

Chapter 7

Becoming a Health Promoting School: Using a ‘Change Agent’ to Influence School Structure, Ethos and Ensure Sustainability

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Abstract Schools have long been sites for health promotion. Commencing with classroom lessons, schools have witnessed many projects and programs including the health promoting school model. Many authors indicate that this model is the most successful in achieving long term changes within a school, other authors report that implementation and sustainability are difficult to achieve. This chapter will examine the journey of a primary school as it works to implement the health promoting school model. The authors will demonstrate that, although the health promotion model is useful in introducing and guiding health promotion activities, without extra assistance, such as a dedicated health promotion officer, or ‘change agent’ who can motivate committed champions, changes to the ethos and the culture of the school will be difficult. Every school is unique; there is no ‘one size fits all’ model. Therefore, professionals working with schools need to meet the school at its point of need, rather than following a standard format. The process and journey are just as important as the successes. Influencing the organisation of the school is essential if the changes are to be sustained. Organisational change theories are used to support the practical examples.

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7.1 Introduction

Schools have long been sites for health promotion (Veselak 2001; Clift and Jensen 2005). During the nineteenth century the term ‘school hygiene’ was used to describe problems of school sanitation and construction (Veselak 2001). There was early recognition that children could not learn if they were in unsanitary crowded buildings. This led to the establishment in 1927, of the American Association of School Physicians. Interest in the Association grew so rapidly that in 1936, the school opened its membership to all professionals interested in promoting school health (American School Health Association 2012). It would appear that many health professionals saw the answer to health problems by ‘getting into the schools’.

The next phase was health education which consisted of health, safety, exercise and narcotics (Veselak 2001). In the United Kingdom in the 1960s and 1970s, concerns about the physical health of students led to schools including health education in their curricula. The next move was to broaden the health education into the environment (Denman 1999). In 1986, the Ottawa Charter was adopted at the First International Conference on Health Promotion. This was a response to the growing expectations for a global new public health movement (World Health Organisation 1986). The Ottawa Charter recognized that health requires ‘up stream’ foundations such as shelter, food, social justice and equity as prerequisites. There was recognition that the things that affect health lie outside the conventional concerns of health professionals (Baum 2002). In 1986, a symposium, hosted by WHO and entitled ‘The Health Promoting School’ was held in Scotland. This symposium offered WHO the opportunity to apply its theoretical model of health to the school setting (Young 2005). Reflecting a move to addressing the social determinants of health, ‘The Health Promoting School’ (HPS) was described as ‘a combination of health education and all the other actions which a school takes to protect and improve the health of those within it’ (Young 2005). Naming six thematic fields as areas for change, the main aim is to combine traditional classroom education with improvements in the social and physical environment of the school (St Leger and Young 2009).

Improvements in the school environment suggest that organizational change processes are required and there has been a growing understanding that in order to change schools a new theory to underpin the work is essential. While HPS provides a broad framework for action there is mixed evidence that schools are able to implement this approach (Stewart-Brown 2006). Many authors indicate that the multi-model, whole school approach, espoused by the HPS framework, is most effective in producing long term changes to students’ attitudes (International Union for Health Promotion and Education 2009; St Leger et al. 2007; Allensworth and Kolbe 1987; Clift and Jensen 2005). However, other authors have reported that successful

implementation and sustainability have been difficult to achieve (Lynagh et al. 1997; Nutbeam et al. 1993). Rather than seeing schools as static entities, they are complex, ever changing systems. Keshavarz et al. (2010) describes them as 'social complex adaptive systems'. This resulted in a move away from seeing the school as a supportive environment for health promotion to viewing the school as a structure or 'ecosystem' which will respond to change as programs are implemented. Understanding system change as well as measuring individuals change becomes part of the of goal health promotion (Bond et al. 2001).

This chapter will explain how change management theories and processes were used to guide implementation of the HPS model within a primary school setting. The case study is from a whole of school health promotion program conducted at Bayswater North Primary School (Senior 2012). Bayswater Nth Primary School (BNPS) is situated in a State funded Community Renewal area in Melbourne, Australia. Community Renewal programs target neighbourhoods in areas experiencing growth or decline or facing difficulties such as falling employment, poor access to services or run down community facilities (Maroondah City Council 2009).

Due to the school's geographic situation within the Community Renewal area, the local community health service EACH Social and Community Health (EACH), which is a partner organization in the Community Renewal project, approached the principal of the school to discuss the idea of a partnership between the two organizations. EACH is a large multi-site community health service, with a site situated close to BNPS. EACH employs around 700 people assisted by 300 volunteers. The initial partnership agreement between EACH and the school focused on implementing the Health Promoting Schools model as described in Guidelines for Promoting Health in Schools; Version 2 (International Union for Health Promotion and Education 2009). Initially the Health Promotion Officer (HPO) at BNPS intended to use the Health Promoting Schools model to initiate multi-model health promotion projects run across the school alongside the capacity building framework developed by NSW Health (2001). The capacity building model identified action areas for building capacity to promote health such as: organisational change and development, workforce development and partnerships.

These capacity building strategies have a strong emphasis on the orientations and skills of managers, with an assumption that organisational change will occur as a result. Both the HPS and capacity building models do not articulate in detail the process by which this change occurs. As the work got underway, there was a growing realization that understanding the processes of change was more important than running programs (Butler et al. 2001). While still utilizing the HPS Model as the overarching framework to guide implementation of the work going on in the school, the HPO began to draw on specific organizational change and school health promotion theorist's view of schools as complex adaptive systems (Butler et al. 2001; Gibbs and Panayiotis 2008).

