor facilities. The physical environment should not only ensure the physical safety for those who learn, work and play there, but also support the mental health and wellbeing of the school community.
- 4.17. The Committee acknowledges that schools spend a great deal of time and other resources ensuring a pleasant physical environment for their staff and students. During investigations in New Zealand, staff and students took great pride in demonstrating how their implementation of a health promoting schools approach had resulted in a much improved physical environment for staff and students. Some of the common physical features or improvements in the schools visited included: general improvements to the quality of buildings and facilities (eg. new building designs, new equipment, re-painting, new carpet, improved display areas); kitchen and community gardens; improved toilet facilities; improved quality of drinking water; sun safety measures; a variety of different playground areas to support physical activity and restful recreation; and playground murals and artworks.²⁰⁰ Other factors for schools to consider may include: traffic safety in the area immediately surrounding the school; protection from unauthorised visitors to the school; and cleaning and maintenance arrangements.

The social environment

- 4.18. The social environment of a school is a mix of the school's formal procedures and programs, extra-curricular activities, pastoral and student welfare arrangements, relationships between people in the school and their partnership with parents and the community.²⁰¹ As noted by a Victorian guide to health promoting schools, the quality of relationships among staff, among students and between staff and students is

¹⁹⁹ *ibid.*

²⁰⁰ Site visits to schools, Rotorua and Auckland, 21–22 October 2009.

²⁰¹ 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), 10.

particularly influential, as is the relationship between parents and the school (which in turn is set within the context of the wider community). The guide notes that the social environment is also influenced by senior staff from within the school and by health and education personnel who visit the school, all of whom provide role models for students and staff by the attitudes and values they display in their social behaviour.²⁰²

- 4.19. The Victorian guide to health promoting schools suggested that a positive social environment for learning may be characterised by low staff absenteeism, acceptance of individual diversity within classrooms, high expectation of student achievement and classroom discipline structures that allow all students to contribute to the group. A positive social environment will also encourage the development of skills such as decision making, problem solving and appropriate risk taking.²⁰³
- 4.20. Specific practices which can help to create a positive social environment include:
- teachers are supportive of and respectful towards students;
 - students are encouraged to participate in school decision making processes;
 - students are encouraged to be active participants in the learning process;
 - the school actively discourages physical and verbal violence among students and between students and staff;
 - positive creative arts (music, art, drama and dance), physical activity and academic experiences for all students are promoted;
 - students feel a sense of belonging to the school;
 - the school reflects the cultural values of the school community;
 - students with special learning or social needs are identified and supported appropriately;
 - the school provides a safe, stimulating and welcoming environment;
 - parents are regularly informed and have the opportunity to participate in school activities;
 - the school values and encourages contributions by students, staff, parents and the community to the life of the school; and
 - the curriculum provides opportunities for students to learn about cultural, religious and racial diversity.²⁰⁴

²⁰² *ibid.*, 53.

²⁰³ *ibid.*, 10.

²⁰⁴ *ibid.*, 53.

- 4.21. Many of the submissions to the inquiry commented on the importance of the social relationships within a school. In particular, the importance of social connectedness in ensuring student mental health and wellbeing and subsequent academic performance was highlighted.
- 4.22. The Committee notes that resources from the Department of Education and Early Childhood Development, including the Student Engagement Policy Guidelines and Safe Schools are Effective Schools strategy, provide useful guidance for schools seeking to develop a supportive social environment. Additionally, there are a range of programs and resources provided by various non-government organisations which can also assist schools to evaluate and improve the social environment.

Supporting mental health and social wellbeing in schools

- 4.23. During the inquiry, mental health was repeatedly cited as a health topic of extreme importance for schools.²⁰⁵ Although the definitions or aims for mental health and social wellbeing varied (covering concepts such as social connectedness, resilience and social emotional learning), the underlying concept remained the same. A student without stable mental health and a sense of wellbeing will find it difficult to participate in school, from both the educational and social perspective. Thus, mental health and wellbeing is increasingly considered to be the core of a health promoting school.

The importance of social relationships

- 4.24. Numerous submissions highlighted the importance of social relationships for success at school and the ability of children and young people to resist negative peer influences, particularly during the adolescent years. This issue was also discussed during a public hearing attended by Professor George Patton from the Centre for Adolescent Health, who stated:

We talk about the paradox of adolescent health— stronger, fitter, faster, smarter— and yet a whole lot of things get worse, and they relate to emotion, emotional control, behaviour and lifestyle...we know that social connection at school promotes good educational outcomes. We believe it also promotes healthy behaviour and healthy emotional adjustment.²⁰⁶

- 4.25. During adolescence there are marked changes in attachment to family, school and peers, with disruption or insecurity in these relationships carrying a risk of social, emotional and behavioural problems. In contrast, a sense of school connection is associated with lower rates of substance use, sexual risk behaviour and emotional problems, as well as positive educational outcomes.²⁰⁷ Consequently, programs which seek to enhance the relationships between students and their peers and teachers, can be expected to improve students' educational outcomes by reducing teenage risk behaviours.

²⁰⁵ For example, Professor L. St Leger, Written Submission, July 2009, 7; beyondblue: the national depression initiative, Written Submission, July 2009, 2; National Rural Health Students' Network, Written Submission, July 2009, 3; Foundation 49, Written Submission, August 2009, 6; Association of Independent Schools Victoria, Written Submission, August 2009, 2; Catholic Education Office, Melbourne, Written Submission, August 2009, 1, 4.

²⁰⁶ Professor G. Patton, Director of Adolescent Health Research, Centre for Adolescent Health, University of Melbourne, Transcript of Evidence, Public Hearing, Melbourne, 5 October 2009, 2.

²⁰⁷ George Patton and others, 'Promoting Social Inclusion in Schools: A Group-Randomised Trial of Effects on Student Health Risk Behavior and Well-Being,' *American Journal of Public Health* 96, no 9 (September 2006): 1585.

- 4.26. An adjunct to social connectedness at school is the link between behavioural issues, such as classroom disruptiveness and learning difficulties. Professor Patton told the Committee that identifying learning difficulties as they emerge in primary school may be one of the most effective means of maintaining student engagement, thereby preventing the opting out of learning which can flow through to secondary school.²⁰⁸ This suggests that by improving student engagement and social connectedness, we can prevent the uptake of damaging behaviours and improve the long-term health outcomes of students, as well as achieve benefits within the classroom.
- 4.27. The Committee heard about a range of strategies employed by schools to enhance the social relationships within the school. For example, schools across Victoria have introduced buddy and/or mentoring programs as a means of engaging students and strengthening social relationships, particularly between younger students and older students or adults.²⁰⁹ In addition, many of the approaches used to prevent bullying and discourage the use of harmful substances include components relating to social connectedness and relationships.

Bullying

- 4.28. The Committee heard that bullying is an issue of increasing concern to schools. The Department of Education and Early Childhood Development defines bullying as when someone, or a group of people, who have more power at the time, deliberately upset or hurt another person on more than one occasion. Bullying includes: physical bullying such as hitting; verbal bullying such as name calling; and indirect bullying such as spreading rumours.²¹⁰
- 4.29. Cyber bullying is an issue of particular concern for education authorities:
- Multimedia technologies have created new domains in which young people learn and interact. Technology such as mobile phones, SMS, in-phone cameras, emails and chat rooms can be an effective way to learn and a great way to communicate. Unfortunately some people use this technology to bully others by sending threatening or unwanted messages or spreading nasty rumours.²¹¹
- 4.30. The Department of Education and Early Childhood Development notes that bullying is distinct from situations where there is mutual conflict, social rejection or dislike (unless it is a repeated act and directed towards a specific person) and single episodes of nastiness or meanness or random acts of aggression or intimidation. Additionally, nastiness or physical aggression that is directed towards many different students is not the same as bullying, although since the school has a duty of care to provide students with a safe and supportive school environment, single episodes of nastiness or physical aggression should not be ignored or condoned.²¹²

²⁰⁸ 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.

²⁰⁹ For example, Victorian Youth Mentoring Alliance, Written Submission, June 2009, 3–4; Open Family Australia, Written Submission, July 2009, 3; Academy of Sport Health and Education, Written Submission, August 2009, 2; Camp Hill Primary School, Written Submission, April 2010, 2–3.

²¹⁰ Department of Education and Early Childhood Development (Victoria), 'What is Bullying,' <http://www.education.vic.gov.au/healthwellbeing/safety/bullying/what.htm> (accessed 3 August 2010).

²¹¹ Department of Education and Early Childhood Development (Victoria), 'Cyber Bullying,' <http://www.education.vic.gov.au/healthwellbeing/safety/bullying/cyber/default.htm> (accessed 3 August 2010).

²¹² Department of Education and Early Childhood Development (Victoria), 'What is Bullying,' <http://www.education.vic.gov.au/healthwellbeing/safety/bullying/what.htm> (accessed 3 August 2010).

- 4.31. A submission from the Alannah and Madeline Foundation described the negative consequences of bullying. Victims of bullying have a higher likelihood than other young people of experiencing adverse health outcomes and social adjustment problems, while young people who are engaged in repeated bullying are more likely to engage in ongoing anti-social behaviour and criminality, have issues with substance abuse, demonstrate low academic achievement and be involved in future child and spouse abuse.²¹³ The Alannah and Madeline Foundation emphasised the need to address bullying within schools, as both victimised young people and those who take part in bullying across time may demonstrate lower levels of academic achievement than might otherwise have been expected.²¹⁴ The Committee also heard of cases in Australia and New Zealand where suicides have been linked to cyber and text bullying.²¹⁵
- 4.32. The Department of Education and Early Childhood Development's website outlines a range of strategies for dealing with bullying, including basic strategies and more involved policies. These include:
- assertiveness training;
 - restorative practices relating to social relationships, conflict resolution and other problem solving skills;
 - bystander training where other students support or intervene on behalf of bullied students;
 - the friendly schools and families program which uses the health promoting schools approach to promote pro-social behaviours and reduce bullying;
 - buddy systems between older and younger children;
 - the You can do it! Education program aimed at developing social, emotional and behavioural wellbeing; and
 - school procedures and policies for dealing with students who bully, which complement the Safe Schools are Effective Schools strategy.²¹⁶
- 4.33. The Committee learned about a number of programs designed to complement the anti-bullying policies implemented by schools. For example, the MindMatters program promotes a whole-school approach to bullying through its 'Dealing with Bullying and Harassment' resource. The resource suggests that school organisation factors may be more powerful determinants of behaviour than personal factors. The MindMatters resource states that a whole-school approach serves to support an environment where it is not acceptable to bully, and where the culture says it is okay to 'tell'. In this type of environment, the cycle of silence about bullying can be broken.²¹⁷

²¹³ The Alannah and Madeline Foundation, Written Submission, August 2009, 3.

