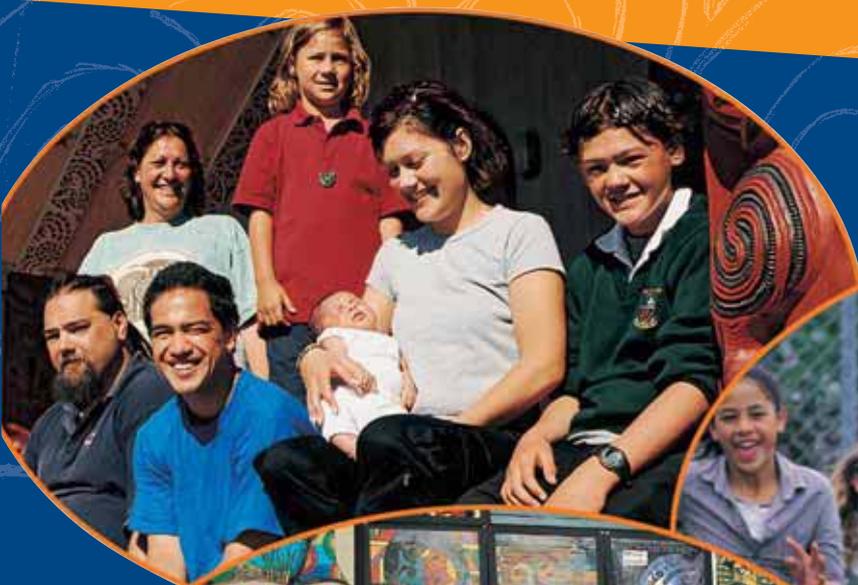


Health Promoting Schools



Support Manual

A holistic approach to wellbeing in schools



Acknowledgements _____

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Introduction

Public health nurses are involved through their public health contracts in the implementation of Health Promoting Schools (HPS) in Aotearoa/New Zealand.

Public health nurses undertake to work in partnership with schools, and collaboratively with other agencies, to assess, develop, nurture and enhance the wellbeing of all groups within the whole school community.

Given the comprehensive work and relationships that public health nurses form with schools, families/whānau and local communities they are strategically positioned to support the implementation of Health Promoting Schools philosophy, conceptual framework and implementation strategies within school settings.

This practical resource provides a framework for:

- facilitating orientation training with new public health nurses and Health Promoting Schools coordinators, and
- assisting existing public health nurses with the implementation of Health Promoting Schools.

There are a number of resources and websites that can be used to supplement the material in this manual.

Resources:

Health Promoting Schools in Action (Auckland Health Care Public Health Promotion 2000)

Guidelines for Mentally Healthy Schools (Mental Health Foundation 2001)

Youth Development Strategy (Ministry of Youth Affairs 2001)

Websites:

Health Promoting Schools	www.hps.org.nz
Ministry of Health	www.moh.govt.nz
Ministry of Education	www.minedu.govt.nz
Ministry of Youth Affairs	www.youthaffairs.govt.nz
Mental Health Foundation	www.mentalhealth.org.nz
Health and PE resources database	www.tki.org.nz
Health Education Resources	www.healthed.govt.nz
Education Review Office	www.ero.govt.nz
Suicide Prevention New Zealand	www.spinz.org.nz
Australian Mental Health Programme	http://online.curriculum.edu.au/mindmatters/

Part One: About Health Promoting Schools

Health Promoting Schools: A brief history

International initiatives

Since the 1950s the World Health Organization (WHO) has identified ways to improve the health of young people. Initially the focus was on the inclusion of more comprehensive health education in schools. Over time WHO argued strongly for education settings and the health sector to work more closely together. Two significant conferences helped create the building blocks for Health Promoting Schools (HPS). These were:

- the International Conference on Primary Health Care held in Alma Ata, Kazakhstan in 1978 which adopted the Declaration of Alma Ata. This declaration urged governments to prioritise education as a way to prevent and control health problems; and
- the First International Conference on Health Promotion held in Ottawa, Canada in 1986 which adopted the Ottawa Charter for Health Promotion as a key document to guide and underpin health promotion initiatives.

By 1991 the European network for HPS was established. By 1997 there were 37 countries involved in HPS initiatives.

National initiatives

In Aotearoa/New Zealand there have been a number of initiatives since the early 1990s that have paved the way for HPS.

1991 – New Zealand School Trustees Association held workshops to develop a ‘Healthy Schools’ concept.

1995 – *Healthy Schools-Kura Waiora: Health Promotion Guidelines for Schools* launched by the Ministry of Health.

1997 – Health Funding Authority funded a three-year HPS pilot in Auckland and Northland. In addition a separate pilot initiative ‘Mentally Healthy Schools’ was established in Auckland and Northland to focus specifically on mental health promotion.

1997 onwards – HPS gained momentum with HPS initiatives established nationally.

The Health Promoting Schools Conceptual Framework

Health Promoting Schools (HPS) in Aotearoa/New Zealand is based on the principles of the Treaty of Waitangi and the Ottawa Charter for Health Promotion. This approach builds on a critical public health perspective that shifts the emphasis from the wellbeing of individuals to the wider social, cultural, political and economic factors that influence wellbeing. HPS focuses on schools as integral parts of wider communities and offers practical ways for children and young people, teachers, managers, parents and community members to contribute to schools being healthy settings. Of relevance to the HPS conceptual framework is the *Youth Development Strategy Aotearoa: Action for Child and Youth Development* (Ministry of Youth Affairs 2001) that provides a strengths-based approach for supporting the healthy development of young people within the settings where they grow, learn and socialise.

The **HPS framework** comprises three key areas which are interrelated.