The chapter will firstly outline what is meant by a 'change agent' and how this particular role has been conceptualised and used within school based health promotion practice. In addition two organisational theories of change will be summarised: Lewin's (1997c) theory on the process of organisational change and

Diffusion of Innovations (Rogers 2003). From this basis, the chapter uses Lewin's (1997c) 'three-step' model for achieving organisational change, 'unfreezing', 'moving' and 'refreezing,' to structure the organisational change process that took place within the case study. Ideas from the literature on the role of a 'change agent' and Diffusion of Innovations will be used to explain critical points of change within these sections of the chapter. The final sections of the chapter discuss to what extent the 'change agent' model described in this case study is transferable and sustainable within other schools and the level of support required for someone in the 'change agent' role.

7.2 Critical Friend

The role of the 'critical friend' has been described as that of a 'change agent'. The 'critical friend' might be a project officer, a health professional who may or may not have an education background. The 'critical friend' is a "trusted person who will ask provocative questions and offer helpful critiques" (Costa and Kallick 1993, p. 51). The Gatehouse Project was a primary prevention programme, run in selected Victorian schools between 1996 and 2002. It included both institutional and individual focused components to promote the emotional and behavioural wellbeing of young people in secondary schools. Within the Gatehouse Project the 'critical friend' was a vital part of the programme and assisted in building the capacity of the school and facilitating the process of organizational change (Bond et al. 2001).

Butler et al. (2001) identify four key components that a 'critical friend' is involved in: conceptualizing the intervention as an ongoing process of change (not a product to be 'done'), facilitating the change process (not just training and technical assistance), bringing an in-depth understanding of the educational context and health and wellbeing, and assisting schools to integrate the work within their core business. The 'critical friend' does not offer a packaged solution for schools, but focuses on engagement with all members of the school community, relationships and structural change. Over the past years, collaboration, development of networks and learning teams have become more common. In the school literature there is evidence that this sort of collaboration can improve schools teaching, learning and the overall environment (Ainscroft and West 2006).

The benefit of the 'critical friend' has been acknowledged in the widely adopted 'KidsMatter' programs. KidsMatter is an Australian Primary School Mental Health Initiative focusing on implementing a systems approach to planning and implementation as opposed to adoption of a particular program (Australian Psychological Society 2014). The first step in implementing the KidsMatter program is to establish an Action Team which contains a 'critical friend'. The 'critical friend' brings an external perspective to the team. This external person is often a regional education sector staff member or community agency staff (Australian Psychological Society 2014). The KidsMatter pilot project was able to demonstrate improved emotional and social health outcomes for children (Slee et al. 2009).

The role and even title of the 'critical friend', is not without its critics. Swaffield and MacBeath (2005) express unease with the *double entendre* of 'critical friend'. They feel that the ambiguity of the word 'critical' can raise unease that it does not translate to other cultures or languages well. Different models cast the 'critical friend' into different roles. Eddy (2006) and O'Connor and Ertmer (2006) describe a 'critical friend' as a colleague and mentor, another teacher who provides graduates and new teachers an opportunity to learn from more experienced colleagues. Ainscroft and West (2006) argue that there has been much confusion over the role of the 'critical friend'. They postulate that if we are interested in seeing changes in schools, the 'critical friend' should have a close relationship with the school staff. They see the 'critical friend' as a person who is not part of the school staff, however who is closely involved with the school, as envisaged in the "Kids Matters" and Gatehouse programs. In these terms, the 'critical friend' is a friend to the school as a whole. The entry point may be the head teacher, however, as the relationship with the school develops, the 'critical friend' begins to work with a wider range of teachers and is seen as a supportive, yet challenging facilitator (Swaffield and MacBeath 2005; MacBeath 1999).

Fullan (2006) identifies that a good 'critical friend' is one that provides a different perspective, or new eyes. He argues that school leaders need to widen their sphere of engagement by interacting with other schools and people outside the education sphere, for example, a 'critical friend'. From this perspective, it is therefore important that the 'critical friend' is someone from outside the immediate school system. The 'critical friend' has been described as a 'detached outsider' who can provide an alternative viewpoint (Swaffield 2007). In Butler et al. (2001) a note from a 'critical friend's diary, discussed the difficulties of negotiating the politics of power relationships within the school. As a detached outsider, it is possible to transcend the interpersonal issues and tensions that come with working in a school community. The HPO in this case example undertook the 'critical friend' role from the external viewpoint of being employed through a community health service. The perceived benefits and drawbacks of this role will be discussed during the chapter.

The title 'change agent' might be more apt in describing the work of a person attempting to change the structure, ethos and culture of a school or any organization. Between 1973 and 1978, The Rand Change Agent Study was undertaken to determine the ways people thought about planned change in education. Fifteen years later the major findings of the study were reviewed to find out how change in schools actually happens (Laughlin 1990). Rand found that Federal policies played a major role in project adoption by schools; however adoption did not ensure successful implementation or the sustainability of the project, nor did access to seed funding, and extensive resources. Failure also occurred when the on-going and sometimes unpredictable support that teachers needed was unavailable and when schools were required to use packaged approaches. What mattered most was local capacity within the school and will. Rand found that outside assistants 'change agents' who were sensitive to the local issues facing the school, understood and could work with the fluid unpredictability within the school environment could

be extraordinarily successful in changing people and practice (Laughlin 1990). Baker and associates (1991) also found that schools that have local support are more likely to improve as against those who had no external support.

