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Virtually Healthy

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'Complex issues confronting both health and education cannot be solved by any one agency. Together we are able to strengthen our impact to achieve better results'.

Jan Andrews
Deputy Chief Executive
Schools and Children's
Services, DECS.

This special 12 page edition of Virtually Healthy is the official report of the Australian Health Promoting Schools Conference held in Adelaide in April 2008. The Centre for Health Promotion produced this issue of Virtually Healthy as part of their sponsorship of the conference.

“ The Indigenous welcome was terrific - he was a fantastic speaker and the didgeridoo offered a great time to culturally reflect ”



Conference Organising Committee and keynote speakers. Back L to R: Sue Cooke, Lawrence St Leger, Jean Michel Borys. Centre L to R: Ann Young, Tracy Buchanan, Janine Phillips, Ian Young. Front L to R: Evie Ledger, Natalie Russell, Danielle Maloney, Rhonda Nicholson

Adelaide hosts the 2008 National Health Promoting Schools Conference

Danielle Maloney, President, Australian Health Promoting Schools Association

The Australian Health Promoting Schools Association held its 7th National Conference at the National Wine Centre in Adelaide on April 2-4 this year. This was the first time the conference was held outside the eastern States. Adelaide was chosen to showcase the innovative work being done in SA.

The conference was made possible with funding support from SA Health and the Department of Education and Children's Services. The

Children, Youth and Women's Health Service also provided in-kind support in the form of staff time for our Adelaide organising committee, administrative assistance and photography (results throughout this edition).

The conference theme was 'Connecting the Voices of Change: Building Better Health and Better Learning'. This reflected the understanding that Health Promoting Schools is built upon connections within schools and between

schools and the community, and that health and learning are intimately connected. Guest speakers and the 178 delegates were a mix of health and education professionals, academics, researchers and policy makers from all over Australia and the world. In planning the conference, the organising committee made a conscious effort to take an equity focus. The price of registration was kept low and included additional benefits such as a year's free membership to AHPSA.

Adelaide hosts the 2008 National Health Promoting Schools Conference

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Sponsorship money also provided 14 registrations of health workers and teachers who would not otherwise have been able to attend.

The Health Minister, the Honourable John Hill, was unable to open the conference on the day due to traffic problems. However, Kaurman Steve Goldsmith stepped in and not only welcomed delegates to his country but gave an inspiring and challenging speech.

Keynote presentations examined the history of Health Promoting Schools in Europe, new directions and best practice in health promoting schools and how schools and communities are working together across the world to address obesity (see reports p3-6). Concurrent sessions reflected the approaches to how we imbed a Health Promoting Schools philosophy and what are some of the emerging policy directions (see reports p7-9).

SA has taken a policy approach to statewide implementation of HPS best practice. To promote discussion and planning between the health and education sectors, the Health

Promotion Branch funded a closed workshop for 80 key SA stakeholders (see p10).

The last session of the conference was also something new. 'Post it to the Panel' was another opportunity for delegate participation. The panel of guest speakers, myself and Lorelei Cropley an American HPS academic, responded to delegate questions submitted over the two days. Some of the issues raised included advocacy, future directions of the Association and how we measure success.

A proud moment for our Association was the launch of our alliance with Te Taihere Haurora, the New Zealand Association. We hope this will provide a larger membership base, lead to increased opportunities and give us a stronger voice at the International table.

The conference ended on the third day with 70 delegates taking part in site visits (see p11). This was a great conference and we continue to receive positive feedback (see p12). However, we are left with key challenges which must be addressed if we are to have a



L: Penni Cushman, Chairperson NZ HPSA and Danielle Maloney President AHPSA.

vibrant Association. Such as, how do we get more teachers involved in the Association and be more inclusive of Indigenous workers and how do we increase member benefits? A recruitment drive has produced several nominations for the 2009 Executive and we are hopeful of an Indigenous representative being elected to the next committee.

Increasing member benefits is harder but we are already planning with our NZ colleagues to bring Bjarne Bruun Jensen, one of the conference keynotes speakers, to Australia and NZ to provide professional development, and are negotiating with Hong Kong

to deliver an accredited HPS course. We are hopeful that the many new members from the conference will provide the momentum to help us move forward on the initiatives that are presenting themselves. We welcome input from all members and encourage the use of the members' communication network on the AHPSA website (see below).

I hope you enjoy this report and that it revives fond memories for those of you who attended the conference and whets the appetite of those who missed out for the next conference.

Teachers, health workers, other professionals and individuals are invited to join the Australian Health Promoting Schools Association. Member benefits include a network of peer professionals with a common interest and:

- direct links with state, national and international associations
- information about current developments in education, health education and health promotion
- a voice in influencing state and national policy
- a Members-only section of the website for useful information, support and resources
- discounted professional development activities and resource materials

Go to www.ahpsa.org.au for membership forms.

