

# Health promotion: better health, better learning

## Guidelines for health promotion with schools and preschools



## Resource Guidelines



**Government  
of South Australia**

Children, Youth and  
Women's Health Service

# Contents

## SECTION 1

Introduction to the resource	1
About this project	2

## SECTION 2

Schools and preschools in South Australia: a statewide view	3
• Introduction	3
• <i>South Australian Strategic Plan 2004</i>	4
• Who attends schools and preschools?	4
• The three schooling sectors	5
• Staff	6
Education sector organisation and services: preschool to Year 12	8
• The school calendar	8
• Organisation by age and year level	8
• Out of school hours care (OSHC)	9
• Rural and remote students	9
• Aboriginal students	9
The curriculum	11
• Health promotion links	11
• About SACSA	11
• SACSA curriculum bands	11
• SACSA from birth to Year	12
• Essential learnings	13
• Inquiry approaches to learning	14
Policies and procedures	15
• Accessing policies and procedures	15
• Duty of care	15
• Status of health workers	16
• Child protection	17
• Protective practices for staff	18
• Confidentiality, privacy and consent	18
Educational frameworks and guidelines	20
• <i>Eat Well SA Schools and Preschools</i>	20
• DECS Learner Wellbeing Framework	20
• <i>chess</i> (child, health and education support services)	20

## SECTION 3

Health promotion work with schools and preschools	21
• Introduction	22
Working together in health promotion	23
Better health, better learning!	24
Schools and preschools as settings for health promotion	27
Overview of health promotion approaches in schools and preschools	29
Global health promotion approaches in schools and preschools	31
A health promoting schools approach	32
• A health promoting schools framework	32
• The DECS Drug Strategy and Learner Wellbeing Frameworks	34
Supporting schools and preschools to develop successful programs	35
More than just health information	37
• Case studies	37
More than just health information	39
Factors for success	40
Working in the current health environment	42
• Health Regions	42
• Local plans	43
• Schools Program of the Cancer Council of South Australia	44
Links to further information	45
Acronyms	49

---

# Introduction to the resources

This document can be used in a variety of ways by health workers, educators and managers to support best practice health promotion in schools and preschools. It has been produced in response to requests from health workers to assist them in their health promotion work with schools and preschools. The document reflects current research and evidence to support the needs of South Australian health workers and educators, who have been actively involved in its development. The Better health: better learning. Guidelines for health promotion with schools and preschools checklist and information for health workers brochure can be accessed at [www.wch.sa.gov.au/chp.html](http://www.wch.sa.gov.au/chp.html)

The content has been arranged to allow users to access the sections of this document that are relevant to them. It has links to supporting PDF documents and further information.

Health workers can use this document to:

- review their own health promotion practice with schools and preschools
- review their knowledge of the education sector
- advocate for resources to support health promotion work with schools and preschools
- ensure that they are working within appropriate education sector policies and procedures
- link to further information to support their health promotion work with schools and preschools.

At a health sector organisational level this document can be used to:

- provide orientation information for new workers or staff new to working with school and preschools
- create a local or organisational plan for working with schools and preschools
- develop a consistent approach by all health workers to working with schools and preschools
- support the allocation of resources for working with schools and preschools
- direct work with schools and preschools towards health promotion
- ensure that health workers build the capacity of educators in their joint work.

Educators can use this document at individual practitioner, school or preschool, or regional level to:

- review their own understanding of health promotion in the school context
- develop a consistent approach to working with health workers
- review their health promotion partnership needs and priorities.

In particular the checklist can be used by health workers and educators to:

- better understand the needs and priorities of health and education workers and their employers
- aid communication and develop relationships between health workers and educators
- provide evidence of health promotion partnerships with schools and preschools and the factors that impact on that work
- develop a consistent approach to planning and reviewing health promotion work across sectors
- support submissions for funding and allocation of resources
- plan for success!

## About this project

This document was developed in response to requests for information from health workers undertaking health promotion work with schools and preschools. Health workers reported that health promotion in these settings was challenging due to differences in culture, language and systems between the health and education sectors. Health workers asked for information and tools to support their health promotion work in South Australian educational settings.

A 'snapshot' survey conducted in April 2005 by the Centre for Health Promotion, Children Youth and Women's Health Service, confirmed that there was a wide range of health workers employed by government and non-government organisations working with schools and preschools in health promotion. Health workers included: dietitians, nurses, counsellors, social workers and health promotion officers. They worked with staff, parents and other members of the school and preschool communities in a range of health promotion concepts and activities.

*The Health promotion: better health, better learning* project was managed by the Centre for Health Promotion, Children, Youth and Women's Health Service in collaboration with the Departments of Health and Education and Children's Services. The project was supported by a steering group representing community health and education sectors across South Australia. The aim was to improve the health and wellbeing of children and young people in South Australia by developing resources and information for health workers who work with schools and preschools.

Over the term of the project the following representatives were part of the steering group:

- Deb Kay, Eunice Wanganeen-Bartlett, Sherylee Dawe, Department of Education and Children's Services
- Agnes Maddock, Cecilia Owens, Department of Health
- Alison Smith, Janine Phillips, Centre for Health Promotion, Children Youth and Women's Health Service
- Dorian Marsland-Smith, Mark Tedmanson, Children, Youth and Women's Health Service, Youth Services
- Alice Norman and Barry Fowler, Wakefield Health
- Georgina Bickley, Port Pirie Regional Health
- Sally Gibson, Susie Hank, SHine
- Rick Thompson, Child Adolescent Mental Health Services.

Tracy Buchanan, Centre for Health Promotion, Children Youth and Women's Health Service was the project officer.

This document builds on the information in *Promoting Health in School Communities: Case Studies from the Parks Community Health Service 2003* which included information about supportive factors and enabling processes within the Community Health Service that promote successful outcomes when working with schools.

In developing this document direction and feedback were enthusiastically provided by both health workers and education staff. Their knowledge and experience has helped shape its content and style. The final document reflects the comments of the large number of people who registered an interest in the project and provided feedback on draft documents.

# Schools and preschools in South Australia: a statewide view

## Introduction

This section provides information about the education environment in South Australia to support health workers in their health promotion work with schools and preschools. It will be especially useful for health workers who are new to health promotion work with schools and preschools or those who have had limited recent experience working in school settings and with educators.

School site context statements on the DECS website provide a good overview of the enrolments, structure and priorities for all DECS schools and preschools. Information on Catholic and Independent schools can be found on individual school sites or sector sites.

Understanding the education system will allow workers to best meet the needs of schools and preschools in health promotion. Knowledge of the curriculum will aid in understanding the influence of the curriculum in a whole school focus on health and wellbeing.

Policies and procedures in schools and preschools set the framework for effective and safe health promotion practice. Health workers have an obligation to be aware of and adhere to the relevant policies and procedures at all times. In particular when health promotion involves students directly, a teacher must always be present and actively involved. Health workers are generally visitors to a school or preschool, and work under the direction of the principal or director. In DECS sites health workers, whether paid or unpaid, have at all times a duty to work within their professional and organisational boundaries under the direction or approval of the principal or director.



# Schools and preschools in South Australia: a statewide view

## South Australian Strategic Plan (2004)

Education increases opportunities for employment and the development of skills that influence wellbeing throughout life.<sup>1</sup> It is one of the keys to state growth and this is reflected in the *South Australia Strategic Plan* objective, 'Expanding opportunity'<sup>2</sup> which shows a direct link between education and future prosperity for South Australians. Specific targets relating to Aboriginal wellbeing and education, and state-wide literacy, numeracy, class size, school retention, vocational education and regional education targets are included in this objective.

Improving wellbeing is another objective of the *South Australia Strategic Plan*<sup>3</sup>. Schools and preschools have a significant impact on the achievement of many of the wellbeing targets, in particular those relating to health behaviours and mental health.

## Who attends schools and preschools?

In Department of Education and Children's Services (DECS) schools, children are not admitted before age five, except in child parent centres. At around four years of age they may commence preschool.<sup>4</sup>

In South Australia all children between 6 and 16 are required to attend school or access schooling regularly. Parents and guardians are responsible for the attendance of all children and young people in their care under the *Education Act 1972 (SA)*, s. 75(4). This legislation ensures equity in access to education for all children and young people. Temporary attendance exemptions exceeding one month, and exemptions for the purpose of home schooling, are approved by the Chief Executive or delegate, on recommendation of the district director.

## Enrolment information in South Australia

DECS schools and preschools	
Total government enrolments 2005	184,932 in government schools and preschools as outlined below
Preschool enrolments Full Time Equivalents (FTE) Term 2, 2005.	17,283 children enrolled in 415 government funded or managed preschools
Students attending government schools (Term 3, 2005)	167,649 in 605 schools
Junior primary schools	47
DECS primary schools	377
DECS high schools	73
Out of School Hours Care (OSHC) 2004	26,387 places in 306 programs
Aboriginal student enrolments (Term 3, 2005)	7,051 FTE
Open Access College (Term 3, 2005)	830 FTE
Average retention rates, % of FTE students aged 13 retained to year indicated (Term 3, 2004)	83.7% at 16 years, declining to 13.4 by age 18
Staff	24,490 employees
Non DECS schools	
Enrolments in non-government schools	Approx 85,500
Catholic schools enrolments (August 2005 census)	46,500 in 106 schools
Independent schools enrolments (August 2005 census)	Approx 38,500 in 97 schools
Home schooling students	Approx 665

Further information on school attendance can be accessed on the DECS annual reports at [http://www.decs.sa.gov.au/decs\\_home.asp](http://www.decs.sa.gov.au/decs_home.asp)

## The three schooling sectors

In South Australia there is a strong history of positive and collaborative relationships between the three schooling sectors, which are:

- The Independent schools sector represented by the Association of Independent Schools of SA (AISSA). Information is available on their website: <http://www.ais.sa.edu.au>
- The Catholic Education sector represented by the South Australian Commission for Catholic Schools (SACCS). Information is available on their website: <http://web.ceo.adl.catholic.edu.au>
- The government education sector represented by Department of Education and Children's Services (DECS). Information is available on their website: <http://www.decs.sa.gov.au>

## The Association of Independent Schools of SA

About half of the Independent Schools provide primary school only, ten provide secondary education only, and the remainder provide Reception to year 12 schooling.

The Association of Independent Schools of South Australia (AISSA) represents the interests of 96 Independent schools, and an additional seven campuses, with an enrolment in excess of 38 400 students. South Australian Independent schools educate students within a curriculum underpinned by a diverse range of religious affiliations (Anglican, Baptist, Christian, Christadelphian, Greek Orthodox, Islamic, Jewish, Lutheran, Uniting) and educational philosophies (Montessori, Waldorf Steiner). The sector also includes a number of secular schools and a special school which educates students with severe intellectual disabilities. A number of Independent schools are also members of a system, for example, the Lutheran Schools Association and Adventist Schools Australia.

Independent schools are not for profit organisations.

AISSA provides a wide range of curriculum, human resource management, legal, advisory, administrative and governance services to its member schools. AISSA is a registered organisation under the *Industrial and Employee Relations Act 1994* and is the only registered employer organisation within the Independent school sector.

The AISSA *Strategic Plan 2003-07* cites collaboration and partnership as its first Key Result Area. This relates to building a spirit of unity across the sector and establishing partnerships with other non-government organisations for the benefit of Independent schools and the common good of education in South Australia.<sup>5</sup>

Some Independent schools employ their own health workers (such as nurses and counsellors) who can take an active role in health promotion as well as providing individual health services for students. Health workers employed by schools often link with health workers from other agencies in health promotion initiatives. Health workers employed by a school may have different rights and responsibilities from visiting health workers, although at all times they work within their professional boundaries and regulations.

## Catholic Education in South Australia

The Catholic education system caters for students from reception to the end of secondary schooling within a diverse range of structures (including coeducational and single sex schools, primary, middle and secondary schools) and information can be found at:<sup>6</sup>

<http://web.ceo.adl.catholic.edu.au/>

The South Australian Commission for Catholic Schools (SACCS) focuses on excellence in

# Schools and preschools in South Australia: a statewide view

teaching and learning in all Catholic schools. Its policies, procedures and guidelines for Catholic schools can be viewed at <http://web.ceo.adl.catholic.edu.au/SACCS/policies.html>

*The Catholic Education Office (CEO) acts as the executive arm of the South Australian Commission for Catholic Schools and serves Catholic schools and communities through collaborative leadership and cooperative effort in a wide range of areas. All Catholic schools work within a united policy and procedure framework<sup>7</sup> and health workers would note similarities when working with various Catholic schools.*

## Department of Education and Children's Services (DECS)

DECS aims to engage every child and young person so that they achieve at the highest possible level of learning and wellbeing through quality care and teaching. DECS provides a statewide care and education service from birth to Year 12. In DECS schools and preschools all children and young people are supported to gain the knowledge, skills and attributes necessary to participate fully as confident and competent citizens in all aspects of society irrespective of their cultural and socio-economic backgrounds, dominant language or health.<sup>8</sup> DECS' planning is informed by *South Australia Strategic Plan* and the recommendations of the Economic Development Board.

