GUIDELINE

Health promotion in schools

Scope (Staff):	Community health
Scope (Area):	CACH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

Aim

To provide nurses with information that can be used when working with schools to:

- support and advocate for the improved health and wellbeing of children and young people; and
- assist in the development and maintenance of a learning, teaching and working environment that supports health and wellbeing, and minimises exposure to health-related risk factors.

Risk

Non-adherence to this Guideline may result in missed opportunities to improve health and wellbeing outcomes for children and young people. Given the symbiotic relationship between health and education, the educational outcomes of children and young people may also be adversely affected.

Background

Health and education are basic human rights.[1] The evidence for the mutually beneficial and interdependent relationship between health and education is clear. Students who are healthy and happy learn better and have improved educational outcomes. [2]

Through the Australian Curriculum, schools play a major role in developing health knowledge, positive health-related attitudes and skills, and influencing health behaviours. Schools provide an opportunity to reach all children.[3, 4]

The concept of the health-promoting school is international in its scope and more recently, WHO and United Nations Educational, Scientific and Cultural Organisation

(UNESCO) announced an initiative to “make every school a health-promoting school” with a commitment to establishing global standards and indicators, including supporting tools, to facilitate this.[3] The World Health Organization’s (WHO) *Making Every School a Health Promoting School*[8] seeks to outline what constitutes a health-promoting school, via a set of standards and indicators. The intention is to mobilise and strengthen health promotion activities to improve the health of students, school staff, families and the broader community through the school setting.[5]

Under the Health Promoting Schools Framework (HPSF), many countries around the world, including Australia, are developing, implementing and evaluating health-related policies and programs to support schools and their communities in achieving better health. In Western Australia, the Department of Education (DOE), Child and Adolescent Community Health (CACH), WA Country Health Service (WACHS) and the WA Health Promoting Schools Association (WAHPSA) endorse this framework.

Based on the findings from the CACH and WACHS 2018 School-aged Health Service Review, it was recommended that community health services for school-aged children, young people and their families are based on the principles of primary prevention. These principles underpin community health service delivery and support the HPSF as a model for improving health outcomes for school-aged children and young people.[6] Community health nurses are ideally placed to implement primary prevention activities.

Definitions

Health promotion: Health promotion is the process of enabling people to increase control over, and to improve, their health.[5] It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.[7]

Health education: Any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge, influencing motivation and improving health literacy.[8]

Health promoting school: A school that consistently strengthens itself as a safe, healthy setting for teaching, learning and working.[8]

Primary prevention: A set of measures to reduce the onset of illness in the whole population or population groups, and prevent disease or injury before it occurs.[9]

Key points

- Nurses are encouraged to work with school staff, and staff from other government or non-government agencies (when appropriate), as part of a collaborative approach to developing health promoting behaviours in schools.[10]
- The use of the HPSF by nurses is encouraged when supporting school-based health promotion programs.
- Nurses’ knowledge of local and school-specific health and wellbeing needs can assist schools in identifying health promotion priorities. Knowledge of available services and resources can support schools in addressing these priorities.

- The *Memorandum of Understanding between the Department of Education and CACH and WACHS for the delivery of school health services for students attending public schools 1 January 2026 – 31 December 2028* (MOU) underpins the delivery of school health services.
- Nurses should demonstrate knowledge and understanding of child and adolescent health and wellbeing, development, behaviour, learning and health literacy.
- All nurses will refer to the Nursing and Midwifery Board AHPRA Decision-making framework in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.

A whole school approach

A whole-school approach brings together school leaders, students, staff, families and the broader community to work in partnership to support and promote the health and wellbeing of the school community. It integrates what is taught through the curriculum with the school's physical environment, culture, policies and procedures, and with partner organisations and the services they, and others, may offer.[11] Whole of school health promotion programs are most likely to be effective when driven by the school as these programs will likely reflect the school's priorities and have the support to create sustainable change.[11] Nurses play an important role in a whole school approach.

The HPSF is a model which considers the broad health needs of all school community members. These health needs are addressed collaboratively using a combination of strategies linked to the following three interrelated components of the framework, which are illustrated in Figure 1:

- Curriculum, teaching and learning;
- School organisation, ethos and environment; and
- Partnerships and services.[3, 4, 12]

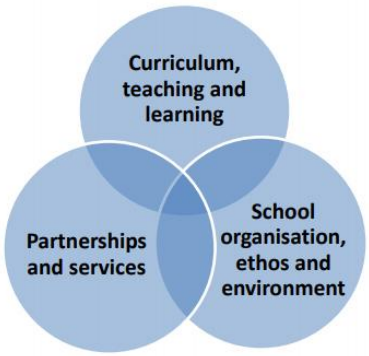

Figure 1. Components of the Health Promoting Schools Framework[4]

The HPSF is considered best practice and nurses have an integral role in advocating its application to plan coordinated school health initiatives using evidence-based health promotion strategies. The HPSF guides nurses in providing advice and support for school health promotion activities.

