

# Chapter 5

## Community links and partnerships

Partnerships are an important vehicle for bringing together a diversity of skills and resources for more effective health promotion outcomes. Partnerships can increase the efficiency of the health and community service system by making the best use of different but complementary resources.<sup>346</sup>

- 5.1. Perhaps one of the strongest themes to emerge during the inquiry was the importance of partnerships and community links in supporting school-based health promotion. Community links include the connections between the school and the students' families, as well as the connections between the school and key local groups and individuals. As noted by the Health Promoting Schools model, appropriate consultation and participation with these stakeholders enhances a whole-school approach to health promotion, and provides students and staff with a context and support for their actions.<sup>347</sup> Local partnerships and community links can be supported through various partnerships at the national, state and regional levels.

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### Connections between schools and families

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- 5.2. Parents and families have the first and most enduring impact on children's learning and development, health, safety and wellbeing.<sup>348</sup> The Blueprint for Education and Early Childhood Development states that 'their role must be valued and they must be supported by the whole community to provide positive, stimulating environments for children's intellectual and social development'.<sup>349</sup>
- 5.3. The Committee recognises that there are a range of benefits for schools in being proactive in their efforts to actively engage parents in their programs, decision making and the life of the school. These include:
- increased skills and expertise in planning and implementing health promoting activities;
  - increased understanding among parents and families about health issues and the approaches being adopted by the school;
  - reinforcement and support at home for the knowledge and skills being developed at school; and

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<sup>346</sup> VicHealth, *The Partnership Analysis Tool: For Partners in Health Promotion* (Carlton: VicHealth, 2005), 1.

<sup>347</sup> International Union for Health Promotion and Education, *Achieving health promoting schools: guidelines for promoting health in schools* (France: IUHPE, 2009), 1.

<sup>348</sup> Department of Education and Early Childhood Development (Victoria), *Blueprint for Education and Early Childhood Development* (Melbourne: DEECD, 2008), 28.

<sup>349</sup> *ibid.*

- active practical support in various areas, which may require additional human resourcing.<sup>350</sup>
- 5.4. The Committee believes that it is very important to involve students, parents and families in making decisions about suitable health promotion activities for the school. This can be achieved through the establishment of a health promotion or school wellbeing committee which is responsible for implementing a comprehensive, whole-school approach to health and wellbeing. It is important that decisions respond to the needs of culturally and linguistically diverse members of the school community, as well as the socioeconomic circumstances of students and their families.
- 5.5. The Committee heard about a range of ways in which parents can be engaged in health promoting activities initiated within schools. These include: surveying parents about how various aspects of the school environment support or detract from healthy behaviours; having a drop-in centre set aside for parents to attend meetings or access health information and services; running information sessions or workshops on health topics relevant to the local community; providing a range of health related resources which can be taken into the home; communicating health promoting messages through school newsletters and websites; developing learning activities for students and their families which form part of the formal curriculum or homework; involving parents in kitchen garden and community garden programs; and promoting a range of sporting and recreational activities for students and their families based at the school and/or using local community facilities.

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## **Links between schools and local organisations**

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- 5.6. The Committee found that health promotion in schools is most effective when it is supported by a range of partnerships at the local, regional and state level. This is consistent with the Blueprint for Education and Early Childhood Development, which proposes actions at both a systems level (developing partnership frameworks and infrastructure) and a community level (establishing local partnerships) to enable effective and sustainable school–community partnerships.
- 5.7. VicHealth recognises four main types of partnerships in health promotion, ranging on a continuum from networking through to collaboration:
- Networking involves the exchange of information for mutual benefit. This requires little time and trust between partners. For example, youth services within a local government area may meet monthly to provide an update on their work and discuss issues that affect young people.
  - Coordinating involves exchanging information and altering activities for a common purpose. For example, the youth services may meet and plan a coordinated campaign to lobby the council for more youth-specific services.
  - Cooperating involves exchanging information, altering activities and sharing resources. It requires a significant amount of time, high level of trust between partners and sharing the turf between agencies. For example, a group of

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<sup>350</sup> Deakin University and Department of Education, Employment and Training (Victoria), *Health Promoting Schools In Action: A guide for schools* (Melbourne: Deakin University, DEET and VicHealth, 2000), 11.

secondary schools may pool some resources with a youth welfare agency to run a 'Diversity Week' as a way of combating violence and discrimination.

- Collaborating includes the activities described above, and enhancing the capacity of the other partner for mutual benefit and a common purpose. Collaborating requires the partner to give up a part of their turf to another agency to create a better or more seamless service system. For example, a group of schools may fund a youth agency to establish a full-time position to coordinate a Diversity Week, provide professional development for teachers and train student peer mediators in conflict resolution.<sup>351</sup>

- 5.8. As noted by VicHealth, a partnership will need to become more embedded in the core work of the agencies involved as it moves towards collaboration, leading to resource and structural implications. However, not all partnerships will or should move to collaboration.<sup>352</sup>

### Links between schools and local health services

- 5.9. The Committee notes that schools access a wide range of local and regional school-based or school-linked services which have a responsibility for child and adolescent health care and promotion through the provision of direct services to students. Specific examples of the extensive range of stakeholders and local health related resources, facilities or services identified during the inquiry as working in partnership with Victorian schools include community health services, hospitals, local GPs, mental health services, welfare agencies, self-help and support groups, alcohol and other drug services, youth housing services, family crisis services, local councils, local libraries, sport and recreation facilities, various clubs and associations and local police.
- 5.10. The following sections outline some of the main health services accessed by schools, as well as the role of key health personnel involved in delivering health care and health promotion services to schools.

