Vision
Bentleigh Bayside Community Health primary vision - A healthy community

Overall Commitment
Bentleigh Bayside Community Health (BBCH) is a proactive member of the Kingston Bayside (KB) and Inner South East Partnership in Community and Health (ISEPICH) Primary Care Partnerships. BBCH is committed to an integrated early intervention and preventative approach to health and well being. A partnership approach is integral to success of Health Promotion within both Bayside and the southern part of Glen Eira Local government areas.

As part of our commitment to support networks, partnerships aims to improve health outcomes for clients, BBCH has welcomed the chance to partner with Bayside City Council, Central Bayside Community Health Services(CBCHS), Kingston City Council and Kingston Bayside Primary Care Partnership to develop a joint collaborative, place based Strategic Directions Paper for Kingston Bayside 2009-2013.

1. Experience in Health Promotion in Schools

Bentleigh Bayside Community Health has a long history of working collaboratively with schools both primary and secondary. Health promotion experience within schools is broad and continues. It includes:

- Self esteem, body image
- Drugs and alcohol
- Relationship skills, decision making, assertiveness
- Sexuality, safe sex, contraception, sexually transmitted infections, family relationships and values
- Talking Realities, peer education regarding teenage pregnancy (see program overview)[note this initiative was purchased from South Australia where it was a joint initiative between the Commonwealth Department of Family and Community Health Services, Parenting SA and Adelaide Central Community Health Services]
- Bullying
- Transition programs
- Mentoring/peer mediators
- Sunsmart policy Mordialloc College
- Deliberate self harm Taste for food
- Tai chi for kidz
- Being Active Eating Well (BAEW) ‘Go for your life’. (See program overview)

Being Active Eating Well

Bentleigh Bayside Community Health - Submission to Department of Education and Training Parliamentary Inquiry into the potential for developing opportunities for schools to become a focus for promoting healthy community living - June 2010
Being Active Eating Well (BAEW) is a ‘Go for your life’ initiative aimed at increasing participation in physical activity and healthy eating in selected communities - Clayton South in the City of Kingston and public housing estates in the City of Bayside. The focus for the project is children aged 0-12 years. The Kingston Bayside Primary Care Partnership (KBPCP) has been funded until June 2010 to implement the project, working with residents, schools, local agencies, community groups and businesses to support physical activity and healthy food choices in the community.

Tai chi for kidz (overview below) is one of the successful physical activities of BAEW. The program is focussed on the early years. A quote from a testimonial from a trained primary teacher (running the modified tai chi for kidz in Sandringham Primary School) “when writing reflections for their school reports .. many of my students included tai chi sessions as the highlight of the semester. I believe that they have benefited from the regular opportunity to engage in an activity that will help improve not only their coordination but also their ability to remain focussed and calm.”

Transition to Parenthood – Talking Realities
From their extensive experience working in schools, with pregnant and young female parents, workers from CBCHService and BBCHealth identified that there was a need for a school based program which focused on the short and long term outcomes of early parenting.

There were programs being delivered in schools which sought to improve young people’s knowledge of sexual health, pregnancy and birth issues. The staff identified that important life issue of unplanned early pregnancy had been largely neglected. It became clear that this lack of students knowledge was likely to impact on the young person’s ability to make informed and realistic decisions about the issues and responsibilities facing young parents.

Delivering a peer education program with an early intervention and prevention focus, the opportunity arises to increase adolescent’s knowledge and understanding by presenting a realistic picture of the diverse range of issues facing young parents and the responsibilities of child rearing.

The peer educators stand to benefit from a program that can offer them education and employment opportunities. This in itself can enhance the social health outcomes for them and their children, by increasing confidence, parenting and life skills. Plus this can give them a sense of connectedness with their community.

Partners: Bentleigh Bayside and Central Bayside Community Health Services, registered Training facility, School Focused Youth Services, Youth Service Kingston and Bayside, Alfred CAMS, VERVE,SDYS, and participating schools in Kingston and Bayside.

GOALS

1) To improve the social health outcomes for the young parents (peer educators) and their children who live in the municipalities of Kingston and Bayside.