DECS is organised into three interdependent areas: sites, districts and central office.<sup>9</sup> Health promotion work by health workers can occur in all of these areas.

In 2004 the district structure was established with 18 DECS districts: eight in the metropolitan area and ten in the country. Its aim is:

*...to create a cohesive, consistent way of supporting children's services, preschools and schools to implement government and agency policy, and support site and learner needs...(with)... a focus of improving direct support in the areas of inclusion and wellbeing, establishing local models of cross-agency, coordinated government services and managing support services to children and students, their families and communities.<sup>10</sup>*

All DECS schools and preschools are coeducational except for two high schools that cater specifically for the education of girls.

Children and young people who attend DECS schools are assigned to their local school through a zoning system based on their residential address. Some schools accept students outside their designated zones in certain circumstances (eg, special interest schools which cater for students with talent or particular capabilities such as music, agriculture, languages, disability, and vocational and enterprise education).

## Staff

There is a wide range of staff in schools and preschools including administration staff, counsellors, Christian volunteers, grounds people, canteen staff, teachers, school services officers (SSOs and their equivalents in other education sectors), Aboriginal education workers (AEWs), Out of school hours care (OSHC) workers and leadership staff. All of these people can be involved in health promotion in schools and preschools and may link with health workers. Staff roles and responsibilities vary within and across schools and schooling sectors, but health promotion work with schools and preschools must always be supported by leadership staff.

Some schools and preschools employ health workers who may be involved with individual health care as well as health promotion. Health staff employed by schools and preschools may have different rights and responsibilities from staff employed by external organisations, but at all times they must work within professional boundaries and regulations under the direction of the principal or director.

The health and wellbeing of staff can be an important focus of health promotion work with schools and preschools, because the atmosphere and ethos of schools and preschools is influenced by staff wellbeing.<sup>11</sup>

Teachers have responsibilities outlined in the *Teachers Registration and Standards Act 2004*, an Act set up to maintain a teacher registration system and professional standards. Standards safeguard the public interest by ensuring that teachers are competent educators and fit and proper persons to care for children and young people.

Teachers have skills and knowledge in child and youth development, behaviour management, learning styles and skills and curriculum requirements. They thus have a pivotal role in health promotion in schools and preschools. Teachers are best placed to provide consistent, integrated health promotion programs to students, with support from health workers who provide resources and information.<sup>12</sup> Teachers' duty of care obligations mean that they must always be present during health promotion activities run by health workers which directly involve students.

## References

- <sup>1</sup> Hetzel D, Page A, Glover J, Tennant S, Inequality in South Australia: key determinants of wellbeing, volume 1, The evidence. Adelaide: Department of Health; 2004, p. 37.
- <sup>2</sup> South Australia strategic plan. Adelaide: Government of SA; 2004, p. 51-9.
- <sup>3</sup> South Australia strategic plan. Adelaide: Government of SA, 2004, p. 24-31.
- <sup>4</sup> DECS. Administrative Instructions and Guidelines, section 3(1.1) Student matters. [Online]. 2004 [cited 2005 Oct 17]. Available from: URL: <http://www.schools.sa.gov.au/schlstaff//>
- <sup>5</sup> AISSA. Strategic plan 2003-2007. [Online]. 2003 [cited 2005 Oct 17]; Available from: URL: [http://www.ais.sa.edu.au/html/about\\_strategic.asp](http://www.ais.sa.edu.au/html/about_strategic.asp)
- <sup>6</sup> CEO, Catholic Education South Australia. [Online]. 2005 [cited 2005 Oct 17]; Available from: URL: <http://web.ceo.adl.catholic.edu.au/>
- <sup>7</sup> CEO, Catholic Education South Australia [Online]. 2005 [cited 2005 Oct 17]; Available from <http://web.ceo.adl.catholic.edu.au/CEO.html>
- <sup>8</sup> DECS, Statement of directions 2005-2010, p.4. [Online]. 2005 [cited 2005 Oct 17]; Available from: URL: <http://www.decs.sa.gov.au/accountability/default.asp?id=18019&navgrp=1005>
- <sup>9</sup> DECS, Annual report, p. 4. [Online].2004 [cited 2005 Oct 17]; Available from: URL: [http://www.decs.sa.gov.au/docs/files/communities/docman/1/2004/annual\\_report\\_190505.pdf](http://www.decs.sa.gov.au/docs/files/communities/docman/1/2004/annual_report_190505.pdf)
- <sup>10</sup> DECS, Annual report, p. 4. [Online].2004 [cited 2005 Oct 17]; Available from: URL: [http://www.decs.sa.gov.au/docs/files/communities/docman/1/2004/annual\\_report\\_190505.pdf](http://www.decs.sa.gov.au/docs/files/communities/docman/1/2004/annual_report_190505.pdf)
- <sup>11</sup> Lister-Sharp D, Chapman S, Stewart-Brown, S, Sowden. A. Health promoting schools and health promotion in schools: two systematic reviews, Health Technology Assessment, 1999;3:22:8.
- <sup>12</sup> NHMRC. Effective school health promotion: towards health promoting schools. Canberra: Commonwealth Department of Health and Family Services; 1999, p. 29.

## The school calendar

Activities and resource allocation in schools and preschools are usually planned well in advance and this will influence the timing and opportunities for working together.

Students attend school for approximately 40 weeks per year, divided into four terms. Holiday breaks are generally two weeks between terms with a longer break at the end of term four before the start of the new school year. School term dates are available at: <http://www.decs.sa.gov.au/custserve/> Catholic and Independent schools may have different attendance days from DECS schools and further information is available at: [http://www.ais.sa.edu.au/html/about\\_termdates.asp](http://www.ais.sa.edu.au/html/about_termdates.asp) for Independent schools and at: <http://www.cesane.adl.catholic.edu.au/home/calendar/ce012006.htm> for Catholic schools. Student contact time for senior students may differ from that of younger students.

Each school has certain dates each year set aside as staff training days. These are usually planned well in advance and are particularly important for health workers to be aware of as they may provide an opportunity to work with school staff to build their capacity in health promotion.

## Organisation by age and year level

### Preschool

Preschools are also known as kindergartens, child parent centres or children's services centres. DECS provides a statewide preschool program for all children from 4 years of age in the year prior to their entry to school. The preschool program aims to enhance children's social, emotional physical and intellectual development<sup>1</sup>. In areas where local resources permit, children can attend up to four preschool sessions (usually half

day sessions) a week for up to four terms prior to their entry in school. Aboriginal children can attend preschool from three years of age.

Preschool services may also be provided by private or community run childcare services or by Catholic or Independent school systems.

Some preschools are located on DECS school sites and managed by the principal and school council. They may also be located independently and supported by a management committee. In country South Australia there are 13 Rural Integrated Services which provide a combined preschool and childcare centre in a purpose built facility. These sites are staffed by DECS staff in the preschool and staff employed by the management committee in the childcare centre.

The benefits of preschool for children include: intellectual development, independence, sociability, concentration, short term cognitive development and preparation for success at school.<sup>2</sup> Many preschools offer playgroups, pre-entry and occasional care sessions that can support a smooth transition to preschool for children and their families.

### Junior primary and primary schools

Junior primary covers Reception to Year 2 (age 5 to 8 approximately). The primary years (Years 3 to 7) caters for students until around 13 years of age. The ages of entry may differ in Catholic and Independent schools, but in DECS schools the ages of enrolment are defined by DECS Administrative Instructions and Guidelines.

Between 5 and 13, children's social, physical and cognitive development undergoes many changes, reflected in their learning styles, the curriculum and learning opportunities.

## Secondary schools

Secondary schooling covers Years 8 to 12 (and occasionally year 13), providing core study areas and extension courses to assist in the development of skills, knowledge and values in various formats until students are around 18.

## Out of school hours care (OSHC)

OSHC services provide supervised care and recreation for school-aged children (to the end of primary school) before or after school, or both, for students in local areas. OSHC services provided 26 387 places in 306 programs in 2004.<sup>3</sup> Some sites provide extended all day services during school holidays. Fees for OSHC services are set by the governing council of the school or the OSHC committee, and attract child care rebates as per the Commonwealth childcare benefit.

## Rural and remote students

Rural and remote students in all sectors are supported with a range of educational opportunities and programs including the Open Access College which offers courses by distance education for almost 1000 students.<sup>4</sup> Students are enrolled in years Reception to 12 and can also enrol at their local school to increase their subject choice. The Open Access College comprises: the Reception to Year 10 and Senior Secondary Schools of Distance Education at Marden, Port Augusta School of the Air, Outreach Education Services and the Open Access Materials Unit. The South Australian Rural Student Accommodation Program provides full board, hostel style accommodation for rural and remote students while they attend one of the following schools:

- Burra Community School
- Cleve Area School
- Cowell Area School
- Lucindale Area School.<sup>5</sup>

Senior students may undertake their total program in their chosen school or a combination of school courses, Technical and Further Education (TAFE) units and work-based activities. The Open Access College is open to students in all three education sectors.

## Aboriginal students

Educational services for Aboriginal children and young people are particularly important because of the educational disparity between Indigenous people and the rest of the community. This is evident in lower school attendance rates, lower apparent retention rates in secondary school, lower rates in the Vocational Education and Training Sector and lower rates of participation in higher education.<sup>6</sup>

In 2005 there were over 7000 Aboriginal students enrolled in DECS schools and preschools. Each DECS district has Aboriginal students, with the highest numbers in the Aboriginal Lands and Eyre districts. Eight DECS preschools and children's services had significant Aboriginal enrolments of 20 or more children in 2005. Each of these centres provided a childcare program and other services that addressed a range of social and cultural issues for young people, and their families<sup>7</sup>

There are two groups of Anangu schools. The largest group (of nine schools) is located in the north west of the state on the Pitjantjatjara lands. Yalata Oak Valley is on the west coast near the Maralinga Tjarutja lands.

In the Adelaide metropolitan area the Wiltja Program provides in-school and out-of-school educational experiences for Anangu students from these schools as well as students from Western Australia and the Northern Territory. The Wiltja Program aims to develop the skills, talents and confidence of Anangu students in

mainstream secondary education to help them manage their communities as adults.<sup>8</sup> Students attend Woodville High School and reside at the Wiltja Residence which caters for up to 63 students at Northfield. Another seven Aboriginal schools are spread across the state and are associated with a number of language groups.

Catholic and Independent schools support the *National Aboriginal and Torres Strait Islander Education Policy* and the *National Goals for Schooling in the 21st Century* in working toward improved and equitable educational outcomes for Indigenous students.<sup>9</sup>

In 2005 there were 412 Indigenous students enrolled in Independent schools. While small, the number has increased each year for the past five years. The students are widely dispersed across the 97 Independent schools with approximately one quarter enrolled in one remote school. In 2006 AISSA is implementing its Reconciliation Statement which will promote protocols for working effectively with local Indigenous families and communities.

## References

- <sup>1</sup> DECS. SACSA Framework: an overview, p.6. [Online] Undated [cited 2005 Oct 17]; Available from: URL: [http://www.sacsa.sa.edu.au/index\\_fsrc.asp?t=About](http://www.sacsa.sa.edu.au/index_fsrc.asp?t=About)
- <sup>2</sup> AIHW. A picture of Australia's children, No. PHE 58, Canberra AIWH; 2005, p. 65.
- <sup>3</sup> DECS. Annual report 2004, p.167. [Online] 2004 [cited 2005 Oct 17]; Available from: URL: [http://www.decs.sa.gov.au/docs/files/communities/docman/1/2004\\_annual\\_report\\_190505.pdf](http://www.decs.sa.gov.au/docs/files/communities/docman/1/2004_annual_report_190505.pdf)
- <sup>4</sup> DECS. Annual report 2004, p. 13. [Online] 2004 [cited 2005 Oct 17]; Available from: URL: [http://www.decs.sa.gov.au/docs/files/communities/docman/1/2004\\_annual\\_report\\_190505.pdf](http://www.decs.sa.gov.au/docs/files/communities/docman/1/2004_annual_report_190505.pdf)
- <sup>5</sup> DETE. Information for parents of students in remote locations, p.3. [Online] 2004 [cited 2005 Oct 17]; Available from: URL: <http://www.decs.sa.gov.au/new/files/links/RuralRemote.pdf>
- <sup>6</sup> Hetzel D, Page A, Glover J, Tennant, S. Inequality in South Australia: key determinants of wellbeing, Volume 1 the evidence. Adelaide Department of Health; 2004, p. 20.
- <sup>7</sup> DECS. The virtual village: raising a child in the new millennium. Inquiry into early childhood services, (B Wright, inquiry leader). Hindmarsh: DECS Publishing; 2005, p. 116-7.
- <sup>8</sup> DETE, Information for parents of students in remote locations, p. 5. [Online] 2001 [cited 2005 Oct 17]; Available from: URL: <http://www.decs.sa.gov.au/new/files/links/RuralRemote.pdf>
- <sup>9</sup> SACCS. Indigenous education policy, p. 4. [Online] 2005 [cited 2005 Oct 17]; Available from: URL: [http://web.ceo.adl.catholic.edu.au/SACCS/polic\\_s.html](http://web.ceo.adl.catholic.edu.au/SACCS/polic_s.html)

# The curriculum

## Health promotion links

Awareness of the South Australian Curriculum, Standards and Accountability Framework (SACSA) can assist health workers to understand the needs of schools and preschools and the language of educators. However, educators have the responsibility and expertise to deliver learning opportunities in developmentally appropriate ways to match the collective and individual needs of students.