²¹⁴ *ibid.*

²¹⁵ Meeting with Associate Professor Cynthia Kiro, Centre for Public Health Research and Dr Janis Carroll Lind, Senior Lecturer, College of Education, Massey University, Wellington, 20 October 2009.

²¹⁶ Department of Education and Early Childhood Development (Victoria), 'Strategies for Bullying Intervention.' <http://www.education.vic.gov.au/healthwellbeing/safety/bullying/schoolstrategy.htm> (accessed 3 August 2010).

²¹⁷ Helen Cahill, Pamela Morrison and Coosje Griffiths, for MindMatters, *A Whole School Approach to Dealing with Bullying and Harassment* (Canberra: Commonwealth of Australia, 2007), 11.

- 4.34. The Alannah and Madeline Foundation has developed a specific response to cyber bullying, through its eSmart Initiative. The initiative is based on a model of social change, intended to help schools, parents and communities identify, learn about and manage the problems of online and face-to-face bullying, identity theft, harassment and sexual predation using electronic means.²¹⁸ It is built on six relevant domains of action, namely: policies and practices; curriculum; caring school community; effective teacher practices; effective use of technologies; and family and community partnerships. Through a web portal, schools can access strategic guidelines and the best available resources to support them in completing actions in each domain.²¹⁹

The use of harmful substances

- 4.35. The Committee received a range of submissions from agencies involved in health promotion programs relating to harmful substances such as tobacco, alcohol and drugs. These included: QUIT Victoria, the Australian Drug Foundation, the Alcohol and other Drugs Council of Australia, the National Drug and Alcohol Research Centre, the Victorian Alcohol and Drug Association and VicHealth. While issues associated with harmful substances relate to both physical and mental health, the evidence received by the Committee focused almost exclusively on the links between mental health and the use of harmful substances.
- 4.36. QUIT Victoria, the peak body for smoking prevention in Victoria, advised the Committee that curriculum activities which only provide information about tobacco and the health effects of smoking have been proven to have no effect on the prevalence of smoking among adolescents.²²⁰ Instead, QUIT Victoria advocates for activities which provide accurate information while also focusing on building resilience and highlighting psychosocial factors, such as effective ways of dealing with stress and pressure. Quit Victoria advised the Committee that these approaches can delay experimentation with smoking for several years.
- 4.37. The evidence from Quit Victoria was supported by the NSW Department of Health, which provided a written submission highlighting current research findings. It reported that teaching general competence skills (such as decision making, communication and problem solving) as part of smoking education programs builds a greater sense of self-worth and better enables young people to implement smoking refusal strategies.²²¹
- 4.38. VicHealth noted similar arguments, while further noting that congruency between the health messages promoted in schools and the health related attitudes and behaviours that prevail in the broader school environment and community are critical for the effectiveness of school-based tobacco interventions.²²² It highlighted the importance of 'multi-modal programs', where methods combine curricular approaches with wider initiatives within and beyond the school, including programs for parents, schools, or communities and initiatives to change school policies about tobacco, or state policies about the taxation, sale, availability and use of tobacco.²²³

²¹⁸ The Alannah and Madeline Foundation, Written Submission, August 2009, 4–5.

²¹⁹ *ibid.*, 5.

²²⁰ Quit Victoria, Written Submission, July 2009, 3.

²²¹ Centre for Health Advancement, Department of Health (New South Wales), Written Submission, July 2009, 3.

²²² VicHealth, Written Submission, July 2009, 5.

²²³ *ibid.*

- 4.39. The experience from the tobacco sector was also supported by submissions from the anti-alcohol and drugs bodies. Additionally, the Committee was advised that abstinence programs are not effective at preventing alcohol and drug use among teens,²²⁴ and that harm minimisation programs are more effective at lowering or preventing the use of drugs and alcohol by young people.²²⁵
- 4.40. The Committee notes that harm minimisation is the approach advocated in the National Principles for School Drug Education and supported by the Department of Education and Early Childhood Development. The principles state that effective drug education programs should:
- increase students' knowledge, social and life skills, and refusal skills towards licit and illicit drug use;
 - include content relevant to young people's experiences and interests;
 - contain highly interactive pedagogies that engage students in problem solving and critical thinking;
 - commence activities prior to initial experimentation and continue as young people mature;
 - provide significant coverage of relevant issues complemented by follow up booster sessions;
 - position drug education within a broader health and personal learning curriculum that focuses, amongst other things, on mental health issues such as stress and coping;
 - respond to cultural and social needs of the school community; and
 - engage parents where possible.²²⁶
- 4.41. Notably, all of the submissions and witnesses commenting on harmful substances emphasised the need for whole-school approaches targeting overall mental health and wellbeing, rather than short-term project-based approaches which seek to address a single health behaviour. Some of the programs identified as best practice are outlined in the following section.

Best practice programs addressing mental health and social wellbeing

- 4.42. Mental health initiatives in schools seek to build the social, emotional and spiritual wellbeing of students to enable them to achieve education and health goals and to interact with their peers, teachers, family and community in ways that are respectful and just. International evidence shows that successful mental health initiatives:
- are well designed and grounded in tested theory and practice;
 - link the school, home and community;

²²⁴ Ms R. McClean, Policy and Conference Advisor, Australian Drug Foundation, Transcript of Evidence, Public Hearing, Melbourne, 5 October 2009, 22.

²²⁵ National Drug and Alcohol Research Centre, University of New South Wales, Written Submission, July 2009, 2; Australian Drug Foundation, Written Submission, July 2009, 3.

²²⁶ Department of Education and Early Childhood Development (Victoria), 'Drug Education.' <http://www.education.vic.gov.au/studentlearning/programs/drugeducation/default.htm> (accessed 5 August 2010).

- address the school ecology and environment;
 - combine a consistency in behavioural change goals through connecting students, teachers, family and community;
 - foster respectful and supportive relationships among students, teachers and parents;
 - use interactive learning and teaching approaches; and
 - increase the connections for each student.²²⁷
- 4.43. The Committee was made aware of a range of programs targeting the important issue of mental health and social wellbeing in schools. Key among these were: MindMatters (secondary schools) and KidsMatter (primary schools); the Gatehouse Project; and the Schools as Core Social Centres program.

MindMatters

- 4.44. One of the most prominent programs dealing with mental health and social wellbeing in schools is MindMatters, which has been funded by the federal Department of Health and Ageing since 2000. The program is administered and managed by Principals Australia.
- 4.45. MindMatters is a resource and professional development program supporting Australian secondary schools in promoting and protecting the mental health and social and emotional wellbeing of all members of school communities.²²⁸ It is designed as a whole-school approach in which mental health and wellbeing is integrated into the existing school curriculum.²²⁹ A key impetus for MindMatters was the fact that teachers were often unsure how to tackle the delicate issues relating to mental health within the classroom.²³⁰
- 4.46. The Committee heard that a key focus of MindMatters is building protective factors for young people. As stated by Ms Jill Pearman, the national team coordinator for MindMatters, the program is:
- Trying to help build connection to school, to result in educational attainment but also a sense of worth, a sense of who the student is and how they connect and feel a sense of belonging, thereby reducing mental health problems.²³¹
- 4.47. Specifically, MindMatters aims to:
- embed promotion, prevention and early intervention activities for mental health and wellbeing in Australian secondary schools;
 - enhance the development of school environments where young people feel safe, valued, engaged and purposeful;
 - develop the social and emotional skills required to meet life's challenges;

²²⁷ Lawrence St Leger and others, *Promoting Health in Schools: from Evidence to Action* (France: International Union for Health Promotion and Education, 2010), 8.

²²⁸ MindMatters, 'Home Page.' <http://www.mindmatters.edu.au/default.asp> (accessed 3 August 2010).

²²⁹ Ms V. Archdall, Victorian State Project Officer, MindMatters, Principals Australia, Transcript of Evidence, Public Hearing, Melbourne, October 5 2009, 10.

²³⁰ *ibid.*

²³¹ Ms J. Pearman, National Team Coordinator, MindMatters, Principals Australia, Transcript of Evidence, Public Hearing, Melbourne, October 5 2009, 12.

- help school communities create a climate of positive mental health and wellbeing;
 - develop strategies to enable a continuum of support for students with additional needs in relation to mental health and wellbeing; and
 - enable schools to better collaborate with families and the health sector.²³²
- 4.48. MindMatters enjoys extensive coverage within Australian secondary schools: staff from 82 per cent of schools with secondary student enrolments have attended MindMatters professional development, including over 120,000 Australian and international participants; 71 per cent of Australian secondary schools have used MindMatters, with 52 per cent continuing to use it as a curriculum resource; and 18 per cent of schools use MindMatters as their key organiser for mental health promotion.²³³
- 4.49. A wide range of stakeholders acknowledged the success of MindMatters in Victorian schools. The Committee notes that much of this success can be attributed to the whole-school approach adopted by MindMatters, as well as its ability to address many of the challenges faced by schools when seeking to implement health and wellbeing programs. For example, MindMatters recognised the already full curriculum program within schools and therefore set out to create a program which could be integrated into the existing curriculum, rather than creating new content areas.²³⁴ MindMatters is also unique in that although it is funded through the health department, it has been developed by educationalists with an interest in health. This has contributed the necessary intersection between the different language and concepts used by the health and education sectors.²³⁵
- 4.50. Other factors which were identified as contributing to the success of MindMatters included the longevity of the program (resulting in positive word of mouth and greater take-up among schools), the use of a core team comprising a wide range of school and community members to implement the program, and its use of partnerships and community links. Importantly, the Committee notes that MindMatters has been continually evaluated, resulting in enhancements and additions to the program, as well as continuation of the funding for the program itself.²³⁶

KidsMatter

- 4.51. Where MindMatters tackles mental health and social wellbeing issues within secondary schools, the more recently introduced KidsMatter is the complementary program for early childhood services and primary schools. KidsMatter is sponsored by several agencies, including the federal Department of Health and Ageing, *beyondblue*, the Australian Psychological Society, the Australian Principals Association's Professional Development Council and the Australian Rotary Health Research Fund.

