Literature Overview to Inform the Makoura College Health Impact Assessment

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For

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Acknowledgements
Thank you to the key experts that were contacted throughout this review. Special thanks to Tom Hullena, Makoura College Principal, for giving his time during a busy school year.
Executive Summary

In 2008 the Minister of Education decided to keep Makoura College open after several challenging years of operation including a rapidly falling roll. Tom Hullena was appointed as the new Principal in early 2009. Tom is in the process of introducing new policies as well as introducing changes to existing policies. A key policy at the College is the Makoura Responsibility Model. This policy emphasises the importance of self-responsibility and student-teacher relationships.

A health impact assessment (HIA) is being undertaken to determine how this policy may impact the health and wellbeing of students and staff at Makoura College. It also aims to gather evidence about the policy, and make constructive recommendations on how the Makoura Responsibility Model and any future programme(s) may be improved.

This literature scan informs the HIA by providing evidence on a wellbeing approach to adolescent health. The purpose of this literature scan was describe the impact of schools on health and wellbeing and outline three wellbeing models used in secondary schools: the Responsibility Model, the Restorative Justice Model and Health Promoting Schools. The literature clearly shows that schools have an important part to play in improving the wellbeing of both students and staff. When students have good relationships with teachers and are better connected to school, they are likely to stay at school for longer, have higher educational achievements and have greater health outcomes as a result.

Wellbeing approach

Health should be viewed broadly to include social, economic, cultural and historical factors as these are known to impact on wellbeing. These factors include: education, transport, income, housing, urban design, and social policies, to name just a few. These factors can have positive or negative effects on wellbeing and these effects accumulate over a person’s life course. Therefore, the healthier a person is early in life, the greater their chances are of being healthy later in life. Addressing factors that influence health during childhood and adolescence can ensure long-term improvements in health and wellbeing.

Research shows young people are less likely to engage in risk behaviours when they feel connected to others. A youth development approach is about young people having a greater sense of social connectedness, feeling valued and knowing who they are as a young person in New Zealand. Positive outcomes for young people are achieved when supportive social environments are created through a combination of quality relationships, effective youth participation, good information and a consistent strengths-based approach.

Impact of schools on health and wellbeing

Education impacts on people’s health and wellbeing. High quality research shows that people ‘with lower levels of education are more likely to die at a younger age and are at increased risk of poorer health throughout life than those with more education’ (Higgins et al, 2008:7). When compared to people with lower levels of education, people with higher levels of education are more likely to:

- be at less risk of dying from ‘lung cancer, stroke, cardiovascular disease, and infectious diseases…[and at less risk of experiencing] a range of illnesses including back pain, diabetes, asthma, dementia and depression’ (Higgins et al, 2008:8)
- engage in healthy behaviours such as physical activity and are less likely to engage in unhealthy behaviours such as smoking
- have greater knowledge of health conditions and treatments through improved ability to access and understand information that can keep them healthy
- develop attitudes and behaviours conducive to good health
- be employed and earn more
- have better self-management skills
- have more opportunities for social development and enhanced social skills, with positive impacts for both the individual and wider community, and subsequently, for general health eg, have increased levels of participation in society
- have a greater sense of control over their life.

(Higgins et al, 2008:25)

Because education determines health and wellbeing, schools are key sites for protecting and promoting the wellbeing of school staff, students and the wider community. The literature scan shows that young people need to be connected to their school. Connectedness can be achieved through positive student-staff relationships and involving everyone in the school community. Commentators suggest schools have a responsibility to ensure their students and staff are connected and that schools protect and promote the wellbeing of staff and students.

Research shows that a healthy school environment and a positive learning culture contribute to improving wellbeing. The learning culture within a school is shaped and influenced by many different people from the students themselves to the teachers, support staff, the principal, the board, the parents and the wider community. Teacher-student relationships are an important part of this learning culture and school environment, particularly for students at low decile schools. The learning culture is not just shaped at school however, as parents / whānau and the wider community also have a part to play in reinforcing the learning environment young people experience at school eg, valuing education at home.

The literature indicates that a positive learning culture and a healthy school environment requires a whole school approach. A key feature of the whole school approach is engagement; engaging with teachers, students, parents / whānau, and the wider community. Interventions are more likely to be successful within a whole school approach that involves commitment and input from the whole school and its community.

**Three wellbeing models used in secondary schools**

The Responsibility Model, Restorative Justice Model and Health Promoting Schools are three whole school models described in the literature that highlight the importance of student-teacher relationships, a holistic approach, and linkages with the community. These approaches seem to benefit both students and teachers by improving student-teacher relationships, helping students feel more connected to school, and making teaching less stressful and more effective.

When implemented successfully, these models are essentially about increasing connectedness to achieve better outcomes for young people, staff and the community. Research indicates that increased sense of belonging and connectedness is vital for students to stay at school for longer, improving student staff relationships, and consequently improving the wellbeing of students, staff and the wider community.
The Responsibility Model
The Responsibility Model focuses on teaching students to become more personally and socially responsible. The main focuses of the Responsibility Model include: giving students the opportunities to practice skills such as self-directed learning, decision-making, personal responsibility and helping others; encouraging students to take leadership roles; empowering students to take more responsibility for their decisions and actions; and, placing value on establishing teacher-student relationships that are respectful and positive. The Responsibility Model is a different model of teaching where control is shifted away from a traditional teacher-centred learning environment, to more shared control of the learning environment by both teachers and students.

The Restorative Justice Model
The Restorative Justice Model is an alternative approach to dealing with problem behaviour representing a shift in focus from the pure ‘punitive’ type punishment of young offenders, to offenders being seen as victims of their environment and in need of support and help. A restorative approach encourages self-responsibility and accountability. Restorative approaches develop a more positive whole school culture. The scan of the literature has shown that traditional ways of coping with challenging behaviour in punishing or excluding students from mainstream are often ineffective and damaging to young people resulting in disconnection from school and the wider community.

Health Promoting Schools
Health Promoting Schools is a conceptual framework that recognises school as an integral part of the wider community where children and young people spend much of their time. The framework encompasses the curriculum, physical and social environments and the involvement of parents and the wider community. Health Promoting Schools aims to provide knowledge, information and skills to empower young people to make good decisions regarding their health at both primary and secondary level. Essentially, Health Promoting Schools is a whole school, holistic approach that aims to contribute to positive learning outcomes and wellbeing for students.
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1. Introduction

Makoura College is a secondary school in Masterton that was close to being closed in 2008 due to many factors, one of which was a falling roll. With the Ministry of Education’s decision to keep Makoura College open, a new Principal was appointed in early 2009. Tom Huliena is in the process of introducing new policies as well as introducing changes to existing policies. Like all Principals, he is particularly interested in improving students’ connectedness, improving their academic achievement and improving their behaviour. Tom believes that focusing on wellbeing in a broad sense, and building positive student-teacher relationships is integral to achieving these goals.

A concurrent health impact assessment (HIA) is being undertaken on the Makoura Responsibility Model which is part of Makoura College’s Behaviour Management System. Previously the Behaviour Management System was focused on a reactive approach to behaviour management and is being re-focused on a more proactive approach emphasising student responsibility and choice. The Makoura Responsibility Model emphasises self-responsibility and accountability.

The HIA on Makoura College considers how the change in focus to behaviour management might impact either positively or negatively on the health and wellbeing of students and staff at Makoura College. It also aims to gather evidence about the change in focus, and make constructive recommendations about how the Makoura Responsibility Model and any future programme(s) may be improved. This overview of literature serves to inform the HIA by describing holistic understandings of health and wellbeing, the links between education and wellbeing, and holistic models used in secondary schools with a focus on the Responsibility Model, the Restorative Justice Model and Health Promoting Schools.

The HIA (including this literature overview) is funded by the Learning by Doing Fund from the Ministry of Health’s HIA Support Unit.

1.1 Aims of the Literature Review

This literature review aims to identify:

- Holistic approach to health and wellbeing
- The links between education and wellbeing
- Holistic models used in secondary schools ie, the Responsibility Model, the Restorative Justice Model and Health Promoting Schools

1.2 Background

Makoura College is a state co-educational school that has provided secondary education in Masterton since 1968. It was originally called Makora College and the name was changed to Makoura College in 1990. ‘Makoura is the name for the freshwater crayfish which live in the local streams’ (Makoura College, 2008). The College enrolls students from the whole of the Wairarapa. The College has a strong Māori presence with 48% of the students being Māori.

In 2003 declining rolls in Masterton primary schools signalled that the number of students available for the seven secondary schools in Masterton were also likely to decline. In 2005 the Board at Makoura College undertook initiatives to keep the roll at
400 or at worst 350. In 2008 the roll was about 240 and was projected to be about 225 in 2009, and down to 200 by 2011. As the roll goes down, so does funding, and as the Makoura College site is expensive to maintain, a decreasing proportion of the funding was projected to be spent on learning.

In April 2008 the Board took stock of Makoura’s future by consulting widely. The Board produced a discussion document for public comment about five options:

A. Makoura College continues on its current site.
B. Makoura College Board resigns and is replaced.
C. Makoura merges with another education provider (3 options provided).
D. The Boards of Makoura and Wairarapa College’s combine.
E. Makoura College closes.

This discussion document generated considerable debate, including multiple submissions and public meetings. The Makoura College Board recommended to the Minister of Education that:

- Based on the strong wishes of the community that Makoura College remain open.
- To achieve this, the Board is not the appropriate agent of change and therefore it will resign effective 27th August 2008.

This was agreed to by the Minister of Education. A Commissioner from the Ministry of Education, Tim White, was then brought into the College to appoint a new Principal and manage the school in the interim. Tom Hullena started as Principal in Term One of 2009 to 250 students and more than 50 teaching and support staff.

Because behaviour management is a central issue at the College and is viewed as part of the overall health and wellbeing of both students and staff, it was agreed that the HIA should focus on a holistic approach to wellbeing with a particular emphasis on behaviour management.

1.2.1 Description of the Makoura Responsibility Model

Background
In the past few years Makoura College has developed a Behaviour Management System to address behavioural issues and build a safe, supportive and inclusive environment. In its report on future options for the college in August 2008, the previous Board recommended the continued enhancement of the Behaviour Management System.

