

**AN ANALYSIS OF
POLICY, PLANNING AND SUPPORT DOCUMENTS
RELATED TO
HEALTH PROMOTING SCHOOLS**

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Executive Summary

The purpose of this project is to

- review written material that specifically articulates the health promoting schools concept;
- review specific health issues policy that is framed within a health promoting school context; and
- review documents that impact on the school's ability to be health promoting.

The potential scope of the Audit is enormous, given that an argument can be mounted that almost any policy document can have a potential impact upon the human and physical ecology of the school and its community and its capacity to promote health in a physical, mental, spiritual and emotional environment. Some boundaries have therefore been constructed and these have centred around the holistic nature of the health promoting school concept and its multidimensional, multidisciplinary and multisectoral nature.

The objectives of the project are to

- document the current policy context;
- assess current strengths of written documents and provide guidance to strengthen future documentary support;
- identify health promoting school policy prototypes for future development for priority health issues; and
- critically assess current policy materials and provide options for developing policy support to the Strategic Planning Group.

This document is designed as a research report which will feed into the National Health Promoting Schools Strategic and Action Plans. It represents a systematic analysis of policy and policy-making, whilst also having a programmatic and action orientated perspective - within a relatively short report as required by the tender document. This report is part of a series of projects undertaken concurrently. As such, the value of this report is maximised in the full context of the findings of all reports in this series.

The report provides an overview of the current policy context and, through a process of triangulation involving a content analysis of the relevant literature, consultation with a core reference group, and data collection from a broader national group of informants, a series of critical issues have been identified from this context. The content analysis derived three broad categories:

1. documents that specifically articulated "health promoting schools" as a concept, as defined by the National Health & Medical Research Council (NHMRC) (1996) document;
2. documents that were consistent with the health promoting school concept using, for example, a holistic approach, but which did not specifically articulate a health promoting school;

The feedback from informants from across the country provided the evidence supporting the identification of critical issues which may mean that specific concerns, documents, initiatives, or developments may not receive the attention they warrant, particularly given the time frame and the data collection communication requirements. Nevertheless, the report is designed to look to the future and provide a solid foundation for on-going policy formulation and development and, to that end, aggregated overall trends are of key significance.

Again, in general terms, there is considerable confusion on what constitutes "policy", and also what constitutes a health promoting school policy specifically. This confusion confounds any strict categorisation of formal or informal policy development or implementation. Even the term "policy" is used in a number of different ways, as one participant, for example, put it:

One person's policy is another person's rule and another person's strategy .

This report has found a complex and unclear picture emerges regarding health promoting school frameworks and practices. A continuum appears to exist from those who clearly understand and adopt the holistic notions underlying health promoting schools and write them into policy - to those who have only an acquaintance with the concepts and framework as identified by the NHMRC (1996) core document. The report has reviewed health promoting school documentation relating to policy that runs in a continuum from specifically articulating and supporting the concept and providing plans or guidelines to assist in the implementation of such policies, to documentation which has a marginal or tangential relationship to health promoting school policy. Given the relative recency of the notion, such a continuum is to be expected. Nevertheless, what became increasingly apparent was that there was a mixture of relevant policy documentation coming from all levels, such as the (inter)national/state organisation level, the national/state NGO levels, the university and professional association levels and, possibly most clearly, from the local school levels, all with a more or less clearly articulated health promoting school conceptual framework. In the course of reviewing a substantial array of documentation the strengths and weaknesses of such documentation were revealed and incorporated into the body of the report.

Policy research indicates that the absence of a clearly articulated policy severely inhibits both the process of planning and the dissemination and utilisation of core concepts by a target audience. To facilitate the development of policy, this project includes a guiding process to develop policies which, in turn, would assist in the development of health promoting schools concepts at the sector level (See Attachment 4). Core processes are identified (rather than a pre-determined template) for future policy development, to provide clear guidance for future documentary support.

In addition to documentary analysis, this report suggests structural arrangements which could best support and strengthen the growth and development of health promoting schools policy. In summary, it recommends to the Strategic Planning Group a network of committees at the national, state, and cluster levels which would generate strength through mutual

Australia. To that end, the following recommended action areas are detailed in the final section of the document:

- Develop a progressive structure for uniting and promoting the health promoting school concept
- Improve communication and collaboration (genuine partnerships) between health and education sectors
- Develop progressive advocacy strategies for promoting the health promoting school concept, including policy development
- Promote balance in approaches to policy
- Promote understanding and use of a sound policy formulation procedure.

Part 1

Introduction

This project began in May 1997 as commissioned research through the Australian Health Promoting Schools Association (AHPSA). This relatively short, three month, project seeks to examine the current status of policy support provided to and through health promoting schools. The successful team of consultants comes from the QUT School of Public Health, Brisbane.

In accordance with the original tender brief (AHPSA, 1997), the purpose of this project is to review written material that specifically articulates the health promoting school concept, together with specific health issue policy that is framed within a health promoting school context, or documents that impact on the school's ability to be health promoting. The objectives of the project are to:

- document the current policy context;
- assess current strengths of written documents and provide guidance to strengthen future documentary support;
- identify prototypes for future policy development for priority health issues in a health promoting school framework;
- critically assess current policy materials and provide options for developing policy support to the Strategic Planning Group.

It is intended that the outcomes of this report and those of the related concurrent audits will be utilised in the strategic planning process of the Australian Health Promoting Schools Association at the national level.

Part 2

Method

In the early phases of this project, the following activities were conducted: scanning available literature and defining key terms, establishing the networks of key people, and deriving information from the networks. These activities were followed by analysis and synthesis of information via the networks, which was conducted in the context of the original NHMRC (1996) document and framework. Literature review was an ongoing activity.

Given the limited time frame within which to conduct the audit, the emphasis was on locating relevant documents and contacts rapidly. The project team encouraged a partnership approach to information sharing, through a modified Delphi methodology guided by a core Reference Group (see Attachment 1). The modified Delphi process offers rigour in refining and triangulating information yielded to maximise validity. Maximum use was made of the existing seminal NHMRC document; existing professional and social networks, as detailed in the Preliminary and Interim Reports; "snowballing" techniques; and electronic communication processes. Use of Email and fax effected rapid communication and feedback throughout the Delphi process.

The four main areas of activity relevant to the methodology are described below:

(i) Formation of a Reference Group

A core Reference Group consisting of the Project Management Team, together with the collaborating National Centre for Health Promotion, was established at the outset of the project. The Reference Group was supplemented by State/Territory Health and Education officers with specific interests in school health promotion, NHPSI representatives, together with nominated academics and external agencies, such as non-government organisations. Key international academics were also contacted and invited to participate.

(ii) The "snowballing" process

The range of informants encompassed health and education staff at all levels from bureaucrats to field workers to classroom specialists, the government and non-government sectors, universities, professional associations, local government, as well as youth and community support groups (see Attachment 1). Members of the Reference Group and other key players in each State were sent a questionnaire which asked about both the identification of key "knowledgeables" for further contact, as well as base-level information regarding relevant, publicly available, health promoting school oriented policy documents. Unpublished (e.g. in-house) but significant documentation was also sought. The emphasis was not only on existing policies but also policy development guidelines and other support materials (see Attachment 2). The documents collected represent relevant activity in all states and territories. In addition, visits to Sydney and Melbourne facilitated direct contact with selected key informants and also with members of the other audits and provided additional documentation

(iii) Literature search

To provide some overall context to the local information a document scan was conducted for major international reviews (excluding journal articles, as directed) to ensure that there was no unnecessary duplication of the work of the NHMRC Health Promoting Schools Working Party, but seeking supportive policy oriented documentation. Contact was made via fax and email with key overseas networks familiar with the Australian context, for example, with the Royal Danish School of Educational Studies and the European School Health Promotion Section of the International Union for Health Promotion and Education. Definitions of key terms were also clarified (Attachment 3).

(iv) Analysis and synthesis of content

In broad terms, the materials collected were subjected to a content analysis for coverage of the three core components identified in the precursor NHMRC document (curriculum; school ethos and environment; and partnerships and health services) and to identify additional components. The content analysis focused on three broad categories:

1. Documents that specifically articulated "health promoting schools" as a concept, as defined by the NHMRC (1996) document;
2. Documents that were consistent with the health promoting school concept using, for example a holistic approach, but which did not specifically articulate health promoting school;
3. Documents which were associated with health and schools, but which tended not to be holistic in approach but rather issue based.

Consistent with the Delphi technique, an important part of the project methodology was the provision of ongoing feedback throughout the duration of the project, specifically through the provision of a Preliminary Report and an Interim Report. The process of distilling major issues and determining analytical approaches relied on receiving feedback on both documentation and the process of analysis via members of the Reference Group, as well as selected key informants who were provided with developmental ideas and draft reports for comment. A consensus was developed through this process, whereby specific individual comments were aggregated to form a majority view. It should be emphasised that the report is based on an aggregated research process rather than relying on the views of any specific individual. The research also has to be placed within the very limited time frame required by the funders (AHPSA, 1997).

The NHMRC document framework

The NHMRC document *Effective School Health promotion: Towards Health Promoting Schools* provided "a summary of the available evidence concerning what constitutes effective practice for promoting health in the school setting" (1996:vi). It argues for the adoption of a more strategic approach to school health promotion programs with a more realistic emphasis on what the curricula can achieve; a more explicit incorporation of the health environment of

between the school and its local community and the health sector. The document states that the following Figure (Figure 1) is the framework which "is that of the health promoting school" (1996:63) and this framework provides guidance to the current audit.

Figure 1 -The Health Promoting School

Part 3

Theoretical Approaches to Policy Development

Analysis of policy frameworks and paradigms has been a primary focus for the literature review and also for confirmation in interviews and contacts with participants in the audit. The team has endeavored to explore the various potential purposes and philosophies relevant to selecting a certain policy development approach and appropriate methods and support for achieving policy development.

Some comment is appropriate, given the focus of this report on policy documentation, on the term "policy" and the significance of a supportive policy environment for the ongoing health and vigor of health promoting schools. Section 5.12, below, provides an evidence-based review of the need for policy, but at a more theoretical level there is a large body of literature concerned with the meanings of policy, its formulation, implementation and evaluation (Lowi, 1964, 1972; Bachrach & Baratz, 1963; Dye, 1972; Hecl, 1972; Easton, 1975; Gardner, 1992; Ham & Hill, 1993; Palmer & Short, 1996). The term "policy" is commonly used to refer to statements about objectives, goals and targets. A standard definition is that provided by Titmuss (1974) who sees policy as "a set of principles guiding action towards predetermined ends", a definition which has been elaborated and placed within an Australian health context by Brown (1992: 93). Such a definition provides a compelling reason for undertaking the present project. For current purposes, the focus is on public documentation intended to influence the community's health within a school setting.

While the term "policy" can be used in a variety of senses, such as general statements of intentions and objectives, or the aggregation of a set of previous decisions and actions, or as a set of standing rules intended as a guide to action (or inaction), this report is concerned with documented decisions which, to a greater or lesser extent, can be considered to articulate with the NHMRC (1996) framework for a health promoting school. Following Dye (1972:4), the significance of making a study of such policy is so that, in a professional sense, the causes and results of public policy can be understood and applied to the solution of practical health promoting school problems; and secondly, in a political sense, individuals within the school community can have an improved capacity to participate in an informed manner in discussions about introducing and sustaining a health promoting school policy at the local, state and national levels.

Various authors have identified elements of a policy making process (Ham & Hill, 1993; Palmer & Short, 1996, 23; WASH Project: "Promoting Health in Schools", 1996; Dunn, 1994, 17; Gardner, 1992). Dunn (1994, 15) claims that the policy-making process can be visualised as a series of interdependent phases arrayed through time: agenda setting, policy formulation, policy adoption, policy implementation, policy assessment. Palmer and Short (1996), articulate a similar broad sequential process in their stages of healthy policy making - agenda setting, research information gathering, allocation of resources to support policy development and implementation, policy formation, adoption, implementation, evaluation. They emphasise the broader issues of economic, cultural and societal influences which impinge on policy inputs

can be used as a template for illustrating the phases of policy development (see Figure 2, below).