²³² MindMatters, Principals Australia, Written Submission, July 2009, 10.

²³³ *ibid.*, 2–3.

²³⁴ Ms V. Archdall, Victorian State Project Officer, MindMatters, Principals Australia, Transcript of Evidence, Public Hearing, Melbourne, 5 October 2009, 10.

²³⁵ Ms L. Walker, Executive Manager, Participation and Equity for Health, VicHealth, Transcript of Evidence, Public Hearing, Melbourne, 16 November 2009, 8.

²³⁶ Ms J. Pearman, National Team Coordinator, MindMatters, Principals Australia, Transcript of Evidence, Public Hearing, Melbourne, 5 October 2009, 12.

- 4.52. The KidsMatter initiative aims to improve the mental health and wellbeing of primary school students, reduce mental health problems amongst students and achieve greater support for students experiencing mental health problems.²³⁷
- 4.53. Drawing on the latest international research, the KidsMatter framework and implementation focus on four key areas where schools can really make a difference. These comprise:
- A positive school community: A positive school community enables staff, students, families and community members to work together to support children's wellbeing. It promotes feelings of belonging and connectedness, which are very important for positive mental health.
 - Social and emotional learning for students: Social and emotional learning is about learning how to manage feelings, handle relationships and solve problems. By systematically teaching children social and emotional skills, schools can support children's positive mental health and benefit their learning.
 - Parenting support and education: Schools can play an important role in helping to provide parents and carers with information regarding children's development and wellbeing. They can also facilitate access to services that provide parenting support.
 - Early intervention for students experiencing mental health difficulties: By being aware of the kinds of mental health difficulties that affect children and what kinds of support are available, schools can help children and their families to access early intervention services and get the help they need.²³⁸
- 4.54. The Centre for Analysis of Educational Futures, Flinders University evaluated the two-year trial of KidsMatter over 2006 to 2008. The evaluation found evidence of change related to all four components of the framework. It found statistically and practically significant improvement in students' measured mental health, in terms of both reduced mental health difficulties and increased mental health strengths. Importantly, there was greater impact for students who were rated as having higher levels of mental health difficulties at the start of the trial, and for some measures, schools which had done the program for two years (rather than one year) showed greater effects.²³⁹
- 4.55. Given the success of the trial program, formal implementation has now been rolled out to more schools across Australia, with support materials also available on the KidsMatter website for any other school which is interested.

²³⁷ beyondblue: the national depression initiative, Written Submission, July 2009, 3.

²³⁸ *ibid.*

²³⁹ Phillip Slee and others for KidsMatter, *KidsMatter Evaluation Final Report, Executive Summary* (Adelaide: Centre for Analysis of Educational Futures, Flinders University, 2009), 4.

The Gatehouse Project

- 4.56. A number of submissions to the inquiry made note of the Gatehouse Project, which was run by the Centre for Adolescent Health, University of Melbourne between 1996 and 2002, and sponsored by VicHealth.²⁴⁰
- 4.57. The Gatehouse Project was designed to build the capacity of schools to promote emotional wellbeing. It assists schools to develop strategies for reducing risk factors and enhancing protective factors in the school environment. The curriculum materials and whole-school strategy used in the project focus particularly on enhancing students' sense of connectedness to school and increasing students' skills and knowledge for dealing with the everyday life challenges.²⁴¹
- 4.58. The Gatehouse Project provides schools with strong conceptual and operational frameworks to enhance understanding of adolescent mental health needs, as well as an evidence-based process for planning, implementing and evaluating a practical intervention.²⁴² The conceptual framework of the Gatehouse Project approach emphasises the importance of healthy attachments or a sense of positive connection with teachers and peers. It identifies three key areas of action: building a sense of security and trust; enhancing communication and social connectedness; and building a sense of positive regard through valued participation in aspects of school life. The operational framework for the project draws on the Health Promoting Schools framework by recognising the need to address the three areas of action at all levels of school operations.²⁴³
- 4.59. The Gatehouse Project approach provides a five-step evidence-based process, through which schools work to build on existing policies, programs and practices and develop new policies, programs and practices that promote connectedness to school. This involves:
- establishing an Adolescent Health Team to coordinate the planning, implementation and evaluation of strategies;
 - reviewing policies, programs and practices to identify priorities for action, including use of data from the Gatehouse Project Adolescent Health Survey;
 - planning strategies to address areas identified in the review;
 - training and implementation, developing a program of professional development and training for members of the school community to equip them to implement the chosen strategies; and
 - monitoring and evaluation of the process of implementation, with a view to informing future cycles of review, planning and change.²⁴⁴

²⁴⁰ For example, VicHealth, Written Submission, July 2009, 7; Quit Victoria, Written Submission, July 2009, 4; Victorian Alcohol and Drug Association, Written Submission, July 2009, 3; Eating Disorders Foundation of Victoria (Eating Disorders Victoria), Written Submission, August 2009, 6.

²⁴¹ Royal Children's Hospital, 'The Project,' Gatehouse Project.
http://www.rch.org.au/gatehouseproject/project/index.cfm?doc_id=174 (accessed 3 August 2010).

²⁴² Royal Children's Hospital, 'The Program,' Gatehouse Project.
http://www.rch.org.au/gatehouseproject/project/index.cfm?doc_id=397 (accessed 3 August 2010).

²⁴³ *ibid.*

²⁴⁴ *ibid.*

- 4.60. In line with best practice described throughout the inquiry, the Gatehouse Project linked health and education, sat within existing health and education policy frameworks, and built on the work schools were already doing. As noted above, the project also provided a strong, accessible framework and process which meet the needs of individual school communities, and had measurable outcomes.²⁴⁵
- 4.61. Importantly, the Gatehouse Project used survey data to identify priority areas for intervention.²⁴⁶ The school-based team was then assisted by a consultant to select and implement appropriate interventions. Intervention elements ranged from establishing an inclusive classroom environment to creating opportunities for student participation in school life beyond the classroom, and included implementing a student curriculum that teaches interpersonal communication and emotional management.²⁴⁷
- 4.62. The Gatehouse Project combines individual-focused and environment-focused approaches. The individual-focused approach aims to help students develop and refine an understanding of challenges and stresses experienced by most young people, the range of emotional reactions to these and to extend their repertoire of cognitive and social skills for dealing with them.²⁴⁸ The environment-focused approach encourages and equips schools to examine the policies, practices and programs of the school across a range of environments in which young people might find themselves, to see where risk factors might be reduced and protective factors enhanced.²⁴⁹ In responding to these factors, the Gatehouse Project considers both the context of the classroom and the content of the curriculum.
- 4.63. Professor Patton told the Committee that the Gatehouse Project was extremely effective at reducing the usage of alcohol, tobacco and cannabis (down around 20%) and reducing anti-social behaviours such as theft, interpersonal violence and property damage (down around 25%). In addition, the rate of early sexual intercourse by 13 to 14 year-olds was reduced by half.²⁵⁰
- 4.64. The Committee heard that in common with many other successful health promotion initiatives, the Gatehouse Project was not fully integrated into all secondary schools due to the lack of funding following the initial pilot. As noted by Mr Todd Harper, Chief Executive Officer, VicHealth, it is not always easy to 'scale up' programs which have been successful, because there is not always the money available.²⁵¹ Various stakeholders noted this as a significant limitation, as the most effective school and community health related actions occur over at least five to seven years before any significant change is achieved.

²⁴⁵ *ibid.*

²⁴⁶ Centre for Adolescent Health, University of Melbourne, Written Submission, July 2009, 1.

²⁴⁷ Professor George Patton and others, 'Promoting Social Inclusion in Schools: A Group-Randomised Trial of Effects on Student Health Risk Behavior and Well-Being,' *American Journal of Public Health* 96, no 9 (September 2006): 1582.

²⁴⁸ Royal Children's Hospital, 'The Program,' Gatehouse Project.

http://www.rch.org.au/gatehouseproject/project/theprogram/index.cfm?doc_id=397 (accessed 3 August 2010).

²⁴⁹ *ibid.*

²⁵⁰ Professor G. Patton, Director of Adolescent Health Research, Centre for Adolescent Health, University of Melbourne, Transcript of Evidence, Public Hearing, Melbourne, 5 October 2009, 3.

²⁵¹ Mr T. Harper, Chief Executive Officer, VicHealth, Transcript of Evidence, Public Hearing, Melbourne, 16 November 2009, 4.

