



Education and Training Committee

Final Report

Inquiry into the Potential for Developing Opportunities for Schools to Become a Focus for Promoting Healthy Community Living

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Inquiry into the Potential for Developing Opportunities for Schools to Become a Focus for Promoting Healthy
Community Living

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Chair's foreword

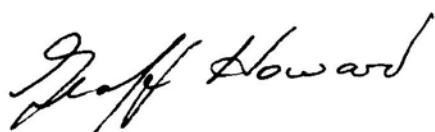
From both the physical and the mental perspective, health is an issue of considerable importance for all. Childhood and adolescence is the time when we establish the behaviours and skills which are essential to a successful, healthy and happy adult life, and schools can play a vital role to support the development of these healthy life practices.

The Committee was impressed by the wide range of activities and strategies undertaken within Victorian schools to support and improve the health and wellbeing of not only school students, but also the broader school community. The Committee found that while these initiatives are mostly highly successful, schools may need assistance to better coordinate their programs and to approach healthy community living from a comprehensive whole-school perspective. In particular, the Committee has found that schools could benefit from access to health promotion workers to assist in the development, implementation and evaluation of school policies and health promotion initiatives. The Committee also believes that schools should have opportunities to celebrate and promote their health program successes to the broader community.

The Committee welcomed the substantial input to this inquiry from members of the health sector. This input provided highly valued advice to the inquiry and highlighted the many opportunities for the education and health sectors to work collaboratively to promote healthy community living.

This was the sixth and final major inquiry undertaken by the Education and Training Committee during the 56th Parliament. I wish to thank my fellow Committee members for supporting me as Chair of the Committee, and for their participation in this inquiry and commitment to all of the Committee's activities over the past four years.

Finally, I would also like to thank the staff of the Committee secretariat for their dedication and high quality work throughout this parliamentary term. This current inquiry has been a substantial undertaking for the staff who have coordinated the public hearing program, analysed a substantial body of evidence and assisted the Committee to produce this report.



Geoff Howard MP
Chair



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Executive summary

Chapter 1 Introduction

The need for health promotion is now accepted worldwide. This new focus on preventative health means tackling negative health behaviours before they emerge. Governments have a range of strategies to deal with this, with schools increasingly being seen as an appropriate setting for delivering health promotion messages to children and teenagers, and their families.

The Committee found a consensus among the education and health sectors that schools have a legitimate and important role in promoting healthy community living. As is recognised worldwide, education and health are inextricably linked. Higher levels of education are associated with better employment outcomes, healthier lifestyles and higher levels of family and community wellbeing. Equally, good health and wellbeing is a necessary precondition for effective learning. Students with poorer health status have lower academic achievement than their healthier counterparts.

Schools have a number of key advantages as a setting for health promotion. They represent an effective way of universally targeting children and young people (and their families), who spend a significant proportion of time interacting with the school environment during and after school hours. Schools provide existing infrastructure for health promotion and have links to several influences on children's health, including family, peers and the local community. Schools can also provide a 'gateway' through which health information and messages can be conveyed to the wider community and a venue for the delivery of health related services and activities.

Nonetheless, the Committee found that schools often experience a range of challenges in delivering health promotion initiatives to the school and local community. These may include: the competing aims and interests of the health and education sectors; the sheer number of programs and initiatives on offer; the often ad hoc, short-term nature of programs and projects offered to schools; the lack of ongoing funding to ensure the sustainability of proven programs and initiatives; unrealistic expectations in terms of long-term health outcomes; variability in the quality and credibility of programs; inconsistencies in health messages presented in schools, homes and the broader community; and lack of coordination, communication and cooperation between various levels of government.

Chapter 2 The Health Promoting Schools framework

The Committee found a strong, worldwide trend over the past twenty to thirty years towards comprehensive, whole-school approaches aimed at improving and protecting the physical, mental, social and spiritual health of all members of the school community. The Committee examined this trend in the context of the internationally recognised Health Promoting Schools framework.

A health promoting school is a school community which undertakes a broad range of activities aimed at strengthening its capacity as a healthy setting for living, learning and working. The two key purposes of health promoting schools are: to enhance educational outcomes; and to facilitate action for health by building health knowledge and skills in the cognitive, social and behavioural domains.

There are six essential elements of a health promoting school: healthy school policies; physical environment; social environment; individual health skills and action competencies; community links; and health services. Health promoting schools are most effective when supported by an overarching government and/or local education authority policy, especially one established through a formal partnership between the health and education ministries.

Within the school, the first step in implementing the Health Promoting Schools framework is to achieve support of the school leadership team, and to then create a small group which is actively engaged in leading and coordinating health promotion actions and activities. It is essential that all stakeholders are represented on this group, including teachers, non-teaching staff, students, parents and community members. The group's task is to conduct an audit of current health promoting actions, establish agreed goals and develop strategies to achieve the goals within the capacity of the school's resources.