The **ethos and environment of a school** which includes:

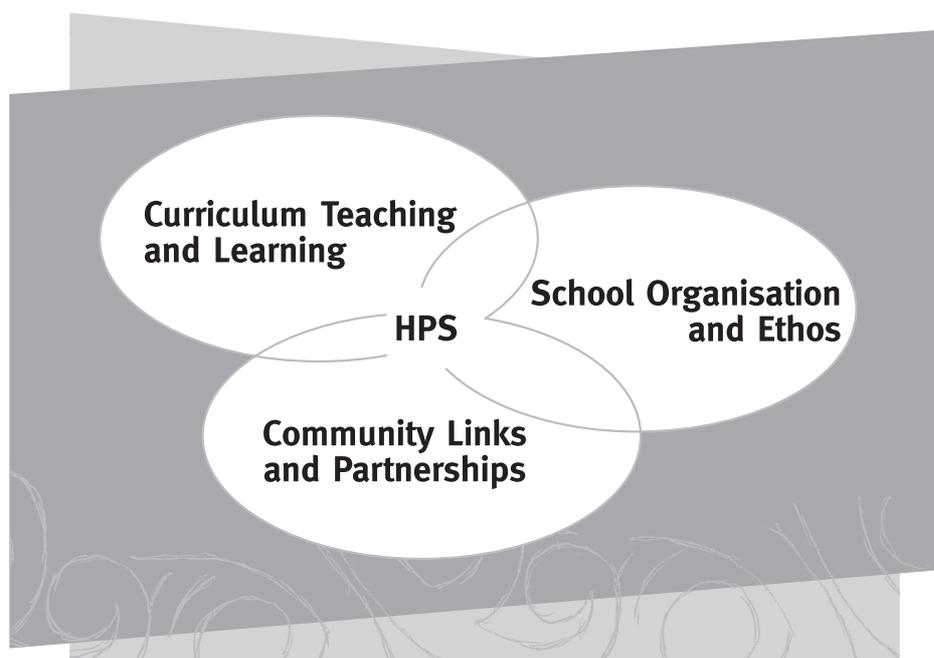
- relationships (staff, students & community)
- school organisation and practices
- policies and codes of behaviour
- physical, social and emotional environment
- health as an integral part of whole school management and planning.

Curriculum learning and teaching which includes:

- key school community issues
- skills, knowledge, attitudes
- teaching/learning methods
- comprehensive, sequential health and physical education programmes
- resources
- health integrated across different curriculum areas.

School partnerships and services which includes:

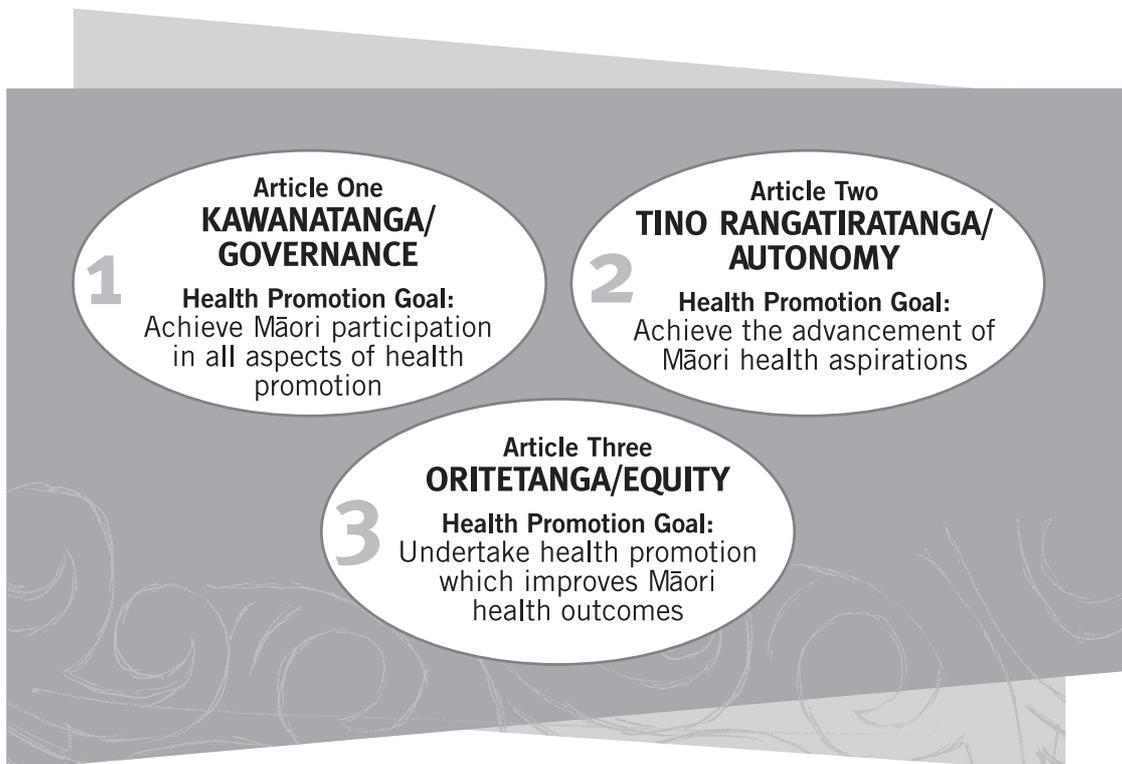
- school community values acknowledged
- community consultation, negotiation and involvement
- partnerships formed with health and welfare services and local community agencies.



The Treaty of Waitangi/Te Tiriti O Waitangi

The Treaty of Waitangi is the founding document of Aotearoa/New Zealand and central to health promotion in this country. The Treaty of Waitangi, signed between the Māori people and the British Crown in 1840, obligates the Aotearoa/New Zealand government and its agencies, including schools, to work in partnership with Māori to enable the participation of Māori and protect the rights of Māori. The principles of Partnership, Participation and Protection are the fundamental kaupapa of HPS.

The diagram below illustrates a health promotion goal for each of the three articles in The Treaty of Waitangi.



The Whare Tapa Wha Model for Hauora/Wellbeing

This model for understanding the concept of hauora/wellbeing was developed by Mason Durie (1994). The concept is holistic and embraces the four dimensions of hauora/wellbeing: taha tinana/physical, taha hinengaro/mental and emotional, taha whānau/social, and taha wairua/spiritual. These four components represent the four walls of a house. If one of those walls fails, the house will fall.

Tino Rangatiratanga o te hauora

For Māori, health promotion means having control over their own health/tino rangatiratanga o te hauora and encouraging people to determine their own good health and wellbeing.

The Ottawa Charter for Health Promotion

The Ottawa Charter for Health Promotion provides five principles that are based on working with people in environments, communities or settings in which they live and work. Health promotion has moved beyond the provision of information and education to operate at many levels to empower people and communities to determine their needs for wellbeing. Raeburn and Rootman (1998) have emphasised empowerment as a critical factor in health promotion and in particular mental health promotion. Empowerment involves what these authors characterise as a 'strength-building' and a 'resource-based' approach.

