

# Health Promotion with Schools

a policy for the health system



**NSW HEALTH**

Better Health Good Health Care

## **NSW HEALTH DEPARTMENT**

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## Foreward

NSW Health recognises the potential of settings such as schools in promoting the health of children. In addition, NSW Health has a commitment to working in partnership with other sectors to address health issues, such as nutrition and skin cancer, and the underlying determinants of health, such as socio-economic conditions and other factors that also impact on health.

In 1997, in consultation with the Department of Education and Training, Catholic Education Commission NSW and the Association of Independent Schools NSW, NSW Health completed an internal review of work with schools and gained support for the recommendations arising from the review.

*Health Promotion with Schools: a policy for the health system* is one product arising from the recommended directions. It reflects better practice in working with schools to promote health, and will provide a useful foundation from which the health system can move forward in working more effectively with schools.

The document has been developed in close collaboration with the sectors of education to provide a shared understanding of the context within which health can better work with schools. It provides a solid foundation to further strengthen the partnerships between health and education in our efforts to improve the health of young people and families within the school community.



Michael Reid  
**Director General**  
NSW Health  
September 2000

# statements

## Statements of support from the education sector

### Department of Education and Training

It is important that staff in health and education work collaboratively within agreed frameworks to support the best health and education outcomes for students in schools.

*Health Promotion with Schools: a policy for the health system* will assist health staff to understand the school sector and to plan effective projects and services. It will also encourage clarification of the goals of joint work and appropriate ways for the contribution of both sectors to be reported.

I welcome the focus in this policy on whole school approaches to health issues. These are implemented by government schools with the *Student Welfare Policy*.

*Health Promotion with Schools: a policy for the health system* marks a step forward in collaboration between NSW Health and the NSW Department of Education and Training. It provides a platform for further collaborative work. I congratulate NSW Health on its leadership in this area which will stimulate further good practice.



Ken Boston  
**Managing Director of TAFE NSW**  
**Director-General of Education and Training**

### The Association of Independent Schools

The Association of Independent Schools congratulates the Department of Health on its *Health Promotion with Schools: a policy for the health system* as it appears to establish good practices to be followed by health workers when working within schools. Collaborative partnerships between the education and health sectors will assist in implementing sustainable practice in schools that will have positive benefits for students across all schools and within the independent sector.

When working within independent schools it is important to understand that The Association of Independent Schools NSW does not determine policy for independent schools but rather, assists school to develop policy and practice that best reflects the individual school philosophy and context. The most appropriate point of contact for accessing an independent school is the individual school Principal. He or she will be in the best position to determine a starting point for working within the school community.



Terry Chapman  
**Executive Director**

### Catholic Education Commission

CEC, NSW representing 596 NSW Schools which enrol some 226,000 students is pleased to support the NSW Department of Health's policy statement, *Health Promotion with Schools: a policy for the health system*. The Catholic community of schools is keen to promote inter-agency partnerships that have the aim of assisting and supporting students and their families.

CEC, NSW understands that implementation of this document will require the further development of collaborative structures linking catholic Schools, Diocesan Education Offices and local Area Health structures. CEC, NSW commends the Department of Health for this initiative and looks forward to cooperating with them.



Dr Brian Croke  
**Executive Director**

# acknowledgements

## Acknowledgements

**NSW Health would like to acknowledge the wide range of people and organisations that have contributed to the development of this document. We would like to thank staff from across the NSW health system, and in particular, health promotion staff from South Eastern Area Health Service and Northern Sydney Area Health Service who developed the first drafts of the policy.**

We would also like to thank staff from the Catholic Education Commission, the Association of Independent Schools and Non Government Organisations for their involvement and comments during various phases of the policy development process.

This document has been greatly strengthened by a wide range of case study examples of practice. Thank you to the many schools and health services who have allowed us to use their stories.

Finally, particular thanks go to our colleagues from the Department of Education and Training, Student Services and Equity Programs and Curriculum Support Directorate, for their invaluable contributions to the final drafts of this document.

# contents

## Contents

Foreward	i	
Statements of support	ii	
Acknowledgement	iii	
Executive summary	1	
<b>Section 1</b>		
<b>Introduction</b>	3	
Who is the policy for?	3	
What is the policy aiming to do?	3	
How has the policy been developed?	3	
<b>Background</b>	4	
Why work with schools to promote health?	4	
What is health promotion?	5	
Health promotion and early intervention and treatment services	6	
What is a health promoting school?	8	
Qualities of effective health promoting programs with schools	9	
Building sustainability of health promoting programs	9	
<b>Policy context and direction</b>	10	
Consistency with other documents and policies	10	
Goals and objectives of the policy	10	
Policy principles	11	
<b>Issues</b>	12	
Current activity	12	
Issues for NSW Health	12	
Coordination and consistency	12	
Need to understand outcome differences	12	
Invisibility of health promotion work	13	
Capacity to undertake health promotion initiatives	13	
<b>Implementation</b>	16	
Recommended strategies for action	16	
Responsibility for implementation	16	
Monitoring and review	16	
<b>Section 2</b>		
<b>The school context</b>	17	
The broader school context	17	
The education sectors	18	
Government schools	18	
Supporting schools	18	
Setting priorities	18	
Making sense of health	18	
School staff with specialist support roles	19	
What to consider before approaching schools	19	
Schools approach to training and development	20	
Schools approach to research	20	
Catholic schools	21	
Independent schools	21	
<b>Section 3</b>		
<b>Policy guidelines</b>	23	
Building a health promoting approach into work with schools	23	
The role of health workers within the health promoting school	25	
The formal curriculum	25	
The informal curriculum	25	
Links between the school, home and community	26	
Monitoring progress	26	
Telling the world and spreading the word	26	
<b>Practical resources</b>	27	
Information about health promotion	27	
Information about health promoting schools	28	
Information about education documents	28	
Useful Web sites	29	
Sample letter to a principal	30	
<b>Section 4</b>		
<b>References</b>	31	

# Executive summary

**Health promotion is defined in the Ottawa Charter for Health Promotion as the process of enabling people to increase control over, and to improve their health<sup>1</sup>.**

Health promotion occurs within the context of people's everyday lives and requires the development of an integrated set of strategies across the following key areas:

- Strengthening community action
- Developing healthy public policy
- Creating supportive environments
- Developing personal skills
- Reorienting health services towards the improvement of health.

Working in partnership is a key element of effective health promotion practice and essential for the achievement of health gain. Partnerships between health, the education sectors and others, increase the potential to address health issues and the underlying determinants of health such as environmental and socio-economic conditions and community connectedness.

*Health Promotion with Schools: a policy for the health system* is a formal statement of direction for the NSW health system. Work undertaken to prepare this policy included a scan of school health promotion initiatives undertaken by NSW Health, a review of the literature and extensive consultation across the state with key informants in the health and education sectors.

This work confirmed that:

- There are considerable gains to be made from partnerships between health and education
- Using a combination of health promotion strategies over time to achieve change, is more effective than one-off interventions such as education sessions
- There is a need to develop a uniform, effective code of practice for health workers undertaking health promotion with schools.

In addition to providing direction for the NSW health system, this document clarifies what the education sectors can expect from the health system when they are working together to improve the health of the school community.

The policy endorses the type of approach represented in the health promoting schools framework as described in *Effective School Health Promotion: Towards Health Promoting Schools*<sup>2</sup>. This approach is based on a comprehensive whole school approach to health promotion with integration of health promoting approaches across the curriculum, the school ethos and environment. Students' learning is also reinforced by the links between home, school and the community. Three key principles for action are identified within the policy:

- Using a planned and comprehensive approach
- Developing collaborative partnerships
- Working towards sustainable outcomes.

Area Health Services, together with NSW Health, have a range of investments in schools programs. Since considerable resources currently are invested in these programs, it is essential that the return be maximised. Arguably, this is most likely to be realised through the identification of scientifically based principles of better practice. Those principles should then be applied in a way that is respectful of the overall educational function of schools while acknowledging the strengths of both the education and health sectors. This in turn is more likely to ensure a high quality strategic mix of health promotion initiatives with schools in NSW.

Strengthening the capacity of the health, education and other sectors to carry out health promotion is an important undertaking in contemporary health promotion practice. It involves sustainable skills and structures, as well as a commitment to enhance the development of effective health promotion programs and practice.

The thrust of this policy is consistent with the direction of a number of documents published by the education and health sectors during recent years (*see page 10*).

Additionally, in partnership with the education sectors, NSW Health has already developed *Towards a Health Promoting School*<sup>2</sup> and *What Makes a Healthy School Community?*<sup>3</sup> These documents are recognised by school communities as useful tools to guide and facilitate the development of health promotion practice.

A number of factors have been identified with regard to the potential of the NSW health system to work in partnership with schools. These include awareness about what is already going on in schools, an expectation from some quarters that schools will automatically give priority to health outcomes, and an assumption by health and other sectors that schools will automatically grant access. There is a need to improve understanding within health of the similarities and differences between health and education outcomes.

*Health Promotion with Schools: a policy for the health system* will provide an impetus for discussing and addressing these factors. It has been designed to embrace existing strengths in the system and to ensure a more consistent approach for health personnel working to develop health promotion initiatives with schools in NSW.

