
Establishing a Knowledge Base for Health Promoting Schools

A Summary of Four Research Reports

PUBLISHER

Australian Health Promoting Schools Association

P O Box 72

Holme Building

University of Sydney 2006

Edited by Jim Cumming

ISBN 1 86451 334 9

CONTENTS

Page numbers may differ on web

INTRODUCTION.....	1
1. SCHOOLS.....	4
Introduction.....	4
Overview.....	5
Issues:	
Priorities; Partnership; Teaching.....	6 & 7
Conclusion.....	7
Recommendations.....	8
2. POLICIES.....	12
Introduction.....	12
Overview.....	12
Issues:	
Scope; Coordination;	
Advocacy; Models; Resourcing.....	13, 14, 15
Conclusion.....	15
Recommendations.....	16
3. LINKS.....	23
Introduction.....	23
Overview.....	24
Critical Issues:	
Co-location of services; Who Pays?;	
Sustainability barriers; Innovation.....	24, 25, 26
Conclusion.....	26
Recommendations.....	27

4.	RESEARCH	
	Introduction 1.....	33
	Overview.....	33
	Issues:	
	Interventions; School Factors; Change; Research; Indicators.....	34
	Conclusion.....	36
	Recommendations.....	37
	 Appendix 1.....	 42
	Appendix 2.....	43

Introduction

The purpose of this document is to provide a summary of four research reports prepared for the Australian Health Promoting Schools Association in 1997.

Funded by the Commonwealth Department of Health and Family Services, the Association commissioned this original research as part of its work in developing a national strategy.

The research involved the auditing of health promoting school activity in the areas of school-based health promotion; policy, planning and support; health service-school links; and school health research.

In the material that follows, a synopsis of each of the audit reports is recorded in a common format comprising introduction, overview, issues and conclusion.

The main objectives of this document are to draw out some of the key findings and recommendations that emerged from each of the audits.

It should be noted that not every issue raised in the audits is included here, and that a number of common issues were discussed among the reports.

The intention in publishing this document is to provide interested parties with a snapshot of the data that has underpinned the drafting of the national strategy for health promoting schools.

It is important to acknowledge that work in the area of health promoting schools has been underway in Australia and other countries for a number of years, and that the contribution of the audit teams has been significant in terms of expanding the current knowledge base.

Readers are encouraged to build on, and add value to, this work by extending the dialogue on health promoting schools in local settings and contexts, by addressing a number of key questions, including:

-
- What health outcomes should constitute 'core business' for schools, and are there others that might be pursued with a view to generating multiple benefits for students, staff and the wider community?
 - What forms of policy development, planning and support are likely to advance the health promoting school framework most effectively at local, state, national and international levels?
 - How can the rhetoric of productive partnerships and genuine links be translated most effectively into the everyday practices of health, education and community agencies and their constituencies?
 - What kinds of research and development are most likely to influence the development of the health promoting school framework, given the range of economic, social and technological factors that may operate during the next few years?

Essentially, these questions have been derived from the work of the teams involved in the auditing process. You are invited to generate responses to these and any other questions, and to forward them to the Australian Health Promoting Schools Association. For further details of the four audit reports, please contact the Association on Tel. (02) 9565 5305.

1. Schools

Introduction

School-based activity in health promotion across Australia was the focus of this audit. The main data sources for the study included case study interviews, key informant meetings and a national questionnaire. Three domains of the health promoting school framework (viz. school ethos and environment; curriculum teaching and learning; and partnerships and services) were used as the structure for reporting the main outcomes of the audit.

Overview

Every state and territory education system either uses or recognises the term 'health promoting school' and promotes the concept in some way. Similarly, health departments or foundations fund projects and activities. Despite both sets of initiatives, however, the term is only partially recognised in school settings.

Although there are more similarities than differences between states and territories, some of the identifiable differences include memoranda of understanding (e.g. between health and education); coordinated networks (e.g. government and non-government); co-location of personnel (e.g. health and police); and professional development (e.g. teacher release).