In analysing health promoting school policy this project has found Dunn's (1994) model, in which three types of information and arguments can be gathered to inform a policy assessment, to be useful. The first, an **empirical** approach examines data and facts to describe the policy problem. For example, strong needs assessment would contribute to an empirical approach. The second is concerned with determining the **values and value assumptions** guiding a particular policy. For example, simply having a health promoting school policy may represent values because of a set of value assumptions about settings, environmental and personal approaches to creating health, and so on. In addition, strong rationale statements may contribute to the "valuative" approach. The third type, a **normative** approach operates principally through recommending a series of actions - in other words what should be done to achieve a certain goal. For example, it is common to see strategies described in school-based policy statements, or sets of tasks to be achieved in related action plans.

Figure 2: Appropriateness of policy-analytic procedures to different phases of policy-making (Dunn, 1994)

The three approaches to policy analysis described in Figure 2 are illustrated below:

Approach	Primary Question	Type of information
Empirical	Does it/will it exist? (facts)	Descriptive and predictive
Valuative	Of what worth is it? (values)	Valuative
Normative	What should be done? (action)	Prescriptive

to imagine all three approaches being utilised in complementary ways. However, in analysing both the participant feedback and the policy support documents it appears that schools have a predilection for the **normative** approach, which is consistent with the traditional action orientation of schools. One comment from a participant captures an impression of what is happening on the ground:

I think lots of people are addressing Health promoting school through actions without policy. At the health promoting school conference last year (1996) the extra day re: funding submissions etc., I was amazed at the lack of understanding of the key concepts. Schools need someone who is really committed to drive it, but endorsement from the top is what is really needed - plus advocates.

The **empirical** approach is evident in schools but not consistent, although more and more schools appear to be embracing the value of input through broad participation and partnerships, and comprehensive needs assessment. In terms of extending and enhancing the work of schools, appreciation of the **valuative** approach may need to be encouraged more. There may be advantage in supporting the preferred approach of schools (action/normative) and perhaps integrating the valuative dimension in ways which would not necessarily slow the momentum of the action approach. One way of doing this would be through encouraging schools to debrief and reflect at certain intervals to consider the core values and the worth of their work.

These approaches to integration of policy development processes and policy analysis procedures are significant in terms of influencing templates for policy development for health promoting schools. A recognition of the strengths inherent in this model, providing both an analytical and a developmental framework, should provide guidance to strengthen future documentary support for health promoting school.

Part 4

The Current Policy Context

Policy cannot be excised from other aspects of the health promoting school concept, such that much of the data gathered have implications beyond policy. Most policy examples emerged from government sectors at all levels or non-government agencies, with health tending to provide more financial resources than education, for example to support training programs in policy implementation. Within this primary pool, a few examples of grants or projects producing policy or support materials exist. A notable exception to general funding from health and education sectors was those states where health promotion foundations exist, such as in Victoria and Western Australia. These organisations are an important support to school based health promotion. However, in general, policy development tends to be incidental to the broader aims of proposals.

In terms of the overall context of a health promoting school and policy, the findings of this project concur with those expressed in "An Audit of School Based Health Promotion Across Australia" (Northfield et al., 1997, 4):

....The profile of health promoting schools varied greatly between states, with some having funded projects and identified staff, while others promoted the idea in a small number of schools or as a perspective that schools might adopt in addressing health issues.

In general it appears that the articulation of health and student welfare issues in schools is stronger (and more prevalent) than specific articulation of health promotion, which in turn is stronger than the health promoting school concept. A range of materials which directly or indirectly support health promoting school is available and is circulating in and around schools, such as in the areas of road safety or community policing, but health promoting schools may not be the banner under which these materials are considered. When it comes to progressing the health promoting school concept, this situation is problematic, for several reasons:

- In general health is not a high priority and a lack of government policy specifically articulating the health promoting school concept sustains its low profile, such that the term is seldom used on the ground or at the systems level - "If the Minister is not talking about it, nobody needs to be talking about it".
- The low (or at least inconsistent) profile of the health promoting school concept sustains the general perception that health, and specifically health promoting schools, is not very marketable for schools, and therefore (perhaps) not very important either. As initiatives gain exposure and profile there is often an associated spurt of interest in being on the wave: the "I'll have what she's having" phenomenon.
- Although the frequently espoused statement that a health promoting school is not new

lead to a perception that a health promoting school approach is not necessary: "We are doing it anyway".

To balance this picture, a number of key policy documents have been identified to help fill out the national picture in the light of the health promoting school framework identified in the NHMRC (1996) document quoted above. For example, there are a number of national, Commonwealth Government policies which refer to health education and which have an impact on the education sector's ability and capacity to develop, disseminate and make full use of the health promoting school concept. Such policies include The Health of Young Australians (AHMAC, 1995) - a national health policy for children and young people, the National Drug Strategy ("National Drug Strategy plan 1993-97", (1993)), the National Plan Initiative in Drug Education (Commonwealth of Australia, 1996), the National HIV/AIDS strategy 1996-97 to 1998-99 (1996) and the National Health Goals and Targets documents (Nutbeam et al., 1993).

Additional supportive initiatives have included the Hobart Declaration for Schooling and the National Statement and Profile for Health and Physical Education (Australian Education Council, 1994). Other national plans, such as the National Strategy for Preventing Child Abuse (1993) and the first National Mental Health Strategy (1994), carry implications for school based health promotion and prevention of ill health, although in the latter case service reform would appear to take precedence over the settings approach to prevention. In most cases, there is no explicit policy framework which matches the NHMRC (1996) health promoting school framework, however, linkages can be perceived, for example, in the Policy Principles detailed in "The Health of Young Australians" (AHMAC, 1995:25).

At state/territory levels, as indicated in Table 1, below, many government and non government departments or statutory authorities have developed policies with potentially supportive initiatives for school health education and health promotion for the entire school community. For example, Police/Community drug education guidelines, Memoranda of Understanding between organisational units such as the New South Wales Road Traffic Authority and education, and partnerships across levels of government to run road safety education programs. In addition, subordinate legislation provides support through such means as occupational health and safety guidelines, mandatory reporting of violence or various health screening initiatives.

A number of states' (e.g. Queensland, Victoria, WA, Tasmania, SA, and NSW) health and education sectors have made financial and material support available to sustain and advance the momentum in the health promoting school, or related, area. While such support has in some cases been minimal and not of a sustained nature, for example, on an annual funding basis, the commitment from across sectors has set a benchmark against which states and territories can measure themselves and record progress. At a policy level, there are intersectoral agreements supported by policy initiatives in a number of states, such as WA, SA, Tasmania and NSW.

Given the diversity of initiatives, as well as the extent to which such initiatives conform to, or

promoting school concept could substantially benefit from leadership, through policy initiatives and other mechanisms, at the sector level to unite and give recognition and credibility to the activities occurring on the ground. The complexity of national, state and local level arrangements where, for example, policy may be initiated at Commonwealth level, funding be provided at state levels and implementation take place through local level operations, makes the leadership requirement all the more significant.

The major ways in which policy and support materials for health promoting schools or health promotion in schools develop appears to be:

1. As a result of state government policy favour, and related activities (and funding) at the departmental and sector level (e.g. "Effective Schooling", "Supportive School Environments", smoke-free government buildings policies and legislation, occupational health & safety requirements, state Education Department policy statements regarding obligations of schools in relation to skin cancer prevention). Related activities include the appointment and activities of specialist consultants such as Key Learning Area Advisers, drug education specialists or special education consultants;
2. Through the activities of agencies external to schools at local levels (e.g. Australian Council of State School Organisations - Supportive Learning Environments, National Heart Foundation, Australian Health Promoting Schools Association and state Health Promoting Schools networks or associations, Asthma organisations, and *especially* through Health Promotion Foundations);
3. As a result of the actions of an initiator/"mover and shaker" in the school. Often the school-based initiator comes into contact with, or is identified by, department specialist consultants and a working relationship develops and
4. Through community based initiatives involving community agencies or health services and a school (or a cluster) with a local focus.

The order of appearance above seems to reflect the general support for these methods in practice. That is, well supported policy initiatives in areas of government favour are more common than alliances between local community agencies and a school or cluster. Furthermore, those issues which have strong support and clear policy at government levels, tend to have strong support across the sector, and also tend to have more consistent coverage at the school level than the issues without government support, which may generate a "budget driven" approach to health promoting schools. Examples include skin cancer and smoking prevention, and (until recently) heart health. The area of greening the environment is similar to smoking in that sustained pressure from the non-government sector has eventually resulted in a high profile and a position on the political agenda.

In terms of the framework identified in the NHMRC (1996) precursor document (curriculum, teaching and learning; school organisation, ethos and environment; and partnerships and services), these are not consistently applied in policy in general, apparently because a substantial proportion of health-related policies are not deliberately written in the health promoting school context. However, a number of states have documentation designed to

such as "An introduction to Health Promoting Schools in S.A.", "Towards a Health Promoting School" in NSW, and recommendations in the Tasmanian Health Education Review. Most states and territories have co-existing (generic) policy or directives which are independent of health promoting schools and which may or may not have links with health promoting schools. For instance, in South Australia "effective schooling", and in Queensland "effective teaching and learning" and in Queensland and Tasmania "supportive school environments" are examples of state education directives which co-exist with the generally less formalised health promoting school concept. Other examples include behaviour management policies, social justice and gender equity initiatives.

4.1 Overview of Health Promoting School policy context: Health and Education Sectors Across States and Territories

In summary terms, the following grid has been prepared to give a raw overview of health promoting school activity by states and territories, as participants described their own situations (Table 1). As a proxy measure for policy, the project team focused on identifying the intensity of support for health promoting schools formally, and informally, at state/territory government levels for health and education portfolios; for example through the existence of a Memorandum of Understanding (MOU) which refers to, or affects health promoting schools. As such, this simple grid represents a range of aspects of health promoting schools including policy, but probably does not reflect policy alone.

Table 1. Overview of Promoting Schools policy activity by states and territories

ACT	Term 'health promoting school' not commonly used; accepted as strategy within some key policies; Youth are identified as a focus target group in ACT Health Goals and Targets, and schools endorsed as a setting for health promotion; support for health promotion activities in schools
NSW	Formal acknowledgment; health promoting school is specifically articulated in syllabus documents; formal collaboration between Health and Government/Catholic/Independent education sectors and Education Board of Studies regarding a range of initiatives including health promoting schools; support for a School Health Education Agency Network; has produced introductory health promoting school publication. NSW health promoting school Association is active and has recently produced a feasibility study on health promoting schools award system. (Example: South West Sydney Area Health Service has supported the health promoting school project with information resources/strategic plan, business plan, newsletter and specific reports. health promoting schools is a major area of work in the Health Service.) This is the case in government/independent Catholic sectors in certain locale.
NT	Memorandum of Understanding between the NT Department of Education and Territory Health Services. A School Age Child Health Policy is being developed between the health and education sectors; specific policies have been written for schools; many of these are often implemented at school, regional and sector levels, through a health promoting school approach without formal recognition/acknowledgment that many of the practices are of a health promoting school nature. The Council of Government School Organisations has identified that family, school and community partnerships are essential for individual and population health and well-being. The 'healthy collaborative school communities' initiative has won widespread support.
Qld	No formal statement of support for health promoting school from Education, although health promoting school personnel and activities and State Network are supported by Education Queensland (EQ) which has a range of policies that support Health promoting school activities and initiatives (drug/HIV/AIDS