Mention this report when joining AHPSA and receive Corporate membership for the price of an Individual membership or 2 for the price of one Individual membership.



Health Promoting Schools update



Associate Professor Lawrence St Leger, Deakin University



Associate Professor Lawrence St Leger is a key author of 'Protocols and Guidelines for Health Promoting Schools' (see p12). These guidelines were developed from international experience and research about how schools can be organised and conducted to promote students' health, wellbeing and learning. Lawrie led a number of sessions and drew on his experience in developing the guidelines, which are summarised here.

Principles of Health Promoting Schools (HPS)

- Promotes the health and wellbeing of students.
- Upholds social justice and equity concepts.
- Involves student participation and empowerment.
- Provides a safe and supportive environment.
- Links health and education issues and systems.
- Addresses the health and wellbeing issues of staff.
- Collaborates with the local community.
- Integrates into the school's ongoing activities.
- Sets realistic goals.
- Engages parents and families in health promotion.

Establishing a Health Promoting School

The following have been shown to be necessary in establishing a Health Promoting School:

- Developing a supportive local government policy for HPS.
- Achieving administrative and senior management support – the HPS is a whole school approach so ongoing management support is essential.
- Creating a small active group of teachers, students, parents and others to lead and coordinate efforts.
- Conducting an audit of current HPS related actions is a good starting point. If it involves all staff it engenders discussion about health issues and what the school should do about them. It also encourages a larger group of staff to become committed to establishing a HPS.
- Establishing agreed goals and a strategy to achieve them. Goals need to be realistic and within the school's capacity to achieve them.
- Developing a HPS school charter. This symbolises the commitment of the school and embeds into the school's policies. Many schools display the charter in a prominent place.
- Ensuring appropriate professional development for staff, and opportunities to put skills into practice.
- Celebrating milestones to affirm the HPS concept eg the HPS charter, a student presentation to the local community
- Allowing 2-3 years to complete specific goals.

What works

- Developing partnerships between education and health sector policy makers.
- Ensuring students feel some ownership in the life of the school.
- Diversity of teaching and learning strategies.
- Adequate time for class-based activities, organisation and coordination, and out of class activities.
- Exploring health issues within the context of the students' lives and community.
- Teaching and learning strategies which adopt a whole school approach rather than primarily a classroom learning approach.
- Providing ongoing capacity building opportunities for teachers and associated staff.
- An excellent social environment which fosters open and honest relationships within the school community.
- Consistency of approach across the school and between the school, home and wider community.
- A sense of direction in the goals of the school and clear and unambiguous leadership and administrative support.

- Resources which complement the fundamental role of the teacher and which are of a sound theoretical and accurate factual base.
- A democratic and participatory school community.

Essential elements of Health Promoting Schools are healthy:

- *school policies* – these are clearly defined in documents or in accepted practice eg bullying prevention, healthy eating
- *physical environments*, eg buildings, grounds, play equipment, water, sanitation
- *social environments*, eg quality relationships between staff and students and with parents and community
- *skills and action competencies* developed through the formal and informal curriculum
- *community links*, eg connections with students' families and local groups
- *relationships and partnerships* with local health services.

🗨️ Lawry's session provided an excellent opportunity for attendees to voice their opinions and views. 🗨️

Preventing childhood obesity



The Human RACE

www.human-race.org

EPODE: Ensemble, Prevenons L'Obesite Des Enfants' (Together Let's Prevent Childhood Obesity)

Dr Jean Michel Borys, Director EPODE (Sponsored by Health Promotion Branch, SA Health)



The prevalence of overweight and obesity has increased worldwide during the last twenty years and the need for concrete and effective policies, plans and programs aimed at prevention is considered urgent.

The EPODE Program has developed in several European countries since 2004. It is a community based, sustainable intervention involving local stakeholders, and is underpinned by:

- strong political will
- sound scientific background
- social marketing approach
- public-private partnership.

EPODE methodology

EPODE is based on the *involvement of the community for the community*, at the very heart of the 'ecological niche': the town. It is a long-term program and methodology that has family daily life as its focus. It includes positive, concrete and step-by-step learning about food and physical activity; is behaviour-centred with an educational philosophy promoting fun. It does not stigmatise any food or behaviours.

A national coordination team using social marketing and organisational techniques

trains a local project manager nominated by a local leader to mobilise local stakeholders. The national coordination team draws on competencies including strong social marketing, network organisation, train the trainer techniques, and public communication on public health issues. The team operates under the supervision of a committee of independent experts and works in collaboration with professionals in the fields of education, psychology, sociology, sports and nutrition.