School ethos and environment is the domain in which most activity is occurring in schools. Consideration of bullying and physical safety issues is widespread, with many schools emphasising the development of positive relationships in classrooms and beyond. Organisational changes (e.g. mini schools), physical improvements (e.g. shade), and other developments (e.g. healthy canteens) have been introduced in a number of schools.

The formal health curriculum is seen as a critical area of school operations, and teachers consider that such educational programs directly promote student health. Most schools report that state and territory curriculum documents and syllabuses form the basis of their programs, with particular issues selected to meet perceived local needs. There is some criticism from schools that curriculum documents are too 'middle class' and do not address adequately the needs of all students (e.g. those experiencing disadvantage).

This audit suggests that teachers need to be convinced about the effectiveness of school-community partnerships. While all schools see parents as important players in the education of their children, realising this involvement on a broad level is difficult, especially for secondary schools. Most community groups are not aware of the issues that schools face, and teachers are unsure about engaging community personnel in

collaborative ventures. Teachers feel particularly let down when their students 'fall through the cracks' and they are unable to obtain access to, or guidance from counselling professionals (e.g. given a marked reduction in schools across Australia in the provision of health and counselling services for students and staff).

Issues

Definition

The definition of the health promoting school concept is not clear. For example, the audit questionnaire revealed that nearly 40% of schools were unfamiliar with the concept. Schools have different interpretations, including that of a project, program, umbrella, club, or philosophy. In secondary schools, health education is more likely to be seen as a stand alone, discrete project or adopted by a particular curriculum area. Due to their size, structure and flexibility, primary schools appear to embrace the concept more easily (e.g. by means of a whole school approach to issues and practices). Education departments appear to assign little status to the health promoting school concept and related projects.

Priorities

After physical activity, the health areas that respondents are most satisfied with, include their school's coverage of: friendships/relationships; drug use; sexual and reproductive health; spiritual well being; personal safety; and nutrition. Areas where there is least satisfaction with coverage included community health resources; mental health; consumer health; environmental health; grief and loss; personal hygiene; first aid; and personal and cultural identity. There is also evidence to suggest that staff health is not well addressed in most schools. While a high priority is generally allocated to the welfare of students and families, staff wellbeing is rarely addressed in meaningful ways.

Partnerships

While there is considerable rhetoric about the importance of partnerships, the survey results convey a disappointing picture of lively and productive interactions between schools and key services, networks and agencies within their local communities. The study indicates that the majority of teachers need to be convinced about the effectiveness of community partnerships. Collaboration between stakeholders in the community is an art which is hard to master and requires constant nurturing to remain effective. Primary schools appear to work more closely with parents, and engage more frequently with community groups and services than secondary schools.

Teaching

It appears that administrators have a more optimistic view than do teachers with regard to the development of the health promoting school. Teachers are more confident in teaching health content and knowledge than they are in helping students to develop health-related skills. Many

classroom teachers feel ill prepared or uncomfortable about teaching health education, particularly in controversial or difficult areas (e.g. sexuality). Clearly, there are implications here for curriculum design, resource development and teacher professional development.

Conclusion

Individual school factors are more significant than state and regional factors in shaping health promoting school opportunities for students. While schools are making use of state/territory curriculum programs which have a 'health promoting school' perspective, most are comfortable with welfare and pastoral care aspects of the concept and least confident in developing and using wider community and health resources.

The health promoting school framework must be flexible enough to cater for the range of schools involved and the varied stages of school readiness and progress. It is clear that processes and activities have been tailored to suit school conditions and the history, culture and idiosyncrasies that accompany them. Regardless of the approach, it appears that the involvement and commitment of a critical mass of people within the school is a necessary factor in gaining success and maintaining momentum.

Recommendations

The recommendations have been made in relation to the National Strategy and Action Plans.