## About SACSA

The SACSA framework was developed as a government initiative in 2000 with input from all three schooling sectors. It provides a basis for the development and implementation of curriculum in DECS schools and preschools and Catholic schools. Independent schools decide on curriculum frameworks at an individual level, with many using the SACSA framework in their teaching.

The SACSA framework is based on a constructivist theory of learning where the learner is actively engaged in constructing their own learning and building on their existing knowledge, experiences and understanding while challenging themselves with new information and experience. It includes curriculum Key Ideas and Outcomes that are the foundations for education programs from birth to Year 12.<sup>1</sup>

Health promotion from a constructivist theory of learning involves active learning about health and health promotion and developing skills and values that are built on over time.

## A focus on equity

The concept of equity underpins the SACSA Framework as it does health promotion. Education is seen as central to the creation of a fairer society, and is delivered in a way that favours all learners, not only the economically

advantaged and culturally dominant. The SACSA framework gives particular attention to the educational entitlements of various groups including: Aboriginal and Torres Strait Islanders; those from culturally and linguistically diverse backgrounds or with English as a second language; learners with disabilities or learning difficulties; and the socially and economically isolated. Diversity and opportunity are incorporated across all learning areas.

## SACSA curriculum bands

There are four curriculum learning bands covering birth to Year 12. They allow educators to plan their curriculum delivery based on the particular characteristics of learners within a defined educational and care stage.

The four curriculum bands are:

- Early Years Band (birth to 3 years of age, 3 to 5 years of age, Reception to Year 2)
- Primary Years Band (Years 3, 4, and 5)
- Middle Years Band (Years 6, 7, 8 and 9)
- Senior Years Band (Years 10, 11 and 12).

In the SACSA framework there are specific learning areas across all curriculum bands. From Reception to Year 12 the learning areas are arranged around nationally agreed bodies of knowledge and include:

- Arts
- Design and Technology
- English
- Health and Physical Education
- Languages
- Mathematics
- Science
- Society and the Environment

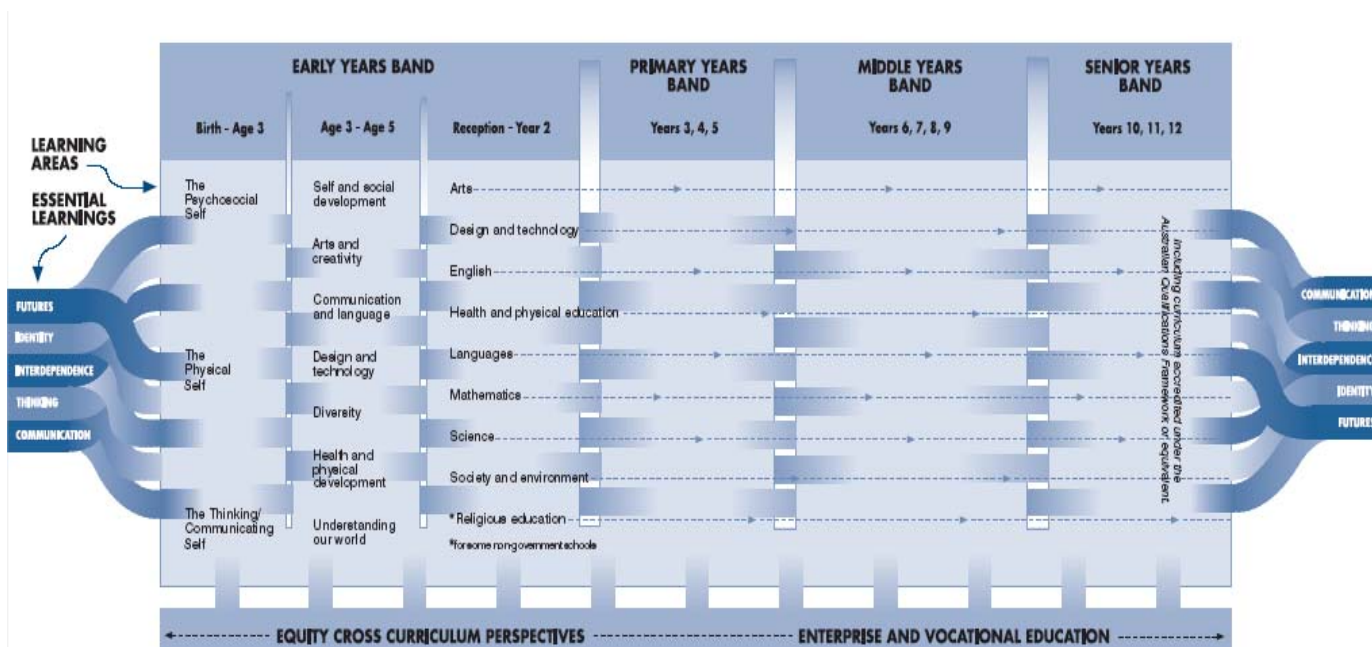
Literacy, numeracy and information and communication technologies (ICTs) are incorporated in all learning areas across curriculum bands.

# The curriculum

Many health workers will see their work as linking with the health and physical education and society and the environment learning areas. Health promotion can, however, be incorporated into all learning areas. Teachers have the expertise to make this link. Health workers can enrich learning experiences through their expert knowledge and skills and by providing resources.

## SACSA from birth to Year 12

The following diagram shows the links between the essential learnings, learning areas and across curriculum bands. <sup>2</sup>



## Essential learnings

Essential learnings represent personal and intellectual qualities and capabilities developed throughout a learner's life. They are drawn upon through life and enable people to productively engage with changing times as thoughtful, active, responsive and committed local, national and global citizens. <sup>3</sup>

Essential learnings and examples of their possible links with health promotion work are listed below:

<b>Futures</b>	Developing the flexibility to respond to change, recognising connections with the past and conceiving solutions for preferred futures.	Eg, <i>a whole of school focus on mental health might involve developing resiliency.</i>
<b>Identity</b>	Developing a positive sense of self and group, accepting individual and group responsibilities and respecting individual and group differences.	Eg, <i>this could relate to examining issues in relation to body image and food.</i>
<b>Interdependence</b>	Developing the capability to work in harmony with others for common purposes, within and across cultures.	Eg, <i>student voice representation on policy groups about school values.</i>
<b>Thinking</b>	Developing the capability to be independent and critical thinkers, with the ability to appraise information, make decisions, be innovative and devise creative solutions.	Eg, <i>this could link to finding good quality health information.</i>
<b>Communication</b>	Developing the capability to communicate powerfully.	Eg, <i>communication is a vital skill in a range of health promotion actions including individual help seeking behaviours.</i>

Skills and attitudes fostered by the essential learnings can add value to any health promotion activity, and health promotion work with school communities can build the knowledge and skills represented by the essential learnings.

## Inquiry approaches to learning

Some classrooms in schools and pre-schools may adopt the inquiry approach to learning. This supports contemporary learning theory. It is built on the idea that students are actively involved in learning and continually reconstruct understandings in the light of experience. It encourages students to participate in active investigation, and to integrate knowledge as they move from acquiring facts to developing deep understanding.

Through the inquiry method students develop important skills such as reasoning, critical thinking and the ability to argue for their discoveries. These skills foster self-confidence, respect for others' point of view and the ability to plan, organise, analyse, make decisions, evaluate and consider consequences.

The teacher's role as facilitator in this process is very different from that of the traditional teacher. Their role is to guide students' thinking rather than telling them what they 'ought to know'. They do not plan the direction of their lessons, but allow it to develop in response to students' interests. There are many different approaches and models in inquiry learning.

## References

- <sup>1</sup> SACSA. SACSA Framework, essential learnings. [Online] 2001 [cited 2005 Oct 17]; Available from: URL:[http://www.sacsa.sa.edu.au/index\\_fsrc.asp?t=EL](http://www.sacsa.sa.edu.au/index_fsrc.asp?t=EL)
- <sup>2</sup> SACSA. SACSA an overview. [Online] 2001 [cited 2005 Oct 17]; Available from: URL:<http://www.sacsa.sa.edu.au/ATT/%7B5F9E02DB-5492-46D7-96CA-7CA48BF91AC4%7D/SACSA%20Overview%202005.pdf>
- <sup>3</sup> SACSA. SACSA Framework, essential learnings. [Online] 2001 [cited 2005 Oct 17]; Available from: URL:[http://www.sacsa.sa.edu.au/index\\_fsrc.asp?t=EL](http://www.sacsa.sa.edu.au/index_fsrc.asp?t=EL)

# Policies and procedures

## Accessing policies and procedures

To work with schools and preschools effectively in health promotion, health workers need to understand the policies, procedures and frameworks that guide the work of schools and preschools. Some relate to areas mandated by law (child protection and duty of care) and impact on all three schooling sectors. Others are developed by individual school sectors and voluntarily adopted by other sectors or apply only to individual schools or sites.

Individual site policies have an impact on all visitors including health workers and can be obtained direct from the school or preschool. At all times health workers must work within the terms of agreement they have made, and in line with their own professional practice and regulations.

Specific information on policies and procedures can be found at:

- Independent school policies: [www.ais.sa.edu.au/html/about\\_policy\\_index.asp](http://www.ais.sa.edu.au/html/about_policy_index.asp)
- South Australian Commission for Catholic Schools policies: [http://web.ceo.adl.catholic.edu.au/SACCS/polic\\_s.html](http://web.ceo.adl.catholic.edu.au/SACCS/polic_s.html)
- DECS schools and preschools and the DECS Administrative Instructions and Guidelines Section 3 Student Matters: <http://www.schools.sa.gov.au/schlstaff/> (go to AIGs in left column).

## Duty of care

Teachers, schools, preschools and educational institutions have a duty of care to students, staff, parents, carers and others who interact with the school or preschool.

Managers of schools and preschools as well as teachers are under direct personal obligation to ensure that reasonable care is taken, and *can't*

*avoid liability by delegating that duty to someone else.*

Each of the three schooling sectors has specific duty of care policies or administrative instructions and guidelines, available on their websites.

Duty of care may relate to:

- supervising students so that they comply with rules designed to keep them (and others) safe
- designing and implementing appropriate programs and procedures
- providing safe buildings and equipment
- warning about potentially dangerous situations and practices
- providing competent teaching.

Every teacher has a duty of care towards every student under their supervision, by virtue of the conditions of the teacher's employment and common law principles. Generally, a teacher must take reasonable care to protect students from foreseeable risk of injury.<sup>1</sup>

Health workers' efforts are generally best directed to increasing the capacity of education staff to undertake health promotion teaching and as such they may not directly work with students. When health workers work in partnership with teachers on activities directly involving students, a teacher must always be present to take responsibility for student learning, safety and wellbeing. When health workers engage with students it is helpful for clear behavioural expectations to be established in order to build a positive and trusting relationship.

## Negligence

Teachers and schools and preschools owe a duty to students to take all reasonable measures to protect their safety and welfare, and ensure that no injury results from negligence. If negligence does occur, a negligence claim for financial

compensation for all foreseeable losses may result. In DECS schools and preschools the Minister for Education is vicariously liable for claims, except where there is serious and wilful misconduct on the part of the teacher.

Students attending non-government schools and preschools may be seen as invitees, and as they are there for the school's material benefit, a higher duty of care is required in respect to negligence.<sup>2</sup>

Schools and preschools also need to consider educational negligence, where students suffer harm as a result of negligent or incompetent teaching.

The *Human Rights and Equal Opportunity Commission Act 1986*, s.3 (7), Declaration of the Rights of the Child notes particularly the school or preschool's role as guardian where: '... the best interests of the child shall be the guiding principle of those responsible for his/her education and guidance ...'