## Policy recommendations

1. The NSW Health Department is to ensure it has the appropriate mechanisms and structures in place for a coordinated and collaborative policy approach for work with the Department of Education and Training, the Catholic Education Commission and the Association of Independent Schools.
2. NSW Health is to ensure that this policy is reflected in all NSW Health directions that impact on schools, or any Memoranda of Understanding or similar agreements between NSW Health and other organisations, that include an intention to work with schools.
3. NSW Health is to ensure that for any initiative with education, personnel from health and education will first agree upon and clearly define expected outcomes, appropriate methods of evaluation, and responsibility for achieving each of the defined program outcomes.
4. Area Health Services are to ensure they have a coordinated approach within their system for contacting and working with the school sectors.
5. Area Health Services are to ensure mechanisms are in place to support collaboration and coordination between the health system and schools within their local area.
6. Area Health Services are to ensure that work with schools reflects this policy.
7. NSW Health, in collaboration with the Australian Centre for Health Promotion, Sydney University and the education sectors, is to develop a professional development program for health personnel and others on better practice in working with schools.
8. Area Health Services are to establish a mechanism to ensure that any staff working with schools have access to expertise and professional development in effective health promotion practice.
9. Area Health Services are to provide organisational support to their staff working with schools to improve health, by building responsibility for this work into appropriate business plans, staff job descriptions, performance agreements, performance reviews and workforce development strategies.
10. NSW Health, in collaboration with the education sectors, is to progress the development and testing of indicators for the assessment of the Health effort in the area of health promotion with schools.
11. NSW Health, in collaboration with the education sectors, is to ensure the establishment of mechanisms to monitor, evaluate and review the dissemination, implementation and impact of this policy.



## Introduction

An earlier review by NSW Health identified the need to develop a uniform, effective code of practice for health workers undertaking health promotion with schools. This was reinforced by similar recommendations at the national level.

*Health Promotion with Schools: a policy for the health system* is a formal statement of direction for the NSW health system. It is applicable to any NSW health system staff working to improve health with schools. It is the result of a scan of school health promotion initiatives undertaken by NSW Health, a review of the literature, and extensive consultation across the state with key informants in the health and education sectors.

### Who is the policy for?

This policy is for the wide variety of personnel employed across the NSW health system who have the potential to, or already do, work with schools to support health promotion. This could include staff of the local hospital, community health services and public health units: school health; child, youth and family health; women's health; sexual health; dental health; mental health; health promotion; alcohol and other drugs; and Aboriginal health. A number of non government organisations and other services (such as Divisions of General Practice, NSW Cancer Council and Heart Foundation) also work with schools.

This policy has been designed to assist Area Health Services to achieve a better way of working with schools. It will provide useful information to the community sector and other organisations who also have an interest in engaging the health system in school based health promotion initiatives.

In addition, there are education personnel involved in school health promotion who would welcome the improved understanding among health workers of appropriate ways of working with schools, as a result of this policy.

### What is the policy aiming to do?

The policy aims to:

- Provide an effective guide for health system personnel who wish to develop health promotion with schools
- Ensure that work with schools is based on formally assessed evidence of better practice
- Advocate the value of a comprehensive and planned approach to school health promotion using a whole school approach
- Provide a mandate to change practices of health personnel from ad-hoc interventions, such as responding to requests for one off education sessions, to a more comprehensive, planned approach
- Increase awareness of the advantages of health and education personnel working in partnership
- Encourage partnerships for school health promotion with other key organisations.

### How has the policy been developed?

The early development of this document was undertaken by South Eastern Sydney Area Health Service and Northern Sydney Area Health Service. Their work included designing the process for the development of the document, conducting a literature review, running workshops and consultation sessions, as well as writing the initial drafts of the document. This work was overseen by a steering committee comprising representatives of the Health Promoting Schools Association, Area Health Services, and the health and education sectors.

The further development of the policy involved widespread consultation throughout NSW including Area Health Services, Non Government Organisations, representatives from the Association of Independent Schools and Catholic Education Commission, and senior officers from the Department of Education and Training, Student Services and Equity Programs and Curriculum Support Directorate.

In addition, consultations were undertaken within NSW Health, including the Nursing Branch, Centre for Mental Health, Drugs Program Bureau, Aboriginal Health Branch and Health Services Policy Branch.

# Background

## Why work with schools to promote health?

The last two decades have seen health promotion evolve from a focus on individual behaviour change to a broader view encompassing social, economic and other determinants of health. It is clear that health education alone has a limited effect on population health.<sup>2,4,5,6</sup>

People's health behaviours are determined by the context of their everyday lives.

Changes in health and health behaviours are more likely to occur when they are supported by changes in environments, public policy, community supports and community action. For example, sun protection behaviour is more likely to be prevalent where a school has adequate shade for children, teachers reinforce and support sun protection messages, sporting activities are held at times of lower sun exposure and the school has a policy of wearing protective clothing.

The World Health Organisation describes settings, such as schools, as places where 'people live, work and play'. It recommends the use of a settings approach for improving health. This emphasis has gained increasing importance, leading to the development of the World Health Organisation's Health Promoting Schools framework.<sup>7</sup>

Schools have been shown to have a major protective influence across a wide range of health issues for young people. Resnick<sup>8</sup> has noted that adolescents who feel that their schools care about them, and who feel that they belong at their school, are less likely to engage in risky activities than those who feel disconnected from their school.

Evidence of the benefits of working with schools to promote health has been well documented<sup>6</sup>. In 1996, the National Health and Medical Research Council's (NHMRC) Health Advancement Standing Committee reviewed the literature concerning health promotion in schools.<sup>2</sup> It concluded that:

*'...programs which are comprehensive, integrated and holistic, and which embrace aspects across the curriculum, the environment and the community, are more likely to lead to advancements in the health of school children...'*

The NHMRC report emphasises that 'one-off' health education sessions and strategies which do not recognise the interconnectedness of health issues are less effective. This confirms the growing recognition over the last decade that health education alone is unlikely to have a significant impact on health behaviour.<sup>6,9</sup>

"Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities."

*Ottawa Charter for Health Promotion  
(1986) WHO*

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## What are schools already doing?

St Mary's North Public School has been working with their local health service and community for a number of years. The role of health workers has been to respond to the needs of the school and community and to work with them to enhance their ability to address new health challenges. The partnership was initiated to develop a breakfast project, which is now managed by parents from within the school. Later, the school developed a nutrition policy that attempts to draw together curriculum initiatives, the breakfast program, and a school vegetable garden project.

In response to community needs and to support the development of literacy skills, the school has worked with the local Neighbourhood Centre to provide computer training programs for parents. The school continues to pursue strategies to enhance links between the classroom, parents and community groups.

Consequently there has been an emergence of and a commitment to a health promoting school framework or whole school approach.<sup>10,11,12,13</sup>

The practice of health personnel working with schools is based on an understanding that good health is linked to successful learning.

*‘The health of all those learning and working in schools is an important influence for effective education. The health of children and adolescents affects their ability and willingness to learn and to participate in the education process.’<sup>14</sup>*

There is considerable evidence that as education improves so too does health, and as health improves there is greater potential for learning. Educational attainment is linked to good health for life.

*‘In addition...an analysis of findings from studies of the relationship between health behaviours and educational outcomes indicated a strong relationship between poor health, and student educational outcomes (e.g. grades and classroom performance), educational behaviours (e.g. school attendance, participation in school activities, disciplinary issues), and student attitudes (e.g. self esteem, locus of control).’<sup>6</sup>*

## What is health promotion?

The Ottawa Charter for Health Promotion defines health promotion as:

*‘...the process of enabling people to increase control over and improve their health’*

This definition:

- recognises that social, economic, cultural, political and environmental factors such as poverty and unemployment can affect health status
- recognises that a sense of lack of control over one’s environment has a significant impact on health
- involves the population as a whole in the context of it’s everyday life
- focuses on the causes of health and ill health
- uses diverse combinations of methods and approaches such as the development of healthy public policy, the creation of supportive environments, empowering the community to take action, and developing skills
- can be applied at any level of health intervention: prevention, diagnosis, treatment, rehabilitation and palliative care
- recognises that partnerships across the community and other sectors are essential for sustainable change.

## What are we already doing?

The Central Coast Area Health Service is working in collaboration with a wide range of health workers and school personnel to develop a ‘Health Promoting Schools’ community. Their work concentrates on nutrition and incorporates a range of integrated strategies:

- **Healthy Public Policy**  
Promote and support School Canteen Guidelines and Accreditation processes. Promote hygiene legislation to canteens.
- **Create Supportive Environments**  
Work on health issues relevant to the schools to increase their understanding and commitment to health promoting schools. Utilise Canteen Accreditation and Health Promoting Schools Award Scheme for Nutritious Foods to reinforce and support change.
- **Strengthen Community Action**  
Increase ownership of health promoting schools approach by working with different schools each term to ‘host’ school canteen network meetings for canteen managers and volunteers. Also work with key school personnel.
- **Develop Personal Skills**  
Annual Inservice Day at TAFE; self reflection and learning through Canteen Accreditation process and Health Promoting Schools Award Scheme for Nutritious Foods. Network meetings and training for Canteen Managers and volunteers each term. Updates and training for teachers.

Evidence of effective health promotion practice shows that:

- particular settings (such as schools) offer practical opportunities for the implementation of comprehensive strategies
- participation is essential to sustain efforts – people need to be at the centre of health promotion action and decision-making processes
- health literacy fosters participation – access to education and information is essential to achieve effective participation and empowerment of people and communities.

## What is the relationship between health promotion and early intervention and treatment services in schools?

Health promotion is a *process* for achieving change and aims to make it easier for people to make healthier choices. While health promotion is primarily about population health (a universal approach), the process incorporates several principles and strategies (explained in the previous section) that can be applied across the whole health care continuum: prevention, diagnosis, treatment, rehabilitation and palliative care. One example of a continuum is provided for mental health care in Figure 1.



**Figure 1** The Institute of Medicine mental health intervention spectrum for mental health disorders (Mrazek & Haggerty 1994)<sup>15</sup>

Health promotion processes can be incorporated across this continuum:

### Prevention

Working at the *universal* level enables health workers and schools to have a greater capacity to impact on the health of *all* students, regardless of their individual risk of developing a disease or health problem. Within health promotion this is referred to as a *population* health approach. These initiatives can target all schools, or all students in a school or in a year. Examples of universal approaches are early childhood immunisation programs, initiatives to increase the range of shade options available within school grounds or efforts to increase the range of healthier foods available at school canteens.