### *Health services used by schools*

- 5.11. Immunisation services are one of the most common health services accessed by Victorian schools. Under the *Health Act 1958*, local councils are required to coordinate immunisation services for children in their municipality. Consequently, local councils in Victoria provide approximately 50 per cent of pre-school immunisations and nearly 100 per cent of school-age immunisations.<sup>353</sup> These include the hepatitis B, chickenpox and human papilloma virus vaccines at year 7 and the diphtheria, tetanus and pertussis vaccines at year 10.<sup>354</sup>

<sup>351</sup> Adapted from Arthur T. Himmelman, 'on coalitions and the transformation of power relations: Collaborative betterment and collaborative empowerment,' *American Journal of Community Psychology* 29, no. 2 (2001), cited in VicHealth, *The Partnership Analysis Tool: For Partners in Health Promotion* (Carlton: VicHealth, 2005), 3.

<sup>352</sup> VicHealth, *The Partnership Analysis Tool: For Partners in Health Promotion* (Carlton: VicHealth, 2005), 3.

<sup>353</sup> Municipal Association of Victoria, 'About Immunisation.'

<http://www.mav.asn.au/CA256C2B000B597A/ListMaker?ReadForm&1=10-None-&2=0-PP+-+HS+-+Family+and+Children's+Services+-+Immunisation+-+TOC-&3=-&V=Listing-&K=TOC+Immunisation-&REFUNID=6BFA4A8E3BE95937CA25724B000FF53D-> (accessed 28 July 2010).

<sup>354</sup> Department of Health (Victoria), National Immunisation Program Schedule.' [http://www.health.vic.gov.au/immunisation/factsheets/factsheets/schedule\\_victoria](http://www.health.vic.gov.au/immunisation/factsheets/factsheets/schedule_victoria) (accessed 28 July 2010).

- 5.12. Schools also regularly access health services to conduct screening for health issues such as vision and hearing. Poor eye sight or hearing can have obvious detrimental effects on the ability of students to learn effectively.
- 5.13. The Committee received a submission from Vision 2020 Australia, which is the peak body for the eye health and vision care sector. Vision 2020 Australia seeks to eliminate avoidable blindness and vision loss by the year 2020, and ensure that blindness and vision impairment are no longer barriers to full participation in the community.<sup>355</sup>
- 5.14. Vision 2020 Australia noted that the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss places a responsibility on governments to encourage schools to promote eye health activities.<sup>356</sup> Activities should involve students and parents, wherever possible. Appropriate messages about eye health should include lifestyle factors, eye injury prevention and early detection.<sup>357</sup> Vision 2020 Australia outlined a range of existing programs and resources available to schools, including Sight for Kids, SunSmart, Sunnies for Sight Day and Optometrists Association Australia.
- 5.15. The School Dental Service provides regular dental care for all primary school children and for children in years 7 and 8 whose families have concession cards. Services are provided at either a mobile dental van or a community dental clinic. Care is available once every 12 to 24 months depending on treatment needs.<sup>358</sup>
- 5.16. The School Dental Service promotes the dental health of its clients to enable them to maintain healthy teeth for life. Dental therapists working under the general supervision of dentists provide dental examinations, dental health education and promotion and preventive dental care. Resources can be accessed through the School Dental Service by teachers for planning and conducting dental health education in the school.<sup>359</sup>
- 5.17. The Committee received a written submission from Dental Health Services Victoria, which has a long history of health promotion in Victorian schools. The submission outlined some of the organisation's recent school-based work, including the Smiling Schools project, a school nurses project known as The Mouth: Oral Health Information for Primary School Nurses and an interactive website, 'Defenders of the Tooth'.<sup>360</sup>
- 5.18. The Committee also received a variety of written submissions from organisations that are either aware of or provide information and health services addressing a range of health issues faced by schools. These include, for example, asthma, anaphylaxis, diabetes, cancer, childhood heart disease, eating disorders, physical or intellectual disabilities and mental health problems.

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<sup>355</sup> Vision 2020 Australia, Written Submission, July 2009, 1.

<sup>356</sup> *ibid.*, 2.

<sup>357</sup> *ibid.*, 2-3.

<sup>358</sup> Department of Education and Early Childhood Development (Victoria), 'Student Health,' s. 4.5, 76, *Government Schools Reference Guide*. Available on DEECD website, [http://www.education.vic.gov.au/management/governance/referenceguide/enviro/4\\_5.htm](http://www.education.vic.gov.au/management/governance/referenceguide/enviro/4_5.htm).

<sup>359</sup> *ibid.*

<sup>360</sup> Dental Health Services Victoria, Written Submission, July 2009, 1, 3.

*School nurse programs*

- 5.19. Many submissions and witnesses provided evidence regarding the role of school nurses in school-based health promotion activities. The Department of Education and Early Childhood Development operates the Primary School Nursing Program and the Secondary School Nursing Program. In addition, schools may directly employ nurses to undertake a range of health functions.
- 5.20. The Primary School Nursing Program offers a free, universal screening service to prep children across the government, Catholic and independent school sectors and English Language Centres. It also provides assessment and support for children in years 1 to 6 where a parent, teacher or nurse identifies a concern. The Primary School Nursing Program is designed to identify children with potential health related learning difficulties and to respond to parent's concerns and observations about their children's health and wellbeing. Parents' concerns and observations are collected through the School Entrant Health Questionnaire at the commencement of the first year of school, and follow up health assessments are conducted as indicated.<sup>361</sup>
- 5.21. The Primary School Nursing Program employs registered nurses with expertise in the areas of normal child health and development to deliver a range of services, including:
- responding to health issues raised through the School Entrant Health Questionnaire;
  - a vision screening test for children who have not previously been tested or the children whose parents or teachers are concerned about their vision;
  - a hearing and oral health check for children where concerns have been identified;
  - advice to parents and teachers;
  - development of strategies to assist families in accessing specific local family support services;
  - referral of identified conditions to another health service where appropriate for further assessment and treatment; and
  - health education and health promotion.<sup>362</sup>
- 5.22. Primary school nurses provide parents, students, teachers and school communities with information and advice on a variety of child health and development issues, including: asthma management; accident and injury prevention; immunisation; nutrition; positive parenting; health and human development; and any other identified topics.
- 5.23. Through the Secondary School Nursing Program, the Department of Education and Early Childhood Development employs 100 nurses to provide services in 199 government secondary schools. The factors considered by the department when determining the schools eligible for a secondary school nurse include the Special

