Health Promoting Schools – the Right way

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Dedication

This journey that I have undertaken has never been a solo one.

Derek Colquhoun helped to start me on this path and was with me much of the way. Derek was the very "right" supervisor for my early learnings and subsequent explorations.

I am grateful to the school community that welcomed and provided me with the substantial body of this thesis. Their generosity and willingness to work with me was a special gift that I will never be able to repay.

Tony Kruger challenged me to look at my journey and to make sure that it was worth while. Tony was the "right" supervisor to compete my journey, to make sure that it had substance and meaning.

The support crew who did not know that they had been signed up but came along with me anyway, thank you. Tony Edwards my partner, Gareth and Casey Edwards our children — you are my best life journey. And it is not over, yet !

Declaration

"I, Kerry Janice RENWICK, declare that the PHD thesis entitled Health Promoting Schools – the Right way, is no more than 100,000 words in length, exclusive of tables, figures, appendices, references and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work."

Signature: Date: 26 August 2006

Abstract

The aim of this research was to determine how the New Right agenda has impacted on the perceptions about the Health Promoting School (HPS) model and its practice. The case study school – a Catholic secondary school, provided opportunity to reflect upon the daily experience of those in a HPS and how these experiences can be constructed. The methods used included running focus groups — students, teachers, administrators, parents and health agencies, and the generation of narratives and commentaries from key stake holders within the school community.

This thesis draws on the work of Dewey, Bourdieu and Apple to position its critical deconstruction of one school community's experience of activity that can be described as about HPS's. There were four assumptions that underpinned the thesis. The first two arose from the literature that claimed the universality of the HPS model and the second two were derived from the capacity of the school to develop and evolve a setting for health promotion. The potential for this school as a HPS community to deliver on health-related social justice outcomes is yet to be achieved. The commandeering of health promotion terms and concepts by the New Right generates a metaphysical focus that delivers a view of the HPS that is in variance to the original intent.

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— stage Right

Introduction

According to Petersen and Lupton (1996), 'Health status and the means for achieving good health are among the predominant concerns of our age' (p.1). This position is echoed by Baum's (1998) comment that 'Health is a preoccupation of modern society' (p. 3). What is it about health that demands our attention and considerations? It certainly is not a new phenomenon in that health and illness have always been of concern in every cultural group throughout human history (Green 1986); however, the contemporary experience of public health is seen in the shift from survival and sanitation to a focus on our social and ecological health.

This new public health is presented as a liberating movement that empowers individuals to make healthy choices (Yeo 1993), while at the same time making use of power and knowledge in such a manner that individual bodies and social bodies are subject to surveillance and regulation (Petersen & Lupton 1996) through means that include mass screening and social marketing. It focuses on the varied social settings that are our social and work environments and habitats (Ashton 1998) and that influence and affect individual health status (Kickbusch 1981). In drawing on a management and systems framework Baric (1993) and Grossman and Scala (1993) argue that health promotion using a settings-based approach is characterised by consideration of principles, processes, techniques and key elements.

In the Ottawa Charter (WHO 1986a), the principles and processes of health promotion are represented as advocating, enabling and mediating. The techniques and key elements are seen in its five areas of action: build healthy public policy, create

supportive environments, strengthen community action, develop personal skills and reorient health services. When these principles, processes, techniques and key elements are contextualised with schools as a setting for health promotion, there arises a need to adjust activity on the basis of the purpose of schools' (contended and contested) purpose, and to recognise their idiosyncratic culture (as both workplaces and places for children/adolescents) and available resources.

The model of the health promoting school (HPS) in Australia (see Figure 1.1) identifies three areas of activity that intersect: curriculum, teaching and learning; school organisation, ethos and environment; and partnerships and services (Network for Healthy School Communities 1991, 1992; Ritchie 1991; WHO 1994, 1996; Rowling 1996; Ackerman, 1997; Coquhoun 1997; Goltz et al. 1997; Rowling and Rissel 2000; St Leger and Nutbeam 2000; St Leger et al. 2002; VicHealth 2000). In each of these areas there has been some attempt to identify activities that actually occur and how these activities enable a school to claim HPS status.

Figure 1.1 The health promoting school model (source: _Health Promoting Schools:project update_, Issue no. 1, Education Victoria, VicHealth 2000)
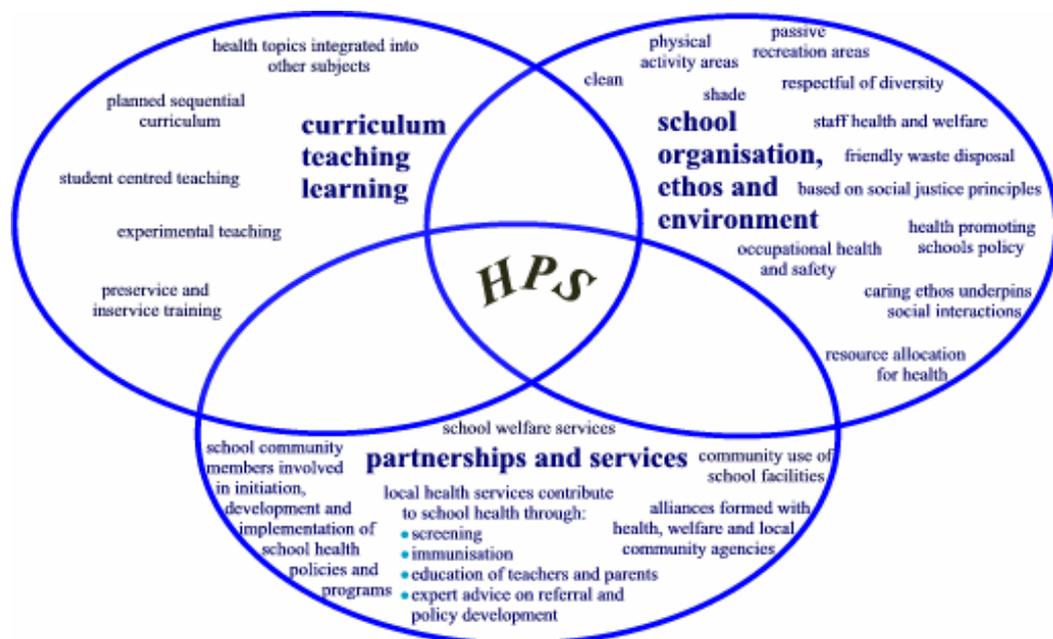
The settings approach to health promotion has facilitated the development of the HPS model. Over the past 15 years or so Australia has embraced the HPS model for many reasons, including cost-effectiveness, efficiency and efficacy (Ackerman, 1997; Coquhoun 1997; Goltz et al. 1997; Network for Healthy School Communities 1991, 1992; St Leger and Nutbeam 2000; St Leger et al. 2002; VicHealth 2000; WHO 1994, 1996). In this model intersectoral collaboration between the health and education sectors is put forward as a significant factor in this development of community and personal empowerment. However, the effectiveness and efficacy of the HPS model for environmental and educational change is variable. Critical reviews of how health promotion is evaluated (Tones 2000) reveal how programs developed in ignorance of teaching and learning principles — and measured using technocratic indicators — not only are unlikely to achieve their aims and outcomes (Brook and Lohr 1985) but fail to do so as much on account of the model's design as in their underpinning ideology; that is, many health promotion interventions are designed to fail and can therefore be 'described as an interesting exercise in futility!' (Tones 2000 p. 5).

Interventions, however, continue to be promulgated and funded. Their baseline logic of intervention to change and improve the wellbeing of individuals and communities especially within schools is persuasive. The question therefore, is not simply about the design of the health promotion intervention and model but that the nature of schools and schooling also requires, even demands consideration. Schools are social institutions that are highly contested arenas for control by a range of groups. From Dewey's perspective (1938, 1944; Detlefsen, 1998), this is both natural and desirable.An essential feature of schools is to educate children as a process of living, to develop psychologically and socially, and to share social consciousness and service. Schools therefore enable students to come to an understanding about social life — to be able to appreciate its meaning and to be able to make a deliberate contribution to it (Dewey 1897). Thus, it is important that social purposes are reflected in schools and that settlements are required so that individualistic and institutional ideals are

reconciled — as are those between different interest groups. And while this is an inspirational position to take, the experience of contestation over what is education and of actual schooling in Australia, is very different.

The impact of the New Right, particularly since the 1980s, has been to facilitate social change and evolution (Bates 2005) in a manner that changes the balance of the life-world in such a way as to destroy the ways in which we view ourselves as social beings and the way we enable social solidarity. In drawing on the work of Habermas (1989) and his tripartite theory of cognition, Bates (2005) argues that the social world being constructed by the New Right is inevitably self-serving and is unlikely to deliver its promised social Eden. Through its technical interest, the New Right works to control nature in a manner that serves its acolyte's advantage; the practical interest in understanding each other is largely absent in that the New Right sees itself as the excluded marginalised majority, and in need of 'saving'; and the third aspect — emancipatory interest, as distinguishing between power and truth — is never acknowledged or permitted since the fundamentalist nature of the New Right permits no other truth and its basic tenet is that it has no power as the 'other/outsider'.

The HPS model has emerged during the same period as did the New Right, and while some of the political wellsprings are shared, the two represented very different world views. The HPS movement has a world view that emphasises social justice through equity, and fair and democratic environments (WHO 1994), while that of the New Right asserts that the principles of the market must apply to social policy and settings, using efficiency and surveillance as a means to ensure economic goals that benefit hegemonic groups.

The principles of the HPS model have been commandeered by New Right hegemonic forces for both social control and to generate spaces for social action and experience. So what may be seen as two separate movements have melded — the one has become the social experience of the other. This is seen in the way that private and

public health-risk management and healthy citizenship are now barely distinguishable simply because the New Right has been able to commandeer aspects of health promotion relatively easily (Petersen & Lupton 1996). For Goodlad (2000), the New Right represents a distortion and a narrowing of the purpose of schooling (and health promotion) so that it resembles less what Dewey articulated and more a tool for solely economic. This dominant perspective is what Habermas calls the *technocratic consciousness:* it actually exacerbates the imbalance caused by the prevailing focus on the economic, and the social change continues in it what Habermas views as a miscalculated manner. The pre-eminence of the concern for the economic has largely been possible because the New Right has been able to present its propositions through common-sense positions that tap into community and parental concerns for children and for the future. 'There is nothing new or obscure in the hope that our young people will do well and feel good about their lives in school and, when adults, find satisfying jobs' (Goodlad 2000, p. 19).

Setting out the territory

The development of the HPS within Australia (Network for Healthy School Communities 1991; Colquhoun 1997a) is an example of the settings-based approach in health promotion (McDonald et al. 1996; NH & MRC 1996; Ackerman 1997; William et al. 1997). The HPS model offers the potential for a number of ways and means to genuinely make a positive contribution to health — individual, social, psychological and spiritual (Ritchie 1991; Colquhoun et al. 1997; Davis et al. 1997).

The HPS uses a core ideology of health to provide a critical fulcrum by which all other activities are suspended. Health is not only the core of curriculum and of teaching and learning opportunities; it is also reflected in the way in which people (adults and children) interact; how the school organises itself — principles and ethos, managerial and physical environs, and how the school connects with the community and its environment (European Network of Health Promoting Schools 1997). Individuals are not only encouraged, but are supported in having an increased

participation in the school and its communal life (Colquhoun 1997a). Health is not seen solely in individual terms. Health is recognised as arising out of the social and environmental milieu (Nutbeam, Wise, Bauman, Harris & Leeder 1993; WHO 1994) and increasing bodies of evidence are demonstrating the link between health and the social and environmental factors that influence it (Wilkinson and Marnot 1998). Each school makes decisions about health that reflect the community it serves.

Schools are deceptive in that they are complex arenas of action. They provide schooling for our young people with the purpose of enabling them to be functional within society, but they can also be viewed in other ways. They are workplaces for teachers, administrators and support workers. They are a central focus for community activity including socialisation, socialising and fund-raising. In describing the HPS, three perspectives have been identified — school organisation, ethos and environment; curriculum, teaching and learning; and partnerships and services (Network for Healthy School Communities 1991, 1992; Ritchie 1991; WHO 1994, 1996; Rowling 1996; Ackerman, 1997; Coquhoun 1997; Goltz et al. 1997; Rowling and Rissel 2000; St Leger and Nutbeam 2000; St Leger et al. 2002; VicHealth 2000). These three perspectives provide a school with a framework that moves health education and promotion from being about an individual health activity delivered in classrooms to a setting-based focus where schools are a strategic focus for healthier and supportive environments (WHO 1994, 1996; Deakin University 2000).

To assist schools in exploring the three (Australian) HPS model perspectives and to provide means to measure success, a checklist has been developed (Deakin University 2000). The checklist was sponsored by VicHealth and was designed to determine what schools were actually doing (that is, identifying health promoting policies and practices) across the model's three main perspectives. At the time this audit was facilitated in Victorian schools, there was considerable pressure for Australian schools to take on a managerial approach. Some of the checklists and perspectives for the HPS have been strongly influenced by the New Right perspective with its emphasis

on achieving more with less, on application of line management principles and on accountability.

By drawing on the various ways in which educational research is undertaken and by exploring how use of a discourse can frame ways of seeing the world, it is the intention of this research to view the HPS in a way that both respects and supports the basic notion of health promotion — social justice. The aim of this research, therefore, is to give the actual players an opportunity to present their experiences of a HPS and to determine the ways in which the HPS is constructed within a school community. In particular, it is to determine whether the underpinning intent of the HPS model — attainment of social justice — is achievable, and whether the impact and workings of the New Right are evident. Further, the research asks if the New Right perspective had such an impact as to invariably lead to a reductionist view, predisposing teaching and learning (particularly about health) to measurement, standards and competencies that benefit the few at the expense of the many.

So . . .

In the thesis that follows, I provide insights into some apparently disparate bodies of knowledge that I have used to construct an understanding about the HPS movement generally and the particular model that has been developed and promulgated to Victorian schools in Australia, P—12. I want to demonstrate how schools as social and health promoting settings are constrained by external discourses to operate in a particular manner and to generate their own internal understandings that can mediate or redirect the experience of education and health initiatives, interventions and programs.

In Chapter 2 I have provided a brief exploration of the ways in which schooling has changed through the twentieth century and how it has been set up for the change into a new millennium. The importance of this chapter is to set the scene for an understanding of contemporary schooling, why it presents as it does and how the

HPS is representational. This chapter explores the change from Keynesian macroeconomics to a microeconomic focus and how, as a result, mass education has been recast in a manner where market ideology determines that the paramount and often only aim of schooling is for economic purposes. These shifting economic views have had significant impact on our social world in that macroeconomics seeks a more just distribution of wealth. Microeconomics perceives the market as a means to manage economic change and chaotic times by means of 'level-playing fields', and what has come to be known as social Darwinism. Critical to such change, schools as social institutions became the focus for both the blame for much of what was wrong with the Australian economy and the reclaiming of our bright economic future.

The feminised nature of teaching and the philosophy of democratic schooling espoused in the later part of the twentieth century, together with policies emphasising equity and empowerment, have contributed to an approach to schooling that was intended to be inclusive and for more than development of human capital and economic ends. And while schooling could not and did not achieve all that it intended and espoused, at least it was trying to do so. However, the 1980s saw the New Right's position on strengthening the capitalist economy (as the core of social activity and future national success) become significant. Schooling, for the New Right, now needed to provide skilled workers for a restructured economy. This was to be achieved through vocationally orientated education that was delivered in an efficient and effective manner, and where teachers were to be held accountable for their work and scrutinised via the resurrection of behaviouralist, competency-based outcomes.

The work of health promotion that began during the same period as the New Right has helped to reinforce the linkages between education and work while providing for the additional component of health and human capital. The purpose of Chapter 3 is to explore the manner in which health promotion has developed to acknowledge the range of social settings that determine health status. This has occurred owing to a reconsideration of the way in which health is constructed as a social rather than a

purely physical phenomenon (Jensen 1997). As a result, there has been a change in health education from a purely behaviour-change perspective and its related potential for victim blaming to one that relates health status to social connectedness.

The Ottawa Charter (WHO 1986b), the acknowledged basis of health promotion, has a social view of health and one that disavows the advantage of certain individuals over others (Kickbusch 1986); that is, it aims for social justice. Thus, an engagement in health promotion requires an understanding by community members that this should equate to certain ideological principles that aim to empower individuals and communities (VicHealth 2005). Effective health promotion it has been argued (Colquhoun et al. 1997; Williams et al. 1997; Tones 1996; WHO 1986b), was more effective when it was situated in social environments, and settings including cities, hospitals, workplaces and schools.

The HPS model has gained popularity internationally and its development has been discussed in the UK, Europe, New Zealand and Australia. The HPS model's universal appeal in addressing the health and wellbeing of children and adolescents (in the first instance) is significant. The potential to gain access to families through their school-aged children and adolescents is an appealing prospect. The value in accessing families via schools is that it provides greater impact for health initiatives as they generate potential savings both in economic terms and for behaviour change. The more recent development of the HPS movement (particularly in — but not unique — to Australia) has seen a commandeering and reconstruction of the HPS model to meet the needs of the New Right. There is now potential to have surveillance and regulation of both private and public domains (Petersen & Lupton 1996).

In the Australian context, and particularly in Victoria, the HPS model, differentiates by using individual and community empowerment as a consumerist concept (Apple 1990, 1995, 2000a), has been constructed in managerialist terms and has failed to acknowledge the relations of power and how it privileges one group over another

(McLaren 1994). Typical activity includes the transmission of technical health information and required behaviour change, with teachers as the conduit. Further, the model argues that the linkage of health and education is necessary in human capital terms. It therefore privileges those with significant cultural and social capital (Bourdieu 2002; Apple 2001a, 2000). Much of the work in developing the model has been to consider how such a school is measured through indicators rather than how the daily experience of the HPS contributes to the development of the individuals and the school community in a manner that enhances learning and wellbeing in a democratic manner.

The multiple experiences that are repeated on a daily basis in the HPS provide insights into the meanings that we bring to our understandings about the world and the way we function within our communities. In Chapter 4, 'Habits — on conjugations and derivations', I explore the concept of habits, significant for the HPS, from several theoretical perspectives. Drawing from the philosophies and writings of John Dewey, Pierre Bourdieu and Michael Apple I use their versions of habit to understand the potential of and the challenges to the HPS model.

For Dewey, 'true education comes through the stimulation of the child's powers by the demands of the social situation in which he [sic] finds himself' (Dewey 1897, p. 77). Education was formulated to develop executive skills where individuals developed innate habits for personal and environmental change because they both could and wanted to repeat particular activities and because they consciously understood why they acted as they did. Such a position on habits reflects some of the potential that the HPS model claims: that as a setting for health promotion, schools develop, influence and use health. However, the direction the HPS model has taken has an overdeveloped reliance on technical expertise and the control of the health expert. In doing this, the HPS separates experience from understanding through the transmission of (health) data and values in a manner that relies heavily on fidelity (faithfulness of transmission of the intervention's technical components) rather than

in focusing on students' learning needs and building their capacity to navigate their (real) social situations.

Bourdieu's (1990a) consideration of how various forms of capital — social, cultural and symbolic — are ultimately realised as economic capital is used to provide understanding about why education and schooling are saturated with power relations, especially those that benefit people with more power and capital and ironically at the expense and compliance of those with the least. Through *habitus*, that is, cultural practices and their ability to reward those who already have desired resources/capital, the HPS reasserts the power differential in favour of asset-rich social groups, the health system and health expert. Thus, the HPS model puts forward efficiency, effectiveness and accountability as required traits, and since the knowledge and understandings required to identify these arise out of the health sector, interventions and behaviour change become the focus. The authoritative voice of health is rarely contested at the expense of pedagogy and teacher professionalism.

Apple (2001a,b, 2003) argues that the New Right has worked to commandeer and reinvent a range of social concepts and institutions to meet its agenda. The reconstruction has occurred because the New Right has been effective in habituating its understandings of the work and achievements of social institutions such as schools using common-sense positions as 'truths', while trivialising contrary opinions and interpretations, and representing contemporary social change as being fearful and chaotic. The New Right, in Apple's view, has managed to assert varied perspectives (neo-conservative, neoliberal and managerial) that reinforced white male, Christian, Anglo-Saxon hegemonic positions through the use of markets, surveillance, meritocracy and Social Darwinism. Within the HPS, the pre-eminence of policy development and the growing number of checklists and indicators all contribute to opportunity for surveillance and crafting of the model for hegemonic purposes while giving the illusion of being apolitical.

Much of the responsibility and accountability for implementing educational change, including the change associated with HPS, falls to the work of teachers. In Chapter 5, I argue that schools as social institutions and teachers as workers are vulnerable to criticism, ambushing and manipulation by political groups. Lately the New Right has worked to reconstruct schools as being subject to quasi market forces so that they are tools for economic purposes contributing to national wealth and pride. In doing so, they bring the work of teachers increasingly under surveillance through competency-based education, standardised testing, regimes of accountability, and teacher categorisation and registration.

Teachers are altruistically motivated in their work; they are deemed by students to be successful when they have organised them in a manner such that learning occurs; and they are avid in their collection of current information to engage their students, keeping their teaching 'current'. Teachers are often challenged to define their work and to identify tangible outcomes of the efforts of their daily activity. However, teachers do not usually perceive their work as focused on long-term, systemic outcomes; rather they do focus on daily activity and the journeys they share with their students in the everyday classroom. Teachers also feel pressures where time and space are becoming increasingly compressed so that they experience what Hargreaves (1994) describes as a postmodern condition manifested in exponential rates of change, demand for organisations to be more responsive to clients, and loss of personal time through access to electronic media such as the internet.