In France, the Mayor appoints the project manager who implements EPODE using the tools provided by the national coordination team, establishing networks and coordinating a local multidisciplinary steering committee (education, school catering, sports, health, community life, etc). This methodology empowers the

entire community (including teachers, school catering, health professionals, parents, and media) and contributes to the creation of a healthy environment that facilitates changes in social norms.

The involvement of local authorities is therefore a key component of the EPODE methodology.

EPODE results to date

A range of measures is being used to gauge success. Evaluations focussing on the perception of EPODE indicate that it is seen as a positive healthy lifestyle program for the community that helps guide and support parents' educational role with their children.

To date, 200 towns in France, 18 in Belgium and 30 in Spain are implementing EPODE and it is about to be launched in Greece and Canada.

The EPODE framework



Evie Ledger, Physical Activity Coordinator, CHP
evie.ledger@cywhs.sa.gov.au

The Centre for Health Promotion's Human Race strategy is a platform for developing a cohesive, community partnership approach to promoting physical activity, health eating and wellbeing in northern metropolitan Adelaide.

The Human Race was funded by the Commonwealth Sustainable Regions Program in 2005. It involves:

- 31 local school communities
- Playford and Salisbury Councils
- Central Northern Area Health Service
- 3 DECS Regional offices
- I-NEX Corporation: software developers
- Northern Adelaide Business Enterprise Centre
- University of SA

Regional strategies include:

- Awareness-raising and advocacy through community forums
- Consultation with teachers, workers, residents and community groups and schools
- Capacity building: 647 participants in professional learning workshops during 2006/2007
- Planning advice for school improvement based on research evidence
- Resource development including community and school websites.

The project is supported by a comprehensive range of user-friendly, interactive web tools designed for easy access by local community members, parents, children and teachers.

Action competencies: young people promoting change in Danish schools



Professor Bjarne Bruun Jensen, Environmental and Health Education, Danish School of Education



The following is a summary of Professor Jensen's presentation electronically to the conference.

The Action Competence approach to involving young people as active agents in health promoting change was developed by the Danish network of Health Promoting Schools. This approach is now ingrained into the curriculum of all Danish schools, and is incorporated into the 'Shape Up' project currently being implemented in 25 European countries.

Changing concepts of participation

After alternating between an initial top-down, expert led approach, to a 'bottom up' student dominated style, health promotion in schools has further developed to a 'dialogue approach' where both the professional has a key role and responsibility, and student involvement is a necessary precondition for their ownership and for making sustainable change. Accordingly, the process of genuine and continuing dialogue becomes more important than 'who gets the ideas'.

Action Competence

Action Competence integrates the four elements of 'health knowledge' (causes, effects, action strategies and knowledge of alternative solution scenarios) with a systematic approach to change involving Investigation, Vision, Action, Change (IVAC).

Action Competence stresses student participation and consequent ownership of all stages and components of the initiative. It includes:

- **Knowledge/Insight:** pre-requisite for students to believe that their schooling will be relevant to future life outside of school.
- **Visions:** provides students with motivation to take action and persevere.
- **Experiential learning:** opportunities for students to take action in real life and real settings, creating opportunities for students to develop skills in critical thinking, self-confidence, self-expression, collaboration and cooperation with peers.

The Måløv School in Denmark

An example of implementing this approach occurred in a Danish school when Grade 3 students wanted to establish a healthy and popular food canteen stall at their school. They collaborated with Grade 7 students, surveyed the total school population of 650 pupils and drew up an action plan according to their findings. Nutritional, aesthetic, social and environmental dimensions

were considered within their planning. For example:

- identifying the 10 meals most preferred by students
- organising for multiple sales points, as students did not want to queue during their playtime
- decorating sales outlets with attractive artwork
- preparing meals with the support of the Home Economics teacher.

The canteen was sold out within the first 8 minutes. Over the next 3 weeks students organised for parents to help and are now negotiating for the local municipality to take over the function.

This experiential learning approach used participatory practices, engaged the whole school, incorporated a range of ages and skills and responded to identified needs. In this way the students were supported in implementing, developing and now sustaining, long-term healthy change in their school.

Where are we now?

A range of approaches are

converging in Danish schools:

- a concept of health embracing disease, life quality, lifestyle and living conditions
- a notion of student participation in which the professional has an important role to play
- an action-oriented model, where students influence the 'real world' as part of their social and individual learning processes
- a 'settings' perspective focussing on the complex linkages between the physical and socio-cultural environment, teaching and students' learning and health.

What are the next steps?

- **Equity:** developing strategies for all students
- **Consistency:** ensuring that evaluation methodologies and tools are in accordance with the basic values of health education, health promotion and Health Promoting Schools
- **Teacher training:** identifying and acquiring the professional skills and competencies needed to work with this approach.