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<sup>361</sup> Department of Education and Early Childhood Development (Victoria), 'Primary School Nursing,' School Nursing, <http://www.education.vic.gov.au/healthwellbeing/health/schoolnursing/primschool/default.htm> (accessed 4 August 2010).

<sup>362</sup> *ibid.*

Learning Needs Index, the Burden of Disease study, the Survey of Risk and Protective Factors and rural location/isolation. Due to the consideration of rurality and isolation, 50 per cent of nurses have been allocated to rural schools.<sup>363</sup>

- 5.24. The role of the secondary school nurse has three broad objectives: health promotion and primary prevention; early intervention; and intervention with students (which may include short-term counselling or referral and facilitation of access to community services).<sup>364</sup>
- 5.25. The objectives of the Secondary School Nursing Program are to:
- play a key role in reducing negative health outcomes and risk taking behaviours among young people, including drug and alcohol abuse, tobacco smoking, eating disorders, obesity, depression, suicide and injuries;
  - focus on prevention of ill-health and problem behaviours by ensuring coordination between the school and community-based health and support services;
  - support the school community in addressing contemporary health and social issues facing young people and their families;
  - place nurses in areas of greatest health need and socioeconomic disadvantage;
  - provide appropriate primary health care through professional clinical nursing, including assessment, care, referral and support; and
  - establish collaborative working relationships to deal with any difficulties in students' transition from primary to secondary school.<sup>365</sup>
- 5.26. The role of the secondary school nurse is to build on initiatives that have already been developed in schools and provide appropriate preventative health care which addresses the sensitive and complex nature of health issues for young people, their families and school community. The role specifically encompasses:
- individual health counselling;
  - health promotion and planning;
  - school community development activities;
  - small group work focusing on health related discussion and information; and
  - a resource and referral service to assist young people in making healthy lifestyle choices.<sup>366</sup>

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<sup>363</sup> Department of Education and Early Childhood Development (Victoria), 'Selection Criteria for SSN Program,' School Nursing. <http://www.education.vic.gov.au/healthwellbeing/health/schoolnursing/secschool/selection.htm> (accessed 4 August 2010).

<sup>364</sup> KPMG, for the Department of Education and Early Childhood Development (Victoria), *Review of the Secondary School Nursing program, Final report-Executive Summary* (Melbourne: DEECD, 2009), 2.

<sup>365</sup> Department of Education and Early Childhood Development (Victoria), 'Secondary School Nursing,' School Nursing. <http://www.education.vic.gov.au/healthwellbeing/health/schoolnursing/secschool/default.htm> (accessed 4 August 2010).

<sup>366</sup> Department of Education and Early Childhood Development (Victoria), 'Role of Nurses,' School Nursing. <http://www.education.vic.gov.au/healthwellbeing/health/schoolnursing/secschool/nurses.htm> (accessed 4 August 2010).

- 5.27. The involvement of the nurse is dependent on the needs of the school, however, it can encompass input into health related curriculum and policy, the delivery of health education in partnership with teachers, input into planning processes and the delivery of individual and group programs and events for students.<sup>367</sup> As a general rule, the secondary school nurse does not administer medication, conduct physical examinations, undertake long-term counselling about psychological, relationship or education problems or provide first aid.<sup>368</sup>
- 5.28. The secondary school nurse works as a member of the student welfare team to improve the health and wellbeing of students. The nurses work with staff in schools to produce an annual action plan which identifies the top three health issues prevalent in their school community and the priority health issues to be addressed during the year.<sup>369</sup> Input into the annual action plan is dependent on the operation of the school, however, the common approach is to seek views from students, school staff, the principal and the nurse. Quite often, external health plans are used to provide additional information on issues relevant to young people in the broader community. For example, the nurse and school staff will talk to local health agencies about issues they are planning to address for young people, or obtain a copy of the Municipal Public Health Plan to identify trends that will impact on the health of young people in the local area.<sup>370</sup>

#### *Health promotion workers*

- 5.29. Numerous submissions and witnesses identified the need for dedicated health promotion officers to work in partnership with schools to develop and implement whole-school approaches to health and wellbeing. They emphasised the need for these positions to be distinct from the role of school nurses, student welfare coordinators and other similar positions.
- 5.30. The role of health promotion workers was said to be supporting schools to embed health promotion principles, perhaps through becoming a health promoting school, advising on policy, curriculum, culture, partnerships and professional development, and working with the student welfare coordinators to coordinate health promotion programs. This is consistent with the Australian Health Promoting Schools Association's view of the health promotion worker's role as being 'responsible for the planning, development, implementation and evaluation of health promotion policies and projects, using a variety of strategies'.<sup>371</sup> The Outer East Health and Community Support Alliance suggested that a key part of the health promotion worker's role would be to help the school to undertake an audit of its strengths and needs.<sup>372</sup>

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<sup>367</sup> *ibid.*

<sup>368</sup> Department of Human Services (Victoria), *Secondary School Nursing program brochure* (Melbourne: DHS, 2003), 1. Available on Department of Education and Early Childhood (Victoria) website, <http://www.education.vic.gov.au/healthwellbeing/health/schoolnursing/publications.htm#H2N10068>.