However, just being a 'critical friend' in a school is not enough to elicit change. Numerous authors recommend that it is essential to have the support of head teachers (Inchley et al. 2006; St Leger 2005) and a group of champions or as St Leger (2005) describes them, activists. Having the 'support of head teachers' does not just mean a cursory nod to the HPS program. The school leadership needs to be committed to changing the school. It is helpful if the principal or assistant principal act as champions on the HPS committee. This will be the group who have more direct contact with the 'critical friend' and will be the champions who drive the changes forward. The HPS committee, made up of parents, teachers and students will be the representative champions for their peer groups. Butler and colleagues (2001) point out that many conversations conducted with the 'critical friend' will be repeated with other participants. It is these champions who will do this 'talking up' of the HPS model within the school community, and be the early adopters of change. Hawe and associates (1997) discuss the importance of reach of an intervention into a population in regards to its success. As will be discussed, at BNPS it was the assistant principal who acted as a major champion, taking ideas generated at the HPS meetings, back to the staff and ensuring the ideas were discussed widely within the school. Effectively utilising the roles of a 'critical friend' and 'health promotion champions' requires an understanding of organizational processes. Being able to work as a change agent within a school setting makes it paramount to understand some of the forces that can promote change within this setting.

In summary, a 'change agent' can perform a highly important role in assisting an organisation such as a school through a change process. Being sensitive to the local context in which they are operating while at the same time cognisant of the change that is required provides a unique perspective that has been well utilised in school based research. Together with a 'health champion' that is normally someone internal to the organisation, they provide the impetus to ensure that the school community is supportive and engaged in the change process and can steer this process towards productive outcomes. The next two sections outline some of the foundation theories of organisational change that have guided research and practice in this field. Firstly, Lewin's (1997c) theory of organisational change will be introduced and then the theory of Diffusion of Innovation (Rogers 2003) will be briefly summarised. These two theories both guided the practice outlined subsequently in this chapter and also provide an explanation for some of the change that occurred in the school once initial momentum was achieved.

7.3 Group Work and Forces for Change

From the late 30s until the late 40s Lewin's groundbreaking work shed light on group dynamics and forces within organizations and their impact on the outcomes of change initiatives. Similar to Keshavarz and colleagues (2010) who describe

schools as complex ever-changing systems, Lewin (1997a, b, c) viewed change as a constant in any form of group work. It is the forces within and around the group (or school) which influence practice and outcomes. According to Lewin's (1997c) view of group dynamics, the school setting would be viewed as a broad group setting and the formal and informal sub groups within the school setting, for example; the mathematics teachers, the staff who leave the building at 12:35 pm to smoke cigarettes during lunch, and the senior staff team, are groups with their own set of dynamics and culture. In order for change to occur and succeed in the broad school setting it needs to succeed at a group level. Lewin (1997c) developed the 'three-step' model for achieving organisational change.

Lewin's 'Three-Step' Model

Stage 1. Unfreezing	The current state in which the school is in compared to where it would like to be to achieve its change agenda
Stage 2. Moving	Moving towards the new direction by piloting and implementing the initiative to achieve the school's objective
Stage 3. Refreezing	The school has reoriented the systems and structures to embed the new healthier way of working

7.4 Diffusion of Innovations

Diffusion is the communication of 'new ideas.' Fundamental to diffusion is a level of uncertainty for recipients of the communication because of the newness of the idea (Rogers 2003). According to Rogers (2003) organisational innovativeness relates to characteristics that are about individuals, organisational structure, and external organisational factors. A range of variables within these three broad categories positively or negatively influence an organisation's innovativeness.

The diffusion process within organisations follows a set of sequential stages. Rogers (2003) describes these stages, (1) agenda-setting; (2) matching the concept to the identified problem; (3) redefining/restructuring the innovation to make it fit within the organisation and the organisation fit the innovation; (4) clarifying the innovation by finding meaning and putting it into more widespread use; (5) routinizing phase is when the innovation is embedded into common practice within the organisation. The pace of innovation adoption is determined by how synergistic the innovation is with the priorities and ideologies of the organisation. Knowledge of the school organisation, its characteristics, values and potential congruence with a whole of school health promotion approach, is critical in pursuing this process of change. The following figure outlines the diffusion process using the BNPS case study and the detail of these changes will be outlined in the following sections (Fig. 7.1).

To illustrate in more detail the application of these theories, Lewin's three stages of change are used to describe the process by which BNPS became a health promoting school. Within these three broad stages the application of the other theories are described.

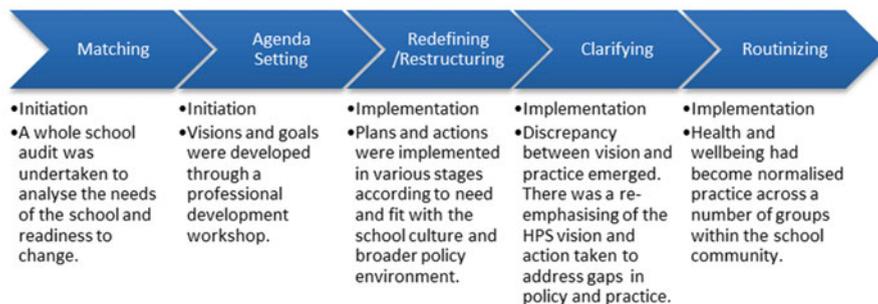


Fig. 7.1 The diffusion process using the BNPS case study (Adapted from Rogers 2003)

7.4.1 Unfreezing

School staff were initially cautious about the introduction of a HPO. Like many teachers around the world, teachers in Australia report that their workload has increased dramatically in the last 10 years. Not only do they report an increase in workload, but also an increase in complexity and the roles that they are required to fill (Easthope and Easthope 2000; Kyriacou 1987). Apart from increased workload, at least one author identifies that teachers can be suspicious of ‘outsiders’ coming into the school (Butler et al. 2001). This presents a difficulty for the HPO, as, to change the culture and ethos of a school requires the HPO to become ‘embedded’ within the school community (Butler et al. 2001). One of the early messages communicated to staff and administration was that a support person could ‘lighten the load’ and provide expertise to support schools in their process of becoming a health promoting setting (Armstrong 2011). When it became clear to teachers that the HPO was a resource who could be drawn upon to assist their work, rather than make more work, attitudes toward the HPO warmed significantly.