Schooling — and therefore teachers' work — has been called to account through outcomes-based education (OBE). The push towards OBE has been promoted as a way to align schooling more closely with the Western business model — business that measures outputs for success. Thus OBE, is a means to measure what students should be able to demonstrate at the end of each academic year, and at the end of their schooling. It is also a means to address teachers' apparent inability to articulate what it is that they actually teach. Additionally, and fortuitously, OBE delivers the alleged employability skills that business needs from school graduates.

Teachers' work is viewed as needing reform by various interest groups as they demand their perspectives to be given precedence in the school curriculum. The use of audit tools to assess Health Promoting School (HPS) status and activity is another example of schooling reform. HPS as reform is facilitated by teachers having their time and work micromanaged through the use of (health) indicators; by their assessment of students reflecting more a valuing of what is being assessed than assessing what is valued; and by professional deskilling. The consequence of deskilling teachers is a loss of the pedagogical practice that was valued by Dewey. By focusing on what is being assessed, teachers are less likely to be able to connect with their students and to provide pedagogical experiences that facilitate learning that has social and democratic purposes.

The methodology associated with this research attempts to explore the daily experiences of what is the health promoting school. This thesis is in contrast to much of the existing research on health promotion in schools. Published research appears to be predominantly about health agencies and organisations reporting on the efficiency and efficacy of their interventions in using a positivistic methodology. Such methodology has focused on behaviour-change outcomes, effectively silencing the subjective voices of the participants and the school community. The health perspective and its 'common-sense' position were clear in the research, but without much understanding of how the development of a health promoting school community and its partnerships is actually facilitated.

In researching the HPS, I was challenged to consider a method and methodology that was theoretically aligned to developments with the HPS. Guiding objectives in this search therefore included finding a method that was accessible for all players in the HPS. It was viewed as being important that the methods not only provided research data for me, but also provided a worthwhile experience for participants and an

opportunity for reflection by the members of the school community on their journey towards becoming and being health promoting.

The methodology used required that the daily experiences of the HPS would be brought to the fore and would privilege the voices of the participants. There was also a desire to portray the complex nature of schooling particularly in regard to health promotion. The recognition of multiple audiences is one of the essential components of the settings approach from both a health promotion and a Deweyian perspective. Not only is health a prerequisite to achieving more than physiological ends (Robertson & Minkler 1994), it is also a focus for social mobilisation (Green 1994). Thus, health and health promotion are defined within the construct of cultural settings while also providing a perception on citizenship — the desired relationship between state and society (Milewa & de Leeuw 1996) and schooling being one (significant) means by which citizenship is conveyed through the striving for a better future (Dewey 1944).

The use of case-writing method in this research through the narratives of participants, together with the overlay of commentaries, became the logical method if only because it requires stories to be told in such a way as to invite multiple readings and interpretations. The research was facilitated through a constructive approach. It accessed the ways by which individuals actively build their personal meaning or knowledge through what is known, seen, understood and valued by the individual (Spivey 1997). Thus, this thesis is based upon the stories of the participants in a HPS community whose experiences are sourced through narrative, commentary and focus groups. Such method and methodology rejects a simplistic notion of schooling as a controllable process for a predetermined product. Instead, the methodology acknowledges the real nature of schools, the interrelationship between school community members, and the validity of each group's perspective.

In the remainder of the thesis I analyse and discuss the constructions of the HPS participants as they present them through their narratives, commentaries and focus groups. To facilitate this process I have drawn on the HPS model, presenting within each of the three areas of activity shown in Figure 1.1. To represent curriculum teaching and learning, I present the experiences of teachers and students; the school organisation, ethos and environment is represented in the experiences of the school administration, and partnerships and services by parents and health agencies. The experiences of each group were gathered by means of individual narratives and subsequent commentaries by other participants, and through focus groups.

The administration of the school provided support and leadership for the school exploring various health promoting activities and possibilities. Chapter 7 documents the school administration using the VicHealth survey (2000) as a needs assessment and to crystallise their 'felt need' to improve the schools health activities. Following the participation in the survey the school administration were able to redefine the activities and to pull them together under one 'umbrella', providing what was perceived as a more inclusive program. By taking on the HPS model, the CG School administration team was able to provide a balance between its core work, Catholic education, and contemporary (secular) society with its growing focus on risks and risk management. Such a shift was seen as being worthwhile because the school could not only meet a range of 'health' needs but was able to do so in a manner that reflected the school's particular Catholic philosophy.

As critical stakeholders parents have clear perspectives on what they are wanting for their children, and in this case their daughters, from a school. Chapter 8 considers the perspective of parents as they consider their relationship with their daughters and how much they engage in the school as these young women move through the school and develop more autonomy in their lives. Also the relationship with the school and the teachers creates another perspective, especially since some of the parents interviewed are also past students. In all parents were critical consumers and had used their knowledge of the school and its expectations to further develop the social and

cultural capital of the family in general and their daughters in particular. The manner in which the family and especially the mothers were able to contribute to the (extra-curricula) life of the school represented significant cultural capital (Bourdien1990) that the family could dedicate over a prolonged period of time.

The use of health agencies to support school teaching programs and students is not unique to the HPS model. However, within the HPS model, the particular type of relationship between the school and the health agency is significant. Chapter 9 provides an insight in the experiences are more likely to facilitate congeniality rather than collegiality between education and health sectors, and possibilities for genuine intersectoral collaboration between the HPS and health agencies are still to be realized. The recasting of the HPS as a community of practice provides an insight on how collaborative partnerships can be built in meaningful ways. Creation of a collaborative relationship is the result of having goals that are mutual, and of having roles in the partnership and participation in decision making that are equal (Millions & Vare 1997). Within this case study the failure to do so at CG School may rest within several binaries, including education/health and religious/secular activity.

The students at this case school had clear ideas about what constituted HPS activity as it impacted on and for them. Their responses in Chapter 10 provide insights into their opinions of health curriculum both the formal and hidden. These students show health education and promotion as having a very different pedagogy to their other areas of study; and the opportunity to work with the health agencies workers was highly valued as it offered the students another. As for developing the intended position of HPS for social justice and democratic action it would appear that much is still underdeveloped in its consideration of pedagogy. Understanding about what is actually necessary in practice to develop student's skills in participatory decision making in schools, and what teachers need to know and do to facilitate such activity in the context of the HPS model — is in need of substantial consideration

The final component of the Australian HPS model to be considered in Chapter 11 is that of the teachers themselves. Teacher have an interesting part in the HPS as they have a dual status – that of professional educators and employees of the school. As professional educators they saw their role as enabling students to have opportunity to live fulfilling lives, teachers were motivated to provide every possible opportunity for the students in their school (Miech & Elder 1996). As employees of the school the work of teachers, and therefore students, is open to both control and rationalisation (Apple 2001). Teachers were cognisant of the range of health issues that could predictably impact on students, and so were motivated to 'prevent' or minimise their effect. In doing so, teachers drew heavily on health promoting programs and agencies to fill the gap in their professional expertise. Teachers worked to facilitate a range of academic and contemporary learning within a Catholic paradigm (and its inherent moral and ethical underpinnings) so that all come together to generate a coherent whole.

When scoping this research I recognised several assumptions that framed the HPS concept and model, and that subsequently underpinned the thesis. There were two assumptions that I perceived arising from my review of the literature relating to health promotion and the health promoting school in particular.

> **Assumption 1** That the HPS model was sufficiently robust to 'work' (with integrity) under any circumstance.

> **Assumption 2** That the HPS model was a focus for organisational change.

This pair of assumptions arose from the literature that claimed the universality of the HPS model, where the paradigm clash of health and education was ameliorated, and through the potential of schools to contribute to their community's health, primarily through their students. The critical focus for the work — and therefore success of the HPS — was claimed to lie in its ability to create supportive environments through policy development that identified future health promotion activities, provided a

framework to guide the decision-making process and aggregated support and resources for health (Williams et al. 1997).

The second pair of assumptions arose from my experiences in working with a specific school community in its exploration of what being a HPS actually meant. If any school was in a position to engage in organisational change using health as the fulcrum to address student wellbeing through engagement in activity for personal, social, psychological and spiritual health, it was CG School.

> **Assumption 3** That CG School had a strong base on which to position itself as a HPS.

> **Assumption 4** That the success of implementing the HPS model lies predominantly with teachers and their work in the provision of meaningful learning situations.

During the time spent with the participants from the school community, a considerable amount of self belief was expressed. There was considerable agreement that he school already possessed considerable cultural capital including that which supported the development of health literacy. These two later assumptions were therefore premised on the explicit care expressed by the school ethos and by teacher declarations for the students and their families within the school community. It is within Chapter 12 that a summary of the thesis is presented with discussion and reflections of these four assumption together with the existing health initiative and activities provided within the school context.

Conclusion

The intention, then, of this thesis is to provide a different perspective of the HPS from that which has been provided so far. In doing so, it will be possible to see retrospectively why the particular version of the HPS model (presented above) has

been able to be developed. This development can be viewed through the influences and agendas and a consideration of what it actually means for Victorian schools and their communities. Can the HPS model deliver on its social justice intent? Finally, these insights can provide an opportunity for reflection and reconsideration of a new future for the HPS.

The following literature review covers a disparate but connected range of literature — from political and social change, to the health promotion movement, to the use and attainment of social and cultural capital, and to the construction of teachers' work to meet social and economic ends. In Chapter 2, the importance of considering each lies in the way in which they interrelate and impact on each other. For instance, there has been significant social change since the Second World War — from an emphasis on economics that work for the betterment of the many in society to a reconstruction of the social in economic terms where, for instance, citizens become consumers. The evolution and development of health promotion in particular settings including schools is considered in Chapter 2. The way in which the HPS model has developed reflects the morphing from a social citizenship perspective to one where the prevention of ill health increasingly becomes defined as being behaviouralistic and in economic capital terms.

The redefining of the heath promoting school concept and model both resonates with and reinforces external governance of the private body. The work of Dewey, Bourdieu and Apple, as presented in Chapter 4, provides a means to deconstruct the ways in which social lives and behaviours can both facilitate social reproduction and provide insight into possibilities for socially just interactions. By using their deconstructions as lenses, it is possible to see how the HPS model has been co-opted to meet the radically conservative agenda of the New Right while also identifying potential spaces for activity and reclamation for socially just possibilities.

During the period of the emergence of the new public health movement and the HPS, the work of teachers has increasingly been under scrutiny and surveillance. As a result, teachers have been held accountable for the perception that schools do not produce graduates that are fit and suitable for the Australian economy. The assumption that schooling is solely for economic purposes pervades the position of the New Right (Rose & Miller 1992; Ryan 1995; Apple 2000a, 2001a,b). In drawing from their modernist perspective, the expectations of the New Right are of schooling as an accumulation of behavioural competencies, and of social and cultural capital that can be ultimately converted into economic capital (Bourdieu 1990a, 2002; Apple 1990, 1993, 1995, 1996; Bowe & Ball 1992; Watkins 1996). Thus, the work of teachers is a highly contested area for the delivery of New Right schools, since they are the sector's workforce (Blackmore 1991; Fullan & Hargreaves 1991; Apple 1996; Renwick 1997b).

Chapter 2   The big picture

Introduction

The experience of life in the Western world since the end of the Second World War
was one of a period of rapid change. This change was the result of many competing
political, social and economic factors. The changes experienced by Western countries
through the later part of the twentieth century have been labeled as being post-
industrial and post-modern (Hargreaves 1994; Lather 1992; Giddens 1990; Ball 1987;
Bell 1973). Bartos (1996) distinguishes between the two by using post industrialism to
refer to change in social structure that 'is apparently towards decentralization of
power and segmentation into smaller groups' (p. 308). Post-modernism is used to
refer to cultural change that predominantly 'seems to involve a redefinition of
individualism' (p. 308).

Aronwitz and Giroux (1997) contend that the modernist meaning is created in its
advocacy of science, technology and rationality equating change with (economic)
progress, its history in Euro-centric culture and the premise that the industrial West is
a logical nexus for establishment of control and hierarchy (pp. 114-5). Thus, the
assumptions of modernism can become the focus for post- modern critique because
it 'not only makes visible the ways in which domination is being prefigured and
redrawn, it also points to the shifting configurations of power, knowledge, space, and
time that characterize a world that is at once more global and more differentiated' (p.
115).

The post-modern experience of Western countries — including Australia — has been associated with the juxtaposition of cultural diversity, social justice, globalisation, economic reform, and change from Keynesian macroeconomics to microeconomic reform (Dudley & Vidovich 1995; Lingard, Knight & Porter 1993). Western countries are experiencing post-industrial change as they move from the production of goods to the production of knowledge (Bartos 1996; Bell 1993;Watkins 1991). They are experiencing post-modernism through the creation of smaller groups such as 'teams' with their own identity in the workplace, the proliferation of self-help groups, and the importance ascribed to individualism as defined by the neo-liberals (Bartos 1996; Rose & Miller 1992). It is therefore worth noting that the use of these terms in the context of non-Anglo-Saxon type societies or developing countries may not have the same significance.

The need for workers in industrial society is ongoing. The various types of work demand different competencies — knowledge and skills — and since schools have been viewed as the wellspring for the next generation, what occurs in the schoolroom has always been of interest to employers and governments and inevitably lends itself to linkages that support particular interests over others. McLaren (1994) states that in contemporary schooling there is 'an inordinate stress placed on career motivation and school/business partnerships in efforts to link youth to the corporate imperatives of the international marketplace' (p. 4). Any student's ability to participate in the society is influenced by how learning is constructed in the school, and is more likely to reflect conformity and the need to develop employability skills. While this is not a new concept, the way in which it is interpreted varies according to the time period and cultural hegemonic imperatives, especially those of the 'captains of industry'.

Schools have long since been regarded as the formative places for the understanding of democracy and informed citizenry in Australian society (Angus 1991). They have also been places of religious, vocational and technical training. From as early as 1798 colonial schools run by the clergy — particularly for the lower classes or orphans —

offered apprenticeships in seamanship or mechanics for boys and training in housekeeping for girls (Barcan 1980). Since the introduction of mass schooling in Australia in the late 1800s (1872 in Victoria), schools have been expected to provide students with those skills necessary to participate in Australian society and, in particular, to be able to engage in paid employment. Changes in work, economy, technology and social movements over this time can be as readily tracked through schools as in other social institutions. However the organisation of schools (particularly in Victoria) reflects a modern rather than post-modern interpretation, through preferences for centralised, highly simplified roles and cultural hegemony (Bartos 1996). These are epitomised in its centrally imposed curriculum and assessment in schools — primary and secondary (e.g. AIM, CSF II and VCE[1]) — that focus on outcomes-based education, and defined role descriptions where principals manage and teachers teach within a line management structure borrowed from business models and methodology.

The social change since World War II and how it has influenced and impacted upon Australian education and schooling. The shift in economic ideology from Keynesian to macroeconomic reform experienced in the Australian context; has led to changes in Australian education, particularly in regard to the perceived role of mass education in the modern and post-modern society including the role of educational policy and, in particular, the Schools Commission; and schooling as an industry in a market economy.

Keynesian economics, now termed macroeconomics has waned as the preferred focus and there has been a move to focus on microeconomics in the Australian

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[1] Centralised Victorian curriculum or assessment technologies. From 2006 the Victorian Essential learning (VELS) became the basis on which the planning of curriculum Prep to 10 in Victorian schools. The VELS include standards and progression points relevant to various stages of development by students. At the time of work within the research school these standards were not yet developed.

context. Their implications for how society is envisioned especially in regard to the provision of work, has been significant.

Economy, work and schooling

There was a grand vision in 1945 that Australia would sustain full employment by 'building up its economy, especially in manufacturing, and by encouraging immigration' (Jackson 1985, p. 237). This was a view of economics dramatically different from that which existed until the 1940s. Prior to the Second World War the prevailing economic theory was one described by Culbertson (cited in Jackson 1985) as being *moralistic economics,* where fluctuations in business arose out of 'booms' and 'busts'. The severity of the 'busts' lay in the economic sins of the 'booms', and there was no consideration that government could contribute to economic stability (Shapiro 1974). In capitalist societies, economists are continually being pressed to explain the phenomenon of unemployment. Specifically, involuntary unemployment is a problem requiring resolution. The challenge is to understand and redress 'why free-market societies produce periods of involuntary unemployment which are *unwanted by virtually everyone in society*' (Lipsey 1976, p. 53, [author's emphasis]).

Keynes' (1936) classic text entitled *General Theory of Employment, Interest and Money* espoused the idea that because business investment necessarily fluctuated, it could not be relied upon to maintain high levels of employment and a steady flow of income through the economy. He proposed that insufficient business investment during times of recession (busts) needed to be compensated for by government spending, creating larger budget deficits (Shapiro 1974; Lipsey 1976). Two additional aspects of Keynesian economics are the goal of economic justice, or equitable distribution of income, and the goal of economic freedom as seen in the right of every worker to change jobs, join a labour union, enter a business, own property and purchase needed and desired goods (Shapiro 1974).

There was a strong Keynesian flavour in the postwar economic strategy in Australia

(as in many other Western countries), where it was seen as government responsibility to create the necessary conditions for the achievement and maintenance of full employment, price-level stability, and a high rate of economic growth (Shapiro 1974). It was assumed that as the population expanded, industry would grow, become more efficient and be less in need of protection (Jackson 1985, p. 237).

During the postwar years, Australia experienced a technological and economic recovery that dramatically changed the standard of living in the average household. Science and technology were increasingly being seen as contributing more in diverse areas such as the workplace, health care (including medications, e.g. antibiotics) and agriculture. A common requirement was for cost-efficient use of resources that in Australia were too often viewed as being infinite.

Australia had perceived itself in the postwar years as an affluent country. In May 1986 the then federal treasurer, Paul Keating, likened Australia's economy to that of a banana republic.[2] The ensuing outrage arose from a taken-for-granted view of our affluence on the world stage. The message focused attention on changes in the global economy that were having an impact on Australian's balance of payments[3]. By the early 1980s the Australian economy was not faring particularly well owing to falling prices for exports such as minerals and wool, a reduction in the manufacturing sector, and increased expenditure on imported technology and overseas borrowings (Probert 1989).

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[2] Paul Keating sounded the warning about Australia's economy becoming a banana republic during a radio interview by John Laws in May 1986. While Keating was criticised for overstating the situation, he certainly changed the perceptions of Australians about their then long-term economic status.

[3] In September 1986 the International Monetary Fund sent Helen Junz to assess Australia's status. In the following February her report included a bleak view of Australia's economy that included comment on uncompetitive industry, reducing capital investment and increasing foreign debt, with particular comment on the slow pace of reforms that enhanced productivity, and a condemnation of our wages policy.

This re-evaluation of Australia's economy was in the term of a Hawke Labor government that espoused social democracy. The change in the indicators of Australia's economic standing created a political and economic vacuum that was readily filled by the rhetoric of economic rationalism. The 'crisis' facilitated a shift in political ideology that in turn affected the social agenda (Dudley & Vidovich 1995). The scene was set for the shift from the Keynesian principles of macroeconomics and the welfare state to the application of microeconomic reforms and the creation of free-market discourse.

Government initiatives at this time looked to microeconomic reforms to address and respond to what Dudley and Vidovich (1995) describe as the 'claims of economic rationalism to reduce the uncertainty, complexity and disorientingly rapid change of the late 20th century capitalism' (p. 5). These initiatives included policy on education, and were premised on 'the rights of *the economy*, the legitimacy of *the market* as the organising principle for society in general' (p. 4). The collective interests of society are subordinated to those of the self-interested individual. The Australian state has moved away from a Keynesian welfare mode towards a competitive character (Lingard 1993, p. 27). In doing so 'the needs of capital — substituting the purpose and meaning of education to the needs of capital [and] from a public to a private good' (Giroux 1999, p. 2) recasts education and schooling as a critical component of social and cultural control, class differentiation and capitalist gain.

The two economic ideologies prevailing since the end of the Second World War - macroeconomics and microeconomics have fuelled a change from a citizenship to a consumer mentality is significant in understanding how society is perceived. The purpose of schooling in a Western society such as Australia has subsequently altered and changed perceptions and expectations of schooling especially since the 1970s as can be seen through the exploration of policy and structure associated with the Australian Schools Commission.

Schooling for a modern and post-modern society

Schooling has not always been necessary to produce and reproduce society. In pre-industrial societies, location in family and kinship groups provided the necessary training and socialisation for the individual to develop the skills and competencies necessary to be able to function and contribute (or not) to the community. Over time, various individuals or groups in society have had access to schooling on the basis of power, for instance, those of the ruling classes, and males rather than females. The development of a more complex society, the differentiation of work and the need for an informed citizenry generated the need for mass schooling.

Kemmis (1986) contends that education in modern societies has narrowed. The role of education in contemporary society is about the relationship between schooling and the state rather than education for society. As a result, the modern state uses schools (through schooling) 'as an institution as one of its general self-regulatory mechanisms' (p. 82). Kemmis goes on to argue that the control of schooling is systemic through the control of the curriculum, facilities and resources, teacher training and professional development, examinations, evaluation and accountability. Hargreaves (1994) takes this perspective further by saying that 'one of the most important and pervasive state reforms has been mass education' (p. 27). The issues of evaluation and accountability will be explored in more detail in the sections on the health promoting schools in Chapter 3 and the development and application of outcomes-based education in Chapter 5.

In Australia schools have always been significant social institutions provided firstly by (mainly) religious groups and then later by the state. The first free school was established in 1809; however, it was not until 1880 that free, compulsory and secular education was enshrined in the 1880 *NSW Public Instruction Act* (Edgar 1980).

Schooling in the Australian context has always been expected to fulfil particular social functions. These include the attainment of social, cultural, moral and technical 'skills'. Schools are cultural reproducers (Kemmis 1986; Porter 1993; Comber 1995; Reid 1995), for example, schooling reflects a scholastic culture that can be used by parents to create and reinforce career characteristics and by employers to select employees. The social skills involved within this process include the ability to wield power, to legitimise the use of that power — particularly over other social groups — and to determine entrance into the social group, and on what basis.