### What are we already doing?

NSW Health has established School-Link to support schools and improve access to mental health care for school aged children.

A School-Link Coordinator will be appointed in each of the 17 NSW Health Areas. School-Link will strengthen relationships between schools and generalist and specialist mental health services while clarifying the pathways to care. Initially, the focus will be on government schools.

Counsellors and mental health workers will receive training in recognition and management of depression and related disorders. School-Link also aims to improve mental health and prevent mental health problems through specific strategies and programs.

## Selective

Selective prevention strategies are directed at particular groups who might be at risk. For example, schools may provide enhanced support to students who have experienced significant grief or loss. Or a particular anti smoking program may be developed with young women in areas where gender specific higher smoking rates have been identified.

## Indicated

Indicated prevention strategies are developed where there is a high risk of a particular problem to an individual. For example, a teacher might refer a student for assessment because they think the student might be having a hearing problem. *Early intervention* is another way of describing interventions for children at particular risk of developing a problem. Adolescents with early signs and symptoms of depression, for example, may need extra support from the school and other agencies in building resilience and developing coping strategies. Strategies may also include creating a more supportive environment by providing easier access to services for young people.

## Screening

While not specifically identified on the Mrazek and Haggerty continuum, screening fits within the three levels of 'prevention' or as a 'case identification' strategy. A universal program would screen all children regardless of risk. For example, some Area Health Services screen all children in particular school years. A selective program may include screening for scoliosis in pre-pubescent children, and screening in indicated cases would include screening for hearing or sight problems on the recommendation of a parent or teacher.

These programs are designed to identify children who have early signs of health problems. For screening or early identification initiatives to be effective, it is important to identify pathways to care, including roles and responsibilities for school and health staff, before identifying students with early signs of problems.

Health promotion processes can be used to enhance the impact of screening programs within the school environment. For example, an oral health (dental) screening program will have more impact if it is supported by other health promoting strategies such as increasing the availability of fresh fruit and vegetables.

## Treatment and maintenance

Health promotion strategies working at these levels of the continuum aim to improve the quality of life for children with health problems. They aim to ensure that all children feel equally connected to their school. Strategies will still be based around supportive environments, policy, community action and skills but the particular activities will be different. For example, the aim of a program developed to support children with asthma would be to minimise time away from school. This might include assisting schools to implement policies that enhance children's access to their asthma medication and support asthma emergency plans.

## What are schools already doing?

*Holy Family Catholic School* at Menai and *St Patrick's School* at Bondi are each working to address bullying within their school community. Both have been successful in their applications for a School Health Incentive Program grant from South Eastern Sydney Area Health Service to support their work.

Holy Family Catholic School identified bullying as an issue after a survey of year six class students indicated bullying was increasing. The school has formed a planning committee consisting of key teachers, health staff and a parent representative.

The project plan includes:

- A staff session to discuss the results of the survey and raise awareness of the issues
- A local expert to discuss bullying with parents
- A professional theatre group to present their two plays to all students in years K-6 to raise student awareness about the issue
- Placing inserts about bullying in newsletters to parents
- Integrating the bullying topic into K-6 PDHPE curriculum using scope and sequence
- Provision of appropriate reading materials/resources for teachers, students and parents in the school library
- Policy development with input from teachers, parents, and students.

St Patrick's Primary School at Bondi are implementing the Peer Support Foundation's 'whole school anti-bullying program'.

The key teacher for the anti-bullying program has attended an awareness raising session on bullying and the whole staff will have a three hour professional development session on implementing the project across the curriculum.

Other strategies will include:

- Linking the program to the schools' pastoral care policy
- Holding staff and parent meetings to discuss the inclusion of anti-bullying materials in lessons
- School 'Information Nights' will include information on the program
- Newsletters to parents will contain progress reports on the implementation of the project.

## What is a health promoting school?

The World Health Organisation <sup>7</sup> defines a health promoting school as:

*...a place where all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health. This includes both the formal and informal curricula in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health'.*

The health promoting schools framework (Figure 2) is one example of an approach which advocates that the curriculum, the physical and social environment of the school, and the 'school-home-community' interface are all used to promote health.

The school community has been defined as 'students, school staff, interested individuals and members of other agencies, including community organisations who work together to achieve the best education and personal outcomes for students'.<sup>16</sup>

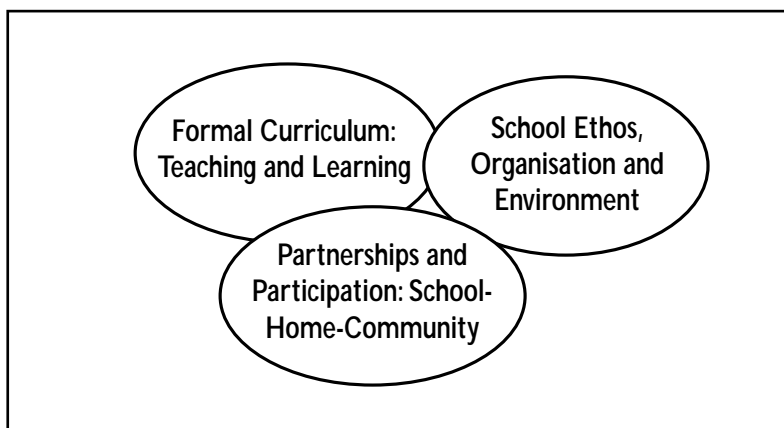


Figure 2 The Health Promoting School Framework<sup>2</sup>

A health promoting school is also described as a school '*constantly strengthening its capacity as a healthy setting for living, learning and working*'.<sup>7</sup> It focuses on creating health and preventing major causes of death, disease and disability by helping members of the school community to care for themselves, make decisions and have control over circumstances that affect their health and create environments that are conducive to health.

While not necessarily using the term 'health promoting school', education and health personnel have recognised the need for a comprehensive approach. Existing education initiatives in areas such as pastoral care, road safety and the disadvantaged schools programs have already made important contributions to the health of students.<sup>2</sup>

## What are schools already doing?

The Lewisham Meeting Place on Cadigal Land project is developing a 'green' space, bringing people together from other services and the community for learning and recreation. The project aims to encourage ownership, enjoyment and responsibility for the school programs and its grounds by the school and the local community. To make the school a safe place it was agreed that there needed to be an emphasis on positive behaviours and relationships that contribute to the wellbeing of the school, as well as on improving the school grounds.

Work emerging from the project includes:

- Developing conflict resolution and behaviour management skills based on the Restorative Justice and HIP (Help Increase the Peace) models
- Developing a school–community space, and services appropriate to the needs of students, their families and the community
- Developing the Lewisham 'Good Beginnings' partnerships to support student learning and social well-being. This includes working with a Community Liaison person and Aboriginal and Vietnamese cultural workers.

Within a health promoting school, the school community members (principal, teachers, parents and students) are the decision makers. The role of health personnel is to work in partnership with this group to identify and build on the capacity to improve health. Structures such as staff meetings, school councils and inter-agency meetings, for example, may become forums through which health issues of concern to the school community can be addressed.

## Qualities of effective health promoting programs with schools

Much of the literature reviewed in the development of this document was concerned with identifying the qualities of effective health initiatives with schools. Apart from stipulating that programs need to be comprehensive in content and concept<sup>2</sup> other evidence relating to the quality of health programs included:

- Adopting a holistic/comprehensive approach to health rather than separate issues <sup>2,8,17</sup>
- Incorporating the delivery of effective health education within the context of a broader school approach and the school ethos. This includes the physical and social environments and the links between home, school and community <sup>2,6</sup>
- Contributing to children feeling more connected to their school and the community <sup>8</sup>
- Ensuring that programs are continuous/sequential (throughout school years) and integrated into the curriculum (for example, not one off talks).<sup>8,11</sup> This also means teachers are best placed to deliver health education
- Basing health education components on the development of social competency <sup>2,8,17</sup> or action competence, using a range of student centred learning methods<sup>11</sup>
- Having clear mechanisms for review and evaluation of programs
- Involving students, staff and parents in programs, using a team-based approach<sup>2</sup>

## Building sustainability of health promoting programs

If health promotion initiatives are to be sustained beyond the involvement of the group who initiated the program, they must be integrated into the routine work of the school; and those responsible for the programs need to have appropriate skills and resources. The preferred approach is to develop policies, practices and structures to embed the fundamentals of a health promoting school into a school's routine operations.<sup>7</sup> Thus, the concept of the health promoting school is a way of working towards existing goals rather than additional responsibilities.

## What are schools already doing?

The 'Move it Groove it' project aims to increase primary school children's physical activity levels. It is managed collaboratively by the Northern Rivers Area Health Service, Southern Cross University and three local districts of the Department of Education and Training.

An important strategy within the project was the development of a 'buddies' system. Buddies are pre-service teachers from Southern Cross University who were specially trained and resourced in the area of Physical Activity and Personal Development, Health and Physical Education (PDHPE). They visited all intervention schools regularly for two terms and assisted them to implement project strategies.

After the first year of the buddies system, the university's school of education decided to make this scheme a permanent feature of the B. Ed course by offering it as an elective unit in the course. This means that every year there will be 15-20 students/pre-service teachers promoting PDHPE in local schools without any further funding from any source.

It's important to note that not all programs need to be sustained. What is more important to sustain is the experience of working on a problem and the ability this gives a group to respond to new challenges. Sustainability can also be thought of as investments in self-reliance, or in terms of flexibility and being open to change.