1. Any National Strategy and Action Plan will have to include a research agenda with priority areas including: research into the relative effectiveness of the domains of health promoting schools; what minimum resources and services are necessary to establish health promoting schools; what factors sustain and enhance health promoting schools. The learnings/assertions provide a source of ideas for further research and teacher study of their practice is an area that must be encouraged if we are to better understand the health promoting school as it is developed in schools.
2. The nature of health promoting school activity and its assessment must be understood, owned and shaped by the school.
3. Any Action Plan will have to include examples of exemplary practices to define the language and provide directions for future activities. The attached cases begin to indicate exemplary practice but it is important to realise that it is the ways schools link their health promoting school activities as well as the value of particular activities which leads to the description 'exemplary'.
4. Schools will continue to adopt curriculum programs and packages linked to particular health issues. The National Strategy needs to address mechanisms for reinforcing whole school approaches in funded, topic-specific health projects.

-
5. A National Strategy may need to take risks in certain areas and question taken for granted features of schools. For example:
 - Existing school organisation structures in areas of timetabling and grouping of students. At secondary level, schools are exploring transition and middle school arrangements which have fewer teachers responsible for individual students over longer periods of time
 - The importance of participant ownership of ideas (especially students) requires genuine opportunities to accept responsibility for initiating and implementing activities in the health promoting school area. Understanding and belief in ideas is fundamental to promoting health and living healthier lifestyles in the future.
 6. Any interpretation of data from schools must consider the source of the data. The significant differences in responses from administrators and teachers indicates the differences in roles when representing the health promoting school context.
 7. Differential resourcing to schools may be based on SES and cultural needs.
 8. School and teacher experiences are fundamental for further progress in health promoting school. In the area of health education, success is dependent on managing unique interactions between the curriculum agenda, and student and environmental factors. Any future development in health promoting school will need to take into account both teacher and school experience.
 9. Coherent theories of educational change and teacher learning should drive the Action Plan and be clearly indicated in the teacher education (pre and in-service) initiatives that are involved. (This recommendation emerges from the extensive and varied experience in educational and school change among the team members).
 10. Any National Strategy should address the following areas:
 - clearing house function of relevant literature and exemplary practices;
 - provide forums for continuing discussion and debate by key people in health promoting schools;
 - a public advocacy function to maintain lobbying and promotion of the health promoting school concept;
 - a research agenda;
 - strategies to promote intersectoral planning and actions such as: appointments across sectors, memoranda of understanding between sectors, and joint planning of project work, executive agreements, joint conferences.

-
11. There is a need to establish key indicators of health promoting school progress for schools. This will help schools monitor their progress by establishing their own priorities and indicators. A health promoting school audit instrument could be provided for use in schools and which could be adapted or adopted by schools
 12. Schools need increased opportunities for networking to support the growth of the health promoting school concept.
 13. The National Strategy needs to legitimise the place of staff wellbeing within the health promoting school framework.
 14. The AHPSA will need to be selective and strategic in identifying key partners, both government and non government, to take on lead roles in further development of health promoting schools in Australia.

All of the above would have to be addressed in order to provide a chance of sustainability for health promoting schools.

2. Policies

Introduction

The focus of this audit was the current status of policy support provided to develop and sustain the health promoting school. The audit involved a review of an extensive range of documentation and a systematic analysis of policy and policy making. The outcome was a report containing details of the current policy context and critical issues.

Overview

A diversity of policy initiatives on the health promoting school is being taken at different levels and in different contexts. At the national level, health-related policies are being developed within the health and education sectors. State and territory-level policies are also being developed in priority areas such as drug education and road safety. At the local level, schools and their communities are active in the formulation of policies on issues such as student welfare and pastoral care.

However, there is a degree of inconsistency and duplication associated with this policy development, particularly in relation to major issues. For example, opportunities to grasp the holistic or comprehensive nature of the health promoting school philosophy are not always taken, with the result that policies tend to emerge in isolation.

