

Developing a policy for Health Promotion in Schools
NATIONAL SYMPOSIUM ON PROMOTING HEALTHY SCHOOLS

WORKSHOP: *Developing a policy for Health Promotion in Schools*
Notes of Preliminary Focus Group Discussion - February 9, 2007

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for the
PROMOTING HEALTHY SCHOOL CHILDREN RESEARCH TEAM¹

A National Symposium and Workshop on “*Promoting School Health: Ensuring the Future*” brought together a diverse group of 150 participants from major MOE stakeholder groups (curriculum officers, principals, teachers, parents, health professionals, academics, researchers, NGOs). Each teacher was asked to bring along 1-2 students and it was perhaps the first time that students were invited to participate in such a forum. Participants were given an opportunity to undertake an analysis of the strengths, weakness, and opportunities within the policy environment of the Ministry of Education. This workshop was followed by a meeting with the then Minister of Education at which time the results of the workshop and the gap analysis were presented and discussed. It was noted that the delivery of curriculum related health issues within the Ministry of Education operated in silos, with repetition of efforts occurring regularly. It was recommended that there be a focal point for health within the MOE.

Participants examined the following questions with regards to school health policies in the Ministry of Education.

1. What are the current policies?

There are two broad issues related to current policies:

- (i) Policies may be in place without programs for their implementation, therefore the policies are thought to be non-existent.

- (ii) Policies may be in development stage in certain important areas. Many respondents expressed some uncertainty about the extent to which policies are available in some areas of program implementation; e.g. school nurses' responsibilities and practices, student support services, and diagnostic testing.

Recommendation: A policy review is needed to clarify all current policy statements.

Is there a policy handbook that is currently available to all stakeholders, especially Ministry officials and school principals? If not, why not?

2. What are the flaws in the current policies?

The following concerns were expressed:

- (i) Exams continue to be the dominant focus of education rather than the intended competencies and capacities of young people as they mature and prepare for adult life roles. We need to produce an all rounded student.
- (ii) Ineffective tracking and monitoring of school immunization programs.
- (iii) No formal evaluation of the effectiveness of programs to inform future improvements and determine whether policies are effective.
- (iv) There appears to be a serious lack of human resources including specialist such as counseling, physical education and school nurses.
- (v) There is an urgent need for professional development for the current teaching force and training of new teachers in health related knowledge.
- (vi) Most teachers lack an adequate professional knowledge and understanding necessary to teach Family Life and Values education.
- (vii) All teachers should be special teachers.
- (viii) The policy for increased parental and community involvement in schools has not yet achieved the desired outcomes of ensuring a close working relationship between schools, parents and communities.
- (ix) Cafeterias do not serve healthy nutritious meals.

- (x) There is a need for improved communication between Ministries of health and education in order to establish clear guidelines for policy and program implementation, and improved dissemination of policy and program guidelines.
- (xi) Teachers perform multiple roles and require support to ensure their effectiveness in areas beyond classroom teaching.
- (xii) There are many competing demands on the curriculum.
- (xiii) Participants thought Breakfast ought to be universally accessible rather than based on need to remove the negative social stigma of the “needs” based approach.
- (xiv) School buildings, especially toilets, are frequently unsanitary; monitoring is needed to ensure that public health standards are maintained.
- (xv) Students do not currently hold a comprehensive and adequate understanding of health issues.

3. Recommendations and Suggestions for Change

- (i) A Comprehensive –school-health policy and implementation strategy is needed with transparency in all related policy areas; needs to be congruent and developed with input from all stakeholders including parents and students.
- (ii) Implement effective tracking and monitoring systems for all aspects of health including the assessment of special needs.
- (iii) Recruit more teachers and specialists in education.
- (iv) Establish professional development programs in health for teachers for their professional and personal needs.
- (v) Implement cafeteria food and drink policy to remove all unhealthy food products.
- (vi) Create appropriate physical space for students to eat their breakfasts and lunches.

- (vii) Implement programs to ensure school buildings are maintained in accordance with safety, public health and sanitation standards
- (viii) Early engagement of all partners is required to plan and implement school health programs.
- (ix) Support the continuing improvement of the NSDSL school menu planning and delivery of appealing, nutritious meals.
- (x) Strengthen the physical education curriculum and programs.
- (xi) Strengthen the Family Life and Values education curriculum and teaching
- (xii) Review school locations for physical hazards including flooding, cell phones and electrical transformers

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