The Health Promoting Schools framework was introduced in Australia during the 1990s, and piloted in Victorian government schools from 1997 to 2000. Participants in the inquiry therefore generally had a high level of awareness and understanding of the model. The Committee found that many Victorian schools, communities and regional networks are currently trying to re-establish and strengthen the implementation of the Health Promoting Schools framework, with many inquiry participants arguing for its statewide implementation.

The Committee believes that the wider implementation of the Health Promoting Schools framework has the potential to achieve improved health and education outcomes for many Victorian school communities. The Committee therefore recommends that the Department of Education and Early Childhood Development review the development and implementation of the health promoting schools approach in Victoria. In doing so, the department should aim to: establish realistic goals and expectations for school health promotion; guide policy and practice at the regional and local level; facilitate effective collaboration between the health and education sectors; identify the health promotion competencies required by school staff to successfully implement health promotion programs; coordinate and sustain the wide range of health and wellbeing programs and services already being implemented in Victorian schools; ensure longer-term funding for proven school-based health promotion initiatives; and improve the dissemination of information about the effectiveness of health promotion activities within schools. The Committee believes that this work should be underpinned by a signed partnership agreement between the health and education departments and the establishment of an interdepartmental committee responsible for planning and implementing a coordinated approach to health promotion in schools.

The Committee also recommends that the Department of Education and Early Childhood Development implement a formal recognition and award program to acknowledge and celebrate outstanding achievements by schools, communities and individuals in promoting healthy community living.

Chapter 3

Curriculum, teaching and learning

Under the Health Promoting Schools model, health related curriculum and extra-curricular opportunities should be complemented by teaching and learning approaches which support health and wellbeing.

The Victorian Essential Learning Standards (VELS) outline the curriculum components that all Victorian students should learn during their time at school from prep to year 10. Although the VELS incorporate three essential learning strands, the Committee found that the Physical, Personal and Social Learning strand was of particular importance in the context of this inquiry. This strand includes four domains: Health and Physical Education; Interpersonal Development; Personal Learning; and Civics and Citizenship. Of these, health and wellbeing is covered explicitly within two key domains: the Health and Physical Education domain and the Interpersonal Development domain. These domains include the important dimensions of Movement and Physical Activity, Health Knowledge and Promotion, Building Social Relationships and Working in Teams.

The Committee found that the highly flexible structure of the VELS is a key advantage in the context of student health and wellbeing, as current and future health promotion initiatives can be easily incorporated into the curriculum. Nonetheless, for a whole-school approach to health and wellbeing to be successful, the support and commitment of the school leadership team, health and wellbeing champions and the other teaching and non-teaching staff are required. The Committee found that this can be achieved through the establishment of a school-based health and wellbeing team in all schools, backed up by appropriate professional learning opportunities for staff. The Committee believes that schools' health and wellbeing teams should also be supported by a network of health promotion coordinators who could best be based in the Department of Education and Early Childhood Development regional offices.

Chapter 4

School ethos and environment

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. Throughout the inquiry, the Committee examined the various components of the school ethos and environment, as well as a range of specific programs aimed at promoting the physical and mental health of members of the school community.

The Committee found that education systems develop a wide range of policies and resources aimed at supporting health and wellbeing for all members of the school community. Within the Victorian government school system, these include the Effective Schools Model, Student Engagement Policy, School Accountability and Improvement Framework, Network Accountability and Improvement Framework and the Safe Schools are Effective Schools strategy. The Government Schools Reference Guide also provides advice for schools on a wide range of issues associated with health and wellbeing. School-based policies flow from these overarching policy frameworks.

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 and coordinated manner. The Committee heard that many schools would therefore benefit from assistance to audit their existing policies and develop a whole-school health promotion policy. The Committee notes that this work will be most effective when conducted in close consultation with all members of the school community, including teaching and non-teaching staff, students, parents and other community members.

The Committee notes that 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. Schools can also enhance their social environment through a combination of the formal procedures and programs, extra-curricular activities and student welfare arrangements, as well as relationships within the school and partnerships with various members of the school and local community.

Throughout the inquiry, mental health and social wellbeing were repeatedly cited as health issues of extreme importance for schools. In particular, submissions and witnesses emphasised the importance of social relationships, anti-bullying policies and effective approaches for addressing the use of harmful substances. The Committee noted that the following programs have been recognised as best practice in responding to the mental health and social wellbeing needs of students: MindMatters, KidsMatter, the Gatehouse Project and Schools as Core Social Centres.