Following the Minister of Education’s decision to keep Makoura College open, the Commissioner, management and staff have been implementing this system with greater emphasis on student self-responsibility and developing positive student-teacher relationships. The approach currently being implemented is called the Makoura Responsibility Model and builds on previous work by the college in developing the Behaviour Management System. The current model emphasises self-management and shared learning and reflects more than behaviour management alone. Rather than being ‘set in concrete’, the model is being refined as it is put into practice.
Overview of the Makoura Responsibility Model
The Makoura Responsibility Model aims to help students learn self-responsibility so they can make choices that are responsible, respectful and right. The consequences of those choices are emphasised, as well as building positive teacher-student relationships. The Makoura Responsibility Model is being implemented across the whole school. Everyone involved in the college including students, staff and family/whānau are seen as having a part to play in working with and for each other to develop a safe and supportive school culture.

Key principles of the Makoura Responsibility Model include co-construction of ground rules; empowerment; win-win; democracy; teachers and students bound to agreements; relationships; proactive strategies; school wide expectations; and no ‘blame and shame’. The approach emphasises the close link between behaviour and learning. It encourages proactive strategies with clear expectations and consequences to help prevent and reduce behavioural problems.

The model is supported by research evidence including the importance of positive student-teacher relationships/care for students’ educational outcomes. Overseas and New Zealand research suggests student-teacher relationships are even more significant in contributing to educational outcomes for students at risk of not succeeding at school. Teacher care and positive relationships with students may help to increase the resilience of these students.

How the Makoura Responsibility Model works
The four cornerstones of the model are clear expectations, choice, consequences, and consistency. The four core procedures to help in dealing with behaviour are:

1. Proactive – relationships and proactive strategies (using communication, consequences, consistency e.g. shared ground rules, using students’ names, managing seating);
2. Low level – super six (tactical ignoring, proximity-sweeping, reinforcing positive alternatives, low key signals to the individual, general positive focusing signal and general low key reminder);
3. Higher level – tight five (remind-refocus, offer choice, redirect, limit/set consequences, cool off/time out);
4. Referral to senior personnel (if the previous strategies have not worked).

Initiatives at the school
Several initiatives are currently being implemented in line with the Makoura Responsibility Model. These include:

- Waka Huia which involves groups of 8-12 students meeting regularly with teachers for support and pastoral care.
- A homeroom initiative which involves students having fewer teachers and less classroom changes throughout the day. This concept may be expanded in 2010 in order to focus more closely on students learning and personal needs such as poor levels of literacy development.

The College also wants to work towards implementing a health promotion approach as part of teaching across the board – including improving resilience of students, anti-bullying measures and protection and promotion of sexual health.
Health Impact Assessment with Makoura College
The health impact assessment (HIA) will assist Makoura College’s future planning and implementation of the Makoura Responsibility Model. It is a concurrent HIA as the implementation of the model is already underway. The HIA will inform future decisions by the school in implementing and refining its use of the Makoura Responsibility Model.

This literature overview provides an evidence base for the HIA.
2. Methods
This review aimed to investigate how holistic approaches to education in secondary schools, particularly in regards to the Responsibility Model and the Restorative Justice Model, impacts on the health and wellbeing of students and staff.

The research questions for this literature review are:

- What are holistic understandings of health and wellbeing as they relate to adolescents?
- What are the links between education and wellbeing, particularly how schools impact health and wellbeing?
- What are the Responsibility Model, the Restorative Justice Model, and the Health Promoting Schools model?

2.1 Search Strategy
This literature overview drew on a number of articles about education and health and wellbeing. Where possible, New Zealand and Masterton specific information was sought and included. Both quantitative and qualitative evidence was included in the review, and the focus was on empirical evidence from well designed studies although few of these studies were found. Barrie Gordon’s research was particularly useful for the section on the Responsibility Model. The key databases, websites, literature and people are listed below.

Sources:
Key databases searched:
- ProQuest Education Journals
- ERIC (Educational Resources Information Center)
- PsycINFO
- Index New Zealand
- Google and Google Scholar

The timeline for searching the databases was 1960 – current. Key words were: health, wellbeing, holistic, adolescents, teachers, whole school, approach, model, education, secondary schools, college, Responsibility Model, behaviour management, holistic model, case studies, Restorative Justice Model, Health Promoting Schools, effectiveness, features of effectiveness, evidence.

Key websites searched:
- AIMHI website: www.aimhi.ac.nz

Key literature
Key people contacted:

- Tom Hullena, Makoura College Principal – Phone (06) 378 6074
- Barrie Gordon, Senior Lecturer, Health and Physical Education, Victoria University – Phone (04) 463 9770 Email: barrie.gordon@vuw.ac.nz
- Jenny Searle, Teacher and Year 10 Dean, Tararua College – Phone (06) 376 8344
- Janis Carroll-Lind, Office of the Children’s Commissioner – Phone (04) 471-1410 / 0800 224 453
3. Adolescent Health and Wellbeing

Adolescence is a major developmental stage in life and wellbeing is of particular importance during this time. This section focuses on:

- Holistic approaches to health and wellbeing
- Common risk and protective factors for young people
- Factors that determine adolescents health and wellbeing
- The life course approach
- The youth development approach

3.1 Holistic approach to health and wellbeing

A holistic model of health recognises that a number of social, economic, cultural and historical factors impact on wellbeing. This approach recognises that health and wellbeing are much broader concepts than solely physical health and includes mental, social, economic, and spiritual health. A holistic approach takes into account the vast amount of factors that impact on a person’s wellbeing. Some of those health impacts are direct eg, smoking. Other impacts are indirect and are mediated through lifestyle and other health related behaviours as well as broader social processes eg, low household income may mean students do not have breakfast which impacts on their concentration and energy levels throughout the day. For some children and young people, the difficulties they experience during their development may result in poor health and wellbeing outcomes. These young people have often been labelled as ‘at-risk’ or have had their health and wellbeing issues defined as being ‘their problem’.

3.1.1 Common protective and risk factors for young people

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. Common protective factors include:

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). Common risk factors include:
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

3.1.2 Factors that influence wellbeing and social outcomes

Those factors that determine wellbeing outcomes are defined as ‘those things that keep us healthy or increase the likelihood of us becoming unwell’ (Ministry of Health, 2007:1). Factors that influence wellbeing include education, transport, income, housing, urban design, and social policies, to name just a few. These factors are often referred to as ‘upstream’ factors because their effects are not necessarily direct and occur over time.

*The social and economic factors that have been shown in a variety of settings to have the greatest influence on health are income and poverty, employment and occupation, education, housing, and culture and ethnicity.*


Factors that influence wellbeing can either increase resiliency or place young people at greater risk of adverse health outcomes. The determinants model (see Appendix A\(^1\)) is concerned with understanding the causal pathways which lead to young people’s wellbeing and social outcomes being compromised. The generational and cumulative impact of these factors highlights the importance of reducing exposure to those underlying issues during childhood and adolescence in order to reduce negative outcomes during adulthood. The Ministry of Health reports:

*[I]nequalities in adult health can often be traced back to poor health status in childhood, so focusing on improving child health through improving access to services and reducing inequalities between different populations of children [and young people] will yield lasting lifelong benefits for the health sector.*

(Ministry of Health, 2004:12).

\(^1\) The Dahlgren and Whitehead (1991) model that is used in many documents to illustrate the various factors that impact on health.
It is important to note the factors that determine wellbeing determine not just health outcomes but also many social outcomes as well. For example, social connectedness is fostered by positive relationships based on trust. People are more likely to feel supported when they have close relationships with others. Conversely, people may feel alienated when they do not have those close relationships. ‘Feelings of isolation and loneliness undermine overall wellbeing and can be detrimental to people’s physical and emotional health, resulting in stress, anxiety or depression’ (Ministry of Social Development, 2008:111). Thus, the factors listed above are not specific to health. These factors show the benefits of a broad wellbeing approach in improving young people’s health and wellbeing outcomes.

### 3.2 Life course approach to adolescent health and wellbeing

A holistic view of health and wellbeing looks at a person’s whole life course rather than just looking at particular aspects of their life. The life course approach to health and wellbeing recognises that biological development is socially mediated and takes place within a social context. That social context structures life chances ‘so that advantages and disadvantages tend to cluster cross-sectionally and accumulate longitudinally’ (Bartley et al, 1997:2). As mentioned above, the healthier a person is earlier in life, the greater their chances are of being healthier later in life. Thus, it is important to look at health and wellbeing across a person’s whole life course.

The life course approach focuses on critical periods, key developmental stages and early life events with an emphasis on people’s experiences over time. The transition from childhood to adolescence is a key developmental stage in a person’s life course. Adolescence can be a difficult time for many young people and it is often characterised by high stress and emotional upheaval. The teens and early twenties are marked with the highest prevalence of a wide range of risk behaviours such as substance abuse, risky sexual behaviour and crime that can potentially harm the young person and others (Ma and Zhang, 2002). ‘Depression, suicide, emotional disorder, eating disorders and conduct disorder all peak during adolescence’ (Ma and Zhang, 2002:1). One of the causes for concern is that young people tend to engage in risky behaviours more than people of other ages, therefore they are at a higher risk of experiencing adverse outcomes.

The life course approach creates the opportunity to reduce risk factors and build upon protective factors. Policy makers recognise that the life course approach is a valuable way of understanding the health implications of social and economic policies. ‘Life course health policy is essentially prevention policy with the longest time horizon possible; from conception to death’ (Forrest and Riley, 2004:6).

The life course model provides ‘a scientific basis for understanding the continuity between child and adult health’ (Forrest and Riley, 2004:1), highlighting that childhood and adolescence is a critical period (Forest and Riley, 2004). Thus, health and wellbeing must be of utmost importance during childhood and adolescence in particular.

### 3.3 Youth Development Approach

Youth development is about young people feeling valued, having a greater sense of social connectedness, and knowing who they are as a young person in New Zealand. A youth development approach promotes self-worth, social connectedness and a sense of direction for young people. This approach goes beyond focusing, blaming,
reacting and fixing towards understanding, encouraging, planning and achieving (Youth Development Strategy, 2002:2). It extends beyond reducing negative behaviours and emphasises the adoption of positive behaviours.

The Youth Development Strategy (2002) sets out the key principles of a youth development approach. A key principle of a youth development approach is about young people having positive connections within society across many environments. Positive relationships with family and whānau are very important. ‘A positive youth development approach is consistent with a kaupapa Māori approach’ (Ministry of Youth Affairs, 2002:13). Key principles and the likely outcomes when they are applied are listed in table 1 below.