- 4.65. The Committee notes that although the project timeframe has expired, Gatehouse Project materials including school case studies, team guidelines and teaching materials remain available on the Royal Children's Hospital website.²⁵²

Schools as Core Social Centres

- 4.66. The Committee heard that the Catholic Education Office has also adopted an effective approach to social connectedness and wellbeing, supported by funding from VicHealth. The Schools as Core Social Centres project aims to: promote an understanding of the links between wellbeing and improved learning outcomes; support the development of a whole-school approach to student wellbeing; and increase the capacity of schools and communities through the development of collaborative partnerships.²⁵³
- 4.67. The Schools as Core Social Centres project began as a trial in 2002, in part as a response to the findings of the 1997 Suicide Prevention Taskforce and also as a response to the 2001 OECD report *Schooling for Tomorrow: What Schools for the Future?*
- 4.68. The project commenced as a pilot project in a cluster of three schools, but has now expanded to cover eight clusters and 26 schools across Melbourne, with over 7,200 students participating.²⁵⁴ Consistent with the health promoting schools approach, schools are provided with audit tools to assess school leadership, school staff and students, and parents and community.
- 4.69. The Schools as Core Social Centres project has five key outcome areas: learning outcomes; attitudes to school including student management; parent connectedness; social emotional learning; and community partnerships.²⁵⁵ A 2007 progress report found that all participating schools had demonstrated progress in all of these key areas.²⁵⁶ In 2007, a research stage commenced with a focus on local, national and international literature, as well as the development of a framework to implement Schools as a Core Social Centre across the broader education community and health and education sectors.²⁵⁷
- 4.70. As an added element to the Schools as Core Social Centres program, the Catholic Education Office Melbourne has appointed student wellbeing coordinators to work in 255 primary schools across Melbourne. The coordinators are part of the leadership team and are responsible for ensuring positive learning outcomes, as well as the health and wellbeing of staff, students and the wider community.²⁵⁸ The coordinators also receive high level and sustained professional development, with the Catholic Education Office Melbourne sponsoring participation in the Postgraduate Certificate in Education (Inclusive Schooling) at the Australian Catholic University and the Master of Education (Student Wellbeing) at the University of Melbourne.²⁵⁹

²⁵² Royal Children's Hospital, 'Resources,' Gatehouse Project.

http://www.rch.org.au/gatehouseproject/resources/index.cfm?doc_id=175 (accessed 29 July 2009).

²⁵³ Catholic Education Office Melbourne, *Schools as Core Social Centre: Progress Report, July 2007* (East Melbourne: CEOM, 2007), 3.

²⁵⁴ VicHealth, Written Submission, July 2009, 12.

²⁵⁵ Catholic Education Office Melbourne, *Schools as Core Social Centres: Progress Report, July 2007* (East Melbourne: CEOM, 2007), 5.

²⁵⁶ *ibid.*

²⁵⁷ *ibid.*, 4.

²⁵⁸ Catholic Education Office Melbourne, Written Submission, August 2009, 2.

²⁵⁹ VicHealth, Written Submission, July 2009, 12–13.

- 4.71. An adjunct to the Schools as Core Social Centres program is the Student Wellbeing Action Partnership (SWAP), which is a ten-year collaboration between the University of Melbourne's Graduate School of Education and the Catholic Education Office Melbourne. The SWAP website provides extensive resources and information on research and professional development opportunities for teachers.²⁶⁰

Supporting physical health in schools

- 4.72. The Committee received a substantial body of evidence covering various aspects of physical health. In particular, submissions outlined ways in which schools can encourage healthy eating, physical activity and sun safety, as a means of achieving overall good health and preventing a wide range of diseases in later life.

Healthy eating

- 4.73. Healthy eating was an issue of strong interest during the inquiry, mainly due to concerns about the increasing rates of obesity and diabetes among children. However, the nutritional issues that affect children are far more diverse, and include: growth; bone health and development; dental health; eating disorders and body image; mood, concentration and learning; development of food preferences, tastes, eating habits and skills; promotion of health and prevention of lifestyle disease; and nutritional adequacy.²⁶¹
- 4.74. The Committee noted that at least a third of a students' daily food intake is consumed while at school. Participants in the inquiry therefore argued that schools should aim to influence students' eating behaviours through a range of policies and practices, as well as through healthy eating messages delivered through the curriculum. In particular, participants identified opportunities to influence eating behaviours through school canteen policies, kitchen garden programs and breakfast programs.

School canteen policies

- 4.75. The quality of food available through school canteens (and other outlets targeting children and young people) has been a topic of community discussion over recent years. Research indicates that students who use school canteens consume far more energy dense foods such as fast foods, packaged snacks, soft drinks and confectionary than children who do not use the school canteen.²⁶²
- 4.76. Community and health sector concerns about the role of the school canteen and the quality of food provided in schools has led to governments worldwide developing school canteen policies. While some such policies provide guidance for schools seeking to offer healthy food choices, some jurisdictions have developed mandatory guidelines, or even legislated, on the food that may or may not be provided in schools. Such guidelines generally cover school canteens, fundraising activities, vending machines and/or food served at the school's social or other events.

²⁶⁰ The University of Melbourne, 'Partners in Student Wellbeing since 1990,' Student Wellbeing Action Partnership. <http://www.edfac.unimelb.edu.au/swap/> (accessed 3 August 2010).

²⁶¹ Department of Education and Early Childhood Development (Victoria), 'Why is Healthy Food in Schools Important?' <http://www.education.vic.gov.au/management/schooloperations/healthycanteen/background/schools.htm> (accessed 3 August 2010).

²⁶² Nutrition Australia (Victorian Division), Written Submission, September 2009, 6.

4.77. The Department of Education and Early Childhood Development describes the role and influence of the school canteen in the following way:

In addition to the provision of nutritious food, the canteen has an important role within the broader school environment in complementing the knowledge, skills and behaviours about healthy eating and lifestyles that are taught in the classroom. The food provided within the school environment has a considerable influence on the development of children's long-term eating habits, food preferences and attitudes towards food. The school canteen can play an important role in promoting healthy foods and creating a school culture of healthy eating. This can extend beyond the school environment and influence food choices within the family and community and enhance the social and multicultural aspects of food and eating.²⁶³

4.78. The department has therefore recommended that a school's food services and curriculum programs on healthy eating be complementary, noting that positive peer pressure within the education setting can create a culture in which nutritious foods and a healthy lifestyle are actively chosen. The department states that this culture should permeate the entire school environment and can have an impact on choices made by students about food consumption when they are not at school.²⁶⁴

4.79. The Department of Education and Early Childhood Development states that a healthy school food service should provide foods which reflect the Dietary Guidelines for Children and Adolescents in Australia, which were developed by the National Health and Medical Research Council in 2003. Food provided within a school should encourage students to:

- enjoy a wide variety of nutritious foods;
- eat plenty of vegetables, legumes, fruits, breads and cereals;
- include lean meat, fish, poultry and/or alternatives;
- include milks, yoghurt, cheeses;
- choose water as a drink;
- limit saturated fats and moderate total fat intake;
- choose foods low in salt; and
- consume only moderate amounts of sugars and foods containing added sugars.²⁶⁵

4.80. The Committee found that a popular approach to incorporating these national food guidelines is the 'traffic light' approach which recommends the categorisation of food as green (have plenty), amber (select carefully) and red (occasional).

4.81. Nutrition Australia advised the Committee of a range of programs which it operates with the aim of maximising the healthy content of the food provided in Victorian schools. Its main program is the Healthy Canteen Advisory Service, which is funded

²⁶³ Department of Education and Early Childhood Development (Victoria), 'Why is Healthy Food in Schools Important?' <http://www.education.vic.gov.au/management/schooloperations/healthycanteen/background/schools.htm> (accessed 3 August 2010).

²⁶⁴ Department of Education and Early Childhood Development (Victoria), 'Whole-school Approach to Healthy Eating.' <http://www.education.vic.gov.au/management/schooloperations/healthycanteen/policy/wholeschool.htm> (accessed 13 September 2010).

²⁶⁵ Department of Education and Early Childhood Development (Victoria), 'What Foods Should be Provided?' <http://www.education.vic.gov.au/management/schooloperations/healthycanteen/policy/whatfood.htm> (accessed 12 July 2010).

by the Victorian Department of Human Services and designed to support the Kids – Go For Your Life program. The Healthy Canteen Advisory Service provides a range of services and resources, including: workshops and training, menu assessments and a dedicated website for schools; phone advice, information sessions and advice on product development for the food industry; and an information line, resource kits and professional development sessions for health professionals.²⁶⁶

- 4.82. Nutrition Australia reported that it is currently unable to accommodate the many requests for help that it receives from secondary school canteens, as its funding is generally targeted towards primary schools.²⁶⁷ Although resources for primary schools may have some advice for secondary schools, they do not necessarily reflect the nutritional needs and food preferences of older children, or the more complex role of the secondary school canteen, which is likely to be open more frequently, cater for a much larger student cohort and have a greater expectation of profit.²⁶⁸
- 4.83. The Committee acknowledges that a common issue for schools is the perception that unhealthy foods are more popular and therefore more profitable for a school. However, the Department of Education and Early Childhood Development notes that although profits may initially decrease following the introduction of a healthy eating policy due to the need for investment in equipment and staff, many schools have reported subsequent increases in profits, partly attributable to parents being more willing to allow children to buy lunch when they know it will be healthy.²⁶⁹ The department further notes that effective management is the best way to ensure a profitable school canteen.
- 4.84. The Committee heard that another successful approach to ensuring the profitability of a healthy school canteen is the involvement of students in the development of the canteen policy and menus and the day-to-day running of the school canteen. This is most successful where the school canteen is considered within the context of a comprehensive, healthy school philosophy.

Kitchen gardens

- 4.85. One of the most popular activities for schools seeking to influence the eating behaviours of members of the school community is the establishment of kitchen gardens. The Committee heard about a number of such programs, including the Stephanie Alexander Kitchen Garden Program, the Home Grown Project and the Edible Classrooms School Garden Program.
- 4.86. The common goal of kitchen garden programs is to assist students to gain the knowledge and skills to promote healthy eating and lifestyles. Participants gain skills in growing, harvesting, preparing and sharing fresh seasonal food in their schools, while gaining an appreciation of environmental, conservation and sustainability issues.
- 4.87. As noted in a submission from the Stephanie Alexander Kitchen Garden Foundation, students involved in kitchen garden programs experience a range of benefits, including:

²⁶⁶ Nutrition Australia (Victorian Division), Written Submission, September 2009, 10.

²⁶⁷ *ibid.*, 9.

²⁶⁸ *ibid.*, 42.

²⁶⁹ Department of Education and Early Childhood Development (Victoria), 'Frequently Asked Questions: About the Kit.' <http://www.education.vic.gov.au/management/schooloperations/healthycanteen/faqs.htm> (accessed 12 July 2010).

