

**FINAL DRAFT**

**NATIONAL ACTION PLAN FOR HEALTH PROMOTING SCHOOLS**

**1998 - 2001**

**Developed by the Australian Health Promoting Schools Association  
for the Public Health Division, Commonwealth Department of Health & Family Services**

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## **Preface**

The National Strategy for Health Promoting Schools recognises the unique opportunity provided by the school setting to promote lifelong learning, health and well being. Good health and successful learning are mutually supportive. Australian schools across the government, catholic and independent sectors have adopted the health promoting school framework to assist the management of health issues and to promote well being for the school community. The framework is also acknowledged as the preferred mode of operation of key partners investing in child and youth health and education.

The purpose of this National Strategy for Health Promoting Schools is to create environments which strengthen community action by applying health promoting school principles and processes. The aim of this Action Plan is to provide a coordinated, collaborative response to the issues identified in order to support all school communities.

This Action Plan has been shaped by the understanding and ownership of health promoting schools demonstrated by Australian school communities. The suggested strategies reflect the issues identified from national research projects and extensive consultation at national, state and local levels and are intended to consolidate and extend current practice. The range of strategies acknowledges the varying levels of development reached by states and territories, as well as school communities. The actions can be interpreted to fit a the state/territory context, reflect local agreements and agency priorities.

The Action Plan acknowledges, and is written for, the many partners active in health promoting school initiatives as well as those with the potential to be involved. The key partners referred to in this action plan include federal, state and local government departments, particularly in the education and health sectors; parent organisations; teacher and student groups; national and state health foundations; non government health organisations; peak associations; health promoting school networks and organisations; medical and health care professionals; professional associations for education and health workers; the tertiary sector and potential research partners.

Ideally you will be able to identify strategies which complement the core responsibilities and priorities relevant to you or your agency. Generally, specific organisations have not been referred to; rather the strategies have been written in a way which offers guidance to future planning and work with health promoting school communities. The strategies are organised in Key Result areas base on the priorities identified by research and consultation conducted during the development phase. The Action Plan is written in accordance with the health promoting school principles presented in the National Strategy.

Finally, the Action Plan aims to promote the best use of limited resources by providing a framework for funding criteria, school based action and intersectoral collaboration. The Action Plan provides guidance for initiatives over a four year period to create coordinated and sustainable support for health promoting school communities.

**Key result area**      *Advocacy, promotion & publicity*

**Outcome** Awareness at all levels of the education and health sectors, and in the general community, of the health promoting school framework via the National Strategy and current areas of activity.

Australian school communities acknowledge the challenge faced daily to identify and manage the health issues which students and families bring to the school. Schools report the health promoting school framework enables a coordinated and effective response to key issues which impact on their school community. Publicising the benefits of the health promoting approach demonstrates the commitment of school communities in all states and territories to educating the whole person - intellectually, socially, mentally, physically and spiritually. Sharing strategies and collaborating on joint initiatives enables schools to draw from the pool of current health promoting school practice, avoid duplication and bring groups with similar needs together.

The strategies suggested create opportunities for key partners at national, state and local levels to identify and confirm the areas of the health promoting school concept which resonate with their values and support their core business.

**Key result area**      *Advocacy, promotion & publicity*

**Outcome**      Awareness at all levels of the education and health sectors, and in the general public, of the health promoting school framework via the National Strategy and current areas of activity.

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
1. Endorsement of a National Strategy by the Federal Minister for Education and the Federal Minister for Health	1. Proceed through appropriate endorsement channels eg <ul style="list-style-type: none"> <li>• DEETYA and CDHFS to prepare briefings for respective ministers;</li> <li>• Public Health Partnership Working Group;</li> <li>• MCEETYA &amp; CSECEO;</li> <li>• representation to minister by key partners</li> </ul>	1 <ul style="list-style-type: none"> <li>• AHPSA in collaboration with CDHFS and DEETYA .</li> <li>• Key partners, eg ACSSO &amp; APC, NGOs communicate support to Federal Health &amp; Education Ministers</li> </ul>	1. Federal intersectoral endorsement of National Strategy	1. June 1998 <ul style="list-style-type: none"> <li>• High</li> </ul>
2. Endorsement of National Strategy by the State Ministers for Education and Ministers for Health	2. Proceed through appropriate endorsement channels <ul style="list-style-type: none"> <li>• MCEETYA &amp; CSECEO;</li> <li>• key partners representation to ministers</li> </ul>	2. AHPSA, state/territory networks & key partners	2. State intersectoral endorsement of National Strategy	2. By Dec 1998 <ul style="list-style-type: none"> <li>• High</li> </ul>



Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
3. Appointment of a Health Promoting School Coordinator in each state & territory	3. Identify state/territory appropriate staffing models and enabling factors. Explore appointments via appropriate state/territory channels and time frames.	3. State and territory health promoting school networks collaborating with key partners	3. State and territory coordinators positions created, funded and filled	3. To be negotiated at state/territory level
4. Raise awareness of the national strategy with key stakeholders and interested parties	<p>4. Identify opportunities to publicise the National strategy &amp; Action Plan, eg</p> <ul style="list-style-type: none"> <li>• brief organisations &amp; key decision makers</li> <li>• via existing &amp; complementary networks,</li> <li>• media contact supported by to guidelines drafted by AHPSA</li> <li>• electronic and print publications</li> <li>• presentations at national and international conferences</li> </ul>	4. Key individuals, partner organisations, agencies and networks	<p>4. Agencies who receive briefing information implement &amp; contribute to the health promoting schools framework</p> <ul style="list-style-type: none"> <li>• Guidelines are drafted by AHPSA, trialed and implemented</li> </ul>	<p>4. 1998 onwards</p> <ul style="list-style-type: none"> <li>• High</li> <li>• June 1998</li> <li>• High</li> </ul>



Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
5. Establish a national marketing strategy for health promoting schools	5. Convene a working party to develop a marketing plan linked to national, state and local activity, based on WHO Global School Health Initiative cost benefit analysis.	5. Coordinated by AHPSA working party with state & territory sub committee	5. Marketing strategy produced, trialed, implemented and monitored	5. June, 1998 • High
6. Document & disseminate successful health promoting schools practice from a variety of educational settings	6. Employ a wide range of strategies to reach a broad audience of key partners, related agencies & potential funding bodies, eg  • national & territory health promoting school and related newsletters • HEAPS database • AHPSA website • Annual publication edited by AHPSA made available through appropriate libraries • via a clearinghouse of relevant literature & successful practices • AHPSA annual conference • interagency meetings	6. AHPSA and state/territory networks in collaboration with key partners	6. Individuals & originations can access documented health promoting school practice, ideally form a context similar to their own.	6. Long term  • Medium

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
7. All States and territories conduct forums for sharing good practice, continuing discussion and debate	7. Arrange joint forums to enable intraorganisational & inter organisational transfer of health promoting school practice	7. Key partners collaborating, eg AHPSA & peak associations, parent associations, NGOs, health promoting school networks	7. Success measured according to aims set by joint initiative partners	7. 1998 ongoing • Medium
8. Key partners adopt a public advocacy function to promote the health promoting school concept	8. AHPSA and state/territory health promoting school networks liaise with relevant partners to • advocate at national, state & territory levels • respond to national, state or local issues • disseminate strategic information • share advocacy experience.	8. AHPSA and state/territory networks liaising with key partners, particularly parents associations.	8. The health promoting school concept is widely understood and applied in national, state & local government & non government programs	8. Ongoing • High

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
<p>9. Recognise the centrality of good health to the successful operation of schools</p>	<p>9. Stage 1 Advocate health promoting school frameworks with school management via existing programs, national principal associations, education sector policy, school based networks, identify communities operating within the framework.</p> <p>Stage 2</p> <ul style="list-style-type: none"> <li>• Work with schools to develop management plans</li> </ul>	<p>9. National, state &amp; local health promoting school networks liaising with, federal education sector, national peak associations and state education sector policy makers</p>	<p>9. School management plans acknowledge school community health and allocate resources for school based health promotion activity</p>	<p>9. Stage 1 - advocacy 1998</p> <ul style="list-style-type: none"> <li>• Stage 2 Manag't plans 1999</li> <li>• High</li> </ul>

**Key result area**      *Partnerships, collaboration, & networking*

**Outcome**      Transparent and accountable partnerships based on mutual benefit for key partners, cultural diversity and differing values, the sharing of expertise, skills and resources.

Australian schools have a history of developing partnerships with parents, local service providers, funding and research partners to achieve their educational mission and create safe, supportive learning environments. Collaborative initiatives between education and health sectors, particularly at state and local levels, actively supported by parents, have significantly progressed the application of the health promoting school framework in recent years.

Successful whole school approaches to health promoting school activity stem from partnerships based on mutual benefit. The partnerships may initially be within the school's internal organisation, and ideally will link with agencies in the school community to broaden the resource pool the school draws from. Partnerships enable consistent and accurate educational messages to be delivered in the school, at home and in the local community. Partnerships form the basis of a whole school approach.

Establishing, operating and maintaining intersectoral partnerships is time consuming, but is cost effective when it results in prioritising future actions, the efficient allocation of limited resources and in the sharing of expertise. Each partner needs to be clear about their aims, capacity and roles in a partnership. Schools have an important interface with the local community and partnerships increase sustainability by creating a sense of 'local community history' for future players to draw on.

**Key result area**      *Partnerships, collaboration, & networking*

**Outcome**      Transparent and accountable partnerships based on mutual benefit for key partners, cultural diversity and differing values, the sharing of expertise, skills and resources.