	<p>acknowledges health promoting schools as a priority, within the broader priority of children as a target group and has funded a health promoting school position and the health promoting schools Network since 1993. A Queensland government position is in draft form to be signed jointly by Ministers of Education and Health. No explicit endorsement of a health promoting school in new health and physical education syllabi being piloted in schools, although it is consistent with a health promoting school approach. Also, the Association of Independent Schools and Catholic Education Office, Brisbane, is a member of the Health Promoting Schools State Committee and ensures schools become aware of the health promoting schools program.</p>
SA	<p>Not formally acknowledged in Education policy, however all policies from Education are written <i>broadly</i> within a health promoting school/"effective schooling" framework; a range of activities consistent with health promoting schools in operation; have produced introductory health promoting schools publication, a joint initiative of the South Australian Health Commission (SAHC) and DECS is distributed to most schools and many health services and supports an interagency network. The Health Promotion Unit of the SAHC formally supports health promoting schools via its 'Strategic Planning Document' where health promoting school concepts form the basis of work. The SAHC currently (1997) supports two dedicated health promoting school project officers.</p>
Tas	<p>Memorandum of Understanding between Health and Education departments specific to health promoting schools; a range of formal collaborative initiatives integrating and/or consistent with health promoting school concept; Health Education Review clearly endorses health promoting schools; Education and Health Departments. support a dedicated health promoting school officer, integrated into syllabus development & related cluster activities; considered "in its infancy"; unfolding in 1998</p>
Vic	<p>Health promoting school, not evident in formal government policy, but projects supporting health promoting schools, e.g. 'Turning the Tide' - a Department of Education Drug Education program and the Youth Suicide Prevention program where health promoting schools is specifically mentioned. Victorian Health Promotion Foundation uses the health promoting school concept as a linking mechanism to maximise VicHealth funded projects, recently funding a long-term collaborative arrangement between Deakin University and Department of Education in a health promoting school project to establish an interactive network and to strengthen schools as healthy settings. Ground support strong with tertiary sector interest and growing health sector support. The health promoting school concept is supported by policies and ethos of the Catholic Education Office, but is not specifically named.</p>
WA	<p>Health promoting schools is supported by the Association of Independent Schools; several health promoting school projects undertaken and supported; support for the School Health Coalition of WA Inc. (which represents 49 health</p>

	which strongly advocates the health promoting school concept in its policies and curriculum material; has produced three health promoting school booklets available to all schools, and has been staffed within the Education Department. Coalition members sit on the School Drug Reference group, part of the School Drug Education Project, a health-education consortium. Many supporting policies are health promoting schools in nature but not specifically tagged as such, e.g. school development and school community processes.
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The National Health Strategy characterised overlapping, duplicating, and poorly delineated spheres of policy activity across jurisdictions as the "Australian Health Jigsaw" (NHS, 1991). The policy analysis conducted as part of this study serves to support such a view, finding that opportunities to grasp the holistic or comprehensive nature of the health promoting school philosophy have not always been taken and that instead policies have tended to emerge in isolation. Furthermore, the current policy context includes documentation across national, state and local jurisdictions relating to specific health issues or conditions (such as skin cancer, or immunization) which related to or impact upon the school setting, but which are not specifically articulated within a health promoting school framework. Likewise, school policy documents may not integrate the broader health service or environmental dimensions that typify the health promoting school framework (NHMRC, 1996:63).

Part 5

Findings: Issues Emerging From the Project

The following information and synthesis has been gleaned from a literature review, project participants and policy support documents gathered. The analysis of this information has been distilled here into a set of key issues:

5.1 Definitional issues

This project has examined the extent to which the education and health sectors specifically articulate the health promoting school concept at the formal level, and also the extent to which health promoting schools may not be specifically articulated, but activities or policies be consistent with the health promoting school approach. As many participants identified, the extent to which the health promoting school concept is specifically articulated is not the best indicator of activities or capacity which may be consistent with health promoting schools by any other name. The ongoing dilemma lies in sectors, or indeed schools "doing good things" but not necessarily under the health promoting school banner. The conscious linking and holistic characteristics of health promoting school are not necessarily evident, and may be a long way from "health promotion in schools". As one respondent put it:

Many schools are undertaking various health initiatives that would fit under the health promoting school umbrella but do not call them health promoting school.

Furthermore, there is considerable confusion on what constitutes policy generally (see Section 3, above) including the nature and meaning of policy, its formulation, implementation and evaluation, and what constitutes health promoting school policy specifically. This confusion confounds any strict categorisation of formal or informal policy development or implementation. Even the term "policy" is used in a number of different ways, as a member of the Reference Group put it:

One person's policy is another person's rule and another person's strategy.

The ambivalence in "classifying" health promoting school from other activity poses considerable difficulties in locating policies (and other materials or activities) of relevance to health promoting school. As such, verbal and written reporting may not reflect any direct reference to health promoting school per se. However, several elements of the health promoting school concept may be evident, although expressed in different ways. This project has included a range of materials related to health promoting schools, but which do not "specifically" articulate the health promoting school concept. Other policy documentation which is broadly supportive of a comprehensive, or holistic approach to health promotion in schools may exist, but have escaped collection. The ambivalence is captured in the following quotation:

One problem ...is that it has no boundaries given 'holistic' health promoting school definitions. From one perspective any assistance provided to schools could help them develop health promoting school policies, that is when the notion of health promoting school blurs into good schooling and the ... conditions that influence good schooling. This becomes a re-run of the good schooling debate which is to be applauded but at the level of the health teacher and even the health of the local school generally, at arms length from the sphere of influence. Less grandiose plans concerned with influencing the health curriculum and the physical and environmental health of the children provide a more structured focus for any response to the effectiveness of materials to assist schools to produce policies.

A related issue to emerge from this definitional dilemma is the lack of clarity regarding the scope of health promoting schools. This translates into confusion over whether health promoting school is a concept, a philosophy, or a plan (for example), and the role of state and national health promoting school associations.

While this is being worked through at a national, state and local level, debate continues at the international level and in the Asia-Pacific region. For example, a recent World Health Organisation definition is the basis for a number of initiatives in China and elsewhere. Through April and May 1995, WHO announced in a series of press releases that it was launching a Global School Health Initiative "to revitalise and enhance worldwide support for promoting health through schools" (1996e). The aim of this Global Initiative was to strive "to unite the diverse initiatives and resources of WHO programmes, the United Nations family and other relevant organisations in concerted efforts to promote the development of health promoting schools world wide". (WHO, 1996f)

In summary form, a recent representation of a health-promoting school (WHO, 1996d:viii) is as follows.

A "health promoting" school:

- fosters health and learning with all the measures at its disposal.
- engages health and education officials, teachers, students, parents and community leaders in efforts to promote health.
- strives to provide a healthy environment, school health education, and school health services along with school/community projects and outreach, health promotion programmes for staff, nutrition and food safety programmes, opportunities for physical education and recreation, and programmes for counselling, social support and mental health promotion.
- implements policies, practices and other measures that respect an individual's self-esteem, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievements.
- strives to improve the health of school personnel, families and community members as well as students; and works with community leaders to help them understand how the community contributes to health and education.

In practice, this approach has been interpreted, for example by the National Nutrition Education in Schools Project (NNE SP, 1996) as requiring:

- the articulation of the provision of appropriate school health and welfare services;
- the formal school health education curriculum;
- the creation and maintenance of a safe and healthy school environment and
- the involvement of families and the wider community in efforts to promote health.

5.2 Coordination issues

The value of a health promoting school as "an umbrella" framework for a range of activities operating in schools was a recurrent theme. Participants repeatedly stated that principles underpinning the health promoting school concept were not necessarily new, but provided a useful framework for identifying and organising activities around schools. As a matter of course, such discussions tended to centre around the difficulties of maintaining effective communication across agencies and sectors, as illustrated in the comment:

The absence of an over-arching framework for health promotion in school means that activity in this area is difficult to prioritise, plan, implement, monitor and evaluate...many [activities including research] are carried out ...in schools, however, there is no systematic communication loop...

Some useful mechanisms suggested by participants included coalitions or interagency networks which link all agencies working in schools, and also school clusters designed to provide local support for activities and interests. Such mechanisms could well provide a framework for more effective policy development and implementation. Indeed, HPSA (NSW) produces a directory of services which could be a useful coordination mechanism and the Queensland Health Promoting School (interagency/multisectoral) Network has supported joint policy development between the Health and Education Ministries.

The usefulness of a clearinghouse role for health promoting school networks was also identified. Such an initiative would be particularly useful in coordinating and updating information, policies and resources, as well as in general communications and is commented upon in Section 6, below. Supplementary mechanisms such as email networks and an interactive web page would also be useful. Agencies such as the Health Education Unit at Sydney University are well placed to assume such a clearinghouse role.

Developments in the national curriculum as identified and subsequently developed from the Hobart Declaration on Schooling, and profiles for health and physical education as developed for example through the National Statement and Profile for Health and Physical Education (which contains the goals of the Hobart Declaration), represent another opportunity for collaboration at the national level, and this initiative was intended to coordinate teaching and learning outcomes nationwide (Australian Education Council, 1994). Additional documentation providing the national health and, often by implication, education policy context includes the National HIV/AIDS Strategy, the National Initiative in Drug Education

1998-9. However, in reality, differences in the approaches taken by each state and territory jeopardise the opportunity to take full advantage of the "health promoting schools as an umbrella" notion. The health promoting school concept is not routinely integrated into state level education documents, and indeed only some education and health departments at the state level have formal policy statements which specifically refer to a health promoting school. It may be possible for a well organised national network such as AHPSA to provide a clearinghouse and coordination role in curriculum issues.

In terms of Australia's role in the Asia-Pacific region, it was noted that a number of individuals and organisations have played a central role in assisting the Western Pacific Regional Office (WPRO) of WHO to develop an important series of health promoting school documents (WHO, 1995a; 1995b; 1996a; 1996b; 1996c) to be developed and disseminated in the region. Together with consulting, training and continuing education activities, this has placed Australian health promoting school policy initiatives at the fore in this highly diverse group of nations. It is becoming increasingly important, however, for such leadership to be supported by clearly articulated health promoting school policy at the national and state levels. Such leadership is of major significance in terms of collaboration across national boundaries.

5.3 Collaboration issues

A useful mechanism identified through the project for supporting policy development (and other activities) included the value of formal collaboration at the sector level, for example between Education and Health departments in the form of a memorandum of understanding or joint statements. As indicated in Table 1 above, this is happening in a number of jurisdictions, such as Tasmania, the Northern Territory, and NSW. It was suggested as important that systems level policy be formulated and filter down, as well as grass roots level activity "filter up". Such links were considered important to sustainability and broad support for individual programs.

Two clear examples of the value of central, high level coordination of activities exist in smoking and skin cancer prevention. Both issues have benefited from high level advocacy and leadership which is not unrelated to considerable funding. It is perhaps significant that both of these are health "issues" rather than being related to a holistic or process policy orientation. Discussion of these two approaches takes place below, however, in terms of collaboration at the sector level. A dominant health issue appears to attract substantial political and resource level support. Indeed, one model of activity to emerge from the project was the "budget driven" model, meaning that the issues and activities (e.g. policy development) with a budget and perceived opportunities, are those that are picked up by schools. Unfortunately, there is some evidence as indicated in the quotation below, for the same issues being "dropped" and replaced by the next "flavour" when funding arrangements change.

..., in Victoria \$19M has been allocated to 'drug education' and therefore the school policy positions on health education and health promoting schools is strongly influenced by that

Schools of the Future Program and the new emphasis on funding autonomy.

As such, policy is not necessarily the logical starting point for schools, and the motivation for action whether in terms of policy or of any type, may lie in funding.

There is a wide variety of ways that health promotion is being implemented in schools. Often it appears that the first incentive is the offer of funding from an outside body, and then a project is developed. This may be with or without consultative needs analysis. There seem to be fewer 'whole school approaches' than the involvement of one section of the school community.

The idea of leadership coming from upper levels was also supported by the WHO Western Pacific meetings which went further to suggest establishing national health promoting school committees. Examples of similar committees exist in some Australian states. One function of such committees was suggested as establishing overall and specific health promoting school policies. The information needs of the committee in relation to policy were considered likely to include an appreciation of policy development, knowledge of existing policies including relevant government policies, and setting priorities. While the notoriety of committees for inhibiting rather than enhancing causes should be a consideration, the idea of high level leadership has the potential for progressing the health promoting school movement and also for supporting initiatives such as the interagencies networks or clusters in practical ways.