<sup>369</sup> Department of Education and Early Childhood Development (Victoria), 'Annual Action Plan,' School Nursing. <http://www.education.vic.gov.au/healthwellbeing/health/schoolnursing/secschool/actionplan.htm> (accessed 4 August 2010).

<sup>370</sup> Department of Education and Early Childhood Development (Victoria), 'Role of Nurses,' School Nursing. <http://www.education.vic.gov.au/healthwellbeing/health/schoolnursing/secschool/nurses.htm> (accessed 4 August 2010).

<sup>371</sup> Australian Health Promotion Association (Victorian Branch) and Australian Health Promoting Schools Association, Written Submission, July 2009, 9.

<sup>372</sup> Outer East Health and Community Support Alliance, Written Submission, July 2009, 17.

5.31. While there was unanimous support for greater emphasis on the health promotion role within schools, different stakeholders presented different approaches for achieving this. While some submissions and witnesses suggested that schools should have health promotion positions fully funded to work within the schools and as a resource for local communities, others suggested that a driver or project officer located outside of the school is required. The City of Greater Shepparton mentioned a number of potential models:

We believe there is merit in funding a schools health promotion officer who will be able to work with the schools in identifying and implementing interventions to students and the school community. This position may be directly linked with the individual schools or facilitated through local governments or local health providers. Consideration would need to be made in terms of the individual coverage of each health promotion officer.<sup>373</sup>

5.32. Brimbank City Council similarly suggested that 'funding could be directed to schools and/or health promotion organisations to provide a dedicated resource to undertake health promotion initiatives in school settings'.<sup>374</sup> This was supported by the School of Public Health and Preventive Medicine at Monash University, which recommended that the health and education sectors collaborate to fund specific time in schools for appropriately skilled workers (health promotion practitioners) to holistically address the health of students, staff, parents and the broader community using the Health Promoting Schools framework.<sup>375</sup>

5.33. Various other submissions from the local government sector suggested that health promotion coordinators should be based within local councils. For example, Cardinia Shire Council suggested that a fully qualified health promotion officer should be located in local councils, designated to work with schools only. It suggested that this would encourage projects with a non-medical focus.<sup>376</sup> This was supported by Bayside City Council, which suggested that the Victorian Government could fund health promotion officers based at each local government to undertake health promotion programs in both schools and the community.<sup>377</sup> Bayside City Council emphasised that any funding arrangement should be universal (and not based on socioeconomic indicators) so that the entire population benefits.<sup>378</sup>

5.34. The Committee also examined some of the international models for school-based health promotion workers. In particular, it noted the New Zealand model where around 50 health promotion coordinators were employed by the Ministry of Health to assist schools to implement the Health Promoting Schools framework over a sustained period. This model allocated one health promotion coordinator to around 15 schools, with visits occurring once or twice per term once the concept was embedded within the school.<sup>379</sup>

5.35. The Committee was also interested in the Scottish model where the work of health promotion workers is underpinned by the *Schools (Health Promotion and Nutrition) (Scotland) Act 2007*. As such, there are a raft of formal partnerships and other arrangements to ensure that Scottish schools, working in partnership with local

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<sup>373</sup> Greater Shepparton City Council, Written Submission, June 2010, 8.

<sup>374</sup> Brimbank City Council, Written Submission, August 2009, 5.

<sup>375</sup> School of Public Health and Preventive Medicine, Faculty of Medicine, Nursing and Health Sciences, Monash University, Written Submission, July 2009, 8–9.

<sup>376</sup> Cardinia Shire Council, Written Submission, July 2009, 5.

<sup>377</sup> Bayside City Council, Written Submission, July 2009, 2.

<sup>378</sup> *ibid.*

<sup>379</sup> Meeting with representatives of Toi Te Ora – Public Health Service, Rotorua, 21 October 2009.

authorities, National Health Service boards and the wider community, are health promoting. In seeking to assist the development of the health promoting schools approach within the broader framework of policy initiatives, the Scottish Executive has established the Health Promoting Schools Unit, whose work is directed by a broad-based steering group drawn from policy makers, researchers and practitioners in the education and health services. The Committee heard that depending on the location of schools, health promotion coordinators can work with up to 40 schools each. This is possible due to the national mandate for health promoting schools, which means that health promotion coordinators do not have to constantly 'sell' the health promoting schools concept and convince schools and teachers of the importance of becoming involved.<sup>380</sup>

- 5.36. Irrespective of the models presented, all stakeholders noted the importance of establishing a partnership approach between the school, health promotion workers and a range of local health agencies. For example, Moyne Shire Council suggested that health promotion workers would need to work with local governments and appropriate health services in the community, that they would need links with early years settings, and that they could potentially be managed by a community-based committee.<sup>381</sup> Darebin City Council highlighted its successful experiences achieved through the establishment of committees comprised of local government, community service providers, school representatives and parents to assist in identifying local priorities and needs and working collectively to develop innovative solutions to address the needs.<sup>382</sup> A variety of other submissions similarly identified that an important aspect of the health promotion officer's role would be relationship building and the formation of partnerships with community groups, local businesses and health organisations.<sup>383</sup>
- 5.37. The Committee supports the development of a network of health promotion coordinators with a specific role in assisting schools to implement a whole-school approach to health and wellbeing. The Committee acknowledges arguments for potentially basing such roles within the local government or health sectors. The Committee believes, however, that health promotion coordinators are most likely to be embraced and integrated within schools if they are seen to have the endorsement of education systems. The Committee therefore suggests that a network of health promotion coordinators be employed by the Department of Education and Early Childhood Development's regional offices and allocated to each of the department's regional networks.