## Policy context

### Consistency with other key documents and policies

This policy reflects and supports a wide range of documents and policies, and in particular:

1. NSW Department of Health; NSW Department of School Education, Curriculum Directorate; Catholic Education Commission, NSW; Association of Independent Schools, NSW. (1996). *Towards a Health Promoting School*
2. NSW Department of School Education Student Welfare Directorate. (1996). *The Student Welfare Policy*
3. Commonwealth Department of Human Services and Health. (1995). *Drug education: Do It Together, school and agency interaction*. Canberra
4. Home Economics Institute of Australia. (1996). *Toward a Framework for Food and Nutrition Education in Australian Schools*. Funded by the Commonwealth Department of Health and Family Services
5. NSW Health Department. (1997). *Mental Health Promotion in NSW: Conceptual framework for developing initiatives*
6. NSW Health Department. (1998). *Caring for Mental Health: A Framework for Mental Health Care in NSW*
7. NSW Health Department. (1999). *NSW Strategy: Making Health Better for Children and Adolescents*
8. Centre for Mental Health, NSW Health Department. (1999). *Getting in Early. A Framework for Progressing Early Intervention and Prevention in Mental Health for Young People in New South Wales*. Draft discussion paper
9. Commonwealth of Australia. (1998). *Mental Health Promotion and Prevention National Action Plan. Under the Second National Mental Health Plan: 1998-2003*
10. NSW Health Department. (1999). *NSW Manual for Prevention in Child and Adolescent Mental Health*
11. NSW Health Department. (1999). *Young People's Health: Our Future*
12. Australian Health Promoting Schools Association for Public Health Division, Commonwealth Department of Health and Family Services. (1997). *Draft National Strategy for Health Promoting Schools 1998 – 2001*
13. NSW Health Department. (1999). *Strategic Directions for Health 1998 – 2003*
14. NSW Health Department. (1999). *The Start of Good Health: Improving the Health of Children in NSW*
15. Catholic Education Commission, NSW. (1996). *Student Safety in Schools – Policy Guidelines*

### Policy goals and objectives

#### Goal

To provide direction to the NSW health system in developing effective and sustainable approaches for working with schools to improve health.

#### Objectives

- To ensure work is based on formally assessed evidence of better practice
- To advocate the value of a comprehensive and planned approach
- To provide a mandate to change practice
- To provide an effective guide for practice
- To increase awareness of the advantages of health and education personnel working in partnership.

#### What are we already doing?

PIT-STOP, developed by Sylvania Community Health Centre Adolescent Alcohol and Other Drugs Counsellors, works in partnership with local high schools to provide an on-site clinical service to students during school time.

The project fits with the school's discipline and welfare procedures. It is also available for students who wish to self refer and links students to other Community Health Services.

This partnership with schools means that a section of the population that is notoriously difficult to reach, is offered an accessible service.



## Policy principles

### Principle 1

*Health personnel should employ a comprehensive and planned approach to health promotion using a whole school focus.*

In practice this means:

1. Recognising and valuing the pre-existing capacities of schools and the health initiatives they already have in place
2. Developing health promotion initiatives that complement and comply with NSW Health and Education sector policies, procedures and priorities
3. Being aware of policy directions from other Government Departments that may impact on school communities
4. Taking into account the physical, socioeconomic, cultural and religious aspects of the school community
5. Assisting school communities to effectively meet school health needs by identifying community needs and issues, and ensuring access to local Area Health Services
6. Assisting the school community with the development of their health related programs, policies and procedures. For example, supporting planning, and providing accurate and timely information
7. Working across the three areas of:
  - curriculum
  - policies and practices
  - school / home/ community/ and links to other services
8. Establishing clear objectives which are consistent with school plans and are supported by research.

### Principle 2

*Collaborative partnerships within school communities, and between school communities and others, facilitate the effective promotion of health within schools.*

In practice this means:

1. Developing initiatives in partnership with all relevant stakeholders such as school principals,

district staff, teachers, other school personnel, students and parents, Local Government, Non-Government Organisations, local businesses and other Government sectors

2. Developing programs that result in more effective, efficient and sustainable joint action in addressing health related issues
3. Developing effective working relationships and lines of referral and communication between the health and education sectors
4. Agreeing on mutual agendas, including joint planning and implementation, and participation in school based committees
5. Encouraging community ownership which is critical for successful collaboration, engaging community understanding and support, and adopting a community based approach to learning.

### Principle 3

*Health promoting initiatives within schools should aim to achieve relevant, measurable and sustainable outcomes.*

In practice this means:

1. Encouraging Area Health Services to provide a coordinated approach to work with schools across services and disciplines<sup>19</sup> thereby avoiding duplication of service provision
2. Ensuring the school community, not health personnel, manage health programs. For example, teachers are responsible for teaching classroom-based health education
3. Maintaining a relationship with schools by, for example, providing clinical consultancy and resource support, training teachers on specific health issues and providing relevant information for parents and the school community
4. Identifying possible partners, resources and expertise to sustain health promoting approaches within schools (organisational support, adequate resources, relevant skills and knowledge)
5. Working with schools to monitor and review the implementation and outcomes of health promotion initiatives in schools.

# Issues

## Current activity

NSW Health has a range of investments related to schools. These include:

1. Programs which contribute to the capacity of teachers to support health in schools. For example, 'School-Link' mental health program funding to support the development of pathways to care for young people with early signs of depression or related disorders, and grants to the Department of Education and Training and Catholic Education Commission NSW which contribute to drug education consultant positions and the professional development of teachers
2. Development of resources for use by schools. For example, a number of organisations, such as the AIDS and Infectious Diseases Branch produce resources that are often used by schools
3. Direct delivery of programs in school settings through Area Health Services. For example, Dental Health, Immunisation, Screening and Health Promotion
4. Collaborative development and delivery of mental health programs such as 'School-Link', and other specific programs such as Resourceful Adolescent Program (RAP) and Adolescents Coping with Emotion (ACE)
5. Providing a consultative role and funding to other organisations who support health education in schools. For example, Australian Nutrition Foundation, National Heart Foundation, NSW Cancer Council
6. Surveillance and research activities in schools such as collection of immunisation certificate data, or surveys to monitor health behaviours such as drug use or physical activity
7. Interagency committees, including the 'School-Link' Steering Committee, and the *Report on the Eating Disorders Project: 1993*.

Analysis of the current situation compared with identified principles of good practice revealed:

- that school programs funded by NSW Health need to reflect better practice
- resource development needs to be funded within the context of a broader strategy and in partnership with the education sectors

- resource development needs to be followed through and supported with professional development strategies
- investments by the health system need to be for holistic approaches rather than single strategies.

## Issues for NSW Health

### Coordination and consistency

One of the issues faced by schools is that many organisations and services with an interest in improving health see schools as the best point of contact to reach children and parents. In many cases, schools report contact from different parts of the health system from within one local area, and each contact has their own ideas about the best ways to work with the school.

This can lead to schools becoming frustrated with the health system's lack of coordination and consistency.

Staff within Area and other health services may be equally frustrated by the lack of information about who else within the system is approaching schools.

*Health personnel at policy and planning level have stressed the value of key figures and agencies working together on programs that would be more effective (due to coordination), more extensive (due to combined agency resources), more efficient (due to avoidance of duplication and overlap) and more likely to achieve specific education and health outcomes (due to a shared focus and agenda).<sup>20</sup>*

### What needs to happen?

Mechanisms need to be established at State and Area levels to support the development of collaborative efforts, and effective communication, referral and better co-ordination for working with schools.

### Need to strengthen understanding within health about the difference between education and health outcomes

Schools are often seen as the ideal setting for solving all of society's ills. There is a general view that if only we can educate children early, they will resist unhealthy choices and the community will be better off. However, this view ignores the wide range of factors that determine health and holds schools accountable for health outcomes that are far beyond their influence. Schools are primarily able to change

knowledge, skills and behaviours based on the formal curriculum taught in the classroom, and what children learn informally through the school environment and ethos.

### **What needs to happen?**

At the beginning of the development of a health initiative with a school, the program planners need to discuss and clearly define expected outcomes and appropriate methods of evaluation. They also need to decide who will be responsible for achieving each of the defined program outcomes.

Ongoing dialogue between the education and health sectors is necessary to build a common understanding of the language and processes of evaluation.

### **Invisibility of health promotion work**

While the results of projects within schools may be reported upon, the time and effort spent by staff in working with a school may go unrecognised or unrecorded. Area Health Service activity measures, such as 'occasions of service', are often used as a measure of staff effort, but they do not reflect the diverse activity of health promotion practice. There is increasing recognition of the need to identify process and outcome indicators for health promotion work, including work with schools.

### **Capacity to undertake health promotion initiatives**

Capacity building is an approach to the development of sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over.<sup>21</sup> Building the capacity of the health system to work with schools is crucial to the successful implementation of this policy.

There are three distinctively different ways to consider capacity building:<sup>22</sup>

#### **1. Health infrastructure or service development**

This refers to the development of an infrastructure or service to support health promoting approaches or programs. This usually refers to the establishment of minimum requirements in structures, organisations, skills and resources in the health sector.

#### **2. Enhancing program maintenance and sustainability**

This refers to the development of capacity to continue to deliver a particular program through a network of agencies, in addition to, or instead of, the agency which initiated the program.

#### **3. Fostering problem solving capability of organisations and communities**

The capacity of a more generic kind to identify health issues and develop appropriate mechanisms to address them, either building on the experience with a particular program or as an activity in its own right. Thus the capacity to address new health challenges, whatever those challenges may be.

### **What are we already doing?**

The Western Sydney Health Promoting Schools project commenced in 1992, and ensures effective coordination of school based efforts by the health system within the Western Sydney Health Area.

Two project officers support the project. A Reference Committee advises and sets directions for working with schools. It includes government and catholic school sectors, Health, Division of GPs, National Heart Foundation, Cancer Council of NSW, University of Western Sydney, and other agencies.

The Healthy Hunter High Schools project was initiated in April 1998. It offers high schools tailored health promotion resources, services and support to encourage the adoption of health promotion activities across six health issues (asthma, infection control, mental health, smoking, alcohol and sun protection). Currently 35 government high schools are involved and Catholic and Independent schools will soon be included.