Key Health Promotion Principles

P eople-centredness

E mpowerment

O rganisation and community development

P articipation

L ife-quality

E valuation

(Raeburn & Rootman 1998:16)

The Ottawa Charter and Health Promoting Schools

Building healthy public policy	Assisting schools and Boards of Trustees to establish policies and practices that promote the hauora/wellbeing of all members of the school community.
Creating supportive environments	Assisting schools to create environments that promote the hauora/wellbeing of children, young people and adults.
Strengthening community action	Assisting schools to develop effective partnerships with their communities, thus strengthening community links and involvement.
Developing personal skills	Assisting schools in the implementation of comprehensive health education programmes that enhance personal skill development and an awareness of the socio-ecological factors that influence wellbeing.
Reorienting health services	Reorienting health services to achieve greater coordination, collaboration and delivery of services to schools.

The Youth Development Strategy Aotearoa: Action for Child and Youth Development

The *Youth Development Strategy Aotearoa*, developed by the Ministry of Youth Affairs after extensive consultation with young people and adults across sectors, proposes a consistent strengths-based approach to the healthy development of young people. The key principles of youth development outlined in this strategy are based on the understanding that positive youth development:

- is shaped by the 'big picture'
- is about young people being connected
- is a consistent strengths-based approach
- happens through quality relationships
- is triggered when young people fully participate
- needs good information.

The central premise of such understanding is that young people are more likely to grow up knowing:

- they can make a positive contribution to society and have opportunities to do so
- they have supportive and caring connections with a range of groups and people who care about them
- they can influence their own lives through choices and skills
- they feel good about who they are and what they can offer.

(Ministry of Youth Affairs 2002)

Features of a strengths-based approach to the healthy development of children and young people

A consistent strengths-based approach to positive youth development recognises that both 'risk' and 'protective' factors are acquired throughout a young person's development. For some children and young people, the difficulties that they experience during their development may result in poor health and wellbeing. These young people have often been labelled as 'at-risk' or have their health and wellbeing issues defined as being 'their problem'. The fundamental shift in thinking is towards a focus on the promotion of protective factors and a positive rather than a negative view of young people and their concerns (Ministry of Youth Affairs 2002).

The healthy development of children and young people is fostered when they are '*closely linked to healthy families, strong communities, healthy schools and supportive peers*' (Ministry of Youth Affairs 2002) and they are offered genuine, active involvement and participation in policy and programme development. In particular, HPS can assist schools in the development of effective infrastructures, both within the school and between the school and the wider community, that help develop and maintain strong community links. In planning and implementing HPS initiatives it is helpful to have an awareness of the common protective and risk factors for young people.

Common Protective Factors

- Warm, caring teachers.
- A safe supportive school environment.
- Encouragement to participate and achieve.
- Involvement in extracurricular activities.
- The development and enhancement of thinking skills, including problem solving and seeing things from others' perspectives.
- Positive social interactions with other people.
- Attachment to one's community and culture.

When children and young people are supported by the protective factors of family, school and community connectedness, risk factors that may be present are more likely to be offset. However, there are a number of common risk factors that can undermine resiliency thus contributing to increased distress in the 13 to 18 year age group (Ministry of Youth Affairs 2002; Resnick et al 1997).

Common Risk Factors

- Loss and grief.
- Poor academic success.
- Poor social or coping skills.
- Lack of social support.
- Relationship difficulties including sexual relationships.
- Impact of transitions (changing school, changing family structure).
- Search for self-identity.
- Drug and alcohol misuse.
- History of victimisation or witnessing violence.
- Same sex attraction.
- Appearing older or younger than most of the peer group.
- Lowered sense of self-worth.
- Repeating a year level.
- Perceived prejudice (discrimination, racism).
- Fear and uncertainty about the future.
- Issues about body image.
- Chronic illness, mental health or behaviour or learning problems.
- Parenting that is overly harsh, sets insufficient boundaries, inflexible with regard to changing needs with age, overly permissive, abusive, violent, and neglectful.

Aims of Health Promoting Schools

'Health Promoting Schools are schools which display, in everything they say and do, support and commitment to enhancing the emotional, social, physical and moral wellbeing of their school community.'

(World Health Organization)

Health Promoting Schools aims to:

- foster the healthy development of children and young people in their settings of school, home, community and peer group so that they can learn, grow and contribute now and in the future
- offer schools a framework for developing health promotion initiatives in a way that supports and enhances their existing structures, programmes and practices
- help schools in evaluating the range of health related activities they are currently involved in, identifying areas of need and setting goals for further promoting wellbeing
- enhance the links between schools and their communities in promoting positive health and learning outcomes for young people
- raise awareness of the importance of promoting health for all.

Benefits of Being a Health Promoting School

'In order to foster academic achievement and provide students with equal educational opportunities, schools need to address the broad health issues that affect student learning. The health and wellbeing of students affects their academic achievement, and each student's attitudes, values and behaviour affect the people around them.'

(Health & Physical Education Curriculum in New Zealand, 1999)

The benefits of being a Health Promoting School are that:

- a framework is provided under which to coordinate school health promotion initiatives
- education and health sectors work together
- the National Education Goals (NEGs) and National Administration Guidelines (NAGs) are met
- schools and communities become more closely linked and work together
- families/whānau are involved with the school
- the Health and Physical Education Curriculum and Health Promoting Schools link
- students develop health related knowledge and skills
- a holistic model of hauora/health is adopted
- social and physical environment issues are addressed
- mental and emotional wellbeing is promoted
- community and health services are linked to the school
- a healthy working and social environment is fostered for staff and students.

Health Promoting Schools and Promoting Mental and Emotional Wellbeing

There is a growing understanding that mental and emotional wellbeing and the educational outcomes of children and young people are influenced by the quality of the school climate and social environment. (Patton et al 2000)

'Schools with positive climates are places where people care, respect and trust one another, and where the school organisation cares, respects and trusts people. In a school people feel a high sense of pride and ownership which comes from each individual having a role in making the school a better place.'