#### *School Focused Youth Service*

- 5.38. Various participants during the inquiry acknowledged the role of the School Focused Youth Service (SFYS) in health promotion within Victorian schools. The SFYS is a statewide initiative, established in 1998 as a joint initiative between the Department of Human Services and the then Department of Education. The SFYS partnership approach is to strengthen the capacity of local services, communities and schools to collaborate, develop and better coordinate stronger prevention and early intervention

<sup>380</sup> *ibid.*

<sup>381</sup> Moyne Shire Council, Written Submission, June 2009, 2.

<sup>382</sup> Darebin City Council, Written Submission, August 2009, 6.

<sup>383</sup> For example, School of Public Health and Preventive Medicine, Faculty of Medicine, Nursing and Health Sciences, Monash University, Written Submission, July 2009, 9; Outer East Health and Community Support Alliance, Written Submission, July 2009, 17; Darebin City Council, Written Submission, August 2009, 6.

strategies as part of a service continuum for vulnerable children and young people aged 10 to 18 years (with a focus on those aged 10 to 16 years).<sup>384</sup>

- 5.39. Under the SFYS, 41 school community clusters have been established across the state to ensure that services are coordinated and responsive to the needs of young people. Service models are consistent around the state, each with a coordinator and brokerage capacity to respond to gaps in service availability as identified by schools and the community. The SFYS links closely to schools and relevant community agencies within each cluster.<sup>385</sup>
- 5.40. The core objectives of the SFYS are to:
- establish collaborative structures and mechanisms between schools and the relevant youth services and community services which support young people, including welfare, health and mental health agencies;
  - provide linkages for agencies and schools which have a client base of young people and which directly support young people;
  - improve linkages, cohesiveness and integration of service provision for young people displaying 'at risk' behaviours who require support and intervention; and
  - purchase services to meet gaps in the current service system as identified at the local level.<sup>386</sup>
- 5.41. The SFYS is required to develop close links with school support personnel located within government, Catholic and independent schools, and community agencies in contact with young people who are no longer connected to the school system. Developing these links enables identification of service gaps, development of strategies to respond to those gaps and the provision of a continuum of service intervention.<sup>387</sup>
- 5.42. The SFYS links with Better Youth Service Pilots, Local Learning and Employment Networks (LLENs), the school improvement agenda, regional educational networks and local area youth services planning.<sup>388</sup> Various submissions to the inquiry mentioned the involvement of the SFYS in a range of health promotion initiatives. These included statewide programs such as MindMatters, Kids – Go For Your Life and the Stephanie Alexander Kitchen Garden Program, as well as more localised programs.
- 5.43. Representatives of the SFYS commented that in their experience, 'it is imperative that all partnerships involving the health and education sectors develop a Memorandum of Understanding'.<sup>389</sup> They noted that the memorandum should clearly

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<sup>384</sup> Service Development Division, Department of Education and Early Childhood Development (Victoria), *School Focused Youth Service, Program Guidelines 2009–11* (Melbourne: Communications Division, DEECD, 2009), 4.

<sup>385</sup> Department of Education and Early Childhood Development (Victoria), 'School Focused Youth Service.' <http://www.education.vic.gov.au/healthwellbeing/wellbeing/sfyouthservices/default.htm> (accessed 3 August 2010).

<sup>386</sup> *ibid.*

<sup>387</sup> *ibid.*

<sup>388</sup> Service Development Division, Department of Education and Early Childhood Development (Victoria), *School Focused Youth Service, Program Guidelines 2009–11* (Melbourne: Communications Division, DEECD, 2009), 4.

<sup>389</sup> School Focused Youth Service, Written Submission, June 2010, 4.

articulate all of the agreed actions and objectives as well as the roles and responsibilities of each partner.

- 5.44. The Committee notes that a recent evaluation of the SFYS found that the initiative has made a significant contribution towards: improved knowledge about issues and services in the community and school; development of partnerships, planning and programs between education and community sectors at the local community level; better peer relationships and communication skills; more positive attitudes to self, peers, teachers and school; positive changes in behaviours; improved attendance and engagement with school; and significant improvement in the current service system as a result of the identification of gaps and subsequent service development and/or purchase.<sup>390</sup>

#### *Primary Care Partnerships*

- 5.45. Another existing health related network identified during the inquiry was the Primary Care Partnerships, which were initiated in 2000. The Victorian Primary Care Partnership Strategy has led to the development of 31 Primary Care Partnerships among more than 800 health services and agencies across Victoria.
- 5.46. Primary Care Partnerships typically include hospitals, community health services, local government, aged care assessment services, women's health services, community drug treatment services, local ethno-specific health services, mental health services, disability services and Divisions of General Practice. The partnerships are growing and engaging with non-health agencies including police, schools and community and welfare groups.<sup>391</sup>
- 5.47. Primary Care Partnerships work in a wide range of priority areas, such as:
- promoting physical activity and active communities;
  - promoting accessible and nutritious food;
  - promoting mental health and wellbeing;
  - reducing tobacco-related harm;
  - reducing and minimising harm from alcohol and other drugs;
  - safe environments to prevent unintentional injury; and
  - sexual and reproductive health.<sup>392</sup>
- 5.48. Although driven by the vision of the Victorian Government, the partnerships operate at a local level. Their strength is the fact that they are community-based – that is, local partnerships meeting local needs.

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<sup>390</sup> Service Development Division, Department of Education and Early Childhood Development (Victoria), *School Focused Youth Service, Program Guidelines 2009–11* (Melbourne: Communications Division, DEECD, 2009), 5.