Moral skills arise out of acquiring the 'right' set of values. Schools perpetuate respect for 'elite' cultures. Formal schooling provides an avenue of access to a range of opportunities including work. Students who drop out from formal education before completing it are expected to engage in very different occupations from those of students who demonstrate 'success' within the system. These occupations have substantially different levels of power, prestige and 'elitism' ascribed to them (Sidorkin 2001; Teese 2000, Aronowitz & Giroux 1997, Apple 1995; Edgar 1980; Berger & Berger 1981; Hunt 1978). According to Teese & Polesel (2003) "(e)conomic precariousness is the price of leaving (school) early" (p145) where not only do young people are like to find casual or part-time work with some difficulty and no matter when girls leave school without completing they are more likely to unemployed than boys.

Technical skills arise out of an ever-increasing need to provide workers with a plethora of jobs. Kemmis (1986) asserts that the development of mass education was aligned to the need for skilled labour by the modern industrial state for 'an educated and highly differentiated labour force that could cover the range of occupations of the modern economy' (p. 80). Mass education aimed to provide at least an elementary education for all (Edgar 1980; Kemmis 1986). Thus, schools become a cultural apparatus that assists in capitalist production benefiting the privileged few (Apple 1995) where '[c]apital begins to reproduce itself not in the service of people but at their expense' (McLaren 2001, p. 237).

Angus (1991) presents four important ideas that have underscored — and continue to do so — the justification of mass schooling in Australia. These are democracy, social harmony, equality and social mobility. And while Angus discusses both the negative and positive sides of these issues, he argues that mass education generally has served the purpose of social control. Social control is achieved by organisational control, and by determining the curriculum, the means of assessment and the monitoring and surveillance of the schooling system. Schools help to shape the way society is arranged (Connell et al. 1985). For Angus (1991) control is generated through the maintenance of the existing social order and the mobility occurring when those in the lower classes become more like their 'betters'. Essentially, the successful or upper classes are able to impose their view of the world as being universal thus generating hegemonic practice where the work of schools legitimises this perspective (Bourdieu 2002; Apple 1995, 2001a, 2001b; McLaren 1994; Porter 1993).

As a social institution schools receive considerable attention particularly as an avenue for social change, especially given that the political nature of schooling stems from the state accepting 'much of the major responsibility for education' (Spicer 1995, p. 21). Consequently, schools are vulnerable to prevailing ideologies and philosophies about their work that have relatively short lives but that reflect government policy as well as the preferences of special-interest groups and pressure groups.

Schooling 'has been both a means for enlightenment and development of the individual and a means for achieving the purposes of the state' (Kemmis 1986, p. 37). It is therefore possible to locate schooling on this continuum by looking at expressed aims or rationale. The Australian Schools Commission[4] argued through the 1970s and

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[4] Established by a newly elected Whitlam Labour federal government, the Commonwealth Schools Commission was based on notions diametrically opposed to supporting and enhancing advantage, it argued for the value of schooling in its own right, and that everyone should be given opportunity to

1980s that the 'fundamental objective of education and schooling is the empowerment of the individual within society — rationally, economically and democratically' (Dudley & Vidovich 1995, p. 118). However the post-1987 period has changed from a social-equity perspective to one dominated by 'the 'new vocationalism', or the redefinition of general education as a form of vocational training' (Dudley & Vidovich 1995, p9). This latter perspective on schooling will be explored in the section 'The marketisation of education' which looks at schooling as a market-orientated industry.

Education and schooling has and continues to contribute to Australian society, but it is also created by society. The interrelationship between the economy and schooling, how it is managed, the provision of work and schooling, and how each is measured, moderated and controlled by the others needs consideration.

Linking economy and schooling

The linking of the needs of the economy to schooling is hardly a revelation. The use of schools to facilitate social and cultural reproduction, and to enable select groups to accumulate more power, prestige and wealth is hardly new (Bourdieu 2002; Apple 1995, 2001a; McLaren 2001). Consequently, the relationship between schools, vocation, work and employment provides an important perspective on the interpretation of one of the roles of schooling. This section will consider the changing hierarchy of the goals ascribed to schooling since the Second World War, particularly in the context of emerging economic ideologies and social change.

Education has always been an activity with multiple goals — vocational, academic, intellectual, democratic, and egalitarian (Dudley & Vidovich 1995, p4). W. F. Connell

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succeed (Marginson 1997). 'Schooling is not a race; its major objective is not to identify winners and losers, but to give maximum assistance to all young people growing up' (Schools Commission 1975, p.7).

(1980) writes of the period 1945-1975 as being one where education was reconstructed to cope with continued expansion and a reconstruction of school curricula in relation to social trends and needs (cited in Kemmis 1986). Involvement of the (state) governments was high. Where during the Second World War quotas were placed on post-secondary education to direct 'manpower' [sic] into technical training, during the 1960s and early 1970s education was necessary for Australia to fulfil its 'destiny', and so the minimum school-leaving age was increased to 15 years. Technical training was seen as a matter of national importance during wartime and after (Barcan 1980). Training, it was hoped, would contribute to the expansion of the economy and the creation of opportunities for work (Apple 1995; Watkins 1991; Ball 1987).

The 1960s and the early half of the 1970s were periods when confidence in Keynesian economics was high. Education policies reflected this and combined with liberal progressive ideas (Angus 1991) created a climate where there was a belief that education would provide both economic and social benefits to individuals and society (Bennett 1982) stimulating support for free education that in turn would lead to a more equitable society (Angus 1991). Schooling at this time was having to meet important challenges: to cater for increasing numbers of students — the baby boomers — and notions of a child-centered curriculum, knowledge and inquiry reflecting a more liberal view of schooling.

Schools were criticised for not keeping pace with the growth of knowledge, new products and the techniques of industry, but were supported and sponsored to address this shortfall. There was an increasing divide between the funding received by State schools and that of Catholic schools — the latter under stress from the provision of education to larger groups of students as the result of immigration and by increasing costs for staff because of the fall in the number of religious and a growing number of lay teaching staff requiring due recompense (Dudley & Vidovich 1995).

The highly structured nature of schools was deemed as determining the individual's role in society rather than as developing individual potential. The role of schools in creating future workers for expanding an increasing array of jobs was an imperative. Students could begin vocational training prior to reaching the age at which compulsory education was no longer required. This was done by streaming students into technical schools and by undertaking apprenticeships. Technical schools trained students who were not 'academic' and those suitable for manual jobs such as those in the building trade, mechanics and food service (cooks) (Edgar 1980). The meritocratic style of schooling offered through the division of technical and high (academic) schools reinforced the role of schooling in predetermining an individual's vocation. The theory of human capital in a period of virtually unknown unemployment and economic boom was heavily subscribed to (Bartlett 1991; Lingard 1991; Edgar 1980).

Critiques of this style of systematic streaming focus closely on the inherent unfairness of streaming based largely on socioeconomic circumstances and, to a lesser extent, on gender. Schooling predisposes and reinforces those social structures that dominate and control—and, as such, act as a social reproducer (Bowles & Gintis 1976; Edgar 1980; Kemmis 1986). Schools, through their meritocratic style, were reinforcing social inequity - children of manual workers went into manual work, children of professionals went into professional work (Connell 1972; Kemmis 1986) and females went into jobs that reinforced their femaleness, their productiveness at work conditioned by the gender relations directing them into jobs that are assumed to be filled only while waiting for marriage and children (Bennett 1982).

The school-based movement of the early 1970s was accompanied by a participatory democratic spirit, and at a time when the economy was expanding (Bartlett 1993). The range of approaches to schooling, administration and curricula during this time were usually — and appropriately — described and marketed as being innovative.

The development of creative and alternative schooling was an imperative for a number of reasons including the changing nature of work, the relationship between the economy and education; teachers' increasing dissatisfaction with educational practices and the social and educational outcomes; and increasing dissatisfaction with education not delivering on the promise of social mobility (Dudley & Vidovich, 1995). Some called for the dismantling of the education system, which would be replaced by community-based locations that would support learning networks and webs.

Theorists such as Illich (1972, 1976) and Neill (1968, 1980) championed the open schooling — or deschooling — movement. Their challenge to and critique of systemic education in particularly Western societies is about the use of authority and power in the guise of education. They challenge the use of power to impose hegemonic ideals through the transmission of selected, prescribed pieces of knowledge. They critique systemic schooling because of its predilection for age-based cohorts, controlled learning environments and imposition of measures of success, all of which reflect an adult's rather then a student's view of life and achievement. It also provides a perception of orderly activity, purpose and outcome reminiscent of activity in a factory rather than of human and personal development (Luke & Luke 1990). With the rise of educational psychology and interest in its application to schooling there was a growing desire to provide learning experiences that 'engaged' students in their learning. This engagement was the result of the experiences being relevant to students' daily lives, and being activity- or child-centered (Connell 1980).

This was a period typified by a relatively stable economy, with relatively low levels of unemployment. Social change was possible and permissible, given the 'health' of the economy, and wss represented in a shift towards collective responsibility. There were many challenges experienced in schooling, including the rejection of valuing people only for their human capital. Progressive liberal education became the dominant ideology, and equity was defined in outcomes rather than just opportunity (Dudley & Vidovich 1995). There was an increasing acceptance that life was more than just

about the acquisition of skills and attitudes necessary for work, and self-actualisation began to replace traditional notions of motivation for success (Maslow 1970).

From the mid 1970s the changing economic climate has highlighted the contraction of the youth labour market and the inability of schools alone to ensure an economically secure future for their students (Angus 1991). The increasing divide between the ability of schools to provide training and the vocational skills required in the workplace has generated a cacophony of calls for schools to get it 'right'. Employers reacted by saying schools were out of touch and were not doing their job. Students responded by saying schooling was irrelevant. Parents expressed concerns that their children needed to be given what was required to gain employment, and schools began encouraging students to stay longer, changing retention rates (Edgar 1980; Angus 1991).

The link between schooling and the sociocultural basis of the school community provides an important perspective for understandings about cultural advantage. While there is a view that more education and higher paid jobs are directly related, it would seem that the link between social background and the occupation is more likely, with the level of education as an intervening factor (Worsley, cited in Sargent 1983). However, not only does the context of the school reinforce predetermined vocational pathways, but the very interaction in the school between teachers and students, amongst students themselves and between the school and its community is contextual. There were significant differences in the expectations and achievements of school students on the basis of gender, socioeconomic background (including race and ethnicity) and teacher expectation (Connell et al. 1975; Wright & Headlam 1976; Campbell 1978). Angus (1991) takes this perspective further by contending that not only does meritocratic schooling influence, encourage and reproduce a competitive, individualistic society, it also does violence to alternative cultures and cultural groups (p. 254). These groups would include Aboriginal, other non-Europeans, homosexuals, youth, and the disabled (Aronowitz & Giroux 1997).

The systematic difference in the management of schooling over the three decades spanning the 1960s and the 1980s is significant. While the role of school always factored in the need to develop the human capital of its students, differences in the ideology of schooling and the state of society and its economy are profound. Bartlett (1991) describes the state education systems prior to the 1970s as being 'highly centralised and monolithic administrative organisations [which] exercised an unquestioned authority over the curriculum in schools' (p. 285). Equity and empowerment was an expression of the dominant political ideology of the 1960s and early 1970s that was fuelled by a range of factors that included social movements such as feminism and civil rights, and an expanding economy as well as universal support for democratic reconstruction. By the 1980s, however, there had been a significant shift in ideology to one premised on 'the economic criteria of productivity, efficiency and international competitiveness in the global capitalist marketplace' (Dudley & Vidovich 1995, p. 102).

The 1980s are recognised as the beginning of an extremely rapid growth in the prominence and influence of what have come to be called New Right theories. New Right theories are characterised by the use of terminology previously used by social reformers to achieve very different social outcomes. For instance, liberalism is used to describe economic ideas that relate to 'free markets allied to political ideas stressing the importance of individual freedom and the need to curtail state intervention in individual lives' (Dale &Ozga 1993, p. 64). The importance of order, traditional values and social hierarchy is emphasised. Critiques of New Right theories interpreted this development from a hegemonic perspective.

Throughout the 1980s, changes to the economy and means of doing business began to generate a criticism of schooling where individual development, and social and cultural benefit were perceived as being no longer relevant, and did little to contribute to increasingly competitive global markets. Education was perceived as an

investment. It was an investment in individuals for their ability to work and for the nation to experience economic growth (Kenway 1991). Kennedy (1989), writing of this time, argues that any significant curriculum event was set off by economic imperative. This was evident in policy documents such as the 1985 Karmel Report that judged curriculum inputs against specific inputs, which in turn were related to those government policy areas that were of particular concern.

The shift to outcomes-based education and its implications for schooling will be considered more closely in Chapter 3. This section considered the number of goals of schooling, and their changing prominence since the Second World War, particularly in the context of social change associated with the shifting ascendancy of economic ideologies. Schooling has been seen as pivotal in the creation of a skilled workforce, and schools have been seen as sites for reform. Such reform has focused on the local administration of schools, centralised control of teachers' work, and the surveillance and accountability of teachers' work through outcomes-based education.

The marketisation of education

Education in the 1990s was seen as an industry. Corporate managerialism was concerned with the reduction of costs and the control of outcomes. The location or site being managed, and the style of work or product are, in theory, irrelevant in this context. The principles of management are transportable and have wide applicability.

Dudley & Vidovich (1995) contend that

> the specific emphasis in the rhetoric of policy on education (and training) at any time depends upon which ideology is in the ascendancy. Over time the emphasis swings from one to the other . . . in each period a new settlement is established, a settlement particular to the social, ideological, economic and technological characteristics of the time (p. 183— 4).

Similarly, Carnoy and Levin (1985) argue that in Western societies such as the United

States (and Australia) there is 'a fundamental tension between capitalism and the priorities of business and industry, and democratic ideals and demands for equity from the less powerful' (p. 249), an argument echoed by the writings of Apple (1995, 2001a, 2001b).

The predominance of human-capital theory and its influence on educational and work-related policy has varied since the postwar years. Expectations and provision of resources for education have, as a result, also varied. Until the 1960s human-capital theory was particularly influential during a period of significant economic growth and the peak of support for Keynesian principles. Schools were pressed to obtain adequate resourcing to provide an adequately educated clientele for an apparently insatiable workplace. Large numbers of children were being pushed through the schooling years, their numbers being the result of a postwar baby boom and successful immigration strategies. The 1990s have seen the re-emergence of the same theory, but this time in very different circumstances. Economic constraint and substantial restructure are the result of micro-economic reform. Education and training are seen as micro-economic tools, and that these can be changed, manipulated or refined according to need or orientation (Porter 1993).

Where the basic premise or need for equality in schooling may be unchallenged, the means by which such schooling is achieved and the way such goals are measured can be and is contested. The key competencies put forward by the Australian Education Council (1991a, b) linked the acquisition of 'employment-related key competencies' and individuals' educational experience. By identifying and highlighting the link between schooling and work and employment there is an emphasis on the type of outcomes and applications. However in doing so there is a failure to recognise 'that work and employment is only one element in the human experience - education relating to personal development, social interactions and ethical values appears to be undervalued' (Karmel 1995, p173).

Kenway and Epstein (1996), consider the ever-louder voice that applies the term 'market' to education and the expectation that the only or principal purpose of education is to serve the national and international market economies. Their critique uses market economy principles and terminology to explore the changes being experienced in schools and by teachers at the close of the twentieth century. They challenge the notions and ideas of the market, the autonomy of management, clear organizational objectives, and that competition and choice between educational institutions do not automatically lead to efficiency. They contend 'that there is a significant difference between ideal or abstract and concrete markets; and that the principles applied to commodity markets are not necessarily appropriate for, or compatible with, education' (p13).

According to Taylor, Rizvi, Lingard and Henry (1997) in educational policy, the idea of marketisation takes two distinct forms. One form involves educational institutions attempting to market their academic wares in the commercial world. The other form suggests that business principles can be applied to its administration to make educational institutions more effective and more efficient. The goal in both is to restructure education and training so that they serve the economy but at a cheaper cost to the state (Fitzclarence and Kenway 1993) however '(t)hese aspects of marketisation do not sit easily with many of the traditional cultural concerns of education' (Taylor et al. 1997, p89).

The dictates of the 'market' as Chitty (1997) points out, are about competition where there are winners and losers. Kenway and Epstein's (1996) review of feminist studies and perspectives on the marketisation of school education, identifies a number of emerging issues including the implications of market-driven schooling on women's work as mothers; the additional work load (job related and emotional) placed on women as teachers and principals; the rise in vocationalisation that supports boys rather than girls; and the impact of gender reductionism on power, knowledge and subjectivity. They challenge feminist researchers and academics to 'not only identify the dangerous implications of marketisation [of education] for equal opportunity and

affirmative action policies and practices, but that we also consider the opportunities it may open up — dangerous though they might be' (p. 312).

Across Australia the reform of schooling was typified by schools having an increased control of their administration, as the result of devolution, while moving towards a more centralised control of the curriculum that was initially proposed as national but later modified at state or territory level. An example was The Schools of the Future project developed in the first term of the Kennett Government (Victoria). The pilot program aimed to determine and develop the right environment and the correct mix of factors for the provision of quality education to Victorian students (Directorate of School Education, 1993). Both this and the subsequent fully-implemented program provided documentation that reflected modern management principles — mission statements, identification of goals and priorities, codes of practice, areas of accountability and resource management.

Schools of the Future were those schools that were presented as the new norm and typified how the New Right was able to facilitate settlements between apparently disparate positions — decentralisation and centralisation, diversity and specialisation. These schools were told to take local control of their affairs, to manage on a set budget provided by the state and to undertake entrepreneurial activities when a shortfall occurred. Schools were to demonstrate educational leadership when control of the curriculum was still centrally determined and monitored (e.g. by use of LAP/AIM tests[5]). Schools needed to be responsible and responsive to their school community when some parents and friends were not able to participate because of their particular skill set, gender, culture, or work or family commitments. The

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[5] LAP/AIM and GAT tests, within Victoria, attempts to measure and benchmark students according to their ability to respond to a common piece of assessment. The LAP/AIM tests are for children in grades 3, 5 and 7 and the GAT is for students undertaking their final year of secondary education, Year 12. Considerable debate about these tests exists about their purpose, use and misuse.

curriculum was controlled through the Curriculum Standards Framework for years Preparatory to Year 10 and through the Victorian Certificate of Education (VCE) for years 11 and 12).

The pressure to narrow the curriculum to educate students in preparation for employment was substantial, and was coming from many fronts including the government, employers and parents. As of 1998, secondary schools in Victoria were able to offer courses in vocational education and training (VET) not unlike previous instances of meritocratic schooling that split students into academic and vocationally orientated courses. McDonalds expressed interest in the development of a VET course that would provide them with a trained 'crew' and the students with a level of schooling beyond the compulsory years and with strong job prospects (Hewison 1998). The growing vocationalist position aimed for education to be made more relevant to the needs of the economy which was in opposition to the traditional liberal-humanist position that sees education as an end in itself or, conversely as a means to realise human potential for its own sake (Hickox 1995, p. 153).

Schooling has been marketised through the application of business principles, competition and benchmarking. Such reformulation of schooling has brought into clear relief its role in developing human capital and its jettisoning of other educational aspects. Thus, schooling is now defined in a manner that marginalises difference (gender and cultural), presents democracy as a consumerist ideal and positions itself as an economic tool. The move away from a values-based education and the introduction of a skill-based education serves not only the economy, but also hegemonic interests.

Working the School – political and economic activity

Knowledge is socially constructed, and it is political (Bourdieu 2002; Apple 2001; Porter 1991; Connell et al. 1985). Schooling is a significant social institution where

knowledge is conveyed and where the social construction of knowledge occurs through both the visible/formal curriculum and a hidden/informal curriculum. Therefore, schools are political places. Lingard (1991) contends that if education is to be 'worthy of the name it must, *inter alia,* develop a critical citizenry' (p33). Fitzclarence and Kenway (1993), in their discussion of the relationship between the economy and schools as sites of microeconomic reform, point out that 'only certain knowledge is really worthy of personal and national investment leading to marketable credentials and national growth' (p. 96). Porter (1993) differentiates between a clever society that is trained and one that is educated. She argues that a trained society cannot create knowledge, but instead is reliant on having to import it. A trained society is one that does not value learning and teaching, but rather bureaucratises them. The contradiction for a trained rather than an educated society is that it does not see that cultural development is closely connected to economic development (p. 43).

As Dawkins (1991) has pointed out, the linking of economic and educational goals is not new. (p. 2). The 'voices' supporting the transparent linkage between economy and education are loud and are based upon expectations of efficiency and functionalism (Apple 1990). This clarity is such that when the economy falters or fails to perform at the desired or predicted level, schools are blamed for their inability to deliver workers (and entrepreneurs?) with the required skill sets. Schools 'may serve certain social classes rather well and others not well at all' (Apple 1990, p. 2); however, even in such reduced times as we are experiencing there are still interests that can be served. These interests can include those aligned to materialisation, entrepreneurialism and fundamentalist (Christian) values (Apple 1996).

Fitzclarence and Kenway (1993), in discussing increased credentials and economic growth, assert that the connection between the two outcomes has not been established. They argue that 'retention and participation, alone, do not adequately address the issue of educational discrimination and disadvantage' p. 93). Arum and Shavit (1995) posed questions about vocational education in secondary schools and

whether it benefited participants or was a form of social exclusion. Their research focused on the relationship between vocational education and the risk of unemployment or employment in skilled occupations. They discerned that while

> participants in vocational education were inhibited to undertake college [university] education and therefore engage in high-prestige professions, they had enhanced opportunities for employment generally and to higher quality jobs in particular (p. 201-202).