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
1. Explore existing funding structures with a view to form collaborative partnerships to advance health promoting school development	1. AHPSA working party explores a variety of existing funding structures to identify <ul style="list-style-type: none"> <li>• possible models to support local and state intersectoral activity</li> <li>• processes which result in sustainable practice</li> <li>• potential partnerships in accordance with health promoting school principles.</li> </ul>	1. AHPSA working party to liaise with charitable foundations & organisations, health and education sectors and industry based agencies.	1. Local and state level activity is supported by sustainable and mutually beneficial funding structures	1. December 1998 <ul style="list-style-type: none"> <li>• High</li> </ul>

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
2. Promote intersectoral and intragovernmental agreements between key partners at federal, state and local levels to guide planning and action	<p>2a. <i>Federal level agreements</i> Public Health Partnership Working Group trials using federal - state processes to develop health promoting school criteria for funding school based health programs.</p> <p>2b. <i>State level agreements</i> Key partners liaise to identify appropriate areas of involvement, capacity, resources as a basis for intersectoral agreements, eg Memoranda of Understanding</p>	<p>2a. AHPSA to liaise with Public Health Partnership Working Group and states health sectors</p> <p>2b. State/territory education sector acts as a lead agency, supported by the health sector/health foundations, parent associations, health promoting school networks &amp; non government organisations</p>	<p>2a. Federal and state health sector planning and action integrates and implements the health promoting school framework</p> <p>2b. State and territory health promoting schools activity is coordinated and draws on expertise and capacity of key partners</p>	<p>2a. Progress reviewed June 1998</p> <ul style="list-style-type: none"> <li>• High</li> </ul> <p>2b. To be negotiated at state/territory level</p> <ul style="list-style-type: none"> <li>• State and territory determined priority.</li> </ul>

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
<p>3. Incorporate the health promoting school framework into relevant education program structures &amp; processes</p>	<p>2c. <i>Local level</i> Provide seeding grants for small health promoting school initiatives grants in the area of formal linking and networking between local partners</p>	<p>2c. Various, eg interagency networks, Health Promotion Units, Divisions of General Practice collaborating with school communities</p>	<p>2c. Partnerships at local level coordinate activity to avoid duplication of effort and enhance sustainability</p>	<p>2c. To be negotiated at local level</p> <ul style="list-style-type: none"> <li>• Medium</li> </ul>
	<p>3. Health promoting school networks and advocates secure advisory positions on relevant national, state and local working parties with the potential to influence policy development, program development and funding distribution.</p>	<p>3. Health promoting school network members; education sector consultants working with government and non government policy makers, program developers &amp; funding agents.</p>	<p>3. Programs of national, state &amp; local significance are developed within the health promoting school framework</p>	<p>3. Commence 1998 ongoing</p> <ul style="list-style-type: none"> <li>• Medium</li> </ul>

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
4 Agree to operate intersectoral partnerships within health promoting school guiding principles on collaborative activity	4. Communicate guiding principles on collaborative activity, drawn from the National Strategy, to intersectoral partnerships and networks for consideration and adoption.	4. AHPSA and all partners	4. Key partners report their interest and contributions are recognised during intersectoral collaboration.	4. Principles distributed January - March, 1998 • High
5. Disseminate information on good best practice models of intersectoral collaboration	5. Disseminate <ul style="list-style-type: none"> <li>• NHPSI research results on intersectoral collaboration</li> <li>• Research criteria for effective intersectoral collaboration</li> <li>• comparisons of Australian experiences with international case studies &amp; research</li> </ul>	5. AHPSA in collaboration with key partners	5. Information from Australian experience on intersectoral collaboration published and disseminated.	5. Continue to build on existing material • Medium

**Key result area**      *Policy development*

**Outcome**      Institutionalise the health promoting school framework in a variety of national, state and local policy forms developed by key partners, particularly the education and health sectors to promote safe and supportive learning environments.

A supportive policy environment which clearly articulates the health promoting school framework offers both theoretical and practical support to school communities. School activity stems from a value position, often expressed as a mission statement, which permeates school activity. Existing health promoting school policy supports the educational goals of school communities and offers a strategy for coordinating school activity.

The process of developing policy is an opportunity to identify core values, principles and operating procedures. Policy provides a rule of thumb to school communities - it formalises a process to assist schools identify key priorities, to allocate limited resources and monitor progress towards educational goals. It is also an opportunity to create partnerships between groups with mutual educational interests at national, state and local levels. Policy development is a critical factor in building ownership of issues and processes within the school community to improve student, staff and parent well being.

**Key result area**      *Policy development*

**Outcome**      Institutionalise the health promoting school framework in a variety of national, state and local policy forms developed by key partners, particularly the education and health sectors to promote safe and supportive learning environments.