## Status of health workers

In DECS sites all non-DECS staff are accountable to, and must act with the authority of, the principal. Non-DECS employees who are paid health workers operate within their scope of professional practice under the principal's overarching duty of care. DECS Administrative Instructions and Guidelines, s.1 (division 5, 99), summarised below (will need to check final layout, so leave this in), describe the legal liability and management of volunteers which would include paid health workers.

In DECS schools and preschools volunteers are divided into two categories:

- Those people undertaking tasks under the direction of the principal or a member of the teaching staff, in which case the principal or supervising teacher has a duty of care to ensure the volunteer possesses the necessary skills and is not a potential threat to the health, safety and welfare of students.

*This would generally apply to health workers undertaking health promotion with schools and preschools. Health workers in this situation also have a duty of care to the students to use their skills, knowledge and experience in a reasonable manner.*

- Those people undertaking tasks at the direction of the school council which fall within the scope of functions which councils are empowered to undertake under the Education Act and Regulations (such as working bees, canteen services and fundraising activities).

In DECS sites principals and school councils must ensure before volunteers are involved, that the tasks:

- are clearly defined and consistent with the role and function of the school
- are useful, meaningful, and do not exploit the person volunteering
- are clearly understood in regard to the objectives, role and function of the school
- have a clear description and are within the assessed capabilities of the volunteer
- are only undertaken after appropriate orientation and training
- can be appropriately supervised
- can meet the volunteer's expectations, interests, time commitment and skills<sup>3</sup>.

# Policies and procedures

This supports the need for clear documentation and communication about health workers' role in schools and preschools, and the responsibilities of schools and preschools to ensure that health workers have appropriate orientation to the site.

*Use of the Health Promotion: Better Health, Better Learning. Checklist will assist health workers to work within the policies, procedures and practices of the school or preschool. Using the checklist will also ensure that health workers undertake clearly defined tasks that are consistent with the role and function of the school as required within the DECS Administrative Instructions and Guidelines.*

## Child protection

DECS, Catholic and Independent schools all have policies and procedures on child protection in place.

*It is the responsibility of health workers to be aware of and comply with the policies, practices and procedures that relate to child protection, in particular those related to evidence of a recent criminal history check when working with schools and preschools.*

In general child protection policies, procedures and practices relate to:

- schools' and preschools' duty of care to ensure that children and young people are not subject to abuse in education settings
- responsibilities of education staff as mandated notifiers under the *Children's Protection Act 1993*
- provision of a secure, safe environment
- actively working towards empowering students
- ensuring the principles of care, protection and safety are implemented
- provision of programs which support children and young people to develop knowledge, skills and understanding to maintain personal safety
- protective practices for staff in their interactions with students.

The Teachers Registration Board of South Australia mandates that all teachers must be trained in mandatory notification and work in a way that provides a safe environment for children and young people. Teachers work to reduce the possibility of children and young people putting themselves at risk by using the skill of protective interrupting. This stops children and young people making disclosures in situations that might increase their vulnerability and impact upon their right to privacy. Educators may use a 'one step removed/third person' approach in different scenarios. As educators have a legal responsibility to report suspected abuse they must decide at what point they should explain this to the student disclosing abuse.

## The law

Under Section 11(1) & (2) of the *Children's Protection Act 1993*, the following people are obliged by law to notify Children, Youth and Family Services (CYFS) if they suspect on reasonable grounds that a child or young person has been or is being abused or neglected, and the suspicion is formed in the course of the person's work (whether paid or voluntary), or in carrying out official duties:

- a medical practitioner
- a registered or enrolled nurse
- a dentist
- a pharmacist
- a psychologist
- a member of the police force
- a probation officer
- a social worker
- **a teacher in any educational institution (including a kindergarten)**
- an approved family day care provider
- **any other person who is an employee of, or volunteer in a government department, agency or a local government or non government agency or instrumentality that provides health, welfare, education, childcare or residential services wholly or partly for children/young**

people, and is engaged in the actual delivery of those services to children/young people; or holds a management position in the relevant organisation, the duties of which include direct responsibility for; or direct supervision of the provision of those services to children/young people.<sup>4</sup>

Students over 18 are not covered by the Child Protection Act. However, teachers' duty of care does extend to them as to children under 18.

*The obligations of preschool and school staff in mandatory notification do not reduce the mandatory notification obligations of health workers working in schools and preschools. If you wish to enquire or report suspected child abuse, contact the Child Abuse Report Line on 13 14 78 (24 hours or enquire about any aspects of notification).*

## Protective practices for staff

Guidelines for protective practices for staff in their interactions with students in have been developed and were released across all three education sectors in June 2005. They aim to safeguard the wellbeing of children and young people by promoting an understanding of relationship boundaries for staff.

These guidelines are part of a set of child protection policies that have been developed collaboratively to support consistent child protection standards across all South Australian schools.

Knowledge of the protective practices guidelines can assist health workers to understand how education staff interact with students and will influence the interactions of health workers with students when direct contact is involved. The guidelines are available at: [http://www.decs.sa.gov.au/docs/files/communities/docman/1/Protective\\_Practices\\_edite.pdf](http://www.decs.sa.gov.au/docs/files/communities/docman/1/Protective_Practices_edite.pdf)

## Confidentiality, privacy and consent

Schools and preschools are bound by legislation on privacy and confidentiality. Each sector has developed policies and procedures on privacy, confidentiality and information collection, storage and transfer. Health workers have similar professional obligations to education staff and must also work within the confidentiality and information management structures of schools and preschools. Generally, specific identifying information is not shared with health workers in health promotion work that involves groups of staff, parents and students.

Health workers involved in health promotion work should note that there are specific consent guidelines and policies in all sectors about:

- sharing information
- use of images in newsletters or advertising and on web documents
- research involving students
- transporting students
- students 'off site.'

## References

<sup>1</sup> DECS. Parents and community. [Online] 2000 [cited 2005 Oct 17]; Available from: URL: <http://www.schools.sa.gov.au/schlparents/default.asp?id=3510&navgrp=63>

<sup>2</sup> AISSA. Duty of care - general. [Online] undated [cited 2005 Oct 17]; Available from: URL: [http://www.ais.sa.edu.au/html/about\\_policy\\_index.asp#16437](http://www.ais.sa.edu.au/html/about_policy_index.asp#16437)

<sup>3</sup> DECS. Administrative instructions and guidelines, section 1. general school procedures, p. 97-9. [Online] 2005 [cited 2005 Oct 17]; <http://www.schools.sa.gov.au/schlstaff/>

<sup>4</sup> Child-Safe Environments for Mandated Notifiers. Reporting Child Abuse and Neglect p. 2-3. [Online] 2005 [cited 2005 Oct 18], <http://www.chdf.org.au/chp/images/guidelinesfornotifiers.pdf>



# Educational frameworks and guidelines

## ***Eat well SA schools and preschools***

The *Eat well SA schools and preschools. Healthy eating guidelines*, 2004 provide a framework through which DECS schools and preschools can promote learning, health and wellbeing in relation to food and nutrition. They support the *Dietary guidelines for Australians; children and adolescents*, the *Australian guide to healthy eating* and the state nutrition action plan *Eat well South Australia*. Health workers and representatives from the three education sectors were actively involved in developing the guidelines. An awareness of these guidelines will assist health workers in schools and preschools.

*The guidelines provide the following information: Health services have valuable expertise and resources that can assist schools and preschools in the implementation of the healthy eating guidelines. Educators are primarily responsible for the curriculum in schools and preschools and visiting health services should not replace this role. Rather, they can supplement and enhance the role of the educator and provide direct support to families and the wider community in the promotion of healthy eating for all. Where professionals and health agencies support learning programs, schools and preschools must ensure these agencies have information to enable them to do this safely. This will include, for example, information about duty of care, child protection, and children with special needs.<sup>1</sup>*

## **DECS Learner Wellbeing Framework**

Development and implementation of a Learner Wellbeing Framework from Birth to Year 12 is a target in the engagement and wellbeing goal of the *DECS Statement of Directions 2005-2010*. The framework will help develop and support learner wellbeing in children's services and schools. It has

clear links with the 'Improving wellbeing' objective of the *South Australia Strategic Plan 2004* in which preventative measures including education programs are designated priorities in improving the quality of life and wellbeing of South Australians.

In the *DECS Statement of directions 2005-2010*<sup>2</sup> the term wellbeing refers to:

*...children's and students' physical, social and emotional welfare and development. Evidence suggests that these elements are integral rather than incidental to learning. A learner will find it difficult to engage with learning programs if they are distracted by significant physical, social and emotional issues. Staff in all sites therefore play an important role in fostering engagement and wellbeing so that each child and student is able to achieve their best and enjoy their educational experience.*

The wellbeing framework recognises the importance of collaborative partnerships in developing and supporting individual and community wellbeing. It highlights the importance of clarifying roles and finding new ways of working together to build services for child and family needs.

As schools and preschools focus on learner wellbeing, they may wish to engage further with health workers in health promotion. The wellbeing framework is available at: <http://www.edna.edu.au/edna/go/pid/3836>

## ***chess (child health and education support services)***

*chess* is a collaborative partnership that brings together education, childcare, health and disability services, researchers and families and communities. *chess* supports child and student learning, health and wellbeing. In particular *chess*

aims to make sure that students and children with health needs participate safely and successfully in education, childcare and other community services.

*chess* focuses on five services:

- information
- training
- research
- pathways
- education services.

Further information is available at

[www.chess.sa.edu.au](http://www.chess.sa.edu.au)

## References

- <sup>1</sup> DECS. Eat well SA schools and preschools. Healthy eating guidelines, p. 24. [Online] 2004 [cited 2005 Oct 18]; Available from URL: <http://www.schools.sa.gov.au/schlparents/default.asp?id=12283&navgrp=200>
- <sup>2</sup> DECS, Statement of directions 2005-2010, p.8. [Online]. 2005 [cited 2005 Oct 17]; Available from: URL: <http://www.decs.sa.gov.au/accountability/default.asp?id=18019&navgrp=1005>

# Health promotion work with schools and preschools

## Introduction

This section provides information to support effective health promotion work in schools and preschools. It does not cover the requirements for providing individual health care. It builds on the information in the previous section.

Health promotion in schools and preschools enables parents, students, staff and others to improve their physical, mental and social health and wellbeing. It includes developing site policy, creating supportive environments, strengthening community action, developing personal skills and reorienting services. Health promotion complements and enriches the curriculum and enables active participation and contribution in a variety of ways, including student and parent involvement.

Health workers work in partnership with schools and preschools at site, district and state wide levels, in all aspects of health promotion. Successful partnerships are formed when health workers understand and value education as the core business, and engage schools and preschools to improve learning outcomes through health promotion.

At all times health workers must conform to the procedures, policies and practices of schools and preschools, as well as their own professional and organisational boundaries. They need to be sensitive to the ethos and philosophies of each of the three school sectors. In DECS schools and preschools health workers always work under the direction and authority of the principal or director.



# Working together in health promotion

When health workers and educators work together with other members of the school and community they can positively influence the educational and health outcomes of children and young people and create schools and preschools that are healthy settings for living, learning and working.

## *What is health promotion?*

*Health promotion is the process of enabling parents, students, staff and others to increase control over, and to improve their physical, mental and social health and wellbeing.*

Health promotion in schools and preschools:

- includes developing site policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting services towards health and wellbeing
- complements and enriches the curriculum
- enables active participation and contribution in a variety of ways including student voice and parent involvement.

## How can health workers and educators work effectively together?

Effective collaboration for health promotion in schools and preschools occurs when health workers and educators:

- **support** a whole school community approach to wellbeing that is based on partnerships and active participation
- **aim** for all health promotion work to have learning outcomes
- **operate** at all times within their scope of professional practice and organisational goals and priorities
- **comply** with all school and preschool site policies, procedures and practices
- **respect** each other's professional responsibility, knowledge and skills
- **apply** a process of inquiry and evidence-based best practice that includes feedback, monitoring and review.

The term 'health worker' includes a range of people specifically trained in a health role or health promotion or both, who are directly accountable to their employer or professional registration body. Health workers in DECS schools and preschools must always work under the direction or approval of the principal or director.

# Better health, better learning!



If the focus for educators and schools and preschools is learning and education, and the focus for health workers is health, then why do educators and health workers actively participate in health promotion work together?