In early 2009, EACH Social and Community Health Service signed a 3 year partnership agreement with BNPS. This immediately sent a signal to the school that the HPO and the EACH were committed to the school for a number of years, and saw the intervention as an on-going process of change, not a project with a start and finish date. The HPO also worked hard at establishing relationships with the teachers. This involved making an effort to attend morning tea to talk with the teachers.

Critical to future success of the health promotion approach was understanding the culture and ethos of the organization, particularly the beliefs and values of leaders within the school community (Schein 2004). Time was spent understanding the values and beliefs of some of the more experienced teachers and those with capacity to shift opinion within the school environment. Many of the teachers have been at the school for an extensive period of time. It was important to develop relationships of a personal nature with as many of the teaching staff as possible. This made the morning tea-time, a vitally important part of the HPO’s time at the school. MacBeath and Jardine (1998) confirm the importance of ‘symbolic acts’ within the school.

Who you sit with, and informal conversations can send out strong signals to the school staff. To some extent there was an element of centralization of power within the school environment whereby a few individuals within the school had the ability to influence the capacity of the school to adopt new ideas (Rogers 2003). Time was also spent getting to know some of the less experienced teachers and groups within the school community such as parents and students. This included forming relationships with teachers known to be less enthusiastic about the idea of the HPO so as to understand their perspectives.

The Health Promoting Schools Committee was then developed and it included 'members' of the various groups within the school. This meant including a range of experiences, ages, and teachers from different year levels, administration and parents. This aided in facilitating network connections and increased the degree to which new ideas could be implemented (Rogers 2003). The committee was also critical in making sure the HPS model was structured in a way that suited the organization, which is a critical element in ensuring sustainability (Rogers 2003).

One of the first tasks undertaken was analyzing some of the needs of the school, which is characteristic of good health promotion practice and essential in the unfreezing stage (Lewin 1997c). Using an audit adapted from the HPS Toolbox (Brisbane North Public Health Unit 2001), the school community of parents, teachers and students were asked what they liked best about the school and what they would like to see changed. Student focus groups and a professional development day were also undertaken, the process and results of which are described in Senior (2012).

Lewin (1997c) suggests that motivation is important in bringing about planned change within groups of people, when group decisions are made they can be quite powerful with respect to adherence to the decision made by the group. The school audit provided the motivation for change to commence. The school community voiced dissatisfaction with a number of areas of the school and once the audit was completed, there was anticipation that things would change. For example, when first arriving at the school, many teachers did not think that the canteen needed modification. However, after talking with teachers, working with the HPS committee and bringing in food related programs, teachers began to see that the canteen had an educative role within the school. They also began to accept that 'we can't be a health promoting school with an unhealthy canteen'.

Rogers (2003), in the Diffusion of Innovations model, identified that the 'agenda setting' stage is crucial in the identification of a need for innovation. The innovation needs to be tailored to fit the organizations need. This was achieved at the HPS Visioning Day. School teachers, support staff, and parents on the HPS Committee were invited to a daylong professional development workshop where the results of the audit were discussed, the philosophy of the health promoting school model was examined and staff had a chance to dream about the type of school they would like to work in. This day involved working to challenge the perceptions of the current state of the school, before bringing in new ideas to improve it. It was a time to examine the school and its community and ask how things could be done differently. At the end of the day 60 % of the staff identified that they had a good understanding of the HPS

model, 30 % partially and 5 % not at all. In response to this, a HPS activities report has been placed as a permanent item on the staff agenda to keep the staff up to date on what is happening around the school and give them a chance to contribute. The success of the implementation of HPS depends largely on the teachers and their capacity to implement it (St Leger 1998).

7.4.1.1 Summary of Unfreezing

A key aspect of the unfreezing stage was developing relationships at an executive and staff level. A formal partnership agreement was developed with the health service and school, and the HPO worked very hard at developing relationships with staff. One key strategy was communicating to staff that she was a resource who could assist in reducing the workload for staff. Another strategy was spending time getting to know staff at morning tea and lunch-time and over time developing a sense of the values and beliefs of staff in the school. A Health Promoting Schools Committee was developed ensuring that it included 'members' of the various groups within the school. Conducting an audit of the school's health promotion activities and policies and organizing an 'HPS Visioning Day' were some of the early initiatives. All these developmental initiatives help to foster a shared understanding of the need to implement some changes to move the school in a health promoting direction.

7.4.2 Moving

When the audit was completed the school principal and assistant principal who are part of the HPS committee were committed to the plans that were drawn up which focused initially on canteen and healthy eating, physical activity, and staff health. In 2009, the Department of Education and Early Childhood Development (DEECD) annual health and well-being survey results showed that the school was below the state average in a number of areas in relation to health and welfare. To add to this, the school numbers were dropping. The school leadership saw becoming a HPS as part of a strategy to lift the survey results of the school, improve the culture and ethos and make the school 'the school of choice' for parents in the area.