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
1. Policy of key partners at sector level specifically articulates with, and promotes, the health promoting school concept	<p>1. Stage 1 Policy makers in relevant agencies are provided with examples of National Strategy principles to guide policy development at sector and local levels.</p> <p>Stage 2 Health promoting school principles are applied during</p> <ul style="list-style-type: none"> <li>• policy developments</li> <li>• review of existing policy</li> </ul>	<p>1. AHPSA working party in collaboration with State/territory health promoting school networks, education and health sector policy makers</p>	<p>1. Stage 1 Principles distributed to policy makers in key agencies</p> <p>Stage 2 Key partners develop and implement health promoting school policy</p>	<p>1. Stage 1 March 1998</p> <ul style="list-style-type: none"> <li>• High</li> </ul> <p>Stage 2 June 1998 onwards</p> <ul style="list-style-type: none"> <li>• High</li> </ul>
2. Key partners have access to a range of policy examples to support policy development	<p>2. Develop and disseminate examples of policies (national, state, local) which illustrate</p> <ul style="list-style-type: none"> <li>• a whole school approach;</li> <li>• an issues based approach to health promoting school activity.</li> </ul>	<p>2. AHPSA in collaboration with state &amp; territory health promoting school networks and relevant partners</p>	<p>2. Examples of national, state and local policy disseminated to key policy makers</p>	<p>2. Examples available from December 1998 and ongoing</p> <ul style="list-style-type: none"> <li>• Medium</li> </ul>



Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
3. Public Health Partnership Group endorse health promoting school framework for relevant health policies for young Australians	3a AHPSA liaises with Commonwealth Department of Health & Family Services to conduct a formal dialogue with Public Health Partnership Working Group  3b National strategy tabled with Public Health Partnership Working Group	3. AHPSA in liaison with Commonwealth Department of Health & Family Services and Public Health Partnership Group	3. Endorsement of health promoting schools framework by Public Health Partnership Group	3. In first 1998 PHP cycle  • High
4. Existing policy support for health promoting schools in sector documents acknowledged	4. Map and publicise links between existing public health and education policy advocating a health promoting school approach	4. National, State & Territory, Local interagency working groups	4. Results of mapping communicated to stakeholder policy makers and school communities	4. December 1998  • Medium

<b>Objective</b>	<b>Strategy</b>	<b>Agency Responsible</b>	<b>Measure of Success</b>	<b>Time Frame &amp; Priority</b>
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<p>5. Health promoting school policy development at all levels is informed by current practice &amp; research</p>	<p>5. Research findings and examples of successful practice from a variety of school settings are distributed to policy makers.</p>	<p>5. Coordinated by state &amp; territory health promoting school networks in collaboration with</p> <ul style="list-style-type: none"> <li>• school based personnel</li> <li>• research partners</li> <li>• sector specific policy makers at state level</li> <li>• federal &amp; peak association policy makers.</li> </ul>	<p>5. Findings of school based action research published and disseminated.</p> <ul style="list-style-type: none"> <li>• State and national policy reflects findings from research and practice.</li> <li>• School charters are developed within a health promoting school framework.</li> </ul>	<p>5. 1998 onwards</p> <ul style="list-style-type: none"> <li>• Low</li> <li>• 1998 onwards</li> </ul>
<p>6. Monitor the integration of health promoting school policies at national, state and local levels</p>	<p>6. AHPSA and state/ territory health promoting school networks target 2-3 organisations/agencies and work with policy developers to integrate the health promoting school concept and policy implementation</p>	<p>6. Health promoting school network and targeted organisations, eg education, health, NGO's, parent groups</p>	<p>6. Health promoting school policies implemented consistently at appropriate levels.</p>	<p>6. 1999 onwards</p> <ul style="list-style-type: none"> <li>• Low</li> </ul>

**Key result area**      *Seeking equity & valuing diversity*

**Outcome**      Availability of, and access to, information, resources and support to develop a community based, health promoting school approach to education

An individual's education and health status are inextricably linked. School communities strive daily to help individuals maintain optimal health to help them achieve their educational potential. Developing health literacy during the school years is a sound basis for lifelong well being and learning.

The health promoting school framework enables school communities to manage the health issues which impact on their school community. The flexibility of the framework acknowledges cultural differences and encourages regular review of resource allocation. It has been successfully implemented across a range of socio economic and population settings in Australia.

Seeking equity and valuing diversity are core principles underpinning the health promoting school concept. Each of the key result areas of this action plan should be read in conjunction with this section.