- enjoying delicious meals made from food they have grown and prepared themselves;
- becoming familiar with a broad selection of fruit, vegetables and grains;
- developing knowledge and skills in maintaining a productive kitchen garden;
- learning a range of cooking and food preparation skills;
- arranging tables for sharing meals with friends, teachers and school community members;
- working cooperatively in the garden and kitchen;
- experiencing improved self-esteem through the achievement of purposeful tasks;
- understanding the essential, interdependent roles played by sunlight, soil, water and insects in growing and harvesting food, and the importance of conserving and protecting these elements;
- implementing practices that maximise productivity and sustainability, such as mulching, composting, crop rotation and companion planting; and
- becoming informed and discerning food consumers who link practices and concepts learnt in the kitchen and garden with all areas of the curriculum.²⁷⁰

4.88. The Committee found that the various kitchen garden programs have been successful in encouraging children to eat a wide range of fresh and nutritious food. A submission from Cultivating Community also described some of the benefits of such programs in terms of social cohesion and inclusiveness within the school community:

Gardening is a non-competitive environment where everyone achieves, no matter what task is at hand. Working alongside peers provides a sense of team work and community spirit. Garden working bees are a time when strengthening of that community spirit has enabled people from all walks of life to contribute to their school site and create a sense of pride in a job done together. The social cohesion and inclusiveness has rippled through school communities and the garden becomes a social hub for sharing fresh, seasonal food, sharing seeds, growing things together, creating art together.²⁷¹

4.89. Additionally, kitchen garden programs often have flow on benefits to the broader school and local community. For example, students take home useful skills and information that can be used in the home, while local community members can benefit through volunteering to assist with and participate in the program. Volunteers participating in the Edible Classrooms School Garden Program include retirees, chefs, university students, part-time workers and parents. The project also sometimes hosts university placements for students wishing to use the project in their research and studies.²⁷²

²⁷⁰ Stephanie Alexander Kitchen Garden Foundation, Written Submission, July 2009, 1.

²⁷¹ Edible Classrooms School Garden Program, Cultivating Community, Written Submission, July 2009, 9.

²⁷² *ibid.*, 6.

- 4.90. Cultivating Community also noted how kitchen garden programs can engage culturally and linguistically diverse communities:

The social health benefits have long lasting and far reaching benefits. For example, a number of our garden projects have provided a comfortable platform for learning about and wider acceptance of multicultural practices around food and lifestyles. For example, through harvest festival celebrations and links with local community gardens, the diverse community immediate to schools are able to share their cultural heritage and knowledge.²⁷³

- 4.91. The Stephanie Alexander Kitchen Garden Foundation noted that for many school communities, particularly those in regional areas, the school's kitchen and garden become a centre for social activity, and can influence the character of the community.²⁷⁴ In some schools, parents and community members who participate as volunteers in the program have achieved qualifications in food management from local adult education centres, leading to employment opportunities for the participants.²⁷⁵ Cultivating Community also noted the involvement of local community members in the Edible Classrooms School Garden Program:

Neighbours are very important to keep happy in the local school environment. We have developed strong and mutually beneficial relationships with neighbours, especially over holidays. The neighbours look after gardens and grounds and benefit from the bounty that can be had from a productive garden.²⁷⁶

- 4.92. Importantly, the submission from Cultivating Community noted the growing body of international and Australian based evidence that 'edible school gardens can break down cultural barriers, provide therapeutic benefits to students with learning and behavioral difficulties and assist to address obesity, nutrition and active learning'.²⁷⁷

- 4.93. Submissions from the various kitchen garden programs (and other stakeholders involved in these programs) identified two key challenges in sustaining their programs in schools: funding and volunteer staffing. The Stephanie Alexander Kitchen Garden Program requires schools to source funding to employ part-time chefs and gardeners, establish gardens and kitchens, purchase equipment and supplementary ingredients and pay for increased energy use.²⁷⁸ While the Home Grown Project and the Edible Classrooms School Garden Program aim to overcome such barriers at the school level, the programs nonetheless require ongoing program level funding provided by governments and/or the corporate sector. These programs are therefore seeking government endorsement and support for the diversity of models in which schools can integrate school garden programs into their curriculum and equitable, ongoing funding accessible for all schools to deliver a kitchen garden program.²⁷⁹

- 4.94. The Committee notes that the benefits of kitchen garden programs can be complemented and reinforced by a range of other food related initiatives. For example, the Food Design Challenge is run annually by Home Economics Victoria for students in all year levels. Participating students learn how to prepare and cook a range of food items, handle food safely, apply healthy eating principles and develop

²⁷³ *ibid.*, 9.

²⁷⁴ Stephanie Alexander Kitchen Garden Foundation, Written Submission, July 2009, 2.

²⁷⁵ *ibid.*

²⁷⁶ Edible Classrooms School Garden Program, Cultivating Community, Written Submission, July 2009, 9.

²⁷⁷ *ibid.*, 8.

²⁷⁸ Stephanie Alexander Kitchen Garden Foundation, Written Submission, July 2009, 4.

²⁷⁹ The Home Grown Project, Written Submission, July 2009, 9; Edible Classrooms School Garden Program, Cultivating Community, Written Submission, July 2009, 14.

their sensory awareness.²⁸⁰ Underpinning these practical aspects are the creative, social and emotional dimensions to the students' experiences, achievements and wellbeing.

Breakfast programs

- 4.95. The Committee heard that the food consumed at breakfast is even more important than lunch, as it sets the pattern for energy and concentration levels throughout the day. Unfortunately, however, many Victorian students arrive at school without having eaten a healthy breakfast. This may be due to a range of reasons, either because the family does not have the means to provide a healthy breakfast, or because a young person either does not understand the importance of eating breakfast, or does not prioritise the time required to prepare and enjoy a nutritious morning meal.
- 4.96. The Committee found that some Victorian schools have developed breakfast programs as a way of ensuring that students come to classes with the energy and nutrition required to learn effectively. Often, these programs are supported by local councils, community health organisations and/or charitable organisations.
- 4.97. A submission from Forest Hill College outlined its experience with a 'breakfast bar'. A significant proportion of students at the school come from low-income families who may have difficulty providing a healthy breakfast. A survey at the school found that potentially 25 per cent of students were not having breakfast, and significant proportions of students were feeling tired prior to coming to school and/or reported feeling hungry during lessons.²⁸¹ Significantly, the numbers of students who did not eat breakfast rose as students progressed through the school levels.²⁸²
- 4.98. In response, the school established the breakfast bar with three key aims: promote and increase the healthy breakfast concept; positively influence habit formation; and impact connectedness and relationships across the school.²⁸³
- 4.99. The primary target group for Forest Hill College's breakfast bar is students who attend school without having eaten a healthy breakfast. This target group includes students with low motivation or interest in breakfast, students who have few familial supports in having breakfast, those who get up late and who do not prioritise breakfast, and students who require guidance to make healthy life choices.²⁸⁴
- 4.100. Another target group for the breakfast bar is students in need of connectedness and who need encouragement or assistance in extending their support network. Forest Hill College advised the Committee that the relaxed and informal environment of the breakfast bar enables students to develop friendships, thereby building interpersonal skills and confidence. It noted that students who are on the fringe of the school community (including students who are culturally diverse, self-harmers and those suffering from depressed mood or depressive disorders) are accepted in the non-threatening breakfast bar environment.²⁸⁵

²⁸⁰ Home Economics Victoria, Written Submission, July 2009, 2.

²⁸¹ Forest Hill College, Written Submission, July 2009, 7.

²⁸² *ibid.*, 3.

²⁸³ *ibid.*

²⁸⁴ *ibid.*, 4.

²⁸⁵ *ibid.*, 5.

- 4.101. There have been many positive outcomes of the breakfast bar program at Forest Hill College. More students are eating breakfast prior to commencing lessons and teachers report improvements in students' behaviour. Additionally, the program has resulted in the building of relationships across year levels, with students reporting increases in social connectedness.²⁸⁶
- 4.102. Nonetheless, Forest Hill College has experienced a range of challenges in sustaining the breakfast bar program. Resourcing the project has continued to be time consuming and at times frustrating, with the school regularly seeking funding and support through appropriate government programs, Rotary Clubs and local businesses. Additionally, staffing needs to remain a continued focus to ensure the program is sustainable.
- 4.103. A submission from the Western Australian Department of Health made note of that state's School Breakfast Program, which is run by Foodbank WA.²⁸⁷ The program commenced in 2001 with 17 schools and, since then, the program has reached over 360 schools across metropolitan, rural and remote Western Australia. By mid-2010, the program was serving nearly 36,500 breakfasts per week at 277 schools.²⁸⁸ The Western Australian Department of Health noted the benefits of the program around improved health, school attendance and related measures.²⁸⁹
- 4.104. Participation in Western Australia's School Breakfast Program is free for schools, and the foods supplied under the program comply with the Department of Education's Healthy Food and Drink Policy. Typical foods supplied through the program include canned fruit in natural syrup, wheat biscuits, baked beans and spaghetti and UHT milk. Where possible, the program also makes fresh produce available to schools, including fresh fruit and vegetables, bread, milk and yoghurt. The Committee notes that a similar program based in Victoria would greatly assist schools seeking to provide school breakfast programs.
- 4.105. The Committee welcomes the initiative taken by some Victorian schools to ensure their students have access to a nutritious breakfast. The Committee believes that such schools could be assisted if there was greater coordination of breakfast programs at the local or regional level. The Committee notes, however, that when planning such initiatives, schools and other stakeholders should be aware of some additional factors, including the possibility of less needy children seeking to access some breakfast programs, the possible stigma attached to attending certain programs and/or the need to have adequate supervision in the school grounds for students attending the breakfast program.

²⁸⁶ *ibid.*, 1–4.

²⁸⁷ Department of Health (Western Australia), Written Submission, July 2009, 4.

²⁸⁸ Foodbank WA Inc, 'About School Breakfast Program,' School Breakfast Program. http://www.schoolbreakfastprogram.com.au/index.php?option=com_content&view=article&id=50&Itemid=57 (accessed 11 August 2010).

²⁸⁹ Department of Health (Western Australia), Written Submission, July 2009, 7.