Furthermore, the current policy context includes documentation across national, state and local jurisdictions relating to specific health issues or conditions (e.g. skin cancer) which relate to or impact upon the school setting, but which are not specifically articulated within a health promoting school framework. Likewise, school policy documents do not always incorporate the broader health service or environmental dimensions that typify the framework as suggested by the NHMRC (e.g. curriculum, participation and environment).

Although there is evidence to suggest that some useful models and approaches do exist, many of these are 'issue-based' and do not always reflect the broader health promoting school agenda. Similarly, while some monitoring of policies and programs has been undertaken, there is considerable scope for the development of more strategic evaluation.

In general, it appears that the articulation of health and student welfare issues in schools is stronger (and more prevalent) than specific articulation of health promotion, which in turn is stronger than the health promoting school concept. When it comes to progressing the concept, the situation is problematic because health generally, and the health promoting school specifically, are not always regarded as high priorities at local and system

levels.

Issues

Scope

There is confusion as to whether the health promoting school framework is a concept, a philosophy or a plan. The ambivalence in 'classifying' it as distinct from other activity poses considerable difficulty in locating it in relation to other policies, materials and activities. Related issues emerging from this definitional dilemma are the lack of clarity regarding the scope of the health promoting school framework, and the role of relevant professional associations at national and state-territory levels.

Coordination

The health promoting school framework provides an umbrella for a range of activities operating in schools. There is considerable potential for using it to develop more effective forms of collaboration and cooperation. For example, health promoting school networks could fulfil a clearinghouse role (e.g. coordinate and update information, policies and resources), and curriculum could be coordinated more effectively (e.g. national teaching and learning outcomes). However, differences in the approaches taken by each state and territory tend to jeopardise the opportunity to take full advantage of the over-arching framework at this stage.

Advocacy

Advocacy is seen as an important and a somewhat missing piece of the health promoting school puzzle, although the state based interagency networks and coalitions regard advocacy as one of their key roles. Championing the concept to senior opinion leaders and political figures in order to extend the achievements of the health promoting school framework is seen as a priority by participants in the audit and is supported by the literature and activities in other contexts. Certainly, the evidence indicates that there is enormous potential for promoting the role of policy as an active and useful process for advancing the health promoting school movement.

Models

Despite the focus on the process of developing a health promoting school, it appears that the health issue based entry point model of intervening about health is the most common practice for schools. This reflects the current state of school based health promotion. While many health issues have already been addressed comprehensively in school communities (e.g. smoking, nutrition and skin cancer prevention), others are under-represented (e.g. mental health [excluding bullying or assisting troubled students], child protection and homophobia). Although the role of parent

organisations has always been acknowledged and appears to be increasingly powerful, the philosophy of broad (equal) partnerships, including students, parents and the external community is generally less evident in most settings.

Resourcing

Competition for curriculum time is regarded by many as a barrier to many health promoting school projects. At the micro level, teacher perceptions of already being overloaded and a lack of resources for teacher relief to attend or coordinate health promoting activities detracts from initial involvement. In the longer term sustainability is compromised. Many participants in the audit expressed the need for resource people who are skilled and accessible, and who have the necessary financial and material resources to support projects on the ground.

Conclusion

A major finding to emerge from the audit is a complex and unclear picture regarding health promoting school frameworks and practices. Given the mix of relevant policy documentation emanating from all levels, there is considerable confusion with regard to what constitutes policy, as well as what constitutes health promoting school policy specifically.

A continuum appears to exist from those who clearly understand and adopt the holistic notions underlying the health promoting school and write them into policy, to those who have only an acquaintance with the concepts and framework as identified by the NHMRC (1996) core document.

Policy research indicates that the absence of a clearly articulated policy severely inhibits both the process of planning and the dissemination and utilisation of core concepts by a target audience. Effective leadership, guiding processes (rather than a pre-determined template), and flexible structures will be required if a viable and sustainable health promoting school movement is to be achieved in this country.