As well as creating discordance between current canteen practice and the idea of being a health promoting school, there were legislative pressures acting as external forces that assisted the change management process (Lewin 1997b). Recent changes in legislation in regards to bans on selling confectionary in primary school canteens also worked in favour of developing a healthy canteen. The canteen manager's lease on the canteen building was up for renewal. The principal insisted on an overhaul of the canteen menu, removing the 'red' foods and having predominantly 'green' foods. This was conditional on the lease being renewed.

Programs are implemented within a political context (Rowling and Samadal 2011). At the time of the HPS program being introduced into BNPS, nationally there was much talk in the media around policies that concern diet and exercise. National and state support through public policy is essential for health promotion (Leeder 1997). State governments have been examining issues such as confectionary sold in schools, student's sedentary lifestyles and barriers to healthy eating and exercise. The policy changes introduced at the school have mirrored work that is currently being done nationally on these topics.

Plans for a school running track were implemented to support the increasing emphasis on physical activity. On behalf of the school, the HPO received a grant which enabled the school to construct a running track. EACH provided funds to purchase more lunch-time sports equipment for the school. The sports teacher commenced running lunch-time games for students. This focus on physical activity resulted in the administration reviewing the school's physical activity policy and it was revealed that the grade 3–6 students were not allocated the required amount of time for physical activity as advised by DEECD. This resulted in the policy being re-written to include three extra hours per week of physical activity for the grade 3–6 students. This allowed for an extra 120 h of physical activity per school year. Being seen as compliant with legislative requirements was a driver for change (Department Education and Early Childhood Development 2009).

Rogers (2003) recognized that during the re-defining stage, the organizations structure is modified to fit with the innovation, and at BNPS this process seemed to lead to the creation of an environment open to innovation. For example, in addition to the HPS framework, the school began to implement the Tribes Learning Community Program (Tribes) and Restorative Practices. The environment had been established whereby there was less resistance to implement new health and well-being programs. Tribes is a process which seeks to create a positive school learning environment (Gibbs 2001). Specific agreements in regards to behaviour are promoted throughout the school. Students learn a set of collaborative skills which are also to be practiced by the teachers and administrative staff. With the school adopting the HPS framework, Tribes has fitted well into the direction that the school was moving.

In tandem with the introduction of Tribes, the school began to provide teachers with training in the Restorative Practices behaviour management philosophy. Restorative Practices focuses on problem solving and repair of damaged relationships following an incident (Shaw 2007). Training in the Restorative Practices method was also available for parents to attend. Students began to request that teachers use this method to solve problems. Student leaders were up-skilled to be 'Peace Makers' who solved problems within the school yard using this system.

Restorative Practices and Tribes programs may have had a greater impact on the structure of the school than the Nutrition and Physical Activity strategies. The former programs were more challenging to introduce and possibly the most significant. Acceptance of the change to the structure by the staff was vital as it led up to what eventually became embedded into common practice. For example, the principal

now recruits new staff members who are attracted to the ideologies of Restorative Practices and will embrace the approach it brings. There was much resistance to this method of dealing with classroom issues amongst the existing staff initially. In October 2010 a survey was conducted to determine the attitudes of the teachers to the adoption of the Restorative Practices philosophy. At this time the Restorative Practices program had been in place at the school for approximately 12 months. Fifty-six percent of the teaching staff responded to the survey. Out of this 56 %, only 46 % agreed that Restorative Practices had improved the school environment. However, after 1 year of ‘clarifying’ (Rogers 2003) during which, Restorative Practices was adopted by more teachers and gradually became imbedded, the survey was repeated. The repeat survey had a response rate of 95 %. Fifty-eight percent of teachers now agreed that Restorative Practices had benefited the school environment. There are still many teachers who are unsure if the environment has improved and 5 % of the staff disagree, however the figures show that slowly the teachers are beginning to accept the Restorative Practices as policy. The resistance to this policy has decreased as the principal and assistant principal have promoted it tirelessly. The assistant principal has continually used case histories and stories to emphasise the success of the method. Evaluating against outcomes for all students would need to be undertaken to validate these case study reports.

Both Tribes and the Restorative Practices process lend themselves to the HPS model. Both employ a whole of school approach and work to build social capital in the school, striving for a positive culture. Both Tribes and Restorative Practices cater to the school community’s mental health and well-being. St Leger (2005) notes that school organisation has an impact on student’s health and well-being. These programs provide a framework for structural change within the school by modifying how the teachers interact with the students. The programs help by creating a supportive school environment that is conducive to learning.

The NSW Health (2001) capacity building framework identifies the importance of leadership at different levels, literature on the role of ‘champions’ in the change process indicates that they do not necessarily need to be content experts, but rather they need to have credibility in the organisation and the ability to ‘market’ the initiative (Martinsons 1993). This may explain why the efforts of the principal and assistant principal were beneficial for the movement towards HPS, their position of leadership enabled them to communicate the benefits of the HPS model as well as publicly recognise those who were exhibiting the desired behaviours. Furthermore, this highlights the benefit of the HPS ‘content expert’ playing the role of the ‘critical friend’ alongside the staff who can drive the change internally. Similarly, Rogers (2003) identified that the ‘change agent’ i.e. the EACH HPO, is different to the recipients of an innovation with regards to technical competence and this provides them with credibility. Perhaps the fact that the HPO was visible within the school and staff were aware of her expertise together with the support of the principal and assistant principal who were credible in ‘Education’ and insiders too was key to the success of the change process.