One effect of the emergence of market ideology in schools has been to highlight the role of business in education and schooling. As a result, vocationalisation of the curriculum is presented as a means to limit youth unemployment. Schools inevitably respond since they have the wellbeing of their students and youth as a crucial platform, however they are subsequently required to actively seek sponsorship, to span the shortfall between government funding and program requirements. Those companies providing sponsorship gain media coverage that presents them as being good corporate citizens while also promoting their wares and market niche in a non-political manner (Chitty 1997; Apple 1990, 1996).

In writing of the British experience of privatisation and marketisation of education, Chitty (1997) discusses research that 'found evidence of mounting dependency on donations from local and national businesses' (p. 56–57). He contends that in spite of the peddling of the benefits to schooling, 'there is nothing remotely democratic or egalitarian about the market system envisioned by the New Right' (p. 59). According to Porter (1993), restructuring the workplace — in this case schools — requires proactive not reactive workers. Principals need to foster teachers to exemplify a range of competencies including initiative, cooperation, teamwork, peer training, self-evaluation, interpersonal communication, and problem-solving and decision-making abilities. In working with the increasing numbers of students who are becoming alienated in our society, teachers need to provide a positive schooling experience for those students. This experience should be one that acknowledges cultural diversity, encourages interpersonal communication, facilitates thinking, learning and being able

to take the initiative, and develops understandings about use and implications of technology among other social schooling competencies.

Bartos (1996) develops this idea further, suggesting that post-industrial cultures 'emphasise values such as equality and creativity and that these are implicit in their structures' (p.312). The problems for schools and those working within them is that Bartos's view of post-industrial culture — and any or all of the competencies suggested by Levin (1988) and further explored by Porter (1993) — are a far leap away from the reality of the school experience of principals, teachers and students. The difficulty for schools is in the deconstruction of learning as a form of labour. Sidorkin (2001) argues that the learning-as-labour perspective raises two implications — economic and pedagogical. 'The economic implication has to do with recognising who benefits from education and who pays for it. . . . The pedagogical implication is to reduce the level of coercion in education' (p.105).

Schooling reform has been pushed through at speed and with such ferocity that many academics, school communities and any other oppositional voices have essentially been distant sounds of protest in the wind. Departmental budgets for education were cut. The allocation of remaining funds was adjusted to meet priorities such as LAP testing and financial incentives for principals. School numbers were rationalised through closure or by amalgamation, voluntarily or forced. School sites and assets were sold off. Teacher and school-community protests were ignored and the government refused to negotiate but pushed ahead in an imperial manner with their agenda. Teachers and others in the system were silenced and prevented from speaking out against the government. Quality education, accountability and school performance have all became buzzwords and ideals in the provision of education in state schools. Schools compete for students as well as corporate sponsorship (Apple 1995, 2001; Blackmore 1991; Chitty 1997; Newmann, King & Rigdon 1997; Kenway & Epstein 1996; Ball 1987).

Through devolution of management to the local school community by the then Victorian Directorate of School Education (DSE), School Councils were charged with the requirement to manage schools within a global budget (provided by the DSE), to provide centrally determined curricula, and at times to make decisions about whether or not to close a school or combine with another. Principals were being pressed into working as line managers having responsibility for delivering schooling with less money (Blackmore 1991). Teachers were being pressured to deliver and assess centrally determined curricula that were effectively reductionist and technocratic in style and that ultimately deskilled them (Reid 1995). Students were valued in terms of their potential to contribute to the Australian economy, and their schooling reflected this (Edgar 1980; Kemmis 1986; Angus 1991; Reid 1995).

The students' experience of schooling had less and less to do with their own perspectives of life, culture and society; it was increasingly about what is defined by a white male hegemony that is evident in contemporary politically identified management. Thus, the state worked to manage production efficiently. This was done through the use of outcomes-based education, systems management and national/state testing. The intentions of the state increased exponentially and there was no attempt to address the difference generated by the economy, while maintaining the legitimacy of the state to actually create the difference (Apple 1995; Ball 1987).

Ironically, while Western governments are operating in a 'business manner', the model being used is in fact not universal in business. Usui and Colignon (1996), in their comparison of corporate restructuring particularly between America and Japan, surmise that organisational action is the result of definite cultural systems rather than of independence from or adaptation to market-efficiency constraints. Waterman (1994), when exploring what makes the top performing (American) companies great, identifies their organisational arrangements as being better planned to meet the needs of their people (employees) and customers (author's original order).

The approach to management being embraced by the public service and governments 'ignores developments in private sector management which actually stress leadership and caring rather than simply mechanistic management' (Porter 1993, p.44). The organisational theory informing the Victorian government's restructuring was about convergence to a single, uniform, universal set of structures, policies and practices to create 'best practice', producing a model driven by market rationality (Apple 1996, 2001; Usui & Colignon 1996; Ball 1987).

To have the view that schooling can be restructured to enable 'best practice' needs careful consideration not only of what schooling is but also about how it is done. Hargreaves (1994) identifies two concerns about restructuring in schools. First, the term 'restructuring may have multiple definitions, but is it about the distribution of power or is it about meeting corporate interests? Second the 'reality of the classroom and the rhetoric of administrative documents may not be reconciled' (p.243). According to Ryan (1995), 'best practice' arises out of 'centrally located experts' making decisions about curriculum and the required teaching practices. Apple (1996), when writing about official knowledge, noted that curriculum is never neutral. Instead, '[I]t is produced out of the cultural, political and economic conflicts, tensions, and compromises that organise and disorganise people' (p.22). Thus, in our society, those with power can be identified by observing whose knowledge becomes 'official' (Apple 1995), and therefore act as a marker of class (Bourdieu 2002).

Colquhoun (1997) refers to the 'messiness' of schools as institutions. It is difficult for teachers to define their work; however, it is essentially a labour process without a product (Sidorkon 2001; Reid 1995). The stress of increasing class sizes, reduced preparation time and the introduction of skills-based rather than values education at best limits — and certainly compromises — the expression and celebration of real cultural differences (Apple 2001b; Ryan 1995). These are just a few of the issues impacting on teachers and their work. But even these provide strong indications that

what might be best teaching and learning practice in one setting might not be so in another. The notion of 'best practice' does not augur well for those things that have not been factored in by Ryan's (1995) 'centrally located experts' or that are deemed as being not desirable such as responding to innovation, moments of truth, and negotiated or responsive teaching and learning.

The marketisation of education and schools has arisen through the change in ideology from values to skills-based education, the emergence of the New Right neo-liberal ideology, and the linking of educational and economic goals to create microeconomic reform. This has been typified in the development of competency-based education as seen in the style of schooling reform to achieve accountability and measures of school performance, in the deskilling of teachers' work and in the devolution of aspects of systems management to the school site.

Conclusion

This chapter has explored aspects of social change since the Second World War, particularly as it related to the economy and schooling. The change from a modern to a post-modern society has generated many opportunities and challenges for the creation of a viable Australian society. These events are increasingly occurring within a global culture and Australians are being forced to consider their role in this international context. The dominance of market ideology in late twentieth-century capitalism has had — and is continuing to have — a profound impact on the way in which Australians view their country and their culture, and on what governments and business see as their role. The beginning of the new millennium has witnessed the pre-eminence of the needs and wants of the economy over social concerns, as it has continued to transform the way in which many social institutions including schools function and focus their work. While much of this reflects the dominance of New Right ideology, it is important to note that this change is not uncontested.

Chapter 3   Creating the Health Promoting School

Introduction

The idea of a school with a focus on health promotion emerged out of the 'settings approach' (Kickbusch 1989b; Baric 1991, 1993; Ackermann 1997; Colquhoun et al. 1997; Rowling and Burr 1997; Dooris, Dowding, Thompson & Wynne1998). The importance of such a perspective lies in the growing appreciation that it is the local environment in which we live, play and work that is significant in shaping and reinforcing our health. The focus on locations such as hospitals, workplaces and schools helps to locate health promotion in everyday situations thus lending itself to prevention of injury and reduction in pecuniary costs.

The use of schools as health promoting sites raises challenges for the school community. The long history of health education informs many school and educational practices alike and comes from a different perspective from that of health promotion. Additionally, schools are sites where paradigm clashes become evident — between health and education, between positivistic and humanistic aetiology and between liberal and New Right discourses. In this chapter I will provide a brief description of health promotion, the factors contributing to the development of health promoting schools (HPS), current attempts to promulgate the health promoting school concept, and explorations and critiques of the emerging realities of the HPS.

Views of health

Health has always been regarded as an important element of the human experience. The ancient Greeks viewed health as one of the greatest goods; the Indians of the New World considered being healthy as natural and in harmony with nature, and the ancient Chinese believed that health was a reflection of the vital body force that was derived from cosmic energy (Edelman & Mandle 1990).

In more contemporary times the growth and development of Western medicine has been characterised by the body/car analogy, where body parts and failings were the focus of medical attention and intervention. The concept of the body as a machine still has considerable sway, and — combined with its predilection for reductionism — modern Western science 'leads to narrow analyses of disease causality and limited proposals for prevention policy' (Tesh 1988, p.163). Illness is dealt with within the 'health' system, the focus being on treatment and curative practices. WHO (Europe), in an article prepared by the Health Education Unit (1986a), contends that the first 60-odd years of the twentieth century can be termed the 'medical era' because of the focus on allopathic medicine characterised by mass vaccinations and the extensive use of antibiotics. In Western industrialised communities the emergence of the 'post-medicine era' is based upon the attainment of 'good health and well being' by considering individual behaviour, social organisation, economics and environment. According to Lupton (1998) the value in moving beyond a purely medical understanding of health enables other views on health to be considered. In doing so it is possible to view 'health as a quality that can be assessed in a positive manner in both individuals and their environment' (p.15).

The WHO (1986b) defines health as a positive concept that emphasises social and personal resources in addition to physical capabilities. Health is a resource for everyday life rather than being the purpose of living. This is virtually a completion of a cycle in the way health is viewed. The ancients saw health in the context of life and living. The medical model of health focused on illness and body parts disemboweled

from the person as a whole and disconnected from the social context. The definition of health provided by the WHO sees the re-establishment of a health rather than an illness focus for the person as a whole within a complex environment.

The health of a population is a sum that is more than the result of health services and health status. There is a growing awareness that population health is also dependent upon 'levels of nutrition, education, employment, income and housing, general standards of hygiene, environmental safety and the availability of cultural and recreational amenities' (Australian Institute of Health and Welfare (AIHW) 1996, p.120). Green (1986) linked the relationship between health and social activity by commenting that 'the history of civilisations could be written as a history of people transferring knowledge, first on how to survive, then on how to live with less discomfort, and finally on how to fulfill their aspirations' (p.109).

According to Kickbusch (1989b) in the late 1970s there was a growing movement by lay people towards self-care as an option within health care. She contends that, where possible, academics largely ignored self-care as a viable option and gave it little credence when it could not be ignored. The understanding that people could actually take care of themselves, and that self-care was possible and very desirable to lay people, was a difficult concept for those firmly entrenched in the biomedical model of health. The concept and proliferation of self-care challenges the medical model of illness management in many ways. These challenges include the increased confidence of health care consumers, mutual learning and support as alternatives to a medical-treatment regime, and the developing critique of medical hegemony.

A lesson to be gained from an improved understanding about self-care is that many people want to have an active role in the many — or all — aspects of their lives. For this to occur, there has to be an acceptance that if people are to be involved in their health (prevention and treatment) there is a need for recognition of and an improved understanding about their lives. This understanding requires health care providers,

governments and communities to move beyond simplistic notions about what creates ill health — looking only to an individual's behaviour while ignoring other contributing factors (Baum, Fry & Lennie 1992; Bunton, Nettleton & Burrows 1995; VicHealth 2005).

Health is a social concept. 'Self-care actions do not take place in a political or societal vacuum' (Kickbusch 1989a, p.129). Nor do people engage in risk-taking behaviours in isolation; consideration needs to be given to other influences including social and economic circumstances, availability of health promoting resources, and environmental conditions (Baum et al. 1992; Bunton et al. 1995). In exploring what a healthy life actually is, a myriad of possibilities emerge (Beardmore & Vlijim 1984). However, a common thread that emerges is the social connectedness of an individual. The wellbeing of an individual is generated by their social relationships rather than by how well the person exemplifies a particular definition of health (Kickbusch 1981).

Kickbusch (1981) summarized some of Levin's features of a social model of health, including a non-professional construction of health and illness orientated towards everyday life; and that health is not for some people the highest goal in life. Further, that self-reliance is an expression of human dignity and development and should create — not limit — options; a holistic view of health and illness is integrated in to a complex whole, and that health education is social action without control.

Views on health reflect prevailing social ideology and therefore offer varying opportunities for individuals and communities to attain health through the construction of social structures and determination of their locus of control. The last third of this century has been characterised by a change in perceptions of health from a solely individual construct to one that is located within a social context. The emergence of the health promotion field is a significant global movement influencing perceptions of health as well as how it can be managed socially, economically and environmentally.

From health education to promotion

The idea of health promotion began to be articulated in the early 1980s. It arose out of an increasing dissatisfaction with the style of health policy of the time which was largely concerned with the provision of medical care and its (escalating) costs (WHO 1986a). Self-care and holistic health care movements provided significant impetus to the change to view health as a social rather than a medical form. Health care professionals became increasingly aware of a range of lifestyle factors that contribute to health status, and the public was demanding better health and improved life quality.

Traditionally, public health in Western countries had focused upon issues related to sanitation, immunisation and provision of health care. However, increasing understandings as to what contributed to health challenged this perspective. In 1980, the European Office of the WHO (1986a) stated that the promotion of lifestyles conducive to health was one of its major platforms in the attainment of 'health for all'. At the same time, health promotion was increasingly being viewed as related to — but separate from — health education and was defined 'as the process of enabling people to increase control over, and to improve, their health' (Kickbusch 1986, p.321). Kickbusch then goes on to assert that health promotion is just as relevant to people and populations in developing as in Western societies, and that strategies for and the actors in health promotion may vary in different parts of the world — while the basic philosophy need not.

The Ottawa Charter (1986b) was a product of the First International Conference on Health Promotion held in Ottawa, Canada. The Canadian Public Health Association, Health and Welfare Canada and the WHO jointly hosted this conference. During the time of the conference, delegates were provided with constantly revised drafts of the Charter and were given the opportunity to comment and critique. As a consequence, the Ottawa Charter was created and still holds enviable international support in

principle, although to a lesser extent in practice. Part of the reduced impact lies in many issues, including failure to direct significant amounts of monies into health promotion. For instance, in Australia an estimated $49.8b (2002— 03) of total federal, state and local government recurrent expenditure was spent on health, and of that $3546m was allocated to public health (AIHW 2005).

The Ottawa Charter was presented by the Conference as a focus 'for action to achieve <u>Health for All by the year 2000 and beyond</u>' (WHO 1986b). It provides five areas for action: build healthy public policy, create supportive environments; strengthen community action; develop personal skills, and reorient health services. In exploring each of these areas of action there is an ever-present need to keep to the forefront the philosophical basis of the Charter.

The essence of the Ottawa Charter — the 'new' public health — is firmly grounded in a social view of health. Kickbusch (1986) provides what she calls a force-field model of public health. Within this model, she stresses that 'it is based upon an integrated, ecological vision of public health that does not aim at a division between individual and environment but sees them as a totality' (p.324). In addition to this, she asserts that the health gains of the wealthy can never be at 'the exploitation of the poor. This is the most serious commitment of global Health Promotion' (p.322). To provide 'action' in any or all of the five areas without the essence of the Charter is arguably not health promotion at all. This issue will be further explored in the later section on health promoting schools.

Tones (1996) reinforces the philosophical basis of health promotion. He states that

> it is firmly grounded in certain ideological principles. The pursuit of equity and its associated attempts to tackle the inequities which underlie and characterise health status within and between nations is perhaps the central driving force (p.i).

He asserts that this is achieved through the creation of healthy public policy and the development of empowered individuals and communities.

In 1988, the Second International Conference on Health Promotion was held in Adelaide, South Australia. At this conference, the Ottawa Charter was reaffirmed. The conference focused on the experiences of delegates in formulating and implementing healthy public policy, based upon the idea that even though the five areas of action provided in the Ottawa Charter were 'mutually interdependent, healthy public policy establishes the context that makes the other four possible' (WHO 1988).

According to Baric (1988), the 'new' public health is identical with the 'new' concept of health promotion, which 'extends the traditional interpretation of public health to include the advocacy role' (p.49). Tones (1996) provides a formula for health promotion where it is in fact a culmination and synthesis of health education and social policy; that is, health promotion = health education x healthy public policy. Kickbusch (1986), in supporting this view, asserts that

> Health promotion emerged out of health education. There are many reasons for this. . . . First: health educators became more aware of the need for positive approaches in health education — enhancing health, creating potential rather than focusing on disease prevention. Second: it became self-evident that health education could only develop its full potential if it was supported by structural measures (legal, environmental, regulatory, etc.) (p.322).

Health education had received significant support in the review of primary health care at Alma Ata (WHO 1978), but this had not been carried over to program support in any substantial way.

Views on health education

Health education has traditionally focused on particular illnesses — cause, effect, treatment and prevention — that is, their aetiology. In particular the focus on health

education in schools has dealt with illness at a behavioural and (isolated) personal level. As already discussed, the recognition of health as a social construct has lead to the development of health promotion as the product of both health education and public health (Baric 1995). Where public health encompasses action to safeguard the health of the population (Baum et al. 1992), health promotion is about strategies that change the physical, social and economic environment in which people live in order to prevent or limit illness (AIWH 1996). However, health education is still heavily imbedded in the biomedical model thus the purpose of health education 'to improve health by producing changes in health related behaviours' (Goltz, Colquhoun & Sheehan 1997 , p.5) remains.

Health education has a long history in schools, although it has not always primarily been about meeting curriculum imperatives and providing opportunity for schooling. Instead, the history of health education has more often than not reflected the prevailing concerns and understanding being derived from research that in turn reflected the hegemony of the time. Crotty (1995) and Santich (1995), in their explorations of the development of dietary advice, food trends and health in Australia, make many links including those between the scientific understanding about nutrients and their biochemistry within the body, the development of dietary selection models that reflected not only the science but also the food choices preferred by the middle and upper social classes, and the changes in food selection, preparation and cooking.

The most common approaches to health education essentially fall into one of three styles: the traditional approach, the self-empowerment approach and the radical or collective-action approach. These are represented in the following table.

Table 3.1 Approaches to Health Education (based upon Colquhoun, Goltz and Sheehan, 1997)

Approach	Goals	Methods	Key ideas / Associated concepts	Measures of success
Traditional	• behaviour change • conducive to disease prevention	• mass media campaigns • counselling &/or small groups • attitude and behaviour modification	• knowledge = attitude = behaviour • victim blaming	• compliance rates • reduced morbidity and mortality rates
Self empowerment	• values clarification • decision making	• self-esteem • life skills • understanding of decision making process	• individuals have the ability to understand and control health status within their environmental circumstances • life skilling • modification of self-concept	• role plays • pastoral care • assertiveness skills
Radical or collective action	• production of socio-cultural changes which are conducive to health	• empowerment of the individual • political action	• health is primarily shaped by factors outside the control of individuals	• associated changes in knowledge and attitude to facilitate involvement in collective action for health • reduction in morbidity and mortality rates

These three models of health education are neither necessarily exclusive nor antagonistic; Tones (1987) suggests that there are times when each approach is appropriate. Colquhoun's (1990, 1992) concerns about health promotion arose out of his belief that it has for too long lacked a theoretical basis. The focus has been upon 'practicalities, content and process without out any real cause to do so' (1992, p.4).

Critiques of the limitations of health education contend not only that it has been centered on specific health issues, but also that it is premised on the notion that it is the choices made by individuals that influence their health. French and Adams (1986) argue that health education has been characterised as medical intervention, where the theoretical model of lifestyle (also known as the behaviour-change model) and has had the most number of planning models developed for its implementation. They point out that health education should be based on the philosophical premise that recognises the interrelationship of health with a person's lifestyle.

There is a need to push this perspective further still. The provision of health education needs to go well beyond behaviour change; it needs to be linked with wider social issues including political change (Combes 1989; Cribb 1986; Grebow 2000), empowerment (Hagqvist & Starrin 1997; Keiffer 1984; Tones 1987; Wallerstein & Bernstein, 1988), and consideration of how inequity contributes to varying levels of health (Riska 1982; Pattison & Player, 1990).

Ritchie (1991) provides a framework that identifies the development of health education in Australia from a historical perspective. She provides four stages in its development and links these to the contemporary focus of public health. Table 3.2 is a synthesis of her work.

This perspective on the relationship between public health and health education is important. What is evident is that until the development of the principles in the Ottawa Charter, health education was largely the reinvention of the 'medical model'. What the Ottawa Charter offers is a genuinely new perspective where personal skills are promoted along with environments that enable individuals and communities to live healthier lifestyles. Lobbying, advocacy and mediation are new tools in the health educator's basket (Tones 1987).

Table 3.2 Evolution of health education within Australia

Stage	Focus of public health	Focus of health education
1. **Education through health information**	• The 'medical model' prevails. Health experts and authorities were perceived as being invested with all pertinent knowledge, and health-care workers were seen as the prime group responsible for the health of individuals in society.	• Education is based on the assumption that if the relevant information is placed before an individual, that person will, almost unquestionably, adopt the appropriate 'knowledge, attitudes and behaviour' to do as expected.
2. **Education through varied audio-visual channels**	• In response to poor patient compliance, health educators became more creative about enabling patients to more effectively hear and act upon the information that they 'needed'.	• Pertinent information was presented in alternative forms, trying to tap into whatever cues the person responded to. Skill development was based upon the assumption that desired behaviour would follow. Talking heads, lots of jargon and uninspiring print material dominated.
3. **Education through incorporating adult learning principles**	• There is a recognition that people could change their health-related behaviour, but not on their own terms.	• Health educators had to develop facilitation skills to enable individuals to develop more self-reliance and responsibility for their health. • It was often characterised by victim-blaming because it was premised on change as a voluntary choice.
4. **Education for health within the Ottawa Charter framework**	• Health is an outcome of interacting social and environmental factors as opposed to the medical concept of single causative agents in disease.	• Health is no longer focused on disease prevention or management, but instead acknowledges that determinants of health are social and environmental. • Knowledge is no longer the key, which is rather taking control of and improving one's own health.