Recommended Action Areas

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

A legend, which appears in the left margin has been developed to address the potential "lead" role to be played by different stakeholders or levels of the structure proposed in (1), and is described below:

Legend for potential lead roles and responsibilities

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

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

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

- (N)>(S)>(L) · Establish inter-related, multi-sectoral health promoting school **leadership committees** at the national and state/territory levels, and cluster groups at the local level, which are directly related to any existing National and State/Territory branch health promoting school networks, while mindful of resource constraints and levels of personnel.
 - (N)>(S) · Establish clear **terms of reference** for the committees established at the national level, and tailored at the state level (utilising existing health promoting school networks), and which may change over time to reflect the current climate.
 - (N)>(S) · **Generate resources** in both human and material terms to support interagency/coalition initiatives for operations at the state and local level, especially through maintenance of a state coordinator role and related budget.
 - (A) · Endorse **reporting and monitoring** of the integration of health promoting school policies as a role at all levels, which requires agreement on reporting guidelines (e.g. policy content, implementation and evaluation).
 - (N) · Acknowledge **development and dissemination** of a range of policy samples using both issue-based and comprehensive approaches, as a major role at the national level, although conducted at all levels of the structure.
- (N) Improve communication and collaboration (genuine partnerships) between health and education sectors**

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

- (N) · endorse **policy development at the sector level** which specifically articulates and promotes the health promoting school concept, and which is adequately resourced, such as through formally endorsed interagencies/coalitions, personnel to advance health promoting school related policy initiatives, and project seeding.

- (N) · endorse the on-going establishment of **intersectoral agreements** such as Memoranda of Understanding, to guide ways in which sectors operate on issues in common, (especially health and education sectors), and which address the areas of difference and compatibility for each sector.

- (N)>(S)>(L) · endorse and **resource practical strategies** which facilitate improved intersectoral communication; for example, via formally endorsed interagency or coalition forums, email, web pages, personnel exchanges.

- (N) **Develop progressive advocacy strategies for promoting the health promoting school concept, including policy development**
- (N) · Establish a **marketing plan** for health promoting schools at the national level, with linked plans tailored to and by the state level, which may consider the following:
 - Developing and disseminating **policy development resources** which specifically focus on processes/'how to' as established in this report, for policy development within the context of the health promoting school approach. Such resources, building on the process outlined in Report 2, could take the form of supplements to existing resources, and may utilise aspects of existing resources (e.g. see TACADE references as a framework, Nutrition Success, & WASH examples).
 - Close consideration of the feasibility of a health promoting school project **grants strategy**, nationwide, which is administered at the state level through the committee/association structures. Such an initiative may include an awards strategy.
 - Utilising existing networks, such as the Australian Health Promoting Schools Association and the Health Education Unit, University of Sydney, in establishing a **clearinghouse** or centre for health promoting school information and support.

-
- Designing **data bases** (e.g. monitoring and evaluation) and utilising them specifically in policy development and advocacy strategies (e.g. in rationale statements).

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

(N)(S)·Via the national/state committee/association structure, there is a need to provide **leadership** on balanced approaches to policy development which:

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

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

Having regard to the lack of support for a policy template or prototype expressed by project participants, it is recognised that health promoting school activities could be assisted and improved by an understanding and usage of recognised policy formation, development and implementation procedures. Without restricting health promoting school activities to a single model of Report 2 provides a suggested process which could form the basis of advisory documentation for dissemination.

- Endorse and **disseminate** a suggested policy development process at national, state and local levels which outlines sample policy

development procedures.

3. Links

Introduction

This audit was concerned with the nature of health service-school links in Australia. An analysis of over 200 education-health service link programs from central, regional and local settings was conducted. Details of the context, outcomes, issues and recommendations were produced in a final report.