About Shape Up Europe

Shape Up provides guidelines and material for specific health promoting actions in and out of school. At the same time, each local community is invited to produce its own material to make Shape Up a reality in each one of the participating cities. The application of a common visual identity promotes Shape Up's coherence throughout Europe.

www.shapeupeurope.net



Establishing and sustaining health promoting schools in Scotland



Ian M Young, Head of International Development, NHS Health, Scotland, UK



Ian and Ann Young

Developing the school as a health promoting setting has been a focus of discussion for 25 years in Scotland and this became formalised in 1993 with membership of the European Network of Health Promoting Schools (ENHPS).

European influence and research

In 1993, links were established with the University of Edinburgh both to evaluate school case studies and to strengthen the evidence base for health promoting schools, and these links continue to influence policy today in 42 countries with the University's Child and Adolescent Health Research Unit playing an international coordinating role.

In 1997 a major ENHPS Conference on Health Promoting Schools was held in Greece which defined the values and purposes of health promoting schools and set out methods for establishing those principles in practice.

The 2002 Egmond-am-Zee conference in the Netherlands

influenced many European countries and outlined practical steps for successful health promoting schools, including:

- *Carrying out a national analysis* of the status of health promoting school development.
- *Developing programs through collaboration between health and education sectors.* To achieve lasting success, partnerships must be established and operate in a fair and transparent way at several levels. Initiatives are most effective when true partnership is practiced within and between all players in the process, including ministries, their institutions, pupils, teachers, NGOs, stakeholders and interested parties in relevant communities, and when formal agreements are signed.
- *Ensuring that pupils' voices are heard.*

Features of Scottish implementation

After modest progress in the 1980s and early 1990s developments accelerated to a level where national legislation was adopted on health promotion and on nutritional standards in schools.

While the national agency for health promotion had actively supported regional collaboration between the health and education sectors with preferential funding, these players could be viewed as 'early innovators' at that time, rather than mainstream practitioners.

Unequivocal support and formal commitment at a national level was still missing until the second half of the 1990s when effective partnership resulted in new health education curriculum guidelines for 5 to 14 year olds. These were developed by an education committee chaired by a representative of the national health promotion agency.

The importance of the wider context of the health promoting school was fully acknowledged in an education sector curriculum document for the first time in Scotland in 1999. This provided formal education sector recognition of moving from a solely individualistic model focusing on the young person's behaviour to recognising the importance of the social context of the school and the community.

Increasing concern about Scotland's health status and the impact of health inequalities produced a formal commitment from government in 1999. A major policy white paper was supported by all government ministers and the Scottish Health Promoting Schools Unit within

the education service was established.

In 2003 the government provided a focus and drive for this work by setting a target that all schools be health promoting by 2007. Schools and education authorities worked on how they would measure and monitor the status of a school. Other activities included:

- the development of a national framework for health promoting schools
- the establishment of a Steering Group and National Network
- the production of self-evaluation indicators by the schools inspectorate.

Two parallel processes, National Endorsement and Local Accreditation, were necessary to ensure the target was met. Each local government area had to submit their accreditation framework to the National Endorsement Team. This ensured a standard, nationally accepted and consistent approach across the country while allowing for flexibility. Local Accreditation processes are underway at a local level, gauging individual school performances and to date, all

...health promoting schools are an investment in health, education and in democracy and also stress equity and partnerships.

Continued from p6...

local authorities/regions have successfully submitted their frameworks and all Scottish schools are on the way to being health promoting.

Currently the report, '*Ambitious, Excellent Schools*' is the single most important driver in the education system, arising out of the National Education Debate of 2002. April 2008 will see the mainstreaming of the work of the Health Promoting Schools Unit into Learning and Teaching Scotland's Excellence for All Programme, clearly embedding this initiative within the day to day business of the education sector.

For Ian Young's full article with references go to:

www.wch.sa.gov.au/chp
or www.ahpsa.org.au

Strengths of health promoting schools development in Scotland have been in coming to some understanding of:

- the complexity of change and working with this
- overcoming the difficulties of working in partnership between the education and health sectors
- the need to recognise and work with political opportunities
- the importance of good research and its dissemination
- expertise and good practice in other countries
- the need to listen and respond to students and teachers
- the need to be patient and persistent as many systemic changes take time.

Health Promoting Schools: developing social and emotional wellbeing

These concurrent sessions investigated the characteristics of current Health Promoting Schools (HPS) frameworks and systems. They included examining the links between health education and global futures, questioning models of operation in the health and education sectors and the ongoing challenges of connecting theory and practice. Exciting examples of social and emotional wellbeing strategies were also showcased.