<sup>391</sup> Department of Human Services (Victoria), *Primary Care Partnerships: Electronic revolution Supports better care* (Melbourne: DHS, 2008), 1.

<sup>392</sup> Department of Health (Victoria), 'Health Promotion Priority setting for 2007–2012,' Victorian Government Health Information. [http://www.health.vic.gov.au/pcps/hp/priority\\_setting.htm](http://www.health.vic.gov.au/pcps/hp/priority_setting.htm) (accessed 7 September 2010).

- 5.49. The Committee was pleased at the level of participation in the inquiry by Primary Care Partnerships across Victoria. Many of the partnerships (and their members) made submissions to the inquiry and seven partnerships were represented at a roundtable discussion with the Committee. The Committee found that many of the Primary Care Partnerships are already very active in health promotion within schools through a wide range of activities. For example, Campaspe Primary Care Partnership advised the Committee that it is involved in a range of school-based programs (such as Kids – Go For Your Life, TravelSmart and Sowing the Seeds of Wellbeing) and that four local secondary schools are implementing anti-bullying initiatives based on the partnership's Integrated Health Promotion Plan.<sup>393</sup>
- 5.50. A submission from Central West Gippsland Primary Care Partnership stated that its recent health promotion efforts have focused on mental wellbeing and building resilience. This activity has mainly been in primary schools and involved strategies such as healthy school policies, curriculum, teacher professional development and supporting schools to run healthy school programs and events.<sup>394</sup> Southern Grampians and Glenelg Primary Care Partnership has developed a healthy relationships program for year 9 students in conjunction with local secondary schools, Western District Health Service, the School Focused Youth Service, the Local Learning and Employment Network and other agencies. The aim of the program is to prevent family violence and sexual assault through increased understanding of healthy and unhealthy relationships, development of communication skills and awareness of, and links to, local services.<sup>395</sup>
- 5.51. The Committee found that while Primary Care Partnerships value the work they do with schools, they are currently experiencing a range of challenges when seeking to expand their health promotion activities. During a roundtable discussion, representatives from the Primary Care Partnerships emphasised a number of factors critical to the success of school-based health promotion. These included: the need for sustained funding of health promotion programs due to the time required to properly implement them within schools; the need for school leaders to embrace health promotion programs; and the need for mutual understanding between schools and health agencies about the purpose and expected outcomes of health promotion initiatives and their respective operating structures.<sup>396</sup>

### **The role of local government in school-based health promotion**

- 5.52. The local government sector was also well represented in evidence to the inquiry. The Committee received written submissions from the Municipal Association of Victoria, as well as 27 local councils.
- 5.53. The Municipal Association of Victoria recognises that the distinct role that local governments play in health promotion helps to shape healthy and vibrant people, places, neighbourhoods and communities. The City of Ballarat summarised the role of councils in health promotion as follows: leadership and advocacy; policy and planning; information and awareness; service provision; and organisational development.<sup>397</sup> Central Goldfields Shire Council identified a similar range of roles,

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<sup>393</sup> Campaspe Primary Care Partnership, Written Submission, July 2009, 1.

<sup>394</sup> Central West Gippsland Primary Care Partnership, Written Submission, July 2009, 1.

<sup>395</sup> Southern Grampians and Glenelg Primary Care Partnership, Written Submission, July 2009, 1.

<sup>396</sup> Transcript of Evidence, Public Hearing, Melbourne, 21 June 2010.

<sup>397</sup> City of Ballarat, Written Submission, June 2010, 3.

which it expanded to include: planning and developing partnerships and alliances; community strengthening and capacity building; and facilities and infrastructure.<sup>398</sup> As noted by the City of Greater Shepparton, the emphasis on these various health promotion activities will vary, depending on the issue being addressed.<sup>399</sup>

- 5.54. The City of Greater Geelong emphasised the partnership role of local councils, stating that their role is to support and collaborate with other organisations and agencies to address local, state and national health issues.<sup>400</sup> The Municipal Association of Victoria noted that local councils recognise the role of schools as settings for and key partners in health promotion.<sup>401</sup> It suggested that schools have become skilled at forming relationships with both the community and business sectors, and at working with local government to plan for the provision of education and community service delivery programs from school sites.<sup>402</sup>

#### *Building healthy public policy*

- 5.55. Councils develop public policies which articulate their position on health promotion and set directions for their communities. The most notable of these strategic documents include the Council Plan, the Municipal Public Health Plan and the Municipal Strategic Statement. Victorian councils have a legislated requirement to produce a Municipal Public Health Plan every four years. In partnership with the Victorian Government, all councils in Victoria have also prepared Municipal Early Years Plans since 2005. These plans are specifically designed to address the health, education and care needs of resident children aged from birth to eight years. The Committee found that through these types of strategic planning documents, schools are often identified as an important setting for community engagement and information sharing which can actively link with local government planning and initiatives.
- 5.56. A small number of councils noted that they include an explicit link between schools, council and local communities through their Municipal Public Health Plans,<sup>403</sup> with Moyne Shire Council suggesting that this could be formalised across the state.<sup>404</sup> Hume City Council indicated that it 'is willing to partner and cooperate with local schools to facilitate the development and implementation of health promotion initiatives', and that 'the school setting would provide a useful environment to focus relevant initiatives within the Municipal Public Health Plans'.<sup>405</sup>
- 5.57. Some councils felt, however, that Municipal Public Health Plans are perhaps not the best mechanism for supporting partnerships between councils, schools and other partners. Maribyrnong City Council stated that 'given the extent of health and socioeconomic disadvantage in Maribyrnong and the strategic focus and scope of Municipal Public Health Plans, it is unlikely that schools will be identified as a high priority in the short term'.<sup>406</sup> Central Goldfields Shire Council emphasised that the Municipal Public Health Plan does not operate in isolation and is linked with a range

<sup>398</sup> Central Goldfields Shire Council, Written Submission, June 2010, 2–3.