7.4.2.1 Summary of Moving

There were a number of key areas the school identified that needed changing such as annual student survey results and the types of foods being sold at the canteen. There was also some media attention and recent legislative change at a State level related to nutrition and physical activity that helped create a more positive climate for pursuing a change agenda within the school. Programs were implemented for physical activity and the focus on this issue highlighted the need for school policy change, the school was not currently meeting Department guidelines on amount of time devoted to physical activity within the school curriculum. These activities and policy alterations created a broader momentum for change within the school that made possible the introduction of new programs aimed at improving the emotional and social health of the student population. At this stage of the HPS process the school administration were instrumental in pursuing these new initiatives.

7.4.3 Refreezing

A number of changes that took place are now part of the organizational norm within the school (Lewin 1997c). When appointing new teachers to the school the principal now makes a point of appointing teachers who have experience and training in Restorative Practices. The school achieved 'Kids- Go for your life' accreditation. Kids- Go for your life was a state-wide initiative that supports early childhood and primary school services, as well as local communities, health professionals and families in the promotion of healthy eating and physical activity for children. The program was based on six key messages around health targets such as drinking water and engaging in active play. When schools met the various requirements, they received the Kids-Go for your life award. In 2012, the program was superseded by the Victorian Prevention and Health Promotion Achievement Program (State Government Victoria 2012).

Initially there was apathy in regards to participation in the Kids-Go For Your Life award. MacBeath and Jardine (1998) point out that willingness to participate in change will generally not be found across the entire school. The majority of schools will experience resistance from some members of staff. Lewin (1997c) identifies that the signs of refreezing are when the changes are incorporated into everyday life and the changes are internalized. The policy changes were discussed at staff meetings and championed by the principal and assistant principal. A number of staff, who had traditionally used sweets as a reward for good behaviour in the class-room, were challenged by the 'no sweets' policy. The assistant principal emphasised why the change needed to occur and created a compelling message. Ultimately the policy had to be accepted due to the 'School Confectionary Guidelines' (Department education and early childhood development 2006). Although not universally embraced, the policy change went ahead, driven by the school leadership and the

HPS committee. Numerous authors (Lister-Sharp et al. 1999; International Union for Health Promotion and Education 2009; Williams et al. 1996) emphasise the importance of have school leadership involved in policy change.

The school staff and the majority of parents have accepted the new school manifesto, this is characterised by policy changes in regards to the canteen only selling healthy food and, staff not using sweets as a reward, however this has taken time. With the changeover of canteen managers, the Parents Association was quick to emphasise that whoever took the role on would need to abide by the healthy canteen policy.

Hawe (1994) sees schools as 'ecosystems' that respond to change with an intervention or a program. This system level change is difficult to document and when working in a school, almost imperceptible. It is only when group behaviour begins to change separate from being driven by policy or leadership that it is obvious that group norms are changing. Parents' new resistance to selling fund-raising chocolate is such an example. Parents began to raise concerns in regards to the annual fund-raising chocolate drive. A group of parents refused to participate in selling the chocolates as they felt that it was a conflict of interest with a health promoting school. Subsequently the parents association asked the HPO for ideas in regards to healthy fund-raisers, so that money could be raised without selling chocolates. The parents association also requested information about healthy food to be offered at the end of year function for the grade 6 students. The association was keen to uphold the idea of being a health promoting school and therefore was cautious about offering only 'red' foods to students. This is a clear example of the change in values and behaviours that is reflective of cultural change having taken place within the school community (Schein 2004).

Having established a 'Health Promoting' culture within the school, members of the school community started initiating more activities. A school vegetable garden was initiated by two enthusiastic teachers at the school. Members of the HPS committee began to explore the idea of setting up a Fruit and Veggie Co-op. BNPS is situated in a food desert. The ratio of fast food to fresh food outlets is 17:1. Public transport in the area is poor (Johnson et al. 2009). To build on the cooking demonstrations being offered to parents, using fresh produce, the committee indicated that they would like to make it easy for parents to purchase fresh fruit and vegetables and a Fruit and Veggie co-op commenced with eleven families signed up. This rose to 22 families by the end of the year. The art teacher agreed to work with the students to produce posters to promote the newly introduced wraps into the canteen. The posters were subsequently featured in the local paper. The HPO and a parent from the HPS committee attended a 'Greening up Your Canteen' workshop. The school prep teachers with a team of health professionals from EACH ran a Preps Dads breakfast. Along with a healthy breakfast, the fathers received health information and had their blood pressure taken. All these examples illustrate the change in culture and how enthusiasm can spread once new ideas are tried and seen to be successful (MacBeath and Jardine 1998; Schein 2004).

In the unfreezing stage it was identified that staff were dissatisfied with their own health and would like this to be an emphasis within the HPS approach. A staff

Pilates class was organized and initially subsidized by EACH. When the subsidy was finished, the teachers were happy to pay for this to continue. Forty percent of the teaching staff joined the classes which still continue to this day. Chrusciel (2008) identifies that in order for people to be accepting of the change, and indeed become early adopters, they need to see that they will benefit in some manner. The staff health program helped by affirming that the move to a HPS would also benefit the staff. The changes were not just about the students, but that the good health and happiness of the staff was just as important. By including the staff in the audit, the health promoting schools visioning day and regular chance for input at staff meetings, the staff were connected to the change process. Subsequent to the Pilates program, the Staff Health Term was introduced. Exercise equipment was placed in the staff room and friendly competition ensued. Ninety percent of staff were involved in a Staff Health Term team program, and 85 % of staff participated in staff health checks (Victorian Workcover Authority 2012). The idea that the school staff need to look after their own health and make it a priority has become embedded within the school psyche.