Table 1: Key principles of a youth development approach

<table>
<thead>
<tr>
<th>Key principles of a youth development approach:</th>
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<tbody>
<tr>
<td>1. Youth development is shaped by the ‘big picture’.</td>
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<td>2. Youth development is about young people being connected.</td>
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<tr>
<td>3. Youth development is based on a consistent strengths-based approach.</td>
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<td>4. Youth development happens through quality relationships.</td>
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<td>5. Youth development is triggered when young people fully participate.</td>
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<td>6. Youth development needs good information.</td>
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<tr>
<th>If the nation or community acts on the understanding that positive youth development:</th>
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<tr>
<td>• is shaped by the ‘big picture’</td>
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<tr>
<td>• is about young people being connected</td>
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<td>• is a consistent strengths-based approach</td>
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<td>• needs good information</td>
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<tr>
<th>Young people are more likely to grow up:</th>
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<tr>
<td>• knowing they can make a positive contribution to society and have opportunities to do so</td>
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<tr>
<td>• knowing they have supportive and caring connections with a range of groups and people who care about them</td>
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<tr>
<td>• knowing they can influence their own lives through choices and skills</td>
</tr>
<tr>
<td>• knowing they feel good about who they are and what they can offer</td>
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<tr>
<td>• feeling positive and comfortable with their own identity</td>
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<tr>
<th>Result: a country where young people are vibrant and optimistic</th>
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<td>(Ministry of Youth Affairs, 2002:7-9)</td>
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Figure 1 below gives an overview of the youth development approach showing that positive outcomes for young people are achieved when supportive social environments (see figure 1) are created for young people through a combination of
quality relationships, effective youth participation, good information and a consistent strengths-based approach.

Figure 1: Summary of the youth development approach

(Ministry of Youth Affairs, 2002:18-19)

A youth development approach has been welcomed by many organisations such as the Ministry of Youth Development as a way of creating healthy environments for young people.
4 Links between Education and Health and Wellbeing

Education cannot be separated from health and wellbeing and vice versa. This section sets out the links between education and health and wellbeing describing how education is a key determinant of wellbeing, how school affects wellbeing, and the role of the school in protecting and promoting health and wellbeing.

4.1 Education is a key determinant of health and wellbeing

Education impacts people’s health and wellbeing in many ways. ‘A substantial body of international evidence clearly shows that those with lower levels of education are more likely to die at a younger age and are at increased risk of poorer health throughout life than those with more education’ (Higgins et al, 2008:7). When compared to people with lower levels of education, people with higher levels of education are more likely to:

- be at less risk of dying from ‘lung cancer, stroke, cardiovascular disease, and infectious diseases…[as well as experiencing] a range of illnesses including back pain, diabetes, asthma, dementia and depression’ (Higgins et al, 2008:8)
- engage in healthy behaviours such as physical activity and are less likely to engage in unhealthy behaviours such as smoking
- have greater knowledge of health conditions and treatments through improved ability to access and understand information that can keep them healthy
- have better self-management skills
- have increased levels of participation in society (social capital)
- be employed and earn more
- have a greater sense of control over their lives

(Higgins et al, 2008)

Education, both formal and informal, (largely) determines employment which in turn (largely) determines income. People with higher educations tend to have a higher income. ‘Low education and literacy levels are strongly related to poverty, malnutrition, ill-health and high infant mortality’ (Public Health Advisory Committee, 2004:30). As such, education is critical in determining people’s social and economic position. Thus, greater levels of education can lead to:

- improved chances of finding secure, well paid employment (with a higher income), with subsequent health benefits
- more opportunities for social development and enhanced social skills, with positive impacts for both the individual and wider community, and subsequently, for general health
- greater likelihood of developing knowledge, attitudes and behaviours conducive to good health
- reduced inequalities (when benefits accrue equally across all population groups)

(Higgins et al, 2008:25)

It is also important to note that health and wellbeing impacts on education. For example, if a student’s health and wellbeing is not optimal, they may have difficulty concentrating in class or prioritising education at all, which impacts on their learning.
In this sense, while education impacts health and wellbeing, health and wellbeing also impacts education.

### 4.2 How school affects health and wellbeing

Given that students and staff spend much of their time at school, their health and wellbeing can be significantly affected by the school. Therefore, schools are more than just educational sites. *They can also be conceived of as gateways to sets of resources that range from the informational (eg, news of a neighbourhood), to the material (eg, grounds and buildings for community use) to the social (eg, networks and sources of support)* (Witten et al, 2001:308).

Over recent years there has been considerable research into the attributes of resilient children and young people, and the characteristics found in home, school and community environments that foster resilience. Local, national and international research has demonstrated that teachers and schools are among the most significant protective factors for students growing up in poverty, and with stress and family dysfunction. It is positive school experiences, particularly encouraging relationships with teachers, that make the difference for these students. Thus, schools are key sites for protecting health and wellbeing and promoting healthier environments for school staff, students and the community.

#### 4.2.1 The health and wellbeing of school staff

The health and wellbeing of teachers and other school staff is very important; the greater the teachers’ wellbeing, the greater their students’ wellbeing is likely to be. Yet there seems to be far less research on teachers’ wellbeing than on students’ wellbeing. *Schools have rarely been investigated from the perspective of being a workplace, despite increasing worldwide concern about health issues, particularly job stress, associated with the teaching profession* (Lemerle & Stewart, 2005:464). Furthermore, *little research has attempted to identify organisational models of best practice that effectively minimise the health risks associated with [teaching]* (ibid).

Teaching is a high stress occupation. Direct stressors and organisational stressors have been identified:

**Direct stressors:**
- serious behavioural problems
- abuse from children
- exposure to skin and bacterial infections
- interruptions at work
- multiple demands
- time pressure

**Organisational stressors:**
- lack of rest periods
- work overload
- mismatch between career expectations and reality
- lack of opportunities for professional support or development
- ongoing uncertainty related to job contracts

(Lemerle & Stewart, 2005:468)
In their study on building social and organisational capital to promote teachers wellbeing and job commitment, Lemerle and Stewart (2005) found:

> In schools offering higher skill discretion (opportunities to keep learning new things, developing new skills, skilled tasks, task variety, and job creativity), teachers’ morale was higher, co-worker support was stronger, teachers felt more appreciated, and their personal and professional goals were more congruous with the workplace.

(Lemerle and Stewart, 2005:481).

This literature clearly indicates that the school environment and organisational structure affects the wellbeing of teachers. Thus, the wellbeing of teachers needs to be a priority for schools.

### 4.2.2 The health and wellbeing of students

Schools are a key setting that affects students’ health and wellbeing, either positively or negatively. As mentioned above, the transition from primary to secondary school or childhood to adolescence is a key developmental milestone. It is also a time that is often fraught with uncertainty as young people discover what is really important to them. Schools play a significant role during this time and all aspects of students’ health and wellbeing are affected by the time they spend at secondary school.

> In the school environment, the student notion of autonomy and control is often based on the perception of school rules. If students perceive school rules to be fair and relevant, particularly if they feel they can influence their learning conditions, they develop positive school experiences adjusting themselves to the school environment.


Students’ health and wellbeing can be affected by:
- social networks with peer groups
- connectedness with culture, society
- self-esteem
- sense of belonging
- relationships with teachers

Positive relationships with teachers are central to whether students’ experiences of school are positive or negative. Positive relationships with teachers often result in students developing health-enhancing behaviours as opposed to risk behaviours such as smoking, and students feeling supported by and connected to their school. In turn, these factors impact on their capacity to learn. ‘Students tend to experience more satisfaction with their schools when they feel safe, are fairly treated, and are supported by their teachers’ (ibid). ‘The way in which a school manages its students will have an impact on their sense of belonging, their level of engagement and their achievements’ (Scott, 2005:29). All these things impact on health and wellbeing.

### 4.2.3 Health and wellbeing of whānau and wider community

Schools also affect the health and wellbeing of the wider community. Schools are often focal points within the community and they provide a place of interaction and belonging. Events or activities bring people together creating opportunities for
contact, support and information sharing. ‘Schools act as portals into the neighbourhood communities and as such they are ideal sites for the regular, mundane encounters that can build social capital and neighbourhood cohesiveness’ (Witten et al, 2007:147).

*Beyond the initial decisions as to which school a child will attend, parents are repeatedly offered choices about involvement that can draw them into the school community. Choosing to engage then becomes a key mechanism through which specific acts and practices produce and reproduce a sense of belonging to the community.*

(ibid)

A study of primary and secondary parents found that many parents felt more connected to the community when they had positive perceptions of the school and vice versa. ‘Both positions highlight a role played by schools in maintaining an inclusive and cohesive society but also show that a school’s capacity to contribute in this way cannot be decoupled from the dynamics of the wider community of which it is a part’ (ibid).

Schools can also impact the community in more indirect ways. Perceptions of school safety and quality of education delivered by the school can also affect house prices as people either move away to go to what they perceive as a ‘better school’ or other people move to the area so they can be in the zone to enable their children to attend the school (Witten et al, 2007). ‘Access to good schools was the primary reason for moving to or staying in the area for most parents interviewed’ (Witten et al, 2007:145).

Schools can also bring people together in tough times. ‘The role schools play in the construction and maintenance of communities is evident in situations of threatened school closure where communities mount strong defensive actions to save a school’ (Witten et al, 2007:141). This often results in the community coming together as a cohesive unit to try and keep a school open. ‘For individuals, feeling part of a community and living within a more socially cohesive society are associated with better health’ (Witten et al, 2007:141).

### 4.2.4 The importance of a whole school approach to wellbeing

A ‘whole school approach’ helps ‘define an agreed values system that the whole school community endorses, including students, teachers, principals, boards of trustees, primary caregivers and the wider community (TKI, n.d). ‘A whole school approach ensures consistency and sustainability while promoting inclusion, accountability, through school wide policies, practices and procedures as well as a commitment from the school and the school community’ (TKI, n.d).

*Through modelling and supporting positive behaviours the school community can influence the school’s philosophy and culture…positive school culture has a shared vision…Students feel they belong, enjoy supportive relationships and are engaged in learning. For a whole school approach to be effective, it must increase the level of engagement for all its students.*

(TKI, n.d)

A whole school approach to health and wellbeing recognises that health and wellbeing is the responsibility of not just the individual person but of the whole school.
It looks at the whole school day rather than just at the curriculum and is about creating supportive environments for everyone within the school community. A key feature of the whole school approach is engagement; engaging with teachers, students, parents/whânau, and the wider community.