*Good health supports successful learning. Successful learning supports health. Education and health are inseparable. Worldwide, as we promote health, we can see our significant investment in education yields the greatest benefits.<sup>1</sup>*

Health and learning are linked in many ways. The process of learning and the subsequent knowledge, skills, attitudes and behaviours that arise from it can positively impact on the health of individuals and communities. There is ample evidence to demonstrate that education is vital in achieving better health for children and adolescents. Schools have an interest in the health of their students because of its direct link to learning.<sup>2</sup> Evidence shows that health improves with increasing levels of educational achievement<sup>3,4</sup> and there is a strong relationship between health, classroom performance, participation and student attitudes.<sup>5</sup> The

immediate and future health, development and wellbeing of children and young people are directly influenced by the school, community and family in which they live.<sup>6</sup>

Better health supports better learning and success in school, which in turn is associated with future life success. Conversely, failure to successfully complete schooling increases the likelihood of poor employment prospects, low income, welfare dependency, delinquent behaviour, drug abuse and crime.<sup>7</sup> School-based programs promoting better mental health have been linked to higher literacy rates and improved school retention rates.<sup>8</sup> Better health, better learning and future life success have a compounding positive impact on individuals, families, communities and countries.

*The World Bank has recognised that achieving improvements in young people's health is dependent, in part, on literacy levels and, in turn on access to educational opportunities. They recognise the strong relationship between the levels of education and the achievement of improved health and economic activity.<sup>9</sup>*

Health literacy is emerging as a pathway between education and health as it develops cognitive and social skills which motivate individuals and communities to access, understand and use information to promote and maintain good health.<sup>10</sup> Skills include those that demonstrate the political feasibility and organisational possibilities of various forms of action to address social, economic and environmental determinants of health.<sup>11</sup> Through their partnerships with schools and preschools, health workers contribute to health literacy.

Educators focus on building the skills and knowledge of their students to develop health behaviours that lead to positive health outcomes throughout their lives. Health workers can support educators by providing health information and resources for health promotion activities that support healthy behaviour.

Knowledge of the state of health and wellbeing of children and young people will assist health workers to anticipate and meet the needs of schools and preschools. Local knowledge, research and evidence can lead to greater gains.

The substantial inequalities in health, wellbeing and education in South Australia are reported in the document *Inequality in South Australia, Key Determinants of Health and Wellbeing*. Patterns of variation of the indicators for health and wellbeing are similar to those for social and economic inequalities.<sup>12</sup>

*For some groups of children their health and wellbeing are lower than the Australian average. These groups include children of sole parents, children in low income families, children in rural and remote regions and Aboriginal and Torres Strait Islander children.<sup>13</sup>*

Information about health issues for children and young people can be found in a range of publications such as:

- *A Social Health Atlas of Young South Australians*, available at [http://www.publichealth.gov.au/atlas\\_young\\_sa.html](http://www.publichealth.gov.au/atlas_young_sa.html),
  - *Inequality in South Australia*, available at <http://www.publichealth.gov.au/inequality.html>
- *A picture of Australia's children*, available at <http://www.aihw.gov.au/publications/phe/apoac/apoac.pdf>
  - *Australia's Young People their Health and Wellbeing, 2003*, available at <http://www.aihw.gov.au/publications/phe/ayp03/ayp03.pdf>
  - Australian Bureau of statistics reports available at <http://www.ausstats.abs.gov.au>

## References

- <sup>1</sup>Dr D O'Byrne, cited in WHO. Local action creating health promoting schools, p. 1. WHO information series on school health. [Online] Undated [cited 2005 Oct 18]; Available from: URL: [http://www.who.int/entity/school\\_youth\\_health/media/en/sch\\_local\\_action\\_en.pdf](http://www.who.int/entity/school_youth_health/media/en/sch_local_action_en.pdf)
- <sup>2</sup>NHMRC. Effective school health promotion: towards health promoting schools. Canberra: Department of Health and Family Services, AGPS; 1996, p. 16.
- <sup>3</sup>Hetzel D, Page A, Glover J, Tennant S, Inequality in South Australia: key determinants of wellbeing, Volume 1 the evidence. Adelaide: Department of Health, 2004, p. 12.
- <sup>4</sup>NHMRC. Effective school health promotion: towards health promoting schools. Canberra: Department of Health and Family Services, AGPS, 1996; p. 17.
- <sup>5</sup>A report by Symons et al cited in, St Leger L. Settings 2 in The evidence of health promotion effectiveness: shaping public health in a new Europe, part 1, p. 111. [Online] undated [cited 2005 Oct 18]; Available from: URL: [http://www.healthpromotion.act.gov.au/research/documents/files/Part\\_1\\_Evidence\\_Book.pdf](http://www.healthpromotion.act.gov.au/research/documents/files/Part_1_Evidence_Book.pdf)
- <sup>6</sup>AIHW. A picture of Australia's children, no. PHE 58 AIWH. Canberra: AIWH, 2005.
- <sup>7</sup>AIHW. A picture of Australia's children, no. PHE 58 AIWH. Canberra: AIWH, 2005.

- <sup>8</sup>IUHPE. The evidence of health promotion effectiveness; shaping public health in a new Europe, part 1, p. 12. (Prof. S Haggard, chairperson). [Online] undated [cited 2005 Oct 18]; Available from: URL: [http://www.healthpromotion.act.gov.au/research/documents/files/Part\\_1\\_Evidence\\_Book.pdf](http://www.healthpromotion.act.gov.au/research/documents/files/Part_1_Evidence_Book.pdf)
- <sup>9</sup> World Bank as cited in NHMRC, Effective school health promotion: towards health promoting schools, Canberra: Department of Health and Family Services, AGPS; 1996, p. 16.
- <sup>10</sup> Kickbusch I. Literacy-key to better health? [Online] undated [cited 2005 Apr 7]; Available from; URL: <http://www.pfizerforum.com.english/kickbusch.html>
- <sup>11</sup> Nutbeam D. Health Promotion Glossary. Health Promotion International 1998;13:349-64.
- <sup>12</sup> Hetzel D, Page A, Glover J, Tennant, S. Inequality in South Australia: key determinants of wellbeing, Volume 1 the evidence. Adelaide: Department of Health; 2004, p.vii.
- <sup>13</sup> NSW Commission for Children and Young People & Commission for Children and Young People Qld. Head start for Australia; an early years framework. 2004, p.14.



# Schools and preschools as settings for health promotion

*There is increasing recognition that health and educational outcomes are inextricably linked and that the school can be an ideal setting to strive for both.<sup>1</sup>*

In health promotion there has been a shift away from behaviourally focused health promotion to a settings approach. Schools and preschools are recognised as important settings for health promotion and this has influenced the way health workers undertake their health promotion role. Kickbusch<sup>2</sup> describes the '... key strategic point of the settings approach to health promotion (as the) move away from focusing on individual behaviours to a strategy that encompasses a total population within a setting for everyday life and includes participatory processes and empowerment.'

Schools and preschools are settings that can provide all students with an opportunity to participate in learning about health. Children and young people spend a large part of their time at schools and preschools and are exposed to a vast array of learning experiences. Regardless of their socio-economic status, ethnicity or location all students will have the opportunity to gain skills and knowledge that can positively impact on their immediate and future health.

The term 'school settings' includes the physical setting (such as classrooms), school management and staff and individuals associated with the school. Health promotion in school settings can be impact on pupils and involve teachers, parents and interested members of the community.<sup>3</sup>

Schools and preschools are valuable settings for health promotion because they offer opportunities for:

- reaching all children regardless of their socio-economic status, ethnicity or location
- undertaking effective action to reduce inequities in health
- influencing childhood and adolescent attitudes and behaviours at critical developmental stages when relationship skills and health literacy are formed that can be reinforced over time
- building on existing school health promotion efforts and the positive health consequences of learning
- health promotion with parents, staff, students and other members of the school community
- enhancing learning programs by linking learning opportunities to life situations
- introducing cost-effective health promotion interventions
- making specific health gains in nutrition, safer sex, reduction in tobacco use.<sup>4,5</sup>

Preschools, specifically catering for younger students:

- offer opportunities for early life intervention
- provide valuable opportunities for parents and carers to be actively involved in their children's health and learning
- set the groundwork for continuing health literacy
- link children and their families with a continuing learning environment and provide support for the important transition to school.

# Schools and preschools as settings for health promotion

## References

- <sup>1</sup> WHO. Creating an environment for emotional and social well-being, p. 1. WHO information series on school health, doc 10. [Online] undated [cited 2005 Oct 17]; Available from: URL: [http://www.who.int/entity/school\\_youth\\_health/media/en/sch\\_local\\_action\\_en.pdf](http://www.who.int/entity/school_youth_health/media/en/sch_local_action_en.pdf)
- <sup>2</sup> Kickbusch I. Literacy - key to better health? [Online] 1997 [cited 2005 Apr 17]; Available from URL: <http://www.pfizerforum.com/english/kickbusch.html>
- <sup>3</sup> Ackerman A. Defining the health promoting school. In Colquhoun D, Goltz K, Sheehan M, editors. The health promoting school; policy, programmes and practice in Australia. Australia: Harcourt Brace &Co; 1997, p. 28.
- <sup>4</sup> NHMRC. Effective school health promotion: towards health promoting schools. Canberra: Department of Health and Family Services, AGPS; 1996, p. 1-15.
- <sup>5</sup> IUHPE. The evidence of health promotion effectiveness; shaping public health in a new Europe, part 1, p. 17 (Prof. S Haggard, chairperson). [Online] undated [cited 2005 Oct 18]; Available from: URL: [http://www.healthpromotion.act.gov.au/research/documents/files/Part\\_1\\_Evidence\\_Book.pdf](http://www.healthpromotion.act.gov.au/research/documents/files/Part_1_Evidence_Book.pdf)



# Overview of health promotion approaches in schools and preschools

Schools and preschools manage health promotion successfully on their own, but the frameworks and principles of health promotion encourage partnerships. Schools and preschools will often approach health workers to work with them. They are also receptive to approaches from health workers to work together when the opportunity matches the school's needs and timing.

Working with the school community, at a local, regional or statewide level provides exciting opportunities and challenges for health workers. Health promotion can focus on many areas such as organisational health, the quality of school relationships and empowerment and equity to build health promoting practices.<sup>1</sup> Health promotion is integral to learning; what is learnt, how it is learnt and the environment in which learning is experienced.<sup>2</sup>

The Jakarta Declaration (1997) which led health promotion into the 21st century affirmed the effectiveness of health promotion in achieving greater equity in health with strategies that impact on the social, economic and environmental conditions that determine health, as well as developing and changing lifestyles. The Jakarta Declaration called for consolidation and expansion of partnerships between different sectors at all levels to assist individuals to take

action, and improve the capacity of organisations or communities to influence the determinants of health. The Jakarta Declaration confirmed the five strategies set out in the Ottawa Charter for Health Promotion as essential for success.

The Jakarta Declaration is particularly relevant to health promotion with schools and preschools. Successful health promotion outcomes are therefore more likely when a comprehensive, participatory, educative and supportive approach is taken. General health promotion work with schools and preschools takes into account the social determinants of health and the creation of environments that promote health.<sup>3</sup>

The **Jakarta Declaration** described successful health promotion as incorporating:

- combinations of the five strategies from the Ottawa charter rather than a single track approach
- a settings approach that offers practical opportunities for implementing comprehensive strategies
- people actively participating in health promotion action and decision-making
- access to education and information to support effective participation and the empowerment of people and communities.<sup>4</sup>

## Ottawa Charter for Health Promotion<sup>5</sup>

- Building healthy public policy
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Reorienting health services



## In schools this may link to:

- School policies and procedures
- A healthy physical environment, positive ethos
- Student voice, parental involvement
- Learning focus on developing skills, health literacy
- Resources allocated to wellbeing and health partnerships

# Overview of health promotion approaches in schools and preschools

## References

- <sup>1</sup> Ackerman A. Defining the health promoting school. In Colquhoun D, Goltz K, Sheehan M, editors. The health promoting school; policy, programmes and practice in Australia. Australia: Harcourt Brace & Co; 1997, p. 28.
- <sup>2</sup> Anderson, A. Better health; better learners; a first try. Ontario: Ontario Institute for studies in education; 2002, p. 8-9,
- <sup>3</sup> ACT Health. Health promotion approaches. [Online] undated [cited 2005 Oct 17]; Available from: URL: <http://www.healthpromotion.act.gov.au/whatis/basics/approaches.htm>
- <sup>4</sup> Adapted from: ACT Health. The Jakarta declaration on health into the 21<sup>st</sup> century. [Online] 2001 [cited 2005 Oct 17]; Available from: URL: <http://www.ldb.org/iuhpe/jakdec.htm>
- <sup>5</sup> WHO. Ottawa charter for health promotion. [Online] 1986 [cited 2005 Oct 18]; Available from: URL: [http://www.who.dk/AboutWHO/Policy/20010827\\_2](http://www.who.dk/AboutWHO/Policy/20010827_2)

# Global health promotion approaches in schools and preschools

Successful comprehensive approaches to school health around the world vary. Canada has Comprehensive School Health, supported by the Canadian Association for School Health. This association develops and implements projects and activities that bring schools and preschools, professionals and community members together to promote health in school settings. In the United States, Coordinated School Health, overseen by national health and health promotion agencies, consists of eight interactive components (study areas and partnerships). The United Kingdom has a National Healthy School Standard, funded jointly by education and health. It aims to reduce health inequalities, promote social inclusion and raise educational standards.