Examples of how nurses can use the HPSF are shown in Table 1. More detail and specific examples of actions the nurse can take can be found on the HPSF page.

Table 1: Example strategies for nurses implementing the *Health Promoting Schools Framework*

HPSF Domain	Potential actions	Example CHN role in potential action
***Curriculum, teaching and learning**	At the request of the teacher, support classroom activities by contributing specialist nursing knowledge. Facilitate access to health-related resources and information to assist teachers in delivery of teaching and learning.	Support relationships and sexuality curriculum using evidence-based *Growing and Developing Healthy Relationships (GDHR)* resources at the request of the teacher. Clarify contemporary drug issues with *School Drug Education and Road Aware (SDERA)* and provide reference information to teaching staff.
School organisation, ethos and environment	Identify gaps in policies within the school community, and opportunities to address these. Encourage participation and engagement of students and staff in health promotion action.	Advocate for changes or development of health policy with school committees. Encourage the school to become a Mentally Healthy School with *Act Belong Commit*.
Partnerships and services	Keep up-to-date knowledge about external services, programs and resources which can add value to the health and wellbeing of students, staff and the broader school community. Advocate for, and support school-based health and wellbeing activities.	Make a time to introduce yourself to relevant health and community organisations and network with these agencies to stay updated on new developments in health areas. Provide health information to families about external services and providers that can meet their needs, via newsletters for example. Encourage the school to organise an information session with the *Cancer Council WA* for parents on packing school lunchboxes, or *RU Legal* for a session on cyber bullying or sex and consent.

*Curriculum Support

The MOU outlines the following key priority health areas where nurses can contribute clinical knowledge, and upon request, link teachers with an appropriate source of specialist knowledge. These areas include:

- healthy child and adolescent development, including ear health
- Healthy lifestyle
- mental health and wellbeing
- communicable diseases and immunisation programs

When providing curriculum support:

- Nurses negotiate the support provided, in partnership with teachers.
- At the request of the teachers, and if time allows, a nurse may contribute specialist knowledge in the priority health and development areas to school communities (as identified above).
- The teacher is responsible for session planning, curriculum requirements, and overall content
- The teacher must remain in the classroom when the nurse is involved and is responsible for the management of student behaviour.

Any requests to provide curriculum support on topics outside these areas must be discussed with the line manager prior to attending a class.

Nurses will use only approved resources identified in HealthPoint under:

- Resources, school health and
- External links and resource.

The development of additional **whole-of-session** PowerPoint Presentations for curriculum support is not to be undertaken.

As an alternative nurses could speak to particular slides in a presentation a teacher has prepared, or develop a small (3 or 4 slide) PowerPoint Presentation on the appropriate CACH or WACHS template which identifies themselves, makes a key point and provides information on where students can get further information. **All PowerPoint Presentations require line manager approval prior to delivery.**

Other options for providing information and engaging young people include:

- Props - Bring an example of what you are talking about to share and engage with the group.
- Q&A – Provide an opportunity for a question and answer session; or, link the teacher with suitable guest speakers to present in the class setting or participate in a panel of experts to answer student questions.

- Videos – Use a quick video from endorsed sites to increase audience interest.

Nurses can deliver health and wellbeing presentations, according to the Community Health Nurse in high school presentations to year 7s.

Other tools to support health promotion work in schools

Health Promoting Schools Framework Toolkit

The HPSF Toolkit provides guidance on effective and evidence-based activities to support schools to become health promoting. The activities work across the three domains of the HPSF and incorporate the five priority areas listed as part of the MOU.

There are separate toolkits for primary school and secondary school, both of which are linked in the related internal policies, procedures and guidelines section of this document.

The Toolkit recognises that the nurse is not responsible for implementing health promotion activities individually but will work with their schools in identifying appropriate health promotion activities that meet the needs of the school which the school community can implement.