2) To improve the ability of young people who attend schools in the municipalities of Kingston and Bayside to make informed choices about parenting and their health.

Peer Education is increasingly being used as a health promotion strategy. This unique approach to recruit, support and then train teenage parents to present to their peers in their own language, on all aspects of being a teenage parent, has been highly valued by students, teacher and health Workers.
2. Best Practice Models for Health Promotion

Tai chi for kidz

Tai chi for kidz has been successful in providing physical activity to primary school children. Tai chi for kidz a new modified tai chi program provides a fun activity which has developed the children’s coordination, concentration and agility. The program offered the primary school children an opportunity to exercise in a stimulating, fun and supportive environment.

This has been achieved using a settings approach at Sandringham Primary School in two grade one classes as a physical activity component of the Kingston Bayside Being Active Eating Well Health Promoting Communities Program.

The participatory research demonstrated at the Being Active Eating Well Show Case identified the medium term and sustainable outcomes for the participants when they demonstrated the tai chi movements at the Show Case some three months after completion of the program. While the students had continued weekly tai chi and a refresher/update session was held with the students, tai chi instructor and trained volunteer as well as their tai chi trained teacher prior to the Show Case, the performance by the 9 students was exceptional in front of an unknown audience. Following the two day training two teachers and three volunteers assisted the tai chi instructor conduct the program at the school. The training component has resulted in the sustainability of the program by the teachers following the completion of the pilot program, with all Grade one classes (3) joining together with 2 teachers to continue with tai chi.

As a result of the tai chi program the champion a grade one teacher, is planning to run a lunchtime club for students interested.

Partners: Bentleigh Bayside Community Health, Being Active Eating Well, Kingston Bayside Primary Care Partnership, Arthritis Victoria, Sandringham and Clarinda Primary Schools, Bayside Tai chi

3. Partnerships

Bentleigh Bayside Community Health, with the Kingston Bayside Primary Care Partnership, Kingston City Council, Bayside City Council, Central Bayside Community Health Services (as part of their commitment to an integrated approach to health and wellbeing over many years) have developed one collaborative, place based strategic health and wellbeing plan for Kingston and Bayside for 2009-2013.

BBCH will continue to develop the current partnerships, programs and provide support for programs already supported by evidence.

The above two programs detailed in items 1and 2, Talking Realities and Tai Chi for Kidz are excellent examples of effective collaborative partnerships. These initiatives are examples of how school based activities relate, are coordinated with intersectorial partners and address health promotion policies. Intersectorial partnerships are essential in health promotion delivery in schools.

Partnerships include:-
• Schools: students, teachers/staff, school nurses, parents, whole of school approach, utilizing school boards, student representative groups, newsletters, ensuring health promotion supports curriculum units for maximum exposure and effectiveness, sporting clubs
• government departments (DEECD, DH) to ensure programs/projects are aligned to appropriate priorities
• local government, health promotion priorities
• Primary Care Partnership (PCP’s)
• School Focused Youth Services
• Corporate business

The partnerships, under the umbrella of PCPs, have successfully submitted for funding eg. BAEW($600,000). A lead agency is generally nominated by the partnership and the outcomes are efficient and effective, in that resources are shared and increased. Resources are both physical and financial, and duplication/fragmentation is lessened.
The development of criteria for collaborative decision making is underlying the principle of partnership eg:

- Directions are supported by identified need
- Actions are evidence-based
- Actions are improved by partnerships
- Actions have the potential to achieve measurable outcomes
- Commitment and capacity exists to deliver

4. Suitability of schools as a Setting for Health Promotion

Schools provide a geographical focus for some of the community and in the early years of life where health promotion messages addressing healthy behaviours (physical, mental/wellbeing, nutritional) will have the most impact on individuals, families and communities. There is strong evidence that being physically active in the early years is significant in the prevention of osteoporosis and that healthy behaviours learnt in early years are more likely be carried through to senior years.