(Pransky 1991)

The following definitions and features underpin mental health promotion initiatives in Aotearoa/New Zealand:

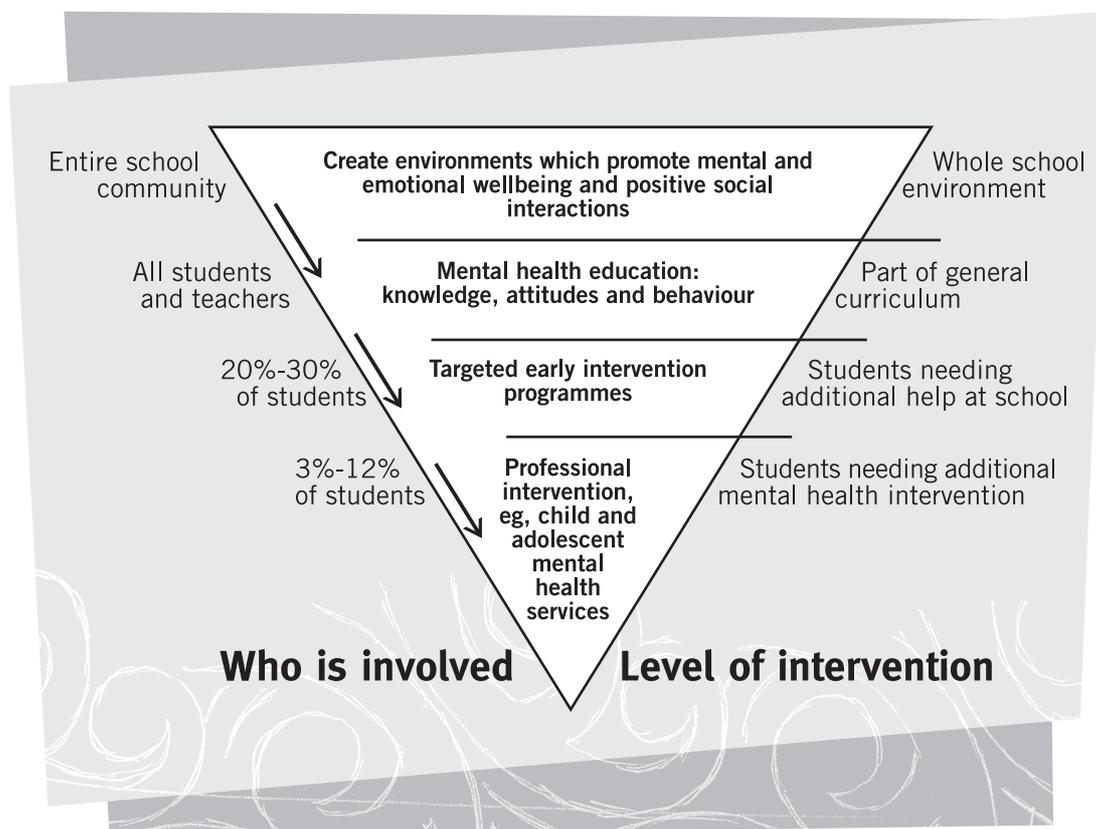
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Mental health is one of the dimensions of hauora/wellbeing. Taha hinengaro/mental and emotional wellbeing represents a broad, complex and dynamic aspect of human existence that is interdependent of all other dimensions of hauora – taha whānau/social wellbeing, taha tinana/physical wellbeing and taha wairua/spiritual wellbeing (Durie 1994). The concept of hauora, as applied to mental health, represents the need for individuals to be connected socially, emotionally and spiritually in a way that enables them to have a sense of belonging and to feel valued and acknowledged as members of family/whānau and the wider society.

Mental Health Promotion involves the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. It includes the use of strategies that foster supportive environments and individual resilience while showing respect for culture, equity, social justice, interconnections and personal dignity.

A Whole School Approach to Mental Health Promotion

A whole school approach to promoting and supporting mental health involves promoting mental health for all students and staff, educating for and about mental health and implementing a range of initiatives to support the specific needs of students, staff and families. Additional components include empowerment and student involvement and addressing barriers to learning. The inverted triangle following offers a way for schools to identify the range of mental health initiatives they are already involved in. The triangle also positions mental health education, interventions and professional treatment (eg, referring young people experiencing mental health problems to a professional service) within a mental health promotion model.



World Health Organization model
(adapted by Wyn et al 2000)

Each layer of the model is underpinned by the following perspectives.

- Believing in the capability and capacity of young people to develop, learn and achieve wellbeing.
- Looking for strengths and assets as opposed to problems and deficits.
- Avoiding the trap of labelling and reinforcing 'problematic' behaviour or a pathological focus on mental illness.
- Understanding both at an individual level and at a community level the factors that are impacting on a young person's mental and emotional wellbeing.

Mentally Healthy Schools and the Healthy Development of Children and Young People

- Student and staff wellbeing is supported through the maintenance of a safe social and emotional working and learning environment.
- An environment where students and staff are valued and where they are encouraged to reach their full potential is fostered.
- A sense of self-worth of all members of the school community is fostered through the implementation of relevant policies and practices.
- Positive mental health is modelled.
- Positive effort and achievement is acknowledged.
- Communication is respectful.
- Attitudes are caring and nurturing.
- Relationships between staff and students are warm.
- Positive help-seeking behaviour is encouraged by providing accessible and culturally supportive systems and services.

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School Settings Promoting the Wellbeing of Children and Young People

In school settings, promoting the wellbeing of children and young people can involve:

- promoting resilience
- enhancing connectedness to school
- fostering personal identity and self-worth
- implementing the key learning area of mental health in health education programmes
- providing supportive pastoral care and guidance systems
- promoting avenues for seeking help
- providing a safe and supportive learning and social environment
- providing programmes to enhance protective factors
- developing clear processes for the identification, support and referral of students at risk
- supporting young people in distress
- implementing school procedures for providing immediate crisis support, traumatic incident management and ongoing support for those affected by the crisis event.

Involving children and young people in mental health promotion initiatives

'The main impact is that students have had their say and that this information has been acted on.'
(teacher)

Involving young people is an important part of mental health promotion. The reasons for this are that:

- empowering young people to make decisions about how school affects their lives helps foster resilience
- involving young people in working in partnership with adults means that strategies for mental health promotion are developed from a shared philosophy rather than an agenda set by adults.

The following comment from a teacher demonstrates the value of the active involvement of young people:

'It's been the power of good for some of the students because we didn't involve all of our 'good kids'...we specifically involved some of the ones who've been suspended or in trouble and some of them have turned around in behaviours with no other types of interventions and some of them at least have a better relationship with some of the adults in the school.'

