THE NATURE OF HEALTH SERVICE-SCHOOL LINKS IN AUSTRALIA

PUBLISHER

Australian Health Promoting Schools Association
P O Box 72
Holme Building
University of Sydney 2006

ISBN 1 86451 332 2
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Youth Research Centre

October 1997

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Page numbers may differ on web

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Part 1

Background

1.1 Context for the Audit

The notion of the health promoting school unites often disparate and contesting health-related educational initiatives within a consistent framework. This cohesive approach recognises three interacting and overlapping domains of:

- classroom and curriculum approaches - the formal structure of what is taught and learnt;
- school ethos, policies and programs - the ways in which schools are structured and behave, and the overall educational approaches adopted;
- school links with their broader communities - the ways in which schools recognise that health issues are also of concern to families, communities and nations.

In the latter arena, initiatives at central (national or state/territory wide), regional and local levels have sought to establish and develop links between schools and health services. These range from formal programs that link education and other departments and bureaucracies, to location of health (and other) workers and services within a school setting, to relatively informal arrangements between individual schools and individual health agencies. Many of these initiatives are short-term and dependent both upon non-recurrent funding and on individual goodwill.

The National Health and Medical Research Council (NHMRC) report Effective School Health Promotion - Towards Health Promoting Schools, provides several reasons for the creation of links between education and health services:

- they enable the detection and prevention of illness:

> collaboration with community-based clinical services and health education for teachers is particularly important as clinical services are rarely located on the school premises. Hence teachers play an important role in prevention and detection of chronic illness (NHMRC, 1996: 24)

- they lead to the successful implementation of existing school health programs (ibid);
- they enable the health promotion message to be reinforced through the local community (NHMRC, 1996: 25);
- they encourage the development of comprehensive and holistic programs:

> Partnerships with agencies ... in the community appear to form an integral part of programs which are comprehensive, holistic and broad-based (ibid).

> outcomes by maximising the contribution of health services and achieving better co-ordination in contact with schools (NHMRC, 1996: xiii).

These statements emphasise the importance of effective and sustainable links between health services and schools in which all members of the school community work together to provide students with integrated and positive experiences and structures which promote and protect their health.

1.2 Intent and Scope of the Audit

This audit documents, compares and analyses a sample of over 200 education-health service link programs from central, regional and local settings. While some of these examples of activities that link schools and health services have already been well documented, often in local evaluations, it is recognised that a greater variety and extent exists nationally than is at first apparent. It is important to learn about what is happening, as well as to analyse the development of such practices in order to learn:

- how these links have been initiated and maintained;
- the barriers that schools and services have encountered;
- the needs for resources, support, coordination, professional development and so on;
- the changes to organisational practices that have been consequent upon these links;
- the factors that impact (both positively and negatively) on the diversity of practices;
- the factors that impact (both positively and negatively) on the sustainability of practices;
- the perceived or documented outcomes of such links.

While it has not been possible within the constraints on this consultancy to carry out a comprehensive stocktake of all activities at all levels (particularly with respect to local activities), this audit provides a wide range of 'snapshots' to indicate the level of activity of such links, particularly those operating at central program levels. These 'snapshots' provide data for some analysis of the major patterns in the levels of activity, their impact and their sustainability.

Five cautions are advanced in respect of the information gathered. First, the documentation present in this audit is given from the point of view of the health service. The scope of the audit has meant that the consultants have not looked at the internal school health practices which form part of these partnerships nor gathered, in the main, views on the links from the education communities.

Secondly, it is also recognised that even so-called 'objective descriptions' of programs can and do vary according to the informant; there are examples here where the program's nature may be seen differently by different participants. The audit is thus aware that, in most cases, we have only one viewpoint on programs.

Thirdly, it is important that these descriptions are not seen as providing an evaluation of the

though it does in many cases draw upon existing evaluations.

Fourthly, these programs do not necessarily operate in or with school communities that are advanced in planning or acting around the health promoting school concept. The range of activities portrayed in this audit may contribute to the development of a health promoting school, but paradoxically, may not be **aware** of that contribution.

Finally, due to time constraints and as a result of contacts provided through coordinatedstate meetings, e.g. Western Australian School Health Coalition, the audit primarily gathered information at an initial level of **central** agencies. While these agencies were involved in some local initiatives, their activities and responsibilities were often recorded at an overall state level to give a broader view of programs. It was not possible to follow up every local initiative with interviews, although surveys were sent to many of these. Where local initiatives are not connected with larger programs, it was even more difficult to identify the full range of existing programs.

The overall analysis presented in this report aims to inform the development of strategic planning at a national level which is designed to enhance the positive aspects and outcomes of such education-health service links, and meet the perceived gaps in such provisions.

Part 2

The Social and Political Context of Education-Health Service Links

2.1 The Socio-Political Context for Service Links

Increasing attention has been paid to the need for extending coordination, cooperation and even collaboration between various sectors of the service economy. In particular, concepts such as 'co-location of services', 'full-service schools' and 'integrated service delivery' are being examined and implemented within and between the spheres of education and human or community services in many areas (Australian Centre for Equity through Education, 1996; Melaville and Blank, 1994; Rusk, Shaw and Joong, 1994; Ryan, 1996; Semmens, 1996; Youth Affairs Council of Victoria, 1996).

As previous reports have noted (see for example, Stokes and Tyler, 1997), such initiatives are frequently based on limited or contested rationales where economic cost-saving imperatives gain dominance over the achievement of improved educational or service outcomes. In contrast, Stokes and Tyler point out the need for a clear and consistent social justice agenda in the development of such education-human service links - an agenda which emphasises equity issues, a concern with the holistic needs of young people, and the empowerment of the participants.

This audit has met a degree of cynicism about the reasons as to why education-health service links are considered important, especially where these initiatives co-exist with substantial budgetary cuts to both spheres. At the same time, however, informants from health services reported a consistent commitment to the development of links - a commitment that often transcended their concerns with a 'larger picture' from which they also felt disempowered. That commitment and cynicism manifested itself both in the development of extraordinary local programs and an anger that:

> they expect us to do all this work and then they'll steal the idea from us, then tender it out to someone else!

2.2 Schools and Their Communities

The social and political pressures, some of which have been outlined above, place contradictory demands on schools. On the one hand, they are expected to excel at their traditional 'core business' of academic learning; on the other hand, they are asked to become the focus for a range of other educational and social tasks - and to enter into partnerships to undertake these. Schools have been identified as the locus of action for a variety of curriculum and welfare initiatives (Youth Research Centre and Centre for Social Health, 1996: 7).

many of the social concerns and sought to incorporate these within their curriculum and structures; of these, several have expressed a concern at the negative labelling of such approaches as 'welfare' (and thus indicative of the existence of 'problems') and the increased negative perception of 'welfare schools' within a competitive educational climate. Others have 'retreated' to narrowed concerns, seeking to locate such 'welfare 'outside the school or through creation of specialist and separate staffing positions. Others remain confused and uncertain about the directions to take (see, for example, Youth Affairs Council of Victoria, 1996).

The concept of 'appropriateness' is important here: how do schools individually or collectively decide on what is appropriate to incorporate into their ' Contradictory responses are noted: on the one hand, a retreat to the 'core ;of academic learning; on the other, an embracing of a wider definition of the 'holistic needs. At least in part, the encouragement of simple (and often service) links between schools and health is seen as a means of resolving that contradiction. It enables schools to feel that they are addressing the wider, holistic needs of students through these links - the agencies talk of schools 'identifying needs in the school '- while being able to focus their limited time on what they understand best: the formal teaching and learning process.

It should be noted, however, that the development of collaborative approaches to health promotion and to the concept of a health promoting school, stands in sharp contrast to many of the current in-school resolutions of these contradictory demands - particularly resolutions that involve denial or a retreat into the 'fortress '

2.3 Health Professionals and Their Communities

Similar pressures upon health services have been identified by respondents in this audit. Many identified school requests or mutual identification of service needs as a reason for initiating links with schools:

> Ongoing requests in an area (of content) where many teachers feel uncomfortable to teach, or feel they don't have enough information.
>
> A need was apparent in the school curriculum - individual teachers approached the (health sector program) for assistance.

These reasons identify a common understanding of ideas attributed to teachers in schools - that is, there are seen to be shared pressures upon schools and health services.

However, behind many other statements from health agencies lies a common thread of their need for ready access to a population of young people in order to deliver mandated services. This leads the health sector, at a central level, to target schools for the specific delivery of health services and for health promotion activities:

Part of the Agency's brief as per national strategy. Usually a child with (specific medical condition) is at school. To fill a gap in service delivery for young smokers.

Seen in this light, Health agencies bring their own needs into the Education arena. Unless there is an atmosphere of shared interest and a shared acknowledgment of appropriateness, this brings the risk of yet another pressure upon schools to accommodate these 'external' needs.
As with Education, the resolution of pressures upon Agencies through the implementation of a health promoting schools framework, is in sharp contrast to some of the 'separate program' orientations currently being pursued in school-health service links by single issue agencies. Such a resolution may place further pressure upon these agencies for services and approaches that they are currently not considering, and that they may not be funded or supported to provide.

2.4 Levels of Links

This audit has observed health service-school links on a number of levels.

The first of these levels has to do with the geographical scope of the link. In particular, the audit has identified:

- **Central - i.e. National and State/Territory links:**
  National programs mandate, encourage or support links between education and health services, initially at a policy level, and then in translation to service provision; most of these have been located within areas of government, but some have been initiatives of non- or semi-governmental bodies. Relatively well-resourced national programs allow for states and territories to implement significant local initiatives, e.g. National Initiatives in Drug Education (NIDE), National Mental Health Education Strategy.

  Similarly, state and territory governments and non-government agencies have developed program approaches that link education and health services; many of these are the distinctive ways in which national initiatives are translated into state/territory structures and needs. The larger states (in terms of population and distance) have significantly devolved systems; where populations are concentrated in one main area, these health systems are more unitary and less devolved (e.g. Tasmania, South Australia).
- **Regional links:**
  Both government and non-government bodies have developed programs within extended localities, affecting groups of schools and groups of services. Within relatively devolved systems, regional policy initiatives have become more important (e.g. Bendigo's Health and Education Working Together [HEWT], within Victoria).

These have generally been based in individual services and schools, and may have been the local manifestations of national or state programs; alternatively, particular community issues and concerns have been addressed locally and then adopted as a state-level program, e.g. the Northern Territory Police in Schools Program.

Secondly, these links can also be characterised in terms of the productive nature of the link, for example:

- policy development as a basis for a broad range of other collaborative initiatives;
- production of curriculum outlines/guidelines to facilitate or ensure inclusion of particular health issues or processes in school operations;
- cooperative or collaborative program development and implementation, including negotiated classroom presentation of lessons;
- creation and implementation of professional development activities for teachers and others;
- development and/or supply of curriculum materials;
- direct health service provision to students, including both 'surveillance' and 'treatment'.

Thirdly, the links can be characterised in terms of the relationship between the 'partners'. There are different 'levels' of links, which can be described thus:

- **Separate Services**
  - Each agency provides services for specific client groups
  - Competition for existing resources
  - No common philosophy between agencies
  - Separate organisations, mandates, policies, and protocols
  - Single focus agencies

- **Cooperation**
  - Intersectoral groups and committees with informal structure
  - Share information and network
  - Organisations maintain separate procedures, policies and activities
  - Determine these without reference to those of other organisations

- **Coordination**
  - Intersectoral groups that work on common projects with common goals
  - Interdisciplinary management team
  - May hire a coordinator to coordinate services
  - Some sharing of resources

- **Collaboration**
  - Joint planning
  - Shared goals
  - Protocols and agreements for collaboration to take place
  - Coordination is part of everyone's job

- **Integrated services**
  - Programs with interdisciplinary service teams
  - Non categorical flexible funding for programs
  - Common values and philosophies

(after Stokes and Tyler, 1997)

To some extent, these characterisations of the 'levels' of the links interact with each other and several agencies reported difficulties in assigning their mode of operation to any one of these. Indeed, the unprompted descriptions provided by some agencies were markedly different to the criteria they selected to describe their operation - many of these described their relationship with education as 'collaboration', when it would seem that their activities lacked any joint planning, shared goals, mutual commitment or agreed protocols. See Sections 5 and 8 of this report for further discussion.

Part 3

Health Services, Health Promotion and Health Promoting Schools

3.1 Health Promotion is Not Just from Health Services

The outcomes of this audit challenge the notion that health links with education are solely based within what are traditionally labelled as 'health services'. In addition to specific Government and non-Government health programs, the audit lists a range of programs operating with schools which originate in areas such as Justice, Police, Recreation, Local Government or through the Arts e.g. in Drama groups, which have a broad health promotion focus, but are often not labelled as 'health programs'.

Health promotion utilises a broad definition of health, aiming to enhance the physical, mental, social/community/political, environmental and spiritual health of members of the community.

> The health promoting school concept ... utilises a holistic model of health which includes the interrelationships between the physical, mental, social and environmental aspects of health. (World Health Organisation [WHO], 1995)

This audit acknowledges and uses such a holistic model of health. This involves the more familiar area of physical health (dental services, school nurses etc) in which:

> basic health services ... address local and/or national needs ... available to students ... local health services contribute to the school's health program (WHO, 1995: 9).

It also includes social, mental and spiritual health where a wide range of other agencies impact on the environment of the school. Community policing, leisure services, specific and generic youth services, community resource centres, community health centres (for both physical and social health) and counselling services all contribute to the creation of a health promoting school in which:

> ... the school ethos is supportive of the students' emotional and social health needs ... the school creates an environment of care, trust and warmth which encourages pupil attendance and involvement ... The school actively discourages physical and verbal violence ... The school is active in tolerating cultural, religious and racial diversity ... the school is proactive in linking with its local community ... (WHO, 1995: 7, 8)

The provision of services and resources may form the basis of links but, in most cases, such service provision is seen by agencies as operating within a broader health promotion framework.

by:

- **Health, Welfare and Human/Community Service Departments**: for example,

  * the interface between Health and Community Service Departments and Education Departments,both centrally and in school programs such as the work of the South Australian Department for Education and Children's Services (DECS) and Health in taking a collaborative approach to integrating classroom approaches and welfare in schools (see case study in Appendix 3);

  * the changing role of school nurses and Community Health Centres in various states from, for example, screening and physical health, to a broader welfare and health promotion role:
    - in Northern Territory where nurses are stationed in schools and have developed a school nurse network;
    - in Victoria, there are Departmental School Nurses and programs from Community Health Centres;
    - in Tasmania, Queensland and New South Wales, nurses operate from Community Health Centres and have access to schools;
    - in South Australia, where personnel in Community Health Centres have similar functions but do not access schools;
    - in Western Australia where nurses operate from schools and Community Health Centres.

  Further details of the operation of School Nurses is contained in a case study in Appendix 3.

  * the Extra Edge Program in Victoria, which has network links with projects operating between schools, Community Health Centres and youth centres;

- Justice and Police Departments: examples can be found in such areas as the range of community policing models in Victoria, Queensland, South Australia, Western Australia, Tasmania and the Northern Territory:

  * in Victoria, where police are working with schools to develop curriculum specific to the school's needs;
  * in Queensland, where police have recently started working with a number of secondary colleges;
  * in South Australia, where inter-agency links exist between DECS and Police, without a formal program;
  * in Western Australia, where police are located in some schools with a specific drug education curriculum to teach;
  * in Tasmania, where police go into schools, on request, to deliver specific programs, e.g. on drug education;

a specific curriculum to teach and with time allocated for this.

Further information is included in a case study in Appendix 3.

- **Local and Community Based Initiatives, such as:**

  * Local Government provision of youth and health services in association with local schools, e.g. Cairns City Council's (Qld) role in Health Promotion activities;
  * remote Aboriginal communities addressing issues of concern, e.g. Maningrida (NT) (smoking), Indulunka (SA) (petrol sniffing), Esperance (WA) (nutrition), Elliot (NT) (general health issues);
  * the Berry Street-Sutherland Community Resource Centre Creating New Choices project working with local secondary and primary schools in the northern suburbs of Melbourne (Vic) on combating violence in schools.

- **Non-Government and Semi-Government Health Promotion Agencies,** offering programs or resources for use in schools, such as Life Education, Sunsmart, Heart Foundation; or teacher in-service activities on particular issues, e.g. Family Planning Australia (HIV/AIDS), Australian Drug Foundation, QUIT.

3.2 Health Promoting Schools or Health Promotion in Schools?

The audit also draws a distinction between health promotion programs that operate with or within schools and the concept of a health promoting school. It is important to acknowledge both the relationship and the differences between the two concepts.

As noted in the World Health Organisation (WHO) definition, it is the conscious nature of the inter-relationship between health services, health promotion programs and the activities of the school as a whole, that determines whether the school can be said to be moving towards becoming a health promoting school. This implies that the school be receptive to developing partnerships with health services. This aspect of the Health Promoting School is then, in part, how the school sees itself in relation to those services; reciprocally, it is also how the health services see their relationship to the school. The provision of school health services, and the development of school health activities (programs, teaching etc) and policies, are all necessary but not sufficient to define the health promoting school.

Further, the concept of a health promoting school in its relationship with health services, exists within a broader health promoting community framework in which schools and other agencies are conscious of themselves as partners in building and enhancing the development of a healthy community.

As the concept of a health promoting school builds upon but is more than the provision of services, programs and policies, so the concept of a health promoting community transcends

surveillance, ill-health prevention and treatment. Again, it is the conscious nature or intention of the relationships that is most important.

The following conceptual diagram (p 16) presents a schematic view of such relationships. It represents some of the aspects of the links between education and health services at three major levels:

- **the intentional collaboration in the development of the health promoting school and Community, either at a local community level, or within central departments and agencies.**

  Such collaboration is characterised by moves towards integration of agency approaches (in sharing of goals, planning, responsibility), and by professionals working alongside participants in determining community health priorities. Links are inherently two-way. Action priorities are seen in terms of the development of improved processes in building and enhancing community.

- **coordination between education and health services in the shared development and implementation of local and specific health promotion policies and activities.**

  Such coordination is characterised by shared responsibility between professionals for program implementation and for the coordination of services and activities in the school or community, including development of school policies, programs, teaching/learning activities and professional development. Links are substantially, but not necessarily, two-way. Action priorities are identified in terms of priority setting, and in identifying gaps and overlaps in programs.

- **cooperation in the provision of health services within education, either of a preventative or treatment nature.**

  Such cooperation is characterised by separate and autonomous departmental processes and the separate development of services for shared populations. It includes the provision of direct health services to students by professionals. Links are mainly one-way and based on health service delivery to schools. Action priorities are identified in terms of efficient and effective delivery of these services, including access to schools and the identification of service gaps.

Within this schematic view, health promoting schools and communities will develop a range of specific policies and activities, including coordinated program development and cooperation in service provision. However, it is the intentional perception of these within a broader framework that characterises the movement from **health services to health promotion to heath promoting schools/ communities.**

In the responses to this audit, much of the concentration at the level of individual agencies was naturally on their own health service provision or on the health promotion activities that occur in their links with schools. At the 'lowest' level, there was little recognition of how the agencies saw service provision fitting within broader health promotion or health promoting school concepts. They saw their work as, for example,

> the early identification of a health concern which may affect a child's capacity to learn and develop to their full potential.
>
> to provide access to child and youth dental services.

However, there was a significant trend in other agencies towards articulation of the connections between individual programs and these broader concepts. As health agencies began developing, for example, curriculum-based links with schools, they saw this work in terms of health promotion rather than only responding to immediate health needs:

> to develop the skills, knowledge and resources of young people in relation to the nature and prevalence of mental health problems, and strategies that promote good mental health.

Even these programs, however, seldom mentioned a 'bigger picture' involving either a 'health promoting school' or a 'health promoting community', though such concepts may well be implicit in their general purposes:

> to strengthen and empower individuals, families and communities, with particular concern for the vulnerable, the excluded and those experiencing stress through life cycle demands.

It was, not surprisingly, only at the level of programs that specifically existed to focus on the health promoting schools concept, that agencies articulated aims that dealt with organisational and community development:

> to increase the health and wellbeing of whole school communities.
>
> enhance the concept that a health promoting school is one which has an organised set of policies, procedures, activities and structures designed to protect and promote the health and wellbeing of students, staff and the wider school community members.

It must be recognised, however, that each of the activities outlined in this audit provides a basis - a building block - for the development of a more comprehensive Health Promoting School model, and that each is, in fact, an integral part of the mosaic that makes up that school.

A Schema for Education-Health Services Links
Within the Health Promoting School

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Part 4

Audit Methodology

In conducting this audit, health services throughout Australia were identified and asked to provide information about their links with Education. The audit team worked from two locations, one in Sydney and one in Melbourne. It was carried out in the following stages:

Phase 1: Development of areas of interest. Two survey instruments were developed: a 'profile' questionnaire that asked for descriptive data on programs; and a 'case study' set of questions that followed up particular areas of interest. In operation, the profile questions provided sufficient detail (and took a substantial amount of time to complete, especially face-to-face) that the extra questions were only occasionally used.

Development of database. The information was recorded on an electronic database (using Filemaker Pro) in a way that enabled particular issues to be identified, accumulated and reported upon.

Phase 2: Allocation of responsibilities within team. Areas of Australia were divided between team members.

Phase 3: Development of contact list. The critical 'gatekeepers' within health services were identified using the National Health Promoting Schools Initiative (NHPSI) State Coordinators, Health Department personnel and others. In addition, the audit was publicised through several newsletters and notices. Each 'contact' provided further information about projects and people and this phase of the audit became a critical one of 'following leads'.