5.4 Policy formulation

Relevance of policy in practice

It became evident through this project that the existence of policy does not guarantee effective development and implementation. Perhaps because policy is not specifically stated (although implied) as one of the three core components of a health promoting school (curriculum; partnerships and services; ethos and environment), many of the documents and materials do not give details of how to implement a policy, although some states (such as S.A.) do include details of how to develop a policy. This observation was reinforced by participant input in which a recurrent theme was that schools often get involved in action, in the absence of clear or written policy. This includes examples where schools and communities go through lengthy and complex processes to identify priority action areas and to ensure broad collaboration, but may not address policy development. In addition, some political cynicism exists and this, along with over-stretched schedules, translates into a reluctance to adopt new ideas too early in case they go out of (political) favour. In sector terms, such reluctance may well be misinterpreted as a lack of enthusiasm.

However many project participants related stories of long-winded debates over what activity should take place and how it should be executed - which in effect constitute policy debates. Clear benefits were seen in providing leadership in policy and accessibility to specific policy orientation support, especially where school communities were struggling, with quite disparate opinions; for example, around emotive issues such as HIV/AIDS or sex education,

to user-friendly support materials and trained personnel were identified as integral, to overcome schools needlessly starting from scratch.

In some arenas, perhaps reflective of some cynicism about the value of policy and perhaps bureaucratic notions of what policy is, the strength of observations and general spirit of participant responses could go as far as to say that policy, be it at school, state or national levels, may not be necessary. This was particularly the case for those who felt that several health related policies already exist, and the health promoting school was more of a strategy for achieving elements of a policy. In other cases, it appeared that policy did not rate on the list of priorities nor in the list of tasks required to achieve the priority action. Advocating for an active and integral role of policy in health promoting schools at national, state and local levels is a clear opportunity.

Processes for policy development

Within the above broad framework of policy development options, at the micro level schools also have the options of a) adopting an existing policy; b) adapting an existing policy; c) creating their own policy using elements of a) and b); or d) starting from scratch. These options are seldom articulated in support materials. Where policy is discussed in support materials, there is a tendency to assume that the reader already knows what a policy looks like and why it is necessary; for example, the sections or headings to include and why. There is seldom reference to the relevant sections to include in a policy document, or options for the policy template. However, the inclusion of a sample policy in some instances somewhat addresses this gap. On the other hand, some excellent assistance is provided by the relatively few support materials which do offer step by step approaches and/or sample tools to assist in the process of policy development; for example in some of the skin cancer and smoking resources. Some states have undertaken extensive discussion on the issue of providing example policies, although a warning note was sounded by one respondent:

Example policies that are simply copied by other schools bypass the process yet it is important to provide some support. The idea of policy templates with key questions and a suggested layout is good. Example policies may become self fulfilling and limit the development of better policies by schools as time goes on.

5.5 Policy target groups and workforce development

The target group/s of the policy document tend to be limited to students, although students are seldom involved in developmental processes. While the foundation documents provided by groups, such as WHO and the NHMRC (1996) document, refer to the relevance of policy to staff, parents and other community members, the majority of policy support documents overlook this opportunity. For example, teachers and other staff are not generally included in school based policy documents as benefactors or otherwise affected by school policy. In this regard there seems to be two types of policy documents; the official departmental policies and school based policies. The former tend to be official departmental policy which affect teachers and also students (e.g. union issues, occupational health and safety issues, duty of

they may well form the boundaries within which a school undertakes the process of becoming a health promoting school. The latter generally refer to how students are to be treated or affected by certain practices or policies adopted by the school (and seldom refer to staff). These may be written in the context of a health promoting school, but are not consistently so.

One by-product of the narrow focus of target groups or lack of coordination of many school policies, is that important issues such as teacher professional development often go without formal policy support or budget allocation, and occur in ad hoc rather than coordinated ways.

There is some evidence that areas of professional development which are (at times) well resourced, such as drug education, may compensate for a general lack of planned professional development - such as by "piggy-backing" a number of issues onto one workshop or meeting. While this brand of ingenuity is to be commended in many ways, it can also result in dilution or confusion on important issues because they are buried among others or addressed in superficial ways. Pre-service training is another area lacking clear guidelines in terms of health training generally, and exposure to concepts such as health promoting school specifically.

In terms of participation, the range of target groups is also limited although a number of policy publications which specifically identify certain groups, such as Aboriginal and Torres Strait Islander people, may make reference to "comprehensive strategies". For example, the National Indigenous Australians' Sexual Health Strategy 1996-97 to 1998-99 (Office of Aboriginal and Torres Strait Islander Health Service, 1997:6) quotes the report of an Australian National Council on AIDS and Related Diseases (ANCARD) Working Party:

... in an Indigenous context, prevention will require the implementation of a comprehensive strategy. It will not be sufficient, for example, just to run campaigns which teach people about safe sex. Nor will it do to just concentrate on the free provision of condoms. It will only be when all elements of the strategy are implemented, in a cohesive manner, will there be a possibility of lasting change.

Nevertheless, the core health promoting school component of developing genuine partnerships and fostering broad participation in the school setting is not generally evident (e.g. students, staff, parents, external community). The manner of addressing special needs groups such as Aboriginal and Torres Strait Islander groups, rural and remote groups, or gender issues or social justice issues is not consistent across policy or practice in health promoting schools. A particular dilemma to emerge was that of whether to include indigenous groups in a blanket policy for all, or whether to develop a separate and specific policy for this group. While a template for addressing these issues may be unrealistic, there is a need to encourage systematic consideration of these issues as part of policy development.

The literature indicated difficulties in developing and sustaining health-oriented parent-student-school community relationships. For example, a study of New South Wales secondary schools by Booth, Rowling, Nutbeam and Townsend (circa 1996) found:

homework requiring involvement of parents. More than 80% of schools felt that the involvement of parents ... was poor or fair and in need of much improvement.. Almost 90% of schools had a student representative council, but only a small proportion of schools felt students had any significant influence over school policy.

Many community organisations and some government departments expressed considerable frustration at difficulties in initiating participation in schools or attempting to enter into partnerships for policy development regarding health promotion in the school setting. This frustration was centred around the changes occurring in schools (and elsewhere), turnover of staff, and changes to school decision-making processes. These changes were seen as making it difficult and time consuming to provide system-wide services (e.g. introduction of a policy or support process) because individual schools needed to be approached, and convoluted decision making and consultation processes often imposed considerable delays. It was also considered helpful to have a guide (policy) on how best to access schools, such as "Drug Education: Do It Together - School and Agency Interaction" (NIDE Book No.3, 1995).

5.6 Policy monitoring and evaluation

Monitoring is used here to refer to assessing participation of schools in policy development, for example, to identify how many and/or what type of schools are participating in health promoting school activities including policy development. Evaluation is used here to refer to assessing the outcomes (or impact) of the implementation of the policy; for example, using checklist, observation protocols or questionnaires to assess change related to policy. Both monitoring and evaluation are not consistent features of available policy support materials. This distinction is captured by one respondent who commented:

(There is) ... very little evidence of monitoring the effects of compliance with school policy. Practical easy to use evaluation instruments would assist school staff. These should focus on the compliance and implementation of the policy not the difficult to measure effect of the policy on health behaviour change.

The 'Health Promoting Schools Award Feasibility Study', conducted by Vision and Action (1997), includes reference to monitoring and evaluation. The report provides a checklist approach which emphasises recognition of achievement in becoming, developing and sustaining a health promoting school, which can be considered in the context of monitoring and evaluation and is apparently less threatening than traditional approaches to (and terminology of) evaluation.

5.7 Policy advocacy

Advocacy was seen as an important and a somewhat missing piece in the health promoting school puzzle, although the state based interagency networks and coalitions identified advocacy as one of their key roles. Championing the health promoting school concept to

promoting schools was seen as a priority by participants in the project, and supported by literature and activities elsewhere (WHO, 1995a,b; 1996a,b,c). Aside from the work of the national AHPSA which has taken a lead in a number of important ways, it appears that much of the health promoting school activity is occurring at the local level without necessarily having high level (e.g. national) sectoral support or policy. As such, a combination of "top down" and "bottom up" is acknowledged as necessary to enable policy development. The Audit team was informed that Tasmania provides an excellent model for conditions which enable policy development. Importantly, the process of advocating was seen as a science and an art, and not something to be viewed as an add-on if results are to be achieved. Structured training in this area was seen as necessary. The advantages of strategic advocacy would be accrued more broadly than in policy areas alone. However, the information and skills inherent to advocacy would be very useful in policy development in particular; for example, in developing persuasive rationale, strategic partnerships, and in generally augmenting the momentum of projects.

Existing state health promoting school networks also have an important role to play in policy advocacy terms, partly through the participation of members from a range of sectors and the related advocacy work that takes place through individual sector formal and informal networks, but also by occasional direct contact with policy decision-makers. For example, the Queensland Network has recently urged, with some success, a relevant Minister to reconsider sponsorship for schools from an international fast food chain and has lobbied another government department to maintain support for the school nurse system.

5.8 Policy and the legal/regulatory environment

Few policy support materials address the legal obligations and potential implications of school based policies. Although these approaches when used alone can over-emphasise punitive measures in motivating action, legal realities can also provide legitimate incentive within a balanced approach to a health promoting school, and particularly policy development. As one respondent noted:

While schools can develop policies that are congruent to general government or health policies, there is still a need for general research into the legal ramifications of such school based policies, also the industrial ramifications, eg, a staff vote to ban smoking totally which may then be challenged by one person.

Consideration of subordinate legislation, in the form of regulations, departmental requirements and common law precedents may not be factored into the overall policy context within which health promoting school policies are constructed. For example, legislation relating to occupational health and safety sets parameters within which health promoting school policy can be located. Also, issues of child protection and mandatory reporting may well provide a mandatory policy framework when health promoting school policies regarding student welfare, discipline, gender equity, anti-discrimination, bullying, mental health and so on are debated. Clearly, consideration of obligations, ethical, legal or otherwise, needs to be

5.9 Health promoting school models and policy

Comprehensive approach and issue based entry points

Existing examples of documentation about becoming a health promoting school, such as those from SA and NSW, provide useful starting points for promoting broad umbrella policies. Invariably, these documents also provide examples of issue based entry points which schools may choose to pursue. Participant feedback and the literature indicates that the issue based or entry point model of a health promoting school is the most realistic and reflects the current state of school based health promotion. One particularly good example is the National Nutrition Education in Schools Program which has produced videotapes and manuals locating the issue of nutrition within the health promoting school context (NNESP, 1995). WHO (1996d) has initiated a series of publications which, while clearly focusing on a specific health issue, such as helminth infection, sees such a focus as a step towards a much broader goal.

In both initiating and maintaining health promoting school momentum, schools seem to prefer specific issue based approaches to the more general approaches espoused by the comprehensive approach to health promoting schools - or in Dunn's (1994) terms, the empirical and normative approaches to the policy-making process. There is definitely value in having a broad umbrella policy regarding becoming a health promoting school and many respondents argued that such is the very core of the health promoting school. However others commented that every health issue, for example in smoking, school canteens or skin cancer, raises specific concerns which may well be better addressed through issue specific policy.

Issue specific policy coverage

Most policy support is in the form of issue-based approaches such as skin cancer prevention, which may reflect the general lack of coordination of health issues and agencies in schools.

Given this context, the best issue-specific policy coverage which specifically articulates health promoting schools or is directly consistent with health promoting schools is available in the areas of smoking, nutrition (education and canteen specifically), and skin cancer prevention. The Commonwealth's National HIV/AIDS Strategy 1996-97 to 1998-99 although not centrally focused upon schools, makes reference to the second Strategy which stated "that HIV/AIDS education in schools had the potential to be the most comprehensive and efficient means of long-term access to the general community" (National HIV/AIDS Strategy, 1996:45), although direct targeting to high risk individuals remains a clear priority.