Questions schools can begin to ask about mental health

- What understanding do staff, parents/caregivers and students have of mental and emotional wellbeing?
- How does the school support the mental and emotional wellbeing of staff and students?
- What are some further ways that the school could promote mental and emotional wellbeing?
- What are the challenges to addressing mental and emotional wellbeing in the school?
- How might the school community become involved in the promotion of mental and emotional wellbeing?

These and any other questions the school might develop are a positive way to begin assessing and evaluating where the school is currently at and where to go from there.

For ideas/activities/initiatives for promoting mental and emotional wellbeing refer to *Guidelines for Mentally Healthy Schools* (Mental Health Foundation 2001).

The Role of Public Health Nurses in Health Promoting Schools _____

Assisting schools

Public health nurses work with schools to:

- develop understanding of the concept of Health Promoting Schools
- develop and/or enhance factors that promote and support the wellbeing of all members of the school community, such as:

School policy and practice

Social and physical environments

School health initiatives

- inform schools of key Ministry of Health priorities for improving the health status of young people.

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Identifying health needs

Working with schools to identify the health needs of their students, staff and parents.

Supporting health education programmes

Working with schools as a public health resource for health education programmes.

Coordination

Assisting schools to access appropriate resources.

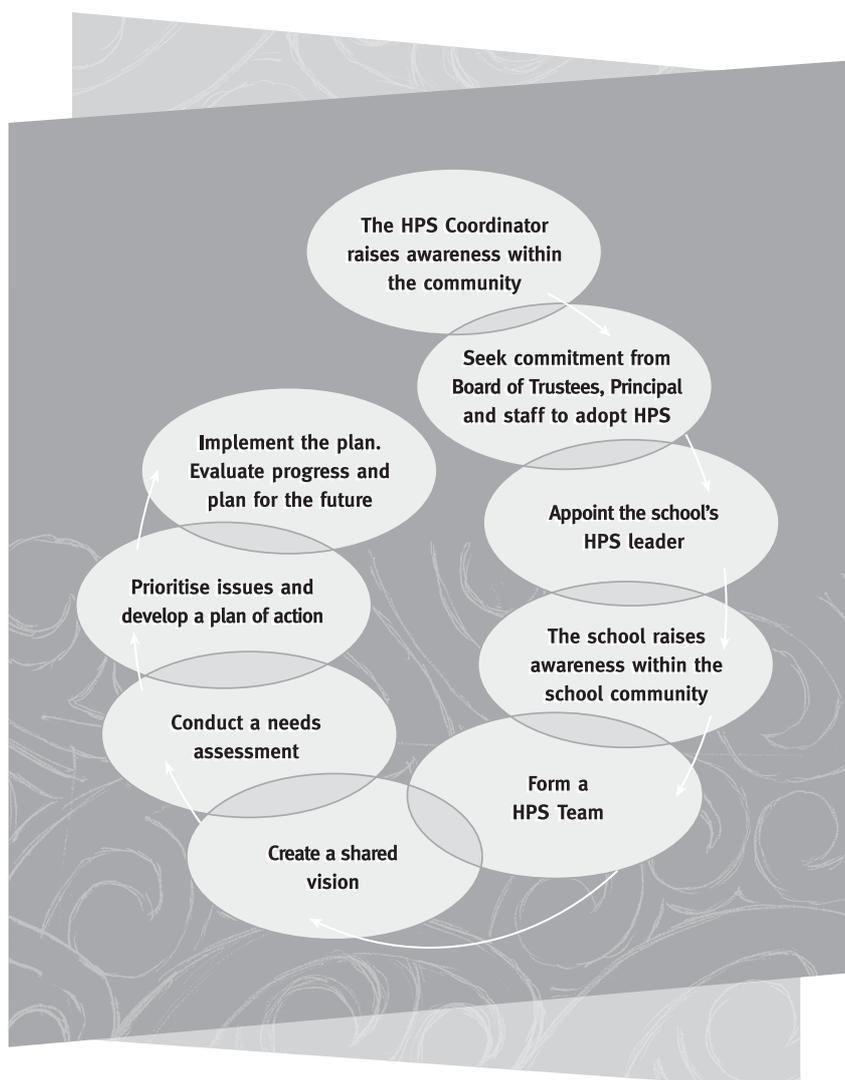
Working in partnership with other agencies to support school health initiatives.

Part Two: The Health Promoting Schools Process

At the heart of the Health Promoting Schools (HPS) process is the empowerment of schools and communities, and their ownership and control of their own endeavours and destinies. For a HPS model to become a way of working for a school it must:

- be owned by the school
- fit with the organisation and structure of the school
- be consistent with education legislative requirements
- be presented in education language.

Steps to becoming a Health Promoting School



The Health Promoting Schools Framework and Process

'All schools, to varying degrees, are Health Promoting Schools. Many schools will find that existing programmes and practices have links to the Health Promoting Schools concept. Each school's plan for becoming a Health Promoting School will differ, depending on what they are already doing and where they wish to start. It will also differ in relation to the needs of each school's students, the expectations of the system, and the values and expertise of the school community.'

(Towards a Health Promoting School, NSW Dept of Health and Education)

Public health nurses and Health Promoting Schools coordinators work collaboratively with the school and its community to adopt the three interrelated components of the Health Promoting Schools conceptual framework:

School ethos, organisation and environment

The formal curriculum, learning and teaching

Community links, relationships and partnerships.

Overview of Steps in the Health Promoting Schools Process

AWARENESS RAISING	PLANNING	IMPLEMENTATION	EVALUATION
Seek support and commitment from Principal, Board of Trustees and staff to proceed with HPS initiatives.	Establish a team.	Maintain ongoing support for the implementation of the plan.	Review and monitor progress.
Select the school's HPS leader.	Review the current situation.	Document progress.	Monitor programmes/practices and assess results.
Introduce the school community to the HPS concept.	Conduct a needs assessment with the whole school community.	Maintain effective communication and support.	Provide feedback and communicate results to the school community.
Raise awareness of current health issues and Ministry of Health priorities.	Determine and prioritise needs.		Determine future direction and assess the value of continuing with the plan.
Create a shared vision.	Develop an action plan to address needs.		

The Health Promoting Schools Process in Detail

Step One: Awareness Raising

- Introduce the Health Promoting Schools framework to the Principal, Board of Trustees, staff and whole school community.
- Seek support and commitment from the Principal, Board of Trustees and staff to implement Health Promoting Schools approach.
- Select the school's HPS leader.
- Create a shared vision.