Phase 4: Visits and Surveys. Visits were carried out to selected projects in each state and territory. It was extremely valuable to see projects in situ, to clarify and follow up questions and to allow other, unexpected, issues to emerge. Some surveys were completed in great detail during these visits, while others were left with potential informants, passed on by state and territory contacts or mailed out in response to queries. In some cases, surveys were completed in phone interviews. Generally informants were prepared to provide substantialdetail and to take great care in the inclusion of accurate information; surveys completed face-to-face or by phone were naturally most detailed.

Phase 5: Follow up. In a number of cases, programs were followed up by phone conversations to encourage completion of the survey, or to clarify or check information submitted.

Phase 6: Analysis of data. The database of information then enabled issues to be analysed and examples to be sourced for this report

Part 5

Description of the Audit Data

5.1 Extent of the Data Collected

A sample of over 200 programs across Australia has been documented in this audit. Appendices 1 and 2 contain full lists of these programs, organised by state of operation.

The following table provides an outline of the extent of the information received as part of this audit.

Firstly, programs were asked to indicate the level of their responsibility. Note that programs may have described themselves as operating at more than one level and therefore figures in the columns may add to more than the column totals. These column totals indicate the overall number of programs identified and documented within each state or territory.

	Vic	NSW	ACT	Qld	SA	NT	WA	Tas	Total
State	15	5	7	3	19	3	16	8	76
Regional	13	13	2	13	11	9	4	5	70
Local	21	16	1	16	11	11	4	0	80
Other	1	0	0	0	0	2	0	0	3
Total	44	28	10	32	39	22	21	12	208

Secondly, respondents were asked to indicate the location of their work with schools. While for some programs this was not relevant (they worked at a system level, or with any school on request), those who did respond classified themselves as follows. Some respondents listed the area of their work in several categories:

	Vic	NSW	ACT	Qld	SA	NT	WA	Tas	Total
Inner Urban	6	3	5	2	10	5	9	5	45
Suburban	10	5	2	6	15	5	5	4	52
Outer Urban	6	5	2	5	9	3	4	3	37
Regional Centre	15	8	3	20	13	10	5	5	79
Small Country Town	15	12	0	6	12	6	5	3	59

Remote Community	9	0	0	1	8	11	3	2	34
Other	1	0	0	2	2	4	1	0	10

5.2 Nature of the Links

The information gathered provides a complex picture of Health Service-Education links nationally, reflecting substantial organisational and historical differences between the states and territories. In particular, different responses to economic and political factors have driven agencies to link in various ways and for various reasons, as discussed below.

While some of the 'programs' identified in this audit had discrete functions, other (even local) agencies operated on several different levels and performed a number of different functions. Reflecting the schema outlined in section 3 (page 16), these can be grouped as:

5.2.1 Health Service Provision and Case Management

Health agencies are involved in direct health service provision to students with the cooperation of schools in the areas of:

- screening for hearing, vision, oral health and so on;
- provision of dental services and immunisation;
- individual case management of students, including counselling;
- referral of students by a school to a health agency for further services.

These are often organised through state-level programs but with a regional and/or local implementation.

In all states and territories there has been some form of screening and/or treatment program for vision, hearing and oral health at either pre-school or the early years of school, and again (in some cases) at transition levels. These screening, treatment and immunisation programs form an important and practical link between health services and schools. Even within this, differences are seen between approaches, with one respondent reporting:

> Nurses and doctors appear to have a different focus: for nurses it's promoting healthy school children; for doctors it's identifying medical abnormalities.

Some of these programs are now changing from the traditional screening and referral approach to see this offered within a broader health promotion approach. For example, the Healthy Schools Project in the Northern Sydney Area Health Service is operated by School Nurses whose former role was screening students. Similarly the School Nurse Program in Victoria, Northern Territory, Western Australia and Tasmania, while continuing to provide direct services to primary school students, is also using such contacts with schools to

(see details in Appendix 3, page 76).

Dental services have also changed from simply direct service provision to the inclusion of health promotion and engagement with school canteens on nutrition issues.

5.2.2 Coordinated Health Program Development

The second type of link involves the provision of various forms of health program development with or within schools by agencies. These include curriculum services through direct teaching, professional development of teachers, supply of materials or curriculum project development. A further distinction can be made between those links in which health services bring curriculum units or events into schools as 'outsiders', and those in which health services work with teachers within existing curriculum outlines as 'collaborators'.

a) Curriculum Development and Presentation

A common type of link is the delivery of a health education unit to groups of students by health professionals. This is often done at the request of the school (e.g. school-based nurse contacts alcohol services in the Northern Territory) and on a single issue basis (e.g. drug and alcohol harm minimisation, sun protection, role of General Practitioners). This model is used extensively in Northern Territory by the Police in Schools program who deliver drug education using the Drug Abuse Resistance Education (DARE) curriculum in years 5 to 10.

Whereas traditionally this has been a one-off presentation (e.g. ADD Inc in the ACT, Logan Area Division of General Practice in Queensland) or through a short program of activities (e.g. Narrabri Community Health and Narrabri High School in New South Wales, Cobaw Community Health Service with primary schools in its district in Victoria), many agencies are now recognising the limited effectiveness of such one-off classroom presentations and are attempting to work with and through classroom teachers as part of the existing and continuing Health Education curriculum. Where one-off presentations in schools occur, they can be productive if structured to achieve particular outcomes, e.g. part of a project aimed at establishing a closer link between the health agency or practitioner and the students (such as the Division of General Practice's 'Preparation for Puberty' Program).

Despite this recognition, and the range of research evidence which indicates the relative ineffectiveness of one-off presentations,such approaches continue to be used in many cases, either with agencies seeing this as the only form of education access that is available to them, or with teachers requesting such an 'event' as meeting limited outcomes (perhaps in response to a crisis) in a teaching framework that does not allow the time required for more collaborative planning.

As a result of tighter resource allocation within agencies, there is now a movement in central agencies away from direct teaching towards a concentration on teacher in-servicing (e.g. QUIT in Victoria, Family Planning South Australia). The agency provides in-servicing to teachers on particular issues either within the school or out of the school.

Many health agencies provide resources or teacher training on particular issues (e.g. QUIT, Family Planning, the Epilepsy Association). These might be provided free or on a cost recovery basis. The training or resource usually meets the requirements of the school curriculum. Other forms of teacher professional development relate to the treatment or management of particular conditions (e.g. asthma, by the New South Wales Central Coast Division of General Practice; Diabetes NSW also provides a training video for teachers, students and parents).

Thirdly, students are referred to the agency for reference material. Many agencies have developed their own materials, or (at a local level) carry a range of others' informational material. Schools or individual health professionals refer students to agencies to collect material as part of curriculum projects (e.g. Family Planning, National Heart Foundation, Anti Cancer Council).

Curriculum material is developed by some agencies for distribution to the school with some limited implementation backup (e.g. 'Collect a Heart', National Heart Foundation, South Australia), which fits in with national curriculum profiles across subject areas.

b) Joint Work with Schools on Specific Program

The greatest range of approaches observed in this audit involve a health service and a local school working together on a specific program (e.g. Drug and Alcohol Services Council in Prospect Primary School, South Australia), initiated either by the agency or by the school, sometimes growing from a coordinated initiative, or triggered by policy developments at a state/territory or national level.

This audit discovered some examples of links in the area of individual health services working with schools in relation to school organisation, policy development, and environment. While many schools may have developed policies relevant to the health promoting school concept, relatively few health agencies appear to be assisting them directly in that task. Where there are links at a policy level between schools and the health agency, it is usually about a single issue (e.g. drugs policy, HIV/AIDS, nutrition, skin cancer) or more rarely in developing whole school change on these issues (e.g. Family Planning on HIV/AIDS in South Australia, Creating New Choices in Victoria). Diabetes Australia is also currently working on a national policy which they have workshopped with education contacts.

However, individual school developments in these areas are strongly influenced by policy development at a state/territory or national level, and here there are many examples of departmental level links. The growing number of projects labelled as "health promoting schools" or "healthy schools" have increased the number of links focused on school organisation, policy development, and environment. Most have tried to assist schools to adopt a more holistic approach to health promotion (e.g. the Tasmanian statewide Health Promoting Schools Project, co-owned by the health and education sectors; several New South Wales Area health services have health promoting school projects, as does the Townsville Tropical Public Health Unit in Queensland).

structure and are reactive to health issues. While student participation in decision making may be growing and students' organisations (Student Representative Councils, Junior School Councils) exist in most schools, student involvement in health education is mainly as the passive recipients of expert knowledge from teachers or health professionals. The stated aim may be to empower students to take control of their health but the processes by which this is achieved may not be empowering. There are exceptions which actively promote student participation (e.g. the Health Promoting Schools Project on the Gold Coast in Queensland, Police Involvement in Schools Program in Mornington in Victoria).

Similarly, most agencies see parents amongst the recipients of school-based programs (e.g. parenting programs) or see the need to educate parents about health issues. In some cases (e.g. National Heart Foundation, WA) agencies develop curriculum materials which include home-based learning activities, in which parents and students work on topics together. In some cases, however, as a result of coming together for parent education within programs, parents have developed their own groups around particular health issues and taken a more proactive and participatory role as partners with professionals, e.g. in the Leavers Dinner (Tasmania), parents formed their own group around drug and alcohol issues.

5.2.3 Education-Health Policy Development and Implementation

The third level of link sees Education, Health and other Government and non-Government agencies, working together at a departmental or 'peak' level to establish policy directions and coordinated program delivery. As well as occurring at national and state/territory levels, this also occurs within regions and clusters.

Factors which enable the development of health promoting schools are the existence or absence of:

- A state-level coordinating body between departments and agencies. This has a profound impact on the development of Education-Health Sector links. The degree of central support and encouragement determines whether such links exist widely or simply locally;
- A culture of collaboration and history of interaction between departments at policy level;
- Formal agreements and policy initiatives;
- Funded liaison positions.

State-level coordinating body

In **South Australia**, the long-term existence of several inter-departmental bodies (as outlined below) has been highly significant in establishing both on-site and inter-site coordination of education and health services. The existence of a legislative framework and of explicit protocols for inter-departmental work have expedited such development and have meant that systems are set up to specifically focus on the development of links. These inter-agency representatives in Department for Education and Children's Services (DECS) act as important gate-keepers, but are seen, by Education in particular, as 'openers of gates' rather than as having a negative control function.

at policy, procedural and advisory levels within both health and education and includes other government and non-government agencies as well. A Memorandum of Understanding between Health, Education and other related agencies underpins the different initiatives.

One of the major South Australian policy initiatives is HEIAC (the Health Education Inter-Agency Advisory Committee). This committee has been convened by Education for approximately ten years around the issue of shared approaches to curriculum and resources. It meets every six weeks and involves the Ministers from health and education, high ranking curriculum directors as well as CEOs from government and non-government health related agencies.

HEIAC is advised by a number of reference groups that include drug education, health care and education, mental health education, health and physical activity, safety education, sexuality education and a parent reference group. Each of these references groups then has a number of representatives from different health-related organisations with a stake in health promotion in schools; for example, the nutrition reference group has representatives from the Heart Foundation, Dental Services and Canteen Associations among its members.

There have been some criticisms of HEIAC: that it has generated a lot of work for itself, that it is a South Australian Department for Education and Children's Services (DECS) committee, with DECS seen as retaining control, and that it is not adequately involved at the school and classroom level. Overall however, HEIAC has provided a mechanism over a long period of time for health agencies to gain access to schools with accurate information and good practice and for Education to be able to monitor and facilitate access.

The DECS supports dissemination of the Health Promoting School concept and practice into schools through a service agreement with the Child Health Development Foundation, based at the Women's and Children's Hospital in Adelaide. Both health and education fund the Foundation to provide support to schools for the development of health promoting schools, while 'Living Health' (a statutory state-wide health funding agency) funds a grants scheme for the schools that is administered by the Foundation.

There has also been a formalised process developed for inter-agency referrals between Health, Education and Welfare in South Australia. The State Inter-agency Committee has six regional committees (four in metropolitan area and two in country areas) each with a Inter-agency Referral Manager. Each of these committees includes representatives from Health, Education and Welfare. The committees meet weekly to jointly allocate case management of students with social, emotional and behavioural problems, and to look at trends and wider intervention. This state-wide system has some local variation according to local need.

In **Western Australia**, the School Health Coalition was set up in 1991 as an advocate for school health. It meets every second month and involves a group of Government and non-Government agencies from health and education interested in promoting school health using the Health Promoting School model. Government members are observers and

Government policy is not in line with the School Health Coalition's policy. It is a forum for sharing information and ideas, with all organisations involved contributing part of their own resources. There is funding for an executive officer and funding is gained from 'Healthway' for the production of different booklets.

'Healthway' (the statutory health funding body in Western Australia, funded from taxation on the sale of tobacco products) provides an interesting model for developing joint initiatives and collaborative proposals for health promotion in schools. It actively promotes collaboration by acting as a 'gate keeper' when allocating funding. As each proposal is received it is viewed with regard to other proposals. Where there is a similar project, and if the projects would work well together or if information needs to be passed between projects, 'Healthway' acts as the facilitator for this process.

In **Victoria** there currently did not appear to be formal central initiatives between health and education although there are inter-departmental initiatives being undertaken at regional levels, e.g. in Ballarat and Bendigo, and by sections, units or programs of individual Departments. 'VicHealth has a funding role similar in many ways to those of 'Healthway' (WA) and 'Living Health' (SA).

In **New South Wales** and **Queensland**, funding is provided at various departmental levels rather than through a separate statutory body.

The size and concentration of population and the subsequently less devolved departmental systems (for example in South Australia), were identified as factors that made the high level of agency interaction possible, although it could also be developed in a devolved system (for example, New South Wales and Victoria) through service agreements between the Departments and local providers.

Culture of collaboration and history of interaction

As in South Australia, the development of a 'culture of collaboration' from the 'centre' (e.g. the Western Australian School Health Coalition) was seen by many respondents as crucial to both the development and sustainability of local health service-school links. This can also be seen in the importance attached to the role of Health Promotion Officers, who are located in most states in Health Departments, regional agencies and Community Health Centres, whose roles specifically include the development of links between health and education.

There are currently differing levels of interaction in each of the states and territories between education and health at these departmental and policy levels. It is important that existing initiatives are recognised so that any further development can build on them.

Formal agreements and policy initiatives

One of the major policy initiatives in **New South Wales** has been the two year Inter-Agency School Community Centres Pilot Project. This was a collaborative initiative of the New South Wales Departments of Health, School Education and Community Services developed by an inter-departmental group on Early Childhood following the release of the Report of the

project was to influence the planning and integration of service delivery to better meet the needs of families with children from birth to five years. Services to school-aged children, their families and communities have also benefited.

Local needs and issues have been identified by a community advisory group at each site which is comprised of community members and representatives from local agencies. A Steering Committee composed of senior representatives from the three departments and a State Coordinator oversees the project.

The success of the project has been attributed to a number of key factors:

- The project was tailored to meet local needs;
- The choice of facilitator was important;
- Local management and advisory committees were important; and
- The project structure has contributed to success (Cant, 1997: 32).

In the **Northern Territory**, a Memorandum of Understanding exists between the Education Department and the Territory Health Services. Funding is provided by Health for staff to work in Education in the areas of health and drug education. A Child Health Policy has been developed as a joint policy initiative of the Education Department and the Territory Health Services.

Funded liaison positions

In **Queensland**, the Department of Health has funded a position to work with the Department of Education to assist in the development of health curriculum and promote greater collaborative practice between the departments. This position is claimed to have had relatively little success because it has been perceived solely as a Department of Health initiative. Expectations about the position have differed between departments, with Health expecting that its Departmental priorities would be the primary focus, while the Education system had its own priorities.

Policy initiatives in **Tasmania** between the Department of Education and the Department of Health focus on the development of a partnership approach to the implementation of health promoting schools across the state. A joint statement on health promoting schools in the form of a Memorandum of Understanding between the two Departments (recently signed by Ministers for Education and Health) forms the basis to support a partnership approach. This approach was seen as the most ideal way for the health and education sectors to work together to assist in the better health and wellbeing of students and staff and the wider community.

5.3 Origin of the Links

In analysing the origin of these links, i.e. who initiated the program and in response to what, the reasons provided in the audit responses are seen to be closely linked to the nature of the link. Those agencies that were providing direct services to students within schools (e.g. screening, information, programs), saw themselves as responding either to school requests

were being **reactive**. Those agencies involved more in health promotion or policy activities, often in active association with the school, saw their work as being initiated through joint and positive identification of valuable directions (though in awareness of similar needs) - i.e. they were being **proactive**.

It is interesting to note that some practitioners were not aware of the reasons for the program's commencement especially where they had been operating for some time: "Too much water under the bridge".

Service and program initiation can be seen to be grouped under the following headings:

- **Response to local identification of concerns:**

  - *by health agencies*
    Links between health and schools were seen to be initiated by health agencies in response to particular needs or issues.

    * the health agency responds to community concerns (Elliot Community in Northern Territory, Drug Education and Counselling in all states);
    * the schools provide a base for agencies to address health needs of young people (Broadmeadows Community Health Centre Victoria);
    * to complement programs currently running in schools (Young Mums Clinic, Ballarat Victoria).

  Other examples are:

    * the practice-based asthma project operated by the Central Coast Division of General Practice in New South Wales found that students and their parents were reporting that teachers were reluctant to allow the use of 'puffers' and the consumption of other medication in class or on school grounds. The teachers perceived that students were taking medication without any adult supervision. In response, the Division initiated a pilot project to educate teachers and principals about the treatment of asthma;
    * in Queensland, the Environmental Health Service investigated water quality in a school's water supply after the discovery of rodents in the water tank.

- *by schools*
  Some of the links initiated by health were in response to schools' perceptions of their own needs. Most often these partnerships were with health promotion officers rather than other health professionals. For example, on the Gold Coast of Queensland, the health promoting schools project has involved health professionals in working with school-based students' organisations (SRCs, JSCs) and jointly they have surveyed students to identify relevant issues (see case study, appendix 3, page 87).

resources or services provided by the health agency. This might be teacher in-service training on particular health issues (e.g. drugs and alcohol, sexuality issues, AIDS/STDs, or peer support) or presentations to students on a particular topic (e.g. drug and alcohol use, role of General Practitioners or legal issues). Sometimes the health agency advertises its services and relies on teachers, principals or parents to make contact. In one case, students initiated the link after hearing about the service from their peers at other schools (ADD Inc in the ACT).

The school request was seen, in several cases, as a reflection of teachers' lack of knowledge or confidence in 'difficult areas' of the curriculum.

> Ongoing requests in an area where many teachers feel uncomfortable to teach or feel they don't have enough information.

Further examples of school-based identification of needs for external support are the origin of the Police in Schools Program in the Northern Territory, and the development of HIV/AIDS Education in the Northern Territory.

- *from collaborative discussions*

  Particularly in smaller and defined communities, there are examples of education and health professionals working together from the outset to address a community problem, e.g. 'Be smoke free' at Maningrida community, Arnhem Land, Northern Territory.

  Apart from these mainly Aboriginal communities, the audit found only a few examples of the establishment of links that have included students (e.g. the Western Australian Young People and Smoking Project, the Youth Mental Health and Suicide Prevention and Gatehouse Projects in Victoria), their families and the broader communities in the early stages of development. Community and student involvement was often encouraged once the link had been established, for example through the evaluation process. While links reflect community issues, needs are generally determined through professional expertise. In particular, the Health sector sees itself as having, and is seen by Education to have, the skills and capacity to conduct health needs assessments, and the data to support school-based health decision making.

- **Statewide service initiative**

- *from education*

  In some instances, Education systems have approached Health agencies to deliver services (DECS and Family Planning HIV/AIDS Program in South Australia), to fill gaps in existing services or to promote existing services.

- *from health*

to tackle issues, e.g. the Creating New Choices Program (Victoria), Heart Foundation (Western Australia); to encourage the development of school policy, e.g. The Sunsmart Program (Victoria); to provide access to the school community; to maximise the use of limited time and resources on the part of all agencies, e.g. Tasmanian Leavers Dinner; to encourage participation in the community, e.g. Red Cross (Tasmania).

Local agencies then see links as

part of the agency's brief as per the national strategy.

- *collaboratively*

  health and education have worked jointly to coordinate health curriculum in schools (HEIAC), or to develop new resources for schools as older ones are out of date (South Australian Smoking and Health Project).

  In all of these areas, such initiatives have also responded to previous research done in the area (e.g. Asthma in School and Care Settings Program, South Australia), to learning from the ideas of other people and programs (e.g. Collect a Heart Program, South Australia) or to changes in the perceptions of the service need for groups over time (e.g. Stepping Out, Ballarat, Victoria).

- **National or Statewide program initiatives**

  Other links began as a result of national or state wide priorities and guidelines (e.g. school nurse, police in schools, dental provision). At a national level, the National Initiatives in Drug Education (initiated by the then Commonwealth Department of Health and Community Services [now the Commonwealth Department of Health and Family Services]) arose from a concern over drug use and has provided funding to states for a variety of linked programs. Similarly, the support of the Commonwealth Department of Health and Family Services of the National Mental Health Education Strategy seeks to provide curriculum and professional development to individual schools and education systems, based on a health promoting schools framework.