According to the United Kingdom’s Department for Children, Schools and Families (2009), there are 10 elements to the whole school approach. These include:

- leadership, management and managing change
- policy development
- curriculum planning and work with outside agencies
- teaching and learning
- school culture and environment
- giving children and young people a voice
- provision of pupil support services
- staff professional development needs, health and welfare
- partnerships with parents/carers and local communities
- assessing, recording and reporting children and young peoples’ achievement

(http://www.healthyschools.gov.uk/About-Whole-School-Approach.aspx)

Carroll-Lind (2009) states that, ‘[i]nterventions are more likely to be successful within a whole school approach that involves commitment and input from the whole school and its community’ (p.85).

### 4.3 The role of the school in protecting and promoting health and wellbeing

It is the schools responsibility to ensure that the wellbeing of staff and students is protected and promoted. This does not mean the school is solely responsible for everything that happens to its staff and students but it does need to place their health and wellbeing highly. In doing so, teachers will be happier to be there and will be more able to teach their students, and students will learn more effectively. This has flow-on effects for the school as its reputation may improve and eventually the roll may also increase too.

Processes that focus on building relationships, encouraging connectedness and providing opportunities for meaningful participation are critical to enhancing resilience and other educational outcomes. Many schools are already actively engaged in promoting students’ healthy development by providing safe, caring and inclusive learning environments.

#### 4.3.1 Creating effective learning cultures within schools

The learning culture within a school is shaped and influenced by many different people from the students themselves to the teachers, support staff, the Principal, the Board and the parents (Hawk, 2000). A learning culture is most effective when everyone works together to maximise learning opportunities.

Communication is central to creating effective learning cultures within schools; that is, communication between teachers and students, teachers and the principal, teachers and parents, parents and students, and the principal and the board.
[A]n effective learning culture is one in which school personnel love learning, are pro-active and enthusiastic about continuing their own learning, participate in the learning activities and work cooperatively to create a “community of learners”. It is one in which people are honest in their self reflection and in their reviewing of school practices and programmes, they front and resolve difficult issues and genuinely model the behaviours they would like in their students.

(Hawk, 2000:7-8).

The teacher-student relationship is also very important, as is the principal as leader of the school, the Board in supporting the school, and parents role in influencing learning at home which impacts on learning at school.

4.3.2 Increasing school connectedness

Schools have a responsibility to ensure their students are connected to the school and the school community. ‘Feeling positive about school and building sound learning skills greatly improves their chances of doing well in other parts of their lives, especially at work’ (Ministry of Youth Affairs, 2002:18-19). While schools have always been an important place for interventions that improve student health such as nutrition programmes, health and physical education studies and on-site health services, schools have often neglected ensuring students feel a sense of belonging and connectedness to their school (McNeely et al, 2002). School connectedness is a protective factor for detrimental outcomes such as substance use/abuse, violence, and early sexual activity (McNeely et al, 2002).

As part of the National Longitudinal Study of Adolescent Health in America, McNeely et al (2002) undertook an analysis of ‘data from a nationally representative sample of 7th-12th grade students to test the association between connectedness and several features of schools positively linked…to developmental needs of adolescents’ (p.138). Findings suggest that school connectedness is lower in:

- ‘schools with difficult classroom management climates…when teachers are empathetic, consistent, encourage student self-management, and allow students to make decisions, the classroom management climate improves’
- ‘schools that temporarily expel students for relatively minor infractions such as possessing alcohol, compared to schools with more lenient discipline policies’
- larger schools – ‘students in smaller schools feel more attached to school than students in larger schools’

(McNeely et al, 2002:145)

4.3.3 The importance of the teacher-student relationship

Teacher-student relationships are very important because the more students feel their teachers care, the more connected they become to the school, the longer they will stay at school, and the greater their educational achievements are likely to be (Hullena, 2009). Thus, teachers have a central role to play in students learning.

Students are more actively involved in their learning when they have self-efficacy, the belief that they can make a significant contribution to their own learning and development. This is fostered by teachers who do not wish to be controlling and who work actively to move the locus of control from the teacher to the individual student and to the class as a whole. When this is successful,
the student takes more responsibility for their learning, has more confidence and is more likely to experience success.

(Hawk, 2000:2).

Teachers also need to role model positive learning. They need to demonstrate their own love of learning to pass onto their students. The ‘do as I say but not as I do’ adage is not effective. The relationship between students and teachers seems to be very important, particularly for students at low decile schools. ‘In low decile schools, for many students the right sort of relationship with the teacher is not only important, it is a pre-requisite for learning to take place’ (Hawk, 2000:2). This becomes even more important for students not getting much support at home (Ministry of Youth Affairs, 2002).

There seems to be growing research evidence (including New Zealand evidence) for:

a) the importance of positive student-teacher relationships/care for students' educational outcomes
b) even greater importance for students at risk of not succeeding at school – teacher care and/or positive student-teacher relationships may be protective factors / increase resilience
c) features associated with care/positive student-teacher relationships – understanding students, listening and dialogue, spending time interacting with students, being sensitive to students’ moods, recognising and valuing individuality, showing respect, promoting self-esteem, promoting students strengths and empowering/involving in decision making, holding and conveying high expectations, using humour, modelling appropriate behaviour, developing a sense of community, connection and belonging.

(Hullena, 2009)

4.3.4 The role of the principal as leader of the school
Like the teachers, the Principal also needs to lead by example. ‘A principal who wants to lead the development of an effective learning culture needs to begin by walking the talk’ (Hawk, 2000:3). Principals need to be open to the views of others and must be able to work with others to create, improve and sustain the learning culture of the school. The principal, in consultation with others, is responsible for setting the vision of the school ensuring it has a planned development path. ‘To know when to keep the pressure and momentum for change going, and to know when to pull back and consolidate is an important judgement for a change manager’ (Hawk, 2000:4).

4.3.5 The Board's role in supporting the school
Boards of Trustees are in place to support the school and the principal and essentially have a governance role. ‘An effective Board will be knowledgeable and independent enough to ensure it is pro-active about its own development. It can then make an active contribution to the life of the school and does not rely totally on the Principal and school professionals to carry it’ (Hawk, 2000:4). Boards also need to be positive role models and need to be kept informed about what is happening within the school so they can and want to support what is happening.

4.3.6 Parents' role in influencing the learning culture at home
Parents and other family members/caregivers have a key role in their children’s learning. ‘There is a great deal of national and international research evidence that parental involvement in their children’s education has motivational, behavioural and
cognitive benefits for children’s learning’ (Hawk, 2000:4). Having good relationships with their children’s teachers enables family/whānau members to better assist their children’s learning. Creating a positive learning culture at home where education is valued reinforces the learning environment at school.

4.3.7 The wider community can reinforce positive youth development

Aside from school, young people spend much of their time within their neighbourhoods which form part of the community setting. ‘The support available within those neighbourhoods, for young people and their parents, can determine whether outcomes are positive’ (Ministry of Youth Development, 2002:18-19). Neighbourhoods that aid positive development often include:

- a safe, crime-free environment
- housing in good repair with no overcrowding
- stable, long-term residents
- adequate educational and recreational facilities
- little local criminal involvement, weapon use, and drug use and sale
- good employment levels
- neighbours and local people who watch out for young people and provide supervision, informal limit setting and support (this can include local businesses and services such as police, church and youth organisations)
- local people who provide work opportunities after school and recreational opportunities.

(Ministry of Youth Affairs, 2002:18-19)

Therefore, neighbourhoods and the wider community have a part to play in students learning.

[Health education materials taught in the classroom need to be reinforced by experiences outside the classroom in the school setting…Health promotion becomes most effective when the whole school community is actively involved in the reinforcing process.]

5. Holistic Models in Secondary Schools

There are many holistic models used in secondary schools. As discussed above, staff at Makoura College are particularly interested in improving the behaviour of their students. They are in the process of moving from a reactive form of behaviour management to a restorative form of behaviour management with a focus on self-responsibility as seen in the Makoura Responsibility Model. In line with the shift in focus, this section focuses specifically on the Responsibility Model and the Restorative Justice Model. The Health Promoting Schools model is then briefly outlined.

The Responsibility Model, Restorative Justice Model and Health Promoting Schools seek different outcomes yet they all use similar theory. The models highlight the importance of student-teacher relationships, a whole school approach, and linking with the community. These approaches seem to benefit both students and teachers as they aim to improve student-teacher relationships making students feel more connected to the school and making teaching less stressful and more effective.

5.1 The Responsibility Model

The Makoura Responsibility Model is an adaptation of the traditional Responsibility Model that is outlined below. Implementing the Responsibility Model across the whole school, as Makoura College intends to do, seems to be an innovative approach and not one that many schools have tried to do. Nonetheless, Tararua College has successfully done this and their story is described at the end of this section on the Responsibility Model.

5.1.1 Outlining the Responsibility Model

The Responsibility Model is a holistic wellbeing framework that focuses on the whole individual rather than just the physical aspects of a person. The Responsibility Model, as described as ‘Taking Personal and Social Responsibility’ ‘focuses on teaching students to become more personally and socially responsible’ (Gordon, 2007:38). It was originally developed by Hellison in the early 1970s ‘as a physical activity programme designed to meet the needs of underserved youth’ (Gordon, 2007:73). Traditionally used as part of Physical Education firstly within clubs outside of school, the Responsibility Model is now used in many New Zealand schools as part of Physical Education programmes. ‘The RM [Responsibility Model] originally used sport as the major context, believing it had a level of interest for students that would help keep them engaged in the programme’ (Gordon, 2007:38). It was also commonly believed that physical activity, particularly organised sport, built strong character.

The main focuses of the Responsibility Model include:

- giving students the opportunities to practice skills such as self-directed learning, decision-making, personal responsibility and helping others
- encouraging students to take leadership roles
- empowering students to take more responsibility for their decisions and actions
- and, placing value on establishing teacher-student relationships that are respectful and positive (Gordon, 2009:24).