Proposed Actions

- Conduct information and publicity forums outlining the HPS concept within the community.
- Identify members of the school community and outside agencies who can help.
- Hold information forums with Board of Trustees and staff to introduce HPS concept.
- Establish a coordinator to manage the planning.
- Consider Ministry of Health priorities for reducing health inequalities (see your HPS advisor).
- Examine the school's profile in terms of existing structures, programmes, policies, committees, etc.
- Distribute written material.

Questions to Explore

- What is a Health Promoting School?
- Why become a HPS?
- What are the basic concepts of HPS?
- What does the HPS framework look like?
- What is your school doing now?
- Does the shared vision reflect the values and needs of the whole school community?

Suggested Publicity and Information Forums

School newsletter.

Handouts at parent/teacher report evenings.

Cultural events.

Fund-raising and social events.

Sporting events.

Step Two: Planning

- Establish a Health Promoting Schools team representative of the school's community – Board of Trustees, management, Māori, students, staff, parents, wider community.
- Review the current situation – strengths/weaknesses/opportunities.
- Conduct a needs assessment with students, staff and community.
- Determine and prioritise health/hauora needs including Ministry of Health priorities.

Proposed Actions

- Invite interest from the school community to become a member of the team.
- Review the school's strengths and weaknesses.
- Conduct a questionnaire/survey for school community members to identify health issues.
- Ask staff members to complete a health and wellbeing survey.
- Ask students to consider 'How can I make my school a healthier place?' and make suggestions.
- Collate information collected from needs analysis.
- Organise the plan in short-term and long-term goals and set timeframes.
- Allocate resources and identify key people.

Questions to Explore

- Who will be the team members representing our school community?
- What are the school's strengths and weaknesses?
- What are the health needs of the students, staff, parents/caregivers and community?
- What are our key health issues?
- How have other schools gone about addressing similar needs?
- What form of documentation will we use?
- What are our short-term and long-term goals?
- What are our success indicators?

Checklist

- Do the coordinator and Health Promoting School's team have clear links to school management?
- Has a needs assessment been conducted reflecting the five Health Promoting Schools components?
- Have the key health issues been determined (curriculum, policy, community links, health services, social and physical environment)?
- Have the issues been prioritised?
- Has a whole school development action plan for promoting health/hauora and wellbeing been developed?
- Is the action plan linked with the School Management Plan/Strategic Plan?

Step Three: Implementation

- Maintain ongoing support for implementation of the plan.
- Document what you do and the progress you make.
- Maintain effective communication and support.

Proposed Actions

- Hold regular HPS team meetings to share concerns and clarify roles and responsibilities and give feedback.
- Design and use an effective form to document school activities.
- Allow time for each stage of the implementation process.
- Keep activities manageable and highlight positive features and successes.
- Break down large tasks into smaller, more manageable components.
- Maintain feedback about progress to key people to ensure support.
- Explore ways of involving parents/caregivers in school activities.
- Incorporate learning activities for students and families.
- Keep the school community informed about all activities through the newsletter.

Questions to Explore

- Is everyone clear about what needs to be achieved?
- Are people recording what they are doing?
- Is the plan flexible to cope with change and new directions?
- Are there opportunities for people to communicate and share ideas?
- Is support for implementation being maintained?
- Has feedback been provided to the school community?
- Have achievements been recognised and publicised?

Checklist

- Is a manageable recording system in place?
- Has there been ongoing feedback and support to people involved?
- Is the plan working?
- Are strategies/activities being implemented as planned?
- Are regular meetings being held?

Step Four: Evaluation

- Review and monitor progress.
- Determine successes and failures.
- Monitor programmes/practices and assess their results.
- Provide feedback and communicate results to the school community.

Proposed Actions

- Meet with HPS team to discuss progress, successes and failures.
- Collect information from a representative group of the school community to help evaluate effectiveness and provide feedback to all key players.
- Re-survey to see if needs, priorities, levels of knowledge have changed – at least annually.
- Publicise programme successes and results to the school community through newsletters, flyers or meetings.
- Go back to the planning stage and redesign new action plans.
- Review whole school management plan.

Questions to Explore

- What progress are we making?
- Did we achieve our desired outcomes?
- What worked well?
- Is there still a shared vision?
- How will we provide feedback to the school community?
- What did we achieve?
- What problems did we encounter?
- What do we need to change?
- Where do we go now?
- What else needs to be done?

Checklist

- Is there a system for ongoing monitoring?
- Was your planning effective?
- Did you achieve desired outcomes?
- Did key people receive feedback?
- Do you have a clear vision of future directions?
- Has the management plan been reviewed?

Health Promoting Schools Progress Checklist (copy sheet) _____

Rating Scale – give your rating on the scale of

- 1 = not yet
- 2 = process underway
- 3 = yes

Awareness raising

- The school's HPS leader has been appointed.
- The school's HPS team have support and commitment from the Board of Trustees, principal and staff.
- The school community understands HPS concepts.
- The school's HPS team has collected relevant information on the school's profile.
- The school's HPS team has established a shared vision.

1	2	3

Planning

- The HPS leader and HPS team have clear links with school management.
- A needs assessment has been conducted.
- The key health issues (curriculum, policy, community links, health services and social and physical environment) have been determined.
- Key health issues have been prioritised.
- A whole school development action plan for promoting wellbeing/hauora has been developed.
- The action plan is linked to the school management plan.

Implementation

- A recording system for HPS initiatives is in place.
- Mechanisms for ongoing feedback and support to people involved have been established.
- The plan is working.
- HPS initiatives are being implemented as planned.
- Regular meetings as determined by the school HPS team are being held.

Evaluation

- A system for ongoing monitoring of HPS initiatives is in place.
- HPS planning has been effective.
- The desired outcomes have been achieved.
- Key people participating in HPS received relevant feedback.
- There is a clear vision of future directions.
- The management plan has been reviewed.

Part Three: Health Promoting Schools Teams and their Roles

The establishment of a Health Promoting Schools team provides the opportunity for representatives of children and young people, school personnel and community members to work together on initiatives that promote wellbeing.