For most other health issues, policy materials tend to be developed independent of the health promoting school context (but may still be consistent with health promotion) or are under-developed. Even in these areas where policy is most prevalent, the comprehensiveness of the policy and the extent of effective implementation is limited. For example, in a NSW study of secondary schools, Booth, Rowling, Nutbeam and Townsend (circa 1996:5) found that:

two thirds of schools felt that they provided only poor or fair protection from the sun and

less than 10% felt protection ... was good or excellent. Half of the schools had adequate shade areas for all students ... and two-thirds provided sunscreen. Although only one third of schools reported having a policy on wearing hats during breaks, a much greater proportion actively encouraged hat and sunscreen use in the absence of a formal policy. Two-thirds of schools reported having a policy on wearing hats during sport or PE, but this may [not represent] actual practice.

Very good examples of policy support materials are available, such as the Queensland Cancer Fund's "Become a smoke-free school", and the Victorian Anti-Cancer Council's "Policy and procedures for smoke free schools". The Victorian example is a comprehensive resource which provides rationale statements for smoking policy, underlying principles, options for consequences and a sample policy. It also provides excellent related materials such as a sample needs assessment, a sample policy notification letter to parents and a parent notification of infringement example, as well as a student-teacher contract and resource list, and promotional materials. The Audit team was also informed that the Health Education Unit at Sydney University sells a very comprehensive resource called 'Dealing with Drugs: Developing school drug education'.

Although a number of issues are under-represented in the health promoting school movement, for example, immunisation, one worth particular mention is that of physical education. In light of the recent US Surgeon General report on physical activity and the NHMRC report on obesity in Australia, the role of the education and health sectors in advocating on priority issues should be considered. Other issues highlighted by schools as under-resourced generally (that is, not specific to health promoting schools by Booth, Rowling, Nutbeam and Townsend (circa 1996) included mental health (excluding bullying or assisting troubled students), child protection, and homophobia, while additional issues include anti-violence, anti-bullying, conflict resolution and mandatory reporting. While the local context of the school will always be important, there is also a place for providing timely and easily understood education about the comparative relevance of different issues on the broader stage to assist schools to identify priorities.

Coverage of the Health promoting school core components

In terms of the NHMRC (1996) framework for a health promoting school (curriculum, environment and partnerships), it is not surprising that departmental policy coverage, particularly at Commonwealth and state/territory education sector levels, is greatest in the area of curriculum such as in health and physical education, but not necessarily with links to health promoting school. On the other hand, the area of partnerships is probably most fragmented in policy approaches. Although the role of parent organisations has always been acknowledged and appears to be increasingly powerful, the health promoting school philosophy of broad (equal) partnerships, including students, parents and the external community, is less generally evident.

In the broadest sense, the social environment is also quite well covered, but mostly from a student welfare point of view or school ethos domain, rather than from a health promotion-style mental or spiritual health or social environment perspective. Environmental health

apparently due to the broader initiatives of the "green movement" rather than due to health promoting school-specific activity. It is the recent rise in community awareness of environmental issues in general which predominates. Traditional responsibilities of schools in relation to the physical health of students also predominate; meaning that first aid or injury policies are most likely to be in place. Skin cancer prevention policies seem to be in use quite widely, and these policies coincide with both physical and environmental health through such requirements as adequate shade or undercover play areas. As Northfield et al. (1997) found:

Every school visited had a sun smart policy with evidence of practices which supported the policy...
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5.10 Policy and principles

The articulation of principles supporting policy are seldom evident in documentation; however, some excellent examples exist. Where principles do exist as part of general health promoting school policies, these principles appear to be mostly drawn from the original WHO statements, with a few samples of principles most likely to have been derived from or emerged from state-based health promoting school networks. Principles drawn from health promotion or behaviour change strategies also feature in policies. For specific issue-based policies, drug education is one of the few health issues to promulgate broadly accepted principles which are specific to the issue. For example, as part of the Commonwealth National Initiatives in Drug Education (NIDE) (1995), publications such as "Drug Education: Do It" used the national health and physical education statement and profile to establish outcomes where drug education can be incorporated, although more directly relating to curriculum than referencing a health promoting school framework.

Most issue based policies rely on broad principles of education such as effective teaching/learning/schooling. Examples resembling health education principles or guidelines appear in more general policies or support documents (e.g. Why teach health education?, School Health Coalition, WA; A National Mental Health Schools Program draft, DHFS, 1997; Moving from traditional school health education towards the health promoting school, Scottish Education Group, 1989). A very practical approach to assisting schools assess their current status in terms of a health promoting school is the "checklist". Attachment 2 provides a summary of policy resources and materials for both health promotion generally and specific issues, some of which provide example checklists.

One other area of policy which commonly refers to principles includes situations where outsiders enter schools. Existing examples of guidelines for working with schools (e.g. Education Queensland, initiated through drug education) and provide broad inclusive statements for use by a range of potential visitors or collaborators (the NIDE (1995) Book 3: "Do it Together"). Some specific agencies have also developed additional guidelines, for example for volunteers (such as cancer organisations), general practitioners or police involved in schools.

Grants strategy options

The idea of health promoting school grants was suggested by participants. On one hand, grants strategies have been severely criticised as undermining sustainability and for their generally destabilising effect due to difficulties in maintaining continuity of staff and activities over time. However, examples of grants strategies which emerged in this project showed evidence of creating sustainable partnerships, providing valuable start up funds to overcome recognised barriers such as teacher release, raising the profile of health promoting schools, and educating about the concept through the competitive criteria of the grants strategy (e.g. Cairns, City Council & Queensland Health; Healthway, WA). A very useful feasibility study was conducted on health promoting school Awards (Vision & Action 1997), which outlines in detail some guidelines for executing such a system. As an initiating strategy, and certainly for raising the profile of health promoting schools, a national grants strategy was suggested.

Prime Movers

The impact of the current economic climate and the rapid rate of change were identified as issues by participants. For example,

... funding cutbacks and increased class sizes mean that health promoting schools can be seen as an extra.

Competition for curriculum time was frequently mentioned as a barrier to health promoting school projects generally. At the micro level, teacher perceptions of already being overloaded and a lack of resources for teacher relief to attend or coordinate health promoting school activities detracts from initial involvement and in the longer term, sustainability is compromised. The need for resource people who are skilled and accessible, and who have the necessary financial and material resources to support health promoting school projects on the ground was consistently requested by participants. The literature also supports the collective wisdom of practitioners who campaign for the need for quality professional development, especially in the initial stages, and in the use of resources. The value of having a key person to champion the cause, locally and at higher levels, is also supported in the literature.

5.12 The need for policy

The lack of national and local health promoting school sector based policies was identified as one barrier to the broader success of health promoting school. It was stated that a great deal of progress can be made in the absence of policy, and that in reality initiation of projects need not wait until policy is perfected. However, in an optimal world, well thought out policy was recognised as desirable and helpful. Increased policy support and coordination was nominated as one of the "types of support that would best help to overcome the barriers identified". In the context of discussions on the lack of infrastructure for health promoting schools, the need for "a means for developing policy" was also clearly articulated.

coordinating effort across education and health portfolios and therefore be very valuable...

Certainly the evidence indicates there is enormous potential for promoting the role of policy as an active and useful process for progressing the health promoting school movement. This potential is in line with the long-standing acceptance of the centrality of policy in enunciating "a set of principles guiding action towards predetermined end" (Titmuss, 1974). One option may be to promote examples of the broad and general policies related to becoming a health promoting school in the comprehensive sense, along with examples of specific issue driven policies as a subset of, and aligned with, the broader policy statement. As was recognised in the 1996 NHMRC document, schools already have health related policies "in almost all cases". Reviewing, restructuring and coordinating a health promoting school framework for the design of all policy documents at national, state, and local levels may be an initial task which would assist in progressing the health promoting school concept. The development of the National Strategy and Action plans could well act as a catalyst in this regard for negotiations at national, state and local levels of policy development.

5.13 Summary of strengths and weaknesses of current policy context

The following summary table (Table 2) indicates key features broadly delineated in the current health promoting school policy context. Examples are not included as many have been presented in text above and additional examples are provided in Attachment 2.

Table 2. Strengths and weaknesses of current policy context

Strengths	Weaknesses
Policy Context	
- strong examples of health promoting school and health education/health promotion policy exist state to state, mostly in specific issues	- inconsistent policy coverage of the range of major issues; the full range of issues approaches infinity
- local policy development can build the capacity to address the range of issues appropriate over time	- it may be unrealistic to assume that examples of every possible policy situation can be created to meet all needs at central levels
- strong examples of comprehensive approaches to a health promoting school exist, a number from WHO documents (but not widely put into practice)	- the entry point/issue based approach is most prevalent, and may be seen by some as a weakness
- some examples of monitored and evaluated policies exist, (usually within broader project goals)	- most policies are not formally monitored nor evaluated; some evaluation is inappropriate, (e.g. too much, too little, wrong type)
- nockets of impressive activity & models	-Health is not a high priority in schools. and

<p>-strong examples of excellent networking and collaboration exist across states (e.g. where coalitions or interagencies operate)</p> <p>- political will, where it exists, (e.g. in the form of formal endorsement of a health promoting school, or support of personnel)</p>	<p>inconsistent generally;</p> <ul style="list-style-type: none"> - availability of political support and appropriate structures to facilitate communication & collaboration is inconsistent across states, and sometimes within states - political "whim"; a huge range of competing initiatives exist state by state which compromise sustainability or diffuse attention and energy left for a health promoting school related activity
<p>Policy Formulation</p>	
<p>- a vast array of health related policies exist & a subset of notable examples relating directly or deliberately to health promoting schools exist</p>	<ul style="list-style-type: none"> - a minority of the health related policies in existence directly or deliberately address health promoting school - confusion over definitions of a health promoting school and relationship to existing health related policies confounds judgments on strength of relationship with a health promoting school
<p>- some strong examples of useful policy development processes, systematic attention to all 3 core components of a health promoting school (curriculum, participation & environment)</p>	<ul style="list-style-type: none"> - entry point/issue approach is more prevalent and sometimes focuses so closely on aspects of the actual issue, that the process overlooks systematic attention to the 3 core components of a health promoting school (e.g. limited attention to broad participation across stakeholders, or to legal and regulatory requirements, or to the principles and philosophy underpinning policy or practice)
<p>- many participants acknowledge the importance of policy development and implementation and evaluation in supporting the health promoting school approach</p>	<ul style="list-style-type: none"> - a recurring problem appears to be the lack of implementation of policy in formal ways, and in some cases a lack of formal policy to guide practice, however this is not always considered a "problem" on the ground - the existence of policy, or the conduct of a strong policy formulation process, does not guarantee effective implementation - ability to implement policy or conduct health promoting school activities otherwise is compromised by lack of attention to attributing direct responsibility for, and resourcing of, policies (in kind or through direct funding)

Structural Issues	
- where localised structures and support exist, greater coordination co-exists	- health promoting schools lack a unifying organiser or umbrella structure to coordinate activities
- some strong examples of advocacy exist at state and local levels, e.g. via interagency/coalition groups, supported personnel	- in general, health promoting schools lack a voice in advocacy at the highest levels, national and at state level, and for some regional and local levels also.

Part 6

Conclusions/Implications for National Strategy

The information gleaned through this project provides a strong basis for identifying important elements in policy prototypes or templates, and also for identifying strengths and opportunities in the health promoting school policy context as per the original tender requirements. At the same time, there has been a very clear warning from many respondents that a prescriptive approach to the provision of such a prototype or template is undesirable and, according to a number of people, would actively work against and inhibit desirable policy formulation and development. In the light of this finding, this report will recommend action to foster the development of policy frameworks and make suggestions as to the processes that could be used to develop such a policy framework (see Attachment 4) - but it will stop short of a directly applicable and transferable policy template.