<sup>399</sup> Greater Shepparton City Council, Written Submission, June 2010, 2.

<sup>400</sup> City of Greater Geelong, Written Submission, June 2010, 1.

<sup>401</sup> Municipal Association of Victoria, Written Submission, June 2010, 1.

<sup>402</sup> *ibid.*

<sup>403</sup> For example, City of Ballarat, Written Submission, June 2010, 3; Moyne Shire Council, Written Submission, June 2009, 2; City of Greater Geelong, Written Submission, June 2010, 1.

<sup>404</sup> Moyne Shire Council, Written Submission, June 2009, 2.

<sup>405</sup> Hume City Council, Written Submission, June 2010, 7, 10.

<sup>406</sup> Maribyrnong City Council, Written Submission, June 2010, 2.

of other strategic and operational plans, some of which target children and young people in a range of health promoting activities.<sup>407</sup>

- 5.58. Other councils suggested that partnerships with schools are not necessarily a priority in all municipalities. For example, City of Stonnington noted that the high number of private schools attracting students from outside the municipality had implications for potential partnerships with schools, as there can be a community expectation that council programs should prioritise services to the resident community.<sup>408</sup>
- 5.59. South Gippsland Shire Council advised the Committee that due to limited resources it does not have the capacity to work extensively with schools.<sup>409</sup> The Municipal Association of Victoria argued, however, that the relationship between schools and local government is 'particularly critical for small rural and regional councils and communities who have limited capacity to deliver infrastructure and develop services to meet community needs now and into the future'.<sup>410</sup>

#### *Creating supportive environments*

- 5.60. The Municipal Association of Victoria noted that councils play a vital role in building healthy communities by the way they 'shape' the environment in which their community lives.<sup>411</sup> The way in which councils plan parks, roads, buildings and pathways and deliver services, all impact and affect their communities' health and wellbeing.<sup>412</sup> The Municipal Association of Victoria noted that these strategies have direct impact on schools – from where and how school infrastructure is built, to the road and bicycle networks that surround school sites.
- 5.61. The Municipal Association of Victoria also noted that local governments support the school environment through partnership and funding of school-based programs and services.<sup>413</sup> It advised the Committee that the state and federal governments regularly target funding to councils in order to manage health promotion projects and community development activities, 'because it is recognised that councils have strong local relationships that extend right across the service provider, community and business sectors'.<sup>414</sup> The Municipal Association of Victoria also suggested that councils are effective in recognising and utilising local community leaders or 'champions', and in facilitating networks of residents and professionals with common interests and goals.<sup>415</sup>

#### *Local government participation in school-based health promotion initiatives*

- 5.62. The Committee received evidence showing that councils across Victoria are involved in a diverse range of school-based health promotion initiatives.
- 5.63. The Municipal Association of Victoria identified the following range of programs and services provided by and/or contributed to by local governments: Streets Ahead Program, Walking School Bus, SunSmart programs and shade audits, immunisation

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<sup>407</sup> Central Goldfields Shire Council, Written Submission, June 2010, 4.

<sup>408</sup> City of Stonnington, Written Submission, July 2010, 3.

<sup>409</sup> South Gippsland Shire Council, Written Submission, June 2010, 2.

<sup>410</sup> Municipal Association of Victoria, Written Submission, June 2010, 1.

<sup>411</sup> *ibid.*, 2.

<sup>412</sup> *ibid.*

<sup>413</sup> *ibid.*

<sup>414</sup> *ibid.*

<sup>415</sup> *ibid.*

programs, alcohol and other drug programs, Kids – Go For Your Life, community leadership programs and outside school hours programs.<sup>416</sup>

- 5.64. Submissions from various councils detailed an even broader range of programs and services involving schools, including: Best Start and other early years initiatives, neighbourhood renewal initiatives, social infrastructure planning, youth services and supports, recreation, sport and physical activity programs, active transport and bicycle/road safety, healthy eating and/or breakfast programs, establishment of kitchen or community gardens and associated programs, life skills programs, sexual assault prevention programs, safe parties programs and oral health programs.

*Challenges and enablers for partnerships between local councils and schools*

- 5.65. Submissions from local councils identified a range of challenges that can often be experienced when seeking to partner with school communities to conduct health promotion projects or initiatives. The Municipal Association of Victoria stated that engaging schools is often difficult for councils as schools rarely have personnel with direct responsibility for building relationships with the local community, and individual schools have very limited resources to invest in projects aimed at the health and wellbeing of their students (other than those already covered in the curriculum).<sup>417</sup>
- 5.66. Expectedly, a number of councils indicated that resource limitations can prevent optimal partnership approaches for health promotion initiatives. For example, the City of Monash stated that while it works directly with some schools on projects, ‘the issues of resourcing, appropriately trained staff and sustainability has been an ongoing issue and one which must be addressed’.<sup>418</sup> Bayside City Council argued that state government funding needs to be sustainable, as ‘one-off funding creates a community expectation that local government should maintain the project after external funding ceases’.<sup>419</sup> South Gippsland Shire Council stated that the critical issue is ensuring that ‘there are both resources for facilitation of such relationships and seed monies for innovative projects’.<sup>420</sup> It also noted that ‘smaller councils are at a decided disadvantage to be able to be involved in more than basic services simply because of their limited financial ability’.<sup>421</sup>
- 5.67. Many councils identified other challenges beyond simply funding or resource limitations. Macedon Ranges Shire Council stated that partnership with community is currently not well understood or implemented within the school environment, and that mutual understanding is essential to the success of partnerships involving the health and education sectors.<sup>422</sup> Maribyrnong City Council noted that the capacity and culture for cross-sectoral planning, design and implementation of health promoting activities will vary across schools, health organisations and governments. It also suggested that partnerships ‘imply that each sector is able to contribute equally to health promotion objectives’ and may therefore ‘raise expectations beyond capacity’.<sup>423</sup>

<sup>416</sup> *ibid.*, 3.