5. Value of Existing Partnerships for Implementing Health Promoting Schools

Critical success factors

The integration of the Primary Care Partnership (as a Leader), who is seen by agencies as independent allow the following to flourish:-

- A dedicated project officer to facilitate the process
- A core group of committed and skilled staff
- Commitment of senior management from all partner agencies in the early stages and having management representation on the Project Steering Committee
- The commitment of partner agencies to contribute financially and in-kind
- Shared decision making
- Clear and open communication

Benefits of collaborative planning
6. Most difficult health issues to address in schools
During the recent collaborative, place based strategic health and wellbeing plan development 2010 -13, these are some of the most difficult issues to address:
- Drug and alcohol use
- Sexuality, relationship skills
- Family issues, including separation,
- Bullying including cyber bullying
The strategies used to address difficult health issues include: intersectorial collaboration, training, counselling, facilitating appropriate programs (as listed in section 1) to help in developing a culture of resilience and acceptance of diversity.

Lack of access and funding/resources and time in health services and schools to develop health promotion initiatives is a major barrier.
In community health settings there is a constant pressure to meet targets for individual direct client care over health promotion, and a majority of the clients have traditionally been aged. It takes time to develop and implement health promotion strategies but the push to meet direct care targets is paramount due to the threat that funding decreases if targets are not met.

7. Enablers - resources provided or developed from recent programs
- Collaborative alliances between PCP, CH, councils and other intersectorial partners; as evidenced by positive outcomes from programs listed above e.g. sporting equipment, goal posts from the, Go For Your Life award system.
- Capacity building /resources literature/pamphlets, contraception kits, visual aids/equipment, other teaching tools
- Training as listed above including peers and consumers.

8. Sustainability
There needs to be ongoing funding and government support (a strategic rather than an incremental approach) to ensure health promotion is improved in the school setting. Both schools and health services have stretched resources and require additional funding for Health Promoting Schools.
Health promotion vision with congruent strategies is required at all levels to ensure sustainability. To achieve the vision it is necessary to collaborate across sectors, develop policy, training, education, acknowledgement of what is already being done and building on the good work already been outlined in this submission and other submissions already received from the sector.
The strategies/planning/evaluating for implementing programs outlined above in tai chi for kidz and Talking Realities addresses sustainability eg. training peers/consumers and ongoing/capacity building.

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9. **Best Practice Health Promoting Policies**

Health promotion guiding principles:

1. Address the broader determinants of health, recognising that health is influenced by more than genetics, individual lifestyles and provision of health care, and that political, social, economic and environmental factors are critical.
2. Activities should be based on the best available data and evidence, both with respect to why there is a need for action in a particular area and what is most likely to effect sustainable change.
3. Act to reduce social inequities and injustice, helping to ensure every individual, family and community group may benefit from living, learning and working in a health promoting environment.
4. Emphasise active consumer and community participation in processes that enable and encourage people to have a say about what influences their health and wellbeing and what would make a difference.
5. Empower individuals and communities, through information, skill development, support, advocacy and structural change strategies, to have an understanding of what promotes health, wellbeing and illness and to be able to mobilise resources necessary to take control of their own lives.
6. Explicitly consider difference in gender and culture, recognising that gender and culture lie at the heart of the way in which health beliefs and behaviours are developed and transmitted.
7. Work in collaboration, understanding that while programs may be initiated by the health sector, partnerships must be actively sought across a broad range of sectors, including those organisations that may not have an explicit health focus. This focus aims to build on the capacity of a wide range of sectors to deliver quality integrated health promotion programs; and to reduce the duplication and fragmentation of health promotion effort.

**Policies:**
- The Australian Primary Schools Mental Health Initiative
- Going it with us not for
- Integrated health promotion resource kit
- Cultural responsiveness framework for Victorian health services
- VicHealth strategic framework-promoting health and preventing illness

10. **Recommendations**

To have health promotion in schools as a government priority with the associated research reports, resources, training, development support and funding.

Health promotion in schools being a community health priority (as noted by government departments as well as services), with health promotion statistics being part of targets sitting alongside individual client work.

Capacity building/training in health promotion and working in schools with young people, parents and staff, would be required. Funding is required for evaluation, training and development of all partnership based proposals.

11. **Conclusion**

We welcome this enquiry and look forward with anticipation to receiving the submissions to apply for this much needed funding. Thanks