The project resources schools across a wide geographic area and schools are contacted via a computer assisted telephone interview.

The project is managed by an advisory group of high school representatives and health staff, which meets several times a year.

### **Outcomes**

- schools are undertaking more effective health promotion actions
- the health service is more aware of that action is being developed and is able to tailor services and resources to meet schools needs.

Capacity building action involves the development of strategies across a number of key action areas: organisational development, workforce development and resource allocation. In addition, capacity building action is significantly enhanced by the quality of partnerships and leadership available to support programs or systems change.

### **Organisational Development**

Organisational structures and systems need to be established to reinforce and support health personnel working with schools. For example, this may mean work with schools is visible within accountability mechanisms such as performance agreements, budget allocations, reporting mechanisms and performance appraisal.

### **Workforce development**

Health personnel across the NSW health system need to become familiar with the content of this policy and have the skills and knowledge to implement the recommended guidelines for working with schools. Professional support is an important component in building the capacity of the health system to implement this policy. In particular, skills and knowledge are needed in understanding the school environment, working in partnership, communication, and project planning, implementation and evaluation.

### **Resource allocation**

Many human, financial and physical resources are already allocated by NSW Health to support work with schools to improve health. Implementation of this policy is likely to lead to a more effective use of existing resources by enhancing collaboration and coordination between health and education. Implementation of the recommended guidelines for practice will ensure that existing resources are being used to the best advantage by delivery of approaches that are jointly agreed by the health and education sectors as better practice.

### **Partnerships**

It is important to establish relationships with schools based on common goals. Health workers will need to acknowledge that a school's priority is to achieve education outcomes. They will need to consider how they can support teachers to promote health within this educational framework.

### **Leadership**

Within a capacity building approach health workers are seeking to foster the characteristics of leadership within programs and across organisations by developing and building leadership qualities in themselves and others.

## **What are health services already doing?**

NSW Health has a number of initiatives to support capacity building:

- The *Capacity Building Framework* which highlights key action areas and suggests strategies to achieve change
- The *Indicators to Help with Capacity Building in Health Promotion* which includes nine checklists to monitor and inform effective capacity building practice
- Dissemination research projects to gather stories of how the indicators are used and further test their applicability
- Capacity building pages on the NSW HealthWeb [www.health.nsw.gov.au](http://www.health.nsw.gov.au). Follow the links to the Health Promotion pages.

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Wentworth Area Health Service has a range of programs in place to build capacity within the health system:

- Health Improvement Committees involving a range of health professionals and other organisations
- Health Improvement positions to work with staff and management to support the development of health promoting approaches and initiatives
- *Seeding Grants Program*, to support the development of new initiatives and provide an opportunity to practice health promotion
- *Introduction to Health Promotion*, a Competency Based Training program available to staff from health and partner organisations
- *Program Planning Kit*, an easy to use planning support tool for use by health workers from all levels of care.

Leaders are people who:

- Search out opportunities to change and grow and experiment with leadership
- Enable others to act by giving power away, providing choice, developing competence, assigning critical tasks, and offering visible support
- Set example by behaving in ways that are consistent with shared values
- Engage, mobilise, inspire and team with other to make things happen
- Recognise individual contributions to the success of every project and celebrating team accomplishments regularly.

### **What needs to happen?**

An increased commitment to building the capacity of the health sector in its work with the education sector so that health outcomes for students in schools are enhanced.

This will require addressing each of the key action areas of capacity building: organisational development; workforce development; resource allocation and leadership and partnership development.

# Implementation

## Recommended strategies for action

- 1 The NSW Health Department is to ensure it has the appropriate mechanisms and structures in place for a coordinated and collaborative policy approach for work with the Department of Education and Training, the Catholic Education Commission and the Association of Independent Schools.
- 2 NSW Health is to ensure that this policy is reflected in all NSW Health directions that impact on schools, or any Memoranda of Understanding or similar agreements between NSW Health and other organisations, that include an intention to work with schools.
- 3 NSW Health is to ensure that for any initiative with education, personnel from health and education will first agree upon and clearly define expected outcomes, appropriate methods of evaluation, and responsibility for achieving each of the defined program outcomes.
- 4 Area Health Services are to ensure they have a coordinated approach within their system for contacting and working with the school sectors.
- 5 Area Health Services are to ensure mechanisms are in place to support collaboration and coordination between the health system and schools within their local area.
- 6 Area Health Services are to ensure that work with schools reflects this policy.
- 7 NSW Health, in collaboration with the Australian Centre for Health Promotion, Sydney University and the education sectors, is to develop a professional development program for health personnel and others on better practice in working with schools.
- 8 Area Health Services are to establish a mechanism to ensure that any staff working with schools have access to expertise and professional development in effective health promotion practice.
- 9 Area Health Services are to provide organisational support to their staff working with schools to improve health, by building responsibility for this work into appropriate business plans, staff job descriptions, performance agreements, performance reviews and workforce development strategies.

- 10 NSW Health, in collaboration with the education sectors, is to progress the development and testing of indicators for the assessment of the Health effort in the area of health promotion with schools.
- 11 NSW Health, in collaboration with the education sectors, is to ensure the establishment of mechanisms to monitor, evaluate and review the dissemination, implementation and impact of this policy.

## Responsibility for implementation

1. The Health Promotion Branch, NSW Health, will be responsible for communication about the policy and its dissemination within the NSW Health Department, to Area Health Services and to other sectors.
2. NSW Health Policy Units will be responsible for implementation of the policy in their associated policy domains.
3. Area Health Services will be responsible for implementation of the policy at the local level.

## Monitoring and review

The Health Promotion Branch, NSW Health will consult with relevant stakeholders in order to:

- support the development and implementation of mechanisms and tools to monitor quality practice by the health system in working with schools to promote health
- monitor dissemination, implementation and impact of the policy at the State and Area levels

Relevant stakeholders include:

- the Sectors of Education
- Area Health Service Directors of Health Promotion and Public Health
- relevant networks such as the Health Promotion Research and Evaluation Network
- Divisions and Branches within NSW Health
- other relevant Area based personnel.

# section 2

## The school context

### The broader school context

There are three broad education sectors: Government schools, represented by the Department of Education and Training; Catholic schools, represented by the Catholic Education Commission, NSW and independent schools, represented by the Association of Independent Schools.

Education outcomes mandated for students' learning in all schools are outlined in syllabuses. These are developed by the NSW Office of the Board of Studies for the six primary school Key Learning Areas (KLAs) and for a wide range of subjects under eight KLAs for secondary schools.

#### Key Learning Areas

##### Primary schools

- English
- Mathematics
- Science and Technology
- Personal Development, Health and Physical Education
- Human Society and its Environment
- Creative Arts

##### Secondary schools

- English
- Mathematics
- Science
- Languages other than English
- Technological and Applied Studies
- Personal Development, Health and Physical Education
- Human Society and its Environment
- Creative Arts

The KLA that encompasses the health component of the curriculum is Personal Development, Health and Physical Education (PDHPE). There are three syllabuses in the PDHPE KLA. These are the mandatory Years K–6 PDHPE syllabus<sup>23</sup> the mandatory Years 7–10 PDHPE syllabus<sup>24</sup> and the optional Stage 6 PDHPE course offered in Years 11 and 12.<sup>25</sup>

There is no mandated time for PDHPE in primary schools, however in government schools it is recommended that 120 minutes is dedicated to planned physical activity each week. In Years 7–10, it is mandatory for students to study PDHPE for a minimum of 300 hours.

In the framework provided by the syllabus, the various strands of PDHPE are integrated so that the relationships between personal development, health education and physical education are emphasised and there is a cohesive context for the study of lifestyle issues.

**Mandatory PDHPE syllabuses cover the following content strands.**

K-6	Yrs 7-10
Active Lifestyle	Active Lifestyle
Dance	Composition and Performance
Gymnastics	Growth and Development
Growth and Development	Interpersonal Relationships
Games and Sport	Movement Sense
Interpersonal Relationships	Movement Skill
Personal Health Choices	Personal Awareness
Safe Living	Personal Choice
	Promoting Health
	Safe Living

In Years 11 and 12, students have the opportunity to study PDHPE as part of the Higher School Certificate. In addition, *Crossroads*, a personal development and health course for Years 11 and 12, is mandatory for all senior students in government schools. It focuses on two issues that impact on young people's lives: relationships and drugs.

Syllabuses are organised into developmental stages, from Early Stage 1 through to Stage 6. Stages align with school Years. For example, Early Stage 1 is Kindergarten; Stage 1 is Years 1 and 2; Stage 2 is Years 3 and 4 and Stage 3 is Years 5 and 6.

## The education sectors

The following information describes the nature, structure and requirements of each of the sectors. Some of the information pertaining to government schools may well apply to other sectors of education. It is imperative that staff become familiar with the sector they are working in prior to approaching any individual schools.

### Government schools (Department of Education and Training)

The focus for government schools is on education outcomes for students, with an emphasis on literacy and numeracy.

There are more than 2,200 government schools in NSW with more than 760,000 students, and this represents around seventy percent of all school students in the state. There are 390 high schools<sup>1</sup>, more than 1600 primary schools, 65 combined primary and high schools and 75 preschools. There are 98 schools for specific purposes (SSPs), such as hospital schools, schools located in Juvenile Justice Centres, and schools for students with high level or multiple support needs associated with disabilities.<sup>2</sup> There is also an increasing number of senior colleges and collegiate education precincts or multi-campus facilities.

TAFE institutes are also part of the Department of Education and Training. There are 11 TAFE institutes and the Open Training and Education Network – Distance Education (OTEN-DE) which provides distance education courses for school-aged students.

Government schools are organised into 40 districts across the state. Each district has a Superintendent based at a District Office. The District Office also houses personnel who support schools in areas such as training and development, student services and curriculum. Each school is managed locally by the principal who is ultimately responsible for everything that happens in a school.