**Key result area**      *Seeking equity & valuing diversity*

**Outcome**      Availability of, and access to, information, resources and support to develop a community based, health promoting school approach to education

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
1. Prioritise resource allocation from non government and government agencies to areas and populations in most need	1. Key partners work with funding providers to identify criteria for & strategies to reorient funding for health promoting school activity to areas of most need eg rural and remote areas, outer urban developing communities, youth and indigenous populations	1. Key partners at national, state & local levels liaising with funding bodies.	1. Distribution of funds is based on criteria which recognises community or population disadvantage.	1. Criteria established by December 1998 • High
1a Australian health promoting school practice is informed by practice in indigenous communities	1a Fund research and implementation strategies employed within traditional and other indigenous communities which address differing cultural views (of health and education)	1a Indigenous communities in collaboration with a funding body and research partners	1a-1e • Research findings are published and inform health promoting school practice in a wide range of demographic settings eg indigenous and non indigenous communities;	1a 1998 onwards • High
1b Australian health promoting school practice is informed by practice in remote and isolated settings.	1b Fund research and implementation of health promoting school strategies adopted in remote and isolated settings	1b School based communities in collaboration with funding & research partners	isolated and remote communities.	1b 1998 onwards • High

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame
1c Gender health issues are addressed via a health promoting school framework	1c Fund research into and implementation of health promoting school strategies developed to address gender specific health issues	1c, d, e School based communities in collaboration with funding and research partners	• Research informs future funding allocation	1c. 1998 onwards • High
1d. Australian health promoting school practice is informed by practice in multicultural communities	1d. Fund research and implementation of health promoting school strategies adopted in settings with multicultural populations			1d. 1998 onwards • High
1e. Health issues of students with special needs are addressed via a health promoting school framework	1e. Fund research into and implementation of health promoting school strategies developed to address health needs of students with special needs			1e. 1998 onwards • High
2. Contribution of various partners made visible to health promoting school networks and broader community	2. Document the collaboration of partners in health promoting school initiatives via forums with an broad audience, eg at relevant national conferences	2. Key partners in collaboration with health promoting school networks	2. Involvement of key stakeholders regularly reported in public forums, eg publications, conferences, media coverage.	2. 1998 onwards • Medium

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
3. Students are able to access local community resources, agencies and services	3. Pilot community based approaches that enable, promote and support students in accessing local community resources, agencies and services	3. Pilot communities	3. Based on pilot project aims	3. 1998 onwards • Low
4. A cross section of key health promoting school partners are active on national, state and local intersectoral working parties	4. Monitor membership on intersectoral working parties to ensure equitable representation of key partners	4. National, state and local health promoting school networks	4. Relevant national, state and local working parties have diverse health promoting school representation	4. Ongoing • High

**Key result area**      *Workforce development*

**Outcome**      *Key partners, working within a health promoting school framework, report feeling supported by the organisational environment and are able to access necessary skills and knowledge*

Members of the work force will reflect the intersectoral nature of the health promoting school and therefore include school staff, parents and carers, students, health professionals and other agencies with an interest in developing social capital via the school setting, eg youth workers, juvenile justice, local government personnel.

The work force development strategies suggested in this section aim to encourage collaboration, community involvement in decision making and create a sense of ownership through whole school activity. Reflecting on current school practices from a health promoting school viewpoint helps identify the strategies which make school community members feel supported and valued.

The professional development strategies suggested here are based on organisational change principles, informed by school based practice. Incorporating a health promoting school approach into existing preservice and inservice programs; encouraging a team approach to professional development, including intersectoral teams; incorporating reflective practices through school based action research are some of the strategies intended to build capacity and engage a critical mass of the school community.

**Key result area**      *Work force development*

**Outcome**      *Key partners, working within a health promoting school framework, report feeling supported by the organisational environment and are able to access training for necessary skills and knowledge*

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
1. Individuals and organisation contributing to health promoting school activity are able to access quality training and training resources to operate in a health promoting schools setting	<p>1. Secure resources to deliver quality training, particularly preservice and inservice programs, using purpose specific training resources to increase the skills and knowledge.</p> <p>Training programs will be informed by</p> <ul style="list-style-type: none"> <li>• mainstream educational theory,</li> <li>• health promoting school research,</li> <li>• school based practice</li> <li>• and be process oriented eg develop skills in advocacy; negotiation; collaboration; whole school consultation.</li> </ul>	1. Agencies responsible for workforce development, particularly preservice and inservice training eg tertiary sector, education and health sector training consultants professional associations; health sector, supported by health promoting school networks,	<ul style="list-style-type: none"> <li>• Health promoting school principles built into 50% of existing training programs at tertiary, education and health sector levels</li> <li>• Increased health promoting school activity in participating school communities</li> <li>• A cross section of partners receive professional development</li> </ul>	<ul style="list-style-type: none"> <li>• January 1999 onwards</li> <li>Education &amp; health sectors</li> <li>June 1998 onwards</li> <li>• 6 months after training program</li> <li>• 1998 onwards</li> <li>• High</li> </ul>