Sue Cooke and Julie Davis argued that the health of human populations and the health of global eco-systems are inextricably linked. They acknowledged Health Promoting Schools and Sustainable Schools as the 2 major international whole-school reform movements and were critical of the lack of conversation between the two. They called for closer connections and joint action in order to achieve both educational outcomes and the creation of a healthy, sustainable world.

Danielle Maloney used the example of the School-Link Mental Health Initiative in NSW to examine the partnership between health and education in Australia. She noted that approaches have varied over time while the model of operation has remained the same. Reflecting on the role of the health professional in this model, Danielle questioned whether the change in approaches has helped to get the mix right or whether the pendulum has swung too far.

Sherylee Dawe described the inquiry approach as central to the South Australian Learner

Wellbeing Framework. She discussed processes, impacts and enabling factors, including the power of connecting the voices of theory and practice. She noted that the focus on learner wellbeing is now becoming embedded in both corporate and site cultures.

The presentation by Michael Kolmet, Christina Russell, Shirley Dougal and Patti Paul described the 10 year evolution of the 3 successive HPS projects in the Ipswich region of Queensland. The presentation detailed project aims and research methods, along with the strategies implemented to address social determinants, capacity building and social capital. They evidenced lessons in resource provision, school-community partnership development and improvements in 'school connectedness'.

Kathleen Keighron and Ellen Heathwood explained that mental health is going to be the second most expensive health concern for Western governments. The program FRIENDS for Life developed in Australia and used in schools worldwide has proven effective in the long term prevention and treatment of anxiety and depression. It is the only anxiety prevention program acknowledged by the World Health Organisation and is now being used in 12 countries around the world. It is also being translated into Russian and Arabic.

The MindMatters initiative is based on several years of implementation as well as external evaluations. Tracey Zilm's critique explained how a 7 stage planning cycle now

🗨️ A good session - so much information encapsulated in a short time. 🗨️

supports schools in strategically planning for a whole school approach to mental health and wellbeing.

Rebecca Conrick-Smith and Sally Wright described how the Positive Partnerships Project was initiated by Wakefield District Preschool and CPC cluster together with Wakefield Health Services. Seeking to reduce the incidence of mental health problems by developing emotional resilience in children and young people, the You Can Do It! Early Childhood program created learning environments where children developed the social, emotional and motivational attitudes and competencies which contribute to establishing a holistic and positive sense of wellbeing.

Justine Gowland-Ella and Jane Whatnall emphasised the importance of connections at all levels in describing the 25 year partnership between local schools and health services in the North Sydney Central Coast Region. Declaring that strong connections and partnerships are crucial, they discussed strategies for achieving sustainable connections in the school setting such as professional networks and the development of local websites.

Culture, identity, family and community

The papers presented in this session all focussed on different aspects of identity, family and community, showing the importance of respect, building genuine relationships, and a 'whole school approach', for student and community wellbeing.

Julie McAllister outlined the development, implementation, and evaluation of Wadu Wellness, an intersectoral partnership between Alberton PS, Port Adelaide Primary Health Care Service and Child Adolescent Mental Health Service. It provides both health screenings for Aboriginal children and whole of school approaches to common health issues. Poor dental health, impaired vision and hearing, and social/emotional issues have all been identified in preliminary evaluations.

In 2005 Hurricane Katrina destroyed most of the schools in New Orleans, Louisiana. Lorelei Cropley's presentation described how the Broadmoor Improvement Association became known as a 'grassroots powerhouse' for its planning and mobilisation post Katrina. They believed that a quality school was paramount to rebuilding the human capital of the neighbourhood and despite challenges a school opened in September 2007 to near capacity enrolment. It is already demonstrating the benefits of a school/community partnership.

Providing for the complex welfare and education needs of refugee students, especially those who have experienced trauma and torture, can be a challenge for any school and its staff. The Victorian Foundation for Survivors of Torture (Foundation House)

has developed a framework for understanding the impact of trauma and torture. It underpins a number of strategies and resources to support schools to recognise and respond to the needs of their refugee students.

Sharrin Murphy from the Victorian Foundation for Survivors of Torture showcased the resource School's In for Refugees - Whole-School Guide to Refugee Readiness. The purpose of the guide is to provide all staff at both primary and secondary levels with strategies to help refugee students overcome learning difficulties and adjust to their new situation. It maps clear pathways for school communities to strengthen their capacity to promote a supportive environment for refugee students and their families.

Penni Cushman examined the impact of the lack of male teachers on students.

She argued that health promoting schools need to examine gender-related issues confronting men in schools otherwise their numbers will continue to decrease. Children will also be denied the opportunities and advantages that result from learning in an environment that is representative of society.