The World Health Organization (WHO) has developed a Global School Health Initiative that incorporates resources for understanding and planning school health programs which can be viewed at [http://www.who.int/school\\_youth\\_health/gshi/en/](http://www.who.int/school_youth_health/gshi/en/). WHO is also involved in developing regional health promoting schools networks such as the European Network of Health Promoting Schools and the Western Pacific Health Promoting Schools network that includes Australia.

In Australia a comprehensive approach to school health is commonly described as a health promoting schools approach. The Australian Health Promoting Schools Association (AHPSA, [www.ahpsa.org.au](http://www.ahpsa.org.au)) was established in 1994 and promotes the concept of health promoting schools and encourages collaboration, research and advocacy for comprehensive approaches. It developed from the Australian Association for Healthy School Communities (AAHSC) and the Network for Healthy School Communities.

All states in Australia have varying support structures for health promoting schools and preschools. In South Australia the Centre for Health Promotion, Children Youth and Women's Health Service supports a free electronic health promoting schools discussion network [www.sahps.net](http://www.sahps.net), where resources are shared and questions posted.

The International Union for Health Promotion and Education (IUHPE) has developed Protocols and Guidelines for Health Promoting Schools<sup>1</sup> based on the following principles:

- promoting the health and wellbeing of students
- upholding social justice and equity concepts
- involving student participation and empowerment
- providing a safe and supportive environment
- linking health and education issues and systems
- addressing the health and wellbeing of staff
- collaborating with the local community
- integrating into the school's ongoing activities
- setting realistic goals
- engaging parents and families in health promotion.

(available at [http://www.chdf.org.au/i-cms\\_file?page=3/GuidelinesProtocolsHPS.pdf](http://www.chdf.org.au/i-cms_file?page=3/GuidelinesProtocolsHPS.pdf))

## References

- <sup>1</sup> St Leger, L. (2006) 'Protocols and Guidelines for Health Promoting Schools' *Promotion and Education* Vol. 12: 3-4 pp 145-149.

# A health promoting schools approach

A health promoting schools approach ensures that the health and wellbeing of all members of the school community are at the forefront of any decisions and actions taken. This approach supports changes within schools and preschools (where the core focus is education and not health) that incorporate health and health promotion. It has been shown as a most promising framework that should produce better health and educational outcomes for students.<sup>1</sup>

*The term 'Health Promoting School' can simultaneously be used to describe an approach, a philosophy or a framework for successful school health promotion.*

There is confusion about when a school or preschool can be described or labelled as a health promoting school. Health promoting schools in South Australia are not an exclusive club of those that have passed a 'test' or received some grant funding. The World Health Organization describes a health promoting school as one that is '...constantly strengthening its capacity as a healthy setting for living, learning and working'<sup>2</sup> and as such this term could apply to all schools and preschools. However, schools and preschools are at different stages in this process.

There are many resources that detail a health promoting schools approach, philosophy and framework. Generally they have been developed for educators to increase their understanding of the approach and how it might be integrated into the school or preschool. Health workers also benefit from knowledge of the health promoting schools approach as it provides the basis for health promotion partnerships and assists them to build the capacity and knowledge of schools and preschools. Information about health promoting schools will differ in the literature due to variations in the education and health systems across states within Australia and overseas, but the general approach remains consistent.

## A health promoting school framework

In the health promoting schools framework there are three interrelated areas to consider in all decisions made in schools and preschools. They are commonly represented by three interlocking circles. A range of health promotion strategies can be applied across all the areas.

Within a health promoting school framework, health promotion is comprehensive and based on partnerships.

The three interrelated areas for consideration are:

- **Teaching and learning curriculum:** what is included, how this is decided and the way in which teaching is delivered and learning encouraged.
- **School environment:** This includes the 'feel' of a school, the ethos and values as well as the policies and structures developed to support a conducive environment for living, learning and working.
- **Partnerships and community links:** This includes internal partnerships with parents, staff and students and external partnerships with health workers, government and non-government organisations.

## A health promoting school framework



The health promoting school framework is linked to a change process cycle which is described below. The cycle supports schools and preschools to constantly strengthen their capacity as a healthy setting for living, learning and working.

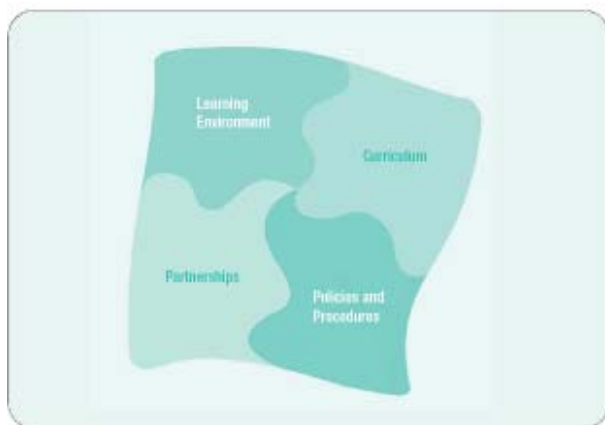


# A health promoting schools approach

## The DECS Drug Strategy and Learner Wellbeing Frameworks

These DECS frameworks were developed using the health promoting schools framework of the WHO as a basis. In both the Drug Strategy and Learner Wellbeing frameworks 'policies and procedures' are represented in a separate section from the environment, making four interrelated areas for consideration rather than three.

The DECS Learner Wellbeing Framework uses the same groupings as the Drug Strategy and is represented by the following diagram.



More information is available at: <http://www.edna.edu.au/edna/go/pid/3836>

## References

- <sup>1</sup> St Leger L. The opportunities and effectiveness of the health promoting primary school in improving child health-a review of the claims and evidence. Health Education and Research 1999;4(1);51-6.
- <sup>2</sup> WHO. Creating an environment for emotional and social well-being, p. 1. WHO information series on school health, doc 10. [Online] undated [cited 2005 Oct 17]; Available from: URL: [http://www.who.int/entity/school\\_youth\\_health/media/en/sch\\_local\\_action\\_en.pdf](http://www.who.int/entity/school_youth_health/media/en/sch_local_action_en.pdf)

# Supporting schools and preschools to develop successful programs

Health workers can support schools and preschools to build their own capacity to manage health and wellbeing effectively. Health workers can do this by sharing information about what makes school health programs successful.

## Successful school health programs are:<sup>1,2</sup>

- **comprehensive in concept** and supported by policies that influence all aspects of the school environment and curriculum
- **comprehensive in content** with a wide focus including: health issues, personal and social wellbeing and development, health literacy and health promotion
- **based on partnerships** between all members of the school community that extend outside the school to include the wider community, health workers and other relevant organisations and agencies
- **resourced adequately** with human and material resources including time for developing relationships and time specifically devoted to particular health promotion focus
- **delivered in accordance with teaching and learning strategies** including active participation, and the development of life skills as well as knowledge.

## Conversely, ineffective school health promotion programs should be discouraged, including those that:

- are developed in response to a perceived crisis
- have spasmodic and uncoordinated broader school involvement
- are based largely on external speakers and resources (with little involvement of school staff)
- have poor investment in teacher training and resources.

Successful health programs are likely to foster positive relationships between schools and preschools and health workers, and increase the potential for further health promotion opportunities.

Many health workers take into consideration the possibility of developing an ongoing relationship with schools and preschools when approached by them to be involved in a 'one-off' health promotion opportunity, even though there is little evidence to support the provision of one-off talks by health practitioners to school children.<sup>3</sup> This is because once a relationship is established it may increase opportunities for future sharing of knowledge and capacity building with educators.

Using the *Health Promotion: Better Health, Better Learning Checklist* for all new health promotion work with schools will lead to a greater understanding of the factors that influence successful health promotion partnerships. Using the checklist on a regular basis for existing partnerships, or as a tool for understanding the needs of the schools or preschools, even where no immediate work is planned, can also lead to more effective partnerships.



# Supporting schools and preschools to develop successful programs

## References

- <sup>1</sup> Adapted from NHMRC. Effective school health promotion: towards health promoting schools. Canberra: Department of Health and Family Services, AGPS; 1996, p. 7-36.
- <sup>2</sup> Adapted from IUHPE. The evidence of health promotion effectiveness; shaping public health in a new Europe. Part 1 (Prof. S Haggard, chairperson). [Online] undated [cited 2005 Oct 18]; Available from: URL: [http://www.healthpromotion.act.gov.au/research/documents/files/Part\\_1\\_Evidence\\_Book.pdf](http://www.healthpromotion.act.gov.au/research/documents/files/Part_1_Evidence_Book.pdf)
- <sup>3</sup> NHMRC. Effective school health promotion: towards health promoting schools. Canberra: Department of Health and Family Services, AGPS; 1996, p. 4.

# More than just health information

Health promotion involves much more than providing information. When working with schools and preschools, all areas of health promotion can be explored. There are opportunities for advocacy, mediation, and enabling children and young people to improve their health and wellbeing. Health workers could be involved in building policies, creating supportive environments, strengthening community action, supporting the development of personal skills, or reorienting the focus of the education and health sectors to health and wellbeing in school and preschool settings.

Health promotion work involves a much wider range of participants than students. In most instances information for students provided by trained educators, but health workers can assist in building educators health promotion capacity and providing supporting resources.

Working with schools and preschools can occur in all year levels from preschool to Year 12 in DECS, Independent and Catholic schools. It takes place at an individual school level, or at a district, regional or statewide level. It may involve parents, caregivers and educators. In all cases it is based on partnerships and influenced by personal relationships and previous experiences of working across sectors.

Some examples of health promotion work with schools and preschools are listed below. Further examples can be found in *Promoting Health in School Communities: Case Studies from the Parks Community Health Service*, 2003, available at: [www.chdf.org.au/i-cms\\_file?page=3/PromHealthinSchoolComm.pdf](http://www.chdf.org.au/i-cms_file?page=3/PromHealthinSchoolComm.pdf)

## Case studies

### Health promotion links instigated by the school

In 2005 Aberfoyle Hub School had a whole of school 'healthy lifestyles' focus as part of its three year strategic plan. This supported the development of external partnerships with various health workers and internal partnerships within the school to support health promotion in the curriculum and school environment. Educators explored healthy lifestyles across the curriculum in every classroom. This led to many opportunities for linking with health workers. One aspect of healthy lifestyles was a focus on nutrition which involved learning more about the food eaten at school. The school contacted the local community health service to work in partnership to plan and deliver a session for parents and caregivers on healthy lunch boxes, building on the prior work of staff and students.

The Aberfoyle Hub School attributed the success of this joint health promotion work to:

- strong links with a whole school focus that supported partnerships with health workers
- active involvement of all members of the school community
- links with the strategic plan and learning targets, strategies, resources and outcomes.

## Health promotion work related to the health and wellbeing of educators

Previous positive experiences with staff from the South East Regional Health Service were the incentive for a local school to contact them to discuss a program with a focus on the health and wellbeing of educators. This was an excellent opportunity to build the capacity of educators to influence the health and wellbeing of other members of the school community. It also increased their knowledge of the roles of health workers and enabled them to develop personal contacts to be built on at a later date.

Health workers from the South East Regional Health Service attributed the success of this joint health promotion program to:

- interactive programs
- working in partnership
- a willingness to share resources and costs
- the health service focus on working with schools reflected in organisational plans and supporting resources.

## Health promotion work specific to the role of the health worker

Some opportunities for particular health workers occur when their expertise matches the needs of the school or preschool at a specific time. Youth development officers for example, are in a unique position to undertake health promotion work with secondary schools.

On Eyre Peninsula a youth development officer works with secondary school staff, students and community members on a health promoting schools approach. This has involved work relating to sexual health and the drug strategy.

The youth development officer attributed the success of previous joint health promotion work to:

- a history of strong partnerships between the schools and the health service
- students' and educators' interest in health promotion
- commitment from educators
- resources invested by the health worker to build a relationship with schools and educators
- recognition of health promotion work with schools as core business for the health service.

### Health promotion at a statewide level

There are many opportunities to work with schools and preschools at a statewide, district or regional level. This can involve health workers providing knowledge and expertise on committees and helping to develop resources and policy. In developing the *Eat Well SA Schools and Preschools. Healthy Eating Guidelines*, various health workers with expertise in nutrition were involved in associated working parties. Health workers can influence policy to ensure that it is in line with current thinking and can also contribute to marketing and implementation.

In the same way, educators and education sector representatives should be involved when health workers plan, implement or develop policies or plans that involve schools and preschools. The education sector's input to the steering group for this document was invaluable.