Davis, Linford and Williams (1997), in discussing health education for young people
and exploring these 'new tools' for health educators, explore the relationship between
curriculum and life practices. They challenge health education to be empowering and

enriching by:

> recognising that young people are a part of the community and are entitled to have input;
>
> encouraging young people to take an empowering role and political action;
>
> enabling young people to decide their own priorities and needs;
>
> viewing health education as a lived experience and as a social activity (p.97).

Health promotion is put forward as the 'new' public health, and there is a relationship between the development of health policy and health education. The emergence of the settings approach in health promotion has lead to, in particular, a focus on schools as health promotion sites and therefore the development of the health promoting school.

Health promotion — taking a settings approach

Heavily influenced by epidemiology and aetiology (Baric 1992), the traditional approach to health promotion has been to identify a specific health problem, identify the most likely or significant population at risk and then design an intervention program (Colquhoun et al. 1997). The emergence of the 'new' public health embodied in the Ottawa Charter calls for a shift in focus towards a social view of health. Macdonald, Veen and Tones (1996) define health promotion as being concerned with the improvement of the health status of populations. However, perceiving a population as being homogenous in its health is nonsense given the range of permutations and combinations of factors that contribute to both wellness and illness. Even distinguishing population health on the basis of age and gender is insufficient. Thus, a different approach is needed to considering how to section groups of people to enable more specific, targeted activity that leads to a consideration of the environmental influences on their health. Hence the emergence of a settings approach.

The settings approach to health promotion is characterised by a redirection of focus from treating health problems to enriching the health-generating potential of the places used by people to live, learn, work and play (Colquhoun et al. 1997; Mukoma & Flisher 2004). Tones (1996) contends that 'it is imperative to ensure that all of the activities and ethos of the setting in question are mutually supportive' (p.1). A key component of a supportive environment lies in the creation of policy and the use of that policy (WHO 1986b). According to Williams, Dommers, Moore and Deitz (1997), the value of policy for a supportive environment is threefold. The setting is expected to have policies that enable support through the identification of directions for future health promotion activities, the provision of a framework to guide the decision-making process, and the accumulation of support and resources for health (Williams et al. 1997).

The idea of promoting health through a settings approach has appeal for a number of reasons. If health is created, influenced and compromised primarily by environment, a settings approach encourages consideration of what actually impacts on a person's health. In addition, the concepts of sustainability, environmental concerns, economic development, management and crossing intersectoral boundaries arise. A settings approach is about promotion of health in a social context and includes to date cities (Kaplan 1992; Baum 1990; Milio 1990), hospitals (Owen & Lennie 1992), workplaces (Sindall 1992), universities (Leslie et al. 1998) and schools (AHPSA 1999; Colquhoun et al. 1997; NH & MRC, 1996). According to the European Network of Health Promoting Schools (1997) a goal of the HPS should be improved equity given its potential to contribute significantly to the social and economic development of society at large.

Promoting health in the School setting

Corporate managerialism has pushed for schooling to be measurable and accountable. In the expectation for schools, teachers and students demonstrate that they are 'working' there is considerable pressure to engage in 'commonsense' activities. It is

these activities that require students to be rated against their peers , teachers to deliver a reduced (vocationally orientated) curriculum, and schools to be compared in a league table using 'objective' results. The current pressures on school, particularly HPS and how they respond to the standarisation of education is further developed in the section <u>Capitalising on the HPS model</u> (pp81-8). However at this point it is suffice to say that schools and schooling systems are increasingly being restructured. Schools are becoming self-managing, answerable to the school community, and are seeking relationships with community and industry gr oups in various ways, including sponsorship. Schools are able to determine what is necessary to cover in the classroom through timetabling and subject groupings, and what constitutes appropriate teaching and learning experiences.

Parents and local school communities want and expect to have more to say in what happens in their children's school. The role of family and community can be fundamental to the way it prompts the purpose, nature and offering in particular schools — for instance, religious schools, schools that reflect counter-hegemonic culture such as those that provide an Aboriginal perspective, and schools that describe themselves as elite on the basis of academic results, music or sporting achievements. Schools can even describe themselves as health promoting. As a setting for health promotion, the school can provide opportunity to access children and adolescents, workers and employees (teachers and administration staff) and the wider school community (AHPSA 1999; Nutbeam, Wise, Bauman, Harris & Leeder 1993; Mukoma, & Flisher 2004).

The health promoting school (HPS) is a relatively recent phenomenon. Colquhoun (1997a) suggested that the movement had a history (then) of a little over ten years. There have been a number of national initiatives that use the HPS model to leverage their relevance and impact in schools. For instance KidsMatter is a primary school mental health promotion, prevention and early intervention initiative developed in collaboration with stakeholders making use of intersectoral partnerships and creating schools that enhance mental development and well being through a whole school

approach (APAPDC 2007). The National School Drug Education Strategy strengthens the provision of educational programmes and supportive environments that contribute to the goal of no illicit drugs in schools. One of its aims is to create a safe school environment and to have drug education as a part of the curriculum (Department of Education Science and Training, 2007). Active Australia supports a Schools Network across Australia that shares an interest in sport and physical activity and value the contribution to the overall health and wellbeing of young people and communities. It does this by building intersetoral connections (Australian Sports Commission 2007).

Emerging from the philosophies encompassed in the Ottawa Charter ,where public health is a socioecological condition (Colquhoun 1997a), the basis of the HPS reflects its theoretical heritage. Where the Ottawa Charter espouses healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorientating health services, HPS are said to be characterised by the same principles but tailored to be a reflection of the school setting (Ackermann 1997). Devotees of the HPS actively ensure that the links between it and the Ottawa Charter are explicit.

Figure 3.3 WHO Health Promotion Emblem and the Australian Health Promoting Schools Association logo (sources:

http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index4.html; http://www.ahpsa.org.au)

Predicated on the mutually reinforcing relationship between health and education, the HPS concept requires a commitment to promoting and protecting the health of students and to the creation of conditions that are supportive of effective learning (WHO 1994; 2006). Health is linked to quality of life, educational achievement and career development (WHO 1995). The European Network of Health Promoting Schools (1997) makes the link between health and education citing education, as a major determinant of health in that it contributes to people's health through health literacy — knowledge and risk management, and by equipping people to fulfill civic responsibilities, asserting legal and human rights that ensure effective participation in a democratic society.

As an example of a change to schooling the HPS rates better than most in its recognition of schools as complex places. However, determining if the impact of the HPS movement is significant for schooling, health outcomes or both is yet to be determined. McRae (1988) provides five characteristics of schools that he suggests programs for change need to consider. He suggests that schools are complicated in that they are influenced in a myriad of ways and that these influences usually operate outside clear structures of authority. The internal communities of schools are often uneasy alliances, and are fragile. In managerial terms, schools focus on 'inputs' rather than 'outputs', and constant staffing changes are inevitable and significant distracters (MacRae 1988).

A model for the HPS (National Health & Medical Research Council (NH & MRC) 1996) identifies three main activities that contribute to better than average performance. These are curriculum, teaching and learning; school ethos, environment and organisation; and partnerships and services, and in Australia these have become critical components for demonstrating the components of the HPS concept (AHPSA 1999). According to Colquhoun (1997a), this model incorporates the complex nature of schools in addition to a broader perspective on the HPS.

Traditional approaches to health education include transmission of knowledge about health issues with the aim of changing students' behaviour. This is usually done in timetabled classes (the formal curriculum) and without much regard to what else is happening in the school (the informal curriculum). Health education is usually perceived as an area of study students *ought* to do, but only after they have completed the *have*-to-do curriculum. The have-to-do curriculum is about literacy that now includes information technology and numeracy. The HPS is a change in schooling in that it is a departure from traditional approaches to health in schools (Hagqvist & Starrin 1997). Ackermann (1997) asserts that health and education are inseparable, but within a health promoting school the education is *for* rather than *about* health.

Health promotion when applied in schools as a tool of hegemonic control can provide access to the otherwise private domain of family. The notion of empowerment as an aspect of the HPS sees individuals and community remaining as their own gatekeepers; the community maintains the control and degree of participation in creation of environments — including the private domain that supports health and healthy choices (Colquhoun et al. 1997). This is perceived to be very different from the traditional approach to health promotion in schools, which focuses on changes to behaviour preferred by the health 'experts' who work an underlying claim of 'what can we do for you' (Gore 1992) style of empowerment. Table 3.4 illustrates how the focus and activities of health promotion in schools varies from that in the HPS concept, together with an insight into why a particular view of empowerment evolves. When health promotion in schools, or any other setting (O'Connor & Parker 1995) occurs, the focus is predominately about behaviour change where external agents identify particular health issues and seek to reduce the impact and costs of the health issue by working to outcomes that generate preferred behaviours, for example sun smart, smoking and weight loss. Within the HPS the focus is on promoting lifelong learning, health and well being (AHPSA 1999) that may create behaviour change but will contribute to cognitive ability, critical and social engagement, and the learning is facilitated through a pedagogy that reflects democratic moral education (Dewey 1944; Delanty 1998).

Table 3.4 Comparison of approaches to health promotion in the context of schools

	Health Promotion in Schools	Health Promoting Schools
Definition	The process of enabling people to increase control over and to improve their health (WHO 1986, p.4).	A school that has an organised set of policies, procedures, activities and structures designed to protect and promote the health and wellbeing of students, staff, and the wider school community members (Rowling 1996).
Focus	Seeks to create organisational change and thus supportive environments that allow for behaviour change and comprehensive school intervention strategies (StLedger & Nutbeam 2000).	Seeks to create organisational health, quality of school relationships, with attention to empowerment and equity (Ackerman 1997).
Activities	Implementation of health policies; provision of products and services conducive to health; mobilisation of community resources 'Healthy choices, easy choices' (Catford & Nutbeam 1984).	Curriculum, teaching and learning; school organisation, ethos and environment; and partnerships and services (NH&MRC HPS Model 1996).

As a departure from the traditional school health model, the HPS has health at its core of work. Based on a settings approach, schools are recognised as places where students spend a large amount of time in their formative years. In 'doing their time' at school, students should have exposure to healthy practices and opportunity to develop health-enhancing skills and knowledge (AHPSA 1999; Colquhoun 1997b; WHO 2006).

The HPS movement has links with the effective schools movement; in both, the school has a strong sense of shared purpose, clear goals and high expectations (McGaw 1991). There is local responsibility for decision- making that includes teachers, parents and students; the school is responsive to the needs of the local community; and the school is reviewed and evaluated in ways that enable identification of direction, collaboration, and clear articulation of expectations and progress in attaining them. These are also indicators of a manageralist perspective —

vision, teamwork, objectives and targets — and it is possible to see how common-sense is commandeered. Thus, schools are steered away from being able to be responsive to their community and instead are geared to be responsive to the actions of the quasi- market that is solely education for economic purposes.

Challenges for successful educational change to a HPS lie in the ability of the school community to address HPS principles (curriculum, teaching and learning; school ethos, environment and organisation; and partnerships and services — see Figure 1.1, p **2**), to implement them, and to undertake evaluation and review (WHO 2006). Other challenges include re-evaluation of existing power relationships within the school, including teachers to students and parents to teachers. Health promotion in the school setting assumes connectedness with the community, and it has been argued (Kolybine 1991) that any program's efficacy is compromised when families are not able to support it, when community attitudes vary from those of the program and when community structures are missing. There is contestation of the view that all parents and carers want to or are able to participate equally in the life of their children's school (Connell et al. 1985; McRae 1988; Beckett 1997). Thus, schooling becomes more than 'skilling'. It is also about the reproduction and escalation of existing socioeconomic and cultural divisions (Ryan 1995; Beckett 1997). Critiques of health promotion and the HPS do exist and will be explored in some detail in the section entitled 'Same wolf, different clothing: critiques of health promotion' on p 72**.**

Health promotion and health education have reinforced the value of schools as settings for health promotion. In particular the philosophy and principles of a health promoting school have generated documentation of the experiences of and approaches to health promoting schools both nationally and internationally.

HPS — a Cook's tour

In 1992 the European Network of Health Promoting Schools (ENHPS) began as an amalgamation of a number of organisational and agency activities including the WHO, UNESCO and UNICEF. The concept was being refined at the WHO Healthy School Symposium in Peebles, United Kingdom. It was in the report based on this symposium that the term HPS was first coined (WHO 1993). The strategic promotion and use of the health promoting schools in Europe dates from 1992 with the establishment of the ENHPS as a joint initiative of the Council of Europe (CE), the World Health Organisation European Office (WHO/EURO) and the Commission of European Communities (CEC) (Rowling 1996).

In 1997, the first conference of health promoting schools auspiced by the ENHPS was held in Greece. The conference was entitled The Health Promoting School — an investment in education, health and democracy and was placed in a period of time when Eastern Europe was struggling to integrate itself into a European context very different from the one it was seceded from in the middle of the twentieth century. While the European Union was developing a common approach to social and economic development, various states were simultaneously experiencing bloody power plays between different ethnic groups that had been suppressed in the eastern block during the same period.

The topics on the conference program were influenced by prevailing political tensions — social and economic integration, and democratic intent. The support provided to the conference by several political figures concentrated on the value of health promoting schools being a 'valuable investment in health, education and democracy' (Matsaniotis), and on the belief that 'school health promotion is an investment for life' (Geitonas). A subsequent report (Jensen & Simovska 2002) on HPS in Europe reiterated that the network has held to its agreed ten principles and that these principles provided the basis for a common approach to HPS but still allowed for the effect of local, cultural, political and economic variables.

A HPS offers a vision of what a school should or could be. The purpose, therefore, of the network was to 'demonstrate that schools as settings could be powerful agents for the promotion of health, through the adoption of whole-school approaches to health promotion' (Health Education Board for Scotland 1996, p.448). By mid-1996 the network was operating in 38 countries, and while each had its own response, all were guided by the 12 WHO criteria for a health promoting school (ibid.).

1 Active promotion of the self-esteem of all pupils by demonstrating everyone can make a contribution to the life of the school

2 Development of good relations between staff and pupils and among pupils in the daily life of the school

3 Clarification for staff and pupils of the social aims of the school

4 Provision of stimulating challenges for all pupils through a wide range of activities

5 Use of every opportunity to improve the physical environment of the school

6 Development of good links between school, home and community

7 Development of good links amongst associated primary and secondary school to plan a coherent health education curriculum

8 Active promotion of the health and well being of school and staff

9 Consideration of the role of staff as exemplars in health-related issues

10 Consideration of the complementary role of school meals (if provided) to the health education curriculum

11 Realisation of the potential of specialist services in the community for advice and support in health education

12 Development of the education potential of school health services beyond routine screening and towards active support for the curriculum

The United Kingdom joined the European Network in 1993, but individual regions in the UK also generated their own focus within the project. Scotland provided funds for school-based projects and stipulated that at least 50 per cent of the funding was to be allocated to evaluation. Issues arising out of the Scottish experience included the development of a culture for evaluative research, methodology, and the need for sustainable change in schools through support by senior management and a whole-school response, i.e. institutionalisation of the 'initiative' (Crosswaite, Curry & Young 1996).

In Wales, five guiding principles were generated at the beginning in 1993, and these were used to inform and guide the project. They included practicability, repeatability, limited disruption of normal school activities, to be monitored over the long-term and for specific Welsh issues. Schools were selected on the basis of their proposals (based on a modified version of the European Network's criteria), site visitations, and contact with key people within the school; final selection was based upon quasi-experimental selection criteria. The specific Welsh issues included a need to consider primary schools as different from secondary, to provide adequate briefing and professional development, and to enable participants to share and cross-seed initiatives from one school to another (Bowker & Tudor-Smith, 1996).

The English experience of this project was predicated on a quasi-experimental approach where pilot schools were compared with other schools. Pilot schools were selected from their expressions of interest. They were tracked on the basis of health education plans addressing activities for interventions around school ethos and environment, the curriculum, and the family and community. Students contributed to the research through a longitudinal survey tracking development in their knowledge, attitudes and behaviours, or by participating in focus-group interviews. Parents were surveyed to elicit their views on health education. Arising out of the English project was the identification of regional networking as critical to sharing experiences and

ideas, and the need for genuine involvement and consultation especially of young people (Hickman & Healy, 1996).

Northern Ireland became involved in the European Network during 1995. Funds to schools involved in the project were allocated on the basis of 60 per cent for the school, 20 per cent for evaluation and 20 per cent for support and administration. Because of the requirement for schools to have health as a cross-curricula theme, there was already a range of health promoting policies within them. The focus of this project was to enable schools to reconsider their existing curricula or to move on to other areas needing development. Northern Ireland's experiences highlighted the difficulty of finding documentation of good practice in schools, the significance of identity with the project and sharing between schools, and the importance of linking pastoral care and education (Barclay & McGuffin 1996).

In New Zealand, the Public Health Commission (1994) stated that its aim 'is to improve and protect the public health by promoting ways to improve people's health and minimise the risk of disease' (p.2). The approach in New Zealand was the proposal to run a trial program over two to three years with the purpose of providing opportunity for schools and their communities — including local public health care providers — 'to try out different ways to better integrate and coordinate school health activities' (Public Health Commission, 1994, p7). In the Public Health Commission's advice to the minister in 1995 there were a number of recommendations and a Summary of Benefits for schools that were health promoting. In particular, the benefits highlighted effectiveness, efficiency and accountability through clarification of health profiles, concerns and gaps in resourcing; measurement of program implementation and evaluation; and aligning health and school activities to create an association that promoted health in effective ways.

Australia too has embraced the concept of the HPS. As the result of funding from

the National Health Promotion Program, the Network for Healthy School Communities was set up. The network produced a number of briefing and discussion documents about the HPS, facilitated communication and strengthened ties between people, projects and agencies with an active interest in health and education. The network's task was 'to foster the ongoing engagement of educators and their schools with health promotion and community sectors where there is a common interest in the welfare of education systems' (Network for Healthy School Communities 1991, p.4) through establishing effective working groups. This ongoing engagement also included forums and workshops.

At the end of the funding period, the network had developed sufficient support and understanding of the various constituencies across Australia so that the Australian Health Promoting Schools Association (AHPSA) evolved (Williams et al. 1997). During 1997 AHPSA received funding 'to undertake an audit to gather national baseline data about the approaches to health promoting schools being used in Australia. The data gleaned was to inform a National Strategic Plan' (AHPSA 1997a, p.2). As identified in New Zealand, the provision of a 'coordinated whole-school approach clearly defining education and health roles' (AHPSA 1997, p.1) enabled the economical development of networks and partnerships. The AHPSA began as a grass-roots organisation with membership reflecting the range of people and roles delivering health promotion in schools at the chalk-face, and those tracking progress — particularly academics. The organization provides leadership, acts as a reference group and seeks to influence policy and practice (AHPSA 1999).

The perspective of the NH & MRC in Australia is yet another facet of the interest and attraction that the HPS concept held for a range of stakeholders. Established in 1936, the NH & MRC has been responsible for coordination of public health policy and provision of advice on health and medical research. It sponsors and supports priorities related to 'health care, health services, and health and medical research' (AIHW 1992, p.11). In 1996 the NH & MRC produced a document entitled 'Effective school health promotion: towards health promoting schools'. It is written

as a summary of 'what constitutes effective practice for promoting health in the school setting, and identifies what is needed to fill the current gaps in knowledge' (p.vi). In addition, a framework of behavioural and organisational elements of a school health program was presented.

The development of the health promotion movement was a reflection of the felt unease about the positivism of science and medicine and their ability to remedy ill health. The genesis of health promotion was at a time of increasing interest in preventing rather than curing disease and illness, and an increasing recognition of our interrelationship with our environment. The potential benefit of preventative health was of particular concern for governments in view of its potential to cap the associated escalating costs of health care. Thus, the health promotion movement with the school as a setting is a typical post-modern experience although not necessarily a universal one. Even though it is predicated on the principles of the Ottawa Charter (Mukoma & Flisher 2004), interpretation and implementation of the HPS concept will be varied. In the European context of reunification, common markets and disparity in living and other environmental conditions, the focus and experience of the HPS has to be different from that of other countries or regions because of different sociocultural-environmental impacts. The key issue is about flexibility, but flexibility in activity, not principle (European Network of Health Promoting Schools 1997; Jensen & Simovska 2002).

In spite of the marketed benefits of becoming a HPS as with any (or all) educational change it inevitably creates more work. Teachers will judge the basis of success of a HPS by how it supports and improves their practice in the classroom. Parents and carers will judge on the basis of whether or not their concerns are addressed. Any and all will judge the HPS according to whether the school holds to its prime purpose — a commitment to promoting and protecting the health of students ad the creation of conditions that are supportive of effective learning (WHO 1994).

Coverage of the writings from international literature on HPS shows considerable alignment with core concepts and ideals of the HPS. It appears that talking about HPS and the related activities, especially in schools, has a common resonance. However there are critiques of health promotion and the HPS with particular attention on the use of human-capital theory by the New Right and the associated theory of governmentality.

Same wolf, new sheep's clothing: critiques of health promotion

The concept of health promotion is not without its critiques. What has been discussed so far is a largely 'heroic' perspective of health promotion, presented in a relatively unproblematic manner. There are a number of issues raised to challenge the notion that all is not necessarily well and that health promotion is simply not able to be everything to everyone.