Key Responsibilities

- Plan to raise awareness within the school community and involve representatives from Māori communities such as Kaumatua and Kuia.
- Carry out a needs analysis of the whole school community (staff, students, parents/caregivers) to address the following areas:
 - school climate and ethos
 - policy and practice
 - curriculum
 - physical environment
 - social environment
 - health and community services
 - school/home/community interface.
- Prioritise issues to be addressed, including Ministry of Health priorities.
- Develop a plan of action.
- Oversee the implementation of the plan and record progress.
- Monitor, review and evaluate the plan and progress.

Conducting a Needs Analysis

The information gathered through the needs analysis will determine possible actions to be taken. This is an important part of the Health Promoting Schools process. There are a range of ways that the Health Promoting Schools team can gather information. The methods used will vary according to each group consulted. For example, gathering information from younger children will be a different process to that utilised with parents, teachers and secondary school students.

Needs analysis methods can include:

- face to face interviews with students, students and parents, staff and parents
- phone surveys carried out by members of the Health Promoting Schools team
- older students interviewing younger students
- students interviewing parents/caregivers and whānau as a homework exercise
- using existing school functions to administer surveys such as parent/teacher evenings
- asking for feedback via questions in school newsletters
- a post-box exercise whereby staff, parents/caregivers and older students can answer a series of questions.

There are many examples of survey questions available. The recently published *Guidelines for Mentally Healthy Schools* (Mental Health Foundation 2001) provides examples which focus on mental health. Public health nurses can access examples of surveys from their Health Promoting School coordinators.

One of the most important features of undertaking a comprehensive needs analysis is to include opportunities to acknowledge the work that schools and communities are already doing to promote and support wellbeing. Other aspects of a needs analysis will include identifying enablers and potential challenges to implementing Health Promoting Schools initiatives.

Reviewing, Revising, Developing and Implementing School Policy and Practice

- School policies, practices and programmes are developed, implemented and/or reviewed in consultation with students, staff and members of the school community. Recommendations are made to further address the identified health needs.
- Development and implementation of relevant policies and procedures is an important aspect of Health Promoting Schools.
- Policies and practices should support the learning and teaching that occurs in classrooms and in particular the key learning areas of the health curriculum.

Examples of Health Promoting Schools Policies

- Nutrition/Canteen
- Communicable Disease
- Harassment
- Smokefree
- Sun Safe/Melanoma/Shady School
- Injury Prevention/Playground safety
- Road Safety
- Clean water management
- Crisis intervention/management
- Critical Incident
- First Aid
- Alcohol and Drug
- Behaviour management
- Student welfare/pastoral care referral

- Drugs and Medication
- Non violence/anti-bullying/harassment/abuse (sexual, physical, emotional)
- Promoting positive race relations
- Positive discipline/rights and responsibilities codes
- Inclusion of new students/employees
- Building maintenance
- Peer support/mentoring
- Suicide prevention and ongoing support
- Sexual Harassment
- Sexuality
- Equal Employment Opportunity
- Human rights anti-discrimination.

Relevant Ottawa Charter principle:

Build Healthy Public Policy

Health Promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decision and to accept responsibility for health.

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School Climate and Ethos

The Health Promoting Schools framework acknowledges the importance of school climate and ethos. Mental health promotion, an essential component of Health Promoting Schools, is dependent on the climate and ethos of the school reflecting a fundamental stance that empowers individuals and groups to fully participate and make a positive contribution to promoting and supporting mental and emotional wellbeing.

The Formal Curriculum

Each teacher in a school is a teacher for health. Safe, supportive learning environments in each classroom enable students to feel secure, belong and connect. The implementation of the Health and Physical Education Curriculum (1999) provides opportunities for students to gain understanding, knowledge and skills for wellbeing.

Relevant Ottawa Charter principle:

Develop Personal Skills

Health Promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available for people to exercise more control over their own health and over their environments, and to make choices conducive to health.

The Social Environment

The quality of the social environment has a direct relationship to the sense of connectedness that students and staff have to school. Factors such as respectful communication, warm, caring relationships, feeling secure and valued, and meaningful participation in aspects of school create a positive social environment.

Relevant Ottawa Charter principle:

Create Supportive Environments

Our societies are complex and interrelated. Health cannot be separated from other goals. The links between people and their environment constitutes a basis for a socio-ecological approach to health. The overall guiding principle is to take care of each other, our communities, and our natural environments.

The Physical Environment

The design, layout, quality and condition of the school's physical environment should provide a stimulating and safe setting for students, staff and families. The school's environment should reflect the cultural values of the community it serves. It can affect how people feel about the school and can significantly influence the wellbeing of students, staff and families.

A safe, stimulating physical environment will provide the following:

- an open, friendly and inviting foyer and office to visitors/families/community
- heating and cooling systems
- signage in appropriate languages
- safe road and pedestrian access
- stairs with railings
- clean, well-maintained toilets, with towels, sanitary disposal and soap
- healthy food choices in a clean, well-maintained canteen
- adequate lighting – natural light
- noise control
- playground supervision
- suitable wet weather areas for students
- storage for bikes and helmets
- sound, comfortable furniture in classrooms
- examples of student work displayed both in classrooms and other prominent areas eg, foyer
- well-maintained buildings
- secure, safe playground equipment with adequate soft fall under-surfacing
- access for physically disabled people
- trees, gardens, landscaping
- rubbish bins and rubbish removal
- playing fields
- PE and sports equipment
- shaded eating areas
- clean drinking water
- sanitation
- terrain checks – asphalt surfaces, paths, grass
- activities for students – especially lunchtime activities
- hazards clearly marked and effective hazard management
- swimming pool.

Relevant Ottawa Charter principle:

Reorient Health Services

The responsibility of health promotion in health services is shared among individuals, community groups, health professionals, health services, institutions and governments. They must work towards a health care system which contributes to the pursuit of health.

Reorienting health services must lead to change of attitude and organisation of health services, which refocuses on the total needs of the individual as a whole person.

School, Home and Community Interface

Schools are an integral part of their communities with support for the wellbeing of young people reaching beyond the school gate. Positive interactions between family/whānau, students and school staff foster HPS initiatives.