Overview

The outcomes of this audit challenge the notion that health links with education are solely based within what are traditionally labelled as 'health services'. A range of programs has been identified which have their origins in areas such as Justice, Police, Recreation, Local Government or through the Arts. Health promotion utilises a broad definition of health, aiming to enhance the physical, mental, social/community/political, environmental and spiritual health of community members.

A schema for examining education-health service links has been developed as part of this audit in which distinctions are made between health services; health promotion; and the health promoting school and community (see Appendix 1). For each level of activity different processes are identified (e.g. cooperation, coordination and collaboration).

The audit found that many of the education-health service links are initially generated in response to various levels and forms of crisis in local communities. Thus, many of the links are established with populations with major health needs (e.g. Aboriginal, lower socio-economic, rural and isolated communities). Although many programs aim to build self esteem and decision making skills in young people, there appear to be none that specifically target homeless students, or propose co-location of services as a means to address the issue.

A significant proportion of the links between health and schools has been formally evaluated to measure effectiveness. While the audit found no cases of negative outcomes, there was considerable variety in terms of original focus (e.g. teaching and learning; attitudes and behaviour; school environment and policy development). A commonly reported positive impact for health agencies and professionals was the improvement of the 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.

Critical Issues

Co-location of services

Various models of locating health-related services on a single school site are operating around the nation, which differ frequently in terms of purpose, funding, personnel and programs. There is an emerging range of opportunities (e.g. case management and program development), difficulties (e.g. structures and space), and issues (e.g. responsibility and accountability). Given that co-location is alleged to have both positive and negative outcomes, it may be more important for health and education to collaborate (e.g. on setting priorities) than to be co-located.

Who Pays?

This audit occurred within a climate of diminished resources, in which links are seen as important ... as long as someone else pays. There is also a tendency to see support for education-healthservice links as being driven by the need for economic restructuring of departmental responsibilities and priorities. Links with schools are often seen as 'additional' rather than as core business, and funding tends to be of the short rather than the long-term variety. An emerging difficulty for schools is the necessity to purchase many health education services and resources in environments that are increasingly commercial and based on the 'user-pay' principle.

Sustainability

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 that are 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. 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.

Barriers

While various barriers (e.g. resourcing, resistance and structures) were identified during the audit, many of these were being addressed by cooperation and coordination at the local level. For example, when key figures from health and education are involved in point planning and development, there is greater likelihood of joint ownership and a willingness to tackle common issues and problems, with less risk of one group trying to impose something on the other.

Innovation

In general, the audit points to the value of innovation (e.g. structural, curriculum etc) as a driving and exciting force for local communities. To feel that you are 'inventing' important approaches is a significant motivating element for both health agencies and schools. However, it should be recognised that the degree of change involved with innovation, while exciting and enthusing, also demands both flexibility and a heavier workload. Successful programs seek a balance between learning from and building on existing initiatives, and recognising themselves as valued innovators and trailblazers.

Conclusion

While considerable diversity exists with regard to the links between schools and health services, it is possible to identify three main categories: policy and program links (e.g. central collaboration); health activities (e.g. local cooperation); and health services (e.g. school coordination).

There is strong support 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, cooperatively, efficiently and sustainably.

Beyond these, this audit process proposes that the health promoting school concept 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 these goals, and to build their connections to a healthy community.

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.

In formulating recommendations for the health promoting schools National Strategy, 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 school National Strategy 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 National Strategy 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 National Strategy 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 National Strategy 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 National Strategy 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 school 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 National Strategy 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 school concept, and with an ability to fund activities in a range of sectors using criteria based on the health promoting school framework.
7. The National Strategy 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 National Strategy 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 National Strategy 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 National Strategy 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 National Strategy 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 National Strategy should support the continued coordinated documentation and evaluation of health promoting school 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 school framework.

Recommendations for Local Action

13. The National Strategy 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 school 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 school framework.
14. The National Strategy 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 school framework.
15. The National Strategy 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 National Strategy 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 community's health needs.