Kelly and Charlton (1995) contend that health promotion is a construct of post-modernism. They draw on Crook, Pakulski and Waters 's (1992) work on distinguishing post-modernism from modernism, which suggests that differentiation, rationalisation and commodification are the backbone of modernity and that elaboration and exaggeration of these three areas *is* post-modernism. Kelly and Charlton overlay this framework onto health promotion. They argue that hyper-differentiation of health promotion is seen in the competing paradigms and practices arising out of public health, sociology, education and psychology, as well in the proliferation of varied occupational groups which are territorial about health. Hyper-rationalisation can be seen in the increasing privatisation of health, where people's lives are being invaded and everyday living becomes a potential health issue. Hyper-commodification arises out of health becoming a consumer good. Health is linked with fashion, and can be bought and sold; it is about lifestyle and about consumption (Kelly & Charlton, 1995).

Nettleton and Bunton (1995) assert that the rise in health promotion and the new

public health within broader policy changes has occurred because they fit into a neo-liberal policy environment. Health promotion is attractive because 'modern medicine can only offer diminishing returns from ever-increasing rates of investment' (Owen & Lennie, 1992, p.6) and because health promotion fits comfortably with notions of voluntarism, decentralisation and consumerism (Nettleton & Bunton, 1995). 'The idea of positive health as the goal for health promotion is seductive. . . . To be healthy is a good thing, not because it means the absence of pain and suffering, but because it is a fundamental good. . . Health is defined as a great liberating force. It is linked to power and domination or to socioeconomic arrangements' (Kelly & Charlton, 1995, pp.83—4).

The deconstruction of health promotion put forward by Nettleton and Bunton (1995) is one from a sociological perspective (and identifies) three broad categories of social critique: sociostructural, surveillance and consumption. Table 3.4 summarises the differences in how these three categories play through populations, identities, risk and environment. The table shows how the sociostructural critique is essentially about power. This critique asserts that any genuine attempt to promote health must first deal with the political economy as the producer of ill health. The surveillance critique centres on how health promotion monitors and regulates populations on the one hand and constructs new identities on the other. There is 'more than a creation of healthy lifestyles and healthy bodies but also healthy minds and healthy subjectivities' (p.47); health promotion is increasingly looking like social regulation. Considerations of consumption highlight the blurring between literature for health promotion and commercialisation of health, lifestyle and maintenance of body; they assert that self-responsibility for health serves interests beyond the individual - commercial entrepreneurs and health promoters; and that health promotion is making considerable use of social marketing, which involves symbolic communication and exchange of cultural goods.

Table 3.5 Critiques of health promotion and the foci of health promotion, Source: Nettleton and Bunton (1997 p.50)

Critiques	Populations	Identities	Risk	Environment
Structural	• Control of 'problem' groups	• Victim blaming	• Material circumstances	• Politics of pollution
Surveillance	• Technologies e.g. surveys, diaries	• Health promoting self	• Rational calculation/ probabilities	• Human-made environmental dangers
Consumption	• Social marketing	• Consuming healthy lifestyles/images	• Buying security, e.g. Volvos, extra virgin olive oil	• Greening of commercial products

The rhetoric of health promotion makes considerable use of community participation. Linking health promotion with the needs of a community should create a health promoting environment or setting; that is, infrastructure and political will are harnessed to meet what a community has deemed as being important in a way that is accessible and meaningful for that community. For this to occur, involvement of the community in planning, prioritising and evaluating is essential (Baum 1992).

The all-too-frequent reality is that the 'community' is left out of health promotion. Top-down policies, outcomes and indicators, projects and programs are the norm. Dominant political views prevail in determining what gets funding. Health promotion increasingly reflects management ideology 'that it is possible to measure need and assess performance in a simple and easily quantified manner '(Baum 1992, p.77). 'Health professionals can diagnose and measure pathology, but health in its positive sense is experienced by people themselves, and so often eludes simplistic quantitative measures favoured by management theory' (Sindall 1992 p. 289).

The goal of individual empowerment in rhetoric is also not likely to equate with practice. Individual empowerment is more likely in middle and upper socioeconomic groupings. It is less likely to be an outcome for other social groupings such as

women, gays and ethnic minorities. 'The current vogue for addressing women as consumers able to exercise personal choice over lifestyles and health care services is inappropriate, given the constraints on women's lives' (Daykin & Naidoo, 1995 p.69). Further, health issues detected in ethnic communities are more likely to be attributed to cultural differences and practices, whereas in Anglo Saxon populations the same health issue is more likely to be associated with living conditions and limited income such as poverty (Douglas 1995). According to Kelly and Charlton (1995) it would seem that '[C]ommunities remain marginalised and invisible — other than in the rhetoric (p81).

Behaviour change is a frequently presented aim of health promotion campaigns. Such campaigns are likely to be counter-productive because they are predicated on the belief that health-compromising behaviour is a lifestyle choice amenable to change through the provision of knowledge and education to enable the individual to make informed health choices. There is no recognition that such behaviour is embedded in a material and cultural framework and that the health goals or outcomes established in public health policy may have little or no meaning for individuals in their everyday lives (Daykin & Naidoo 1995; Douglas 1995).

Critiques of health promotion have a common theme. In spite of claims and attempts to be otherwise, health promotion is at risk of having much the same level of success as the biomedical model. Where health promotion fails to address fundamental causes of ill health, it simply fails. Health promotion has therefore been accused of reinforcing current stereotyping and generating new stereotypes. It has been alleged that health promotion supports the hegemonic position of the biomedical model and that it can alienate those it purports to assist, such as those who undertake risk-taking behaviours — viewing them as being deviant from the common-sense position of medical behaviouralists and therefore possibly contributing to health inequities. Health promotion is at considerable risk of becoming yet another idea whose time had come but did not deliver on its self-touted health and wellbeing outcomes. The passing of an opportunity is becoming increasing evident in the literature where

reporting on HPS is from the (bio)medical perspectives, that are predominately about interventions to achieve behaviour change and therapeutic outcomes (WHO 2006).

Health promotion seeks to challenge the supreme position of the Western medical expert while acknowledging the 'patient's' perspective and alternative medicines. It recognises the multiple factors that impact on an individual's health — physical, social, psychological and environmental. There are many claims on health education in schools and the HPS model is an attempt to meld them into a workable whole while utilising its inherent potential to redirect the critical edge and democratic principles. However, the HPS model is also vulnerable to alternative uses — those that enable reproduction of both social determinants and health inequities.

HPS — flaws in the crystal

The HPS concept is one that people support in principle. It would be a brave person or organisation that would argue against schools encouraging a school community working to provide students with an environment that provides opportunity to experience health promoting schooling. However, this does not automatically lead to a shared definition and understandings about the HPS. The range of players in any HPS will influence the local settlement about what it is to be a HPS — how it exists in reality; what is measured or evaluated to 'prove' that the school is in fact health promoting; when the school is said to have arrived and is health promoting, and who decides any or all of this. Thus the many of the dilemmas arise out of both the theorising and the practice of a HPS.

Given the long tradition of health education in schools, there is still considerable work to be done to assist educators and school communities to see the difference between theorising and practice. In struggling to provide schooling that will provide young people with some future security through further education and induction to

work with financial reward, parents, school administrators and the students themselves can be hard-pressed to see the benefits of a school with a central focus and priority on health. The benefits of a HPS may not be tangible enough although. results from the VicHealth HPS Project (1998) appear to be supporting anecdotal evidence that favours primary schools as more likely sites than secondary schools.

It has been suggested that 'the HPS concept is so malleable that it can "fit" almost any school situation [in any culture]' (Colquhoun, 1997a p.17). This has been echoed by Rowling (1996) in her comment on the strengths of the HPS model being applied to a range of countries and cultures: instead of 'imposing a rigid project on countries, it provides a structure for them to organise their activities based on their particular need' (p.525). It has been described as an umbrella term that can encompass almost any form of current practice, and because it also complements 'New Right' education discourse, the HPS is at considerable risk of losing its critical edge and it is therefore one possible reason why it is unlikely to deliver 'emancipatory health education' (Colquhoun 1989).

The Network for Healthy School Communities suggested descriptors of a HPS that are related to collaboration, school community ethos and practices, and action for communal benefit that was also the focus of its successor the Australian Health Promoting Schools Association (see Appendix A). A decade or more on, the framework provided by the NH&MRC (1996) reflects a substantial shift in rhetoric to reflect the impact of the New Right ideology. Collection of data should be for the benefit of health and education, to be overseen by a national body, which develops 'national indicators and monitors systems across a range of public health activity,' (p.34). School health activity indicators are presented and justified on the basis of need for monitoring and accountability.

Much of the increasing wealth of materials about the HPS has been about health promoting schools is largely about the how-to deliver the externally set curriculum

resources rather than about the 'why' for social justice (Colquhoun 1997a). The main thrust of the materials is to provide key indicators, criteria for good practice, and checklists (Colquhoun 1997b), and the Western Pacific Region of the WHO has provided guidelines that support an award scheme (WHO 1995). The use of managerial terminology is endemic. Appropriate courses of action are called strategies. These strategies arise out of needs assessments and are evaluated on the basis of measurable objectives or key indicators (usually behavioural). There is a shift to a 'team approach that is run on a participatory, decision-making model and is 'literally 'managing' the success of the hegemony of a market-based political economy' (Gracie 1991, p.339).

However, thought needs to be given to whose agendas and needs are being proliferated in such a management style, and to the use of indicators and transitory rewards. Gracie (1991) builds on this idea in her assertion that

> [I]t is ironic that a discourse [health promotion] articulating a concern to promote health in the name of freedom and 'wholeness' functions to alienate people from their capacity to engage in protest, and effectively operates to subject them further to the political and economic order' (p. 334).

Therefore, some questions need to be asked about the direction and purpose of the health promoting school in Australia. For example, one question may be what is the *true* measure of a health promoting school and is it the plaque that hangs in the reception area for visitors and prospective parents to see?

Williams et al. (1997) contend that there is some confusion about what the terms associated with a HPS actually mean. There is confusion about what a HPS aims to do and there is concern about the provision of simplistic, 'tick-the-box' checklists that can be used to justify what the school already does. The focus on the microscopic of 'what' is a HPS has been undertaken at the expense of the 'essence' or underlying principles originally intended by the larger HPS philosophy. It is therefore important, argue Williams et al.*,* that schools, their community members and representatives are

actively involved in the formulation, enacting, evaluation and reporting of policy. The very community being affected also must have the opportunity to review and change policy as its local needs require.

Clearly, then, there is already a significant move towards the interpretation of health promoting schools as within the managerial terms of the New Right rather than for emancipatory health education. This is not necessarily surprising, given the current political and economic climate and the pressures being brought to bear in a plethora of areas, including schools, to enact the New Right's triumvirate of effectiveness, evaluation and accountability. It appears that there is a significant challenge for those interested in and committed to health promotion and health promoting schools to remain focused on an intent that is emancipatory.

Kelly and Charlton (1995) contend that the most powerful critiques of health promotion have come from diametrically opposed viewpoints. They argue that there is no paradox in this because each movement — free market liberalism and Marxist-orientated attacks — is steeped in both the philosophy of utilitarianism and the classical economics of the late eighteenth and early nineteenth centuries. For them, the central problem for HP is that it 'has become a political movement without resolving the key philosophical problems at the heart of both rightward and leftward thinking, namely the reconciliation of free will *and* determinism in explaining human behaviour' (p.84).

Within health promotion, free will is held up as a guiding principle, 'embedded in notions of empowerment and facilitation while at the same time defining the social structure as acting *on* people in a deterministic way (p.89). However, a significant hurdle in exploring and reflecting on HP practice in schools and other settings is that '[h]ealth promotion in its present form is riddled with contradictions in theory and practice (Nutbeam 1992). This state of affairs is exacerbated by the moralising zeal characteristic of the field that serves only to impair reflection. As a result there has

been 'a failure to confront critique' (Kelly & Charlton 1995, p.90).

It would seem, then, that there are still challenges for HPS. It appears that one of its biggest challenges lies in its ability to generate legitimacy outside the health arena, while also addressing what Ritchie and Rowling (1997) contend is 'good' health promotion practice for the 1990s. Kickbusch's (1989) and Baum's (1992) reviews of health promotion argue that 'good' practice is guided by a set of principles, and that these principles are:

- contextual — with the context being unable to be divorced from the HP action;

- participatory — involving the perceptions of communities in the way they construct their health concerns and seek solutions to address these concerns, especially inviting participation from those whose voices are less often heard;

- multi-strategic — focusing on the interplay of a variety of coexisting means to influence behaviour;

- dynamic — viewing the process as ever-changing rather than static, and cyclical rather than linear (Baum 1992, p.8).

How can HPS enact these principles in ways that have both health and educational meaning? To this end, Jensen (1997) points out the importance of the pedagogical in developing school communities that can deliver health promoting and empowering approaches. He argues that this is inclusive of not only what occurs in the classroom between the teacher and students but also between teachers as colleagues, pre and in-service professional development and that this is done with support from the wider school community, including the administration, parents and health agencies.

The HPS model is being used to meet an agenda that is outside the original intent of schools as settings for health promotion. The impact and growth of New Right principles in social democratic intentions such as the HPS model is a demonstration of the way in which the New Right has been able to generate what Apple (2003) calls

conservative modernization which is discussed below.

Capitalising on the HPS model

The health promotion movement with its social view of health is grounded in the ideological principle of equity (Tones 1996). In the setting of the school the HPS model is also a means to achieve 'both education and health outcomes which help to provide individuals with the opportunity to lead productive and satisfying lives' (NH&MRC 1996). Thus, there is plenty of room for multiple interpretation and redeployment to very different intentions and outcomes as discussed in Chapter 4: 'Habits — on conjugations and derivations'.

Rowling (1996), in her discussion of the adaptability of the HPS concept, discussed two threats to the HPS model — lack of funding and the associated outcomes: demands and expectations, and the propensity of teachers to defer to the external health expert. The situation thus appears to be that schools are most likely to take up the HPS model if there are associated dollars attached, which in turn makes the school vulnerable in having to deliver on predetermined (behaviouralist/measurable) outcomes within relatively short periods of time; much of that was reflected in the evaluation of the VicHealth-funded health promoting schools project (Deakin University 2000). The deskilling — or at least the failure to up-skill teachers — in health promotion is compounded by the facilitation of unequal relationships between the school and the associated range of health agencies. The challenge, then, for the HPS model lies in its ability to remain adaptable and flexible but still to work for its local community rather than for external hegemonic forces, particularly those of the New Right.

In his body of work critiquing the New Right and its impact, particularly in education (in the USA) Apple (2000, 2001a,b, 2003) argues for careful learning from the success

of the New Right and for generating insurrectional activity that moves the social agenda of schools and education towards one that reflects democratic and critical principles through collective projects. For this to be done, Apple (2001b) puts forward three arenas of activity – making alliances, redefining common sense and making clear how the New Right has intensified advantages to the most advantaged. By using the HPS as a reference of activity it is possible to see how its philosophical intent can be reclaimed and honoured.

Making alliances

Apple (2001a,b, 2003) argues that much of the success of the New Right lies in its ability to draw together unlikely alliances that include the (Christian) religious right and the managerial class, which has strengthened the impact of its intent, and to move to conservative modernisation (2003). He contends that '[t]he tense alliance . . . only works because there has been a very creative articulation of themes that resonate deeply with the experiences, fears and hopes and dreams of people as they go about their daily lives' (Apple 2003, p.2). In doing so the New Right has been able to couch its positions and concerns in such as way as to connect with a range of people — in the case of schools, parents, tapping into their fears and concerns especially for their children.

If Apple is correct in his summation of how these alliances are created then there is ample opportunity to learn and use the same methods to reclaim the HPS. The very flexibility of the HPS model has meant that it stands for a variety of valued but contextualised activities. In too many instances, however, it has been interpreted equally as standing for nothing. In its failure to resonate deeply enough with a wider range of school communities in order to gain essential, must-do status, it has been too easily set aside in a crowded curriculum. In considering this, it is worth looking to what are potential and possible alliances — health agencies and parents.

Parents want the very best for their children; however, even their position as their

children's first teachers does not necessarily ensure that they are able to manage the perceived citadel of schooling, where they are too often confronted by the 'other' expertise of teachers and by school curricula and activities that can facilitate both what is sought for and *not* sought for (Goodlad 2000) as their children are 'educated'. 'Nonetheless, they are taught by the rhetoric of politically driven school reform to settle for what they are told are reliable surrogates — test scores' (Goodlad 2000, p.23). Thus, good or bad, the New Right sells a perception to parents, particularly when they have been 'left outside the citadel' and in the absence of any other statement or alternative perception that has meaning for them.

The loss of the critical edge of the HPS is its failure to truly connect with the wider school community — for example health agencies and the parents — to build collaborative partnerships. As Rowling (1996) points out, 'the process of collaboration takes time. It is faster to be directive than to work collaboratively' (p.524). So schools tell parents what they need them to do and not do, and in turn seek direction from health agencies and permit interventions. In both cases, too many schools claiming HPS status have failed to develop a long-term relationship with parents and health agencies, and instead have engaged in other 'busy' work labeled as health promotion.

The potential for far greater impact on health and more satisfactory, stronger community relationships lies in the construction of supportive and respectful relationships. The notion of communities of practice is about learning that occurs within an authentic context and that requires social interaction and collaboration (Senge 1990). Therefore, a HPS community of practice provides a particularly rich opportunity for the HPS community where each member is valued for his or her particular expertise and where the synergy between them and the health promotion activities of the school are substantially more than that where parents defer to teachers and the school, and where teachers and the school defer to the health agencies.

Instead, within the community of practice there are activities that enable, mediate and advocate for learning through engagement and understanding in the HPS, but that can only arise as people participate fully in sociocultural practice. An individual therefore participates in the development of meaning, the economic-political structuring and the construction of identity (Contu & Willmott 2003) in the context of the community. In doing so, the meaning of a HPS school is unique for that school and its community and is not subject to externally created checklists for approbation.

On common sense

The ability of the New Right to commandeer the language and the intent of many social movements and institutions, according to Apple (2003), lies in its ability to 'radically re-shape(d) the common-sense of society. . . to alter the basics we use to evaluate our institutions and our private and public lives' (p.2). In doing so, the New Right has not only tapped into publicly shared concerns and fears; it has also put forward its perspective in a way that not only affirms those concerns, but also provides a response and redress. This is nowhere more evident than in the contestation of schools, where the New Right exercises its concerns about 'the way in which 'my' child is being educated' (Apple 2001a, 2003) in a way that is removed from the needs of the everyday experience of business.

It is here that neo-liberal aspects of the New Right are more obvious.

> Schools are political entities charged with carrying out teaching functions directed to deliberate student outcomes. These outcomes are determined through a political process by which an array of interests purported to be in the common good compete for attention and, ultimately, supremacy in the ends and means of the schools' (Goodlad 2000, 17).

And so schools as a social institution are a significant front of attack by the New Right re-crafting the common sense. And since schools have come to be defined as

quasi-markets, then their work and their ability to deliver 'quality' outcomes for students are measured in competencies and other behaviouralist outcomes.

Apple (2001a, 2003) argues that schools have allowed the often unlikely alliance between parents and the New Right. By keeping parents at arms length, by failing to engage with the parent community about addressing their concerns for their children's lives and futures, schools have allowed — even forced — parents to add to the growing noise about schools not being connected to the 'real' world their students come from.

Growing demands for accountability in what schools do and for schools to operate in an efficient and effective manner are being echoed across many sectors. Parents are familiar with these expectations because they experience the same in their own workplaces. So for parents, the call for the same market rhetoric of cost-effectiveness and 'guaranteed' outcomes in schools adds to the pervasive logic. Thus, the business savvy of principals is tested and the curriculum is subverted to operate to produce students capable of meeting key performance indicators or behaviouralist competencies that are allegedly preparation for their future as human capital in an economically driven society.

In the Ottawa Charter (WHO 1986b), one of the five main areas of activity is the development of healthy public policy. While it has a clever turn of phrase, it is also seen as a means to form 'a firm basis for a school's ongoing health promotion work' (Burns 1997, p.72) and thus can be used to create a set of guidelines, a rationale, principles of action and goals for planning and practice. However, such policies also provide a point of leverage for the New Right to reflect Western business management styles where policy statements for health promotion in school are subverted. Such subversion is through associated funding, intent and outcome so that each is likely to be identified and developed externally, and to function in a quantitative research methodology within a set (probably short) period of time, so

that the work of teachers and the achievement of students are able to be measured and assessed on the basis of fidelity of delivery rather than its educative merit — that is, to be about intervention rather than about community capacity building. The school and its community increasingly accept such a process because that is just the way 'things' are done!

Another aspect of the Ottawa Charter (WHO 1986b) is the requirement of community participation in the life of the HPS. Rather than 'lose' parents to the pervasive voice of the New Right, schools need to be working to create alliances with parents that genuinely listen to their concerns and to enable them to participate in meaningful ways. By facilitating this, parents gain a greater understanding not only about health issues existing within the school but also about how to work with teachers to generate teaching and learning situations that are more meaningful in the context of the students' home life and community.

Advantages to the most advantaged

Apple (2000, 2001b, 2003) highlights the ways in which the New Right with its romantic past and market economies advantages those with the most to gain and reinforces social disadvantage. The move to authoritative schooling with its focus on competencies and behaviour change lends itself nicely to the control of HPS agendas by the health sector rather than by school communities. '[T]he debate over 'What knowledge is of most worth' has taken on more than a few political overtones' (Apple 2003, p.5) and increasingly the knowledge of most worth in the HPS is about those health promoting behaviours — for example, healthy eating (low fat, high fibre) — that are of most significance to health agencies such as the National Heart Foundation, Sunsmart and QUIT etc.

For many teachers, the focus of schooling has been about child-centered pedagogy that includes developing what Dewey called democratic habits, which encapsulated both political and moral intentions. So when Kickbusch (1986) writes about health

promotion as being an action for every person within a social context but not at the expense or exploitation of others, it strongly resonates with the philosophy of teachers and makes the notion of the HPS particularly appealing. However, the New Right — with its market philosophy and the promulgation of individualistic purposes — has redefined health promotion in schools from being about health for all children to health for 'my child'.