Jane Taylor, MindMatters Queensland Project Officer, spoke about the effectiveness of Community Matters. This was developed consultatively with accompanying resources and is making schools safer and healthier for Indigenous students and their families. It is also helping to close the wellbeing and achievement gaps between Indigenous and non-Indigenous students. More information at <http://cms.curriculum.edu.au/mindmatters>

The School Drug Education Forums Development Project is a student participatory project

that took place in 2007. Jan Burgess from the Learner Wellbeing and Drug Strategy team in SA DECS talked about the ways young people planned and developed the project. Key aspects were strengthening school-family partnerships, engaging senior students in developing and delivering resources and building peer leadership capacity. More information is available at www.drugstrategy.sa.edu.au

Helen Rawnsley from Shine SA (Sexual Health, information networking and education, SA) highlighted research showing that schools seem unsafe for some students. She also discussed the research from 15 secondary schools using a whole school approach, that informed the development of their '10 Principles of Best Practice in Reproductive and Sexual Health'. More information at www.shinesa.org.au.



Promoting physical activity and nutrition

This session showcased an interesting variety of state, national and international examples of practical and proven physical activity strategies and nutrition programs for Health Promoting Schools to examine, learn from, adapt and emulate.

Catherine Dumont described the achievements and outcomes of Up4it, a 2 year Western Australian intervention to increase physical activity levels of 12-15 year olds in the regional centre of Geraldton. The project's six strategies were stakeholder engagement, branding and comprehensive media promotion, enhanced active environments, active school policies, school community links, and active transport. Evaluations indicated that the program increased student physical activity levels and suggested that school audits, PE teacher networks and other measures all contributed to changing school practice.

Liz Flint and Michael Georgalli from Gawler Health Services described the successful implementation by 24 primary schools of the Fit2Play program. Outcomes

included proving Fit2play's effectiveness as a population-based model for the uptake of lifestyle behaviours that protect against unhealthy weight gain in children and their parents, together with the successful transfer of learned behaviours from the classroom to the home.

(See www.fit2play.com.au).

Natalie Chahine and Andrea Potter outlined the successful Victorian Fresh Kids program, coordinated by the Western Region Health Centre for local primary schools in Maribyrnong, Melbourne. It aims to help prevent childhood obesity by encouraging healthy eating behaviours. Program staff have developed a highly effective, inspirational and sustainable model to promote three key messages: enjoy fruit and vegetables every day; drink water instead of sweet drinks; be active every day.

The Shape Up Europe initiative links schools and communities in addressing the determinants of obesity, and Jo Pike and Derek Colquhoun outlined the Investigation, Vision, Action, Change (IVAC) approach which centres on children's active participation in identifying environmental

“ A good range of presentations, relevant and interesting - a great way to get snapshots from inspirational people. Spoilt for options. ”

barriers to health while also seeking to engage local communities in the process. Their presentation provided opportunities to further explore the concepts raised by two of the keynote speakers, Jean Michel Borys (p4) and Bjarne Bruun Jensen (p5).

Claire Drummond examined the complexities of meeting mandatory guidelines when establishing healthy menus in school canteens and the challenges of existing within both the school system and a health-oriented environment. Referring to the research findings of the Australian Research Council and a PhD study, which identified how a systems approach can be used within a health promoting framework, Claire presented usable, practical and sustainable suggestions that encompass the whole school in addition to models of best practice for healthy school canteens.

Margaret Kent outlined some of the barriers to establishing viable school breakfast programs and detailed the successes achieved by the Victorian Central Goldfields Best Start program. The program uses the 5 action areas of the Ottawa Charter

for Health Promotion as the implementation framework, and detailed how the whole-of-community approach to improving school attendance has strengthened partnerships, ensured sustainability, offered social support to vulnerable children and enhanced educational opportunities.

Kelly Neville introduced Nutrition Australia's Healthy Eating Schools (HES) program, which aims to improve the eating behaviours of primary school children in Victoria and the Northern Territory. Seeking to increase the capacity of dietitians to implement sustainable healthy eating initiatives, HES supports school staff and families with nutrition education, policy development and the implementation of healthy eating activities based on the Health Promoting Schools framework.

Dee Watkinson and Sue Ludzay showcased *Hi from Heathfield High*, an amusing look at adolescent breakfast patterns and issues. The DVD was produced by Year 9 students during Home Economics lessons and has been well received by professionals at health and nutrition conferences.



Health Promoting Schools and the Learner Wellbeing Framework

Natalya Giffney, Senior Health Promotion Officer, Youth, CHP

This session was funded by Health Promotion Branch, SA Health.

It is widely accepted that the health and wellbeing of students is directly related to their engagement in learning. Teachers have known this for a long time. Increasingly research is enriching and validating our understanding of the relationship between wellbeing and learning. So it is no wonder that schools across the state are embracing the DECS Learner Wellbeing Framework (LWF) as a way to address the health and wellbeing of their students, and ultimately, improve their educational outcomes.