Links with the wider community may include:

- regular opportunities for involvement of family/whānau
- forums/hui to facilitate consultation with members of the community
- community members included in decision-making and planning
- support networks for parents
- sporting events
- community action groups
- community involvement in improving the quality of the physical environment
- inclusion of community members in identifying and prioritising health needs
- providing students and staff with experiences which would normally go beyond the resources of the school.
- cultural groups
- open days
- new student orientation processes
- meet the teacher and report evenings
- regular newsletters and communication
- school magazine and newspapers
- church groups
- special joint projects

Parent/Caregiver Involvement

Involving parents, caregivers and community members in HPS is of considerable value because they:

- provide skills and expertise to assist schools in planning and implementing health promotion initiatives
- both provide and gain increased understanding of health issues
- reinforce and support what is learned at school
- can better support initiatives if they are consulted with and resourced.

Relevant Ottawa Charter principle:

Strengthen Community Action

Health Promotion works through effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems strengthening public participation and the direction of health matters. This requires full and continuous access to information and learning opportunities for health, as well as funding support.

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Appendix One: Information for Facilitators

There are several approaches to training that enhance the knowledge, understanding, skills and confidence to implement HPS in schools. This resource lends itself to being divided into its key components and allocating each section to small groups of participants to prepare presentations back to the whole group. Ideally, the facilitators will have an extensive background in theoretical understanding and practical implementation of HPS initiatives. This is necessary for feedback to groups and for clarification of any issues or concerns that might arise. This type of workshop format lends itself to visiting speakers, which should include representatives from the Māori community for input into the overarching framework and Treaty of Waitangi understanding for HPS initiatives in Aotearoa/New Zealand.

The format below provides some suggestions for supporting workshop participants to access essential HPS information. In addition to this manual, *Guidelines for Mentally Healthy Schools* (Mental Health Foundation 2001) and *Health Promoting Schools in Action* (2000) are recommended as key resources for HPS initiatives.

It is recommended that training of this nature takes place over two days. Residential workshops have been very successful in allowing time for participants to process information.

Aim

To provide new public health nurses and Health Promoting Schools advisors with knowledge, understanding and skills to facilitate the implementation of HPS in schools in Aotearoa/New Zealand.

Introduction

This should be undertaken according to the kaupapa of the group.

Aims of Health Promoting Schools

Facilitators discuss the aims of HPS (see p.9 of this resource).

Session One: Introduction to Health Promoting Schools in Aotearoa/New Zealand

Facilitate an initial brainstorming or post-box session to determine the current knowledge of the participants. Brainstorming could be carried out in three small groups, with each group being allocated a topic for discussion: (1) The Treaty of Waitangi/Te Tiriti O Waitangi principles of partnership, participation and protection, (2) Whare Tapa Wha model for hauora/wellbeing, and (3) the Ottawa Charter for Health Promotion.

The information is collated, shared and discussed as a whole group.

Alternative Activity

Depending on the size of the group, participants could be divided into three groups with each group brainstorming everything they know and understand about each of the above areas. Allow about 10 minutes, then each group passes their topic on so that all groups have an opportunity to read and contribute to the knowledge base. Groups then have their original topic returned to read and report back to the whole group.

Alternative Activity

Expert jigsaw: Divide the participants into groups and number each participant 1 to 3. Tell the participants that this is their 'expert group'. Then ask all the 1's to form a group, and so on. Allocate accessible information to each group on the three topics for this session. The groups are then given a timeframe to read and discuss the information and become 'experts' on their given topic (30 mins). Ask participants to return to the 'expert' groups. Group members then share what they have learnt. Allow time for the groups to discuss the information, then invite participants to share any further comments/ideas/information as a whole group.

Group One: Discuss the Treaty of Waitangi/Te Tiriti O Waitangi principles of partnership, participation and protection.

Group Two: Discuss the Whare Tapa Wha Model for hauora/wellbeing.

Group Three: Discuss the Ottawa Charter for Health Promotion. This could be a 'pass the paper' exercise whereby small groups brainstorm what they know and understand about each aspect of the Charter.

Session Two: Theoretical Frameworks for HPS

Healthy Youth Development

HPS Conceptual Framework

Mentally Healthy Schools

Use one of the strategies not already used in session one to brainstorm and discuss these frameworks.

Session Three: The Role of the Public Health Nurse in HPS

This is an opportunity for PHNs and HPS advisors to become familiar with their various roles. Discuss in small groups and record information for general discussion.

Session Four: The HPS Process

Use the diagram of the HPS process on p.15 to facilitate discussion. For example, each circle of the diagram could be enlarged and placed around the room. Participants could post their ideas about each part of the process in terms of their role, and how they would support the process. The post-box could then be collated. Participants could then refer to this manual and other materials to access additional ideas.

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Session Five: Visiting Speaker/s or Panel Discussion

Provide an opportunity for participants to hear feedback from a panel of people involved in HPS initiatives such as: a PHN experienced in working with HPS, an HPS school team member, a parent or Board of Trustees member, student representatives, mental health promotion specialist, relevant community member, school Principal. These people can offer their wisdom and experience and would be able to respond to questions from participants.

Final Session

It is important that participants are allocated a task to prepare and implement and that this training session is followed up one to two months later. This gives participants time to consult/develop/implement in terms of whatever is relevant for their task. The follow-up session would be to enable reporting back, feedback and any other training issues to be addressed.

Appendix Two: New Zealand Health Strategy – Health Objectives

- To address the health disparities between Māori, Pacific peoples and other New Zealanders.
- To reduce smoking.
- To improve nutrition and reduce obesity.
- To increase the level of physical activity.
- To reduce the rate of suicides and suicide attempts.
- To minimise harm caused by alcohol, illicit and other drug use to both individuals and the community.
- To reduce the incidence and impact of cancer.
- To reduce the incidence and impact of cardiovascular disease.
- To reduce the incidence and impact of diabetes.
- To improve oral health.
- To reduce violence in interpersonal relationships, families, schools and communities.
- To ensure appropriate child health care and immunisation.

Appendix Three: School Stories – Health Promoting Schools in Action

Visit the Health Promoting Schools website www.hps.org.nz for school stories covering topics such as:

- mental health and wellbeing
- how parents are actively involved in health promotion
- fighting
- injury prevention
- health education programmes
- a student-run café
- healthy affordable lunches
- community physical activity – 30 minutes a day
- healthy eating
- toilets and hand-washing
- smokefree
- staff health needs
- sunsmart
- healthy living
- establishing a peace garden
- hygiene
- building community links with the elders at the local marae.



*A Health Promoting School fosters
a happy, healthy, supportive and caring environment for
students, staff and families.*