Physical activity

- 4.106. According to VicHealth, physical activity is ranked second only to tobacco control in being the most important factor in health promotion and disease prevention in Australia.²⁹⁰ The decreasing levels of physical activity in children, often due to increases in sedentary behaviour such as watching TV or playing computer games, are a factor in increasing levels of obesity. Importantly for schools, the patterns of physical activity set in childhood are often carried through into adulthood.
- 4.107. The Committee is aware that physical activity has a range of important benefits for children beyond weight management. Physical activity contributes to positive self-esteem, skill development, skeletal health, healthy development and cardiovascular health. It has also been shown to improve students' concentration, memory, behaviour and academic performance.²⁹¹ Research has found that academic performance at school is enhanced by physical activity, through increased cerebral blood flow, enhanced arousal level, changed hormone secretion and improved self-esteem.²⁹² There is also evidence that increasing physical education classes during school can lead to improvements on cognitive tests across all age groups, but particularly for primary and early secondary students.²⁹³

Physical education

- 4.108. The Department of Education and Early Childhood Development recognises that physical activity is a key component for the development of healthy learners. It notes that structured physical education is essential for raising participation rates of young people in physical activity, raising young people's levels of physical competency, and redressing the declining level of health and fitness among many young people.²⁹⁴
- 4.109. As noted by Tennis Victoria and Netball Victoria, physical education classes are essential for the development of basic coordination and motor skills, such as running, jumping, throwing, catching and balancing, which are necessary for an active life and for future sporting activity.²⁹⁵
- 4.110. Acknowledging this, the Department of Education and Early Childhood Development has developed guidelines for participation in physical activity during the school week. For students in prep to year 3, this includes 20 to 30 minutes of physical education per day. For years 4 to 6, the department requires students to participate in three hours of physical education and sport, with a minimum provision of 50 per cent for physical education. For secondary students, the requirement is for 100 minutes of physical education and 100 minutes of sport per week.²⁹⁶

²⁹⁰ VicHealth, 'How to create active communities.' <http://www.vichealth.vic.gov.au/Programs-and-Projects/Physical-Activity.aspx> (accessed 10 August 2010).

²⁹¹ Victorian Primary Schools' Sports Association and Victorian Secondary Schools' Sports Association, Written Submission, July 2009, 3–4.

²⁹² Terry Dwyer and others, 'Relation of academic performance to physical activity and fitness in children,' *Pediatric Exercise Science* 13 (2001): 225.

²⁹³ Benjamin Sibley and Jennifer Etnier, 'The relationship between physical activity and cognition in children: a meta-analysis,' *Pediatric Exercise Science* 15 (2003): 245.

²⁹⁴ Department of Education and Early Childhood Development (Victoria), *Improving School Sport and Physical Education in your school*, (Melbourne: Student Learning Division, Office of Government School Education, DEECD, 2009), 3.

²⁹⁵ Tennis Victoria, Written Submission, July 2009, 2; Netball Victoria, Written Submission, July 2009, 2.

²⁹⁶ Department of Education and Early Childhood Development (Victoria), *Improving School Sport and Physical Education in your school*, (Melbourne: Student Learning Division, Office of Government School Education, DEECD, 2009), 3.

School sports

- 4.111. The Committee heard that school sports and after school programs provide an important opportunity for increasing the levels of physical activity among children and young people. School Sport Victoria²⁹⁷ advised the Committee that around 400,000 students participate in school sports in Victoria every year,²⁹⁸ with around 1,800 primary and 400 secondary schools currently allied with the association.²⁹⁹
- 4.112. School Sport Victoria argued that school sport is the vehicle that enables daily and lifelong healthy living practices that are transferred between school, home and the local community. It suggested that by instilling school sport values in an educative setting, students are given opportunities to develop their strategic capacity to make informed decisions in leading healthy and active lives. School Sport Victoria also noted that school sport values include leadership, respect, fairness, responsibility and resilience, and that it also instils an ongoing desire to be healthy and active community members.³⁰⁰
- 4.113. The Committee notes that partnerships are a key feature of a successful school sport program. As outlined by School Sport Victoria, schools with a strong sport program work with their local communities, parents, local councils and the business community. Strong school sports programs feature partnerships with local and state sporting bodies, with sporting clinics, come and try days and specialised coaching.³⁰¹
- 4.114. Schools collaborate across local and regional areas in a variety of organisational models to participate in regular competition that culminates in state championships. Students who excel are given opportunities to experience higher levels of competition and coaching expertise. Schools involved in these partnerships have greater access to facilities, venues, expertise and staff professional development.³⁰²
- 4.115. Darebin Community Health suggested that partnerships between local sporting clubs and schools are particularly important in areas of socioeconomic disadvantage, as many children from this population group report skill, transport and cost as barriers to participating in regular after school and weekend sporting activities.³⁰³

After school sports programs

- 4.116. The Committee was made aware that another forum for children's physical activity is after school programs.
- 4.117. One of the main examples after school sports programs is the Australian Sport Commission's Active After School Communities program, which has been operating nationally since 2005. This program has been found to provide significant benefits to children, schools and local communities across the country and is recognised as a successful practical example of utilising schools as a pivotal focal point for

²⁹⁷ School Sport Victoria is the peak body for school sports in Victoria. It was created in 2010 through a merger of the Victorian Primary Schools' Sports Association and the Victorian Secondary Schools' Sports Association.

²⁹⁸ Victorian Primary Schools' Sports Association and Victorian Secondary Schools' Sport Association, Written Submission, July 2009, 2.

²⁹⁹ Mr B. Allen, President, Victorian Primary Schools' Sports Association, Transcript of Evidence, Public Hearing, Melbourne, 16 November 2009, 32.

³⁰⁰ Victorian Primary Schools' Sports Association and Victorian Secondary Schools' Sport Association, Written Submission, July 2009, 2.

³⁰¹ *ibid.*, 3.

³⁰² *ibid.*

³⁰³ Darebin Community Health, Written Submission, July 2009, 3.

communities to enable many health related benefits to be achieved.³⁰⁴ The objectives of the program are to:

- enhance the physical activity levels of Australian primary school children through a nationally coordinated program;
- provide increased opportunities for inclusive participation in quality, safe and fun sport and other structured physical activities; and
- stimulate local community involvement in sport and other structured physical activity.³⁰⁵

4.118. The Active After School Communities program was established by the Australian Sports Commission as a response to an eroding community sport base and the subsequent implications for the health of the community. Key societal changes identified as contributing to the decline included:

- primary school-age children across Australia becoming less active and subsequently less healthy;
- the motor skills competencies of children being poor, in large part as a result of the continuing decline of physical education and sport in Australian schools;
- work patterns changing, and thereby reducing opportunities for families to support their children's out of school activities, whether in sport or other areas;
- opportunities for children to be physically active in the home setting diminishing as families become increasingly mindful of the dangers of leaving children to play in unsupervised settings; and
- screen-based leisure time activities becoming increasingly popular.³⁰⁶

4.119. The Active After School Communities program is delivered as a free program through participating primary schools and outside school hours care services during the after school hours (3.00pm to 5.30pm). It aims to engage traditionally inactive children in sport and other structured physical activities, and through a positive and fun experience, develop a love of sport that inspires them to join a local sporting club.³⁰⁷

4.120. The Active After School Communities program is currently running at capacity, with 150,000 children taking part each term in 3,250 schools and after school centres across all regions in Australia, including 820 schools and after school centres in Victoria. On average, every child who participates in the program receives 80 free sports programs, 80 free healthy afternoon snacks, a qualified coach, access to sports equipment and a supervisor.³⁰⁸

4.121. An evaluation of the Active After School Communities program indicated that parental factors are extremely influential in their children's sport and other structured physical activity experiences. The main barriers to participation identified by parents

³⁰⁴ Australian Sports Commission, Written Submission, July 2009, 1.

³⁰⁵ *ibid.*, 1–2.

³⁰⁶ *ibid.*, 1.

³⁰⁷ *ibid.*

³⁰⁸ *ibid.*, 2.

include time constraints, cost, transportation issues, lack of awareness of opportunities and other non-physical competing interests and activities.³⁰⁹ The research found that these barriers are more easily overcome through the Active After School Communities program due to the convenience of its connection to school and after school centres.

4.122. Case studies conducted in communities involved in the Active After School Communities program have summarised the key strengths of the program to be:

- the program is free and is delivered at schools, which avoids financial and transport/accessibility problems for parents;
- the program emphasises fun, safe, confidence building activities reflective of best practice for delivery of physical activity to primary school aged children;
- holding the program at consistent times and days increases accessibility for families;
- schools value the funding for equipment and training that they otherwise would not have;
- the program improves links between educational institutions in the community, for example through using secondary school students as community coaches; and
- the program stimulates development of community links between schools and parents as well as other institutions such as local colleges.³¹⁰

4.123. An added benefit of the Active After School Communities program has been its capacity to enhance the skills of teachers and provide resources which could then be utilised within curriculum time to support the delivery of physical education sessions.³¹¹ The Australian Sports Commission reports that since participating in the program more than three quarters of participating schools and outside school hours care services agreed that their organisation had improved its ability to support and encourage student participation in structured physical activity.³¹²

Active travel

4.124. Active travel programs are another strategy used by schools seeking to increase the level of physical activity among students. Active travel refers to walking, cycling, skating or scooting, rather than using a car or public transport as a means of travel. Active travel strategies are supported by VicHealth, which aims to increase the proportion of children walking or cycling to school on most days of the week from 30 per cent to 60 per cent.³¹³

4.125. The concept of active travel was referred to in many submissions to the inquiry, particularly those from local councils. Many councils outlined their involvement in active travel programs, as well as their role in planning for active travel as a key part

³⁰⁹ *ibid.*

³¹⁰ *ibid.*, 3.

³¹¹ *ibid.*

³¹² *ibid.*

³¹³ VicHealth, 'Active and safe travel to school.' <http://www.vichealth.vic.gov.au/en/Programs-and-Projects/Physical-Activity/Active-and-Safe-Travel-to-School.aspx> (accessed 3 August 2010).

of their Municipal Public Health Plans, generally through improvements to walking and cycling tracks and pedestrian crossings within their municipality.³¹⁴ Some of the most common active travel programs include the Walking School Bus, Ride2School, Streets Ahead and Pedal Pods.