The LWF is the DECS adaptation of the Health Promoting Schools (HPS) framework. The release of the Learner Wellbeing Framework, and the support it is receiving from education, is a fantastic achievement which is highly valued by the health sector. It is a clear indication that health promotion is an accepted and valued approach to bringing about positive outcomes for school communities.

The language of each framework is a bit different but they are built on the same concepts. They both represent a comprehensive approach that draws on health promotion theory, which acknowledges that health and wellbeing are created and lived by people within the settings of their everyday life.

Both frameworks incorporate the domains of policies, procedures, physical



Jan Andrews, Schools and Children's Services, DECS

environment, social environment, family and community links, and the curriculum and pedagogy. Furthermore, they both promote the use of a change process cycle and the involvement of all stakeholders in this process.

Many teachers and health professionals naturally work this way – we have a vibrant and creative workforce with many strengths to build on. The *chess* Health Promotion Taskforce (see below) are currently working towards a Workforce Development Strategy to achieve this.

The Better Health Better Learning guidelines

The workforce development strategy will be based on the Better Health, Better Learning (BH BL) guidelines developed by the CHP in partnership with teachers. The guidelines were originally developed to support health workers to better understand health promotion in the unique context of schools and bring together a wealth of evidence about the essential principles required for effective



Michele Herriot, Director Health Promotion Branch

school health promotion. The strategy will include workshops, awareness raising and networking opportunities with health and education at relevant levels.

Workshops for health professionals will cover:

- the BH BL best practice guidelines
- how to support schools to achieve their goals
- understanding school/district structures
- basics such as appropriate times of the day/week/term/year to contact schools and initiate work
- provide networking opportunities with local education staff.

Ultimately, the health sector will be better placed to meet

the needs of schools and preschools working on LWF, the Drug Strategy or other health promotion initiatives.

The completed resource called 'Health Promotion: better health, better learning. Guidelines for health promotion with schools and preschools' is available on the CHP website at www.wch.sa.gov.au/chp.html.

chess and the Health Promotion Taskforce

The 'child health and education support services' (*chess*) is a DECS initiated, interagency collaboration, with sign-off from the Chief Executives of DECS, SA Health and the Department of Families and Communities. The collaboration aims to improve pathways and maximise education outcomes for students with illness and disability. Recently, the *chess* formalised a subsidiary group, the *chess* Health Promotion Taskforce, to ensure best practice health promotion in schools.

These groups are yet another clear indication of the support for health promotion in schools, and even more importantly, the ever increasing commitment to work in partnership at all levels.

It is important to see the similarities between these two frameworks. Sometimes language is a barrier between health and education - in this case, we really are talking about the same concept.



Community Programs

Ayrlie Williams, Project Coordinator, Murray Bridge

Delegates visited Murray Bridge PS and 'Our Wellbeing Place' at Murray Mallee Community Health Service to hear about the *eat well be active (ewba)* Community Programs being implemented.

ewba aims to contribute to the healthy weight of children and young people by increasing healthy eating and physical activity. *ewba* promotes four key messages using a range of strategies in a number of settings such as schools, child care sites and community groups.

Evidence indicates that interventions are best developed from community priorities and implemented in partnership, including through schools. Local plans were developed in consultation with the community and some of the school based initiatives are described below.

Ayrlie Williams, Project Coordinator, *ewba* Murray Bridge described *ewba* initiatives in schools including staff development, resource support, peer leadership training and infrastructure improvements. These included line marking, garden projects, and installing filter taps or drink fountains in all schools.

Jenny Turner, Principal Murray Bridge PS, summarised their involvement with *ewba*. This included the installation of water facilities, resource development, teacher training,

social marketing and a parent information pack.

Lynne Graeme, Nunga Po: la Nutritional Program, described their Indigenous nutrition and cooking program modelled on the Nunga Kids Café in Port Lincoln. It aims to build the capacity of parents/ caregivers to facilitate the program which will also teach healthy lifestyles to the local Aboriginal community. The student presentation described the peer leader training, healthy eating programs for younger students and a food preservatives experiment.

Vanessa Gaston discussed the *ewba* initiatives in various early childhood settings in Murray Bridge. These included training in Fundamental Movement Skills and the development of resources and programs.

Miriam Bjelovarac, Murray Bridge South Kindergarten, outlined creative ways her predominantly Aboriginal kindergarten addresses the healthy eating guidelines. Simple strategies such as sorting lunch boxes on red, yellow and green mats, together with coloured charts to put on home fridges are popular and have improved the quality of food being bought to kindy. Miriam discussed the importance of the relationship between the centre and parents to the success of implementing *ewba*.