# Factors for success

In 2003 the Centre for Health Promotion in conjunction with Parks Community Health Service developed a record of key success factors when working with schools based on the experiences of health workers. (*Promoting Health in School Communities: Case Studies from the Parks Community Health Service*, 2003, available at: [http://www.chdf.org.au/i-cms\\_file?page=3/PromHealthinSchoolComm.pdf](http://www.chdf.org.au/i-cms_file?page=3/PromHealthinSchoolComm.pdf)).

The following information builds on that record, and incorporates information provided by South Australian health workers, education staff and current literature.

*When working with schools and preschools taking the following factors into account will improve the chances of successful outcomes. Use of the Health Promotion: Better Health, Better Learning. Guidelines for Health Promotion with Schools and Preschools. Checklist, will also assist in each of these areas.*

## When first approaching schools and preschools to work together:

- Do your homework about the specific school or preschool, including the physical environment, enrolment information, ethos and staff (the site context statements for DECS schools will help).
- Make a time to meet with the appropriate leadership team members.
- Provide written information about your role or organisation prior to the meeting.
- Discuss the school's or preschool's needs or focus and work to support their priorities where possible.
- Share information about the ways you might work together (for example, on policy development, creating supportive environments, providing resources or expertise).

- Be respectful of the schools' and preschools' focus on education and their experience and skills.
- Be enthusiastic about working together at a later date.
- Make a time to follow up, or meet again.

## Work in partnership:

- Develop personal relationships and contacts through face to face contact.
- Ask schools and preschools what their needs are.
- Work with a range of school members including leadership staff.
- Create an effective structure for communication and ongoing contact.
- Clarify language to avoid confusion.
- Celebrate and share successes.

## Understand and value:

- the culture and ethos of the school or preschool
- the history of previous partnerships with health workers and health promotion work
- that the core business of the school or preschool is education and build on the links with health
- the teachers' role and expertise in educating students
- the policies, procedures and structures of the school or preschool
- your own professional boundaries and responsibilities
- the school's or preschool's needs and whether you can meet them
- the strategic or business plans of the schools and preschools that direct their focus and influence the allocation of resources.

# Factors for success

## Planning:

- Invest time in joint planning for successful outcomes.
- Take into account the school or preschool calendar and timing issues.
- Work within a comprehensive framework such as a health promoting schools framework.
- Link your work with other supports and activities within the school or preschool.
- Be flexible in responding to the school's or preschool's needs where possible and appropriate.
- Pursue opportunities to work in areas of health promotion with all members of the school or preschool community.
- Plan for effective written and verbal communication.
- Develop a system that supports workers within health and education sectors to enable continuity (more than one key staff member recording and sharing information as widely as possible).
- Develop and record clear roles, structures, and objectives.
- Include evaluation or other reviewing mechanism within a project plan as appropriate.
- Change your own business or strategic plan to reorient services as necessary.

## Resources:

- Have realistic expectations about the resources that schools and preschools can commit.
- Be clear with schools and preschools about the resources that you can provide.
- Negotiate within your own organisation for adequate resources.
- Remember that developing and nurturing relationships takes time.
- Build the capacity of schools and preschools to create the conditions for successful health promotion.
- Build your own capacity to work with schools and preschools through gathering information, mentoring and ongoing learning.
- Build the capacity of your organisation through sharing expertise and knowledge.
- Provide links to, or information on, other health services for schools and preschools (you are their health sector resource and link).

# Working in the current health environment

The current political and health sector directions and goals influence the way health workers interact with schools and preschools. There has been a shift in focus towards health promotion and cooperation across sectors to improve the wellbeing of South Australians, and a reorientation of some health services toward working with schools and preschools.

The Generational Health Review, and the First Steps Forward response led to a reorganisation of health regions in South Australia in 2004 and an increased focus on prevention, early intervention, population health and health promotion. The *Primary Health Care Policy Statement (2003-2007)* included a whole-of-government approach to social inequalities that influence health and wellbeing. This includes building community capacity and strengthening local communities to create supportive, resilient and healthy environments (as many health workers do with schools and preschools), and addressing social, economic and environmental factors that contribute to better health outcomes.

There is particular mention of advancing the partnership with the Department of Education and Children's Services to:

- strengthen the government's early childhood intervention strategy
- support and promote school community and student health and wellbeing
- develop interagency service models to maximise health and learning outcomes for children, young people and families.<sup>1</sup>

The *South Australia Strategic Plan* was developed in 2004 and includes targets for the state to achieve over the next ten years. It is based on creating opportunity and has the following interrelated objectives:

1. Growing prosperity.
2. Improving wellbeing.
3. Attaining sustainability.

4. Fostering creativity.
5. Building communities.
6. Expanding opportunity.<sup>2</sup>

Under the second objective, improving wellbeing, the health sector is responsible for many of the targets including:

- increasing the life expectancy of South Australians to lead the nation within ten years
- continuing to be the best performing state for infant mortality levels
- reaching levels of psychological distress lower or equal to the Australian average within ten years
- reducing the number of young cigarette smokers by ten percent within ten years
- reducing the number South Australians who are overweight or obese by ten percent within ten years.

The health sector will also contribute to the 'expanding opportunity' objective and targets related to Aboriginal wellbeing. These include reducing the gap between the outcomes for South Australia's Aboriginal population and those of the rest of South Australia, particularly in relation to health, life expectancy, employment, school retention rates and imprisonment. Targets related to education are also included in the 'expanding opportunity' objective, supporting the premise that education is the key to state growth.

## Health Regions

The Central Northern Adelaide Health Service (CNAHS), Southern Adelaide Health Service (SAHS), the Children, Youth and Women's Health Service (CYWHS) and Country Health support the state strategic plan and government policies and directions in their own regional plans. All regions work cooperatively as part of an integrated health system with each region supportive of partnerships across government and non-government agencies and across health and education sectors.

The *CYWHS Strategic Plan 2005-10*<sup>3</sup> includes particular reference to partnership with other providers and across sectors to establish sustainable agreements and relationships in improving the health of children, young people and women. The plan directs staff to work collaboratively and cooperatively with others to engender trust and enable effective work across the state.

*Strategic Directions for Country Health 2005-2010*<sup>4</sup> acknowledges that people in the country have similar, but different health needs from people living in Adelaide. Country people experience higher levels of injury and disease and lower overall health. Building stronger partnerships with government and non-government agencies, the education sector and those sectors responsible for environmental health and employment will bring positive change.

To address the health inequalities of children and young people, *Strategic Directions for Country Health 2005-10* recommends:

- greater emphasis on health promotion in schools and early learning
- partnerships with DECS to encourage local-level health education partnerships with particular reference to the Eat well SA and Healthy weight action plans
- working with DECS to increase the responsible promotion, sale and consumption of alcohol.

Advancing Aboriginal health is of special importance in the country, given that Aboriginal people are more than twice as likely to live outside urban areas than members of the general population, and more likely to live further from health services and facilities.<sup>5</sup> A suggested initiative is the development of collaborative partnerships to improve healthy outcomes for Aboriginal children and young people in partnership with DECS.

### Local plans

Many health agency business and strategic plans are based on the guiding principles of the Ottawa Charter as well as state and regional plans. Some include general references to working in partnership across sectors, incorporating a settings-based approach to health promotion, or more specific detail on working with schools and preschools. However, not all health workers who work with schools and preschools in health promotion are employed by an agency that has health promotion as a priority focus. Support from the health worker's employer has an impact on the support and resources available for their work in this area.

Health workers need to be aware of their own business and strategic plans and how they support or limit work with schools and preschools. All health promotion work with schools and preschools should reflect these plans. Where local plans do not match current practice it is appropriate to advocate and mediate to reorient services toward health promotion work. Support at a local workgroup level is vital to ensure that working with schools and preschools in health promotion is planned for, valued and supported with appropriate resources. The schools program of the Cancer Council of South Australia is a good example of how health promotion work with schools and preschools can be supported and directed by an organisational or local work plan.

## Schools Program of the Cancer Council South Australia

Staff of the Schools Program of the Cancer Council South Australia are supported and directed by the specific aims of the program (2005) which are to:

- encourage and support early childhood centres, primary and secondary schools in the development and implementation of cancer prevention policies in skin protection, nutrition and physical activity
- keep centres and schools up to date with current information and cancer prevention education resources
- encourage the involvement of the wider school community in cancer prevention education
- work in partnership with other community organisations that work with early childhood centres and schools to create a comprehensive health approach.

## References

- <sup>1</sup> DHS. Primary health care policy statement 2003. Adelaide: DHS; 2003.
- <sup>2</sup> DPC. South Australia strategic plan. Creating opportunity. Adelaide: DPC; 2004.
- <sup>3</sup> CYWHS. Children, Youth and Women's Health Service *Strategic plan 2005-10* [Online] 2005 [cited 2005 Oct 18]; Available from: URL: <http://www.cywhs.sa.gov.au/Content.aspx?p=348>
- <sup>4</sup> DH. Strategic directions for country health 2005-2010. Adelaide: Department of Health; 2005.
- <sup>5</sup> DH. Strategic directions for country health 2005-2010. Adelaide: Department of Health; 2005, p.24-6.

## Links to further information

The following resources and links have been suggested by health workers and educators.

### SA health regions and related government documents and plans

- Government of South Australia [www.ministers.sa.gov.au](http://www.ministers.sa.gov.au)
- South Australia State Government [www.sacentral.sa.gov.au](http://www.sacentral.sa.gov.au)
- The South Australia strategic plan [www.stateplan.sa.gov.au/](http://www.stateplan.sa.gov.au/)
- Department of Health [www.health.sa.gov.au](http://www.health.sa.gov.au)
- The Children, Youth and Women's Health Service [www.cywhs.sa.gov.au](http://www.cywhs.sa.gov.au)
- *CYWHS strategic plan 2005-10'* [www.cywhs.sa.gov.au/Content.aspx?p=348](http://www.cywhs.sa.gov.au/Content.aspx?p=348)
- Country Health Region [www.countryhealthsa.sa.gov.au/](http://www.countryhealthsa.sa.gov.au/)
- Strategic Directions for Country Health 2005-2010 [www.countryhealthsa.sa.gov.au/documents/Country\\_Health\\_2005-2010.pdf](http://www.countryhealthsa.sa.gov.au/documents/Country_Health_2005-2010.pdf)
- Central Northern Area Regional Health Service [www.healthsa.sa.gov.au/cnahr/](http://www.healthsa.sa.gov.au/cnahr/)
- Southern Health [www.southernhealth.sa.gov.au/](http://www.southernhealth.sa.gov.au/)

### Policies, reports, frameworks and guidelines

- Reporting child abuse and neglect. Mandated notification guidelines [www.familiesandcommunities.sa.gov.au/DesktopModules/SAHT\\_DNN2\\_Documents/Download/632826996107656250/fays-a5-booklet.pdf](http://www.familiesandcommunities.sa.gov.au/DesktopModules/SAHT_DNN2_Documents/Download/632826996107656250/fays-a5-booklet.pdf)
- A social health atlas of young South Australians, [www.publichealth.gov.au/atlas\\_young\\_sa.html](http://www.publichealth.gov.au/atlas_young_sa.html)
- Inequality in South Australia, [www.publichealth.gov.au/inequality.html](http://www.publichealth.gov.au/inequality.html)
- *A picture of Australia's children*, available at [www.aihw.gov.au/publications/phe/apoac/apoac.pdf](http://www.aihw.gov.au/publications/phe/apoac/apoac.pdf)

- *Australia's young people their health and wellbeing, 2003*, [www.aihw.gov.au/publications/phe/ayp03/ayp03.pdf](http://www.aihw.gov.au/publications/phe/ayp03/ayp03.pdf)
- Australian Bureau of statistics reports [www.ausstats.abs.gov.au](http://www.ausstats.abs.gov.au)
- Head start for Australia; an early years framework. 2004, NSW Commission for Children and Young People & Commission for Children and Young People Qld. [www.kids.nsw.gov.au/publications/early\\_years.html](http://www.kids.nsw.gov.au/publications/early_years.html)
- Generational Health Review <http://www.healthsa.sa.gov.au/generational-health-review/>
- Primary Health Care Policy Statement (2003-2007) [www.health.sa.gov.au/Default.aspx?tabid=62](http://www.health.sa.gov.au/Default.aspx?tabid=62)