Goodlad (2000) writes that '[w]e must take care of one another and the habitat of which we are a part' (p.17), which echoes Dewey's position on education but also can provide a refocus for the work of the HPS. If the HPS model reclaims the notion of community and connectedness, then the need to be cognizant of both the needs and recognition of the impact/consequences of decisions and activity on others is more likely. The Ottawa Charter (WHO 1986b) is predicated on the belief that health promotion is a process where people are provided with the ability to increase control over and to improve their health (Davis et al. 1997), and that this is facilitated through the use of the strategies and processes of enabling, mediating and advocating (Rissel & Rowling 2000): enabling equips people with the resources (education, information) within a supportive environment so that actions are health enhancing; mediation ensures that the prerequisites of health (peace, food, shelter, education, sustainable resources and social justice) are secured; and advocacy is about action to make the socioecological environment favourable to health — both for me and mine as well as for others less able (Goltz et al. 1997).

However, as I have shown in this review of literature, the intention of the HPS model has been subverted and commandeered to meet very different purposes from those it was developed for. Part of the opportunity for the New Right to do this to education and schooling and the HPS model lies only partly in the New Right's actual work and its aligning with scientific rationalism. In reality, the champions of health promotion with schools as a setting have failed to effectively address 'the reconstructions of discourse and movements' (Apple 2003, p.2) by the New Right. More than that, many

champions of the HPS have pragmatically bought in to the New Right's 'game' of efficiency, effectiveness and accountability — developing indicators of a health promoting school, checklists, and behaviouralist evaluation strategies.

The potential, originally envisioned in the HPS model, was about the ability to generate healthful futures for its community. Thus, it is important for HPS communities to recognise how the New Right gains from its control and how those with social disadvantage continue to remain that way, and to challenge such 'truths' in the context of their community experiences.

Conclusion

In reality the daily experience of living in a HPS is presented anecdotally as being very different from that of the formal papers and research texts being promulgated by system managers and academics. School communities are embracing the HPS concept to varying degrees as it meets the issues they see needing to be addressed. It would seem that the notion of the HPS is not without its problems in spite of its inherent worth.

There is considerable interest in the development of schools as sites for health promotion, and the need to explore what a HPS actually is and what it should attempt to achieve, especially from the school community's perspective. The concurrent emergence of the New Right and its impact in redefining key terms and ideas, especially those related to the HPS are unlikely to generate health promoting actions and intentions, while being more likely to reinforce social divisions and disadvantage. However, the change towards the New Right is not totally inevitable and hopeless; rather, there is much to be learnt from its success. Where the New Right has successfully commandeered and redefined, the HPS model and its inherent social justice principles warrant realignment to allow navigation through the 'seas' of these difficult times towards more 'pleasant' sailing and genuine 'real' health promotion in schools.

Chapter 4   Habits — on conjugations and derivations

Introduction

The use of settings for health promotion provides recognition that we are social beings and that one of the places people congregate is in schools. The identification of particular settings also encapsulates a potential area of intervention by health promotion workers. A settings perspective on health promotion can be subsequently perceived as a domain for both behavioural and social change, since people operate and interrelate where patterns of activity and interaction can be determined and reinforced. Such an approach has been widely embraced and settings have 'created new initiatives for lifestyle change' (WHO 2002, p.8).

Schools are seen as settings where health-promoting habits are enabled and supported in such as way as to target in an efficient manner health promotion for children, adolescents and their families, and to engender health promoting behaviour and environments. However, consideration of schools and other settings as complex social environs, and as successful in changing behaviour change, is often challenging, and 'reported effectiveness of community based health promotion may lie in the inherent, often hidden complexities of community life' (Kreuter, Lezin, Young & Koplan 2001, p.441). Life, seen as a series of habits, provides a particular perspective on how the health promoting school can be seen as an arena both for challenging what actually become the preferred behaviours and for inculcating prescribed health behaviours.

The work of Dewey, Bourdieu and Apple, can be used as a lens to see how schools as social institutions are used to create and control — in particular, teachers and

students. Respectively, they use habit, *habitus* and habituation to show the ways in which social behaviour is crafted to reinforce and reproduce power relations (McLaren 1994, 2001). They can be used to explore how particular forces come into play in schools and how the same forces can sculpt and form individual and group responses I will argue that the ideas of Dewey, Bourdieu and Apple can be applied to form a generative space for more just social engagements and lives, with particular reference to how this can be enacted in the context of the HPS model.

Dewey's habits for democracy

Dewey (1944, 1963) wrote on democracy and how it derived currency from social habits that emphasised social cooperation. Democracy in this context is not a series of rules or laws entrenched into legislation, but is rather a way of living in which a person is habitually aware of the interests, concerns and aspirations of other people while also addressing this or her own needs (Hansen 2002; Delanty 1999). People derived 'meaning and purpose from association, and so construe[d] their political freedom positively' (Gregory 2000, p.452) and thus, an individual's social connectedness is an important component of Dewey's (1963) position that any person is a social project able to modify beliefs and practices according to a range of experiences — through people, books, newspapers, visual media and so on. (Gregory 2000). For Dewey social connectedness is also based on the premise that democracy is more than an ideal of the political; it is also a moral issue (Delanty 1998).

Dewey (1944) saw the development of habits as an intellectual process. It was an indication of personal growth and an important element in the educational development of an individual where the development of habits is 'a form of executive skill, of efficiency in doing'. A habit was defined by Dewey as 'the ability to use natural conditions as a means to an end' (1945, p.46). While the formation of a habit provides stability in any or all situations, it also has the potential to stagnate through reliance on rigidity since no one habit can possibly fit perfectly in every situation (Putnam & Putnam 1993; Archambault 1964). Thus, Dewey saw education as the means by which individuals acquired those intellectual habits that could be

used both for personal change and for environmental change (Dewey 1944).

Dewey acknowledges the relatively passive face of habituation, but he still considered habits to be important in two ways — habits form first because we use them and, second, because we understand the situations in which the habits operate, forming an inclination or an intellectual predisposition (Dewey 1944). Thus Dewey did not see habits per se as a problem, rather his concerns lay in the use of 'mechanical routine and repetition to secure external efficiency of habit, motor skill without accompanying thought, [as it] marks a deliberate closing in of surroundings and of growth' (Dewey, 1944, p.49). For Dewey, education has potential in that it contributes to growth both as it own end and as an ongoing, life long, intellectual process (Hansen 2002). In drawing out Dewey's interpretation of habits, it is possible to apply his insights to the development of a settings approach to health promotion in schools.

The first aspect of habits — that they form because we use them — is an important justification for health promotion in schools. Much of the health promotion material aims at behaviour change that either generates a reduction in risk or alleviates the risk completely. For example, by making healthy choices easy, schools can moderate their 'market place' by emphasing 'better' choices. Thus, school canteens might provide only health foods and students participate in physical activity on a daily basis. The health promoting school is therefore perceived as the ideal setting for the range of health education and promotion programs that support adolescent health while building healthier adult lives (St Leger et al. 2002). The health promoting school becomes a setting where it is impossible to avoid health promotion because it is integrated into every aspect of school life. Students, teachers, parents and other members of the school community live it in every way, continually — entrenching habits into daily life.

The second aspect in Dewey's development of habits — that habits form because we understand the situations in which the habits operate, forming an inclination or an intellectual predisposition — offers a strong argument for the development of the

settings approach to health promotion, given that a key aspect is the recognition that the major determinants of health are social; that is, by working together the HPS community creates a healthier environment because its members gain the knowledge and skills to do so (IPC 1999).

By facilitating the educative practice of health behaviours — those that were seen as being 'right and proper' by dint of biomedical research (St Leger et al. 2002) — schools, including HPS, have been targeted as sites of the learning and development of health habits. Engaging in regular exercise, not taking up — or (conversely) quitting — smoking, use of condoms and no sharing of needles are examples of preferred behaviours to reduce risks and thereby to promote health and limit the associated social and economic costs (Pekarsky 2000; WHO 1995).

The efficacy of such an approach is questionable when considering Dewey's position on habits. For example, when young people are told to simply say "no" to peer pressure on engaging in drug use and are given opportunity to role play, there is little opportunity for the same youth to consider wider questions and possibilities of 'new' habits. If a young person chooses to say "no" to partaking in drugs how do they manage their potential for isolation from their desired and real peer group, and perceived loss of emotional attachment and worth? How does a person get out of the habit of seeing themselves as part of a particular social group that actively seeks to use drugs, and generates new habitual social connections that devalues and avoids drug usage?

The habits to generate healthy behaviours are presented as being logical and self-evident. However, they are more reflective of middle and upper class Anglo-Saxon aspirations that align most easily with biomedical, positivistic research and its interpretations. Living the HPS concept can therefore be as much about consideration of the hegemonic habits promoted through mainstream health promotion as it is about the habits of the school community. Dewey (1938) recognised habits as being

> a more or less fixed way of doing things, although it includes the latter as one of its

special cases. It covers the formation of attitudes, attitudes that are emotional and intellectual; it covers our basic sensitivities and ways of meeting and responding to all the conditions which we meet in living' (p.35).

And because Dewey also saw that 'the easiest course was to follow the line of least resistance provided by the old intellectual habit' (1938, p.30), the HPS model has the potential for change in schools but without critical reflection on what it means to be a HPS community it is likely to be about social reproduction rather than freedom in Dewey's terms.

The importance of learning by experience was central to Dewey's position. He contended that the growth of a student's knowledge was the result both of living the experience and being able to reflect on it (Dewey 1902). Based on this premise,

> A primary responsibility of educators is that they are not only aware of the general principle of the shaping of actual experience by environmental conditions, but they also recognise in the concrete what surroundings are conducive to having experiences that lead to growth' (Dewey 1938, p.40).

Educators therefore need not only to provide students with experiences that enable learning, but also to teach them how to ascertain *what* (rather than *if*) they have learnt 'to be on alert to see what attitudes and habitual tendencies are being created. . . .able to judge what attitudes are actually conducive to continued growth and what are detrimental' (Dewey 1938, p.39), so that future experiences can be constructed in a meaningful way (Fosnot 1996).

For educators in the HPS, the ability to monitor what is learnt through health promotion activities can be a difficult task. Clearly teachers cannot create or draw on opportunities for students to have direct experience of particular health (or illness) situations. For instance, students should not have to experience smoking or malnutrition directly, or cultural or religious sanctions may mean that discussions about contraception are truncated. Such positions together with the changes in the work of teachers towards the technocratic and deskilled raises particular concerns in the context of Dewey's perception of a teacher's/educator's role particularly as it applies to health. As discussed in Chapter 5 *Educational change and schooling reform; making work for teachers* pp111—38) teachers are active in seeking out new

perspectives, materials and resources to support their students' learning. Teachers are also caught up in the deskilling of work as the impact of the New Right's ideology has the effect of changing schooling from values-based to skills-based. Consequently, teachers are more likely to see themselves without the skills and knowledge base to deliver health promotion and so are increasingly looking outside the school for agencies that will deliver content, resources and programs. Such engagement can have the effect of further deskilling teachers as the health promotion program is increasingly determined by those who operate outside the school and who have limited ability and cognisance in crafting the next learning experience. Instead, these external health agencies can have a reductionist perspective on the health information needed at a particular year level. In doing so, they treat each level as self-contained, with limited connections between previous and future programs but without cognition of the learning needs of specific students.

The potential for the HPS to generate not only habits, but also the competencies to support health promotion activities by individuals and in groups, is substantial. But to do so requires the crafting of meaningful learning experiences around informed reflective practice. For Dewey, 'The only freedom that is of enduring importance is freedom of intelligence, that is to say, freedom of observation and of judgment exercised in behalf of purposes that are intrinsically worthwhile' (1938, p.61). The development of such freedom is dependent upon how living (and learning) experiences change a person and his or her perceptions of the world. Thus, learning about 'the way of knowledge and skill in one situation becomes an instrument of understanding and dealing effectively with the situations that follow' (Dewey 1938, p.44). So health promotion in the HPS should be enabling students, teachers and others in the school community to be able to not only deal with situations in the school's domain, but also to see possibilities for those outside the HPS domain.

The continuity between experience and learning is not necessarily definable as 'positive' and creating the desirable. Dewey recognised that

> [e]xperience and education cannot be directly equated with each other. For some, experiences are mis-educative. Any experience is mis-educative when it has the further effect of arresting or distorting the growth of further experience' (Dewey 1938, p.25).

So the fatigue caused by wave after wave of health issues experienced by school communities has the potential to reduce effectiveness in health promotion terms. Asking school communities to continually respond to externally designed programs that rely on high-level fidelity can actually have the potential to 'immunise' and thus habituate against future health promotion programs.

Dewey perceived 'good' education as being 'the reconstruction of experience that added to the meaning of and directed future experiences' (Gutek 1997, 100). The development of habits enabled opportunity to scientifically investigate experience and its consequences in reflective ways generated (intellectual) freedom. For Dewey, this was a freedom that enabled individuals to develop 'habits of meaningful collaboration' (Gregory 2000; Putnam & Putnam, 1993; Rosenthal 1993). The potential of the HPS to facilitate learning about health promotion habits is double-edged. There is a fine balance to be drawn between the intention to serve and support the learning both within and outside the school context, and the possibility of mis-educating health promotion learning, so that habits are reinforced in a manner that enables social reproduction and health inequities.

Dewey's hope was for education to extend beyond formal schooling (Willinsky, 2002), so that people did not become overwhelmed by both the amount and the variety of knowledge generated in a knowledge society. Dewey looked to a pedagogy that allowed the 'creation of power of self-control' (Dewey, 1938, p.14), where the individual is able to apply tests and experiments to both facts and values (Putnam & Putnam, 1993). In the HPS context, Dewey's perspective is one of a philosophy of experience (Putnam & Putnam 1993) where the experience of health experts is increasingly available but not so that people are only resigned to expert control (Willinsky 2002). Thus, the notion of democracy put forward by Dewey requires that there is access to a range of sources of (health) knowledge (Willinsky 2002), including debate and conflict between (health) researchers so that (health) science is not perceived as being 'outside the democratic sphere' (Fisher 2000) and is consequently relevant to health promotion within the community context.

The possibility of Dewey's work to enable creative democracy through education is based upon a critical theory that interweaves both the theory and practice (Hansen 2002; Rosenthal 1993) of Marx (McLaren, 1994) in his epistemology. However, beyond the melding of theory and practice as a construct, further comparisons between the two are limited. From a Marxist perspective, Dewey is viewed as being relatively naive and silent on how 'the powerful social, political and economic forces (that) mediate against equality and justice' (McLaren 1994, p.198) because he sees creative intelligence as significant and views the individual as the core of work, albeit placed within a social milieu (Detlefsen 1998; Gutek 1997; Putnam & Putnam, 1993). The creation of inequity and injustice through the social perspective is an important aspect impacting on how individuals can actually operate socially; it will therefore be explored in the next section through the ideas of Bourdieu in the development of social and cultural capital.

Bourdieu's *habitus*

Like Dewey, Bourdieu gives credence to the importance of a person's environment to create a context in which reflective action occurs. Like Dewey, Bourdieu sees the importance of education as a place of social activity that determines how the world is perceived, acted and reacted with. This section will explore Bourdieu's exploration of capital — social, cultural and economic — and how they are interrelated to generate outcomes particularly in social institutes such as schools, where differentiation and failure are largely predictable. For the HPS concept, therein lies the challenge: if health is social, then how does a school as a setting for health both contribute to and ameliorate the health of its students?

Bourdieu's concept of cultural capital is represented in the 'ways of talking, acting, modes of style, moving, socialising, forms of knowledge, language practices, and values' (2002, p.116). Cultural capital can exist in the embodied state, as

> long-lasting dispositions of the mind and body; in the objectified state as cultural artefacts such as pictures, books, diplomas, and other material objects; and in the institutional state, which confers original properties on the cultural capital which it guarantees' (McLaren, 1994, p.190).

Thus, in Bourdieu's terms schools are central to the development of social class in that they are the sites at which the objective interests of the dominant class are promoted and the distinctions made between students, including the identification and management of social deviance (Nash 2002; Webb et al. 2002).

At the core of Bourdieu's work on how schools act as sites where cultural capital is conferred to varying degrees and social reproduction occurs is the concept of *habitus*. For Bourdieu 'the *habitus* is a cultural agent before it is a social form of identity. . . . it is cultural practices that shape, determine and help reproduce social relations' (Webb et al. 2002, p 117). Bourdieu's understanding of how schools work to reproduce social inequities can be analysised though the *habitus*, where it is possible to see how the cultural rules link economic control and distribution (Nash 2002; Apple 1990). When dominate groups or agencies are able to utilise cultural rules to their own advantage it is known as a process called hegemony. Such dominance is an ongoing struggle but not one of open aggression or force rather the result of social practices, forms and structures that are consensual (Connell et al. 1985; McLaren 1994; Apple 2000a). When dominant groups or agencies secure hegemonic meaning they control how 'social authority and unequal relations of power and privilege remain hidden' (McLaren 1994, p.182). Oppressed, subordinate groups or agencies actively subscribe to these culturally constructed meanings (Connell et al. 1985; McLaren 1994) thereby generating and integrating *habitus* (Apple 2003).

The distribution of cultural capital is therefore uneven. Those in some social positions are inevitably privileged as the result of their positions and dispositions because they have access to knowledge and skills that are valued and mark distinction and social privilege (Bourdieu 1984, 2002; Webb et al. 2002). Such privilege (or lack thereof) arises out of the circular relationship between education, qualifications, employment, connectedness, sociability (Bourdieu 1990a) and other attributes that constitute capital in all of its forms. Parents with a degree of affluence are more likely to have the necessary informal knowledge and skill (i.e. *habitus*) to decode, to 'work the system' to their own and their children's benefit and to make use of unseen capital and informal cultural rules (Apple 2001; Ball, Bowe & Gewirtz 1994).

The use of the education field to meet the objective interests of dominant groups is facilitated through the curriculum, hidden and overt; through expectations of teachers and through the school itself (Webb et al. 2002). The creation of *habitus* in schools enables those students with more familial cultural capital to acquire still more at an incremental level. 'The capacity to be empowered tends to be confined to those who are in some sense empowered already' (Webb et al. 2002, p.124), so there are students who arrive at school with the ability to deal in the operative schemes of the school (Nash 2002), who already have an appreciation of what it is to be called 'cultured' (Bourdieu 2002), who have access to resources that support their education (Ball et al. 1994; Connell et al. 1985), and who have academic rather than technical/manual skills (Sidorkin 2001).

> Students who succeed at school do so because in consequence of their ambitions, academic self-confidence, and positive response to the process of schooling, they reveal a habituated willingness to be educated in accordance with a concept of the educated person that continues, despite ambiguities and contradictions, to be transmitted by the school (Nash 2002, p.46).

Educationally 'successful' students are therefore more likely to come from families that already have a disposition for such cultural capital and can support its further development and acquisition.

'Practical reason, as a dimension of *habitus*, is the capacity people have to make sense of, and negotiate, the situations they are confronted with in the social world' (Webb et al. 2002, p.139) and '. . . the unconscious dimension of the *habitus* means that social agents tend not to reflect on the forces that dispose them to act and behave as they do' (Webb et al. 2002, p.141). It is this apparent contradiction in *habitus* and how it operates that is described by Delanty (1999) as a weakness in Bourdieu's approach, where '[h]is actors may act strategically, but do not undergo change since they are constrained by the *habitus*' (Delanty 1999, p.68). So while *habitus* enables negotiation of the social world, it also predisposes the way in which such negotiation can actually occur — certain responses are thinkable and others unthinkable. However, it is important to note that the consecration of what determines hegemonic positioning and *habitus* is not necessarily fixed and unchanging (Connell et al. 1985: McLaren 1994). 'Who and what gets consecrated within the educational field is, however, open to transformation' (Webb et al. 2002, p.122) and it is in this space that opportunities

for difference lie.

The promotion of hegemonic values and perspectives is perennial. They are played out in ways that promote naturalistic and normal social positions. Schools, as logical sites for the transmission of reproductive values and ideals, are often a field of contestation. The education field has of late been strongly contested by the New Right where indicators of efficacy and efficiency pervade, a focus on marketisation predominates, and fundamentialism — managerial and Christian — underpins discourse (Apple 2001, 1990; Ball et al. 1994). The argument for New Right ideology and approaches has been put forward as natural, and

> [e]very power which manages to impose meanings and to impose them as legitimate by concealing the power relations which are the basis of its force adds its own specifically symbolic force to those power relations (Bourdieu & Passeron 1977, p.5).

So the education field is where there is both imposition of and complicity in the use of New Right ideals in schools. And schools are required to filter students according to their ability to operate within a social context and *habitus* dominated most latterly by New Right 'rules'.

And so the same can be said of the HPS. The school in this model is aligning the health and education systems; therefore there is opportunity to impose another power relationship by cooperating with the health sector. In reality, a range of factors — including the type of school, the way in which it operates and the families that make up the school community — will temper the degree to which health sector agendas are enacted within the HPS. Applying Bourdieu's concept of *habitus* to the HPS provides a perspective to explore the ways in which the HPS in practice can produce varying journeys in aligning health and education.

The presentation of particular health issues is done in a way that is both naturalistic and normal. For instance, the ways in which nutrition information is conveyed and promulgated represent the current scientific understandings as the rational approach (Renwick 1997; Crotty 1995; Santich 1995). However science evolves, and so with it does prescribed behaviour. The linkage of science and nutrition has been a close one

and dietary reform was often linked with social reform (Crotty 1995) where the dietary advice was more readily accepted by privileged classes and was used with considerable evangelism and zealotry to manage others (Renwick 1997; Tannahill 1988). Equally, the focus of dietary advice reflects Anglo-European perspectives that assume equal access to food, preparation resources and skills that are constructed within a Western context, excluding the experience of others (Renwick 1997)[6].