4. Research

Introduction

The focus of this audit was on the mapping of issues surrounding research concerned with the health promoting school. A comprehensive literature review of research practices and outcomes was undertaken. An analysis of this work together with a number of possible directions and priorities for future research in Australia were suggested in a final report.

Overview

A vast amount of material has been published both in Australia and internationally about the health of children and the role that schools play in protecting and enhancing it. A great deal is known about the current and likely future health status of young Australians and current Government and system priorities for improvement. Practitioners have developed considerable expertise through the planning and implementation of innovative projects and activities concerned with the development of the health promoting school.

Just as health promotion practice and research are conceptually and practically intertwined, so too are the perspectives of health and education complementary. This is reflected to a large extent in a schema that was developed as part of this audit (see Appendix 2). The purpose of this model was to group very large domains of research into manageable areas (e.g. goals, outcomes, determinants, school factors and interventions), with a view to identifying significant issues, connections and relationships.

There is evidence to suggest that in health promotion, much more is known about the extent of health problems than the determinants; and much more is known about the determinants than about the conditions for improving or changing determinants. Still less is known by the health sector about how to facilitate change in the education sector. So, while there is reasonable certainty about goals and outcomes, there is progressively less certainty about school factors and interventions. And yet it is at the level of practice that school health promotion resources need to be spent if fundamental reform is to be achieved.

Issues

Interventions

The audit found that interventions supported by significant levels of resourcing generate substantial impact in schools. However, the creation of health programs in schools that require this level of support are unlikely in the current climate of economic rationalism (e.g. education systems across the country have reduced substantially their consultancy and school support services in many areas). Well-designed research on the

relative cost-effectiveness of intervention strategies and change efforts made in schools over time are needed to plan and implement the health promoting school concept from this point.

School Factors

Research on school programs reveals that changing knowledge is easier than changing attitudes and behaviour. To have an impact on children, schools and school systems need to make a substantial investment of curriculum time (at least an hour each week) and professional development resources. The challenge for schools and the health and education sectors is to identify the relative importance of indicators and create a useful monitoring and evaluation strategy, which leads to improvement in school health promotion initiatives. Schools need to engage with their communities in order to impact on the environment outside the school.

Change

The extent to which the health promoting school framework achieves its promise will depend largely on the willingness of classroom teachers to embrace the philosophy. Literature from school improvement research indicates that teachers are unlikely to take on change, or to develop professionally, in an environment marked by hostility and personal insecurity. This implies the need for less emphasis on specific health objectives, and a greater emphasis on the importance of whole school health to teacher wellbeing and continuing school improvement. If advocates are to be effective in facilitating change, then they will have to draw on a wide range of professional experience (e.g. research, innovation and evaluation in the education and health sectors).

Research

Further research is required in a number of areas, particularly the collection and analysis of data (e.g. for creating an agenda of health issues in schools; securing political commitment; and developing screening measures). Another priority is for more rigorous and systematic evaluation (e.g. goals, practices, outcomes). While it may be true that Australian schools are over-researched from the outside, it is likely that they are somewhat under-researched from the inside. Given that teachers are ultimately the main drivers of change in schools, it may be useful to engage experienced health promoting school personnel to coach them in the art of research and evaluation.

Indicators

There is a need to develop a comprehensive set of indicators for school health research. These could be used to establish whether the health promoting school initiatives are useful and to monitor their progress and impact. These indicators must be apt, valid, reliable, feasible, acceptable and useable. A lead agency should be commissioned to seek national, cross-sectoral agreement on what should be measured, and to develop a

monitoring system acceptable to the school system. Different orientations of the health promoting school framework produce different outcomes and consequently no one set of indicators is more appropriate than another.

Conclusion

Few studies in Australia or elsewhere examining health promoting school projects have systematically examined the effects of changes in school factors on the determinants of health outcomes and educational achievements. None has attempted to determine whether some elements of the approach are more important, and yield better value for teacher and time effort, than others. This is crucial in an environment where resources are scarce and there are so many competing demands on teacher time and attention.