This report has identified health-promoting school documentation relating to policy that runs in a continuum from specifically articulating and supporting the concept and providing plans or guidelines to assist in the implementation of such policies, to documentation which has a marginal or tangential relationship to health promoting school policy, as identified and expressed in the 1996 NHMRC report. Given the relative recency of the notion, such a continuum is to be expected. Nevertheless, what became increasingly apparent was that there was a mixture of relevant policy documentation coming from all levels, such as the (inter)national/state level, the national/state NGO levels, the university and professional association levels and, possibly most clearly, from the local school levels, all with a more or less clearly articulated health promoting school conceptual framework. While it represents a challenge to policy coordination and planning, this has benefits in that it allows room for locally-based, on the ground, experimentation and development. It is a great strength, in policy formulation terms, to have a structure which allows such vibrant "bottom-up" innovation and creativity. This report recommends that such locally-based policy development be supported.

Nevertheless, it has also been quite apparent that there are varying levels of support at top health and education departmental and management levels around the country. Often there is a level of rhetoric which would indicate that there is recognition of the strengths and opportunities offered by the health promoting school concept, but this is not matched by a carefully articulated policy and plan which is adequately resourced, on a sustainable basis, in human and financial terms. In many instances, political support is apparent, but the linkage between local action and top level political and departmental support is often not made concrete through policy and plans.

In national terms, benefits would accrue from the establishment of a National Coordinating Committee for Health Promoting Schools which reflects the multisectoral and interdepartmental nature of health promoting schools. This could function as a key advocacy body and as a national project support centre and clearinghouse. It could provide policy guidelines and advice to schools undertaking health promoting school activities as well as

examples of good practice as well as encouraging the adoption of health promoting school principles. It could also facilitate national and regional networking and liaise with WHO and other relevant international organisations. In due course, as the Western Pacific Network of health promoting schools develops, this peak committee with representatives from all states and territories as well as the Australian Health Promoting School Association, could be expected to become the appropriate participating body.

The rationale for such a body stems from

- the requirement for policy advocacy at national levels and the development of broad policy options;
- the requirement for many diverse bodies to be included in school community health development, both government and non-government, and at national, state and local level;
- the requirement for coordination and cooperation across a wide range of bodies as well as interdepartmental links within governments;
- the requirement to integrate existing aspects of health promotion into an overall school community framework and to facilitate close collaboration between bodies which may have differing outcome requirements; and
- the need to facilitate and encourage the maximum impact of health promotion and health education within the school setting and help to avoid duplication at a time of budget constraint.

The functions of such a body could include:

- defining the health promoting school concept in the most marketable and inclusive manner
- defining the scope and intent of the health promoting school concept
- advocating and supporting the health promoting school concept and policies to relevant governmental and NGO groups and departments
- becoming the focus of a national network of health promoting schools as a national project support centre;
- providing guidelines and advice to schools undertaking health promoting school activities, including assistance in prioritising issues
- resource generation (money, people, skills, knowledge)
- supporting the implementation of the health promoting school concepts through the organisation of educational, training and other developmental activities
- providing a forum as an effective method of exchanging experiences and integrating information
- disseminating examples of good practice and supportive information as a national 'clearing-house' monitoring and evaluation.

It should be emphasised that policy is but one aspect of a health promoting school requiring attention. Policy documents in themselves do not ensure effective health promoting school implementation, and sometimes can set up unrealistic expectations of the health promoting school approach. It will be imperative that approaches and action taken in relation to policy is relevant and practical in focus, and ultimately feasible for stakeholders at all levels.

The following proposals represent an attempt to provide support to the ideas outlined above by suggesting a structure which can address the multi-level, intersectoral and interdepartmental nature of this complex holistic health promoting school concept. Please note that many of these ideas have the potential to accrue benefits beyond the policy area alone.

6.1 Recommended Action Areas

The following section provides recommended areas for action in relation to health promoting school related policy development and context.

A legend, which appears in the left margin has been developed to address the potential "lead" role to be played by different stakeholders or levels of the structure proposed in 6.1.1. , and is described below:

Legend for potential lead roles and responsibilities

(N)	National level
(S)	State level
(L)	Local level
(A)	All levels
(N)>(S)>(L)	= implies a cascading effect

6.1.1 (N) Develop a progressive structure for uniting and promoting the health promoting school concept

Extensive support in both policy and programmatic terms has been indicated for the development of structures to provide a focus and point of contact for health promoting school issues. Such bodies should ensure that policy-related issues are central to their activities. The establishment of a committee structure such as that outlined below would assist in overcoming the definitional, coordination and collaboration issues noted above.

(N)>(S)>(L) · Establish inter-related, multi-sectoral health promoting school **leadership committees** at the national and state/territory levels, and cluster groups at the local level, which are directly related to any existing National and State/Territory branch health promoting school networks, while mindful of resource constraints and levels of personnel.

(N)>(S) · Establish clear **terms of reference** for the committees established at the national level, and tailored at the state level (utilising existing health promoting school networks), and which may change over time to reflect the current climate.

(N)>(S) · **Generate resources** in both human and material terms to support

especially through maintenance of a state coordinator role and related budget.

- (A) · Endorse **reporting and monitoring** of the integration of health promoting school policies as a role at all levels, which requires agreement on reporting guidelines (e.g. policy content, implementation and evaluation).
- (N) · Acknowledge **development and dissemination** of a range of policy samples using both issue-based and comprehensive approaches, as a major role at the national level, although conducted at all levels of the structure.

6.1.2 (N) Improve communication and collaboration (genuine partnerships) between health and education sectors

The health promoting school concept could substantially benefit from leadership, through policy initiatives and other mechanisms, at the sector level to unite and give recognition and credibility to activities occurring on the ground. A number of mechanisms have been identified in this report to assist in this, such as:

- (N) · endorse **policy development at the sector level** which specifically articulates and promotes the health promoting school concept, and which is adequately resourced, such as through formally endorsed interagencies/coalitions, personnel to advance health promoting school related policy initiatives, and project seeding.
- (N) · endorse the on-going establishment of **intersectoral agreements** such as Memoranda of Understanding, to guide ways in which sectors operate on issues in common, (especially health and education sectors), and which address the areas of difference and compatibility for each sector.
- (N)>(S)>(L) · endorse and **resource practical strategies** which facilitate improved intersectoral communication; for example, via formally endorsed interagency or coalition forums, email, web pages, personnel exchanges.

6.1.3. (N) Develop progressive advocacy strategies for promoting the health promoting school concept, including policy development

- (N) · Establish a **marketing plan** for health promoting schools at the national level, with linked plans tailored to and by the state level, which may consider the following:
 - Developing and disseminating **policy development resources** which specifically focus on processes/'how to' as established in this report, for policy development within the context of the health promoting school approach. Such resources, building on the process outlined in Attachment 4, below, could take the form of supplements to existing resources, and may utilise aspects of existing resources (e.g. see TACADE references as a framework, Nutrition

- Close consideration of the feasibility of a health promoting school project **grants strategy**, nationwide, which is administered at the state level through the committee/association structures. Such an initiative may include an awards strategy.
- Utilising existing networks, such as the Australian Health Promoting Schools Association and the Health Education Unit, University of Sydney, in establishing a **clearinghouse** or centre for health promoting school information and support.
- Designing **data bases** (e.g. monitoring and evaluation) and utilising them specifically in policy development and advocacy strategies (e.g. in rationale statements).

6.1.4. (N)>(S)>(L) Promote balance in approaches to policy

(N) (S)· Via the national/statecommittee/associationstructure, there is a need to provide **leadership** on balanced approaches to policy development (as per Attachment 4) which:

- Acknowledge the **entry point** model as the most prevalent in schools, but also recognise the value of the comprehensive approach to health promoting schools.
- Assist in identification of contemporary **priorities** across the range of health promotion issues encompassed by the core components of curriculum, environment, and partnerships.
- Reflect evidence of **philosophy** underpinning policies and include attention to ethical, legal and other obligations
- Are inclusive and encompass the needs of a range of **stakeholders** in the school community, including students, staff, parents, and external agencies, preferably through direct participation.
- Address information and skills **development needs** of stakeholders, especially professional development of teachers.
- Incorporate **reasonable evaluation** approaches to health promoting school policy development and implementation.
- Promote **broad research** as a basis for policy development, including identifying existing policies, sources of information, human and other resources, and other forms of support for policy development and related health promoting school processes.

6.1.5. (N) (S) Promote understanding and use of a sound policy formulation procedure

Having regard to the lack of support for a policy template or prototype expressed by project participants, it is recognised that health promoting school activities could be assisted and improved by an understanding and usage of recognised policy formation, development and implementation procedures. Without restricting health promoting school activities to a single

documentation for dissemination.

- Endorse and **disseminate** a suggested policy development process at national, state and local levels which outlines sample policy **development procedures** (Attachment 4).

Attachment 1

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Health Promoting Schools Policy Audit - Contact List

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Yule, Lara	National Heart Foundation - Brisbane	QLD	

(iii) Types of organisation represented in the project

ORGANISATIONS

NATIONAL

VICTORIA

Australian Nutrition Foundation
Mental Illness Education Australia
Epilepsy Australia
Diabetes Australia
National Heart Foundation
National Centre for Research into Preventing Drug Abuse
Commonwealth Department of Health and Family Services
Australian Council for Health, Physical Education & Recreation
Austrian Council of State School Organisations
Australian Health Promoting Schools Association
Federation of Canteens in Schools

STATE/TERRITORY

VICTORIA

VicHealth
QUIT - Victoria
National Heart Foundation, VIC
Anti-Cancer Council of Victoria
Deakin University
Department of Education
Board of Studies

QUEENSLAND

Queensland Health
- Public Health Services
- Communicable Diseases
- Alcohol, Tobacco & Other Drug Services
- Oral Health Unit
Department of Tourism

Department of Education, QLD

QLD Association of School Tuckshops

QLD Catholic Education Association of Independent Schools, QLD

Queensland Cancer Foundation

Queensland Transport - Community Program Section

Queensland University of Technology

Brisbane City Council
Griffith University

NEW SOUTH WALES

University of Sydney
- Health Education Unit
- Public Health & Community Medicine
NSW Cancer Council
NSW Department of School Education
NSW School Canteen Association
NSW Roads & Traffic Authority
NSW Health
Board of Studies
Catholic Education Office

SOUTH AUSTRALIA

Department of Education & Children's Services
Child & Youth Health
Drug & Alcohol Services Council
Independent Schools Board of South Australia
Anti-Cancer Foundation of the Universities of South Australia
South Australia Health

- Health Promotion Unit
Children's Health
Development Foundation
Flinders University
- School of Education

WESTERN AUSTRALIA

Education Department, WA
Cancer Foundation of WA
Health Department of WA
National Heart Foundation, WA
School Health Coalition

AUSTRALIAN CAPITAL TERRITORY

ACT Department of Education & Training
Healthy Cities Canberra
ACT Cancer Society Inc.
Canberra Rape Crisis Centre
ACT Life Education
Ministerial Advisory Committee on Independent Schooling
ACT Health & Community Care
Catholic Education Office
ACT School Canteen Association
ACT Division of General Practitioners
Canberra High School
Narrabundah Health Care - ACT

NORTHERN TERRITORY

Cancer Council of NT
NT Department of Education
Territory Health Services
Nightcliff High School

TASMANIA

Cancer Council of Tasmania

Inc.
Department of Community
& Health Services
Department of Education

Attachment 2

Summary of Policy Resources and Materials

- [Note: (i) The following resources should be seen as additional and supplementary documentation to the References and Bibliography listed below.
- (ii) Resources and Materials have been broadly categorised according to content analysis criteria indicated in the methodology section, namely three broad categories:
1. documents that specifically articulated 'health promoting schools' as a concept, as defined by the NHMRC (1966) document;
 2. documents that were consistent with the health promoting school concept using, for example, a holistic approach, but which did not specifically articulate health promoting schools;
 3. documents which were associated with health and schools, but tending not to be holistic in approach but rather issue-based.]