The Responsibility Model is underpinned by the following four essential themes:

- Integration – integrating the components/elements of the Responsibility Model into the curriculum
• Transfer of learning – how responsibility is transferred across subjects (ie, not just in Physical Education) and at home
• Empowerment of students – students take a greater role in decision making so there is a more equal distribution of power and control
• Teacher-student relationships – respectful and positive relationships are developed between teacher and students

(Gordon, 2009:46-47)

In addition to these themes, some proponents of the Responsibility Model (eg, Gordon, 2007) refer to five levels or goals which the students seek to achieve:

0. Irresponsibility
1. Respect.
2. Participation and effort.
4. Caring.
5. Transfer outside the gym.

The first three goals are concerned with students taking personal responsibility for their own behaviour, the fourth with developing students’ understanding of their responsibilities to others as members of a group, while the final goal is associated with students taking the lessons learned/ goals achieved in physical education into other contexts... The realities of poor student behaviour subsequently led Hellison to introduce a sixth level – Level 0: Irresponsibility. Unlike the other five levels, Level 0 does not relate to a desired goal but is an acknowledgement that some students will behave in an irresponsible manner that relates to none of the five targeted goals/levels.

(Gordon, 2007:41)

The Responsibility Model relies on teachers being engaged with the model and being committed to its philosophical underpinnings. The Responsibility Model is a different model of teaching as control is shifted away from a traditional teacher-centred learning environment to more of shared control of the environment by both teachers and students. This is not a loss of control by teachers but more of an increased responsibility of the students. However, some teachers can have difficulty stepping away from the traditional model of teaching and embracing the Responsibility Model.

‘The decision to embrace the potential of the RM [Responsibility Model] is neither a simple nor an easy one to make. It requires a belief that the outcomes associated with the model are important, a vision that sees they can be met and the courage to try’

(Gordon, 2009:25).

Thus, staff ‘buy-in’ can be an issue for schools wanting to adopt the Responsibility Model. ‘The empowerment of students is, however, a central tenet in the Responsibility Model philosophy and clearly needs to occur in any implementation of the model’ (Gordon, 2009:22).

5.1.2 Implementing the Responsibility Model

There is flexibility in the ways the Responsibility Model is implemented but the underlying philosophy needs to be adhered to. Although the Responsibility Model does not have to be implemented in this way, the teaching structure below provides one framework ‘intended to aid teachers in creating a teaching/learning environment suitable for the model’ (Gordon, 2007:43).
1. Counselling time either at the start of or towards the end of the lesson. This is an opportunity for teachers to talk to individuals during the session.

2. An “awareness talk” to open the session. This refocuses and reminds students about responsibility in general and their own individual responsibilities.

3. The physical activity session itself. Elements of the Responsibility Model are integrated with the curriculum.

4. Group meeting near the end of the class. This gives students the opportunity to discuss things that happened during class as well as the opportunity to practice good decision making.

5. Individual reflection time to finish the classes. Students indicate how well (or not) they achieved the goal they set for themselves that day in relation to the Responsibility Model.

(Gordon, 2007:43-46)

While not necessarily needing to follow this teaching structure, young people do need to be given opportunities to exhibit and practice self-control and decision making. The opportunity to make choices seems, in many studies, to be an effective feature of the Responsibility Model for students.

Implementing the Responsibility Model does not require experts: teachers can implement the model successfully into secondary schools. Implementing the Responsibility Model does not necessarily mean an increased workload for teachers who are already dealing with an overcrowded curriculum. In his study on the implementation of the Responsibility Model into a New Zealand secondary school Physical Education programme, Gordon (2007) also ‘identified that learning in relation to personal and social responsibility was achieved without appearing to compromise the required curriculum goals of the physical education programme’ (p.227).

5.1.3 Using the Responsibility Model for behaviour management

Classroom control and discipline are central issues for many teachers. Students with behaviour issues impact on the whole class’s learning through distracting other students and taking up the teachers time thus taking their focus away from teaching other students. ‘Effective behaviour management is an important factor in creating positive learning communities’ (Scott, 2005:29). Although not the explicit focus of the Responsibility Model, it has been used to help with behaviour management in secondary schools.

The managing of children in class is a pragmatic concern for many teachers and the impact of the RM [Responsibility Model] on student behavior is a prime determinant on whether teachers would consider the model to be successful

(Gordon, 2009:14).

According to Gordon (2007), the results from many of the studies that focused on students behaviour management, ‘would offer general support for the belief that participation in programmes implementing the Responsibility Model can lead to improvement in such areas as self-control, effort, self-direction and helping others’ (p.80). In his study which looked at implementing the Responsibility Model in Physical Education, Gordon found the Responsibility Model very useful for changing students’ behaviour.
The students comments showed a fundamental difference between the students in the RM [Responsibility Model] classes and the comparison classes. The comments from the former tended to show more global thinking with comments around such areas as self-control, thinking about behavior and being more responsible. The comments from students in the comparison classes appeared more pragmatic and more closely related to the practicalities of the physical education classroom

(Gordon, 2009:15-16).

Gordon (2007) said that an unintended outcome of his study was that as students’ behaviour improved in Physical Education, the behaviour of some of the students worsened in their other subjects. Some of the students themselves said that as they were given more responsibility in Physical Education, they realised they were not treated the same way in other subjects by other teachers which led them to misbehave.

In her report on students’ safety at school, Carroll-Lind (2009) indicated the Responsibility Model can be effective at managing students’ behaviour. ‘This model has strong potential to be effective in tackling bullying and improving school cultures, the rationale being that helping young people fully develop their personal and social values and skills is equally as important as participation in violence prevention programmes’ (Carroll-Lind, 2009:105).

5.1.4 The effectiveness of the Responsibility Model

There have been a number of arguments both for and against the Responsibility Model. These arguments are too detailed to go into here but can be found in Gordon (2007). While there have been many people implementing the Responsibility Model who have claimed its effectiveness, there have been few studies that have evaluated the Responsibility Model or its effectiveness. This lack of empirical evidence has concerned some people but not others who claim the Responsibility Model just makes sense (Gordon, 2007). Although Responsibility Model has a history of implementation within physical education within schools, Gordon (2009) noted ‘there has been limited research scrutiny of the model in the school context and of the impact of the model when it is implemented by classroom teachers rather than visiting researchers/teachers’ (p.6).

Much of the research on the Responsibility Model has been focused on underserved or disruptive and difficult students so comparison between these groups and others is somewhat difficult. While some see that as a limitation, it may make the Responsibility Model particularly relevant for schools such as Makoura College who have large numbers of high needs youth.

Success is somewhat difficult to measure because there are different levels to the Responsibility Model and also because success is often measured in small incidents such as shaking hands after losing a game without being told to (Gordon, 2007). In addition, there may have been success in some areas but not in others. For example, in some cases, there was an increase in knowledge about the themes of the Responsibility Model but not necessarily an increase in behaviour associated with those themes (Gordon, 2007). Nonetheless, there are some measures of success that can be used to measure the effectiveness of the Responsibility Model. ‘A crucial measure of success for the Responsibility Model is its ability to ensure that what participants learn about being responsible in the context of the programme is transferred to other contexts’ (Gordon, 2007:89). This is known as ‘transfer of
learning’. Gordon (2007) says that for a Responsibility Model programme to be effective, it must demonstrate a transfer of learning outside the context for the Responsibility Model. This could be across other subjects, in the students’ homes, and at school (if the Responsibility Model programme took place away from school).

Other measures of success can include:
- Attendance at school or in the programmes
- Feedback or comments received from participants
- Number of reprimands and withdrawals

Much of the success of the Responsibility Model depends on the teachers understanding and acceptance of the themes of the Responsibility Model, and the teacher’s willingness to shift some power from them to the students. ‘The ability to shift power towards the students in a meaningful way is dependent, however, on the teachers having an underlying belief that students have strengths that give them the capacity to make good decisions, to be responsible and to be successful’ (Gordon, 2007:85). It is important to recognise that this power shifting is not easy for some teachers.

In his study on the implementation of the Responsibility Model into a New Zealand secondary school Physical Education programme, Gordon (2007) reported that the teacher of the Physical Education classes ‘believed strongly that not only were students in the RM [Responsibility Model] classes not disadvantaged in relation to the traditional curriculum goals, but that the combination of improved behaviour and levels of engagement meant that they actually achieved at higher levels than the comparison classes’ (p.227).

While it has had much reported success, there have been some methodological criticisms of the Responsibility Model such as the people involved in implementing the research have also been involved with evaluating it raising questions about the possibility of bias. ‘Proponents of the RM [Responsibility Model], however, argue that this criticism is generally unfounded, believing that the results obtained from a number of different contexts both supports the integrity of the research processes and the effectiveness of the model’ (Gordon, 2007:77).

In summary, like many complex interventions in social environments that seek many outcomes, a sound research basis for effectiveness has not been established. Yet the Responsibility Model has been ‘teacher tested’ and is used by teachers because it makes sense and is not difficult to implement. A lack of empirical evidence does not imply that the approach does not work, instead it reflects the common situation where research has not kept pace with novel interventions.

### 5.1.5 Tararua College’s whole school approach to implementing the Responsibility Model

Because the Responsibility Model is relatively new in New Zealand, few schools could be found where it had been implemented and even fewer had implemented it across the whole school. Jenny Searle, a Physical Education teacher at Tararua College first implemented the Responsibility Model in her Physical Education classes. When she saw her students becoming more self-reflective and better behaved, she presented the model to other staff members suggesting they implement it across the whole school. Teachers were responsive to the model because it was not a great deal of extra work for them and it was easy and simple to use (Searle, 2009). Jenny told teachers the Responsibility Model involved talking about responsibility in class
and providing opportunities for students to take responsibility. Staff agreed to trial using the Responsibility Model for the first term.

While staff could modify the Responsibility Model to ‘make it their own’ eg, the technology department created an on-line reflection sheet that the students filled in at the end of each lesson’, teachers were asked to use the lesson structure that was described above. This involved:

[Spending] **the first 5 minutes talking to the students as they came in**...[having] **a learning outcome that related to responsibility and discussing all learning outcomes at the start of the lesson**. An example in PE...[was] to give two other classmates positive feedback throughout the lesson. **At the end of**...[the] **lesson, teachers were asked to spend the last five minutes having a quick discussion with students about the achievement of the learning outcomes and then a personal reflection which could be written or not. In the discussion of the above example, the teacher would ask questions like, what did you say, how did you say it, do you think it matters how you say it, how did it make you feel, did you try harder, why etc. The personal reflection could be a thumbs up, thumbs sideways, thumbs down type activity to various questions like did you achieve the goal etc. The posters were put up in every room to help teachers organise goals. We also encouraged them to use teachable moments to discuss the goals...[eg] when a student continues to talk...[and] no-one else can hear...[we would ask the disruptive student] how does that make others feel? Who is it influencing? etc.**

(Searle, 2009)

The Responsibility Model was also applied outside class time.