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
<p>2. Sanction the place of staff well being in the workplace via the health promoting school framework</p>	<p>2. Situation appropriate strategies are implemented to promote staff well being eg</p> <ul style="list-style-type: none"> <li>• role descriptions recognise and refer to responsibility for health promoting school activity</li> <li>• work practices promote staff well being, eg scheduling of relief during peak periods</li> <li>• professional development addresses managing stress and occupational health &amp; safety</li> <li>• timelines permit consultation and committee work</li> <li>• committees are open to individuals with an interest in health promoting school initiatives</li> </ul>	<p>2. Key partner managers, unions, professional associations and school based personnel</p>	<p>2. Variety of indicators, eg reduced sick leave and workers compensation claims; number of community engaged in health promotion activity</p>	<p>2. 1998 onwards</p> <ul style="list-style-type: none"> <li>• High</li> </ul>

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
3. A critical mass of school community members engage in health promoting school training	3. School community members engage in professional development based on principles of cultural and organisational change, eg <ul style="list-style-type: none"> <li>• ‘teams’ of school executive and teaching members, parents, students and health sector officers, attend training programs</li> <li>• consensus generating practices,</li> <li>• reflective practices,</li> <li>• school based action research,</li> <li>• interactive teaching techniques.</li> </ul>	3. Professional development providers, health and education departments (federal & state), training agencies, unions, professional associations	3. Qualitative and quantitative work place changes reported, eg greater productivity, improved job satisfaction and involvement; a team approach is taken to school initiatives.	3. 1998 onwards <ul style="list-style-type: none"> <li>• High</li> </ul>
4. Health promoting school principles are incorporated into school management decision making and operating practices	4. Pilot health promoting school criteria as an integral part of school review processes and/or principal evaluation procedures	4. State & territory education sectors, HPS networks and research partners	4. Based on aims of pilot projects. Findings disseminated.	4. February 1999 onwards <ul style="list-style-type: none"> <li>• Medium</li> </ul>

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
5. Workforce training in health and education sectors is informed by vertical (eg local to state) and horizontal (eg region to region) transfer of innovative practice	5. Document and disseminate health promoting school strategies employed by different sectors to recognise innovation and facilitate transference <ul style="list-style-type: none"> <li>• within vertical and horizontal organisation levels</li> <li>• between sectors</li> <li>• between key partners.</li> </ul>	5. Education and health sector workforce development personnel supported by health promoting school networks including AHPSA	5. Innovative strategies used as training materials by training personnel in various sectors, eg student welfare, road safety education, community health consultants, school nurses	5. Based on state & territory timeline <ul style="list-style-type: none"> <li>• Low</li> </ul>

**Key result area**      *Curriculum development, implementation & evaluation*

**Outcome**      Links between curriculum, teaching and learning, school ethos and partnerships are made evident

A whole school approach reinforces the messages delivered by the formal curriculum. The key messages are incorporated across a number of curriculum areas, and also are evident in the school ethos and environment. Partnerships reinforce formal curriculum by carrying accurate messages to families and the local community.

Managing health issues in the formal curriculum involves more than just delivering information. Centring curriculum within a whole school context, for example by using cross curricular methods, teaching to develop health literacy and forming partnerships, links the curriculum to students' lived experiences. The everyday environments students encounter provide excellent stimulus material for student centred activity which promotes health literacy. Teaching and learning experiences in the health curriculum area provide an opportunity to engage students who may slip through more traditional literacy approaches.

A whole school approach to curriculum development raises the awareness of the centrality of good health to the successful operation of schools.

**Key result area**      *Curriculum development, implementation & evaluation*

**Outcome**      Links between curriculum, teaching and learning, school ethos and partnerships are made evident

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
1. Develop curriculum programs based on the health needs of the school community and wider community	1. Education and health sector personnel collaborate to gather interpret and disseminate social, economic and epidemiological data to guide curriculum development	1. Health & education sectors, parent organisations, NGO health service providers	1. Curriculum programs reflect the health needs of the school community.	1. Dec 1998 onwards • High
2. Identify how schools currently develop teaching & learning programs that clearly link with the school ethos /environment and acknowledge partnerships with its community	2. Document various approaches to curriculum development within a health promoting school framework in light of school, teacher, student, parent and health sector experience	2. Sector level curriculum developers and school based personnel in collaboration with local health promoting school networks	2. Target schools evaluate curriculum using a health promoting schools framework	2. November 1998 onwards • Medium