- 4.126. VicHealth recognises a wide range of benefits of the Walking School Bus program for students, parents, the school and the local community. Walking school buses can assist children to: get to school safely, conveniently and on time; get regular physical activity and exercise; gain a sense of independence; develop as individuals through involvement in a responsible and disciplined activity; experience being part of a group or team; learn about traffic safety and good road sense; become more familiar with their own neighbourhood and surroundings; have a chance to build friendships; have fun getting to school; and arrive at school alert and ready to learn. For parents, the key benefits include feeling confident that their children are healthier, saving money, getting children to school safely and on time and reducing pressure to accompany children to school every day.³¹⁵
- 4.127. Importantly, the Walking School Bus and other active travel programs provide a range of community benefits. These include: easing congestion around the school grounds; providing a safer, non-polluting and sustainable transport alternative; encouraging a sense of community as families get to know each other and their children become friends; and bringing more people onto the street who are interested in the safety and security of the community.³¹⁶
- 4.128. A specific example of the potential unexpected community benefits arising from the Walking School Bus program comes from the City of Port Phillip, which instituted a pedestrian safety research project. The Greenlight Project considered whether changes needed to be made to the cycling of lights at pedestrian crossings on major roads as a means of encouraging walking.³¹⁷ The study findings pointed to a need for longer green light times for pedestrians and the introduction of a head start for pedestrians on turning traffic, at all signalised crossings on walking school bus routes throughout Victoria. The study also noted the opportunity to apply these changes to other locations where there are high pedestrian demands or more vulnerable pedestrians.³¹⁸
- 4.129. The Committee heard that despite the advantages of active travel programs, these programs typically experience a range of challenges. For example, a 2007 review of the Walking School Bus conducted by VicHealth found the following:

³¹⁴ For example, Cardinia Shire Council, Written Submission, July 2009, 1; Brimbank City Council, Written Submission, August 2009, 1; City of Greater Geelong, Written Submission, June 2010, 1; City of Stonnington, Written Submission, July 2010; Darebin City Council, Written Submission, August 2009, 2; Frankston City Council, Written Submission, July 2009, 1; Greater Shepparton City Council, Written Submission, June 2010, 4; Maribyrnong City Council, Written Submission, June 2010, 2.

³¹⁵ VicHealth, 'Walking School Bus.' <http://www.vichealth.vic.gov.au/en/Programs-and-Projects/Physical-Activity/Active-and-Safe-Travel-to-School/Walking-School-Bus.aspx#> (accessed 3 August 2010).

³¹⁶ *Ibid.*

³¹⁷ VicHealth, 'Active and safe travel to school.' <http://www.vichealth.vic.gov.au/en/Programs-and-Projects/Physical-Activity/Active-and-Safe-Travel-to-School.aspx#1> (accessed 3 August 2010).

³¹⁸ City of Port Phillip and VicHealth in partnership with City of Greater Geelong and City of Bayside, *The Greenlight Project: Re-directing pedestrian priority at signalised crossings on major roads*, (St Kilda: City of Port Phillip, 2005), 1.

- Walking buses are resource intensive to establish and maintain.
- Its lengthy implementation chain, limited funding and the need to effect real change to physical environments outside school provided challenges to the program model.
- Walking School Bus is beset by many volunteer issues, particularly volunteer recruitment and retention. Volunteer issues slowed the expansion of the program in many areas and have caused some established programs to cease.
- As a stand-alone program, Walking School Bus is too structured and inflexible, generally operates in isolation from other transport initiatives, and does not allow for whole-of-community approaches to increasing the level of children's active transport to and from school.
- Walking School Bus mainly caters for younger students (prep to year 4) and most walking buses do not operate every day or to and from school.
- The Walking School Bus did not make significant inroads into increasing the number of children who independently walk/cycle to school.
- Some schools do not see travel to school as a school issue.³¹⁹

4.130. The above challenges were reinforced in a range of submissions to the inquiry. The Committee found that these challenges apply not only to the Walking School Bus and other active travel programs, but also to many other health promotion programs involving schools.

The Kids – Go For Your Life program

4.131. The Committee found that the most popular program seeking to improve and promote physical health among primary school students in Victoria is Kids – Go For Your Life. Significantly, this program integrates health promotion initiatives seeking to address both healthy eating and physical activity. Kids – Go For Your Life is funded by the Victorian Government and managed by Diabetes Australia (Victorian branch) and Cancer Council Victoria.

4.132. Kids – Go For Your Life supports healthy eating and physical activity through an award program which provides a comprehensive, yet simple, guide for schools and early childhood services to create healthy environments for children to enjoy being active and eating well every day.³²⁰

4.133. The Committee notes that award schemes have become popular among various countries to monitor systems and recognise achievement. The evaluation of award schemes has demonstrated award-related changes related to children's health behaviours and the culture and organisation of schools. Award schemes provide a structured framework, health related targets and provide external support.³²¹

³¹⁹ VicHealth, 'Walking School Bus.' <http://www.vichealth.vic.gov.au/en/Programs-and-Projects/Physical-Activity/Active-and-Safe-Travel-to-School/Walking-School-Bus.aspx#> (accessed 3 August 2010).

³²⁰ Kids – Go For Your Life, Cancer Council Victoria and Diabetes Australia (Victoria), Written Submission, July 2009, 1.

³²¹ *ibid.*, 3.

- 4.134. Schools and early childhood services join the Kids – Go For Your Life program as members and receive a range of free resources, training and support as they work through a number of criteria to improve their policies and practices and become awarded. Once awarded, schools and services receive a sign for their front gate to show to their community their commitment to children’s healthy eating and physical activity.³²² Schools renew their award status every two years, ensuring an ongoing commitment to and assessment of student and school needs.
- 4.135. The Kids – Go For Your Life program is based on six key messages that make healthy eating and physical activity a fun and engaging learning experience for children and adults (refer Figure 4.1).³²³ Through these six clear messages, schools are able to institute consistent policies across all aspects of the school – curriculum, environment and external community links – and have a clearer framework for selecting appropriate health promoting programs.

Figure 4.1 Six key messages of Kids – Go For Your Life

<p>Tap into Water Everyday</p> <p>For healthy bodies and teeth, children need to drink water and limit sweet drinks. Reduce sweet drinks including fruit juice, fruit drinks, soft drinks, flavoured mineral water, cordials, sport drinks, energy drinks and flavoured milk.</p>
<p>Turn Off, Switch to Play</p> <p>Screen activities include watching television, computers and playing electronic games. Children need active play! So limit screen time, and make sure they have time to be active every day.</p>
<p>Plant Fruit and Veg in Your Lunchbox</p> <p>Fruit and vegetables provide essential nutrients for healthy eyes, skin, hair and protect against many diseases. Colourful and crunchy vegetables and fruit should be an enjoyable part of every child’s day.</p>
<p>Move, Play and Go</p> <p>Being physically active promotes many benefits for children including increased fitness, coordination and motor skills, confidence, self-esteem and academic performance.</p>
<p>Limit ‘Sometimes’ Foods</p> <p>Foods and drinks high in fat, sugar and salt should only be consumed ‘sometimes’. Too many ‘sometimes’ foods replace nutritious foods children need and may lead to health problems.</p>
<p>Stride and Ride</p> <p>Walking and riding to school is a great way to get fit and prepare children for a day of learning. Fewer cars on the road are also better for the environment and make the roads around services and schools safer.</p>

Source: Go For Your Life, ‘Healthy message campaign,’ Kids – Go For Your Life. http://www.goforyourlife.vic.gov.au/hav/articles.nsf/practitioners/Healthy_message_campaign?OpenDocument (accessed 3 August 2010).

³²² *ibid.*, 1.

³²³ Go For Your Life, ‘Who we are and what we do,’ Kids – Go For Your Life. http://www.goforyourlife.vic.gov.au/hav/articles.nsf/pracpages/Kids_Go_for_your_life?open (accessed 3 August 2010).

4.136. Kids – Go For Your Life is about creating healthy habits for life using a joint approach with teachers, principals, service staff and especially parents.³²⁴ The specific requirements to meet the award criteria include:

- allowing and encouraging all students to bring a water bottle to class and to use their bottle during physical education and sport;
- having a defined fruit and vegetable break during the day;
- removing high sugar drinks and confectionary as defined by the Department of Education and Early Childhood Development’s School Canteen and other Food Services Policy, limiting the availability of chips and fried foods to no more than two occasions per term, and requesting school community members not to bring these foods or drinks to school;
- complying with the Department of Education and Early Childhood Development’s mandated times for physical education and sport, and having a system that enables students to regularly access play equipment during breaks; and
- promoting walking or riding through a whole-of-school activity at least one day per term.³²⁵

4.137. In addition, schools are expected to incorporate key components of the International Union for Health Promotion and Education’s health promoting schools approach to supporting healthy eating and physical activity. This aspect requires schools to have a whole-school curriculum plan (which reflects the Victorian Essential Learning Standards) that encourages healthy eating and daily physical activity during and outside school hours. They must also have a policy endorsed by the school council or board which incorporates all of the award criteria. Families must be informed of these policies and provided with information to assist them to meet policy requirements.³²⁶

4.138. Kids – Go For Your Life currently works with over 925 primary schools across Victoria who have joined as members of the program. This represents 55 per cent of government primary schools, 40 per cent of all Catholic schools and 13 per cent of all independent schools. Schools that are members of Kids – Go For Your Life are therefore influencing the health behaviours of over 215,000 children, represented across 98 per cent of all local government areas.³²⁷

4.139. The Committee believes that the above data demonstrate the broad acceptability and feasibility of the Kids – Go For Your Life program to engage schools and create healthy changes to their policies and practices. Further evidence of the program’s success is demonstrated by two other Australian states licensing the program and implementing it within their jurisdiction.³²⁸

³²⁴ *ibid.*

³²⁵ Go For Your Life, ‘Healthy Primary Schools.’ Available on the Kids – Go For Your Life website, [http://www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/How_to_meet_Award_Criteria.pdf/\\$File/How_to_meet_Award_Criteria.pdf](http://www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/How_to_meet_Award_Criteria.pdf/$File/How_to_meet_Award_Criteria.pdf).