### Supporting schools

The Department of Education and Training supports schools in several ways, including the development of curriculum support resources and professional development activities. The syllabus documents and some curriculum support materials are developed by the Office of the Board of Studies. Providers such as the Cancer Council and Heart Foundation also contribute resources.

Some examples of areas where curriculum support resources have been developed are: drug education; road safety; child protection; physical activity and teaching against violence.

The Department also has a range of district curriculum consultants who work intensively with schools. These consultants focus on particular target areas such as numeracy, literacy and priority syllabus areas.

### How do government schools set priorities?

Each year the Department identifies a set of key strategic initiatives which reflect Government priorities. Schools use these statements to guide their own planning for the year.

Staff at the District Office are available to support schools in the implementation of their annual plan in ways which meet the needs of the whole school community.

### How do government schools make sense of health?

Schools contextualise 'health' both as part of the formal curriculum and as part of a whole school student welfare environment. This means that the school organisation, support structures, policies, and curriculum are all designed to enhance students' learning and well being. This approach corresponds closely to the health promoting schools model.

<sup>1</sup> Intensive English Centres, for newly arrived students, are located within 15 secondary schools.

<sup>2</sup> Students with disabilities are enrolled in the least restrictive environment possible. This may mean that they are integrated into a regular school setting (with support if necessary) or they may attend a support class at regular school.



### The formal curriculum

Schools address health education issues as part of the formal curriculum. PDHPE syllabuses provide the main focus for teaching and learning about health.

Other syllabuses may also address areas which are relevant to health eg Human Society and its Environment and Science.

### The informal curriculum

In government schools, Student Welfare is an umbrella term encompassing everything the school community does to meet the personal, social and learning needs of students. This includes:

- preventative health and social skills programs
- linking families to community support agencies
- identification of problems and early intervention
- providing opportunities for all students to enjoy success and recognition.

Each school develops student welfare practices to promote and develop the health, welfare and safety of students. Many health related issues such as dental hygiene, asthma management and playground safety are broadly addressed in this way.

### School staff with specialist support roles

Some staff members have specialist roles that support students in health related areas. These staff members include: the school counsellor; Itinerant Support Teachers for Vision, Hearing and Behaviour; or a Year Adviser for each Year group in secondary schools. Schools also designate teachers to coordinate specific areas of support eg, coordinating the learning and medical needs of a student with cystic fibrosis or head injury.

School counsellors are experienced teachers with post-graduate training in school counselling. They complement and enhance the work of teachers by strengthening schools' student welfare provisions and providing counselling and psychological assessment of students with specific needs. School counsellors have a 'centre' school and provide services to nearby schools.

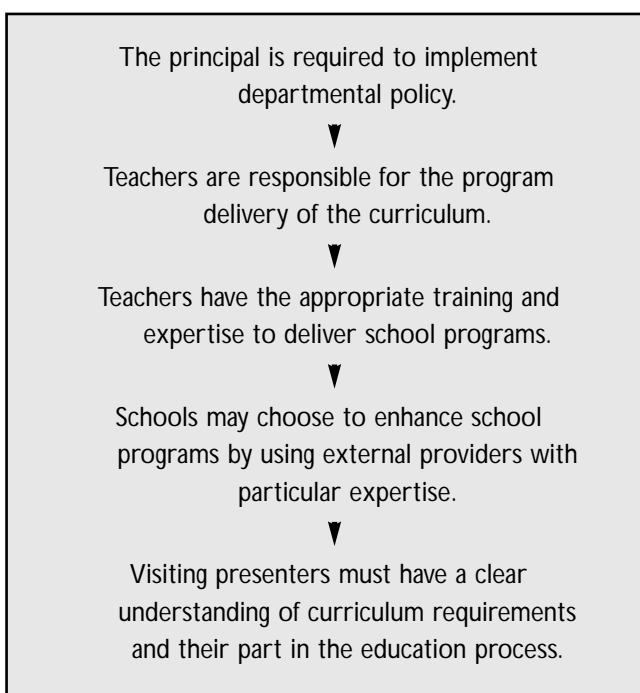
School counsellors are required to clarify with students and their parents what information is private and what they want to be passed on to teachers. In particular, school counsellors explore the understanding of the role of the school counsellor and the limits of confidentiality in every initial contact with a student.

In certain circumstances school counsellors are required to take immediate and appropriate action. These circumstances include those where the school counsellor has identified:

- threat of harm by a student to self or others (eg suicide or anticipated violence)
- suspected child abuse or neglect
- pregnancy of a student under the age of 16 years
- improper conduct by a school staff member or visitor.

### What do health workers need to consider before approaching schools?

The principal is responsible for the implementation of all programs in schools and as a first step, health workers need to consult the principal to gain approval to work with, or visit, staff or students in a school. Implementation of programs within schools usually follow the following steps:



Before entering schools, health workers should also be aware of important aspects regarding *the duty of care, child protection and improper conduct, equity, sensitive issues, training and development and research.*

1. The Department of Education and Training has a *duty of care* through its staff to students. The duty of care means that the principal needs to take reasonable measures to protect students against any risks which could reasonably be foreseen. The school's duty of care cannot be transferred to a community member or paid employee of another agency. This means that a member of the school staff will be responsible for the supervision of any activity with students which is conducted under the auspices, or name, of the school.
2. The Department has specific requirements in respect to *child protection*<sup>26</sup>. These requirements include the principal's responsibility to check the bona fides and qualifications of those who offer educational services to schools and the responsibility of all school staff to report cases of suspected child abuse, neglect or improper conduct of a sexual nature to the school principal. The principal must report these concerns to the Department of Community Services. Individual schools may also have particular practices related to the safety of students which need to be followed e.g. visitors wearing identifying badges. Improper conduct of sexual nature in government schools is described as:
  - inappropriate conversations of a sexual nature
  - obscene language of a sexual nature
  - suggestive remarks or actions
  - jokes of a sexual nature
  - obscene gestures
  - unwarranted and inappropriate touching
  - personal correspondence in respect to sexual feelings about the student
  - sexual exhibitionism
  - deliberate exposure of students to sexual behaviour of others, other than in the case of prescribed curriculum material in which sexual themes are contextual.
3. Schools are required to treat all students fairly and must ensure that their practices and procedures do not disadvantage some students. It is essential to have an understanding of the educational perspectives involved in *gender, Aboriginal and Torres Strait Islander education, multicultural education and anti-discrimination*, in order to plan curriculum and evaluation procedures which take into account the diverse interests and aptitudes that students bring to school.

4. Some issues by their nature are *sensitive* because different groups in the community hold divergent views about the roles that schools should take, e.g. child protection education or drug education. Other issues may be sensitive because of strong opinions held by particular groups within the school community, e.g. What kind of food should be sold in the school canteen? or What procedures should be followed in regard to pediculosis or 'nits'?

Schools establish close links with parents and school communities and are responsive to community expectations. Parents and the broader community must be made aware of the way an issue is to be addressed and, for some issues, active parent permission must be gained before students receive information. Parents have the right to withdraw their children from particular lessons in any subject area.

It is also important that potentially sensitive issues are not introduced as isolated topics, but are integrated into a unit of work and presented in a balanced way. There needs to be a context which will help students make sense of the topic in a way that is 'enlightening and not frightening.

#### **What is the schools' approach to training and development?**

All training and development initiatives in schools are planned, targeted and linked to management and school plans. Training and development for all staff members should contribute to improved student learning outcomes. There are three categories of training and development:

1. statewide initiatives, to address systemic priorities
2. school initiatives, which are developed to address Departmental and school priorities
3. individual initiatives, where staff members pursue their own ongoing professional development.

#### **What is the schools' approach to research?**

Research undertaken in government schools should have recognisable educational value to schools and their students and should not cause undue disruption to teaching and learning. Unless research is minor, or is confined to one government school, an application should be made to conduct research under the State Education Research Applications Process (SERAP). Details of this process are available from the Strategic Research Directorate of the Department of Education and Training.

It is also necessary to consult with the principal, who has the right to decline, or request modification of, research to be conducted in the school.

## Catholic schools

The Catholic education sector comprises 594 schools across 11 independent Dioceses in NSW with more than 223,000 students. This represents around 22 percent of all school students in NSW. There are 423 primary schools, 133 secondary schools, 32 that have both primary and secondary departments and six special schools. Approximately 539 schools are systemic, administered by Diocesan Education Offices, and 55 schools are congregational, or independent Catholic schools. These schools employ some 15,500 school teachers.

The Catholic Education Commission, NSW (CEC, NSW) is the state's representative voice for Catholic school authorities. The CEC, NSW is responsible for providing policy guidance and professional services which support Dioceses and congregational schools. CEC, NSW also acts as a point of reference for organisations seeking to contact NSW Catholic schools.

Health education is delivered in the context of the PDHPE KLAs and other KLAs where appropriate, such as Religious Education. The pastoral care program of a school also plays an important part in developing a safe, supportive, health promoting school.

The principal is responsible for all activities conducted in the school and health workers should seek approval from the principal prior to working with the school. For more information, visit [www.cecsw.catholic.edu.au](http://www.cecsw.catholic.edu.au), the CEC, NSW web site.

## Independent schools

There are approximately 400 Independent schools in New South Wales of many types, sizes, religious affiliations and educational philosophies. The Association of Independent Schools is a non profit organisation which seeks to confer with governments, both Federal and State, on matters that affect education generally and Independent schools in particular. It provides a range of services to its members including dissemination of information, political, legal and industrial advice and assistance with teaching and learning matters.

Anyone wishing to work with an Independent school needs to contact the Principal of the individual school rather than the Association of Independent schools.