  In a few instances links have been established by State governments taking a collaborative statewide or 'whole of government approach'. In New South Wales the Departments of School Education, Community Services, and Health collaborated to develop the Inter-agency School Community Centres Pilot Project in one area. Similarly, the Road Traffic Authority (RTA) in New South Wales initiated a Road Safety Campaign which employs Road Safety Consultants in the three education systems, Road Safety Officers in local government areas and Drink Drive Prevention Officers in Area Health Services. It directly targets school communities through partnerships (supported by formal Memoranda of Understanding) between education, health and local government. Other examples have been mentioned earlier in this section of the report.

The decisions to establish the position of Health Promoting Schools Coordinator explicitly to develop bridges between education and health (e.g. in Tasmania) has also been effective in initiating links, but the degree of success may depend on other factors associated with the overall climate or experience of collaboration. Two of the health promoting schools projects in Queensland, for example, have been initiated in quite different manners. One is issues-based while the other seeks to establish whole school change and the adoption of Health Promoting School principles. It is still too early to tell which project will yield the better results or which is sustainable in the long term.

Part 6

Equity, Diversity and Difference

6.1 Issues of Equity and Special Need

This audit has found that many of the Education-Health Service links were initially generated in response to various levels and forms of crisis in the health needs of the community. Thus it has been with populations in most need, e.g. in Aboriginal communities, lower socio-economic communities, communities in outer urban areas and rural areas, where many of the links have been established.

The audit draws attention to the proportionately larger number and strength of education-health service links within rural, remote and isolated communities. This reflects both the scarcity of resources in these communities - people must 'double up' on service roles and thus links are more organic to existing service and work patterns - and the natural closeness of agencies (if they exist) within small communities, people know of each others' work and the links emerge more naturally. It also reflects a vulnerability in terms of the community's health if, as a result of lack of resources, conflict, apathy or pressures of time, these links are not able to be established or sustained.

At the same time, communities have identified the centralised nature of many services, particularly non-Government and semi-Government services, as providing a large barrier to improved links between health services and education. In many rural and remote communities, these services are non-existent, distant, or without local representation. Such links are then based solely upon the provision of, for example, written resources, while needing a more active and personal presence.

For low socio-economic urban areas, links are seen as a reflection of needs present in the community and, in many cases, as the only way to address these needs in a holistic way. Again the sustainability of the community and of the links are vulnerable if there is no systemic and central coordination of health needs, or of service links at the local level, or if the links are developed at only a fragmented, local level, in response to crises.

It was expected that particular health service provision that recognised specific cultural and linguistic differences would be made . With the exception of some projects in Victoria (e.g. the **Creating New Choices** program and some operating through Community Health Centres) and in New South Wales (e.g. anti-violence programs and the **Circuit Breaker** program), few programs that specifically targeted non-English speaking background students, other then Aboriginal students, were brought to the audit's attention. As an issue of equity, this area may require further attention in program development.

Another anticipated issue that was under-represented in information brought to the audit's attention was that of health programs in the area of homeless students. Arising from the Burdekin Report (1989), joint targeting of health and education initiatives (through, for

accessing, homeless young people. Although there were many programs sampled which aimed at building self esteem/decision making skills in young people, there were no programs identified within the audit as specifically targeting homeless students or of proposing co-location of services as a means of addressing the issue.

6.2 Aboriginal and Non-Aboriginal Perspectives on Health Education

This audit stresses that concepts of health, health promotion and the 'health promoting school' are culturally determined and located. These differences between perspectives of health and health education were particularly brought out in East Arnhem Land during discussions with Aboriginal Health Workers (AHWs) and Aboriginal Educators (AEs) at Nhulunbuy and Yirrkala.

Through the introduction of Missions earlier this century and of bauxite mining in the 1960s, Aboriginal people (Yolngu) of East Arnhem Land have experienced social, political, economic and technological upheaval. These dramatic changes, and the fact that Yolngu had little control over the changes, has led to confusion about non-Aboriginal (Balanda) economic, political and social structures (ARDS, 1994) with Yolngu people perceiving that they live in two different, disconnected worlds (Garven, 1996).

There is a fundamental difference in the world view of Yolngu and Balanda whereby Western reality and identity is based on individuality and Yolngu define themselves in terms of relatedness or identification with others (Christie, 1992). Although there is debate as to the nature of these differences, it appears that for health education to be useful, Yolngu must be involved in the production of knowledge based on their own culture and experiences (Garven 1996). The case studies in Section 8 on the Yirrkala School and the Sober Women's Group's Alcohol Education Program provide further information on this.

For Aboriginal people, good health means living on traditional land, hunting, attending appropriate ceremonies, all contributing to spiritual health, while for non-Aboriginal people (the Aboriginal Health Workers were referring to European perspectives of health), health was seen as relating to symptoms. Although reliant on western medicine when sick, Yolngu believe that illness is caused by the activities of sorcerers and spirits and do not find that western explanations intellectually and emotionally fully explain illness (Reid, 1983).

The Aboriginal Educator at Yirrkala defined real knowledge as coming from the older men and women in their community and being based on Gurrutu (kinship system). Although the children could spend time at the school, this was defined as imposed knowledge by Balanda. So unless the health messages were being taught by Yolngu, using traditional methods (see case study in appendix 3), the messages were regarded by the children and their families as unimportant.

When talking about programs that addressed alcohol consumption, the Aboriginal Educator said it was important to concentrate on the **behavioural** aspects of alcohol rather than its health effects on the body, which is also the focus of many other alcohol and other drug

Gurrutu (kinship) was the major focus for the behaviour (see case study, appendix 3) rather than other programs, not specifically focusing on Aboriginal people, which emphasise staying in control, harm minimisation and being able to make a choice at the individual level.

In other areas there has been a mixture of programs that have developed around health issues. Some have used traditional teaching to address issues, while the majority have used western health messages in their presentation.

In some cases, the different community schools were addressing this in different ways. Local communities identified important issues, while other health education programs were started as a result of health and education professionals identifying issues:

- Gapuwiyak school health program was formulated by representatives from the Women's Centre, Health Clinic and school, to educate children from early childhood to secondary school about health care issues and healthy lifestyles;

- Maningrida School and Health Centre in Arnhem Land, after extensive consultation with the community council, the women's group, parents, health and education, developed a "Be Smoke Free project" that addressed tobacco use among the school children;

- In Central Australia, a resource about petrol sniffing was developed using kinship and relationship to country as its base;

- Indulkana Aboriginal school in central Australia, through Anangu Education Services, developed a "Breaking the petrol sniffing link" program which was run by the local community and concentrated on students at risk of taking up petrol sniffing through boredom;

- Elliot Community in Central Australia were concerned about the health and well-being of their young children, so a program was devised between the health centre and the school on a Western model of health;

- An Aboriginal Theatre group in Western Australia called Yirra Yaakin presented a play to school groups about problems experienced by young people as they progress from childhood to adulthood, called 'Runamuk', which promotes the message 'Respect Yourself, Respect Your Culture'.

Part 7

Outcomes and Impacts

7.1 Outcomes for Education

A significant proportion of the links between health and schools have been formally evaluated to measure effectiveness. Some links have only been established for a short time and an evaluation had not yet occurred. However, a few established links had not been evaluated and the reported outcomes from such links are impressions only. Some of the programs (e.g. Northern Territory Police and Drug Education) saw that behavioural changes would only be achieved over the long-term (even generational periods) and that these could not be measured in the short term. Of all the reported outcomes, in no case was a negative outcome mentioned.

For those links associated with teaching and learning, the outcomes reported by many of the respondents include a greater awareness of health issues by students and their families, greater confidence of teachers to undertake health lessons, and increased level of attendance at appropriate health services.

Outcomes in behavioural and attitudinal change were harder to measure; most of the programs (e.g. in Drug and Alcohol Awareness programs and sexuality education) were related to informed decision-making at activities outside school hours. While programs have reported an increase in awareness and knowledge of the effects of drugs and alcohol, they do not know if that is translated into behavioural changes out of school hours. In one instance (the 'Collect a Heart' program) behavioural changes which related to in-school activities, endured as long as the program but students and their families were believed to revert to pre-existing behavioural patterns soon after the program finished. One worker in the program suggested that:

> For the four weeks of the nutrition program, kids access a variety of foods they normally wouldn't. After four weeks, kids and parents probably revert back to old habits.

Where screening or treatment services are provided at or near the school site, evaluations show a decreased morbidity of whichever conditions are being treated. For example, the school dental program in Queensland, which provides a range of dental services (screening and simple treatment) on the school site, has been shown to improve oral health and decrease the level of tooth decay.

Where changes to school environment or policy development were the focus of the link, health professionals have reported success as well. Outcomes reported include school policies being implemented relating to particular issues (e.g. sun protection policies), and changes to playground safety (e.g. tree planting for shade).

link. They did not believe that similar outcomes could be obtained without linking with schools. This type of comment was more often made by those health professionals working in a more collaborative manner across the health and education sectors.

7.2 Impact on Health Agencies

For many health agencies and professionals, working with schools was a new experience. Few agencies remained unchanged by the experience, if only in a minor way, and while the impact on the agency was mostly positive, some difficulties did arise.

A commonly reported positive impact was the improvement in the working relationship with schools. As the two sectors worked together health professionals gained a greater understanding of the culture and processes of schools and vice versa. Initial misgivings gave way to greater trust and cooperation between the sectors. In a few cases a sense of partnership arose. In most cases links improved over time.

In some instances, the knowledge and understanding of health issues increased within the Health sector. Some of the links set out to improve the relationship between health professionals and adolescents and hence a greater understanding of issues arose. In others, part of the project was to provide professional development for health workers on particular issues (e.g. asthma) and concurrently improve treatment and management of conditions by linking with schools through the in-servicing of teachers.

The profile of the Health Service was raised through the link with schools in some cases. Schools, students, and families became more aware of the services offered by health agencies. An increased profile often led to an increase in contact with the service outside the school (e.g. Drug Referral and Information Centre in the ACT) as well as greater demand for services from other schools. At times these were an objective, in others an unexpected outcome.

In a few cases the role of the health professional changed as the link developed. In some projects this was a deliberate strategy. For example, the Healthy Schools project in Northern Sydney Area Health Service aimed to change the role of the school nurse from screening to include health promotion. In others, this was a result of an increased understanding of the Health Service by students and their families. For example, the ACT Division of General Practice reported that the public perception of General Practitioners moved from

> ...that of simple bio-medical model of service delivery to a more holistic preventative model of health care.

Many agencies felt the impact of their school links through an increase in their workload. For example, most links required some planning and meeting with school representatives and this was enormously time consuming. For others, their school links were additional work in their already busy professional lives. In many instances school links were a drain on the resources

a short period and any new ways of working that arose from the link were expected to become part of the agency's core business. On the other hand, in some instances, new funding became available through Education links, that enabled Health Service goals to be pursued.

Few health professionals reported a substantial structural or operational change to their agency as a result of the link. For some agencies, working with schools was part of their core business and hence the impact of the links on their agencies was minimal. In other cases, the link with the school was merely additional to their current operation. In a few instances major operational changes have been implemented to improve service provision. For example, health agencies have changed their approach to working with schools from one-off health education sessions to providing resources and teacher training (e.g. ACT Family Planning).

7.3 Health Service Responses to Welfare and Curriculum Roles

There are wide discrepanciesin the degree to which health services see themselves as sharing health orientations with schools. Of greatest significance is work in the areas associated with 'risk taking', especially around drugs and alcohol, where some services perceive differences between themselves and schools around questions of harm minimisation versus abstinence approaches. Some schools are still seen, for example, to be critical that 'a harm minimisation approach will just encourage students to take drugs'.

Some schools are seen by agencies to be wary of program links which they see as taking a 'welfare orientation', for fear that such approaches will 'label' the school in a climate in which there is inter-school competition for image, students and academic results. Other schools are seen to recognise that they need outside expertise and assistance with issues such as HIV/Aids, Drugs and Alcohol and to actively seek the help from health agencies, either as a positive statement of the need for a partnership that addresses the 'whole student's needs' or as a more desperate but honest admission of their lack of skill in the face of crises.

There is a recognition of the importance of how such links are managed; where links are centrally encouraged, such as in South Australia, there is a broader recognition of the need of and resources provided for Health Services and Education to work together on such issues.

In general, however, responses from agencies indicate that health services are:

- aware of and sympathetic about pressures upon the curriculum and upon teachers;
- committed to working within schools' curriculum frameworks;
- strongly supportive of the development of curriculum partnerships with schools;
- interested to be included in curriculum planning.

Most large Health Service agencies and foundations are now cognisant of the various curriculum frameworks and profiles (both at a national level and within specific states and territories) and are interested to offer support and materials for operation within those - through provision of resource and focus materials, in-service for teachers, and special events for students.

Part 8

Issues from the Data

8.1 Why Links?

The reason for establishing a link between Health and schools reflects the nature of the link:

- Where the links between schools and Health have been focused on Health Service provision, agencies perceived schools as providing easy and necessary access to children and young people, and to their families, in order to deliver their mandated services. The school is viewed as the one place where virtually all children attend at some time. One agency commented that consent rates were high as a result of being on the school site.

- A similar view was held by some agencies where links have been characterised as health promotion. One agency commented that it was:

> Essential to link with schools as they provide a captive audience of young people, parents and teachers.

- Within these areas, health agencies stressed their expertise in health areas, and saw this as an important contribution to the educational services being offered.

- Some of the health promotion links viewed schools as important sites not only because of the access to students but also recognised benefits accruing to both the education and the health of children and young people. The success of health promotion messages may not have been as effective without the link. Teachers and other students are key figures in shaping the health behaviour of children and young people. For example, peer support programs work well in schools not only because they provide a location where young people of different ages mix but because the role of schools is to provide a learning environment where ideas and knowledge are commonly exchanged.

- An important reason suggested for linking with schools (irrespective of the nature of the link) was to ensure the effective coordination of health messages between health and education professionals, i.e. that schools do not undo the work of health service providers through sending a different message to that of the health agency (e.g. harm minimisation behaviours), through discrimination (e.g. against epileptics), or prevention of treatment on school grounds (e.g. asthma).

- More broadly, health agencies also saw health development and promotion within a holistic framework, involving a more flexible movement between treatment, prevention,

- Finally, Health Services operating programs at policy levels, stressed the value of key figures and agencies working together on programs that would be more effective (due to coordination), more extensive (due to combined agency resources),more efficient (due to avoidance of duplication and overlap) and more likely to achieve specific education and health outcomes (due to a shared focus and agenda).

8.2 Co-Location of Services

In some states, a range of services supporting children and young people are located on the school site and this has been advocated as one model for Education-Health Service links. For example, police are located in schools in the Northern Territory and in Western Australia, and a pilot project of school based policing has been established in Queensland. In the Northern Territory and Western Australia, school nurses are located in schools. In New South Wales the School Community Centres Pilot Project has located an inter-agency facilitator on the site of four primary schools. Dental services are also located on-site in Western Australian primary schools.

In these various models, further distinctions can be made between Education-funded and school-located services, and Health-funded and school-located services. In some states and territories, Education provides various health services (e.g. Psychology and Guidance, speech therapists) to students. As these were Education funded services rather than 'external' Health Services (in the terms of this audit), no information was gathered here about their operation. In addition, while historically there have been examples of education-funded community-located services, e.g. 'shop front schools', no current examples were brought to the attention of this audit. At the most, agencies reported that some activities occurred within the community, but the central location of Education and of the service links was clearly seen to be the school site.

Co-location of services on the school site is claimed to facilitate education-health service links. The presence of workers with shared intentions and program responsibilities creates opportunities for greater collaboration between health professionals and school services (e.g. school counsellors). Some of these are practical: case management may be more easily developed; in the case of accidents or emergencies, health professionals are close by; the treatment of an asthma attack may be conducted by a school nurse rather than a less trained teacher. Some are more developmental: program establishment and development through both casual and structured conversations is more likely; the health service worker is seen as a member of the school staff, within the school culture, and thus taken more seriously; there is both a clearer definition of roles (through increased understanding of jobs) and the possibility for greater flexibility in the exercise of these roles.

On the other hand, difficulties have been pointed out. Some of these are structural: the nature of the (relatively short) school day and of school closures for holidays; shared physical space which may be lead to conflict between agencies and the school (especially on school sites where space is at a premium); the location of schools away from convenient

the town's centre. Others relate to different ways of working: issues of confidentiality (even to be seen to be accessing services - a critical issue in sexuality and drug related issues - see Wyn and Stewart, 1992), adherence to school rules, flexibility of access to students.

In addition, the proposed co-location of education and health services raises a number of questions and issues, many of which remain unresolved. Who has responsibility for providing salaries, set-up costs and maintenance of facilities? To whom are health workers responsible: Education/schools or their own departments/agencies? Which department has ownership of the program (particularly significant if one is seen to be paying)? Professional boundaries may be blurred especially when similar roles are filled by different agencies (e.g. role distinctions between school counsellors and Drug and Alcohol Service personnel) or when aspects of the roles of the individual professionals may be in conflict, e.g. between the policing and education roles of school based police: to arrest or not to arrest? In the case of trial or pilot programs, determination of such issues is particularly significant.

In cases of co-location, where effective use of existing premises is advanced as a substantial reason (the 'one-stop shop' concept), it would be expected that 'external' clients of the health services would also use the school premises. While no examples of such links have been advanced in this audit, it would be expected that Education would have some further concerns about such a focus for school premises, again particularly in the sensitive areas of drug and alcohol services and sexuality health/Education links.

Co-location is alleged to have both positive and negative outcomes. It is not possible for the audit to be prescriptive in this area. Many health professionals located on the school site have experienced similar barriers to those experienced by links which are located off the school site. In a climate of intention to collaborate, and where there are explicit protocols to address potential difficulties, co-location would seem to facilitate both the development and operation of services and programs and enable some barriers to be more easily overcome. In setting priorities, it may be more important for health and education to collaborate than to be co-located.

8.3 Towards Collaboration?

Links between Health Services and schools range from being seen as separate services to collaborative initiatives (see the schemata developed in sections 2 and 3 of this report). Few, if any, operate as integrated inter-sectoral services. Analysis of the data has not been easy: ideas about cooperation, coordination and collaboration differ widely across the health sector. In one instance one health professional described operating in a separate service while another undertaking the same service in a different area reported the activities as operating within an integrated service.

The differences of understanding about cooperation, coordination and collaboration become even more clear when the views of those operating health promoting schools projects are considered. In these cases the health professionals indicated that their aim was to achieve collaboration; however, their projects currently operated on a cooperative or coordinated

Many respondents found that their services and links did not fit within one definition , but that different parts of the organisations were operating at different levels ranging from separate services to collaboration.

Where teacher training or resources for teaching were the main activity, the health professionals reported that their activity was the result of collaboration between sectors. In these cases the term collaboration might have referred to the fact that these activities were developed with the state or territory Education Department and/or non-Government Education Authority. Alternatively, support may have been provided across the sectors. For example, the New South Wales School Canteen Association received funding or other support from the New South Wales Health Department and the New South Wales Department of School Education.

Where the link involves health professionalsattending schools to deliver some form of health service or education, various degrees of cooperation or coordination were required. At a minimum, permission from the school and possibly parents was required and, more extensively, time was also allocated for these activities to fit within the crowded school timetable. In many instances attendance at school was at the invitation of the principal or teachers.

Health education may also be a more collaborative process. There are examples where information produced externally (e.g. from the Heart Foundation or Cancer Council) is used by teachers and health workers, working together, for particular projects. In Narrabri in New South Wales, the local high school and the community health centre have worked together to develop the "Be wise after sunrise" project. Here Year 7 students in a design and technology course were involved in sun awareness activities, and designed and produced sun protection articles.

Many of the health professionals viewed collaboration as a desirable goal for their links with schools especially when health education or health promotion was the main activity. Some commented that while the current status of their link was either one of cooperation or of coordination, the processes of working with schools or education departments were moving them towards processes of greater collaboration. For others, the separate service provision remained adequate for the type of service delivered (e.g. dental health screening and treatment).

Successful and sustainable inter-agency programs require collaboration at all levels of departmental bureaucracies. Where priorities, funding arrangements and expectations are decided upon at a senior level, then collaboration is facilitated at the local level. The situation in Queensland, where a health worker was placed in the Education Department, highlights the inadequacy of simply inserting health priorities onto education. In contrast, the situation in South Australia and New South Wales demonstrates how collaboration between departments at a senior level (see section 5.2.3) can be successful in sustaining local level collaboration. A protection of 'turf' by senior departmental officials can have a negative 'trickle down effect',

arrangements are powerful means by which departmental priorities are communicated and these need to be explicitly structured to enhance collaboration.

8.4 Horizontal and Vertical Integration

Where there has been central support for health service-education links, many of the programs documented exhibit a high degree of **vertical integration**; local programs are manifestations of the priorities of the centrally organised or funded programs, either through direct 'branches' of the central agency, or (more frequently with 'out-sourcing' of services) through the operation service agreements made between the central organisation and community-based service providers. Such integration has a major impact on the sustainability of the local programs and links - both in provision of central program funds and, more negatively, in the susceptibility of local programs to changes in central priorities. Where such vertical integration does not exist, i.e. where Health Service-Education links have developed locally and in response to local conditions, continued operation is more problematic and such links frequently struggle to maintain funding. However, there have been examples (e.g. School based policing and school nursing in the Northern Territory) where broader programs have developed from individual and localised service links.