* A lot of extra curricular activities also started using the model such as the Kapa Haka group and that was hugely successful with some of these students. Positions of responsibility were discussed and job description established by students. A group of year 10’s taught the year 9’s who in turn taught the year 8’s from the local primary school etc. The largest kapa haka group we have ever had and some very unlikely leaders. It was awesome.

(Searle, 2009)

While implementation was relatively smooth and most teachers could see the benefits of the Responsibility Model, there were some challenges around getting other teachers to see its usefulness.

* Staff who do not wish to change or who...[had] a belief about something and transfer that belief, sometimes unconsciously to their students. For example some staff thought...[the Responsibility Model] was more appropriate for juniors and was a bit juvenile for their senior classes...[One] teachers behaviour and comments toward her Year 13 class led the students to believe that they didn't need...[the Responsibility Model] as they were seniors and already knew how to be responsible. Whereas, the other year 13 class were positive and enjoyed its inclusion [in their class time]. If the teachers do not buy in or make up their mind before they give it a go it will not be as effective.

(Searle, 2009)
Even with these challenges, the Responsibility Model meant consistency and improved teacher-student relationships for the college.

One of the common complaints from many students was the lack of consistency in regards to expectations and classroom practices from one teacher to the next. By having the levels on the wall students can now see the links between behaviours and punishments and behaviours and rewards. It has also enabled us to reward those students who move from level 0 to 1 as well as those from level 3 to 4 etc.

Providing students with opportunities to be responsible says to a student that [they] are respected and trusted by that teacher…Personalising discussion means a lot to the students, and we have found a lot of students opening up and showing us their abilities that we didn’t know they had. For example it turns out one of our year 9 students who struggled when she arrived was a good piano player. The music teacher asked if she would help out in a Year 8 performance and she was great. The feedback she received from her teachers and her peers saw her turn a corner and there has been no looking back for her.

(Searle, 2009)

Outcomes of the whole school implementation of the Responsibility Model included:

- more students taking on responsibility and doing it well. Peer support, house leaders, kapa haka, sports teams etc
- Classroom management not required as often
- zero non participants on athletics (normally about 60)
- 1 non participant on swimming (normally about 90)
- Often more difficult students in class respond incredibly well to being given responsibility

(Searle, 2009)

Staff buy-in, student buy-in, taking the time to build relationships and time for discussion during staff meetings were the main factors that made the implementation successful (Searle, 2009). At the end of the term, the feedback was positive from staff and they agreed to continue using it. One year on, the model is still being used.

5.2 The Restorative Justice Model

As mentioned above, the Makoura Responsibility Model which is part of the Makoura Behaviour Management System is being re-focused towards an emphasis on proactive or restorative forms of behaviour management rather than reactive forms as it had traditionally used. In line with the refocus, this section outlines the Restorative Justice Model which highlights self-responsibility, positive choices, and thinking about the consequences of ones actions.

5.2.1 Outlining the Restorative Justice Model

The Restorative Justice Model is defined by the Ministry of Justice (2004) as:

[A] way of thinking about crime and a process for responding to crime. It provides “an alternative framework for thinking about wrong doing” which,
along with the values and principles underpinning this framework, suggests new ways of responding to offending and victimisation.

(Ministry of Justice, 2004:7)

Following the introduction of the Children, Young Persons and Their Families Act in 1989, a specialist youth court designed to deal with young offenders was established in the same year. As a result, ways of approaching youth offending began to change. There was a general shift in focus from the pure ‘punitive’ type punishment of young offenders to young offenders being seen as victims of their environment and in need of support and help. Principles such as offender accountability, an inclusive approach to rehabilitation and the importance of enhancing wellbeing for all involved were increasingly recognised as critical aspects of youth offending that had not been recognised before. This reflects a restorative justice approach.

The table below outlines questions and comparative statements that clearly highlight the differences between the criminal justice process and the restorative justice process:

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<th>Criminal Justice Process</th>
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<td>Asks:</td>
<td>Asks:</td>
</tr>
<tr>
<td>What laws are broken?</td>
<td>Who has been hurt?</td>
</tr>
<tr>
<td>How did it happen?</td>
<td>What are their needs?</td>
</tr>
<tr>
<td>What do they deserve?</td>
<td>Who is responsible?</td>
</tr>
<tr>
<td>Crime violates the state and it’s laws</td>
<td>Crime violates people and relationships</td>
</tr>
<tr>
<td>Focus on establishing guilt</td>
<td>Aims to identify needs and obligations</td>
</tr>
<tr>
<td>Decides on the punishment</td>
<td>Gives priority to ‘putting things right’</td>
</tr>
<tr>
<td>The offender is central</td>
<td>The victim is central</td>
</tr>
<tr>
<td>Is adversarial – offender versus the state</td>
<td>Encourages dialogue and mutual agreement</td>
</tr>
<tr>
<td>Creates winners and losers</td>
<td>Opportunity for responsibility to be taken, needs met and healing encouraged</td>
</tr>
<tr>
<td>Governed by rules</td>
<td>Process is facilitated to meet the needs of participants</td>
</tr>
<tr>
<td>Offers limited opportunity to consider wider causes and solutions or inclusion of the general community</td>
<td>Offers a forum for the community to be involved in dealing with problems of crime</td>
</tr>
</tbody>
</table>

(Source: Zehr cited in Ministry of Justice, 2003:

Core Principles of Restorative Justice
A growth in international awareness that guidance around restorative principles was needed was supported by the United Nations in 2002. In 2003, the Ministry of Justice consulted with restorative justice practitioners and put together a set of best practice principles. The principles are:

1. Restorative justice processes are underpinned by voluntariness

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2 Voluntariness means that all participants involved in the ‘restorative’ process (offender, victim, support people) participate voluntarily with no obligation and can withdraw from the process at any stage.
2. Full participation of the victim and offender
3. Effective participation requires that participants, particularly the victim and
offender, are well-informed
4. Restorative justice processes must hold the offender accountable
5. Flexibility and responsiveness are inherent characteristics of restorative
justice processes
6. Emotional and physical safety of participants is an over-riding concern
7. Restorative justice providers (and) facilitators must ensure the delivery of an
effective process
8. Restorative justice processes should only be undertaken in appropriate cases

(Ministry of Justice, 2004:11-17)

Restorative justice principles therefore recognise that crime impacts victims,
offenders and communities, and allows an opportunity for those involved to be part of
the solution (Ministry of Justice, 2003). 

Pre-European Restorative Approaches

Restorative approaches are not exclusive to the Western criminal justice system.
Māori and Pacific cultures practiced restorative principles hundreds of years before a
state criminal system was developed. ‘Traditional societies required offenders to
make amends to victims in the interest of community peace. Traditionally, the marae
was a place where all parties affected by an incident could be heard, helping to heal
the victim, whānau and offender’ (Department for Courts, n.d:18).

A Samoan process called ‘Ifoaga’ involves a neutral facilitator in a meeting setting who
mediates between disputants to propose ‘terms of peace’ (Department for Courts,
n.d:17). A Tongan process known as ‘Fakalelei’ is also governed by the concept of
peace. Community relationships are a key focus of this process which aims to move
the situation forward in order for ‘the canoe to sail forward’ (ibid).

A strong theme for Māori and pacific island cultures is the ‘collective responsibility’ of
whānau and the wider community for the offender’s behaviour and the responsibility
to be part of ‘putting right’ the offence (Ministry of Justice,

Restorative Conferences

The change in focus to a restorative approach led to the introduction of the ‘Family
Group Conference’. The Ministry of Justice states: ‘Family Group Conferencing aims
to involve the young offender, the victim and their families in the decision-making
process with the objective of reaching a group-consensus on a ‘just’ outcome’
(Ministry of Justice, n.d: http://www.justice.govt.nz/youth/about-youth/family-group-
conference.asp). Family Group Conferences are recognised as being one of the first
features of a restorative justice approach within the justice system in New Zealand.

A ‘Restorative Justice Conference’ is used by the Ministry of Justice in court-referred
cases and is similar to the Family Group Conference. These conferences or forums
provide an opportunity for those affected by an offence to ‘put things right’. A
significant aim of these conferences is to ‘explore ways to restore balance between
victim and offender’ (Department for Courts, n.d:5).

‘Restorative Justice Conferences’ or ‘Family Group Conferences’ seek to:
Meet the needs of victims by giving them the opportunity to:

- Tell offenders how they have been affected
- Ask questions
- Have a say in how the harm can be repaired
- Be at the centre of the justice process

Make offenders accountable for their actions by:

- Being directly accountable to victims
- Hearing about the harm they are responsible for
- Gaining an appreciation of the impact of this harm
- Giving the opportunity for them to make amends

Move participants towards a restorative outcome by:

- Helping to change the balance of power between the victim and the offender in their communities
- Opening the way for reconciliation and healing where possible
- Addressing together the issues around, and resulting from, the offending
- Reintegrating victims and offenders back into the community.


5.2.2 Using the Restorative Justice Model in secondary schools

In the late 1990’s a form of restorative conferencing was introduced into schools as part of the Suspension Reduction Initiative. The Suspension Reduction Initiative, now known as the Student Engagement Initiative, involves around 86 secondary schools using behaviour management as an alternative to suspension (Ministry of Education Group-Māori, 2003). The rationale behind this initiative was to reduce the number of students being suspended, expelled or excluded.

The School of Education’s Restorative Practices Development Team from the University of Waikato were contracted by the Ministry of Education to develop a process for restorative conferencing in schools with a particular focus on Māori boys, who were ‘disproportionately represented’ in the statistics for exclusion from school (Drewery, 2003). Despite this initiative, the number of stand-downs continued to increase (Ibid).

Around the same time ‘restorative conferencing’ was being trialled in schools, the published a document called Guidance for Principals and Board of Trustees on Stand-downs, Suspensions, Exclusions and Expulsions (Ministry of Education, n.d.a). This meant some restorative practices were used in conjunction with ‘punitive’ measures such as students being stood-down. According to Buckley and Maxwell (2008) this mix of non-punitive and punitive measures could compromise how restorative practices are viewed ie, they may begin to be seen as part of a punitive approach to behaviour management.