School Health Audit

An Audit tool: Health Promoting Schools is available from the *WA Health Promoting Schools Association*. It works to assess the school environment and how it supports participation in healthy eating, mental health and wellbeing, physical activity and sun safety. The audit can be adapted to address other health priority areas such as vaping and nicotine use; safe environments; sexual health and wellbeing; alcohol and other drug use.

Gathering information on areas of success and those that could be improved to encourage health behaviours, the data collected from the audit tool can be used in a number of ways to benefit the school and these can be discussed with the school:

- identify existing health and wellbeing strategies within the school
- identify school health priority action areas and gaps
- identify potential barriers and enablers to implementing health promotion initiatives
- provide pre- and post-intervention data for use in evaluation of actions.

Use of the audit tool in schools is optional and will depend on nurse capacity to deliver or support its use, and the school's desire/intention to use the results.

WACHS Health Promotion

Within WACHS, each region has a dedicated regional health promotion team who provide a range of supports to community health staff. This includes assistance with

the planning, implementation and evaluation of sustainable health promotion programs in various settings (including schools), advocacy and stakeholder engagement, conducting audits, using data and information to identify priorities and developing partnerships.

WACHS community health nurses are strongly encouraged to contact their regional health promotion teams for assistance and to explore opportunities for linking school-based health promotion with other health promotion activities which support the wider community.

Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CACH and WACHS processes.

Compliance monitoring

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the *Integrity Policy Framework issued pursuant to section 26 the Health Services Act 2016 (WA) and is binding on all CACH and WACHS staff as per section 27 of the same act.*

Compliance monitoring methods may include observation of clinical practice, clinical incident review, client health record documentation audit and/or attendance at identified training sessions.

References

1. Australian Human Rights Commission. An Introduction to Human Rights Australian Human Rights. 2023.
2. Faught EL, Gleddie D, Storey KE, Davison CM, Veugelers P. Healthy lifestyle behaviours are positively and independently associated with academic achievement: An analysis of self-reported data from a nationally representative sample of Canadian early adolescents. PLoS ONE. 2017;12(7): e0181938.
3. International Union for Health Promotion and Education (IUHPE). Achieving health promoting schools: Guidelines for promoting health in schools. Saint-Denis, France: IUHPE; 2009.
4. Western Australian Health Promoting Schools Association. Health Promoting Schools Framework: WAHPSA; 2019 [cited 2023 Sept 15]. Available from: http://wahpsa.org.au/about-us/
5. World Health Organization (WHO). Health promoting schools: a framework for action. Geneva: WHO; 2009.
6. Child and Adolescent Health Service. School-aged Health Service Review - Report and Recommendations. Perth: 2018.
7. Rainburger B. Contemporary Health Promotion in Nursing Practice. Second ed. Burlington, MA: Jones & Bartlett Learning; 2017.

8. World Health Organisation and the United Nations Educational, Scientific and Cultural Organisation. Making every school a health-promoting school: global standards and indicators for health-promoting schools and systems. Geneva: WHO and Unesco: 2021.

9. Australian Government, Department of Health. National Preventative Health Strategy 2021 – 2023. Australia. 2021.

10. International Union of Health Promotion and Education. Facilitating Dialogue Between the Health and Education Sectors to Advance School Health Promotion and Education. France: 2012.

11. State of Victoria (Department of Education and Training). Victorian School Nursing Program Guidelines. Melbourne: State of Victoria (Department of Education and Training); 2019.

12. International Union of Health Promotion and Education. Promoting Health in School: From evidence to action. France: 2010.

Related internal policies, procedures and guidelines
The following documents can be accessed in the CACH Clinical Nursing Policy Manual SharePoint link or CACH Clinical Nursing Policy Internet link
School-aged health services
School-aged health services – primary
School-aged health services - secondary

Related external legislation, policies, and guidelines
The following documents can be accessed in the Department of Education policies
Student Health in Public Schools Policy

Useful internal resources (including related forms)
CHN in high school presentations to year 7s
CHN working in secondary schools
Health Promoting Schools Framework Toolkit – Primary School
Health Promoting Schools Framework Toolkit – Secondary School

Memorandum of Understanding between the Department of Education and CACH and WACHS for the delivery of school health services for students attending public schools 1 January 2026 – 31 December 2028
WA Health Promotion Strategic Framework 2022-2026

Useful external resources (including related forms)
Approved external links and resources for use in Community Health
Ottawa Charter for Health Promotion
WA Health Promoting Schools Association (WAHPSA)
Western Australian Health and Physical Education Curriculum

This document can be made available in alternative formats on request.

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