## What are independent schools already doing?

The Scots College, Bellevue Hill Health Promoting Schools Committee is proactive in its attempt to reduce the onset of experimentation with drugs and in reducing the harm associated with drug use. Scots has adopted a 'whole school' approach, including the development of a comprehensive drug policy and a sequential drug education program for Years 6 to 11. Parents on the Health Promoting Schools Committee have made a significant contribution to the development of the school drug policy and the teaching and learning program. The committee is an appropriate forum for the expression of parental concerns regarding drug related issues. In 1999 a six week evening program for parents was introduced. The course will equip parents with information on a variety of drugs and provide strategies ranging from running a drug-free party to monitoring for sign of drug use. The real value however, lies in the exchange of ideas and concerns – and the establishment of an informal parent support network.



# section 3

## Policy guidelines

These policy guidelines have been designed to assist NSW Health personnel to better understand the education sectors and to complement the work of education in developing effective health promotion with schools in New South Wales.

### Getting started

#### How to build a health promoting approach into work with schools

For some health personnel, this policy may mean a change in focus from the direct delivery of health education sessions to students, to a more comprehensive approach. Therefore it is important to reflect on needs and implications.<sup>27</sup>

The following is a list of questions for health workers to consider when working with schools to improve health.

- Are you familiar with key documents about health in school, health promotion and health promoting schools? In particular, you need to be familiar with...
  - The Ottawa Charter for Health Promotion and the Jakarta Declaration
  - Department of Education and Training strategic directions
  - PDHPE syllabuses K – 6 and 7 – 10
  - Student Welfare Policy
  - Health Promoting Schools material
  - Controversial Issues in Schools policy
  - State Education Research Applications Process (SERAP)
  - Child Protection: Procedures for Recognising and Notifying Child Abuse and Neglect
  - Child Protection: Procedures to be Followed in Response to Allegations of Improper Conduct of a Sexual Nature by a Staff Member Against a Student.
- Are you familiar with relevant health staff in your Area who work with schools and have you discussed your ideas with them? You should talk to...
  - Health Promotion staff
  - Your Health Promoting Schools coordinator (if applicable)
  - Your *School-Link* Coordinator (based in Area Child and Adolescent Mental Health Services)
  - The Health Promoting Schools Coordinating Committee (if applicable).
- Are you familiar with the school personnel in your area? For example, if you are working with government schools, you should know the names of the...
  - District Superintendent
  - District Coordinator for Student Services and Equity Programs
  - District Coordinator for Training and Development
  - Support personnel in the relevant curriculum areas.
- What are the Department's priority areas for the year and what actions have government schools identified in relation to each area?
- What common ground exists between the identified needs for health and education? In particular...
  - Can schools be assisted by the early identification of health needs?
  - Can Health support schools in planning ?
  - Can Health expertise be used to support training and development for teachers in schools?
  - Is there a role for Health to support curriculum delivery in the schools?
  - Is there a role that Health could play in working with District Office staff to support schools?
  - How can Health assist schools to evaluate the results of programs or initiatives?

- Q Are you familiar with the processes used by school based committees to address issues?
- Q Have you thought about what the school needs from you in order to work together effectively? In particular...
- Familiarity with relevant school policies, syllabuses and processes
  - Familiarity with the major issues in the broader school community
  - Clarity about what you can offer the school
  - Contact with the principal and permission to work in the school
  - Fulfillment of any child protection requirements
  - Understanding of the school's strengths and areas of health need, or a process for identifying needs
  - Clear understanding of each partner's expectations and roles in the school
  - Clear understanding of the roles of staff members with whom you may be working
  - Commitment to the professional standards required for student contact
  - Clarity about each partner's time commitment
  - Negotiated outcomes for the collaboration
  - Identified systems to monitor progress toward outcomes.
- Q If you will be working with school counsellors are you familiar with their role? There may be times when this might impact on the development and implementation of a program.
- Q What skills might you need? Health promotion is often concerned with processes which might include negotiation and consultation, developing partnerships, planning and evaluation and presentation skills.<sup>28</sup>
- Q What are the implications for your work and your organisation? Be realistic when identifying the time, possible changes to routine working practices and any financial cost involved. Do you have support from your management or can you get it? What resources can your organisation provide? Who else could help?<sup>29</sup> (see *A Framework for Building Capacity to Improve Health*).
- Q How might you deal with a change in practice in your area? It would be important to negotiate about any changes. There may need to be a transition time to adjust to the new role.
- Q Who can provide advice and support? Suggestions are the NSW Health Promoting Schools Association, your local Health Promotion Service, District Education Office, or CEO/AIS equivalents for Non Government Organisations.
- Q Who are possible partners? Suggestions are education personnel, health personnel, other government organisations, non government organisations, service organisations and local business.

### An example of the process of developing a school's action plan.

- Collecting specific school data on the issue.
- Collaboratively developing a statement of practice and action plan for implementation for the school based on consultation with the broader school community, including the school's Parents and Citizens group and School Council. School plans usually include anticipated outcomes for students, strategies to reach the outcomes, the human and other resources required to undertake the strategies and the time-line for implementation.
- Identifying school personnel who can assist, for example: the principal; school executive; the school counsellor; co-ordinators or advisers of specific Years or groups of students; teaching staff; school administrative and support staff, including teacher's aides with particular expertise; students and parents.
- Identifying personnel outside the school who could assist, for example: Department of Education and Training district office staff; Department of Health personnel including community nurses; Department of Community Services staff; police; and community-based workers with particular expertise.
- Identifying the training and development needs of staff and parents relating to this issue.
- Incorporating feedback from the whole school community into the school's statement of practice and implementation plan.
- Developing monitoring and evaluation strategies.

- Q Who do you need to approach? If you are working at the local level it is imperative that you first talk to the school principal. Other suggestions are the district superintendent, education consultants, teachers, parents and students.
- Q Have you gathered background information about the school and the community. Do you need a community profile to identify health needs?
- Q Have you contacted the school principal and/or other key players and arranged a meeting to discuss ways of working together?
- Q What existing committee(s) in the school could provide leadership for initiatives in the longer term?
- Q Have you met with school staff and any other relevant people to explain how you can assist the school, using presentations or workshops where appropriate?<sup>30</sup>
- Q Have you identified examples of programs or initiatives which have worked elsewhere?
- Q Could you assist the school to identify health needs, develop a written action plan with expected outcomes, strategies, timeframe, roles and responsibilities?
- Q Are you prepared for the plan to change according to the needs and participation of everyone involved?
- Q If the program includes an early intervention or screening component, have you ensured that a 'pathway to care' has been developed from the school to a generalist health service, and through to specialist health services, prior to the commencement of any initiatives? This will include the development of protocols for management and the role of people along the pathway.

## What is your role within the health promoting school?

While classroom based health education is the role of the teacher, health personnel can play a valuable role in supporting schools with all elements of the health promoting school framework. It is important to note that the three elements are not separate but constantly overlapping and reinforcing each other. Below are some suggested ways that the health professional can assist schools to become more health promoting.

## The formal curriculum – teaching and learning within the classroom

Your role might include:

- being familiar with the Personal Development, Health and Physical Education syllabuses
- understanding the interconnectedness of health issues, e.g. nutrition, physical activity, road safety, drug education, body images, and bullying
- in conjunction with stakeholders such as teachers and consultants, assessing the additional health information needs of teachers
- working with teachers and/or consultants to provide timely and appropriate professional development on health issues
- assisting teachers to identify appropriate resources to support the PDHPE syllabus, e.g. those available from other agencies
- team teaching within a *planned* unit of work.

## The informal curriculum

This includes the school ethos, the physical and social environment and the policies and practices within the school.

Your role might include:

- being familiar with school policies which relate to health
- assisting schools with an audit of their health practices and the development of new practices if required
- identifying areas of need
- assisting schools to audit the physical and social environment
- assisting school communities to improve the environment where a need is identified
- contributing to the planning process
- identifying the health needs of school staff through surveys and discussion
- modelling healthy behaviours yourself and encouraging teachers to do the same.

## The links between the school, the home and the wider community

Your role might include:

- building effective working relationships with teachers, parents and other service providers
- providing school health services
- providing a pathway to care with protocols, and assessment and referral mechanisms to other health/welfare services
- providing a link between the school and other community agencies and resources
- engaging parents in the process
- identifying the need for and assisting in providing programs for parents on health issues
- reinforcing health messages taught in the classroom to the wider community
- providing information on health issues, through school newsletters, posters in the school or presentations at orientation day
- being sensitive to the socioeconomic, cultural and religious aspects of the school community.

## Monitoring progress

A comprehensive, planned approach has the potential to be more easily sustained over time than one-off health education sessions. Monitoring progress is an important aspect of this process. It will provide evidence to health service managers and the school sector to support continuation of any programs. In addition, health service and school managers will need to develop processes to monitor the quality of health promotion practice within the program.

### Monitoring the program

- Ensure the initiative and its evaluation are realistic and achievable.
- Develop a clear plan of joint action.
- Monitor the progress of the plan/initiative.
- Report on progress within the business plan structure.
- Develop ongoing evaluation and quality control measures.
- Record progress and results.

## Monitoring effective practice

- Include performance indicators for work with schools in job descriptions and performance reviews.
- Utilise *Competency Based Standards* to guide performance reviews and skills development planning.
- Utilise *Indicators to help with capacity building* to inform and monitor practice.

## Telling the world and spreading the word

Telling others about your successes (and failures) is important to build knowledge and commitment to the whole school approach among colleagues within NSW and beyond. In particular you need to:

- Record and report the results of your work
- Provide regular reports back to the school principal. In government schools, it is particularly important that the information can be incorporated into the school's own reporting process
- Share your work with colleagues at networks, professional associations etc
- Publish in journals and newsletters
- Join the NSW Health Promoting Schools Association and contribute to their newsletter
- Present your work at conferences
- Generate local media coverage whenever you can – use the Area PR person if available
- Write submissions for any available funding to expand what works
- Apply for awards
- Liaise with relevant personnel from your own Area who are members of networks such as the Health Promotion Research and Evaluation Network, the Capacity Building Network or the Health Promoting Schools Network.