Issue	Title/Source	Comment
General Health Promoting School (2)	Towards safe and supportive learning environments; Strategies for parent groups and school councils, Jim Cumming, Australian Council of State School Organisations, 1966	General overview of school problems & opportunities for parent/communities to help; gives overview of policy areas, other agencies to assist in schools, emphasis on partnerships; no specific introduction to developing policy.
(1)	Lee, Elizabeth. Health Promoting Schools Award; A feasibility study, HPSA(NSW) Inc. 1997	Interesting appraisal of the considerable potential for such schemes
(3)	Victorian Health Promotion Foundation; 1997/8 Community & Health Program Funding Guidelines, VicHealth	Funding guidelines for grants programs accessible to schools and others; some links to health promoting schools.
(2)	Health Promotion: Principles & Practice in the Australian Context. O'Connor & Parker, 1995. Allen & Unwin	Chapter 6: school health promotion
(1)	Effective school health promotion - Towards a Health Promoting School, NHMRC 1966	General health promotion approach, introduction to health promoting schools including reference to policy
(1)	Strengthening interventions to reduce Helminth infections: As an entry point for the development of Health Promoting Schools. WHO 1966	Information on planning and evaluating interventions and how to incorporate such interventions into a health promoting school approach
(1)	Cairns City Council: HPS Healthy schools - Healthy communities grants scheme	Grants scheme designed to educate about health promoting schools and motivate action

Issue	Title/Source	Comment
	Queensland 1997	school communities. Not health promoting schools but consistent with partnerships component
(2)	Health for young people in the ACT. ACT Youth Health Policy 1997-2000. ACT Government	Not health promoting school specific but broadly supportive - includes special needs
(1)	Healthy School Index: A checklist for assessing school's approach to health promotion. WA School Health Project: Healthy School Index	Comprehensive checklist of health promoting school context
(1)	Becoming a Health Promoting School: A step by step guide to implementing a health promoting school project. DRAFT. Qld Health promoting school Network 1997	Good overview of health promoting school, but little attention to policy; gives underlying principles; includes entry point issues; a checklist approach to identifying as health promoting school or not; no 'how to' on policy development, but suggests the need for policy
(1)	HPS in Action kit. Curriculum Corporation	Introduction to becoming a health promoting school, little specific reference to how to develop policies
(3)	Principles of Effective Learning and Teaching. Education Qld 1994	Not health promoting schools but can support health promoting schools; also a range of other departments. Policies which are not health promoting schools but could be used to support it
(2)	Brisbane Girls' Grammar: Health Promoting School Community Policy	example of school policy
(1)	An Introduction to Health Promoting Schools in S.A. DECS & SA Health Commission 1997	Specific to health promoting schools; gives underlying principles
(2)	What makes a healthy school community? NSW Health Department - no date	Provides a charter, range of issue entry points for action; health promoting school related, supportive of health promoting schools
(1)	Promoting Health in Schools; Western Australian School Health (WASH) Project, (1996) Healthway, ACHPER, NIDE, Education & Health WA	Directly health promoting schools, includes all 3 core components; refers to school health policy guidelines
(1)	Why teach school health education: A	Good advocacy document to help write

Issue	Title/Source	Comment
	related statistics, School Health Coalition of WA 1997	refers to health promoting school core components - calls it "comprehensive approach"
(1)	What is a health promoting school? School Health Coalition of WA 1995	General introduction to components, no mention specifically of policy development, good checklist for assessing health promoting school
(3)	Guidelines for school-based health promotion projects (for GPs. General Practice Unit & Program Evaluation Unit - University of Melbourne, Health Economics Unit - Monash University)	Good examples of guidelines and principles for GPS, endorses the "right" approach, i.e., Consistent with a health promoting school but not related directly
(1)	Towards a Health Promoting School. NSW Department of Health & School Education; Catholic Education Commission & Association of Independent Schools 1995	Includes relevance of policy, but not how to develop; includes checklists and process for becoming a health promoting school and activities to use in the process; includes issued based entry point examples
(1)	Health Promoting Schools in Western Sydney - A resource folder. Western Sydney Area Health Service, 1997	Developed as part of the Health Promoting Schools Project. An excellent guide and resource encompassing all aspects of a health promoting school.
(2)	Networking Guidelines. Network for Healthy School Communities, 1992 Canberra	Import resource for networking within a health promoting school context
(1)	Thesis. Creating Health promoting school: Participants' experience of the Ashgrove Healthy School Environment Project. Cooke 1994	Reference to relevance of policy to project
(1)	Thesis. The child health service, youth health program: An evaluation of clients' perceptions and needs from the perspective of primary health care services in state secondary schools. Hoyes 1996	Specific sections on health promoting school policies and health services
(2)	Prepare & Perform: A planning model for community development for health promotion 1993. University of Canberra (SDHE)	Independent of health promoting schools, consistent with HPS, inclusive of policy but no specific on policy development; other aspect of SDHE project highlight importance of policy

Issue	Title/Source	Comment
(1)	The Health Promoting School: Policy, Programmes & Practices in Australia. Eds. Colquhoun, Goltz, Sheehan 1997. Harcourt Brace & Co	Text. Mainly chapters 204 re: policy
(3)	Communities and health program funding guidelines 1997/98. Victorian Health Promotion Foundation	Good guidelines for applying and overview of health promotion; schools identified as target group
Policy (3)	Health Care & Public Policy: An Australian Analysis. Second Edition. Palmer & Short 1994. Macmillan Education Australia Pty. Ltd	
(3)	Promoting the health of Australians: A review of infrastructure for national health advancement. NHMRC 1996	
Drug Education (1)	Dealing with Drugs: Developing school drug education. Health Education Unit, Sydney University	Specifically endorses health promoting school model, policy and programs
(2)	School Drug Education, Qld Health. No date (1996/7)	Queensland Health policy on reducing drug related harm; also endorses Qld Education policy; consistent with a health promoting school
(2)	School drug education Principles of Best Practice 1997. Independent Schools, Catholic Education, Education Department of WA 1997	Includes copy of Principles for Drug Education, Ballard & Gillespie 1994
(3)	School drug education taskforce: National Strategy 1997-2000. Independent Schools, Catholic Education, Education Department of WA 1997	Includes policy and guidelines in activity plans
(2)	Managing drug related incidents: Suggestions for schools 1996. Education Queensland	Specific aspect of drug policy; independent policy, consistent with a health promoting school; includes context, rationale, sample policy and support materials
(2)	Policy development guidelines - Drugs (SA Independent Schools Board Inc.) Drug Education: Policy Procedure, Guidelines (Dept of Education, Qld)	Addresses both curriculum development and participation of the whole school communities, consistent with a health promoting school

Issue	Title/Source	Comment
	Suggestions for Schools (Dept of Education Qld)	
(2)	Principles for drug education in schools. Ballard & Gillespie 1994. University of Canberra	Outlines 15 principles with some rationale; consistent with HPS but developed independently
Smoking (2)	School smoking prevention programs: A national survey. health Canada 1994	Overview of evaluation issues in comprehensive school health context (equivalent to health promoting school concept); indicators; criteria for assessing efficacy
(3)	Qld Government. Health & Safety: Total ban on smoking in government buildings	Background policy developed independently from a health promoting school but can have an impact
(3)	ACT Department of Education, Training & Children's Youth & Family Services Bureau Health & Safety - Smoke-free workplace policy	Background policy developed independently from a health promoting school but can have an impact
(2)	Policy and procedure guidelines for smoke-free schools: Victoria Smoking & Health Program 1992	Excellent: gives principles, rationale for policy; e.g. of policy and support materials consistent with a health promoting school
(2)	Seven steps to a smoke-free school. Victorian Smoking & Health Program 1994	Starts with policy as Step 1 with examples of what could be included; given checklists; gives case studies, process and barriers identified, consistent with a health promoting school
(2)	Why can't we smoke at school? Guidelines to address students' smoking. Victorian Smoking and Health Program 1995	This is a draft policy statement; gives good sample reduction agreement and counselling model with sample parent notification of infringement, consistent with health promoting school
(2)	Become a smoke-free school. Qld Cancer Fund 1994	Excellent. Comprehensive resource, includes samples of policy and support materials consistent with health promoting school
Nutrition (1)	Nutrition Success: Healthy eating in the school community	Comprehensive resource including background about Nutrition Education and Teenagers Project (NEAT); process for developing a health promoting

Issue	Title/Source	Comment
		studies; policy mentioned (in checklists but not how to develop policy)
(2)	Management sense, food sense: The essential guide to food service in your school (Blackwattle's final draft, March 1997). FOCIS (Federation of Canteens in Schools)	Good guide to what to do to develop a policy, including support documents and example policy statements
(2)	National Heart Foundation et al, WA. Canteen Association and resources; also National Canteen Association; TAFE courses	Operational in several states, consistent with a health promoting school
(2)	Nutrition Success (Dept of Education Qld). Guidelines for Queensland School Tuckshops (Dept of Education Qld)	Consistent with a health promoting school
Skin Cancer (3)	Health and Safety-Sun Protection Policy (ACT Department of Education)	Includes ACT Cancer Society policy guidelines; independent of a health promoting school, broadly supports health promoting schools
(2)	Working Towards a SunSmart Queensland: A policy guide for organisations 1997. Qld Cancer Fund	Incorporates components equivalent to health promoting school core elements; gives background information and sample policies for a range of settings, including schools; includes evaluation instruments
(3)	Sun Safe Policy. Education Queensland	Independent but consistent with a health promoting school
(3)	Towards a policy on the prevention and early detection of skin cancer: A discussion paper. Queensland Health 1996	Provides policy context national and state; state policy documents; goals of policy and principles
(3)	Play your part in sun safe sport 1994. Qld Health & Department of Tourism, Sport & Racing. Also adopted by NSW Departments of Health & Sport and Recreation.	Provides rationale and model sun safe policies for senior and junior sort; includes implementation
(2)	SunSmart Secondary Schools Program. Anti-Cancer Council of Victoria	Equivalent to a health promoting school approach; includes monitoring; sample policy; excellent guide to prioritising what could go into policies

Issue	Title/Source	Comment
	Anti-Cancer Council of Victoria. No date	includes guide to what can go into policy - goals, implementation, evaluation
(2)	Introducing SunSmart School. Anti-Cancer Council of Victoria	Brochure inviting participation; equivalent to a health promoting school approach; includes monitoring tool
(2)	Playing it safe in the sun. Anti-Cancer Council of Victoria	Early childhood resource; promotes written policy as component
(2)	Student welfare policy: Protection from the sun 1990. Department of Education, NSW	Departmental policy independent of a health promoting school but broadly consistent with a health promoting school
(3)	SunSmart information and support material. NSW Cancer Council	Guidelines for prevention strategies, but no direct mention of how to integrate into policy for schools
(2)	Sample SunSmart policy for secondary and primary schools. NSW Cancer Council	Samples, includes implementation
(3)	Developing shady policies for schools. NSW Cancer Council & NSW Department of Health	Brochure only; gives strategies and advice
(2)	SunSmart policy guidelines for schools; and SunSmart policy guidelines for early childhood centres. Anti-Cancer Foundation, SA	Gives sample policy; rationale and components for policy; consistent with a health promoting school but independent
(2)	Sun protection guidelines for primary and secondary schools. Education Department WA 1994	Rationale, strategies, policy development, criteria consistent with a health promoting school but independent; includes policy sample and development steps. Excellent checklist
(3)	Sun Safety Guidelines. Qld Cancer Fund	Encourages policy development and other strategies. Consistent with but independent of a health promoting school
(3)	Policy guidelines for high schools and for primary schools 1993. ACT Cancer Society	Encourages policy development but no 'how to'. Gives sample policy
(3)	Sun Safety at Work: Policy Guidelines.	Gives sample policy; no 'how to'

Issue	Title/Source	Comment
		guidelines and legislative implication and sample valuation instruments
HIV/AIDS (3)	<p>Policy development guidelines HIV/AIDS. SA Independent Schools Board Inc.</p> <p>Health and Safety - HIV/AIDS Policy and Mandatory Procedures. ACT Department of Education</p> <p>HIV/AIDS Education Policy for Queensland Schools. Department of Education, Qld</p>	Developed independently, not really health promoting school related, but broadly supportive
Mental Health (2)	A National Mental Health Schools Program, draft. Public Health and Community Section, Mental Health Branch, Department of Health & Family Services 19967	Includes health and education sector; includes principles and professional development strategy

Attachment 3

Glossary of Terms

A list of useful terms and acronyms which apply specifically to this brief has been compiled here.