The dilemma for teachers, schools and educational settings is how to deal with the various degrees of ‘problem’ behaviours they are faced with in the teaching and learning environment. Problem behaviours have an effect on the whole school community and have been identified as leading to ‘suspensions and stand downs [of students], teacher dissatisfaction and higher turnover, young people drifting away from school, children who may be bullied and intimidated, violence at extreme levels, [and] leading to suicide’ (Ministry of Education, 2008b:6).
Many state schools in New Zealand continue to operate a traditional ‘punitive’ system by excluding students perceived to have challenging behaviours. Varnham (2005) reports that an ever increasing number of students are being stood down. In January 2007, teachers, principals, early childhood managers and parents provided feedback on a report on restorative practices in New Zealand secondary schools (Ministry of Education, 2008b). They told the Ministry of Education that disruptive behaviour among New Zealand children was ‘getting worse’ (Ministry of Education, 2008b). The scope of behavioural problems was described as ranging from ‘swearing, answering back and being disruptive in class, to bullying, vandalism, violence and drug abuse’ (Ministry of Education, 2008b:5).

Coetzee (2005) argues that traditional punitive ways of coping with challenging behaviour in punishing or excluding students from mainstream are ‘ineffective’ and ‘damaging’ to young people. This is supported by Varnham (2005) who states:

> If students are disengaged from school there is a strong likelihood of their going down the path which has been referred to by researchers as the 'schoolhouse to jailhouse track', and that the present system fails to hold students accountable for their actions are at high risk of repeating their behaviour.

(Varnham, 2005:88).

Excluding students from school because of unacceptable behaviour creates a dilemma for the school sector as there is a conflict between the 'individuals' right to education' versus the 'student community’s right to schooling in contexts that are safe and affirming' (Glynn et al, 2007).

As education settings have become increasingly challenging, many educators have looked to restorative practices as an alternative approach to more traditional ‘punitive’ or disciplinary approaches. Restorative practices in schools according to Drewey (2003) offer a particular opportunity to reconsider the role of education in society. They also offer a new way of promoting positive school behaviour.

Restorative practices are an inclusive approach and an alternative to excluding those who experience behaviour issues within a school setting. When applied to a school context, restorative practices shift the emphasis from seeing antisocial behaviour as ‘challenging the authority of the school to seeing it as damaging to relationships within the school’ (Varnham, 2005:98). A restorative approach encourages self-responsibility and accountability. ‘Being accountable to their victims and to others affected by their misdeeds puts the responsibility back on the student, not on an administrator of punishment and most importantly, it helps to teach students how to handle situations differently in the future’ (Carroll-Lind, 2009:89). It is a whole school approach to behaviour management.

> Within an educational context, the restorative approach facilitates a whole school climate that can prevent, teach, and respond to behavioural issues and student needs...Restorative practices aim to change the whole school culture by building a school environment based on core restorative principles of inclusion, the repair of harm, and reintegration, reinforced by strong support networks.

(Carroll-Lind, 2009:89)

Essentially, restorative practices in schools:
facilitate a safe environment for communication between those involved in a conflict
reach agreement on how any wrongs committed might be put right in order to repair the damaged relationships
reintegrate all those involved back into the school community without labelling them as victims and perpetrators

(Carroll-Lind, 2009:89)

Findings from evaluative studies undertaken to examine the effectiveness of restorative practices within the school context ‘indicate that adopting restorative approaches instead of the more usual punitive and exclusionary response to school discipline develops a more positive whole school culture’ (Carroll-Lind, 2009:92).

Restorative practices have been found to be particularly effective in helping schools address bullying. ‘Restorative justice conferencing and other practices (eg. circles) have been found to be effective interventions in school bullying, helping schools to find new ways of engaging students and creating learning environments in which students feel they can belong and achieve’ (Carroll-Lind, 2009:90).

5.2.3 Implementing a Restorative Justice Model in secondary schools

Schools who wish to implement restorative practices need to review stand-down and suspension rules in order to implement an authentic restorative approach. The following strategies are examples of restorative practices commonly used in schools.

<table>
<thead>
<tr>
<th>Restorative Practice</th>
<th>What is it?</th>
<th>Purpose</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restorative Chat</td>
<td>A one-to-one private conversation between a student and teacher.</td>
<td>The issue is teased out through a variety of questions that explore the event, its consequences and how the harm might be repaired.</td>
<td>Typical questions might be: What happened? What were you thinking at the time? Who do you think has been affected? How could you have acted differently? What do you need to do to make things right?</td>
</tr>
<tr>
<td>Restorative Classroom</td>
<td>A whole class discussion where specific conflicts are discussed as they arise.</td>
<td>Potential conflict situations are also explored to ensure all class members know how to respond before they happen.</td>
<td>Some guiding principles are developed (that can always be revisited) and displayed on the classroom wall.</td>
</tr>
<tr>
<td>Restorative Thinking</td>
<td>Similar to a time out room where students involved in a conflict need time away from their peers.</td>
<td>Students regains their composure.</td>
<td>While in the restorative thinking room a staff member uses restorative questions to discuss the conflict and how to repair the harm.</td>
</tr>
<tr>
<td>Restorative ‘Mini’</td>
<td>Conference with the victim,</td>
<td>For more serious conflict situations.</td>
<td>Numbers are deliberately kept small</td>
</tr>
</tbody>
</table>
Restorative conferences in schools are primarily for acute disciplinary problems.

_A trained facilitator arranges and runs the meeting, which is attended by everyone affected by the incident...family/whānau members, teachers, assistant/deputy principal, school counsellor, Kaumatua, friends, youth workers, coaches, and social workers...The problem and relevant background is discussed, followed by a plan to repair harm and consider the student’s future. Outcomes expected from a restorative conference include (1) an acknowledgement of any wrongdoing; (2) a proposal to repair any harm that was caused; (3) a plan for the educational future of the student; and (4) a plan for any other needed services or support for the student, their family, and others affected by the harm that was caused. The process is not restorative if the victim feels the outcomes are irrelevant to him or her, or if the outcomes are aimed solely at hurting the perpetrator._

(Carroll-Lind, 2009:91)

The challenge for all schools when implementing this approach is that in order to be sustainable ‘all staff must undergo training in restorative practices – but this requires funding as well as whole school buy-in and school-based implementation’ (Carroll-Lind, 2009:92). It is also important that appropriate behaviours, school culture, and restorative processes are taught within the school curriculum, so that the principles of restorative justice have relevance and practical application in everyday classroom interactions.

_A number of New Zealand schools are considered to be implementing restorative practices because their practices are consistent with a set of values recognised as underpinning restorative justice theory and practice. Those schools aim to change the whole school culture – not simply aspects of that culture – by building such values into the school’s foundational ideology as well as its daily practice creating a ‘climate of care’._

(Carroll-Lind, 2009:93)

For more information on restorative practices in schools see:

- _Restorative Practices for Schools: A Resource_ that helps schools develop and implement restorative practices into their environments. Contact [www.waikato.ac.nz](http://www.waikato.ac.nz).
Margaret Thorsborne is a private provider from Australia who runs professional development workshops on restorative practices in New Zealand. However, there is no ongoing support and monitoring eg. mentoring and peer tutoring as part of the initial training package. Visit www.thorborne.com.au.

5.2.4 Opotiki College’s Restorative Justice Approach

Opotiki College, a decile 1 school, is situated in the Bay of Plenty and has a very high proportion of Māori students (80%) (Ministry of Education, n.d.b).

Staff at the College recognised a need to review the ways they dealt with challenging behaviours when they saw ‘no end’ to the suspensions, expulsions, stand-downs and detentions within the school. Principal Maurie Abraham said:

_We used to have the full range of punitive systems in place. We would be suspending 50 students a year, the vast majority for marijuana use or repeated antisocial behaviour. We might have up to 10 expulsions each year and a further 40 or so stand-downs. Beneath that came the layers of detentions and so on…We felt strongly that suspensions and continual stand-downs alienated the kids. It made them angry about the process, rather than leading them to reflect on their behaviour. Sometimes they’d go off to detention, unable to relate it to the things that had been building up in the classroom over the previous two or three days. And once you’re given the detention, what do you do next? It just keeps escalating._

(Abraham in Ministry of Education, n.d.b:6)

The College recognised the restorative model is an approach for everyone to use not just the senior staff members. Mr Abraham said what appealed to him about restorative practices was the focus on ‘enhanc[ed] relationships between teachers and students, and repairing relationships’ that had been damaged by bad behaviour’ (Ministry of Education, n.d.b:6-7). This student-teacher relationship was seen to be important for their high Māori population.

The Principal and Deputy Principal were trained in restorative approaches and they held workshops with their staff. ‘A full-day session with an outside facilitator was particularly beneficial in addressing concerns about how the system could be applied to all levels in the school’ (Abraham in Ministry of Education, n.d.b:7).

When implementing the restorative approach, staff came up with an agreed set of responses to various unacceptable behaviours of different levels and they were put into a handbook for all staff to access. ‘This was a practical guide for teachers to follow in having a restorative conversation’ (Abraham in Ministry of Education, n.d.b:8).

Implementing the restorative model across the school at all levels for different behaviours that ranged in seriousness was a challenge for the school. Teachers needed to be committed to the philosophy and be able to implement the approach in their classrooms as well as being able to ‘run restorative sessions at the appropriate level’ (Abraham in Ministry of Education, n.d.b:7).

Restorative meetings of various levels are held within the school and sometimes family/whānau is called in to participate. ‘Ordinary misdemeanours in the classroom
are dealt with between teacher and student in a ‘mini-chat’ situation. More serious issues may involve the dean or deputy principal, and the most serious offences will involve the principal or deputy principal’ (Ministry of Education, n.d.b:8).

Key outcomes of using the restorative justice model:

- Improved relationships with families who respect the process
- There were no suspensions and expulsions for the previous year and only one or two stand-downs
- Behaviour management has a whole school approach

(Ministry of Education, n.d.b:9)

5.3 Health Promoting Schools

As described above, the Principal is interested in a school wide approach to health prevention, health promotion and health protection. While it is not currently part of the Makoura Responsibility Model or the Makoura Behaviour Management System, Health Promoting Schools is a holistic, whole school approach to improving the wellbeing of the whole school community.