³²⁶ *ibid.*

³²⁷ Kids – Go For Your Life, Cancer Council Victoria and Diabetes Australia (Victoria), Written Submission, July 2009, 2.

³²⁸ *ibid.*

- 4.140. Nonetheless, the Committee would be interested to see a breakdown of the participating schools to ensure that the program is equally accessible for schools with different levels of socioeconomic advantage. Darebin Community Health suggested that in common with many other health promotion initiatives, the implementation of Kids – Go For Your Life is ‘dependent on the school’s capacity to allocate resources’ and that ‘schools need support for this work, especially schools located in areas of disadvantage’.³²⁹
- 4.141. The Committee recognises Kids – Go For Your Life as a best practice health promotion program which applies the principles outlined in the Health Promoting Schools framework. One of the key aims of Kids – Go For Your Life is to provide leadership and coordinate health promoting efforts across Victoria, while building the capacity of local communities to respond to localised issues.³³⁰ Numerous participants in the inquiry recognised its success, highlighting Kids – Go For Your Life as an example of a large-scale, well funded program that is sufficiently entrenched in the education community to achieve results.
- 4.142. Kids – Go For Your Life partners with like-minded organisations that provide support to schools, and has signed memorandums of understandings with Nutrition Australia’s Canteen Advisory Service, Home Economics Victoria’s Fruit + Veg in Schools program and Bicycle Victoria’s Ride2School program. Kids – Go For Your Life provides an overarching framework for change and works closely with these programs to coordinate work across the school setting.³³¹
- 4.143. The Committee notes the recommendation from the Kids – Go For Your Life program that future Department of Education and Early Childhood Development and Department of Health funding and programs which focus on healthy eating and physical activity within primary schools be linked to Kids – Go For Your Life. The Committee agrees that this would lead to a more coordinated approach across Victoria, reduce confusion between programs and potentially lead to greater school engagement.³³²

Sun safety

- 4.144. Sun safety was one of the specific health issues identified in the terms of reference for this inquiry. Overexposure to UV radiation can cause skin damage, eye damage and skin cancer. Australia has one of the highest skin cancer incidence and mortality rates in the world. Over 1,600 Australians die from skin cancer each year, with at least two in three Australians being diagnosed with skin cancer before 70 years of age.³³³
- 4.145. It is important to note, however, that UV radiation is also the best natural source of vitamin D, which is important for the development and maintenance of healthy bones, muscles and teeth and for general health. For best health, it is therefore important to

³²⁹ Darebin Community Health, Written Submission, July 2009, 2.

³³⁰ Go For Your Life, ‘Leadership and Coordination,’ Kids – Go For Your Life. http://www.goforyourlife.vic.gov.au/hav/articles.nsf/practitioners/Leadership_and_Coordination?Open (accessed 12 August 2010).

³³¹ Kids – Go For Your Life, Cancer Council Victoria and Diabetes Australia (Victoria), Written Submission, July 2009, 2.

³³² *ibid.*, 4.

³³³ SunSmart, Cancer Council Victoria, Written Submission, July 2009, 1.

take a balanced approach to UV exposure that reflects the varying levels of UV throughout the year and across Victoria.³³⁴

- 4.146. UV protection is an important health issue for the Victorian Government that has been prioritised for action in Victoria's Cancer Action Plan (2008). The plan outlines a specific target for a comprehensive UV protection strategy to be developed, including agreed approaches to target children, teenagers and young adults, with a focus on secondary school students. The plan acknowledges that more needs to be done, noting that particular efforts need to be made to engage young people and other population groups that have not sustained adequate levels of sun protection behaviours. Protection from UV exposure has also been identified as a key priority for VicHealth over the period 2009 to 2012.
- 4.147. As noted in a submission from the Cancer Council Victoria, schools can play an integral role in helping to reduce future skin cancer rates. The most damage due to UV exposure occurs during the early years, and children usually attend schools when UV levels are high. Schools can play a significant role by creating sun safe environments and changing behaviours through education and role modelling.³³⁵
- 4.148. The Cancer Council Victoria advised the Committee that a simple means of reducing UV exposure in a relatively inexpensive and long-lasting way is the provision of shaded areas in recreation spaces. This is important as research indicates that shade alone can reduce overall exposure to UV radiation by up to 75 per cent.³³⁶ In addition, purpose-built shade-sail intervention in schools has been shown to increase students' use of shaded areas.³³⁷
- 4.149. Importantly, in accordance with the *Occupational Health and Safety Act 2004*, schools have a duty of care to provide a safe environment that minimises health risks for staff, students and visitors. This includes taking proper steps to reduce the known health risks associated with exposure to UV for staff and students who spend time on outdoor activities. Occupational health and safety UV risk controls consider the school environment (developing shade and modifying highly reflective surfaces), outdoor programming schedules and school uniform / dress codes.³³⁸

SunSmart Schools Program

- 4.150. The highly successful SunSmart program, which is jointly funded by the Cancer Council Victoria and VicHealth, is the main vehicle for sun safety promotion in Victoria. It leads the world in promoting a balance between the benefits and harms of UV radiation. The Sunsmart Schools Program is an example of the Health Promoting Schools model in practice.
- 4.151. The SunSmart Schools program is a non-mandatory membership program promoting sun-safe practices in the school setting to help ensure the risk of skin cancer is reduced and adequate vitamin D levels are maintained. The program incorporates features of the health promoting schools approach into its membership criteria including:

³³⁴ VicHealth, 'UV Protection.' <http://www.vichealth.vic.gov.au/Programs-and-Projects/UV-Protection.aspx> (accessed 6 August 2010).

³³⁵ SunSmart, Cancer Council Victoria, Written Submission, July 2009, 1.

³³⁶ *ibid.*, 5.

³³⁷ *ibid.*

³³⁸ *ibid.*, 1.

- engaging the support of key stakeholders to ensure consistency of messages and policies;
- implementing a comprehensive SunSmart policy at appropriate times during the year and ensuring the entire school community is involved and committed;
- considering the outdoor environment and the availability and use of shade;
- integrating UV radiation and sun protection lessons into the curriculum and providing appropriate information for students, staff and families;
- encouraging appropriate sun protective behaviours through role modelling;
- ensuring a combination of sun protective behaviours are used for all outdoor activities and events; and
- regularly reviewing the effectiveness of the policy.³³⁹

4.152. In 1993, 12 Victorian primary schools agreed to participate in a Victorian SunSmart Schools pilot program and, by 2009, the number had increased to 1,446 (representing 88% of Victorian primary schools). This is the highest participation rate of any state or territory in Australia. Special education schools have also steadily increased their SunSmart membership with 52 per cent now participating in the program.³⁴⁰

4.153. Elements of the SunSmart Schools Program have also been adopted in other countries with high skin cancer rates, such as the United States, United Kingdom and New Zealand.³⁴¹ A submission from the Cancer Council Victoria noted that a key factor in the SunSmart Schools program's success is ensuring work is underpinned by solid research and evaluation, and that it is responsive to community needs.³⁴²

4.154. The Committee notes that although the SunSmart program has extensive coverage in primary schools, it has been more difficult to engage secondary schools in sun safety messages. As noted by the Cancer Council Victoria, adolescents are significantly less likely than adults to use most forms of sun protection (hats, clothing, shade, sunglasses) and, as a consequence, are more likely to be sunburnt. Particular efforts therefore need to be made to engage young people and other population groups that have not sustained adequate levels of sun protection behaviours, such as secondary school children.³⁴³

4.155. The Cancer Council Victoria's Secondary Sun Protection program was first implemented in 2007, with 59 schools now registered. The program takes the focus off hats by emphasising use of a combination of sun protection strategies. A policy template was developed for schools registering with the Sun Protection Program, which allows schools to choose which sun protection strategies they will focus on initially, and includes explanatory notes and practical tips on what has worked well in other schools.³⁴⁴

³³⁹ *ibid.*, 2.

³⁴⁰ *ibid.*

³⁴¹ *ibid.*, 3.

³⁴² *ibid.*, 4.

³⁴³ *ibid.*, 5.

³⁴⁴ *ibid.*, 3.

4.156. The program also aims to:

- Use celebrities as role models. Cricket Victoria allowed the captains of the men's and women's state teams to act as ambassadors at the launch of the Sun Protection Program, and provided a cricket clinic to one of the first schools to register.
- Educate with a focus on real life examples of young people with skin cancer. Based on the suggestions of students, the 'Real Stories' resource was developed using television current affairs segments which featured young people with skin cancer. An evaluation of this resource is currently underway.
- Approach school councils and principals, emphasising duty of care.
- Advocate to government to provide additional funding for shade in schools. This has included working with the Department of Education and Early Childhood Development in the implementation of shade as part of the Building the Education Revolution program.³⁴⁵

Conclusion

4.157. The Committee was interested to uncover the vast number of diverse programs, projects and initiatives operating within Victorian schools with the aim of improving or promoting the health and wellbeing of staff, students, parents and other members of the school community. While health promotion has often been associated with healthy eating and physical activity, the Committee found that secondary schools in particular, are equally, if not more likely to value programs aimed at mental health and social wellbeing. The Committee was pleased to note that the breadth and depth of health promotion programs currently available means that there is likely to be health promotion programs available to meet the specific needs of diverse school communities.

4.158. The Committee finds, however, that the number of programs currently operating in Victorian schools also presents a challenge. It appears that various programs and schools are all competing for a finite funding pool, and many beneficial programs are therefore not being embedded and sustained within schools. The programs which are most successful are those which are supported by high level government funding, which are retained and continue to evolve over a long period, and which are subject to ongoing monitoring and evaluation. Additionally, implementation of individual programs at the school level appears to be most effective when integrated within a comprehensive health promoting schools approach.

³⁴⁵ *ibid.*