### School health promotion policies and frameworks

- The *Working Together for Healthy Schools: A Queensland Health Position Statement and Practice Framework* [www.health.qld.gov.au/publications/childhealth/Schools\\_policy.pdf](http://www.health.qld.gov.au/publications/childhealth/Schools_policy.pdf)
- Queensland School health and wellbeing curriculum framework [education.qld.gov.au/schools/healthy/framework/](http://education.qld.gov.au/schools/healthy/framework/)
- Working together for healthy schools. A Queensland Health position statement and practice framework [www.health.qld.gov.au/publications/childhealth/Schools\\_policy.pdf](http://www.health.qld.gov.au/publications/childhealth/Schools_policy.pdf)
- Queensland Health Strategic policy framework for children and young peoples health summary document (2002-2007) [www.health.qld.gov.au/publications/childhealth/framework/spf\\_booklet.pdf](http://www.health.qld.gov.au/publications/childhealth/framework/spf_booklet.pdf)
- NSW health promotion with schools, a policy for the health system [www.health.nsw.gov.au/public-health/health-promotion/settings/schools/hpschools.html](http://www.health.nsw.gov.au/public-health/health-promotion/settings/schools/hpschools.html)

## Links to further information

- NSW A framework for building capacity to build health [www.health.nsw.gov.au/pubs/f/pdf/frwk\\_improve.pdf](http://www.health.nsw.gov.au/pubs/f/pdf/frwk_improve.pdf)
- Framework for student support services in Victorian Government schools [www.sofweb.vic.edu.au/wellbeing/publication/policy.htm](http://www.sofweb.vic.edu.au/wellbeing/publication/policy.htm)
- Making it Easy. Enhancing Partnerships through protocols (between schools and services based in the community) [www.sfys.infoxchange.net.au/resources/public/items/2002/6/00036-upload-00001.pdf](http://www.sfys.infoxchange.net.au/resources/public/items/2002/6/00036-upload-00001.pdf)

### Health promotion

- Victorian Health Promotion Foundation [www.vichealth.vic.gov.au/cochrane/overview/syst\\_reviews.htm](http://www.vichealth.vic.gov.au/cochrane/overview/syst_reviews.htm)
- Healthway (Western Australia) [www1.healthway.wa.gov.au/](http://www1.healthway.wa.gov.au/)
- The evidence of health promotion effectiveness: shaping public health in a new Europe, part 1, [www.healthpromotion.act.gov.au/research/documents/files/Part\\_1\\_Evidence\\_Book.pdf](http://www.healthpromotion.act.gov.au/research/documents/files/Part_1_Evidence_Book.pdf)
- ACT Health. <http://www.healthpromotion.act.gov.au/default.asp>
- Ottawa charter for health promotion. [www.who.dk/AboutWHO/Policy/20010827\\_2](http://www.who.dk/AboutWHO/Policy/20010827_2)
- World health organization [www.who.org](http://www.who.org)
- The Jakarta declaration on health into the 21<sup>st</sup> century. [www.ldb.org/iuhpe/jakdec.htm](http://www.ldb.org/iuhpe/jakdec.htm)
- Nutbeam D. 1998, Health Promotion Glossary. *Health Promotion International* Vol 13 pp. 349-64. [heapro.oxfordjournals.org/cgi/reprint/13/4/349.pdf](http://heapro.oxfordjournals.org/cgi/reprint/13/4/349.pdf)

### Health promoting schools

- Better health: better learning. Guidelines for health workers checklist [www.wch.sa.gov.au/chp.html](http://www.wch.sa.gov.au/chp.html)
- Better health: better learning. Information for health workers working with schools and preschools brochure [www.wch.sa.gov.au/chp.html](http://www.wch.sa.gov.au/chp.html)

- CYWHS Centre for Health Promotion [www.wch.sa.gov.au/chp.html](http://www.wch.sa.gov.au/chp.html)
- *Promoting health in school communities: case studies from the Parks Community Health Service*, 2003, [www.chdf.org.au/i-cms\\_file?page=3/PromHealthinSchoolComm.pdf](http://www.chdf.org.au/i-cms_file?page=3/PromHealthinSchoolComm.pdf)
- Health promoting schools toolbox [www.health.qld.gov.au/healthyschools/toolbox.asp](http://www.health.qld.gov.au/healthyschools/toolbox.asp)
- SA health promoting schools network [www.sahps.net](http://www.sahps.net)
- World Health Organization, school and youth health [www.who.int/school\\_youth\\_health/en/](http://www.who.int/school_youth_health/en/)
- World Health Organization, Global school health initiatives [www.who.int/school\\_youth\\_health/gshi/en/index.html](http://www.who.int/school_youth_health/gshi/en/index.html)
- European Network of Health Promoting Schools [www.who.dk/eprise/main/WHO/Progs/ENHPS/Home](http://www.who.dk/eprise/main/WHO/Progs/ENHPS/Home)
- Australian Health Promoting Schools Association [www.ahpsa.org.au](http://www.ahpsa.org.au)
- The health promoting school; policy, programmes and practice in Australia. Australia: Harcourt Brace &Co; 1997,
- Health promoting schools (Vic) [www.sofweb.vic.edu.au/hps/](http://www.sofweb.vic.edu.au/hps/)
- International American School Health Association [www.ashaweb.org](http://www.ashaweb.org)
- Communities and schools for health [www.safehealthyschools.org/](http://www.safehealthyschools.org/)
- New Zealand Health Promoting Schools [www.hps.org.nz/mdl/](http://www.hps.org.nz/mdl/)
- NSW Health promotion with schools [www.health.nsw.gov.au/public-health/health-promotion/settings/schools/](http://www.health.nsw.gov.au/public-health/health-promotion/settings/schools/)
- Queensland health promoting schools toolbox [www.health.qld.gov.au/healthyschools/toolbox.asp](http://www.health.qld.gov.au/healthyschools/toolbox.asp)
- New Zealand health promoting schools [www.hps.org.nz/](http://www.hps.org.nz/)

## Links to further information

- New Zealand Health promoting schools resources [www.healthed.govt.nz/result/search\\_results.cfm](http://www.healthed.govt.nz/result/search_results.cfm)
- NZ Improving the health of young people guidelines for school based care [www.moh.govt.nz/moh.nsf/ea6005dc347e7bd44c2566a40079ae6f/2e5c14ddd6969186cc256ec40006f3f6?OpenDocument](http://www.moh.govt.nz/moh.nsf/ea6005dc347e7bd44c2566a40079ae6f/2e5c14ddd6969186cc256ec40006f3f6?OpenDocument)

### Education/ learning

- DECS [www.schools.sa.gov.au/schlstaff](http://www.schools.sa.gov.au/schlstaff)
- DECS. Administrative instructions and guidelines, section 1. general school procedures, p. 97-9. [Online] 2005 [www.decs.sa.gov.au/docs/files/communities/docman/1/AIG\\_Section1.doc](http://www.decs.sa.gov.au/docs/files/communities/docman/1/AIG_Section1.doc)
- DECS *Statement of directions 2005-2010*. [www.decs.sa.gov.au/accountability/default.asp?id=18019&navgrp=1005](http://www.decs.sa.gov.au/accountability/default.asp?id=18019&navgrp=1005)
- DECS wellbeing framework: [www.edna.edu.au/edna/go/pid/3836](http://www.edna.edu.au/edna/go/pid/3836)
- DECS schools site context statements [www.schools.sa.gov.au/schlstaff/](http://www.schools.sa.gov.au/schlstaff/) (look for school context statement link on left side of page)
- DECS annual reports [decssearch.sa.edu.au/scripts/texis.exe/webinator/search?query=annual+reports](http://decssearch.sa.edu.au/scripts/texis.exe/webinator/search?query=annual+reports)
- Association of Independent Schools of SA [www.ais.sa.edu.au](http://www.ais.sa.edu.au)
- Catholic Education SA [web.ceo.adl.catholic.edu.au](http://web.ceo.adl.catholic.edu.au)
- *chess* child health and education support services [www.chess.sa.edu.au](http://www.chess.sa.edu.au)
- The Education Act 1972 (SA) [www.decs.sa.gov.au/docs/files/communities/docman/1/AIG\\_Section1.doc](http://www.decs.sa.gov.au/docs/files/communities/docman/1/AIG_Section1.doc)
- Teachers' registration and standards act [www.trb.sa.edu.au/Teachers%20Registration%20and%20Standards%20Act%202004.pdf](http://www.trb.sa.edu.au/Teachers%20Registration%20and%20Standards%20Act%202004.pdf)

- *National Goals for Schooling in the 21st Century* [www.dest.gov.au/sectors/school\\_education/policy\\_initiatives\\_reviews/national\\_goals\\_for\\_schooling\\_in\\_the\\_twenty\\_first\\_century.htm](http://www.dest.gov.au/sectors/school_education/policy_initiatives_reviews/national_goals_for_schooling_in_the_twenty_first_century.htm)
- The virtual village: raising a child in the new millennium. Inquiry into early childhood services, (B Wright, inquiry leader). Hindmarsh: DECS Publishing; 2005, p. 116-7.
- South Australian Curriculum, Standards and Accountability Framework (SACSA) [www.sacsa.sa.edu.au/index\\_fsrc.asp?t=HOME](http://www.sacsa.sa.edu.au/index_fsrc.asp?t=HOME)
- Protective practices guidelines [www.decs.sa.gov.au/docs/files/communities/docman/1/Protective\\_Practices\\_edite.pdf](http://www.decs.sa.gov.au/docs/files/communities/docman/1/Protective_Practices_edite.pdf)

### Evaluation

- Planning and evaluation wizard [som.flinders.edu.au/FUSA/SACHRU/PEW/howto/planning.htm](http://som.flinders.edu.au/FUSA/SACHRU/PEW/howto/planning.htm)
- The evaluation centre's [www.wmich.edu/evalctr/checklists](http://www.wmich.edu/evalctr/checklists)
- Centre for Disease control [www.cdc.gov/eval/index.htm](http://www.cdc.gov/eval/index.htm)

### Health issues and organisations

- General child and youth health information and parenting information [www.cyh.com.au](http://www.cyh.com.au)
- Kids health information [kidshealth.org/](http://kidshealth.org/)
- Drug and Alcohol Services Council [www.dasc.sa.gov.au](http://www.dasc.sa.gov.au)
- Cancer council [www.cancersa.org.au/i-cms?page=1](http://www.cancersa.org.au/i-cms?page=1)
- Heart Foundation [www.heartfoundation.com.au/](http://www.heartfoundation.com.au/)
- Asthma SA [www.asthmasa.org.au/](http://www.asthmasa.org.au/)

### Mental health

- Headroom [www.headroom.net.au/](http://www.headroom.net.au/)
- The Australian Network for the Promotion, Prevention and Early Intervention for Mental Health [www.aiseinet.com/index.php](http://www.aiseinet.com/index.php)
- Beyond Blue [www.beyondblue.org.au/index.aspx](http://www.beyondblue.org.au/index.aspx)

## Links to further information

- Children of parents with mental illness- worker resource centre [www.copmi.net.au](http://www.copmi.net.au)
- It's all right org. [www.itsallright.org/](http://www.itsallright.org/)
- Mindmatters [cms.curriculum.edu.au/mindmatters/](http://cms.curriculum.edu.au/mindmatters/)

### Nutrition

- Eatwellsa schools and preschools healthy eating guidelines [www.decs.sa.gov.au/schlp/parents/default.asp?id=12283&navgrp=200](http://www.decs.sa.gov.au/schlp/parents/default.asp?id=12283&navgrp=200)

### Physical activity

- Be active [beactive.com.au/](http://beactive.com.au/)
- Smartplay [www.smartplay.net/index.html](http://www.smartplay.net/index.html)
- Australian Sports Commission [www.ausport.gov.au](http://www.ausport.gov.au)

### Sexual health

- SHine SA [www.shinesa.org.au/](http://www.shinesa.org.au/)

### Drugs and alcohol

- Drug and alcohol services SA (DASSA) [www.dasc.sa.gov.au/site/page.cfm](http://www.dasc.sa.gov.au/site/page.cfm)
- Quit SA [www.oxygen.org.au/](http://www.oxygen.org.au/)  
[www.nceta.flinders.edu.au](http://www.nceta.flinders.edu.au)
- Drug info clearing house [www.druginfo.adf.org.au/](http://www.druginfo.adf.org.au/)
- Australian drug foundation [www.adf.org.au/](http://www.adf.org.au/)
- Australian drug information network [www.adin.com.au/content.asp?Document\\_ID=1](http://www.adin.com.au/content.asp?Document_ID=1)

# Acronyms

AEW	Aboriginal education workers
AIHW	Australian Institute of Health and Welfare
AISSA	Australian Association of Independent Schools of South Australia
CEO	Catholic Education Office
CYWHS	Children, Youth and Women's Health Service
DECS	Department of Education and Children's Services
DETE	Department of Education, Training and Employment
DFC	Department for Families and Communities
DPC	Department of the Premier and Cabinet
DH	Department of Health
DHS	Department of Human Services
IUHPE	International Union for Health Promotion and Education
NHMRC	National Health and Medical Research Council
OSHC	Out of school hours care
SACCS	South Australian Commission for Catholic Schools
SACSA	South Australian Curriculum Standards and Accountability Framework
SSO	School services officer