Research in school health promotion could usefully proceed down many tracks: helping to define 'problems' to be addressed; demonstrating the effectiveness of the holistic approach; exploring further the conditions under which teachers and schools are likely to take on change; and monitoring and providing feedback on progress, both in terms of the number of schools which are active and the extent of progress in individual schools.

A five to ten year program of research would be required, including high quality quantitative and qualitative research; research by the health sector; research by and in the context of the education sector; and collaborative research that integrates health and education perspectives. Research has a role not just in uncovering knowledge to guide practice, it is an integral component, a building block, of any change strategy.

Recommendations for research

The following recommendations are offered.

One: Health status monitoring

Data systems for surveillance of children's health status and for the monitoring of health compromising behaviours should be developed in the context of overall health sector information management (NHMRC, 1995). The National Health Data Dictionary should be used to ensure standard definitions and data collection protocols. In particular, they should be considered as part of the National Information Agreements and National Health Information Forums (AIHW, 1994) proceeding under the broad terms of the National Public Health Partnerships (DHCS, 1997).

Two: Health behaviour monitoring

The Commonwealth Department of Health and Family Services should consider calling for long term tenders to conduct nation-wide surveys of key health compromising behaviours among Australian children and adolescents. In each case, the institute, or consortia, should be selected on the basis of its technical expertise and commitment and capacity to conduct such studies in a standard way, on a long term basis - say, three yearly for a twenty one to twenty seven year period.

State health departments and health promotion foundations could consider contributing to increased sample sizes or additional research questions in their state, but should otherwise be encouraged not to spend valuable health promotion resources duplicating what ought to become definitive national behavioural monitoring surveys.

Three: Health and educational determinants

Education departments and health departments and foundations in each state should consider mounting regular surveys like the Western Australian Child Health Survey to monitor the status of children on a range of factors predictive of poor health and poor educational outcomes.

The Department or Australian Health Promoting Schools Association should commission researchers (local or international) to review available evidence and advise more specifically:

What are the most powerful determinants of health compromising and enhancing behaviours, and of poor and good educational achievement, and which and to what extent are each of these amenable to change at the government, health agency and school levels? More specific research questions are listed in the reports of the Western Australian Child Health Survey, summarised in Panel 2 attached. Recommendations are highlighted.

What exactly are the personal health skills (ie an agreed set of competencies) that are required by young people to maximise likelihood of adopting health promoting behaviours?

Four: Impact of school factors on health and educational determinants

Health promotion research funding bodies in Australia, such as the NHMRC and health promotion foundations, should fund experimental research about the effect, in the Australian context, of school factors on health and educational determinants.

Such bodies should also support systematic inquiry - analysis, reviews, discussion and case study research - exploring how schools can best adapt the health promoting schools concept to improve school functioning and enhance student learning.

Qualitative and some quantitative research by public health and/or educational academics and/or practitioners in Australia might include investigation about:

- the relative importance of various school factors;
- the interactions between various school factors;
- the way that teachers and schools shape health sector interventions, and
- diffusion of innovation in the education sector.

A list of specific research questions is provided in the final section of Part 4.

Five: Impact of interventions on school factors

Once the efficacy and feasibility of the health promoting schools concept is better understood, research should also be undertaken to assess the cost-effectiveness of various intervention strategies that might be undertaken by health promotion agencies.

Indicators

A lead agency should be commissioned to seek national, cross sectoral agreement on what should be measured in various forms of research in school health promotion, and to develop a monitoring system acceptable to school systems.

A lead agency in each state should coordinate health sector research efforts in schools, for instance, by ensuring that questionnaires designed to monitor uptake of health promoting school concepts also provide marketing intelligence and other information of interest to health sector agencies.

Appendix 1

Appendix 2