<sup>417</sup> *ibid.*

<sup>418</sup> City of Monash, Written Submission, July 2010, 1.

<sup>419</sup> Bayside City Council, Written Submission, July 2009, 2.

<sup>420</sup> South Gippsland Shire Council, Written Submission, June 2010, 3.

<sup>421</sup> *ibid.*

<sup>422</sup> Macedon Ranges Shire Council, Written Submission, June 2010, 4.

<sup>423</sup> Maribyrnong City Council, Written Submission, June 2010, 3.

- 5.68. Hume City Council noted that functional relationships vary according to the school culture, parents and friends associations, school council interests and principal's values, suggesting that 'this would be a key concern in the implementation of municipal wide health promotion initiatives'.<sup>424</sup> It identified the following factors as potential partnership constraints: variance of school cultures and the autonomous nature of schools making each school partnership independent from other school partnerships; schools' perceptions of their role in community development and as host of community hubs; and inconsistent messages through externally provided services and activities in schools.<sup>425</sup>
- 5.69. Wyndham City Council suggested that there appears to be limited frameworks at a systems level to allow the development of partnerships. It suggested that some of the barriers associated with the status quo include:
- Schools are largely autonomous and often have varying priorities which can impact on the formation of community partnerships.
  - The task of identifying the appropriate key contact within schools is currently problematic as this varies between schools.
  - There appears to be limited accountability for schools centrally in relation to engaging with communities and, as a result, each school can have disparate approaches in this area.<sup>426</sup>
- 5.70. Wyndham City Council suggested that centrally defined frameworks, as proposed in the Blueprint for Education and Early Childhood Development, could create more consistency when trying to engage in effective partnerships with local schools. It argued, however, that it will be important that partnership frameworks are transparent (including the identification of key contacts) and adopted and applied by schools consistently.<sup>427</sup>
- 5.71. Another theme in the submissions from councils was that school–community partnerships will only be effective where a local need has been identified and supported by the local environment. For example, Macedon Ranges Shire Council stated that projects and programs 'imposed' on schools without discussion of local need are set to fail.<sup>428</sup> South Gippsland Shire Council made a similar point:
- Critically also, it must be recognised that centrally driven policies and programs can be problematic if they don't allow for flexibility and local variation. Community development principles imply that success is contingent on engaging people in organisations in a manner that respects local concerns and initiatives.<sup>429</sup>
- 5.72. In considering the wide range of potential partnership challenges or constraints, a number of councils identified various factors which they consider to be essential to the success of partnerships involving the health and education sectors and local government.<sup>430</sup> These include:

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<sup>424</sup> Hume City Council, Written Submission, June 2010, 9.

<sup>425</sup> *ibid.*, 10.

<sup>426</sup> Wyndham City Council, Written Submission, July 2009, 3–4.

<sup>427</sup> *ibid.*, 4.

<sup>428</sup> Macedon Ranges Shire Council, Written Submission, June 2010, 5.

<sup>429</sup> South Gippsland Shire Council, Written Submission, June 2010, 3.

<sup>430</sup> For example, Maribyrnong City Council, Written Submission, June 2010, 4; Greater Shepparton City Council, Written Submission, June 2010, 7; City of Greater Geelong, Written Submission, June 2010, 3.

- involve key partners, such as schools and local councils at the planning phase;
- create manageable expectations by creating a culture of collaboration;
- ensure there is a clear understanding of each partner's role in the partnership and ensure everyone involved in the school and council is aware of the aims and activities of the partnership;
- create a dedicated resource (staff and dedicated funds) towards inter-sectoral health promotion activities to change culture within and between schools and health agencies;
- create a supported structure for the planning, design and strategic conversation between sectors;
- create targeted health promotion activities across program areas, health promotion issues and place;
- adopt a whole-of-school approach rather than a classroom learning approach;
- adopt a whole-of-health approach rather than issue-specific responses;
- resource staff and capacity building opportunities within schools and local councils;
- ensure support from the Department of Education and Early Childhood Development for the implementation of specific programs and initiatives; and
- identify where health outcomes in schools can be most effective within the broad continuum of health promotion.

5.73. The Committee acknowledges the exemplary partnership models which have already been developed by some councils across the state. The Committee encourages this work to continue and suggests that councils formalise partnerships involving schools for the purpose of promoting healthy community living.

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## Conclusion

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5.74. The Committee found that community links and partnerships at the local, regional and state level are essential if schools are to meet their health promotion goals and support healthy community living. The Committee believes that such partnerships should be formalised through partnership agreements which set out the purpose, aims and objectives of the partnership, as well as the specific roles and responsibilities of each partner. The Committee believes that schools and their potential partners can be assisted in this task by the development of guidelines and resources outlining best practice in school-based health promotion. Additionally, the Committee believes that the Department of Education and Early Childhood Development should establish a network of health promotion coordinators who are responsible for assisting the health and wellbeing team of schools in their network to plan, develop, implement and evaluate their health promotion policies, strategies and programs.

Adopted by the Education and Training Committee  
Committee Room, 55 St Andrews Place  
East Melbourne

13 September 2010