Some programs, e.g. the on-site placement of police and nurses in schools in Western Australia, have been using previously existing funding sources (Commonwealth Priority Funding in this case) to fund part of the linked approaches, but while the future of this funding is in question, there is a commitment to the program with funding from both health and education at a State level.

Similarly, as outlined earlier, the degree of horizontal integration of the work of eduction and health agencies has an important impact on the development of the health promoting schools concept within the context of a Health Promoting Community. By their very nature, such developments cannot occur satisfactorily within a fragmented context, but rely on shared visions, processes and priorities for action and resourcing.

8.5 Who Pays?

The financial responsibility for Education-linked and/or education-based health services, health education and health promotion varied from state to state and area to area. Funding for links came from state Departments of Health or of Education, national program funding, non-government agencies, local health agencies' own funding, schools' global budgets or, in some rare instances, from private foundations or industry.

It must be recognised that this audit occurred within a climate of diminished resources, in which links were seen as important ... as long as someone else paid. There was also a tendency to see support for Education-Health Service links as being driven by the need for economic restructuring of departmental responsibilities and priorities.

State governments were mainly identified as being responsible for funding school health

this was seen as having the advantage of providing a secure financial base for these health services. However, even in similar programs, financial arrangements varied between the states and between areas. For example, while the Northern Territory Education Department paid for school nurses, in Western Australia school nurses have been funded by both education and Health Departments, and in all other states and the ACT, funding for school nurses has been provided by Health Departments.

Unfortunately, funding to work with schools on health education and health promotion was not often provided on the same long term basis but had to come from existing resources (e.g. the Health Promoting Schools projects in New South Wales are funded out of the Area Health Services health promotion budgets) or from short term project funding. Links with schools were seen as additional rather than as core activities and funding may not be sustainable in the long term. This was a common feature of the health education and health promotion links identified in this audit.

An increasingly common phenomenon was that of schools being required to **purchase** health education services and resources. One government school in Victoria employs its own school nurse from its school-level budget; however, given the uncertainty of school funding and priorities this position is not secure. Resources produced by government and non-government agencies are sold to schools on a cost recovery basis (e.g. the 'Be a Friend' peer support resource is sold to schools and Family Planning often have to charge for their services to schools). In Victoria, Community Health Centres are starting to charge schools for services and time in order to meet their own budget needs.

This growing commercial nature of Health-school links raises both sustainability and quality assurance issues. When school budgets are tight will purchase of health resources, services or personnel be a priority? Will the best resource be purchased, or will price be a greater determining issue?

For non-government organisations, links with schools have often been financed through their own fund raising. The Red Cross in New South Wales raised money from local service clubs (e.g. Rotary) for their breakfast club program. In some cases, non-government organisations have received funding from governments for particular service provision .(e.g. Family Planning) but less frequently for the development of health education or health promotion links with schools. Government funding of non-government agencies does not guarantee continuity of service and school links remain tenuous.

Clearly, funding and financial arrangements have implications not only for collaboration but also for sustainability of programs.

8.6 Sustainability

Most of the respondents expected that their links with schools would continue. However, sustainability was seen to be dependent on three important of factors: government policies and practices, funding, and 'mainstreaming' into school activities.

The majority of links that have continued for extended periods are those mandated by the relevant government authority. For example, school nurses and school dental programs have operated in many States and Territories. While their role and activities have changed, a continued service is guaranteed while government support continues. Many government departments have undergone substantial change in structures and new models of government service provision (e.g. outsourcing, funder-purchaser-provider model, 'user pays' mechanisms) have been introduced. The continual change and upheaval that has characterised government services over the past few years has created a climate in which it is extremely difficult to proactively address 'the bigger picture' of health promoting schools. Respondents have identified the time spent in coping with, surviving under, and adapting to those changes as leaving little space to work together on collaborative initiatives.

For example, sustainability of local links between Community Health Centres and local schools in Victoria, may be compromised by the introduction of a user-pays system in which schools would have to buy the Community Health Centre time and resources. On the other hand, devolution of decision making to schools may provide the possibility of increased links if individual schools see health as a priority (e.g. Reservoir District Secondary College's School Nurse, Victoria). This may change with a change in school personnel but be sustainable if developed at a policy level within the school and written into School Charters and similar documents.

In the non-government sector, links that have operated for extended periods are run by large, well recognised charitable organisations such as the National Heart Foundation and Family Planning. In some instances such links are sustained by fund raising on the part of the organisations as well as government funding. Often such links are able to be sustained within the organisation because these services are provided to schools on a cost recovery basis - depending on schools' capacity to maintain payment.

For those links which have only been operating a short time, funding is the most important factor for sustainability. Numerous links are established as pilot projects and funding is only available for a short period. Such links usually seek to establish themselves permanently if they prove successful; however, mainstream funding systems have not been flexible enough to maintain links. For example, the involvement of General Practitioners in school links is limited because such activities are not usually funded through the Medicare system. Funding to the Divisions of General Practice has been on a short term project basis.

In summary, the source and process of initiation of an Education-Health sector link has a direct impact on program sustainability. The link may be sustained or not for a number of different reasons: continuity of funding, resolution of concerns, change of priority and publicity in relation to an issue. It appears that those links most likely to be sustained (if funding and the issue continue to be relevant) are those that were established with joint planning, shared goals, and shared ownership of and by all the relevant participants, so that both education and health have a stake in the program succeeding. If a program is clearly operating within the school, then the school needed to have strong (though not necessarily exclusive) ownership of the program, rather than 'having things done to it by Health' (in the

taken in the process of setting up collaborative frameworks around existing collaborative projects (e.g. DECS and Health in South Australia over four years), and the need for commitment of funding without necessarily an immediate demand for student outcomes.

There is a widespread feeling amongst health professionals that, in order for health issues relating to children and young people to be addressed adequately, health promotion has to be 'mainstreamed'within the whole schooling system - beyond the subject areas of Health and Physical Education, or the sole concern of the Welfare Coordinator. These views are very consistent with those of the Health Promoting School concept. While certain short term local and regional initiatives may yield some results, for these to be maintained, changes to school organisation, environment, and curriculum are required. There are examples of changes in particular schools (e.g. in playground safety, pedagogy, school policies and practice); however, greater collaboration is needed at a departmental level for the development of curriculum and the provision of resources so that expertise may be provided to assist the reform of school organisation and environment and to provide long-term funding for education and health to work together at local, regional and state levels.

8.6 Barriers and Responses

Barriers	Responses
• ***Resourcing*** The most commonly reported barriers in this audit related to the lack of provision of funding and other resources. To create and sustain a link between Health and schools takes time (and hence money) from both sides. Where funding is tight (which is everywhere) or short-term, schools and health agencies often retreat into their core business. One agency commented on the sustainability of local projects: Here today, funded elsewhere tomorrow!	Creative responses to resourcing difficulties have involved both local and central initiatives. If the Education Department or system is involved in planning and resourcing, then teacher release days can be provided for attendance at inservices and for developing Education-Health links. Alternatively, there can be short after-school inservices for teachers (National Heart Foundation, Western Australia) to overcome time barriers. Some projects (such as 'Rethinking Drinking') have recognised difficulties involved in freeing teachers for in-service activities, and have built the provision of adequate funding for the provision of such resources to schools into their overall developmental budget. This has been seen as an essential component of their work. Difficulties have also been avoided through voluntary association (i.e. schools choose to participate in a project or seek out the link themselves).
• ***Resistance*** The next most significant barrier might be termed 'school resistance'. Three significant issues can be categorised as part of school resistance. - First, schools have their own issues which are seen to be of a higher priority to the school than those set by Health. - Second (but related), schools are reluctant to take on additional responsibilities. - Finally, schools may be reluctant to tackle issues that are perceived to be controversial (e.g. sexuality issues, alcohol and drug issues). One person commented that: Conservatism amongst school staff and parents leads to a fear that sexuality education equals promiscuity. School resistance to links with Health may not be uniform across the school. Health professionals reported that while a teacher may be interested in a particular issue or project, resistance may emanate from key figures within the school such as the principal or parent body.	When key figures from School and Health are involved in joint planning, rather than Health trying to impose a curriculum, then the school feels ownership of the project and is prepared to address the issues.

The third significant barrier relates to the lack of time devoted to health issues within the school. This is particularly true of secondary schools where the more traditional disciplines take precedence. Even where space is made available in the curriculum for health it is located in the Health and Physical Education Key Learning Area and PE seems to take priority. Even where time is made available, the comparatively short school day and comparatively long school vacations can make it difficult to coordinate a time for school visits by health professionals. This is particularly true of General Practitioners who need to take time out of their surgery hours to visit schools.	A number of respondents suggested that more time should be devoted to health in the curriculum while other suggested that health issues should be incorporated into all aspects of the curriculum (e.g. the Gatehouse Project, Victoria). Health promotion is then seen as an integrated rather than segmented curriculum issue, and individual health issue areas can be addressed in various areas of the curriculum (e.g. in Maths or Drama or English).
• ***Structures*** In most states and territories, informants mentioned the impact of different forms of regions for education and health. For example, even Tasmania has substantially different health and education regional boundaries that do not correspond. In attempting to develop regional initiatives, substantial time is spent negotiating, between two or even three Health Department bureaucracies for each Education region. Police then had different regions which further complicated any regional initiatives. Budget responsibilities remain generally hierarchical within departments and this can result in contested loyalties between goals and priorities for individual departments and inter-agency initiatives. In some areas local health services have significant autonomy while the schools have little (e.g. in New South Wales). Schools provide a defined space for teaching and health promotion activities; however, health professionals can find themselves responsible for a larger area and a larger population leaving little time to work with the school. This is particularly true in rural and remote areas.	To some extent structural issues can be overcome where there is explicit support from departments or where interdepartmental structures occur at high levels within those departments (e.g. as exists in the New South Wales School Community Centres Pilot Project and the South Australian HEIAC). Statewide or national programs that facilitate collaboration (such as a state wide Health Promoting School Program) will limit the impact of geographic differences between departmental structures because the program will be operating in all relevant departmental regional or district offices. Where funding for such programs is supplied in an integrated fund from Health, Education and other departments, 'turf' issues may also be minimised. Leadership and collaboration in establishing priorities between departments will avoid some of the autonomy difficulties. Appropriate resourcing, especially in rural and remote areas, as well as improved communication between schools and across schools and health, has been suggested as a way some of the isolation issues may be avoided.
• ***Restructuring*** The almost constant restructuring of government departments over the past decade has been a barrier to links between schools and health. Restructuring impacts upon the degree of autonomy of decision making at the local level and the geographic boundaries of responsibility.	While restructuring is likely to continue, attention needs to be paid to ways in which schools and health agencies can become resilient to the negative impact of such changes.

• ***Confidentiality***	

education and health personnel working together, was that of differing notions of confidentiality. Agencies mentioned examples of sensitive and personal information being more freely discussed within schools than would be the case in health agencies. School nurses, for example, said: If it doesn't impact on students' learning, teachers don't need to know.	through joint professional development of health and education workers, with specific sessions devoted to developing common protocols around these issues.

With a significant degree of good will amongst health professionals and schools towards links, most of the barriers mentioned above seem to have been overcome by local level cooperation and by coordination and joint planning at a regional and state level as both health and education professionals see the advantages and necessities of working together.

8.7 Duplication and Gaps

The audit found little **duplication** of actual school-linked health services. Where duplication occurred, it related to more to approaches in health education and health promotion and duplication of the processes required to establish link between disparate education, health and other structures.

The main area of apparent duplication in health education or promotion related to issues (e.g. sexuality issues and alcohol and drug issues) where government and non-government agencies both provided resources or training for similar issues. For example, the ACT Alcohol and Drug Service was working collaboratively with the ACT Education Department to develop teaching skills on alcohol and drug education. At the same time, the Drug Referral and Information Centre (DRIC) of ADD Inc provided alcohol and drug information to school students directly (see case study in appendix 3 for details). Other examples of this form of duplication included issues of nutrition where the National Heart Foundation in New South Wales and the New South Wales School Canteen Association have both produced canteen resources. Further, dietitians employed by the local health services work on school canteen issues. AIDS/HIV services have taught or provided resources for sexuality education as do Family Planning services.

However, there are some substantial advantages to this diversity. The philosophical and pedagogical approaches to issues frequently differ between agencies (e.g. Life Education Centres compared with Family Planning or with Alcohol and Drug Services) and this Provides school communities with a choice to more closely match their own educational philosophy. Difficulties may arise when two agencies tackling the same issues are used by the same school in a piece-meal way. The message to students may get confused unless these differences are consciously addressed in class to specifically highlight varying approaches to complex issues.

The major area of duplication relates to how services and agencies make contact with schools. In most States and Territories, each agency has had to make its own path to the individual schools and hence make their own mistakes in structuring the links. While each school may

(especially in devolved system like Victoria) - and often no one person is seen to be allocated that responsibility within the school - there are valuable lessons to be learnt about the overall processes that should be followed.

In some States and Territories, these problem have been overcome and there is an urgent need to avoid constant reinvention of processes through trial and error. For example, in the Northern Territory, the school nurse who is based at the school provides a point of access for external health agencies. In South Australia, the Department for Education and Children's Services has established structures and a series of protocols for schools to access agencies or agencies to schools (see the description in section 5 of this report).

In fact, attempts have been made to formalise some of the learnings from inter-agency work into a set of protocols through the National Initiatives in Drug Education document **Do It Together - School and Agency Interaction** (NIDE, 1996). It was interesting, and perhaps highly significant to note that no agency surveyed in this audit made reference to this or any similar document.

Gaps in service provision have been less easy to identify. The diversity of departmental structures has meant that particular services are provided in quite different ways across the states. However significant gaps did appear in rural and remote areas of Australia. In particular, non-government agencies have not been able to work as closely with schools in rural and remote areas as they have in urban, suburban and even outer urban areas. There are exceptions here, especially where resources are provided in easy to use and obtainable packages (e.g. the National Heart Foundation's Collect a Heart Package), but they relate largely to the 'distant' provision of such resources rather than provision of support personnel. The nature of links in remote communities, though often supported by central program initiatives and funding, was (not surprisingly) largely dependent on local commitment and resourcing. One notable exception was that of Life Education which (e.g. in remote northern Western Australia) visited most remote communities with their semi-trailer mobile classroom.

Perhaps the most significant gap occurs in policy and program areas. In most States and Territories, there has been a limited driving force for health service-school links or for health promoting schools at senior departmental levels (e.g. Tasmania). One exception is South Australia where there are more developed central inter-agency links. Where other such driving forces do exist (e.g. in New South Wales and Queensland), these are still at a relatively early stage and largely rely on the activities of local health promotion services to provide the concrete examples and exciting practice that may, eventually, galvanise departments to more collaborative action.

8.8 The Role of Innovation

There are examples of innovation at a number of different levels throughout the Audit, including:

- a departmental or structural approach;
- a program or content based approach.

The Health Promoting Schools' Liaison Program in Tasmania is an example of an innovative structural approach to promote the health promoting schools framework through out the state. The initiative began in January 1997 and, at present, a Health Promotion Policy Officer/HPS Liaison Officer is jointly employed and stationed in Departments of Health and Education to establish the Health Promoting Schools Program in all schools in Tasmania. Her role is one of liaison between the key stakeholders in the Departments, the community and government and non-government schools. The initial twelve months has been designated for dialogue and awareness raising, as well as for developing policies and procedures to support the model that will be implemented in schools over a three year timeframe beginning in 1998. The project has developed cooperation and a sense of excitement among participants that something is happening in which they are involved and which they wanted to happen.

The NSW Interagency School Community Centres Pilot Project has a number of innovative features. For example, funding from three state departments (Health, Education, and Community Services) has been provided equally and was pooled into a single project fund. The project is managed collaboratively between the three departments. This collaboration extends from the Directors-General of each department, who meet regularly with local management committees that are comprised of representativesof local departmental agencies. The local community is highly involved in the development of each community centre through an advisory committee established at each site. As a result, each community centre has developed in a way that is reflective of the local community and the philosophy of the local Management Committee (Social Systems & Evaluations, 1996).

Innovation at a program or content based level was seen in areas where there were particular issues and problems that could not be addressed by approaches used in the past. An example of this was the development of specific curriculum materials for particular aboriginal communities, e.g. Petrol Sniffing in Central Australia.

In general, the audit points to the value of innovation as a driving and exciting force for local communities. To feel that they are 'inventing' important approaches is a significant motivating element for both health agencies and schools. On the other hand, dissemination of approaches to other situations relies, to some extent, on the ability of programs to 'replicate' existing initiatives, and this can diminish that element of innovative enthusiasm. Successful programs seek a balance between learning from and building on existing initiatives, and recognising themselves as valued innovators and trail-blazers.

Part 9

Conclusion and Recommendations

This audit has presented results from a sample of School-Health Service links across Australia. While it has pointed to the great diversity in such links, it has also proposed a schema that sees them as falling broadly into three categories:

- collaborative **policy and program** links at a relatively 'central' level around the broad concept of moves towards health promoting schools as part of health promoting communities;

- cooperative **health activities** within school and community settings to achieve more limited health promotion goals;

- coordination between schools and agencies to provide **health services** to a school population.

There is strong support from the various levels of the Health sector for the further development of links, not only because it is recognised that 'traditional' youth health goals can only be met through structured access to a school-age population, but also because health promotion is seen as an activity which must be carried out:

- holistically - in relation to other factors and influences upon the young person's well-being;
- cooperatively - both with other services providers and with the young people themselves;
- efficiently and effectively - in recognition of and in concert with other initiatives;
- sustainably - over a significant period of time.

Beyond these, this audit proposes that the health promoting schools concept must be seen within a broader scenario of healthy community development, which empowers young people to identify community health goals, to undertake roles of value in working to achieve those goals, and to build their connections to a healthy community.

Some issues, including barriers to productive links and potential solutions to these, have been identified through this audit.

Recommendations

In formulating recommendations for the Health Promoting Schools Strategic Plan, the audit proposes some broad statements of principle that should be addressed in the Plan, some areas for central action, and some mechanisms for supporting productive Education-Health Service links within the context of health promoting schools and communities.

Recommendations of Principle

1. The Health Promoting Schools Strategic Plan should recognise the value of existing formal departmental collaboration at a senior level and support and encourage the development of such collaboration at national and state/territory levels where it is not yet established .

   Such collaboration should urgently seek ways to overcome the negative impact (including duplication of process efforts) of bureaucratic impediments to local inter-agency collaboration, such as differing regional boundaries and organisational structures.

2. The Strategic Plan should see moves towards the Health Promoting School as a developmental process that reflects the development of long-term collaborative processes at all levels between education and health services, rather than as the development of a single model by one sector.

3. The Strategic Plan should build upon successful practice within existing Health Promoting Schools initiatives, at both central and local levels, and with particular reference to the consolidation and development of existing inter-agency links.

4. In face of the relative low priority and time for formal Health Education in the curriculum, the Strategic Plan should support the establishment and development of Health Service-School links across the curriculum, i.e. within the context of a whole of school approach.

Recommendations for Central Action

5. The Strategic Plan should press for adequate funding from both health and education to be committed over a significant period of time for activities leading to the development of the health promoting schools concept. Both the development of pilot projects and their translation into 'mainstream' activities should recognise the importance of process-based funding over several years. Such funding should, where relevant, support and build upon existing initiatives for the funding of health promoting schools activities from Education, Health, and statutory health promotion foundations.

6. The Strategic Plan should propose the establishment of a National Health Promoting Schools Funding Mechanism which draws ongoing financial support from both health and education and from other sources (including industry). This Mechanism should be established on a statutory basis, with specific responsibility for the advancement of the health promoting schools concept, and with an ability to fund activities in a range of sectors using criteria based on the health promoting schools framework.

7. The Strategic Plan should address, through criteria associated with the National Health Promoting Schools Funding Mechanism and other means, the lack of resources flowing from central to local level to enable sustainable non-fragmented service provision.

8. The Strategic Plan should support a priority in resource allocation from non-Government and Government agencies to areas in most need, e.g. rural and remote areas, outer-urban developing communities, young people of non-English speaking background, Aboriginal communities, and homeless young people.

9. The Strategic Plan should encourage the Health sector to target resources to the professional development of staff in order to raise their awareness of the health promoting schools concept, and for the development of positive strategies for inter-sectoral collaboration, e.g. use of the NIDE Guidelines.

10. The Strategic Plan should recognise the need for further specific research into effective strategies employed within traditional and other Aboriginal communities in order to address differing views of health and education.

11. The Strategic Plan should recognise the need for further research and professional development initiatives around the needs of professionals within Education, Health and other agencies for developing inter-sectoral collaborative processes.

12. The Strategic Plan should support the continued coordinated documentation and evaluation of health promoting schools initiatives in order to disseminate advice about effective strategies and approaches; such advice should be incorporated within a resource kit aimed at encouraging collaborative practices between schools and health services within the health promoting schools framework.

Recommendations for Local Action

13. The Strategic Plan should support a range of activities that aim at regularly documenting, sharing, and networking good practice in Education-Health Service links that promote the Health Promoting School concept, e.g. expansion of health promoting schools newsletters to all schools and agencies, creation of a category for health promoting schools in the HEAPS database, development of directories of organisations that work within a health promoting schools framework.

14. The Strategic Plan should include the development of small initiative grants for health promotion in the area of formal linking and networking of projects and agencies, using a health promoting schools framework.

15. The Strategic Plan should support the development of school-based approaches to health promoting schools and communities, that enable, promote and support active and participatory roles for students as instigators and planners.