Building connections at Munno Para PS

Deb Heading, Health & PE Teacher, Munno Para PS

Munno Para PS was happy to host a visit from conference delegates to share our health promoting activities. We are a disadvantaged school of about 300 students in northern Adelaide.

We pride ourselves on our Student Led Activities with students from Years 3 to 7 capably leading activities including Mass Junior Primary Aerobics, Class Fitness, lunchtime activities and Sports Shed borrowing. Leadership training for students has been a focus for 5 years since we worked with Elizabeth South PS and Elizabeth Grove PS on a Boys Leadership Workshop to address behavior problems in our yards. As well as working with other schools, Munno Para PS also connects with other agencies, such as Craigmore HS, Playford Council, Centre for Health Promotion and Central Districts Football Club.

One of our teachers, Belinda Kopania talked to delegates about our physical activity programs to engage children and promote a sense of belonging to the school. Activities have included sporting programs, as well as J-Rock and Pedal Prix where we have worked hard to involve

parents. These programs promote wellbeing and mental health. When children are happy and focused at school, negative behaviors can be less extreme. This in turn develops stronger staff wellbeing.

Jenny Paliska from Craigmore HS told delegates about the promotion of wellbeing and mental health at her school. During the often difficult transition to high school, students are kept in friendship groups so they retain a sense of familiarity and have someone they know who can support them with work or problems. Class sizes are kept to a minimum and they see their home group teacher twice a day. This helps strengthen teacher/ student relationships. Continuity is further assisted by supporting students to volunteer as leaders in projects back at their old primary school. Craigmore HS is developing student led lunchtime activities to engage students in positive play.



Students lead Sports Shed Borrowing

About us

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About Virtually Healthy

Virtually Healthy is published
each school term and:

- supports learning, health and wellbeing in school communities
- advocates the health promoting schools approach
- shares effective practice
- is prepared in collaboration with key agencies.

Free copies go to all SA schools, pre-schools, child care, OSHC services; and health services. Download from the Centre for Health Promotion website:
www.wch.sa.gov.au/chp.html

Your feedback is welcome. Contact Virtually Healthy Coordinator, Tracy Buchanan
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Join the SA Health Promoting Settings Network

Join our free network for professionals interested in health promotion.
www.sahps.net

Parenting SA

Parenting SA promotes the value of parents and provides a wide range of parenting information. Now located at the Centre for Health Promotion.

Ph: 8303 1660
Fax: 8303 1653

www.parenting.sa.gov.au

Health Information Centre

Drop in or contact the Centre for quality health information on a range of topics. Kermode Street entrance, WCH.
Mon-Fri 9.30am - 4.00pm
Ph: 8161 6875

cywhs.healthinformation@cywhs.sa.gov.au

Resources

Websites

- Australian Health Promoting Schools Association.
www.ahpsa.org.au
- New Zealand Health Promoting Schools Kia Piki Aki te Kete Hauora.
www.hps.org.nz
- Health Promotion: better health, better learning. Guidelines for health promotion with schools and preschools.
www.wch.sa.gov.au/chp.html
- SA DECS Learner Wellbeing Strategy.
www.decs.sa.gov.au/learnerwellbeing
- Communities do matter for health and wellbeing Mind Matters Project.
<http://cms.curriculum.edu.au//mindmatters>
- World Health Organization (School and Youth Health).
www.who.int/school_youth_health/en
- Protocols and guidelines for Health Promoting Schools International Union for Health Promotion and Education (with introduction by Professor Lawrence St Leger).
www.iuhpe.org
- European Network of Health Promoting Schools.
www.euro.who.int/ENHPS
- Shape Up: A school-community approach to influence the determinants of a balanced and healthy growing up.
www.shapeupeurope.net
- EPODE: Ensemble, Prevenons l'Obesite Des Enfants.
www.epode.fr/
- Public Health Agency of Canada.
www.phac-aspc.gc.ca/hp-ps/index-eng.php

Publications

- The Scottish Executive, (2004) Ambitious, Excellent Schools Blackwells, Edinburgh.
- Alan Reid, Bjarne Bruun Jensen, Jutta Nickel & Venka Simovska (ed) (2008), Participation and Learning Springer, USA Springer.com ISBN 978-1-4020-6415-9



Conference feedback at a glance

178 delegates

55 evaluation forms completed (~31%)

- Conference organisation: 68% excellent, 32% good
- Keynote presentations: 65% excellent, 34% good
- Concurrent sessions: 32% excellent, 53% good
- Roundtables: 36% excellent, 49% good
- Panel: 36% excellent, 47% good
- Conference dinner: 72% excellent, 21% good
- Venue: 78% excellent, 20% good
- Catering: 33% excellent, 53% good, 14% fair
- Lunchtime activities: 27% excellent, 39% good