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
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<p>3. Identify existing curriculum support for health promoting schools</p>	<p>3a. Establish and publicise links between existing national/state K to 12 curriculum documents and the health promoting school framework</p> <p>3b. Establish and publicise links with other educational initiatives eg middle schools projects; cross curricular programs; full service schools models</p>	<p>3a. Health promoting school networks in collaboration with state education and health sectors</p> <p>3b As above</p>	<p>3. Links publicised in national and state forums, eg newsletter, journals, conferences</p>	<p>3. Early 1998 onwards</p> <ul style="list-style-type: none"> <li>• High</li> </ul>
<p>4. Adopt a health promoting school framework in relevant national state &amp; local (topic specific) health programs</p>	<p>4. Health promoting school association representation on intersectoral registers and working parties to advocate a whole school approach to topic specific funded projects eg National Mental Health Strategy; AHPSA via DEETYA Quality Outcomes Program Register</p>	<p>4. National, state &amp; local project development teams in collaboration with HPS networks, federal departments, NGOs, national peak bodies, Government, Catholic and Independent education sectors</p>	<p>4. Relevant national and state education and health projects are developed within a health promoting school framework.</p>	<p>4. December 1998 onwards</p> <ul style="list-style-type: none"> <li>• High</li> </ul>

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
5. Reorient preservice and inservice training on health issues to curriculum within a health promoting school framework	5. State/territory based working parties collaboratively reorient education from a 'health issues curriculum development and implementation' approach to 'curriculum within a health promoting school framework' approach.	5. Intersectoral state/territory working party members collaborating with tertiary, education and health sector and other training personnel	5. Targeted courses reorient to an approach of curriculum within a health promoting school framework.	5. Dec 1998 onwards  • Medium

**Key result area**      *Research*

**Outcome**      Research will be conducted into key issues identified as critical to the future development of health promoting schools in Australia

In order for health promoting school activity to be understood, owned and shaped by the Australian school community, research is required into a number of areas. The data gathered in preparation for the National Strategy and Action Plan provides baseline data.

Collaborative research is required to reorient data collection systems in the health and education sectors to inform health promoting school activity. Examining outcomes of activity in a wide range of socio economic and demographic settings is essential to build practice based on evidence from the school context. Such research would explore the interpretation of key health promoting school principles, such as equity, participation and collaboration.

In combination with the key result area of *Monitoring & Evaluation*, research designed to develop indicators for child and youth health and the impact on learning; indicators of school organisational change and achievement of outcomes; and benchmarking of school practice, are key steps required to support school communities who wish to be health promoting.

Health promoting school research also provides a unique context for exploring research processes appropriate to school settings. Developing research partnerships with school communities extends the reflective and value driven health promoting school activity to provide evidence which informs national practice and future strategic planning.

**Key result area**      *Research*

**Outcome**      Research will be conducted into key issues identified as critical to the future development of health promoting schools in Australia

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
<p>1. Document current practice within a context of school, teacher, parent, <i>student</i>, health sector and other organisation experiences to inform future health promoting school activity</p>	<p>1a. Link with current educational research activities to:</p> <ul style="list-style-type: none"> <li>• establish the relative effectiveness of the domains of health promoting schools;</li> <li>• identify what minimum resources and services are necessary to establish HPS;</li> <li>• document examples of exemplary practice to define language and provide future directions for school communities at various stages of development.</li> </ul>	<p>1a. Research consortiums of funding bodies, research partners and health promoting schools networks as appropriate</p>	<p>1a. Publication and dissemination to all stakeholders &amp; impact on practice and future resource allocation.</p>	<p>1a. Staged research over the next three years</p> <p>### High</p>
	<p>1b. Identify additional research networks and funding sources.</p>	<p>1b AHPSA</p>	<p>1b. Dissemination of information</p>	<p>1b. End of 1998</p> <ul style="list-style-type: none"> <li>• Medium</li> </ul>



Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
2. Develop data collection systems for surveillance of child & youth health status comprehensively defined in the context of overall health sector and education sector information management	2. AHPSA to form ongoing links with appropriate bodies so that research objectives can be linked to data systems, eg link with the Australian Institute of Health & Welfare	2. AHPSA and appropriate bodies	2. Health status & linked educational outcomes influence resource allocation in both health & education sectors	2. 1998.-1999 • High
3. Develop national baseline data on key determinants of child/youth health and the impact on learning	3. Seek funding/support from the corporate sector to conduct regular surveys to identify and monitor key determinants of child/youth health compromising behaviours and related outcomes.	3. Corporate sponsorship, health foundations, charitable organisations, service clubs.	3. Health status & linked educational outcomes influence resource allocation in both health & education sectors	3. 1998 - 2001 ie 3 years • High