16. The Strategic Plan should support the development of community-based approaches that enable, promote and support students in accessing community resources, agencies and services in the development of the Health Promoting School and community and in which students are partners in defining their own and their

References

ARDS (1994) **Cross Cultural Awareness Education for Aboriginal People; A consultancy for the Office of Aboriginal Development**, ARDS, Darwin

Australian Centre for Equity through Education (ACEE) (1996) **School and Community Action for Full Service Schools: Making It Work**, ACEE, Sydney

Australian Centre for Equity through Education (ACEE) (1997) **Evaluating School Community Linked Services: Politics, Problems and Possibilities,** ACEE, Sydney

Burdekin, B. et al (1996) **Our Homeless Children: Report of the National Inquiry into Homeless Children,** Human Rights and Equal Opportunity Commission, AGPS, Canberra

Cant, R. (1997) 'Evaluating and being evaluated - Are we recording what counts?' in **Evaluating School Community Linked Services: Politics, Problems and Possibilities,** Australian Centre for Equity through Education, Sydney

Carrick, J. (1989) **Report of the Committee of Review of New South Wales Schools**, NSW Department of School Education, Sydney

Christie, M. (1992) **Grounded and Eccentric Knowledges: Exploring Aboriginal Alternatives to Western Thinking**, unpublished paper delivered to the Conference on Thinking, Townsville, July 7, 1992

Commonwealth Department of Health and Family Services - Public Health Education Branch (1996) Drug Education: **Do It Together - School and agency interaction**, National Initiatives in Drug Education, AGPS, Canberra

Department for Education and Children's Service (DECS, SA) and South Australian Health Commission (1996) **An Introduction to Health Promoting Schools in South Australia**, SA Health Promoting Schools Program, Adelaide

Garven, B. (1996) **Developing Alcohol Education for East Arnhem Land Using a Process of Investigation Through Dialogue** (draft paper, unpublished)

Melaville, A. and Blank, M. (1994) **What It Takes: Structuring Inter-Agency Partnerships to Connect Children and Families with Comprehensive Services**, Education and Human Services Consortium, Washington DC

National Health and Medical Research Council Health Advancement Standing Committee (1996) **Effective School Health Promotion - Towards Health Promoting Schools**, NHMRC
Reid, J. (1983) Sorcerers and Healing Spirits, Australian National University Press

Rusk, B., Shaw, J. and Joong, P. (1994) **The Full Service School: Handbook for the Future**, Ontario Secondary School Teachers Federation, Ontario, Canada
Ryan, M. (1996) 'Redefining Schools as Sites for Holistic Service Delivery' in **Youth Issues Forum**, Journal of the Youth Affairs Council of Victoria Inc, Summer; and in **School and Community Action**

School Health Coalition of Western Australia Inc (1997) **'Why Teach School Health Education'**, Health Department of Western Australia, Perth

Semmens, R. (1996) **Report to Faculty of Education on ACEE Full Service Schools Conference**, (Adelaide, September), unpublished paper, Faculty of Education, The University of Melbourne

Social Systems and Evaluation (1996) **Inter-agency School Community Centres Pilot Project: Interim Evaluation Report** (unpublished)

Stokes, H. and Tyler, D. (1997) **Rethinking Inter-Agency Collaboration and Young People,** Language Australia and Youth Research Centre, Victoria

WHO (1995) **The Health Promoting School - A Framework for Action in the WHO Western Pacific Region** (WHO, 15 August 1995)

Wyn, J. and Stewart, F. (1992) **Health Services for Young Women**, Youth Research Centre Research Report No 7, University of Melbourne

Youth Affairs Council of Victoria (1996) **Youth Issues Forum**, September issue

Youth Research Centre and Centre for Social Health (1996) **Mental Health Education in Australian Secondary Schools**, National Mental Health Strategy, Mental Health Branch, Commonwealth Department of Health and Family Services, AGPS, Canberra

Appendices

Appendix 1: Audit Program Listing

The following is a list of the agencies and programs from whom data was gathered by surveys for this audit. They are listed alphabetically (by agency) within each state and territory. A statement in parentheses in the programs column indicates that the agency did not provide a program title, but indicated other linking activities.

	Agency	Program
ACT	ACT Alcohol and Drug Service	(various services)
	ACT Asthma Association	School Asthma Program
	ACT Cancer Society	Don't Start... But if You Have, Learn to Quit Our Way
	ACT Dental Services	Oral Health Assessment Program
	ACT Division of General Practice	Health Outreach Project - Linking Young People & GPs: Ante-natal/Young Parents Outreach
		Health Outreach Project - Linking Young People & GPs: Schools outreach
	Diabetes Australia - ACT	(information provision)
	Drug Referral & Information Centre: ADD Inc Services	(services on request)
	Epilepsy Association (ACT) In	(information)
	Family Planning - ACT	Schools/Youth Program
NSW	Area Health Promotion Centre - Western Sydney	Primary School Asthma Project
	Australian Red Cross NSW	Australian Red Cross NSW School Volunteer Program
	Australian Red Cross NSW	Australian Red Cross NSW Breakfast Club
	Central Coast Health Promotion Unit	Central Coast Health Promoting Schools Project
	Central Sydney Area Health Service (CSAHS) - Community Health Services	Canterbury Nutrition Working Party for Primary School-Age Children
	Child and Family Health	School Health Services
	Coonamble Hospital	Inter-agency School Community Centres Pilot Project: Together for Under Fives and Families
	Heart Foundation NSW	(resources)
	HIV & Sexual Health, Holden St Centre	(services)
	Marrickville Youth Resource Centre	Circuit Breaker
	Mid North Coast Health Service - Kempsey Community Health	Health Promoting Schools
	Mid North Coast Health Service - Southern Sector	Farmsafe Action Group
		Health Promoting Schools Project
		Kidsafe, Unsafe Model House.
		PDHPE KLA Committee
		Sunsmart
	Narrabri Community Health Centre	Be Wise After Sunrise
		Health Hearts
		Working Health into School Canteens (WHISC)
	North Sydney Area Health Service - Ryde Health Promotion Unit	Healthy Schools Project
	NSW Cancer Council	Cancer Council's Schools Project
	NSW Road and Traffic Authority	Road Safety 2000 (Intersectoral Program)

		Focis, Food Sense
	South Eastern Sydney Area Health Service - Health Promotion Unit	Menai Health Promoting Schools: 'Menai on the Move'
	Wentworth Centre for Health Promotion	Health Promoting School Project
	Western Sydney Area Health Promotion Centre	Peer Support - Be a Friend
	Western Sydney Area Health Service	Western Sydney Health Promoting Schools Project
	Young Community Health Centre	Domestic Violence Education
	Youth Health Service	Youth Health Outreach Team (YHOT)
NT	Alcohol and Other Drugs	Schools Smoking Prevention Project
	Casuarina Community Care Centre	Darwin Urban School Health Surveillance
	Central Australian A & O D Services	(services)
	Centre for Disease Control	The 'Be Smoke Free' Project
	Darwin Community Care Centre	(services)
	DASA	(programs and services)
	Department of Education	School Nursing Program
	Elliot Health Centre	Elliot Healthy Youth Program
	Living With Alcohol East Arnhem Land	(information)
	Nauiyu Mambiyu Health Centre	(screening)
	Northern Territory Police	School Based Community Policing
	NT Children's Dental Service	Children's Dental Service, NT
	Police Fire and Emergency Services and Department of Education	School Based Policing Program
	Territory Health Services	Carmen's Story (STD Program)
		Drug Education
		General Health Information
		School Health Surveillance
		School Health Surveillance Program
		(screening)
		Tobacco Education
	- AIDS / STD Unit	(services, speaker)
	- Health Promotions Unit	(Initiatives Taking Place in NT)
Qld	Caboolture Community Health	(services)
	Caloundra Community Health	(services)
	Central Public Health Unit	
	- Health Surveillance & Disease Response	(disease response)
	Child and Youth Mental Health Service	(services)
	Child Health Services	Sexuality Education and Early Childhood Studies
	Children's Community Health Services	School and Youth Health Program
	Community Health Centre	Increased Asthma Practice Program
	Environmental Health Service Public Health Unit	(testing services)
	Family Planning - QLD Sexuality Education	Human Relationships Education (Sexuality Aspect)
	Gympie Hospital	Integrated Asthma Practice Program
	Gympie Hospital Dental Clinic	School Dental Program
	Gympie Outreach Oral Health Service	(services)
	Health Promotion Unit	Health Promoting Schools

	Practice	Adolescent Health Project
	Maroochydore Community Health	School and Adolescent Health Nurse
	Nambour Hospital - Oral Health Services	Oral Health Service
	Noosa Community Health Centre	Human Relationships Education
	Noosa Community Health Centre	Pre School Preparation Group
	Oral Health Services	School based Oral Health Program
	Public Health - Health Promotion Services	(network)
	Public Health Unit	Outbreak Response Program
	Queensland Aids Council	(services)
	Queensland Cancer Fund	Community Speaker Program/Sunsmart Program
	Redcliffe-Caboolture Health District - CAB Dental Clinic	School Dental Program
	Redcliffe-Caboolture, Sunshine Coast and Gympie Health Districts	(information)
	Redcliffe Outreach Oral Health	(services)
	Sunshine Coast Division of Gps	GPs in Schools Project
	Sunshine Coast Community Alcohol and Drug Services	(services)
	Townsville District Health Service - Alcohol and Drug Service	Helping Friends
	Tropical Public Health Unit - Townsville	Health Promoting Schools
SA	Adelaide Hills and Southern Fleurieu Women's Health Service	Peer Education
	Adelaide Hills Community Health Service	Size Acceptance in Schools
	Anti-Cancer Foundation of SA	The Cancer Prevention and Education Schools Programs: Primary & Secondary
	Asthma Foundation of SA	Asthma in School and Care Settings Program
	Ceduna/Koonibba Aboriginal Health Service Inc	(health checks and promotion work)
	Child and Adolescent Mental Health Service (South)	Inter-agency and School Support Service
	Child and Youth Health	Child Health Nurses
	Children's Health Development Foundation	Living Health Grant Scheme for Health Promoting Schools
	Drug and Alcohol Services Council	A Program to Promote Health - Drug Education
		National Initiatives in Drug Education - SA
		NIDE Anangu Education Services Program (AES)
		Right on Target, Youth Peer Education Drug and Alcohol
		(training program)
		(training program)
		(training program)
	Elizabeth Community Health Service	(self image work)
	Family Planning - South Australia	HIV/Aids Sexuality and Development Training
		Sexuality Education
	Inter-agency Health Care	Continuity of Care and Education Project (CCEP)
	Kangaroo Island Women's Health Service	Sexual and Reproductive Health
	Lameroo District Hospital	(informal/ad hoc - no formal program)
	National Heart Foundation - SA Collect a Heart	Collect a Heart
	Nganampa Health Council	(combined activities)
	Noarlunga Health Services	SAFE Schools Project
		Seaford School Canteen Support Project
	Parks Community Health Service	Health Committee/School Outreach Program

	Service	(Consultative OT services)
		Riverland Women's Health Services
	SA Dental Service	School Dental Service (SDS)
	SA Health Commission	
	- Health Promotion Unit	Health Promoting Schools
	SA Smoking and Health Project	
	Tobacco:	'The truth is out there'
	Tatiara Community Health Service	Healthy Bones
		Year 12 Sexual Health Program
		Year 5 Growth and Development
	Women's and Children's Hospital	
	- Division of Mental Health	Partnerships with Young People - School Support Service
Tas	Alcohol and Drug Service	Rock Eisteddfod
	Australian Red Cross	Junior Red Cross and Red Cross Youth
	DCHS - Aboriginal Health Unit	
	Sexual Health and Drug and Alcohol Workshops	
	DCHS, Department of Education,	
	Community and Cultural	
	Development	Health Promoting Schools Liaison Program
	Drug Education Network,	
	Hobart	(support and training services)
	Drug Education Network,	
	Launceston	'Remember the time we had last night'
	Drug Education Officer	Get Real
	Family, Child and Community	
	Health	(services to school aged children and young people)
	Family Planning - Tasmania	Sexuality Education
	School Canteen Association	The School Canteen Association
	Tasmanian Police	Tasmanian Police Community Drug Education Program
	Transport - Road Safety Branch	
	Road Safety Education	
Vic	Anorexia and Bulimia Nervosa	
	Foundation of Victoria	(services)
	Anti-Cancer Council of Victoria	The Sunsmart Schools Program
	Australian Drug Foundation	Drug Education Service
	Ballarat Children's Homes	
	and Family Services	Stepping Out
		Stepping Out Program: School Linked Parenting Support
	Ballarat Young Mums' Clinic	(information provision)
	Bendigo Community Health	
	Service	HEWT (Health and Education Working Together)
	- Health Promotions Unit	Preparation for Puberty
	Broadmeadows Craigieburn	
	Community Health Centre	Youth Health Program
	Central Division of General	
	Practice	Youth Mental Health and Suicide Prevention Program:
		Peer Education Programs in Schools
	Centre for Adolescent Health	Gatehouse Project
	City of Boroondara	(resource)
	Clockwork Young People's	
	Health Service	(education on request)
	Cobaw Community Health Service	Health and Human Relationship: 'Preparation for Puberty'
	Dental Health Services	
	- Community Dental Services	School Dental Services
	Divisions of General Practice	(services)
	Dunmunkle Health Services,	
	Community Health Service	(requests from schools)

	Organisation	Program
	Grampians Community Health Centre	Puppet Show
		Stawell Area Youth Network
		Welfare Committee & Social Worker Position
	Grassmere - Cardinia Youth Services	Youth Activity Service
	Heart Foundation	Food Smart for Schools Program
	Human Services	
	- Health Enhancement Unit	Somazone
	- Koorie Health Unit	Slow Down Cuz
	- Office of the Family	School Nursing Program
	Latrobe Community Health Service	Traralgon Secondary College 'Girls Club'
	Melbourne Sexual Health Centre	Melbourne Sexual Health Centre Community Education
	NEWomen - Goulburn North Eastern Women's Health Service	'This is where it's at!'
	North East Valley Division of GPs	STD/Contraception Secondary College Program
	Ovens and King Community Health Centre	Bright Self Esteem Program
		Wangaratta Peer Ed, Sexual Health in Human Development (Primary), Bright Self Esteem Project, Asthma for Teachers/Parents, Teachers Health Assessment
	Palm Lodge Centre	(project work)
	Portland and District Community Health Centre	Outdoor and Workshop Program
	Reservoir District Secondary College	Community Health Nurse: Health Education
	School of Dental Science, University of Melbourne	Diploma of Oral Health Therapy
	Sutherland Community Resource Centre	Getting Along - Conflict Resolution in Schools
		Creating New Choices
	Terang and Mortlake Health Service	Health Promoting Schools Association
	The Deafness Foundation	Rubella Awareness Project
	Victoria Police	Police Schools Involvement Program
	Wellcoming Women's Health Service	(workshops in schools)
	Western Region Alcohol and Drug Centre	(services)
	Yarra Valley Community Health Service	(services)
WA	Alcohol Advisory Council	Alcohol Advisory Council Youth Alcohol Forum
	Australian Council on Smoking and Health	Young People and Smoking Project
	Central Wheat Belt Health Service	(services)
	Curtin University	Child Pedestrian Injury Prevention Program
	Dental Services WA	School Dental Service
	Derby Health Service	(resource and liaison)
	Esperance Health Service	School Health Service
	Family Planning - WA	Community Education
	Healthway	Healthway Promotion Project Funding
	National Heart Foundation	(services)
	Office of Aboriginal Health	(nutrition program)
	Peel Health Service, Mandurah	Promoting Adolescent Health
	Pilbarra Kimberley	

School Drug Education Project	Western Australian School Health Project
Spinal Injuries Prevention Program	Spinal Injuries Prevention Program
WA Health Department	School Health Program
- Health Promotion Services	100 % Control Youth Alcohol Program
- Health Promotion Services	Fruit'n'Veg. Children's Campaign (Fruit'n'Veg Eat It)
WA Police Service	School Based Policing Program
WA School Canteen Association	WA School Canteen Project

Appendix 2:

Program Descriptions

The following program descriptions are provided by respondents.

ACT

ACT Alcohol and Drug Service
(various services)

Coordination and cooperation between ACT Department of Education and Training and the ACT Alcohol and Drug Service in training through National Initiatives in Drug Education (NIDE), running parent, drugs and kids program in schools; developing Drug and Alcohol Information Kits for Schools, tertiary institutions and libraries.

ACT Asthma Association
School Asthma Program

Provide information and demonstrate the emergency treatment of an asthma attack at school to school staff on request.

ACT Cancer Society
Don't Start... But if You Have, Learn to Quit Our Way

Program has four sessions of one hr per week. Year 10 smokers and non smokers teach Year 7 smokers and non smokers to quit.

ACT Dental Services
Oral Health Assessment Program

The Program provides dental health check-ups in school premises for children with parental consent using portable equipment.

ACT Division of General Practice
Health Outreach Project - Linking Young People & GPs: Ante-natal/Young Parents Outreach

Linking with schools to identify young pregnant women and provide ante-natal care and education, linking to mainstream services.

ACT Division of General Practice
Health Outreach Project - Linking Young People & GPs: Schools outreach

General Practice outreach in school premises. Also conducting community development activities - linking GPs with teachers in health curriculum presentation, in-servicing teacher staff, school policy and protocol development.

Diabetes Australia - ACT
(information provision)

Provide information sessions on diabetes (Type I and II) to school children and teachers.

Drug Referral & Information Centre: ADD Inc Services
(services on request)

DRI provide education on harm minimisation on request at schools. These information sessions vary depending on circumstances (i.e. tailored to school needs). They focus on tolerance, dependence, withdrawal/overdose, legal and health consequences, licit & illicit drugs, blood borne disease transmission prevention, injecting issues, informed decisions and concept of intoxicated decision making.

Epilepsy Association (ACT) Inc
(information)

Provide information in the form of presentations on request, seminars, workshops and literature. Leaflets etc are free and videos and books are available for purchase and borrowing.

Family Planning - ACT
Schools/Youth Program

Provide information about sexual and reproductive health to young people.

NSW

Area Health Promotion Centre - Western Sydney
Primary School Asthma Project
Train the trainer and school staff training

Australian Red Cross NSW
Australian Red Cross NSW School Volunteer Program
The program matches a child in need of social and emotional support with a trained volunteer within the Primary School environment, establishing a caring and supportive relationship for the child.

Australian Red Cross NSW
Australian Red Cross NSW Breakfast Club
Red Cross trained volunteers supervise children in disadvantaged schools whilst they eat a nutritious breakfast provided by Red Cross. As well as providing breakfast, this program models good eating habits and offers social support in a friendly atmosphere.

Central Coast Health Promotion Unit
Central Coast Health Promoting Schools Project
Recognise and reward local schools for their health promoting school activities. Attempting to link schools without much previous involvement with schools with experience.

Central Sydney Area Health Service (CSAHS) - Community Health Services
Canterbury Nutrition Working Party for Primary School-Age Children
Conduct a nutritional needs assessment, develop strategies and action plan, implement action plan to deal with priority nutritional issues. A community participatory action research program involving community development and primary health care principles.

Child and Family Health
School Health Services
Health assessments of children in kindergarten for vision, hearing and speech, and other years as requested by parents or teachers. Liaison with schools regarding any other health problems or issues with children at school. High school immunisation programs.

Coonamble Hospital
Together for Under Fives and Families
Inter-agency approach to ensure health and welfare are optimal to enhance access to education on entering school.

Heart Foundation NSW
(resources)
The Heart Foundation provides up to date resources for teachers on heart health for years K-12, Canteen Resources, material for students for projects etc.

HIV and Sexual Health, Holden St Centre
(services)
Providing on an ad hoc basis education on HI/AIDS and STDs. One-off more intense programs, e.g. AIDS memorial quilt tour of schools in a one period a week targeting of particular groups.

Marrickville Youth Resource Centre
Circuit Breaker
After School program that assists young people of NESB with choices regarding employment, education and training options. Program components encompass educational and recreational aspects.

Mid North Coast Health Service - Kempsey Community Health
Health Promoting Schools
(i) School Canteen Network
(ii) SRC Me No Fry

Mid North Coast Health Service - Southern Sector
Farmsafe Action Group
Activities to promote farm safety with high schools with an agriculture department.

Mid North Coast Health Service - Southern Sector
Health Promoting Schools Project
Participating with Hunter Centre in Health Advancement research project on HPS.

Mid North Coast Health Service - Southern Sector
Kidsafe, Unsafe Model House
School visits with model to promote home and backyard safety with infants, primary students.

Mid North Coast Health Service - Southern Sector
PDHPE KLA Committee
Representation on PDHPE KLA committee.

Mid North Coast Health Service - Southern Sector
Sunsmart
School based activity with students to develop and implement sunsafe practices.

Narrabri Community Health Centre
Be Wise After Sunrise
Aimed at year 7 students in design and tech, semester 1. Students are involved in sun awareness activities and design and production of sun protection articles.

Narrabri Community Health Centre
Health Hearts
Community Health and School implementing the Heart Health manual of the National Heart Foundation.

Narrabri Community Health Centre
Working Health into School Canteens (WHISC)
Ongoing program with broad aim to increase the number of schools with canteens that have either bronze, silver or gold accreditations from the New South Wales School Canteen Association. Tamworth workers produce a newsletter called WHISC; this is then distributed around the region where local bits are added before distribution to school canteen managers.