Health promoting school

This concept is drawn from the National Health & Medical Research Council Report "Effective school health promoting - Towards a Health Promoting School" (NHMRC 1996) which argues that effective practice for promoting health in the school setting involves:

- a more realistic emphasis on what the curricula can achieve;
- a more explicit incorporation of the health environment of the school (both physical and social); and
- the partnerships and links which exist between the school and its local community and the health sector.

Policy

Can be expressed in many ways and can imply quite different intentions and action. Broad definitions of policy are utilised in this project, including:

- a very general statement of intentions and objectives;
- a specific statement of future intentions; and
- a set of standing rules that are intended as a guide to action or inaction.

(Palmer & Short, 1994, Pg 23)

Policy support materials

Include written material, support documents, guidelines and memorandums; excludes journal articles.

Education and Health Sectors

Refers primarily to national and state government health departments; the government; Catholic and independent education sectors, but also may include non-government agencies or private agencies engaged in health promoting school related activities.

Monitoring

Is used here to refer to assessing participation of schools in policy development; for example, to identify how many and/or what type of schools are participating in health promoting school activities, including policy development

Evaluation

Is used here to refer to assessing the outcomes (or impact) of the implementation of the policy; for example, using checklist, observation protocols or questionnaires to assess change related to policy.

Attachment 4

Suggested Processes for Developing a Policy Framework

A4.1 Developing Policy

Much of the support materials reviewed in this audit overlooked key preliminary steps in policy development. Although it is considered helpful to provide sample policies, this can make policy development look deceptively simple. For example, where groups adopt policies from elsewhere, this can lead to conflict later, when underlying issues and philosophy emerge and the opportunity for discussion has not been provided.

Some processes considered important in the preliminary stages include identifying the purpose, values and philosophy underpinning policy, prioritising issues, ratifying differences in perspective and approach, scanning existing policies, matching resources to objectives and resourcing the policy. Without attention to this (time and resource consuming) preliminary activity, it is difficult for schools to discern the contents of a health promoting school policy. In producing the actual policy document, a clear role for support agencies is required, identifying the elements to be included, providing data to support elements of the policy, providing examples of layout and how the finished policy might look.

A very useful recent resource produced in the UK, "Developing a Health Promoting Primary School" (TACADE, 1996) offers a simple overview of the complex processes involved in becoming a health promoting school. Unusual in its field for its emphasis on policy, two of the three stages of the model (see Figure A4.1 below) focus on policy.

Figure A4.1. The three stages of creating a health promoting school (TACADE, 1996)

Stage 1. Policy development

(i) Why consider becoming a health promoting school?	(i) Developing a concept of a health promoting school	(i) Refining and clarifying a concept of health promoting school	(i) Formulating a health promoting school policy
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Step 2. Policy implementation

(i) Sharing the policy	(i) Activating the policy	(i) Resourcing the policy
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(i) Monitoring the implementation of the policy	(i) Continuing the policy beyond initial implementation
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Stage 1 above reinforces the fact that policy development is much more than adopting or adapting a sample policy. Steps (i), (ii) and (iii) encourage discussion on values and philosophy, aims, potential benefits and commitment to the process. It is important for schools to identify the factors that will shape their policy and also the scope of their policy documents. Questions such as those below have implications for who to involve and the level of involvement.

1. Who will be involved in the development of the policy, and how?
2. Who will be the focus of the policy; students, parents, teachers, other staff?
3. How might collaboration between primary and secondary schools be facilitated?
4. Who will take responsibility for driving and progressing the developmental process?
5. What issues will be the focus? Will cross-curricular integration occur, and how?
6. What resources are available for the developmental stages (and later)?

These discussions then lead to identification of the early tasks such as scanning existing policies, conducting needs assessment and collecting other relevant input and expertise to inform the policy focus. The three core components of a health promoting school (NHMRC 1996), curriculum; environment and partnerships, offer focus for these early discussions. The many health promoting school checklists can be useful at this stage for identifying strengths and weaknesses in the existing school structure, in terms of these core components. In addition, another useful activity is to appraise performance in terms of health education, health prevention and health protection (TACADE 1996).

A4.2 Elements of a health promoting school policy

Given the considerable amount of preliminary work which is required before the actual writing can begin, policy development is a complex task requiring a range of expertise.

Based on the input from this audit, the following guidelines for the elements to consider when developing health promoting school policies have been provided. In other words, these are the major elements which emerged from the audit in terms of what would be most useful components of a health promoting school policy. It is important to note that participants expressed reservations about producing preceptive guidelines or policy templates, which may imply rigid compliance. Instead, flexible guidelines on where to start and what might be included in a health promoting school policy was considered more useful. The guidelines have been developed from a synthesis of many sources and direct sources are identified.

A policy document may be as brief and simple as introduction, aims, strategies, outcomes or it may include all of the issues and elements listed below. There is no single formula for policy development, nor elements to be include, nor order of inclusion. However, the following ideas for elements to consider are provided to provide options for developing policy support to the Strategic Planning Group.

A4.2.1.Introduction

The purpose of an introduction section of a policy is to make clear to all parties the scope or context and dimensions of the policy. Some history or background to the development of the policy might be included, along with major sponsors or partners in the process. For example, if developing a health promoting school policy for a state, region and/or school, identifying the context, breadth and overall

Key definitions should also be included early in the document. One is that of 'health promoting schools' or 'health promotion in schools'. The distinction from WHO is that a health promoting school is one in which conscious links between health services, health promoting programs and the activities of the school as a whole (physical/socio-environmental contexts) are evident; whereas health promotion in schools may be characterised by not necessarily linked or coordinated issue-specific program such as sun safety programs, drug and alcohol, injury prevention programs.

The policy introduction can also include some philosophical underpinnings such as the three dimensions (empirical; valuative; and normative) in policy development, discussed earlier in this report (Dunn 1994). Such explanations would also help to clarify what is expected of the policy. An example of a purpose statement is:

A health promoting school aims to create an environment that encourages changes to maximise health promotion opportunities for the whole school community.

The objectives indicate 'what' needs to be achieved for the policy to be successful. The objectives will then provide guidance in designing the action plan. Where objectives are included, the logical guide for their development would be the three core components of the health promoting school concept and their sub-components; curriculum, environment and partnerships. The use of checklists to appraise strengths and weaknesses will also assist in the development and prioritisation of objectives.

A4.2.2 Rationale

The scope of the policy will be presented in the introduction section, along with the purpose and perhaps some objectives. The rationale section can then be used to provide support for the areas of emphasis highlighted.

The rationale for the policy can be formulated using a number of tools:

- in school community terms, evidence of health problems for specific age groups, nationally, statewide, regionally or more locally. The local area health service and other community agencies may be able to assist in gathering evidence of health issues relevant to the school community setting.
- literature available on 'best practice' models of health promoting schools' initiatives from comprehensive or particular health issue perspectives, such as nutrition, injury prevention in the playground, sun safety. The National Health Promoting Schools Network and State affiliates and the home page, currently assist in this regard.
- identifying relationships with other policies in the school, in the sector, or the broader community. Examples include school development plans, occupational health and safety standards, and non-government agency policies. Networks within the school and across the surrounding community will be helpful in completing a comprehensive scan. Relevant statutory documents will need to be scanned also.

As indicated in the examples above, there is a clear role for agencies outside the school (including government sector structures) and professional organisations for assisting schools in the process of

of the health promoting school concept.

A4.2.3 Principles

Although often overlooked in policy support materials, the articulation of the principles which underpin the policy can be helpful in clarifying roles and how activities are to be executed. Examples of principles could include addressing special needs or special target groups, or the manner in which operations are to be carried out. The principles may be included in sections which deal with philosophy or just as easily included in the rationale section, where supporting arguments for the relevance of the principles might also be placed.

Examples of general principles include:

That health opportunities exist for children within a physical and socio-environmental culture that is conducive to positive health learning;
That a policy framework for action assists the health promoting school's goals by providing direction and suggested actions, evaluation, monitoring and sustainability.

More specific examples relating to particular issues appear in many publications including:

- guiding principles from the Victorian Smoking and Health Program (Policy and procedures guidelines for smoke-free schools, (VSHP, 1992);
- principles for school drug education (Queensland Health, circa 1997; School Drug Education Taskforce, WA, 1994; Ballard, Gillespie & Irwin, 1994);
- principles relating to prevention and early detection of skin cancer (Queensland Health, 1996);
- principles in departmental health, youth health (Tasmanian Health Strategy for Young People 1995-1998; NT Youth Policy, 1996; ACT Youth Health Policy 1997-2000; health for young people in ACT) and Aboriginal & Torres Strait Islander policies (Arnhemland; NT Aboriginal Health Policy, 1996).

A4.2.4 Action or Strategies

The purpose of this section is to outline a series of actions to advance the policy. It is essential that these strategies are consistent with, or are directly linked with, the aims and objectives of the policy.

Many well-written policy actions have been developed. For specific health related topics, (e.g. policies developed on skin cancer prevention/nutrition), information is available through various authorities in each State; for example, the Queensland Cancer Fund SunSmart policy is particularly practical and useful.

The establishment of a steering committee or working party is one strategy which may assist in facilitating action. Such a group can, for example; conduct surveys; design the action plan and consider environmental, organisational and educational strategies that may be used. The committee or working party can consider practical strategies that could be used to encourage acceptance of the new policy, plan promotion and dissemination of the policy, foster broad participation, provide a broad base of accountability and responsibility for policy development and implementation.

A4.2.5 How to Prioritise, Needs Assessment, Community Involvement.

The purpose of this section of the policy is to articulate how the school community identifies needs and sets priorities.

Models exist where visioning workshops and priority/consensus building workshops to assist this process have been utilised successfully (TACADE, 1990, HPS: A Training Manual; Scottish Health Education group, 1989, The Healthy School).

Of particular importance is the need to build in specific roles/tasks and mechanisms to implement the needs assessment process. Again, the inclusion of a wide variety of participants in the visioning process is important.

A4.2.6 Implementation

The policy formulation and development process needs to be integrated into the annual cycle of school processes, e.g. school development planning. Implementation of policy also requires consideration of participant roles, responsibilities and the system of accountability. In addition, the involvement and roles of students, parents, community groups and agencies etc. must be carefully considered. It is quite common for the issue of professional development to arise and this should also be factored into the implementation process.

A4.2.7 Monitoring, Review and Evaluation

In this section the purpose is to identify how the policy will be monitored. This may require, for example, the development of indicators to ensure measurement of on-going processes assists keeping on track. It will also require the identification of dates/deadlines and tasks for who, how and what is going to be monitored. For example, are there deadlines for how the sun safe policy implementation is to progress? What mechanisms are there to monitor students/staff safe sun practices? How will changes to a nutritious canteen program be monitored?

A4.2.8 Evaluation

The purpose of this section is to include an evaluative framework within the policy. The policy evaluation can take a number of forms.

- 1) the evaluation of the process of policy development,
- 2) the impact of the policy, and
- 3) the outcome of the policy in terms of how the policy has impacted on the environment and/or health of the students. The evaluation is a summative outcome of the policy implementation.

A4.2.9 Policy Dissemination

The purpose of this section is to articulate a policy dissemination strategy. Schools may have legal obligations to let the community (possibly through Parents and Citizens Associations) know its School Development Plan. However, aside from such requirements, it is necessary to identify the key stakeholders and ensure that the policy is disseminated widely. This ensures that everyone understands the intent and outcomes of the policy, its aims and vision. It also assists in possible recruitment of community members to working parties and implementation plans.

A4.2.10 Resourcing the Policy

It has already been pointed out that frequently an important yet unrecognised resource issue is that of professional development, possibly through in-servicing processes in the school community, but also in assisting the non-teaching members of the school community to take their rightful place in the policy

and other documentation including: parent letters, media releases, strategic plans, action plans, checklists, health promoting school charters, etc. One purpose of this section of the policy is to identify support materials that have been utilised in your policy development.