*N.B. You will need to get the support of the school and where relevant, school authority or Department of Education and Training, before presenting in any way, information about school based initiatives.*



## Practical resources

There are many useful documents which can assist health personnel to adopt a health promoting school framework for their work with schools.

### Information about health promotion

#### **Program Management Guidelines for Health Promotion**

These *Guidelines* offer the reader a practical, uncomplicated approach to the complex task of program management. The authors have sought to produce a set of resources for practitioners in real situations where circumstances are never quite what you expect. The *Program Management Guidelines* aim to help the reader control the unpredictable, and to maintain a sense of purpose and direction as a program is planned, implemented and developed.<sup>31</sup>

#### **Evaluating Health Promotion – A Health Workers Guide**

This book is simple in design and layout, yet it provides a comprehensive and commonsense guide to the evaluation process, using well chosen examples to illustrate the key steps along the way. It provides the reader with a ‘user friendly’ guide to both the science and art of evaluation in health promotion.<sup>32</sup>

#### **Health Promotion Strategies and Methods**

This book aims to outline the different strategies and methods available in health promotion. It looks at the rationale for health promotion and examples of its success. The book provides an overview of theories of health behaviour and discusses strategies focusing on individuals, groups, whole populations and environmental adaptations.<sup>33</sup>

#### **Working together: intersectoral action for health**

This report, which was commissioned by the Commonwealth Department of Human Services and Health, takes some first steps to describe why the health sector is interested in working with other sectors to improve health, and to identify some of the conditions that are critical to the success of intersectoral action. It gives straightforward guidance

to practitioners and analyses the complex factors that are crucial to developing effective working relationships with other sectors.<sup>34</sup>

#### **A Framework for Building Capacity to Improve Health**

A practical tool to assist health promotion practitioners develop a better understanding of capacity building to improve health. In particular, it explains the three key dimensions of capacity building: infrastructure development, program sustainability and problem solving. It highlights the three key action areas for building capacity: organisational development, workforce development, and resource allocation. Two other key areas of support are also explained: partnerships and leadership. The report suggests a wide range of strategies to assist practitioners build capacity across each of these key action areas<sup>29</sup>.

#### **Indicators to Help with Capacity Building in Health Promotion**

This report on a project by Sydney University documents the most important work on capacity building within health promotion. The project and its outcomes have gained recognition both nationally and internationally. This initiative was funded by NSW Health and the project report includes nine checklists which were developed to assist practitioners to plan for and monitor their capacity building practice<sup>35</sup>.

#### **NSW Manual for Prevention in Child and Adolescent Mental Health**

This document provides a conceptual basis for developing, implementing, monitoring and evaluating mental health promotion and prevention programs and initiatives within a population health framework applicable to children, adolescents and families. The manual is designed to provide information and resources to guide the development and implementation of effective prevention programs and initiative in mental health for children, adolescents and their families<sup>36</sup>.

## Information about health promoting schools

### **Towards a Health Promoting School**

This resource gives practical advice to schools wishing to become health promoting schools. It provides case studies, checklists and other information to assist schools that are beginning the process, or that have particular health issues to address or that want to comprehensively review processes. The document will also assist community health professionals as they support school communities in this task.<sup>14</sup>

### **What Makes a Healthy School Community**

This booklet highlights some of the ways in which school communities can reap the benefits of becoming healthier, without having to take all the responsibility for doing so themselves or investing a great deal of time, money or other resources. It is intended for anyone in the school community who is committed to a healthy school community.<sup>3</sup>

### **Effective School Health Promotion, Towards Health Promoting Schools**

This NHMRC report is intended to inform debate and to further the progress of health promotion in schools in Australia. It provides clear recommendations concerning the types of investments likely to lead to measurable health outcomes. The report provides the health sector and schools information on the likely effectiveness of different approaches to health promotion.<sup>2</sup>

### **Health Promoting Schools – Making it Happen**

This manual provides a 'ready to use' workshop presentation of the Health Promoting Schools concept. It gives a framework to promote health in the school setting, to enhance the link between school, health, families and the wider community, and to improve the capacity of the target audience to take action to implement Health Promoting Schools initiatives. It identifies the target audience as health professionals, teachers, non teaching school staff, education consultants, parents, students and non government organisation representatives.<sup>30</sup>

## Information about education documents

A wide range of documents inform practice in schools. Health workers should refer to these when developing programs. Information about documents may be found on [www.det.nsw.edu.au/edusales](http://www.det.nsw.edu.au/edusales). Copies of some documents may be available from DET Sales and can be ordered by phone (02) 9822 7270 or fax (02) 9822 7511. Where documents are not available for sale the District Student Welfare Consultant can be contacted about their availability. Some examples of the health issues covered by guidelines and policies in government schools are:

- Administering medication at school
- Asthma management
- Child protection
- Communicable diseases
- Disposal of sharps found on school premises
- Handling of chemicals in the school
- Immunisation on enrolment
- Managing drug related incidents
- Measles immunisation
- Playground supervision
- Serious Incidents Guidelines, e.g. death of a student or staff member
- School counselling
- Aboriginal education
- Anti discrimination
- Dental screening
- First Aid
- Drug education
- Food available at the school canteen
- Gender equity
- HIV/AIDS education
- Physical activity
- Road Safety
- Safety on buses
- Safety of students and staff

## **DET Student Welfare, Good Discipline and Effective Learning**

These three documents form a policy package which together provides the mandatory framework for all government schools to address the health and well being of students.<sup>37</sup>

## **CEC Student Safety in Schools**

This document gives an overview of safety issues in Catholic schools.<sup>38</sup>

## **Personal Development Health and Physical Education K – 6 Syllabus Years 7 – 10 Personal Development, Health and Physical Education Syllabus Personal development, Health and Physical Education Stage 6 Syllabus**

These documents are produced by the NSW Board of Studies and are mandatory in all schools. The PDHPE Stage 6 course is an optional course for the Higher School Certificate. The PDHPE K – 6 and Years 7 – 10 syllabuses provide the health education framework for what is taught in schools.

## **Crossroads: A personal development and health education course for Stage 6**

This document was developed by the Department of Education and Training and is mandatory for students in Years 11 and/or 12. The document focuses on two adolescent health issues: relationships and drugs.

## **Towards Wholeness**

This document was produced by the Catholic Education Commission and provides the Catholic perspective of teaching personal development and health education in Catholic Schools. It complements the Years 7,8 – 10 PDHPE syllabus.

## **Useful Web sites**

### **NSW Board of Studies**

[www.boardofstudies.nsw.edu.au](http://www.boardofstudies.nsw.edu.au)

### **NSW Department of Education and Training**

[www.det.nsw.edu.au](http://www.det.nsw.edu.au)

### **Catholic Education Commission:**

[www.cecsw.catholic.edu.au](http://www.cecsw.catholic.edu.au)

### **Association of Independent Schools of NSW**

[www.studentnet.edu.au](http://www.studentnet.edu.au)

### **NSW Health**

[www.health.nsw.gov.au//public-health/health-promotion](http://www.health.nsw.gov.au//public-health/health-promotion)

### **Australian Centre for Health Promotion**

[www.health.usyd.edu.au/achp](http://www.health.usyd.edu.au/achp)

### **Australian Health Promoting Schools Association**

[www.edfac.usyd.edu.au/projects/ahpsa/index.html](http://www.edfac.usyd.edu.au/projects/ahpsa/index.html)

### **Queensland Health Promoting Schools Association**

[www.qed.qld.gov.au/about/health/home.htm](http://www.qed.qld.gov.au/about/health/home.htm)

### **Deakin University and Vic Health: Health Promoting Schools**

[www.sofweb.vic.edu.au/hps/](http://www.sofweb.vic.edu.au/hps/)

### **Victorian Health Promoting Schools Network**

[www.vichealth.vic.gov.au/hpromsc](http://www.vichealth.vic.gov.au/hpromsc)

### **ACHPER – Australian Council of Health, Physical Education and Recreation**

[www.achper.org.au/](http://www.achper.org.au/)

### **World Health Organisation**

**– School Health – Health Promoting Schools**

[www.who.int/hpr/](http://www.who.int/hpr/)

### **The European Network of Health Promoting Schools**

[www.who.dk/tech/inv/hps.htm](http://www.who.dk/tech/inv/hps.htm)

### **Association for the Welfare of Child Health**

[www.nepean.uws.edu.au/awch](http://www.nepean.uws.edu.au/awch)

### **Association for the Welfare of Child Health Library, University of Western Sydney, Nepean**

[www.tdm.com.au/awch.htm](http://www.tdm.com.au/awch.htm)

## Sample letter to a principal

Dear \_\_\_\_\_

\_\_\_\_\_ Health Area is investigating ways in which we can assist schools to promote health issues within the community.

We are aware from research and experience that changes in health are more likely to occur when they are supported by changes in environments, and developed within the context of people's everyday lives. There is also considerable evidence to suggest that as education improves, so does health. And, as health improves, there is a greater potential for learning.

There are many local health services which can and do support schools. These include:

- child and family nurses
- public health advice
- sexual assault services
- drug and alcohol services
- multicultural health services
- dental health
- occupational therapy
- speech therapy
- child and adolescent counselling
- community dietitians and nutritionists.

We are interested in working with your school to develop a planned and comprehensive approach towards health promotion (*or a particular area could be inserted here*).

Collaborative partnerships between health and education will help to ensure that specific health issues are not treated in isolation and that effective use is made of expertise, resources and support services.

As a first step, we would like to meet with you and/or other key staff members to discuss how we can best work together towards sustainable health and education outcomes.

I will contact your office in the next two weeks to make arrangements to discuss this with you. In the meantime if you would like more information please feel free to contact me by phone on \_\_\_\_\_ or email \_\_\_\_\_.

Yours sincerely,

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