North Sydney Area Health Service - Ryde Health Promotion Unit
Healthy Schools Project
Reorient the role of the school health nurse so as to provide both health screening and health promotion support to schools.

NSW Cancer Council
Cancer Council's Schools Project
Assisting school communities with cancer education; policy development and implementation, support materials and resources, staff development and curriculum support.

NSW Road and Traffic Authority
Road Safety 2000 (Intersectoral Program)

NSW School Canteen Association
Moove Accreditation Program, Healthy Kids Program, Focis, Food Sense
Accreditation: Canteens apply for and are accredited annually using four criteria. Healthy Kids: Logo for use with registered products, literature. Fact sheets, bi-monthly newsletter, quarterly magazine. FOCIS: National registration of foods: three year development of criteria; registration nationally July '97. Management Sense Food Sense manual available July '97. Will allow schools to develop their own canteen kit.

Menai Health Promoting Schools: 'Menai on the Move'

A program using a collaborative approach with health and education bodies addressing health issues for Menai school children and their families.

Wentworth Centre for Health Promotion

Health Promoting School Project

The project takes a 'policy/planning' approach rather than the more common 'project school' approach to HPS. It is focused on management and seeks to have the health promoting schools concept span across a large area. An agreement was developed that articulated the project's aims and strategies.

Western Sydney Area Health Promotion Centre

Peer Support - Be a Friend

To promote friendship, trust and leadership among students to develop communication skills.

Western Sydney Area Health Service

Western Sydney Health Promoting Schools Project

The project goal is to promote the health of western Sydney school communities through implementing WHO Health Promoting School Program. The HPS project is a capacity building project which enables school communities to identify and address priority health issues.

Young Community Health Centre

Domestic Violence Education

Program currently consists of one lesson length education and discussion sessions about domestic violence. A poster competition to design a stop domestic violence poster (aged 11-18).

Youth Health Service

Youth Health Outreach Team (YHOT)

Health promotion and education to homeless and 'at risk' young people, particularly in sexual health and drug and alcohol areas, and parenting programs for teenage parents.

NT

Alcohol and Other Drugs

Schools Smoking Prevention Project

Liaising with schools to encourage the introduction of smoking prevention lessons across curriculum (integrated curriculum) involving parents/community in reinforcing smoking prevention.

Casuarina Community Care Centre

Darwin Urban School Health Surveillance

Each child is screened or briefly assessed to identify present or potential health concerns in the area of vision, hearing, growth and gross motor development.

Central Australian A & O D Services

(services)

Centre for Disease Control

The 'Be Smoke Free' Project

1. Collection of descriptive data via oral questionnaires - ages 8-18 years - on knowledge, attitudes and practices re tobacco use;
2. Intervention - 2 weeks of activities and production of a CD ROM;
3. Post Intervention surveys as in 1.

Darwin Community Care Centre

(services)

School immunisations, surveillance; sex-ed; occasional health education

DASA

(programs and services)

information, intervention, referral and counselling.

Department of Education
School Nursing Program

Elliot Health Centre
Elliot Healthy Youth Program

Living With Alcohol - East Arnhem Land
(information)
Alcohol information, careful drinking information models, substance use/misuse - describe problems and behaviours. Broadening people's world view on alcohol; better info. Because are so isolated tend to think of it as local problem.

Nauiyu Mambiyu Health Centre
(screening)
School screening: 6 monthly screening of all - ears, height, weight, sores, eyes, urine.

Northern Territory Police
School Based Community Policing
Teach kids the dangers of drug and alcohol abuse, look at self esteem, self worth, safety.

NT Children's Dental Service
Children's Dental Service, NT
A survey was carried out in 1972. The school dental service was initiated in 1972. It was aimed initially at primary school children, but now covers all primary school children and in most areas covers urban, rural and remote communities.

Police Fire and Emergency Services, DOE

School Based Policing Program
To have a police presence in every high school.

Territory Health Services
Carmen's Story (STD Program)
The story operates as a third person; it's based on a character and the group decides what person does/doesn't do, e.g. will she have sex? If yes, will she discuss with the partner to use condoms or not?

Territory Health Services
Drug Education
Drug education in schools in conjunction with teachers; inservice for teachers in community schools.

Territory Health Services
General Health Information
Information about smoking, peer group pressure and illness associated with smoking.
Territory Health Services
School Health Surveillance

Territory Health Services
School Health Surveillance Program
Provides basic physical assessment of a child's health (5-6 year old). Includes height, weight, vision and hearing testing.

Territory Health Services
(screening)
Health team from communities do Health screening - eyes, ears, general health, blood pressure, immunisations; 90% are immunised.

Miwatj Health work in partnership with aboriginal HO as aboriginal people have highest rate of smoking and death related disease. Sports people being used as role models in community schools, e.g. Gary Dhurrkay (Dockers) works in the schools at Galiwinku and Millingimbi for two days this year . Next year will be for two weeks.

Territory Health Services - AIDS / STD Unit
(services, speaker)

I am an education officer within the AIDS/STD unit. I educate about HIV, AIDS, and sexually transmitted diseases generally. I go to mainly high schools as a guest speaker and talk to students about these topics and associated issues. I have also developed a resource package for high school teachers on this area for them to use in the classroom. I also give inservices/talk to teachers about HIV/AIDS/STD education within the area of sexuality/health education.

Territory Health Services - Health Promotions Unit
(Initiatives Taking Place in NT)

QLD

Caboolture Community Health
(services)

Community initiatives (e.g. puberty, healthy eating, body image, drug and alcohol issues, asthma, protective behaviour, self esteem, headlice).

Caloundra Community Health
(services)

When requested, various programs, e.g. 'Looking After Yourself', Human Relationships Education, 'Perhaps you've noticed your changing', head lice.

Central Public Health Unit - Health Surveillance and Disease Response
(disease response)

1. Work with schools on an ad hoc basis when either there is a disease outbreak or a significant illness associated with the school community or when certain diseases are found to be common in a particular school community;
2. School health nurse immunisation project.

Child and Youth Mental Health Service
(services)

Referral to and from guidance officers and allied education staff. Regular liaison meetings, telephone contact and exchange of resources.

Child Health Services
Sexuality Education and Early Childhood Studies

All aspects of sexuality from year 4 to year 7. Contraception, STDs, pre-natal, birth, post-natal, neo-natal, parenting issues, development - year 11.

Children's Community Health Services
School and Youth Health Program

Health Surveillance, Community Development. Screening target populations, e.g. vision/hearing. Health education/promotion, e.g. sexual health. Individual health consultations. Resource activities.

Community Health Centre
Increased Asthma Practice Program

Program targets asthma education to: Year 5 primary school students, Primary school teachers, parents/care givers. Updates to professionals in health care.

Environmental Health Service Public Health Unit
(testing services)

Family Planning - QLD
Human Relationships Education (Sexuality Aspect)

Talking to children from grade 1-12 on all aspects of sexuality. Includes personal safety; puberty; fertilisation; birth; relationships; sexual, physical and emotional health; contraception, unplanned pregnancies; decision making; STDs.

Family Planning - QLD
Sexuality Education

FPQ conduct a range of sexuality education programs which are presented within the framework of Human Relationships Education, Health or Lifeskills.

Gympie Hospital
Integrated Asthma Practice Program

Asthma education targeting year 5 students and teachers in primary schools in the local area. Assist schools with the implementation of the National Policy on Asthma Management in Schools.

Gympie Hospital Dental Clinic
School Dental Program

Dental treatment of primary school children and high school students up to year 10. Dental Health Education and Promotion.

Gympie Outreach Oral Health Service
(services)

School based oral health service providing treatment from pre-school to year 10. Integrated with dental clinic of local hospital.

Health Promotion Unit
Health Promoting Schools

Schools funded to develop health promoting practices on the basis of submissions.

Lifeline Sunshine Coast
Youth Mental Health Program

Educating young people about mental health issues including coping strategies and life skills.

Logan Area Division of General Practice
Adolescent Health Project

1. A training program for GPs in adolescent health issues;
2. A program of GP visits to high schools for small group discussions.

Maroochydore Community Health
School and Adolescent Health Nurse

Health screening in primary school; Parent and teachers referrals, including pre-school; Health education on request; Self referrals and teacher referrals in high school; Health education and health promotion as requested.

Nambour Hospital - Oral Health Services
Oral Health Service

Program provides oral health services at general practice level to all preschool to year 10 children and young people. Current consent rate for services is 85-90%. It has a high preventative/health promotion component.

Noosa Community Health Centre
Human Relationships Education

Provide information and resources to students on a range of health and sexuality issues as well as community resource information.

Noosa Community Health Centre
Pre School Preparation Group

A joint program between the health and education departments to provide early intervention in speech and language problems which could lead to failure of pre-school and school programs.

School Based Oral Health Program

Provide general practitioner dental care to school children from pre school to year 10.

Public Health - Health Promotion Services

(network)

A group of primary schools meet together to share ideas, successes and challenges related to implementing the Health Promoting School Concept in their own schools.

Public Health Unit

Outbreak Response Program

If communicable disease is detected in school, the team responds, which involves tracing contacts, information/education and prevention; follow-up immediately and long term.

Queensland Aids Council

(services)

As part of HRE course I am invited into schools to speak on HI/AIDS & STIs.

Queensland Cancer Fund

Community Speaker Program/Sunsmart Program

Sunsmart - education on prevention of sunburn/skin cancer in primary schools. Community speaker program - talks to high school students on pap smears (cervical cancer prevention), testicular cancer, skin cancer and occasionally tobacco issues.

Redcliffe-Caboolture Health District - CAB Dental Clinic

School Dental Program

Mobile Caravan towed into school to provide oral health care for children from pre-school to Year 10 students.

Redcliffe/Caboolture, Sunshine Coast and Gympie Health Districts

(information)

HIV and STI education and prevention information for secondary school students in Redcliffe/Caboolture, Sunshine Coast and Gympie Health Districts.

Redcliffe Outreach Oral Health

(services)

Dental treatment of all consenting clients.

Sunshine Coast Community Alcohol and Drug Services

(services)

From time to time, on a request basis, we provide information and education sessions around drug and alcohol issues for students, teachers and parents. Also a counselling clinic for students at a local high school.

Sunshine Coast Division of GPs

GPs in Schools Project

The project aims to improve the relationships between GPs and adolescents. Three main strategies have been employed - training for GPs, school sessions with GPs working with year 10 students at target schools and a resource kit with information and resource lists.

Townsville District Health Service - Alcohol and Drug Service

Helping Friends

Helping Friends is a peer support program that seeks to identify and train young people who are already undertaking a 'helping' role within the school community.

Tropical Public Health Unit - Townsville

Health Promoting Schools

The project aims to increase the number of schools in North Queensland that adopt a proactive approach to improving the health of their school community. Participating pilot schools are encouraged to identify health issues relevant to their school and adopt a response that includes the

SA

Adelaide Hills and Southern Fleurieu Women's Health Service

Peer Education

To give a small number of students training in communication and assertiveness skills, an awareness of their own and others' values, and a knowledge of safe sex practices and resources in the area of sexual and reproductive health, so that they become resource people for others to access.

Adelaide Hills Community Health Service

Size Acceptance in Schools

Working with local schools to raise awareness about size acceptance issues through education, focus groups, student-activated strategies and enabling school community environment changes.

Anti-Cancer Foundation of SA

The Cancer Prevention and Education Schools Program: Primary

Support schools at a structural, policy and curriculum level to encourage lifelong cancer prevention behaviours (i.e. skin protection, healthy eating) in school communities. Provide support, advice and appropriate curriculum materials to principals, teachers and parents. Committee work with the Department for Education and Children's Services provides the opportunity to work collaboratively in the development of new school curriculum, appropriate resources and to encourage the implementation of policies at the departmental level.

Anti-Cancer Foundation of SA

The Cancer Prevention and Education Schools Program: Secondary

Support schools at a structural, policy and curriculum level to encourage lifelong cancer prevention behaviours (i.e. skin protection, healthy eating) in school communities. Provide support, advice and appropriate curriculum materials to principals, teachers and parents. Committee work with the Department for Education and Children's Services provides the opportunity to work collaboratively in the development of new school curriculum, appropriate resources and to encourage the implementation of policies at the departmental level.

Asthma Foundation of SA

Asthma in School and Care Settings Program

To improve asthma management and emergency care in school and care settings.

Ceduna/Koonibba Aboriginal Health Service Inc.

(health checks and promotion work)

Regular Health checks of children - i.e. skin, lice, hearing and eyes, environmental health etc. Health Promotion - STD and sexual awareness including HIV/AIDS, body parts, cleanliness, substance misuse.

Child and Adolescent Mental Health Service (South)

Southern CAMHS Metropolitan Inter-agency and School Support Service

Working in a cross agency approach referred to as Inter-agency Referral Process (IRP), nominated agencies work collaboratively to provide a comprehensive service.

Child and Youth Health

Child Health Nurses

Child health nurses cover K, pre-school, child care; 4-5: see whole cohort of children; 6-12: not in school venue but at Child Health Centres - could be in Community Health Centres - 200 venues round state. Dental health provided in PSs; Health Cards in secondary. Aboriginal health workers may go into schools - nursing services employed.

Children's Health Development Foundation

Living Health Grant Scheme for Health Promoting Schools

The program aims to improve the health, safety and well-being of SA school children through encouraging SA schools to develop and implement a range of health promoting school strategies.

DECS

Inter-agency Links with SA Police

To increase safety for schools, students and staff; cooperative planning for incidents ranging from

Drug and Alcohol Services Council
A Program to Promote Health-Drug Education

A whole school health/drug education program based on the SDHE (School Development in Health Education) model.

Drug and Alcohol Services Council
National Initiatives in Drug Education - SA

Aims to improve the teaching and learning outcomes of drug education through implementation of the Health and PE statement and profile. To document and promote effective outcomes. To enhance partnerships with agencies. To involve parents and community.

Drug and Alcohol Services Council
NIDE Anangu Education Services Program (AES)

Funding was provided to AES for a school community to identify areas of concern related to substance use and to develop strategies to reduce/prevent harm resulting from the use of substances.

Drug and Alcohol Services Council
Right on Target, Youth Peer Education Drug and Alcohol

To establish a pilot program to train students in years 6-7 and 9, as peer educators in alcohol and other drugs.

Drug and Alcohol Services Council
(training program)

Two day training program to enhance the understanding of harm minimisation and health promoting school philosophies as part of Drug Education within the Health and Physical Education curriculum. Providing information, methodologies, referral and resource options for classroom teachers.

Drug and Alcohol Services Council
(training program)

Two day training workshop for school counsellors dealing with issues around 'drug incidents' in school settings.

Elizabeth Community Health Service
(self image work)

Working with Yr. 12 students - mixed group:

* self image / self acceptance;
* body image;
* peer support;
* nourishing themselves and others.

Family Planning - South Australia
HI/Aids Sexuality and Development Training

To train teachers in HI/Aids area.

Family Planning - South Australia
Sexuality Education

Support for school based sexuality programs, teacher training in sexuality education, resource provision, curriculum development, advocacy.

Inter-agency Health Care
Continuity of Care and Education Project (CCEP)

Development and dissemination of guidelines throughout health services, supported by school practices, to support students with health care management needs to maximise education and minimise hospitalisation.

Kangaroo Island Women's Health Service
Sexual and Reproductive Health

Providing information on sexual and reproductive health to year 10 students involving contraception and STD advice.

(informal/ad hoc - no formal program)

Any areas identified by the schools that require health professional input. First Aid Education, nutrition, heart health, osteoporosis, asthma. Health professional also sees health of school in health promotion, e.g. Heart Week, Healthy Bones Week etc.

National Heart Foundation - SA

Collect a Heart

Primary school nutrition program.

Nganampa Health Council

(combined activities)

Not an organised program as such. An opportunistic activity when time permits. There are designated liaison persons in the school and the clinic. Because Amata is a small community (about 550 people) and the school and clinic are next door to each other, combined activities occur every now and then.

Noarlunga Health Services

SAFE Schools Project

To use a collaborative approach to involve school children in identifying and responding to safety hazards in their community. Health workers, school staff, local service providers work together to involve the students in a creative way of learning about safety hazards in the community.

Noarlunga Health Services

Seaford School Canteen Support Project

Employ a part-time Project Officer who will work with schools to facilitate the provision and promotion of healthy food choices. PO works with school councils, canteen committees, staff and parents to develop school policies and facilitate the provisions and promotion of healthy food choices.

Parks Community Health Service

Health Committee/School Outreach Program

Kids are selected from the SRC to form a separate health committee. It is their responsibility to gather data from other students about concerns they might have around health issues in the school. They meet once a week and work on ways to address the issues.

Pika Wiya Health Service

Health and Sexuality Education

To provide years 8-12 with Health and Sexuality Education.

Riverland Community Health Service

(Consultative OT services)

Consultative OT services.

Riverland Community Health Service

Riverland Women's Health Services

Conduct health education in high schools periodically.

SA Dental Service

School Dental Service (SDS)

The SDS provides general dental care for pre-school, primary and secondary school students up until their 18th birthday.

SA Health Commission - Health Promotion Unit

Health Promoting Schools

Work collaboratively with DECS to implement the HPS program. SAHC representative of this project - don't deal with individual schools as a rule. The document 'An Introduction to Health Promoting Schools in SA' was co-authored by SAHC and DECS and is aimed at providing a framework for all schools.

Tobacco: 'The truth is out there'

This is a new resource targeting the middle school providing teachers with information, lesson plans etc for preventing tobacco use. It is set within a health promoting schools framework and draws on the principles of drug education and tobacco prevention programs.

Tatiara Community Health Service

Healthy Bones

Single session program with primary school - students on healthy diet and exercise to improve bone strength.

Tatiara Community Health Service

Year 12 Sexual Health Program

Three sessions on sexual health issues, e.g. pap smears, breast and testicular self-examination, contraception, negotiating safe sex - males and females.

Tatiara Community Health Service

Year 5 Growth and Development

Four session program dealing with issues surrounding puberty with year 5 girls.

Women's and Children's Hospital - Division of Mental Health

Partnerships with Young People - School Support Service

To provide mental health promotion activities to schools through to group interventions, individual interventions for students identified through the Inter-agency Referral Process.

TAS

Alcohol and Drug Service

Rock Eisteddfod

To assess value of the Rock Eisteddfod as health promotional activity.

Australian Red Cross

Junior Red Cross and Red Cross Youth

Youth groups are school and community based. Groups are run by young people, supported by group leaders and youth officers. Their main activities focus on community service and health promotion.

DCHS - Aboriginal Health Unit

Sexual Health and Drug and Alcohol Workshops

Raise the awareness of youth, particularly young aboriginal people of the effects of unsafe sexual practices and substance misuse.

DCHS, Department of Education, Community and Cultural Development

Health Promoting Schools Liaison Program

To develop a partnership approach to the implementation of health promoting schools in Tasmania. A memorandum of understanding, a joint statement on Health Promoting Schools between the Department of Education, Community and Cultural Development (DECCD) and the Department of Community and Health Services (DCHS) forms the basis to support a partnership approach. The partnership has been formulated as a result of two recommendations from the Review of Health Education in Tasmanian Government Schools (1995).

Drug Education Network, Hobart

(support and training services)

DEN offers a broad range of support and training services for those involved in health and drug education. Emphasis is based on developing school based programs to meet identified needs.

Drug Education Network, Launceston

'Remember the time we had last night

An intersectoral initiative to address a traditionally high risk situation for young people - the party that follows the end of year Leavers Dinner, between DEN, Alcohol and Drug Services and Tasmania Police.

Drug Education Officer

Get Real

A pilot program in primary schools in each of the seven districts. Still at an expression of interest

community. It will be a proactive approach as drug education is not just the school but involves the whole community.

Family, Child and Community Health
(services to school aged children and young people)
Surveillance and screening services for 5-12 year olds; health and sexuality education by request for secondary students.

Family Planning - Tasmania
Sexuality Education
Human relationships education.

School Canteen Association
The School Canteen Association
The School Canteen Association is a committee that comprise workers from areas of health, dental services and the NHF with funding support from all of these and a small amount from education. Its role is to:

1. provide advice and support to school communities on the operation of school canteens;
2. develop resources;
3. provide workshops/training for canteen managers and interested school members.

Tasmanian Police
Tasmanian Police Community Drug Education Program
Drug education program aimed at community groups and school students from year 9 up. Avoid one-off sessions with school kids - have a minimum of three sessions - 18-20 sessions over 3-4 weeks. Manual used as a guide. Monthly meetings regarding drug education with human services, education, DEN, Alcohol and Drugs. A representative in the Drug Squad liaises with principals re intelligence re supplies and drug use. Discretion used in the matter. Referral to other agencies. All officers are normal duties police who take time to do school education program.

Transport - Road Safety Branch
Road Safety Education
Delivery of school-based road safety education programs, K-12 and support and resourcing of teachers in the delivery of road safety education.

Vic

Anorexia and Bulimia Nervosa Foundation of Victoria
(services)

Anti-Cancer Council of Victoria
The Sunsmart Schools Program
The ACCV invites primary schools to become 'Sunsmart Schools'. Involvement in the program requires schools to meet the Sunsmart criteria (i.e. a written Sunsmart policy outlining protection practice in three areas - curriculum, behaviour, environment.)

Australian Drug Foundation
Drug Education Service
A comprehensive service to secondary schools re drug education and other drug related matters.

Ballarat Children's Homes and Family Services
Stepping Out
A community-school linked program which has been operating for over three years, focusing on students at risk and their families, using casework, group work and community development approaches.