According to Rogers (2003), the easier it is for a group to see the innovation in practice, the more likely it is to be adopted. The Staff Health Term was a very visible outworking of the drive to become a HPS. The equipment was present in the staff room for a term and staff actively participated. This engendered much discussion on health, fitness, diet and exercise. Rogers (2003) also stressed the importance of peer-to-peer conversations in spreading ideas. Slowly the staff began to adapt and change to thinking of themselves as a health promoting school. Morning tea in the school staff room now consists of homemade yogurt, and stewed fruit. Staff decided to get rid of the biscuits as BNPS is a health promoting school. As schools are social complex adaptive systems 'freezing' is never a permanent situation (Keshavarz et al. 2010). However changes that occurred within the school have been accepted and become the new norm.

This has taken around 3 years to achieve and is still a work in progress. The success behind it has been due to a multi-model program which has addressed every area of the school. The commitment of the principal and assistant principal has been essential in achieving this culture change. The Principal continually talks about the school being a health promoting school. It is publicized in the school newsletter and frequently referred to within staff meetings.

7.4.3.1 Summary of Refreezing

At this stage there were a number of steps taken to embed the HPS within school policies and structures. In addition changes to the health and well-being environment were being driven by parents and teachers, whereas previously it had relied on the 'change agent' and school administration to initiate change. As examples parents began to raise concerns in regards to the annual fund-raising chocolate drive, requested information about healthy food to be offered at the end of year function for the grade 6 students, and a school vegetable garden was initiated by two

teachers. These are all examples of a cultural change process where health and well-being were now seen as core business of the school and it also resulted in staff focusing on and making environmental improvements relevant to their own health and well-being.

7.5 Achievements and Limitations

In the 'Moving' section of this article, it was identified that the 2009 DEECD annual health and well-being survey results showed that the school was below the state average in a number of areas in relation to health and welfare. Since the introduction of the HPS model and its attendant programs, the school has seen an improvement in all areas of student engagement and wellbeing as identified in the annual DEECD Student Attitudes to School Survey.

In 2009 on the DEECD survey, School Connectedness was listed in the bottom 25 % of the State. In 2010 it moved into the second quartile and in 2011, it moved into the third quartile and above the State average for first time in 3 years. Student motivation was listed in the bottom half of the State in 2009, and 2010, however moved into the top half in 2011. In 2009 Connectedness to Peers was listed in the 2nd quartile, in 2010 just above the State mean and in 2011 moved into the 4th quartile, placing the school in the top 25 % of the State. Classroom Behaviour has moved from the first quartile in 2009, to the top 10 % of the State in 2011. The Staff Opinion Survey mirrors the data of the Attitudes to School Survey.

Other data collected such as behaviour records and group discussions with school staff validates this improvement in school behaviour. One of the significant limitations from an evaluation perspective is that while changes to policies relevant to physical health behaviours have been documented, there has been no ongoing monitoring of children's nutrition and physical activity levels which have also been priorities of the school. This is something that is planned for future. And of course as a single case study threats to validity such as differences in student cohort cannot be ruled out.

The school now faces the challenge of maintaining this good work. The Principal and senior staff are very aware, that without continued input to the programs that have been put in place that have yielded the improved data, the gains can be easily lost. Recommendations to DEECD from the school have included training of new teachers in Tribes, Restorative Practices, and an emphasis on including these as regular topics for discussion at staff meetings, so that skills can be frequently updated. Initiatives such as health promotion in particular the importance of mental health promotion needs to remain at the fore front of school operations. Rowe et al. (2007), reinforces the recognition of the significance of partnerships in the school community, and in particular highlights the influence of the relationships between students, school staff, partnering organizations and parents. One of the challenges is that, with changes in staff, these hard won relationships can be lost overnight unless reinforced by the entire school community.

7.6 Replicating the Model in Other Schools, Where to from Here?

The advantage of an internal/external 'change agent' model is that it can facilitate a whole of school health promotion approach. The case study detailed in this chapter was based on the HPO having one day a week to devote to the role. This enabled the HPO to occupy a unique position in the school. Having an office at the school one day a week, attending morning tea, meetings etc. gave the HPO entrance to the teachers world, however, as the HPO was not a member of staff, she was also able to maintain a distance between the workings of the school and the HPO role. This has been part of the success of the change agent role.

The importance of an extra pair of hands around the school should also not be underestimated. Teachers feel overworked, under pressure (Kyriacou 1987; Easthope and Easthope 2000), and pulled in many directions. As well as teaching, many now find themselves taking on welfare roles and instigating health promotion projects. Having a worker who is prepared to assist the staff with these duties, is seen as a benefit to the teaching staff and the school. If the HPO is attached to a community health service, as is the HPO in this article, they have the added advantage of being able to draw on a wide variety of health professionals who can assist the school community. Examples of this include: nutritionists from EACH assisted with canteen reform and healthy cooking classes, nurses from EACH assisted with health checks at the Fathers Day breakfast, and an EACH disability group provide maintenance and gardening assistance in the school grounds.

A small study conducted in the south eastern suburbs of Melbourne surveyed either principals, assistant principals or leading teachers about how they currently structured their health promotion work and whether they saw merit in a paid HPO position. There were 15 respondents to the survey (37.5 %) and there was strong support for this model:

the role of health promotion within the school is expanding, requiring greater resources - especially staff time. At present this is 'added' onto other roles often results in less than adequate provision of support. A paid coordinator would be an extremely valuable asset to the school.