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
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<p>4. Fund research about the impact of school community factors on health and educational determinants, in the Australian context</p>	<p>4. Joint funding be provided by the key health and education funding bodies, eg NHMRC (PHRDC) and ARC collaborative grant, corporate sponsorship</p>	<p>4. University consortium from Health and Education Faculties</p>	<p>4. School factors identified as influencing health modified by activities of education sectors.</p>	<p>4. 1999 - 2001 3 years • Low</p>
<p>5. Fund research to establish the efficacy and feasibility of HPS concept.</p>	<p>5. Seeding grants to establish state/territory school based evaluation via school benchmarking</p>	<p>5. Corporate sponsorship, health foundations and service clubs.</p>	<p>5. State based funding based on national research findings.</p>	<p>5. 1998 - 1999 2 years • Medium</p>
<p>6. Form a user group/research advisory body to liaise with data collection agencies and relevant national &amp; state organisations to co-ordinate, link and advise on health research in schools.</p>	<p>6. Information is sought from Commonwealth &amp; State funding agencies, university groups &amp; Health Foundations about current and future research projects. Researchers invited to be members of an advisory body that suggests research priorities &amp; interpretation of data within a health promoting school framework.</p>	<p>6. AHPSA &amp; appropriate bodies</p>	<p>6. Advisory body established, research priorities communicated, research findings interpreted within an educational context.</p>	<p>6. 1998 - 1999 18 months • Medium</p>

**Key Result Area**     *Monitoring & evaluation*

**Outcome**     *Monitoring and evaluation of health promoting school activity at national, state & local levels*

The baseline data collected in preparation for this National Strategy and Action Plan forms the basis on which to make comparison, monitor progress and changes of strategic direction. Actively monitoring activity is relevant at national, state and local levels. The evidence acquired through longitudinal monitoring is required to demonstrate improvement in health and education outcomes.

Key partners have indicated a capacity for monitoring and evaluation, for their own purposes and also for the health promoting school community. Accountability issues are an important aspect of intersectoral collaboration. Participative monitoring and evaluation strategies will inform current practice as well as future strategic planning. Australian practice in health promoting schools is also of interest internationally.

**Key Result Area**    *Monitoring & evaluation*

**Outcome**    *Monitoring and evaluation of health promoting school activity at national, state & local levels*

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
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<p>1. Evaluate the cost effectiveness of various intervention strategies in the school setting</p> <p>2. Key health promoting school indicators be developed from current activity and 'learning' evidence to provide monitoring and evaluation tools and to inform health promoting school practice</p>	<p>1. Establish school benchmarking projects by securing financial support from appropriate funding bodies, eg National Health &amp; Medical Research Council, AIHW, Health Foundations</p> <p>2. Three stage research be commissioned to</p> <p>a) map current practice to identify indicators</p> <p>b) trial indicators</p> <p>c) implement on larger monitoring exercise as benchmarking activity</p>	<p>1. NHMRC with intersectoral working party</p> <p>2. Intersectoral working party supported by AHPSA subcommittee</p>	<p>1. On going collaborative research body for education/health research.</p> <ul style="list-style-type: none"> <li>• Production of annual/biannual report.</li> <li>• Future projects take up the results of this evaluation</li> </ul> <p>2. Funding criteria reflects the indicators that have been developed and trialed.</p> <ul style="list-style-type: none"> <li>• Percentage of schools using indicators</li> </ul>	<p>1. Project specific over 2 - 3 years</p> <ul style="list-style-type: none"> <li>• High</li> </ul> <p>2.</p> <p>a. Year 1</p> <p>b. Year 2</p> <p>c. Years 3 &amp; 4</p> <ul style="list-style-type: none"> <li>• High</li> </ul>
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<b>Objective</b>	<b>Strategy</b>	<b>Agency Responsible</b>	<b>Measure of Success</b>	<b>Time Frame &amp; Priority</b>
3. Pilot innovative evaluation approaches to health promoting school implementation at state and local levels	3. Seeding grants to establish state/territory school based evaluation projects	3. To be determined	3. State/territory based funding for pilot projects. Findings disseminated and integrated into future projects.	3. 1999 onwards • Medium
4. Utilise incentive schemes for recognition of progress towards becoming, and operating as, a health promoting school	4. Fund and evaluate incentive schemes tailored to state & territory context	4. State/ territory health sector, education sector and health promoting school network intersectoral working parties	4. Criteria for development of health promoting school applied across a variety of school settings	4. Based on state & territory timelines & priorities
5. Provide a mechanism for accountability to key stakeholders	5. Program specific evaluation methods include a feedback loop mechanism to key stakeholders	5. Funding agency communicates feedback expectations to program teams	5. Program specific audit tools are developed for use by school communities.	5. Program specific timeline & priority

Objective	Strategy	Agency Responsible	Measure of Success	Time Frame & Priority
6. Monitoring implementation of the National Strategy & Action Plan	6. Working group to develop evaluation plan. <ul style="list-style-type: none"> <li>• Review baseline measures currently available and recommend future data gathering</li> <li>• Long term longitudinal study.</li> </ul>	6. AHPSA	6. Evaluation conducted to ascertain type and degree of implementation of the National Strategy and Action Plan.	6. 1998 onwards <ul style="list-style-type: none"> <li>• High</li> </ul>