Ballarat Children's Homes and Family Services
Stepping Out Program: School Linked Parenting Support
A support program for students and their families who are experiencing difficulties at school, home or in the community. My component is called the School Linked Parenting Support. Both

Ballarat Young Mums' Clinic
(information provision)

Providing information on normal growth and development of children with emphasis on responsibilities associated with parenthood and hardships teenage parents face, with a preventative focus.

Bendigo Community Health Service
HEWT (Health and Education Working Together)

It aims to better the needs of young people and their families through a combination of direct service, case management, program work, and health promotion, prevention and early intervention policy and protocol development. To develop more effective, integrated mainstream service sector responses to families with adolescents located both within the school system and out.

Bendigo Community Health Service - Health Promotions Unit
Preparation for Puberty

A program designed for year six students to help equip them in the transition into adolescence and provides a broad knowledge base in sexual health and development.

Broadmeadows Craigieburn Community Health Centre
Youth Health Program

Outreach program provided by Youth Health Nurse - provides counselling and support for SWCs, referral, health education and promotion and group work with students depending on the need of the school.

Central Division of General Practice
Youth Mental Health and Suicide Prevention Program: Peer Education Programs in Schools

15 young people who have self selected become involved in a training program based around providing them with accurate information on youth issues and networks and referrals available to help with these issues. They meet the networking agency people. From here they pass on the information to their peers. A lot of the program also focuses on self esteem development.

Centre for Adolescent Health
Gatehouse Project

City of Boroondara
(*resource*)

Act as a resource on health issues for youth services, who have regular contact with Boroondara State secondary schools.

Clockwork Young People's Health Service
(education on request)

We provide education to each school who request our services and we will educate on the chosen topic by the school, e.g. sexuality, depression, suicide, anger management, drug and alcohol issues, pregnancy options, relationships.

Cobaw Community Health Service
Health and Human Relationship: 'Preparation for Puberty'

Health education is a learning experience concerned with the physical, mental, emotional and social well being of students.

Dental Health Services: Community Dental Services
School Dental Services

SDS provides universal dental care to all primary school children and dependents of health care holders in year levels 7 and 8.

Divisions of General Practice
(services)

Dunmunkle Health Services, Community Health Service

be beneficial.

Extra Edge: Monterey Cluster

Extra Edge Program

The aim of the Monterey Cluster is to utilise and develop a range of community resources to support the participation and success of students attending the schools.

Grampians Community Health Centre

Puppet Show

Puppet show on protective behaviours - focus on safe touches; Anti-violence education program Grade 5.

Grampians Community Health Centre

Stawell Area Youth Network

A group of people in the Stawell area who work with adolescents and young adults working collaboratively to assist and support each other and to proactively address local young people's needs.

Grampians Community Health Centre

Welfare Committee and Social Worker Position

Plan, develop, respond to school and individual student/staff needs as identified. Policy Review and Development (welfare).

Grassmere - Cardinia Youth Services

Youth Activity Service

Teenage school holiday program; Personal development program on self esteem and anger management; Youth management.

Heart Foundation

Food Smart for Schools Program

Nutrition education program for primary schools. It comprises 3 resources:

- food smart for upper primary school students;
- food smart for 5-10 year olds;
- food smart for school canteens.

Human Services - Health Enhancement Unit

Somazone

Somazone is an interactive CD ROM for young people about life and health issues. As a result of a feasibility study that showed that CD ROMs are viewed by young people as a creative and enjoyable way to access information, a collaboration of agencies came together to finance and produce an interactive CD ROM.

Human Services - Koorie Health Unit

Slow Down Cuz

A 50 minute play portraying messages to Koorie adolescents on youth health issues such as sexual decision making, teenage pregnancy, substance abuse, self esteem, peer pressure.

Human Services - Office of the Family

School Nursing Program

School nurses employed by Human Services and located in the regional offices, visit the primary schools to provide a range of services. The services focus on prevention, early identification and early intervention of health problems. Agencies provide consultancy and information to service providers (SNP). Nurses link families to a range of community agencies and services.

Latrobe Community Health Service

Traralgon Secondary College 'Girls Club'

Primary Schools - Puberty Education; CRC - Human Development

Melbourne Sexual Health Centre

Melbourne Sexual Health Centre Community Education

The Melbourne Sexual Health Centre identifies specific target groups in the community to provide

NEWomen - Goulburn North Eastern Women's Health Service

'This is where it's at!'

The program is based on the poster resource 'this is where it's at!' The resource was developed by a group of year 9-10 female students from Beechworth SC in response to the group's perceived lack of information and support from local health agencies. The poster resource consists of five posters and an accompanying booklet and is currently being promoted and used throughout Victorian schools.

North East Valley Division of GPs

STD/Contraception Secondary College Program

Over a two year period, GPs work with classroom teachers to deliver an STD/Contraception/Sexual Health program comprised of six weekly sessions or their equivalent.

Ovens and King Community Health Centre

Bright Self Esteem Program

Development of five year program; reorient school home group functions to provide support and address youth issues; Address staff welfare and PD issues; Provide direct care (1:1) as required; Work in partnership to develop positive country culture.

Ovens and King Community Health Service

Wangaratta Peer Education, Sexual Health in Human Development (Primary), Bright Self Esteem Project, Asthma for Teachers/Parents, Teachers Health Assessment

1. training and support provided for 15 peer educators;
2. five year project to look at structural, curriculum and community issues related to self esteem/resiliency development;
3. Target grade 4-5-6, providing sexual health component over three years of curriculum. Asthma, prevention and support training for teachers.

Palm Lodge Centre

(project work)

Peer education programs around drug use; Parent/student nights within all schools; Referral and counselling services; Education Sessions; Adventures Unlimited Program - Intensive 10 week program for young people at risk of developing long term drug use (about to be implemented).

Portland and District Community Health Centre

Outdoor and Workshop Program

A program that withdraws at risk young people (14-16 years) from the classroom to participate in a challenging outdoor program (4-5 day camp). Workshop sessions to address issues such as self esteem, conflict resolution designed to increase resilience, school retention, life skills and health.

Reservoir District Secondary College

Community Health Nurse: Health Education

To provide services to the total school community - students, staff and family - which inform, promote and support holistic health.

School of Dental Science, University of Melbourne

Diploma of Oral Health Therapy

Education of undergraduate Dental Therapists and Dental Hygienists in Health Promotion. (Dental therapists work mostly in school dental service, hygienists in private sector.)

Sutherland Community Resource Centre

Getting Along - Conflict Resolution in Schools

The Getting Along Program utilises a whole school approach with the aim of increasing and enhancing the whole school community's role in the resolution of conflict through training, group work and counselling for teachers, students and parents. The Getting Along Project is based on a parent/adolescent and family therapy program called Matters.

Sutherland Community Resource Centre (Berry Street)

Creating New Choices

Creating New Choices takes a whole school approach to preventing violence and conflict.

Health Promoting Schools Association

The HPS program is a framework for linking primary health promotion/educationand schools, local government , non government organisations and the media amongst others, to work together to create healthier school communities. Many schools in the region are already working hard to become healthier school environments and communities.

The Deafness Foundation

Rubella Awareness Project

Seeking to act as a catalyst for Rubella Awareness. Increasing knowledge of dangers especially congenital Rubella Syndrome if females are not vaccinated. Ensuring informed consent to vaccination of M/F in Grade 6.

Victoria Police

Police Schools Involvement Program

A program offered to primary and secondary schools and designed to give a balanced approach to the issues of good citizenship, the consequences of crime, rights and responsibilities. The program will give children an insight into the role of the police, how our legal system works and assist them to resist peer pressure and other negative influences.

Wellcoming Women's Health Service

(workshops in schools)

We provide workshops to schools on request mainly covering two areas:

a) Body Image and self esteem;

b) Sexuality/relationships/communication(often done in conjunction with other agencies, e.g. AIDS working group).

Western Region Alcohol and Drug Centre (WRAD)

(services)

Schools access the Centre on an ad hoc basis, general classes, studying health issues. Teachers arrange a visit and a counsellor will address the class on a topic pertaining to the subject. e.g. drug, smoking, alcohol/drinking, safe sex.

Yarra Valley Community Health Service

(services)

Provides a mobile outreach model around the issues of access, equity, health literacy, early intervention and harm minimisation strategies through various processes.

WA

Alcohol Advisory Council

Alcohol Advisory Council Youth Alcohol Forum

The Youth Alcohol Forum was a three day residential workshop for 80 year 10 students designed to empower young people and reduce alcohol related harm within the community. The program was aimed at 'kick starting' drug education in schools, and getting the whole school involved.

Australian Council on Smoking and Health

Young People and Smoking Project

Comprehensive program - designed to reduce incidence of smoking amongst 10-14 year olds. Includes mass media, school education and resources, research, advocacy, development of kits and merchandise.

Central Wheat Belt Health Service

(services)

Curtin University

Child Pedestrian Injury Prevention Program

Dental Services WA

General dental care to children from pre primary to year 11. Individual clinics do health promotion, e.g. canteens in schools, nutrition. Training for Aboriginal health workers.

Derby Health Service
(resource and liaison)

The school health position in Derby Health Services acts as a resource/liaison person to facilitate the delivery of health education/promotion. Individual lessons undertaken for specific programs, e.g. environmental health, headlice, trachoma, sexual health, contraception, AIDS/STDs.

Esperance Health Service
School Health Service

Health screening and surveillance of primary school children, pre-primary and year 6 (vision screening only), others on referral from parent or teacher; health education sessions, i.e. sexual, emotional, developmental.

Family Planning - WA
Community Education

Requests to do sexuality education.

Healthway
Healthway Promotion Project Funding

Funding direct to schools for projects; Funding to agencies to support schools, e.g. ACHPER, NHF.

National Heart Foundation
(services)

Office of Aboriginal Health
(nutrition program)

The Health Department contracts with two remote aboriginal independent schools to provide nutrition programs.

One Arm point Clinic, One Arm Point, via Broome
(smoking, drinking, drug use program)

It is still being developed at this stage with the local school.

Peel Health Service, Mandurah
Promoting Adolescent Health

Training peer leaders from the local school in health leadership and lifeskills on a three-day camp. Then peer leaders work at health information centre - paid as 'health education officers'.

Pilbarra Kimberley Life Education Centre, Perth
Pilbarra Kimberley Life Education Centre

To achieve a reduction in alcohol and drug abuse through the provision of a inspirational preventative program to primary school children in the area.

Road Wise
Safe Routes to Schools

School Drug Education Project
Western Australian School Health Project

Aims to support schools to whole school health promotions involving curriculum, environmental and parent/community strategies.

Spinal Injuries Prevention Program
Spinal Injuries Prevention Program

The spinal injuries prevention program is committed to increasing community understanding on

WA Health Department

School Health Program

Provision of primary health care to primary and secondary schools.

WA Health Department - Health Promotion Services

100% Control Youth Alcohol Program

The program includes a mass media component (including television, radio and outdoor media), school based and community based strategies. The program aims to raise the awareness of the harm associated with excessive alcohol consumption among 12-17 year olds.

WA Health Department - Health Promotion Services

Fruit'n'Veg. .Children's Campaign (Fruit'n'Veg Eat It)

A multi-strategy campaign to promote fruit and vegetables to children 6-12 years old. Strategies include television advertising, annual Fruit'n'Veg week in schools, school based competitions and promotions, children's cookbook.

WA Police Service

School Based Policing Program

WA School Canteen Association

WA School Canteen Project

The WA School Canteen Project is an initiative of WASCA funded by Healthway. It will provide practical support to assist schools of all education systems to facilitate the adoption and maintenance of a healthy canteen operating at a healthy profit.

Appendix 3:

Some Case Studies of Valuable Practice

A3.1 Comparative 'Bands'

The first set of case studies takes a comparative look at two areas of practice across Australia:

3.1.1 Schools and Nursing

The term 'school nurse' has no one definition in Australia. While in each state and territory in Australia, qualified nurses interact with schools, the nurse that does so may be called a 'school nurse' but may also have several other roles and titles. For the purposes of this audit a qualified nurse who has significant contact with schools has been termed a 'School Nurse'. This broad definition reflects the wide variation in roles that school nurses have, and the funding and other arrangements that support them.

Three related but distinct roles of school nurses can be identified in this audit. First, the traditional and still important role has been health screening and referral on vision, hearing and so on. Secondly, the role of the nurse has encompassed health education and promotion either as an educator and/or as a resource person for teachers. This newer role has developed in some instances because school nurses are the most easily accessed health professional, already working closely with schools. In the Northern Sydney Area Health Service in New South Wales, for example, school nurses were recognised as the most important health professional associated with schools and so their role was deliberately changed to encompass health promotion. Thirdly, the school nurse has provided an important link between the health and education sectors, as a point of access for health professionals to contact the school and/or to assist the school identify other health agencies and resources.

While all states and territories have some form of health screening process, some states operate this in the pre school years rather than in schools (e.g. South Australia). In some states (e.g. New South Wales) the priority of health screening varies between areas. In these states, priorities are determined by the local or regional health service rather than as part of a state wide program. Where health screening is not a local priority, the role of the school nurse has shifted to one of health education or promotion.

In all states and in the ACT, school nurses are employed through the health system; (only in the Northern Territory are school nurses employed by the Territory Department of Education). As a result, school nurses tend to be considered as part of the Health system rather than of the education system. Priorities tend to be determined through the Health Department or health service rather than collaboratively. This is even the case in Western Australia where some funding was provided through the Education Department of Western Australia for school nurses as part of the Priority Schools Program.

In most states, school nurses operate out of the local health service or community health centre. The main exception is in the Northern Territory and Western Australia where school nurses are located on the grounds of the local high school and are available to the feeder primary schools. In the non-Government Education sector, some schools employ school nurses, with one large Victorian non-government school having seven school nurses on site. In one instance in the Government sector in Victoria, a Nurse is employed by the school out of the school's global budget but is only funded on an annual basis, leading to uncertainty for the school and clients, and making it difficult to establish longer term programs. The advantage of the school-based approach is that the nurse becomes part of

with the School Counsellor, the Home-School Liaison Officer, and the Aboriginal Liaison Officer and school-based Police Officer. Location on the site of the school has allowed greater collaboration with school or education personnel. Being on the school site may allow nurses to overcome barriers experienced by other health professionals external to the school; however, one school-based nurse commented:

It takes time and patience to be accepted, as a non-teacher, and as one who can add positively to the school experience for the whole community.

Being on site has also provided a contact point for other health agencies wishing to make contact with schools. It has taken time for school nurses to be seen as providing not just 'band-aids', but as being actively involved in health promotion in the school.

What has become clear through this audit process is that collaboration between the sectors at the school or local level requires collaboration at senior departmental levels. This is true also of school nurses who faced similar barriers to working with schools as do other health professionals. To some extent, these barriers have been mitigated by the established relationship school nurses have with schools and, in some cases, a sense of trust has resulted from extended contact.

The variety of role of schools nurses reflects the priorities of State Health and Education Departments. As these priorities change and departmental structures shift, the role of school nurses has shifted with them. This is likely to continue. The following is a snapshot of the situation in 1997.

ACT: Health surveillance for vision, hearing etc, increasing health education/promotion role.

NSW: Health surveillance for vision, hearing etc but in some areas changing to include health education and health promotion (e.g. Northern Sydney Area Health Service).

NT: School Nurse based in High School and available to feeder primary schools. Work includes providing health education, advising and training students on health related matters, health assessments and screenings, developing and implementing health plans, emergency first aid and health/medical referrals, health/social advice and counselling, referrals to appropriate community agencies. Employed through Education Department not Health.

QLD: Child health nurses' roles vary across the state but provide health screening for vision, hearing, health and development in primary school. Other roles include health education (e.g. human relationships education, asthma), provision of health resource for teachers, and individual health consultations.

SA: Child health nurses work with primary and pre-school aged children. They do not provide universal visual, hearing, etc. screening because thought to be inefficient and costly. Rather look at life-style issues and develop services to meet needs. Children may be referred to service by school, but service is not provided in the school.

TAS: Surveillance and screening service in primary school (5 - 12 year olds). By request provide sexuality and health education in secondary schools.

VIC: All families with children in primary school have the opportunity to consult with a school nurse

all year levels. Service includes a health assessment of all children in their first year of school: testing of vision, hearing when suspected hearing difficulties are indicated by parent or teacher, referrals from teachers or parents where there are physical, social, emotional and learning health outcomes, follow-up of children with additional needs, health promotion and resource activities. Information is also provided to help teachers understand children's health needs.

WA: Provide primary health care services to primary and secondary schools. With the devolved system of health care in WA, each local health service will determine the number of school nurses depending on number of schools and students. Usually over 600 secondary students for one full-time nurse. Primary schools serviced by primary nurse, not necessarily located on the school grounds, for screening. Some do health promotion and education. School nurses are located at high schools and are involved in crisis management, health promotion, health education, counselling and referral.

3.1.2 Schools and Police

Across Australia, police are involved to differing degrees in school-based programs with both government and non-government schools. The programs looked at in this audit were those in Northern Territory, Queensland, Tasmania, Victoria, and Western Australia. South Australia does not have a school-based program in the same sense, but has inter-agency links to increase safety for schools and some links with police working in classrooms on the School Watch program.

The stated aims of these school based programs are similar, but there are different methods and levels of involvement used to achieve aims of:

- To develop a better/positive relationship between young people and the police;
- To assist in the reduction of juvenile crime;
- To create an understanding in young people of the police role in the structure of society;
- To equip young people with the necessary skills to avoid dangerous and threatening situations;
- To think rationally and make responsible decisions.

Western Australia and the Northern Territory run programs that have the highest level of police in schools with police officers being designated to a particular school. In the Northern Territory, the program was initiated in Darwin in 1984 and has grown to now have a police officer based at every high school. The officers are also responsible for a number of feeder primary schools. They deliver a set curriculum called DARE (Drug Abuse Resistance Education) based on an approach of 'say no' to drugs, although there did seem to be some movement towards a harm minimisation approach. The police are also involved in student welfare and are considered part of the school's welfare team, participating in school camps, school holiday programs and running bicycle patrols. There is joint planning of the curriculum between education and the police to coordinate the programs in schools. Some of the Aboriginal communities in the Centre have their own drug education programs that have been developed in consultation between tribal elders and health workers.

This is a popular program with the community and has a lot of political support. School-based police officers are funded over entitlement to ensure there is one in every high school. There were some reservations expressed about the amount of curriculum time given to the DARE program, but a view was expressed that if a school had a good police officer then they were an asset to the school.

In **Western Australia**, the program started in 1987 with four officers in five senior high schools. It now has 31 police officers based in 36 high schools, with 179 feeder primaries. The Drug Education Program was originally based on the DARE model but in 1996 the police created their own package for

to drugs' approach rather than one of harm minimisation.

The school-based police officers are normal duties police officers and so can apprehend offenders at the school. The officer can use discretionary power to either charge or refer offenders.

The police felt that there had been positive outcomes from the program with a far better understanding of the role of police, the provision of a role model for students, and raised community awareness on drugs, road safety, rights and responsibilities of young people. School-based officers were also said to have reduced the juvenile crime rate in schools.

The program began in **Victoria** in 1989 with 50 extra police funded to be designated School Resource Officers (SROs). There are now 85 SROs and that number is capped. They cover ten schools each, with a change of five of those schools each year to allow most schools a chance to take up the program over a three year period.

The program takes a flexible approach to school needs and negotiates with the school as to what it needs for the year. One example of this in the south eastern suburbs of Melbourne was the design of workshops on issues relevant to more responsible alcohol consumption, using the "Rethinking Drinking" Program. There is no set curriculum but the SRO coordinates plans with teachers to fit in with the school's curriculum within an integrated approach, e.g. developing links with English classes.

The Victorian program is only proactive; the SROs are not allowed to apprehend offenders but, where offences occur, work within the school's discipline and welfare policy. The principal then contacts a school police liaison officer based at the local station. The aim is to build a trusting relationship with the school community and to acknowledge that ownership of information and ideas is with the school community.

The outcomes from the program so far have been:

- better and constructive relationships with police and school communities;
- improvement in behaviour and attitude to road safety, conflict resolution and inhalant sniffing.

Tasmania has a number of police officers who have been specially trained, e.g. in drug education, who take time out of their normal duties to run classes or programs at schools. The program began in 1989; there are now 12 to 15 police officers in each district who spend around 20% of their time in schools. They are involved in the Adopt a Cop program and the Safety House Program in primary schools, and the Community Studies program that teaches drug education and the law in High Schools in years 9 to 12. There is joint planning with education to make sure that the program offered in schools suits both education and the police.

In **Queensland** a pilot program has just started at the beginning of 1997, with police officers working with nine high schools across the state. Each is a normal duties officer who does not carry a gun, but can apprehend offenders. Victoria has provided training to establish the program in Queensland. There are plans to expand the program over time. As this is a very new program, there is not as much information at this stage.

In **New South Wales** it was very difficult to gain information on school based policing with the police force in general being in a state of change after the Woods Royal Commission.

The second set of case studies outlines specific individual programs:

3.2.1 'Remember the Time We Had Last Night': Launceston, Tasmania

This project was an intersectoral initiative to address a traditionally high risk situation which occurs for students at the end of year 10.

The completion of High School (year 10), before beginning at a senior College, is an especially significant event in the transition from adolescence to young adulthood. The social events that accompany the end of year Leaver's Dinner and the party that follows the dinner have been high risk situations for young people as a result of excessive consumption of alcohol.