Schools do not have the money to fund any other bodies, we have enough trouble stretching the resources without finding and other things ??? that is thrown at us...Maybe we could share a body between 2 or 3 schools?

Another benefit of the HPO, not having a teaching degree and not being on the school staff, is that he/she cannot be co-opted into taking classes. One principal warned that if a staff teacher was given a percentage of their time to spend on health promotion activities, they would run the risk of been seen as an 'emergency fill in' when other teachers needed to be absent from their classes. If schools were given discretion over how the health promotion resources were allocated it might not be used to support a whole of school approach.

We need more staff in schools. If the health promotion coordinator planned and implemented the health and PE program as well as an extra staff member yes. If not we need more staff for smaller class sizes. A welfare officer would be of more help - that's health promotion as well

While the majority of schools could see the benefit in a HPO coordinating and linking together whole school health and well-being programs, they had competing priorities that meant any additional resources would not be directed towards funding a health coordinator role. The results did indicate that few schools would be willing to provide the necessary resources to assist school health promotion, which leaves these schools vulnerable to inconsistent delivery of programs. Further, if they were provided with the extra resources to facilitate whole of school health promotion they might use the resources to fund welfare programs only without consideration of a broader social and environmental approach. The external/internal model whereby the HPO is responsible both to a health agency requiring settings based determinants approaches and to a school to facilitate this change can help ensure that a whole of school health promotion model is the goal being pursued. The challenge would be resourcing that level of support. In the KidsMatter pilot project there were eight project officers who were the ‘critical friends’ to the 100 participating schools (Slee et al. 2009). In the States with larger populations the project officer could have 20 schools and much fewer in smaller States and Territories. While schools can potentially see the benefit of such a position how this could be funded remains uncertain. Further research is required on sustainable models of support for school health promotion.

7.7 Training and Support for HPOs Based in Schools or Other Settings

It has been recommended by Butler et al. (2001) that a ‘critical friend’ in a school needs to have a teaching background. It can be argued, however, that it is not the professional background that is important; it is the personal interaction, along with the skills that the ‘critical friend’ brings to the position. The role has been described as being one that is dynamic, requiring a high level of flexibility (Butler et al. 2001). Ideally the person has skills in health promotion activities such as data collection, conducting surveys, needs analysis and the skills to implement and evaluate programs. However they also need skills in regards to navigating the relationships in the school, opening up dialogue, raising questions, encouraging and keeping the momentum of the program going. Boot et al. (2010) emphasises the importance of both constructive personal relationships combined with professional skills that are seen to be valued by the school.

There are a number of challenges within a change agent role described by Faubert (2009) which are similar within the school experience. The balance between focusing on process and building long-term capacity versus producing short term outcomes that can generate good will and momentum is a challenge. The requirement to meet the funding bodies’ requirements on health promotion versus the ‘bottom-up’ approach of working with the school to identify and respond to their articulated needs is another tension. Faubert (2009) discussed that while there are these ongoing tensions one of the strengths in the dual role is being able to provide a distanced

perspective while at the same time becoming immersed within the community. Training and support for change agents around some of these issues is one of her recommendations which are equally applicable for a health promotion practitioner based in the school system (Faubert 2009).

In summary, one of the lessons from this work is that project planning models are of secondary importance relative to an understanding of organizational change theories and practices. While core competencies for health promotion practitioners have a strong emphasis on partnerships and capacity building (James et al. 2007), how these skills are taught and developed in undergraduate and postgraduate degrees requires further research. They may be taught in the context of program planning rather than the broader context described in this chapter of being a 'change agent.'

7.8 Conclusion

A number of authors (Boot et al. 2010; Laughlin 1990) indicate that in regards to becoming a HPS the process and journey that the school experiences are just as important as the successes. Each school is unique in its own right, with its own, needs and strengths. Due to the lack of long term evidence there is a movement away from giving settings such as schools packages and expecting them to implement it as designed (Hawe et al. 2009a). Rather, viewing interventions as events that can alter the function and structure of a setting/system may offer more opportunity for long term sustainable gains in health (Hawe et al. 2009b). While this hypothesis needs to be tested (Hawe et al. 2009b), the experience of this case study supports this literature that understanding and influencing organisational change is fundamental to improving the health promotion capacity of an organisation. Schools will show the most interest in elements that are a pressing need for the school. If schools do not see a need or something as a priority, obtaining the goodwill and agreement from the school staff will be difficult. A school's core business is teaching. The HPO needs to demonstrate that health promotion interventions will improve the learning environment in the school. The HPO should be able to work constructively with the school, using the framework to meet the school at its point of need and therefore gain acceptance of the program.

Schools also need assistance to implement the HPS model. Ideally they need a professional from a health or education background who can become the 'critical friend' at the school. Boot et al. (2010), in the Dutch 'Schoolbeat' program and Bond et al. (2001) in the Australian Gatehouse project both agree that having assistance on demand was a key part of the success of the programs. In regards to health promotion, the 'critical friend' needs to have the professional skills to assist the school in implementing structural health promotion programs, policy development and the ability to work with the staff to change the ethos and culture of the school. However, assistance only is not enough. The relationship of the 'critical friend' to the school is paramount to the acceptance of the HPS framework. Both Boot et al. (2010) and Butler et al. (2001) stress that a close relationship with the school with

resulting positive feelings is also important for mutual trust. The ‘critical friend’ has no standard role description. The role requires a high level of skill and flexibility and the ability to draw on a repertoire of actions, depending on the context of the school (Butler et al. 2001). Further research is required on how staff could be trained to work in such roles and potential funding mechanisms that could ensure equitable access to this resource.

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