The Committee also 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. Some of the many programs and policies outlined during the inquiry included: school canteen policies, kitchen garden programs, breakfast programs, physical education and school sports, active travel programs, the Kids – Go For Your Life program and the SunSmart Schools program.

The Committee was pleased to note that the breadth and depth of health promotion programs currently available means that there is likely to be a suitable program to address the specific health needs of diverse school communities throughout Victoria. The Committee believes, however, that the sheer number of programs currently operating also presents various challenges for schools and the programs themselves. It appears that numerous 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 Committee found that the most successful programs 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.

Chapter 5

Community links and partnerships

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 students' families, as well as the connections between the school and key local groups and individuals.

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 team which is responsible for implementing a comprehensive, whole-school approach to health and wellbeing. Parents and families can also be involved in a range of health promoting activities initiated within schools, including accessing health information and services, participation in learning activities with students and participation in healthy eating or physical activities.

The Committee heard that health promotion in schools is most effective when it is supported by a range of partnerships at the local, regional and state level. The structure and purpose of partnerships vary considerably, ranging from networking arrangements through to formal collaborations. The Committee found that through these partnerships, Victorian schools access a wide range of community health services and health personnel, including immunisation services, health screening services, dental services, school nurses, health promotion workers, the School Focused Youth Service and Primary Care Partnerships. Many schools also have strong linkages with their local council, in recognition of the key role that local governments can play in building healthy public policy, creating supportive local environments and supporting school-based health promotion initiatives.

The Committee believes that it is essential that Victorian schools continue to develop and maintain effective partnerships with local health agencies, local government and the broader community, as a means of achieving optimal education and health outcomes for Victorian

students. The Committee recognises that this is sometimes time consuming and challenging for some schools, especially schools located in isolated areas and areas of socioeconomic disadvantage. The Committee therefore believes that the network of health promotion coordinators (as noted above) should be responsible for assisting the health and wellbeing teams of schools in their network to plan, develop, implement and evaluate their health promotion policies, strategies and programs.

Recommendations

Recommendation 1:

That the Department of Education and Early Childhood Development, in consultation with the Department of Health, review the development and implementation of the health promoting schools approach in Victorian schools, with the aim of:

- establishing realistic goals and expectations for school health promotion;
- guiding policy and practice at the regional and local level;
- facilitating effective collaboration between the health and education sectors in planning, implementing and evaluating health promotion activities within schools;
- identifying the health promotion competencies required by school staff to successfully implement health promotion programs;
- coordinating and sustaining the wide range of health and wellbeing programs and services currently occurring in Victorian schools;
- ensuring longer-term funding for proven school-based health promotion programs and services; and
- improving the dissemination of information and evidence, including case studies and practical resources, about the effectiveness of health promotion activities within schools.

Recommendation 2:

That the Department of Education and Early Childhood Development and the Department of Health sign a Memorandum of Understanding outlining the goals, objectives, roles and responsibilities for health promotion within all Victorian schools.

Recommendation 3:

That the Victorian Government establish a high level interdepartmental committee responsible for planning and implementing a coordinated, systemic approach to health promotion within Victorian government, Catholic and independent schools.

Recommendation 4:

That the Department of Education and Early Childhood Development continue to promote strong partnerships between schools, early childhood services, health agencies and the broader community as a means of achieving optimal educational and health outcomes for Victorian students.

Recommendation 5:

That the Department of Education and Early Childhood Development, in consultation with the Catholic and independent education systems, work to ensure that all Victorian schools establish a health and wellbeing team responsible for:

- developing a whole-school health promotion policy;
- identifying the specific health needs of various groups within the school community;
- auditing how the school's policies and practices respond to the specific health needs within the school community;
- designing and implementing appropriate programs and strategies for responding to the priority health needs within the school community; and
- undertaking a triennial review of the school's success in implementing health promotion initiatives which respond to the current and emerging health needs within the school.

Recommendation 6:

That the Department of Education and Early Childhood Development establish a network of regionally based health promotion coordinators who are responsible for supporting the health and wellbeing teams of the schools in their network to plan, develop, implement and evaluate their health promotion policies, strategies and programs.

Recommendation 7:

That the Department of Education and Early Childhood Development, in consultation with the Department of Health, develop and promote a comprehensive suite of practical resources to assist schools seeking to apply the health promoting schools process.

Recommendation 8:

That the Department of Education and Early Childhood Development establish a comprehensive professional development program for teachers and school leaders to develop the advanced knowledge and skills required to plan, implement and evaluate school-based health promotion initiatives.

Recommendation 9:

That the Department of Education and Early Childhood Development implement a formal recognition and award program to acknowledge and celebrate outstanding achievements by schools, communities and individuals in promoting healthy community living.