Three members of the Drug Education Network (DEN), Alcohol and Drug Services and the Tasmanian Police worked together to develop and deliver a program towards the end of year 10 in two Launceston high schools. The schools responded to a letter asking for expressions of interest. One of the reasons given for why they worked together was that because the town was small, they are all in close proximity to each other and so know each other and talk about issues and ways to address them.

The program was designed around emphasising safer ways to celebrate and have a good time, while avoiding the negative social outcomes, legal implications and health consequences of young people drinking. It uses the perceptions and knowledge of the students as a key part of the program. A parent evening was arranged to let parents have their say and professional development of teachers was offered in the use of the "Rethinking Drinking" Program (if that was not already happening in the schools).

Although the program was judged a success, especially with the parents (who formed a support group as a result of the meeting, to address wider issues around drugs and alcohol), continuation of the program still depends on resources being made available.

3.2.2 Young People and Smoking Project (YPSP): Western Australia

The YPSP was developed as a collaborative effort between the Australian Council on Smoking and Health (ACOSH), the National Heart Foundation (NHF), the Cancer Foundation, the Asthma Foundation, and the Health Department of Western Australia, with a substantial grant from Healthway (the health promotion foundation) over three years.

It is a comprehensive approach to the issue of preventing the uptake, and reducing the prevalence, of cigarette smoking in 10-14 year olds. It was initiated in response to research that showed that few teenagers in the 10-14 age group are smokers, but by the age of 15-16 years, many are smoking regularly.

The project includes the mass media, school education and resources, research, advocacy and the development of publications and merchandise. It liaises with 1200 primary and secondary schools over the school year, and involves young people in its implementation and development, initially through the surveying of 1,500 young people aged between 11-16 years.

The project has three main structures:

- The management committee which consists of the project coordinator and all of the above agencies who initially applied for the grant. The management committee meets on a monthly basis;
- The project coordinator and a part-time administrationassistant who are responsible for the day

- Reference groups in the areas of:
  - School education
  - Advocacy
  - Media and public relations
  - Publications and merchandise
  - Aboriginal community development
  - Research and development

The groups meet as needed, approximately every eight weeks. They work to independently plan and implement activities that address various aspects of smoking prevention.

Some reservations were expressed about the organisational difficulties involved in working with a large coalition as the management team. Although all agencies are working towards the same outcome - to reduce the incidence of smoking - it was felt that each agency had different opinions and attitudes as how to achieve these outcomes and so a large amount of time had to be spent on building relationships and liaising with the different agencies, rather than spending all the time on achieving the project outcomes.

There was initial time spent on clarification of the different agency roles and jointly planning the direction of the project, but as the project continued, each of the agencies' different agendas and protocols became difficult for the project coordinator and the project to accommodate. It was felt that the project could only bend so many times to meet these.

As the project has only been in progress for 18 months and there is funding until 2001, there is time for these difficult issues to be addressed in order to provide information to other groups seeking to do the same in the future. The outcomes of the project in regard to outcomes rather than processes are still being evaluated at this stage.

3.2.3 The Sober Women's Group: Traditional Aboriginal Education in Yirrkala, East Arnhem Land, Northern Territory

The education is based on Gurrutu, which is the kinship system for the extended family. When alcohol was discussed it was placed in reference to Gurrutu. All children at the Yirrkala school were placed in groups to describe and discuss Gurrutu and their skin groups and the importance of Gurrutu to Yolngu (Aboriginal people). It was then shown that alcohol "puts shyness to sleep" and that people then go off and live with the wrong related kinship group. This is wrong for Yolngu culture.

The health effects of alcohol were shown to the children by cooking a wallaby. When a wallaby is cooked its liver becomes hard. This was related to alcohol to show the effect that alcohol has on peoples' livers.

The other education related to nutrition and teaching Gurrutu. Bush tucker trips were organised with the women showing the children how to hunt and to fish, crab, find turtle eggs, mussels from the mangroves, stingrays, mud crabs, oysters and clams, while talking to them about the importance of Gurrutu.

3.2.4 The Continuity of Care and Education Project (CCEP): South Australia

The Department for Education and Children's Services (DECS) and the Health Commission and other

disseminate guidelines throughout health services, supported by school practices, to support students with health care management needs in order to maximise education and minimise hospitalisation.

The Asthma Foundation, DECS and Health have been involved in a particular part of this project relating to the needs of children with asthma in schools. This project is called the Asthma in School and Care Setting Program. The goal of this program was to improve asthma management in schools through collaborative work with DECS.

The project originally started at a local level in one primary school. It was developed as a training model and then brought to a systemic level through the collaborative partnership with DECS. Although it is recognised that working with a big organisation such as DECS means that the change is much slower than working just at the local level, it was recognised that the systemic change meant that the program will be sustainable in the future. It was described as "cementing the bricks in place".

The outcomes of the collaboration have so far included:

- a first aid training package delivered to teachers, which showed a 17% increase in teachers' knowledge about asthma management;
- changing of policy and infrastructure which has included the passing of a Bill in State Parliament to allow asthma medication to be kept in school first aid kits;
- Asthma policies put into place with the agreement of all parties, including unions;
- Asthma record cards have been developed as a result of collaborationbetween project and DECS staff, with the involvement from GPs and specialists. These record cards are a tool for better links between GPs and schools;
- A curriculum booklet was developed for all students, with teaching materials about asthma;
- The play, "Sucked in Bad" was especially developed to educate children about asthma. It travelled extensively throughout South Australia to primary schools. Students were surveyed before and after the program and showed a 30% increase in knowledge about asthma.

3.2.5 'Breaking the Petrol Sniffing Link': Indulkana Aboriginal School, South Australia

The aim of this program is to encourage Anangu (traditional Aboriginal) students not to take up petrol sniffing, by removing the boredom they suffer over holiday periods and weekends when school is not operating. It is a local belief that the majority of young people who take up 'sniffing' do so over the long Christmas Break. It was the intention of the program to take these boys away, mid-way through the break, for two to three weeks to visit Yalata and the Great Australian Bight. The theme of the trip was "What will Indulkana be like in twenty years time?"

The adults on the trip kept reinforcing the virtues of not taking up 'sniffing' and putting it back onto the boys about who will be running the community in the future if all the young people today take up 'sniffing' and ruin their health and possibly their lives.

At this stage not one of the boys has taken up 'sniffing' and the boys are said to have a greater feeling of belonging. There are still some funds left from the initial grant (from the Drug and Alcohol Services Council to the Anangu Education Services) that acted as the stimulus for the project. It is hoped that the program can be continued with further trips and weekly activities at the school. This depends on the community, as the program is driven by the community with support from the school and direction is taken from the community members.

for the issues to be addressed consistently, there needed to be formal obligatory links between health and education. It was suggested that a health worker in each school under the management of the principal would go some way towards developing the necessary link between health and education in the community.

3.2.6 Community Health Centre Inter-Agency Approaches: Broadmeadows/Craigieburn, Victoria (urban) and Wangaratta, Victoria (country)

These two case studies are reflective of the many surveys received from Community Health Centres (CHC) across the rest of Australia and particularly in Victoria.

The Ovens and King CHC is involved in a number of programs that are operating in schools in the Wangaratta area. Strong links have been developed between schools, health services, and the community over the last four years. These have been enhanced by the involvement of Extra Edge (a statewide program relating to students at risk) and Country Connections (a community organisation which is presently negotiating to be part of the CHC to fully integrate service delivery). The CHC now regards school involvement as part of its core business.

The CHC works with four secondary colleges and 27 primary schools in the area. An example of one of the projects is the Self Esteem Project at Bright SC. This is a five year project to look at structural, curriculum and community issues related to self esteem/resiliency development for students, teachers and families. It involves inter-agency collaboration, structural change, specific program development and teacher welfare support as well as linking with School Council structures.

The outcomes to date have been:

- closer and more supportive working links between teachers and health workers;
- greater access by young people to the CHC;
- improved referral for students and families.

The Broadmeadows/Craigieburn CHC provides a Youth Health Program for seven secondary colleges in the area including the KODE School (a Koorie school) in Glenroy. The program has been running for approximately twelve years. The CHC sees that it has links with the schools in the area because that is where most of the young people are.

The CHC provides an outreach program, conducted by the Youth Health Nurse, for counselling, support for Student Welfare Coordinators, referral, health education and promotion, and group work with students - depending on the needs of the school. There are specific programs at the CHC, and within the school links, that relate to Koorie, NESB, and ethnic needs of the community.

3.2.7 Youth Mental Health and Suicide Prevention Project (Victoria)

The **Youth Mental Health and Suicide Prevention Project** is part of larger project entitled "Improving and enhancing the delivery of health services to youth" that is being conducted by the Central Highland Division of General Practice in Victoria. The aim of the project was to identify the health needs of young people in rural areas and to educate local health service providers about the special needs of this group with a view to facilitating health promotion by GPs with adolescents.

A survey and focus group interviews were conducted in the Gisborne/Mt Macedon area with young

to find out the types of health services that they think best suit their needs.

The results showed that the greatest need was in the area of mental health. While young people were confident to access a GP for physical ailments, they preferred to talk to their friends about emotional stress and relationship difficulties rather than their parents, teachers or doctor. Young people wanted GPs to be more aware of the social, cultural and psychological factors that influence and affect their lifestyle and decisions. They also wanted empathy, confidentiality and non-judgemental advice and support.

As a result of these findings, the Youth Mental Health and Suicide Prevention Program was developed. It began in September 1996 and is funded for two years by the Commonwealth Department of Health and Family Services - Division of GP Project Grants Program.

The project is located in four schools: Kurunjang Secondary College, Melton Secondary College, Gisborne Secondary College and Braemar College, as well as in youth health services in the communities and with the Central Highlands Division of General Practice. It involves the establishment and resourcing of adolescent peer education programs in local schools so as to formalise the support given to young people by their peers in times of emotional stress. The development of self esteem is seen as an integral part of the program. Fifteen young people have self selected to become involved in a training program based around providing them with accurate information on youth health issues and the networks and referrals available to help with these issues. They meet with the network agency personnel and then pass the information on to their peers.

Professional development courses for teachers and GPs on managing and recognising the signs of suicide in young people are conducted in conjunction with the Centre for Adolescent Health, the local Community Health Centre and local youth groups. This training includes the aim of increasing GPs' awareness of how they respond to young people as well as what the young people's needs are.

Although there will be a formal evaluation of the program over its two years, at this stage it is still too early in the program to evaluate the impact and outcome of the project for all those involved.

3.2.8 The "Be Smoke Free" Project, Maningrida (NT)

The Be Smoke Free Project was devised in response to concerns by the community, teachers and visiting doctors about the level of smoking in the community. Aboriginal people in the Top End of the Northern Territory have among the highest rates of smoking in Australia and as a result suffer an enormous burden of sickness and death. Even so, there is very little information about how many aboriginal children smoke, why and when they start, and what would help to reduce smoking uptake.

The objective of the project was to describe current knowledge, attitude and practices in regard to tobacco use in school aged children, and to develop and evaluate an intervention that will be culturally sensitive and readily adaptable to other Aboriginal communities.

To achieve this objective there was much consultation with the community councils, parents, school staff, health and education staff and the Women's Centre. There was joint planning with agreement about aims and philosophy, and the development of written protocols.

In the days leading up to the 'Be Smoke Free' fortnight, a survey including questions about students' knowledge of, attitudes to and behaviours around tobacco was distributed to the students at Maningrida

included units of work about tobacco, health promotion activities, fitness exercises, visits from famous sports stars, a poster competition, murals, song competitions, rock concerts and the production of a CD ROM entitled 'Be Smoke Free' (which had contributions from most of the school children), a second survey was given to the three schools. The aim of this was to see if the educational messages had any measurable effect on those who had participated in the activities.

As yet the evaluation has not been completed and is not available for publication, but the anecdotal evidence is that the parents and kids all enjoy using the CD ROM and some kids are raising health related issues with the parents and asking them to smoke outside! The CD ROM has also been useful in other Aboriginal communities.

3.2.9 Students Addressing Health Issues: Ridley Grove, South Australia

Identifying and developing strategies to address health issues by involving students is a key element of the health promoting school approach. Where student participation is encouraged, health promoting activities are more likely to be effective. The Student Health Committee at Ridley Grove Primary School has been successful in promoting primary health issues in the school and raising the self esteem of the participants. The Committee is the result of a collaboration between the school and the Parks Community Health Services.

The Committee developed in 1992 after a Community Health Nurse working with the school approached the school's welfare counsellor. The health service staff were seeking ways to access students to enable work on identified health issues, using a community development approach. Negotiation with the school, and the counsellor in particular, saw the establishment of a Student Health Committee drawn from the school's Student Representative Council.

Regular meetings between health service staff, the counsellor and the Student Health Committee are held at the school during class time and these discuss issues and strategies to address them. Issues are identified by students through health committee representativesand through the Student Representative Council. A wide range of issues were identified including:

* graffiti and vandalism in the school;
* the poor state of the sick room;
* the need for more health education in the school;
* traffic problems near the school;
* bullying in the schoolyard;
* the need for security for bikes at school;
* syringes in the schoolyard;
* the need for increased sun awareness; and
* various health hazards identified by a student hazard hunt.

The Health Committee members became health educators with the support of Health Service staff. In this role, the Committee members demonstrated the preparation of healthy snacks and correct tooth brushing techniques during the school assemblies.

Committee members were also encouraged to make links with other agencies including the Police, other schools, and school parent groups to address particular issues. For example, contact was made with the local Police to report on traffic speeding through the school crossing, and to discuss with the Student Representative Council ways of addressing graffiti and vandalism in the school.

is an increased awareness of health issues throughout the school community and other students take an active interest in activities generated by the Committee. School staff and parents have commented on positive changes in the behaviour of individual students. The Principal and School Counsellor are supportive of the Committee and have expressed a desire for it to continue.

The development of the Committee and the subsequent focus on health issues in the school was only possible with the support of teachers and school staff. There may have been an initial reluctance of some teachers to accept taking on board another program which was not strictly part of the school's curriculum. However, after the committee was initiated, staff of the Health Service were made to feel more welcome in the school by both staff and students.

The Committee's success has encouraged Parks Community Health Services to try a similar approach at a nearby school. While additional funding for the work with the Committee would assist this extension, the Committee will continue for the foreseeable future with the support of the school and its community.

3.2.10 Alcohol and Drug Education: ACT

In the Australian Capital Territory, two distinct approaches have been taken to alcohol and drug education. The ACT Health Department's Alcohol and Drug Service are working in collaboration with the ACT Department of Education and Training to develop a drug education program in schools, funded via the National Initiatives in Drug Education. In addition, the non-government Drug Referral and Information Centre (DRIC) of ADD Inc provides, amongst a range of services, harm minimisation sessions to groups of young people in school.

The Alcohol and Drug Service and the Department of Education and Training are working to promote the importance of drug education in schools through an integrated information strategy targeted at principals, administrators, teachers, and the school and wider community. Their work covers teacher training on harm minimisation drug education, information for the parents of primary school students on young people and drugs, a resource kit for students and teachers, and assistance on school drug policy development. The Service does not provide one-off classroom drug education sessions and this has enabled the provision of a more comprehensive teacher training program. Their activities are based on the belief that teachers are in the best position to provide drug education.

The Alcohol and Drug Service began to work with the ACT Department of Education and Training in 1995 and so it is too early to evaluate the impact of their program. The program has resulted in a small but committed group of teachers and schools developing comprehensive approaches and strategies to implement and develop drug education programs. While the program is due to end this year, strategies to continue it are being considered by the Service.

In contrast, DRIC responds to requests by teachers, students or school counsellors for the provision of their one-off harm minimisation sessions. Teachers or principals often approach the Centre in response to a particular issue or because they feel incapable of providing the education themselves. These sessions are a drain on the resources of the Centre because no funding is received from external sources to provide them.

The one-off sessions of DRIC are received well by most students, according to the evaluations of the sessions by students. Their reception may be due to the humorous manner in which the information is presented and the care taken by DRIC to tailor their presentations to suit the needs of particular

to assess whether it reduces dangerous drug taking behaviour. It does have the important effect of improving contact between those young people that use drugs and alcohol and DRIC. DRIC is often inundated with contacts from students after their school presentations.

The work of the Alcohol and Drug Service may reduce the reliance of schools on the services of DRIC. The Drug Referral and Information Centre recognise the importance of a comprehensive approach to drug education and have been part of some collaborative efforts to develop such an approach. The advantage of DRIC providing information to school students is the link than can develop between students and the other DRIC services as well as other related alcohol and drug services in the ACT. This may be lost if schools become more self reliant on their own drug education strategies.

3.2.11 Asthma Management: Central Coast Division of General Practice, NSW

On the Central Coast of New South Wales, the Division of General Practice has been running a pilot project on asthma management in schools. The project has arisen from an asthma management and treatment project using Nurses and General Practitioners based in GPs' rooms. The project uses this team of Nurses and General Practitioner to provide information and training on asthma, its treatment and management to school staff.

The Nurse and General Practitioner team approach has been working on the New South Wales Central Coast for a number of years. Nurses provide education to children and young people with asthma and their parents, while GPs discuss key aspects of medication. As part of this set-up, regular feedback from the Nurses found that it was common for students or their parents to report difficulties with school staff about asthma treatment. For example, students reported that some school staff were reluctant to allow the consumption of medication in class or on school grounds. The work of the Nurse and GP team was being undone by difficulties at school.

The response from the Division of General Practice was seek ways to educate school staff about asthma treatment. An approach to the local Department of School Education office resulted in a regional forum where the support of schools was gauged. As a result, a trial of six public primary schools with six control schools commenced in late 1996.

School staff were assessed for their knowledge of asthma and its treatment. Nurse and GP teams then provided training on asthma for school staff that have contact with students. To ensure similarity of presentation across the schools and teams, support and resources were provided to each team prior to their entering the school. School staff were then assessed on their knowledge of asthma six months later. The results are to be compared with a control group to measure impact of the training provided.

The project's operation and development appeared to encounter few barriers. A number of factors highlight how the two sectors cooperated to facilitate the project's development and operation. Initial contact was made with the regional director of the Department of School Education and the support of school principals was obtained early in the project. The project operated on the basis that it facilitated the schools' implementation of the New South Wales policy on asthma management. The schools that participated did so on a voluntary basis.

The only difficulty that did arise relates to medical structures which do not facilitate education programs run by General Practitioners. For example, Medicare does not pay for General Practitioners to participate in activities outside their surgeries. For this type of project to operate, particularly on

This was a pilot project and, depending on its evaluation and access to further funding, it may expand to include more schools on the New South Wales Central Coast.

3.2.12 Health Promoting Schools Initiatives: Queensland

In Queensland, Health Promoting Schools initiatives exist in Brisbane and south-east Queensland, the population centres along the coast and the hinterland as well as in some inland regional and remote areas. The Queensland Department of Health has taken the lead in developing health promoting schools by providing one position in the Queensland Education Department and providing some resources to Public Health Units across the state.

The autonomy given to regional health offices has meant that approaches to health promoting schools differ greatly. For example, the projects on the Sunshine Coast and the Gold Coast have taken two quite different approaches. The Sunshine Coast has taken a 'philosophical' approach, while the project on the Gold Coast has adopted an issues based approach. Direct comparison of these two projects is difficult because the Gold Coast project has been operating for a longer time and, because of its nature, has had some short term successes, while the project on the Sunshine Coast is only just beginning and has a longer term perspective.

The Public Health Unit at Southport on Queensland's Gold Coast began working more closely with schools by establishing a reference group composed of representatives from health and education. Needs were assessed by working with schools, students and students' representative councils. Where Queensland Health's priorities were not those of the schools, other means were used. Following the needs assessment, agencies and resources for support were identified and strategies developed. The Unit works closely with the School Support Centre and the Health and Physical Education Key Learning Area Coordinator in particular. The Public Health Unit has taken a community development approach to health promotion. Its work with schools has been program oriented and student focussed rather than one-off health education.

In contrast, the Public Health Unit at Maroochydore on the Sunshine Coast has aimed to take a whole school approach to health promoting schools by working in collaboration with schools, the Department of education and health professionals. Their initial work has been aimed at educating schools, education department officials and health professionals about health promoting schools. The Unit has taken a developmental approach to health promoting schools, beginning with whole school change rather than the identification of critical issues.
Despite their differences, the two approaches face similar barriers and have certain factors that are likely to facilitate success. Both viewed the support of schools, their students and the community as important factors for success. Both recognised that the personality of key personnel in health and education had the potential to foster or hinder links. Both believed that addressing local issues rather than departmental priorities would foster success. Both recognised that Health must not be seen to be pushing their priorities onto schools. Finally, both believed that better coordination or collaboration at the senior levels of the Education and Health Departments would facilitate their work at a local level.

Some differences did exist. The Unit on the Gold Coast has developed a good network of local agencies and this was seen as a factor for success. The Unit on the Sunshine Coast believed that the health promoting schools philosophy was itself a factor for success. Taking an issues approach was seen as dangerous by one group but vital for the other. The Unit on the Sunshine Coast did recognise that their philosophical approach was risky because schools may see it as 'too big' an exercise.

Since the work on the Sunshine Coast has only just begun, it is too early to compare the success of the different approaches. The approach taken by the Sunshine Coast Unit is certainly the more difficult one. On the other hand, the almost piecemeal approach of the Gold Coast Unit does not recognise the benefits of an holistic approach.