5.3.1 Outlining the Health Promoting Schools Model

One of the most well known holistic models is the Health Promoting Schools model which was developed by the World Health Organization in the early 1990s. Introduced in New Zealand in 1995, Health Promoting Schools is used by countries throughout the world (Carroll-Lind, 2009). In New Zealand, Health Promoting Schools is based on the Treaty of Waitangi, the Te Whare Tapa Wha model (for Hauora or wellbeing), and the Ottawa Charter (for health promotion) (Ministry of Health, 2007b).

Health Promoting Schools is a conceptual framework that recognises schools are integral parts of the wider community where children and young people spend much of their time. Health Promoting Schools uses a framework which encompasses the curriculum, physical and social environments and the involvement of parents and the wider community. ‘Health Promoting Schools aims to provide knowledge, information and skills to empower young people to make good decisions regarding their health at both primary and secondary level’ (Higgins et al, 2008:13). Essentially, ‘Health Promoting Schools is a whole school, holistic approach that aims to contribute to positive learning outcomes and wellbeing for students’ (Carroll-Lind, 2009:96).

The diagram below illustrates that the Health Promoting Schools framework is made up of three components which influence one another: curriculum teaching and learning; school organisation and ethos; and, community links and partnerships.
Health Promoting Schools aims to:

- Remove barriers to learning and raise achievement
- 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 make a positive contribution 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 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 learning and health outcomes for young people
- Raise awareness of the importance of promoting health for all of us.

Health Promoting Schools in New Zealand is closely aligned with the Youth Development Strategy that was outlined above (Ministry of Youth Affairs, 2002). Health Promoting Schools uses a consistent strengths-based approach to positive youth development and recognises that both ‘risk’ and ‘protective’ factors are acquired throughout a young person’s development. 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).

Health Promoting Schools 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 Health Promoting Schools initiatives it is helpful to think about the common protective and risk factors for young people described above.

5.3.2 Implementing the Health Promoting Schools Model in secondary schools

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.

(Department of Education, 2001)

Health Promoting Schools is a powerful framework for health promotion as it addresses the determinants of health. Rather than focusing all of the responsibility on the individual student or teacher or family it builds on the idea that behaviours are influenced by many factors – some within the control of an individual and many outside of this. Health Promoting Schools is solution focused rather than problem focused. Health promotion works on the premise that in order to change behaviour we need to understand what contributes to it. By understanding the contributing factors strategies to address these can be developed. Health promotion is interested in addressing the cause of the problem as well as managing the immediate impact of the problem.

Health promotion and Health Promoting Schools use an evidence-informed approach advocating the use of theory to underpin behaviour change programmes. Theory helps to make sense of behaviour and understand how it might be changed.

Health Promoting Schools gives the opportunity to engage the whole school community. By developing strategies across the three components the whole school is involved in promoting health and wellbeing.

School Organisation and Ethos:
- Physical, social and emotional environment
- Policies and codes of behaviour
- School organisation and practices
- Relationships (staff, students, parents and wider community)
- Health as an integral part of whole school management and planning.

Curriculum Teaching and Learning:
- Key community issues
- Skills, knowledge and attitudes
- Teaching and learning methods
- Comprehensive, sequential health and physical education programmes
- Resources
- Health as part of an integrated curriculum.

Community Links and Partnerships:
- School community consulted, negotiated and involved in decision making
- School community values acknowledged
- Effective partnerships developed and maintained with health, education, welfare services and local community agencies and organisations


The Ministry of Health (2007) states:
This approach builds upon a critical public health perspective that shifts the wellbeing of individuals to the wider social, cultural, political and economic factors that influence wellbeing. Health Promoting Schools offers practical ways for children, young people, school staff, managers, parents and community members to contribute to the school and the surrounding community being a healthy setting.

Steps to Becoming a Health Promoting School:

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

(Ministry of Health, 2003b:4)

All public health units have health promoters who work with schools to implement the Health promoting schools model. Wairarapa Public Health has made links with the student-led Makoura Health Team to discuss the health issues within the College and discuss how they may be addressed. This team is supported by the school counsellor.

5.3.3 The effectiveness of the Health Promoting Schools Model

There is considerable scientific evidence that promotion and prevention strategies implemented during the formative years can reduce crime and other social problems in the long term. There is strong evidence that supports targeting these prevention approaches to the child and adolescent population. Such interventions have resulted in improved mental health outcomes, improved school achievement, greater
attachment to school, a reduction in bullying, less anti-social behaviour and less delinquency.

A recent systematic review of programmes that promote health in schools showed programmes focused on improving mental health (including preventing violence and aggression) to be among the most effective ones in promoting health. Of these programmes, the ones that were most effective were of long duration and high intensity, and involved the whole school (World Health Organization, 2006).

Evidence of the effectiveness of an intervention was obtained for programmes that adopted a whole school approach and included key elements of the health promoting schools approach, such as changing the school environment, developing personal skills in class, involving parents and the wider community, and actively involving the school. The review suggested that programmes that fell short of a whole school approach were more likely to be effective if they were implemented continuously for more than a year and were aimed at promoting mental health rather than preventing mental illness (World Health Organization, 2006).

There is evidence from a wide range of health promotion initiatives in schools to confirm the following are important components of effective programmes:

- programmes are comprehensive and holistic, linking the school with agencies and sectors dealing with health.
- the intervention is substantial, over several school years and relevant to changes in young people’s social and cognitive development.
- adequate attention is given to capacity building through teacher training and the provision of resources

(St Leger, 2004).

Evidence suggests that universal approaches are more effective than targeted approaches alone for dealing with problem behaviours. They are less stigmatizing and also provide a critical mass to address issues. However, there is also evidence that targeted early interventions are needed for some students (Weare, 2008).

5.3.4 An example of an Health Promoting Schools approach – Pathways to Health and Wellbeing in Schools (Western Australia)

As part of its Strategy for Students at Educational Risk the Department of Education in Western Australia identified mental health and wellbeing of the entire school community as a key focus. Mental health problems can manifest as delinquent behaviour, thought problems, social problems, attention difficulties, aggressive behaviour, anxiety, depression and withdrawn behaviour.

Pathways to Health and Wellbeing in Schools (Department of Education, 2001) is a model that is based on promotion, prevention and treatment. The model focuses on promoting health and wellbeing in the broadest sense, identifying risk and protective factors specific to issues in the school (which could include poor behaviour) and incorporates a treatment (or management) component.

The Pathways to Health and Wellbeing in Schools approach incorporates the following approaches:

- The Health Promoting Schools Framework that specifies three key environmental areas for interventions in schools;
• The risk-focused prevention approach that helps schools determine the specific factors in the school environment that might be targets for intervention; and

• The prevention-treatment spectrum that identifies the different levels or types of interventions that schools might consider.

(Department of Education, 2001)

Effective Practice in Schools

A model combining the features of the Health Promoting Schools Framework, risk-focused prevention and the prevention-treatment spectrum offers an effective approach to promotion and prevention in schools (Diagram 4).

Diagram 4: A Model for Effective Practice in Schools

(Department of Education, 2001:15)

Diagram 4 depicts how the three components of Pathways to Health and Wellbeing in Schools work together within one model. The cone represents the entire school population, with its top reflecting that all students are exposed to promotion and universal prevention strategies. The narrowing of the cone indicates that fewer
students are included in more targeted approaches, with the least number at the
treatment, or individual case work, end.
6. Conclusion

This literature overview has been undertaken to inform the health impact assessment on the Makoura Responsibility Model which is part of the wider Makoura Behaviour Management System. The changes in this policy represent a shift away from reactive forms of behaviour management to an increased emphasis on self-responsibility, and student-teacher relationships. Achieving the Principal’s goal of increasing connectedness within the school requires a holistic, whole school approach.

The Responsibility Model, Restorative Justice Model and Health Promoting Schools all have elements of a holistic approach highlighting the importance of student-teacher relationships, a whole school approach, and linking with the community. These approaches seem to benefit both students and teachers as they can improve student-teacher relationships making students feel more connected to the school and making teaching less stressful and more effective.

The Responsibility Model and the Restorative Justice Model primarily focus on increasing responsibility and accountability of individual students and teachers. In most applications, they tend to focus attention on the behaviour itself rather than its causes whereas the Health Promoting Schools model focuses on the causes of the problem behaviour as well as the problem behaviour. The Principal at Makoura College recognises the value of a health promotion approach such as Health Promoting Schools. Models using health promotion (such as Health Promoting Schools) focus on building a school environment that enhances protective factors such as:

- School connectedness
- Positive teacher student relationships
- Creating effective learning environments
- Positive school management
- Engagement of parents
- Engagement of the wider community

By building a positive school environment that enhances protective factors the focus is on the whole school rather than the individual student. While there are differences between the models, they have similar key elements and complement one another. The skills and values highlighted (self-responsibility, empathy, communication, belonging, social networks etc) all impact on the extent to which students are connected to their friends, teachers, school, and community. None of the models are difficult to implement but a key aspect to the successful implementation of any of them is staff ‘buy-in’. They all rely on staff seeing the relevance and importance of them and then implementing them effectively.

The models are supported by the youth development approach which is about young people having positive connections within society across many environments. Positive outcomes for young people are achieved when supportive social environments are created through a combination of quality relationships, effective youth participation, good information and a consistent strengths-based approach.

The Responsibility Model and the Restorative Justice Model used in combination with the Health Promoting Schools model represent an innovative and ‘upstream’ approach to improving behaviour and increasing connectedness. These models are essentially about achieving better wellbeing outcomes for students’ and staff at Makoura College.
References


Hill, J. & Hawk, K. (n.d.) Achieving is Cool: What we learned from the AIMHI Project to help schools more effectively meet the needs of their students. Massey University: Albany, Auckland.


Appendix A: Determinants of Health Model

The model has several different layers and each layer is affected by the next. For example, living and working conditions, such as safe and affordable housing, affect, and are affected by, socioeconomic and environmental conditions such as people’s position in society (i.e., income) which affects their ability to participate fully in life. As a result, individual behaviours or intermediary factors only partially explain health outcomes and inequalities because those behaviours are strongly linked to broader societal issues that determine health outcomes. The social structure including socio-economic and environmental conditions shape people’s behaviours resulting in greater exposure to risk factors.

Source: Dahlgren and Whitehead (1991)