The authoritative voice of health is not usually contested. The way in which it develops its positions on healthy lifestyles through a particular style of research and discourse is essentially invisible to a school community and 'common sense' — from a health perspective — presented in a prima facie manner and so is largely accepted. In doing so the HPS becomes the conduit for symbolic violence (Webb et al. 2002) towards its community. Thus, the HPS absorbs information, imperatives and directions from the health sector in a naive, trusting manner. There is little thought about a mismatch between behaviouralist intentions and the constructivist nature of schools and the inherent tensions between education and health sector *habitus*. With little effort to acknowledge or resolve such tensions the foundations of the HPS are unsafe at best. Health promotion in the school setting without reflection on the appropriateness of the 'message' or any cognisance of the ability of community members to implement or sustain the behaviour change (Daykin & Naidoo 1995; Douglas 1995) leaves little room for success in either sector's terms.

If we accept the social-reproductive aspect of Bourdieu's theories — that the HPS is no more than another aspect of social control and that a foundation concept of health promotion is that health status is social — then the reinforcement of health inequities is inevitable. By accessing the 'form and content of the culture and knowledge of powerful groups and defining it as legitimate knowledge to be preserved and passed on' (Apple 1995 p.38) schools, health promoting or otherwise contribute to inequality. Schools are therefore sites in which effective dominant cultures both create and recreate the social and contractual relationships required by

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[6] The five food groups are the basis for a healthy diet in the Australian context. The model is built on a Western diet and assumes the need for proportional access to all five. Traditional Indo-Chinese diets are unlikely to include dairy products, but dietary-related calcium conditions such as osteoporosis are not overly common. Also, the experience of menopause is different when compared with that of European women, which is thought to be due to the greater intake of phyto-ostrogen found in plant products such as soy beans.

capital (Apple 1995) consistently benefiting 20 per cent of the population often at the expense of the other 80 per cent (Navarro 1976). Statistics from the New South Wales Department of Health demonstrate that individuals in the highest socio-economic status have a higher life expectancy than all other groups in the population between 1993 and 2004. The differential pattern applied to both males and females further indicating that the advantage of accumulating social, cultural and resultant economic capital (Health NSW 2007).

Using Bourdieu's and Marx's premise that the prevailing view of the world is that of the dominant (Webb et al. 2002), then the writing of 'history' inevitably requires the New Right alliance to commandeer the health promotion concept and to redefine its language and suppositions. Democracy is no longer a political concept, but has been transformed into an economic one (Apple 1996). The New Right has created an environment where health promotion can be put forward with a managerial focus. It appears only common sense to do so because it is natural and inevitable (Bourdieu 1990b), modifying existing values and dispositions, and thus creating *habitus* (Bourdieu 1977). The new public health and health promotion can be viewed as the means to deliver on returns (Owen & Lennie 1992; Cohen & Henderson 1988) and because its social perspective is readily reinterpreted through a neo-liberal perspective (Nettleton & Bunton 1995) it can therefore be viewed as capital transformed in a manner that enables those with more cultural capital to accrue still more.

Bourdieu is often classified as a social-reproduction theorist because he argues that the links between the educational and cultural systems contribute to the maintenance of the relations of dominance and exploitation (Webb et al. 2002; Apple 1990). However, Bourdieu also offers reflective understanding as a means by which students (and teachers) can navigate objective relations because they understand how they underpin the work of the school, thereby developing empowerment and the ability to rewrite their own futures (Webb et al. 2002; Apple 1995). Clearly, not everyone fits the prescribed social path, as there are examples of people who have managed to make objective relations work for them (Apple 1995) and in so doing managed to accumulate cultural capital. As the world changes, so too does the education field. Such change permits negotiation of the *habitus* — who and what can

be transformed, thereby enabling new possibilities for action and yet another space for contestation by hegemonic groups as the *habitus* begins to change in a way such that existing values and dispositions no longer make sense (Webb et al. 2002).

The most recent past has seen change in the *habitus* in such a way as to allow New Right ideology to redefine cultural and social capital in managerialist terms — efficiency and efficacy. The New Right has managed to claim the work of schools and to determine what counts as knowledge (Apple 1996, 2001; Clements 1996; Chitty 1997) using schooling as a tool of the economy (Ball et al. 1994; Apple 1995, 2001; Reid 1995). In the following section, Apple's critique of the New Right perspective will be explored with reference to its ascendancy to hegemonic status and the way it enables social determinism within the HPS context by creating a different version of commonsense and habits by which people perceive and live their lives.

Apple on the Right habituation

The role of schools as a reproductive device for society means that this is a 'hot' arena of action for groups with various predilections and positions about the ways in which schools should operate and the purposes they fulfil. During the ascendancy of the New Right perspective, schools have not been immune to its gaze — particularly as the provision of a workforce for industry and economy is put forward as a priority outcome for schooling. Apple has written on the ways in which schools have provided curricula that provide for knowledge and teaching that are extensions of the logic of capital and capital accumulation (McLaren 1994).

In discussing how the New Right has gained authority, Apple (2001) acknowledges the existence of neo-liberal and neo-conservative perspectives in a range of social groups, including Christian, that have the ability to present as an unlikely convergence providing a perception of a unified 'whole' social change. Drawing on Bourdieu's concepts of social and cultural capital (1990a; 2002) and Apple's (1990) statement that schools 'not only control people; they also control meaning' (p.63), it is not too difficult to see why schools are seen as being important spaces to manage.

> In essence, social action, cultural and educational events and artefacts (what Bourdieu would call cultural capital) are "defined" not by the obvious qualities that we could immediately see. Instead of this rather positivistic approach, things are given meaning rationally, by their complex ties and connections to how a society is organised and controlled. . . . They become aspects of hegemony (Apple 1990, p.10).

It is through the managerial focus on effectiveness and efficiency that the chaos (read liberal and democratic positions) in schools is regulated in the drive for quality and improvement. Since such concepts are saturated with power relations (Apple 1990), actual outcomes include schools that are measured as failing, while teacher stress and disaffection rise and social exclusion is increased (Morley & Rassool 2000).

The common-sense arguments put forward by the New Right have wrought structural and systemic social changes dominated by managerialist 'truths', and as a result they 'constitute a potent form of hegemonic capital' (Morley & Rassool 2000, p.197). For example, Dewey's '[m]oral training consists in the forming of habits of action in conformity with these rules and standards' (1938, p.17), and it is in such a position that secular education is seen as being fraught with danger for (American) Christians. Apple (2001) argues that the discourse of Dewey and others around the development of a person's ability to engage in moral choice is in fact religion, and because it is not 'their' religion schools become dangerous spaces in which to locate their children. By taking such a position these Christians are demonstrating *habitus* since ideology is speaking through their actions and because they are acting in self-interest (Webb et al. 2002), organising their image of the social world (Bourdieu 2002).

The perception that 'others' now dominate in 'our' society, that 'we' are now the disadvantaged, has enabled neo-liberals and neo-conservatives to align into a consortia of New Right ideals to achieve a return to what was good (Apple 2001a, 2001b). In doing so, they have generated a construct where the free market is seen as the 'natural' means to determine and provide the conditions, laws and institutions required by society (Apple 2000, 2001b). The fact that affluent families are more likely to have the necessary knowledge and skills (i.e. *habitus*) to negotiate, work 'the

system' and succeed in such a society (Apple 2001b; Bourdieu 2001; Ball et al. 1994) inevitably leads to Social Darwinism (Apple 2000a,b,c) and to wider gaps between social groups.

The development of conservative positions typified by the New Right stance is, according to Apple (1996, 2001b), more often than not the result of circumstances and use of power rather than the result of an organised conspiracy. Apple (1996, 2001a) has described the New Right as being a convergence of several different, even unlikely perspectives — managerialist, neo-liberal and religious right. All have combined as a powerful voice that speaks of conservativism — conservation of the status quo when it reflects the same values and ideals, and action initiatives against the status quo when it is perceived as challenging held values and ideals.

With this in mind, it is possible to see how the work of schools and the role of education are being transformed in ways that align the interests of business and neo-conservatives. Increasingly, those who are not about 'increasing the life chances of women, people of colour or labour' (Apple 1996, p.28) are the ones taking centre stage in determining what students experience as schooling. Educational and social policy is aimed 'at providing the educational conditions believed to be required both for increasing international competitiveness, profit, and discipline and for returning us to a romanticised past of the 'ideal' home, family, and school' (Apple 1996, p.28). However the past is defined by a select group and therefore is not reflective, inclusive, or tolerant of difference and diversity (Apple 1996, 2001).

In addition to the drive and contributions of the New Right, Apple (1990, 1996, 2000, 2001b) contends that the growing force is just as much the result of 'ordinary' people who would describe themselves as operating outside the New Right paradigm, but are drawn to the 'dark-side'. Bourdieu's comment that 'trespassing is a prerequisite to advance' (1989, p.46) is an important observation to help describe how the commandeering of such unlikely conscripts can be readily seen. The success of the New Right in gaining such conscripts to their battle about schooling lies in their ability to tap into the concerns and desires of parents. Such issues include the

children's ability to engage in learning together with the type of learning offered, future employment opportunities and their safety — at school and within their community (Apple 1996, 2001a).

When parents (and others) buy into the New Right's discourse about the very nature of schooling, how it is organised and its permissible content and resources, their children experience an education for the needs of industry (Apple 1996) rather than for democratic purposes as typified by the work of Dewey. Through concern for their children's education, parents are essentially held hostage in that they are asked to make a 'choice' between the children's later work opportunities and their ability to function in a democratic manner. There is not necessarily a guarantee of a better future for their children; however, the research does demonstrate a significant likelihood that those with privileged *habitus* will continue to gain more at the expense of those without it (Ball, Bowe & Gerwirtz 1994). In making such a settlement parents are experiencing *doxa*, a term that Bourdieu uses 'to explain the ways in which subjects adjust themselves to ideology's rules, even when it causes them suffering' (Webb et al. 2002, p.96); it is social orthodoxy. *Doxa* — social structures and relations — cannot be removed from the individual; rather individuals embody and absorb it into how they make sense of the world and their place within it, enabling *habitus* (Webb et al. 2002; Bourdieu 2002).

The position taken by the New Right has increasingly become 'common sense' in that the messages are presented in "plain speak" and in a way that everyone can understand (Apple 2001b), thereby enabling markets to be seen as legitimate by virtue of the fact they appear to be depoliticised. The depoliticising arises because of the contention that they are 'natural and neutral, and governed by effort and merit' (Apple 2001b, p.413) and so 'this reproductive process is a "logical necessity" for the continued maintenance of an unequal social order. The economic and cultural imbalance follows 'naturally' (Apple 1990 p.40). So marketable schools provide the *habitus* that privileges those families with the skill set that enables success in navigating the metaphorical market (Apple 1996, 2001), and in doing so the affluent are able to use their informal knowledge and skill — *habitus* — to decode and utilise structures and situations to their own advantage (Apple 2001a), thereby privileging

themselves exponentially (Apple 1999; Bourdieu 1996).

By claiming the ground on common sense, the New Right has been able to effectively disarm any debate and dissent. The speaking of common sense by one party automatically implies that any opposing voices are either denial of the truth or simply fads (Apple 2000, 2001b). In the HPS, the case for indicators is a logical extension from the need to acknowledge effort and merit, and to measure efficiency and effectiveness. Arguing against the common-sense voice calling for measurement of health promotion outcomes in schools is difficult in the face of the need for financial accountability and the emotive need to improve and optimise the wellbeing of our children. Dental hygiene, "2 fruit and 5 veg", Sunsmart and "Skip rope for heart "as examples of school health promotion, are enacted widely on the premise that the activities are sustainable and culturally compatible in the context of the family, that all children have access to equal resources, and that the resources are actually available and affordable in the wider environment (Renwick 1997). Thus, the use of HPS indicators, such as those put forward by the WHO, can actually produce social hierarchies rather than subvert them (Apple 2001b) as was intended in the initial vision of the HPS concept (Kickbusch 1986).

In Chapter 3, the section 'health promotion — a brief history' is based upon five areas for action: build health public policy, creation of supportive environments, strengthen community action, develop personal skills and reorient health services (Baum 1998). Each is perceived as being of equal importance in the environmental vision of public health where there is an assumption of no preferential difference or priority between the individual and the environment (Kickbusch 1986). By the time of the second international health promotion conference held in Adelaide (1988), the focus on the five areas for health promotion action had shifted. While there was still agreement in principle on the social view of health and the premise that any health gain was not to be at the expense of the exploitation of the poor (Kickbusch 1986), new settlements were occurring.

The five areas for action still remained, although with modification: all were still mutually interdependent, but the context for action was established through healthy

public policy (WHO 1988). Tones' (1996) definition of health promotion as the linkage between health education and healthy public policy shows how bureaucratic control had begun to be reasserted by the time of the second conference. Thus, the control of the health system had drawn back so that health-related activity was reflective of public policy, thus privileging middle and upper classes and those whose health issues were paramount as identified by epidemiologists and health economists — including health researchers and associations — but not necessarily sufferers themselves, especially if they were from a lower socioeconomic cohort (Apple 2001a). The cultural capital that both arises out of and is generated by 'good' health is significant in privileging those whose *habitus* enables them to respond to a range of factors that exist within the immediate environment and that affect and influence health and wellbeing (Kaplan 1992; Tones1987; Kickbush 1981).

The focus on policy inevitably enables supervision and regulation (Apple 2001a) and therefore its inherent importance reasserts the ability of manageralism to take centre stage. The objectives or indicators developed by the Western Pacific Region of the World Health Organisation (WHO 1995), are used to measure the HPS community. Such an approach is part of the logical evolution of the market-based economy (Gracie 1991). Since such indicators are usually behavioural, they stand as a significant stream of evidence that the school and its community are making an enterprise of itself (Apple 2001a, 2001b; Olssen 1996).

Thus, the scene is set for an appearance of neutrality about activity that is allegedly predictable and accountable but is in fact politically laden (Apple 1990, 1995, 2001a); the indicators become a means to measure and compare any school's ability to care for its students and school community. In this way, management technology and efficiency are put to the fore in a way that is useful to the intent and work of the New Right (Apple 1999). The increase in surveillance and regulation of what an HPS community is undertaking reinforces the ability of the professional middle class not only to determine what 'good' health actually is, but also to provide a space to demonstrate their authority in doing so (Apple 2001).

The change in social policy, in which the principles of the market are applied to a

range of social settings, including schools, and which accommodates different vested groups under the banner of conservativism, has been significant. The drive to efficiency and the requirement of surveillance for evidence of enterprise has become the ubiquitous hum of the New Right 'machine'. The move towards managerialist activity with its implication of rationality in the face of chaos, its inability to tolerate defects and difference (Morley & Rassool 2000) and its offering of certainty in the risk society literature (Gunter 1997) have enabled many to 'rally' to the cause. The New Right has been able to impel managerialist discourse to permeate everyday activity so that its concepts dominate in every aspect thereby creating 'new habits' of language and position. Its effectiveness lies in the fact that

> [t]he basic characteristic of habit is that every experience enacted and undergone modifies the one who acts and undergoes, while this modification affects, whether we wish it or not, the quality of subsequent experiences. For it is a somewhat different person who enters into them. (Dewey 1938, p.35).

Thus, new habits and habituations are formed and particular *habitus* is privileged.

Apple's critique of the ascendency of the New Right to hegemonic status through its use of the managerialist tools — efficacy and efficiency. Such discourse has permeated all areas of social conversation, setting its measures and perspectives as the bench mark for reference and guidance. The use of managerialist rationality through the invocation of free markets has enabled a version of social determinism. This has been managed by creating a different version of the common sense and habits by which people perceive and live their lives; it also happens to privilege social groups with the *habitus* that enables success in negotiating the same. In the HPS context, the impact of managerialist discourse has been evident in the conceptualisation and measurement in schools as settings of health promotion. While appearing neutral, the development of indicators is a part of a system of governmentability and surveillance, 'a shift from abstraction to empiricism, from reflection to action' (Morley & Rassool 2000, p.203). Social justice principles are sacrificed in the drive to demonstrate quality and productivity (Apple 2000, 2001a), together with the questioning of whose interests are being served (Morley & Rassool 2000).

Conclusion

The use of Dewey's, Bourdieu's and Apple's work to inform various aspects of the debate about the work of the HPS and how it is evolving is particularly enlightening. By using the work of these theorists to demonstrate how the concepts of habit, *habitus* and habituation are central to the creation and development for HPS, it is possible to see how the model can be used to both create and control.

The potential of Dewey's pedagogy lies in the foundational relationship between knowledge, action and reflection, and in the linkage between individuals and their social context. Where knowledge, action and reflection all combine to generate understandings about the individual's lifeworld, where there is no reality without experience and all actions including knowing, new realities are produced. Individuals therefore act and interact while being cognisant of the effect upon themselves and others. Therefore it is possible to assume that if individuals operated in such a manner, then the impact of *doxa* — defined by Bourdieu as those social structures and relations that are used to both explain and accept ideology — would be moderated. *Doxa* generated through a Deweyan pedagogy would require individuals to judge ideology not only on the basis of personal realities but also against those of others, therefore being socially just at an innate level. In such a case, the ability of the New Right as described by Apple to construct and impose its reality through marketisation and consumerist ideals in schools (as an example) would be more widely challenged. The recognition that democratic education is a moral activity would make it difficult for the New Right to mount its siege against schools if more were able to make judgments that drew on more than purely selfish individualistic positions and that also included an awareness of and for others. The New Right's position on educational competition through markets and standardised testing, that inevitably generates winners and losers is simply not socially appropriate. Schooling is not a consumer right for my child but a democratic right — for all children.

The original intention of health promotion (WHO 1986) and schools as a setting was to generate possibility and opportunity for activity to support health for all. Recent

social change (as represented in the alliance of the neo-liberals and the neo-conservatives to form the New Right) has successfully harnessed the principles, language and activity originally intended for social justice and has reconfigured this so that it is now defined in managerialist terms and is more likely to benefit those already possessing capital (social, cultural and economic).

In reality, it is not sufficient just to engage the school community in a health promotion activity. There is also a need to account for the interpersonal relationships that occur in any community and the way in which conflicting interests are applied and moderated (Angus & Rizvi 1989). To do this requires cognisance of several aspects of the influences on social behaviour, particularly in the context of the work of an HPS, since the creation of an environment that supports change can be fraught with challenges.

Chapter 5 Educational change and schooling reform: making work for teachers

Introduction

The current economy is shifting from a protected, regulated economy in industrial societies to one that is competitive and global in perspective and makes use of knowledge and the creation of information and is defined as being post-industrial (Watkins 1991; Bell 1993; Bartos 1996). Increasing awareness of social diversity and equity, changing social mores; and the challenging of dominant ideologies can create a celebration of difference and variety, and confusion and uncertainty in providing successful educational outcomes for all. As governments change, economies shift and social issues flux and wane in popularity their impact is felt in a range of social institutions including schools. Strategies and programs can be jettisoned just because they originated from a different government and the incumbents want to make their own 'mark'.

Schools are in themselves sites or settings for a range of activities and purposes. Schools and the schooling that is supposed to occur within its boundaries are designed to meet any number of expectations associated with social construction and reconstruction (Apple 2001b; Bourdieu 2002; Aronowitz and Giroux 1997; Hargreaves 1994; Colquhoun 1990; MacRaw 1988; Dewey 1897). Why schooling exists and to what end can vary and be contested (see Chapter 2 that discusses schooling for a modern and postmodern society). How schooling is managed must reflect the interrelationship of people at least within the classroom where there is enhancement of learning through

nurturing favourable attitudes to learning in ways that are effective for students (Ainley 1995, McGaw , et al., 1991). Effective learning encompasses developing student capabilities, transmission of knowledge and culture, and socialization of the individual into the wider society (Bourdieu 2002; Ainley 1995, WHO 1994).

MacRae (1988) contends that the spread of education in Australia over the past one hundred years has contributed to societal changes in many ways. However schooling has had less obvious success in creating a more equitable and just society. Increasingly 'schools, and education generally, are increasingly being viewed (usually by those outside them) 'as an instrument of economic policy' (Karmel 1995, p.170). The value placed on education by those outside education can be significant (Apple 2001a, 2001b, 1996, 1995; Ball 1987). However the value and therefore the evaluation of schooling is constructed in very different ways to those applied by teachers. The ways in which other interested groups like business and employers judge the success of schooling reflects their needs of schooling, their own management styles and their world perspective (Apple 1996, 1995; Bourdieu 2002; Bourdieu and Passeron 1977). The dominance of market forces, competition and line management in current economic rationalist styles of management found in the political New Right are having their impact on schooling (Apple 2001a, 2001b; Hargreaves 1997, 1994; Ryan 1995; Kenway 1991; Watkins 1991; Ball 1987).

Apple (2001a, 2000) writes on the impact of the New Right ideology on schools and how he perceives it as a threat to democratic schooling. He argues that the changes to schooling being wrought by the New Right plays to the concerns of its "alliance". Neoliberals, concerned that what is private is necessarily good and what is public bad, see the State being inherently weak and schools, as social institutions as black holes where spent dollars do not yield adequate results. On the other hand, the neoconservatives see the State as being strong – too much so, and schools become seen as social institutions that have moved too far to the left, too removed from 'my' (safe, moral, romantic) past. Combined, the middle class – managers and professionals from the New Right – draws together previously unlikely alliances to generate a new

"common sense" (Apple 2001b, 1996). The New Right reclaims schools through system management, using efficiency and effectiveness indicators to justify a common, central curriculum, state and national testing, and outcomes based education. This ability of the New Right to assert its position so strongly in schools has been the result of redefining principal roles as managers and controlling the work and labour of teachers.

Teachers as the critical nexus for access to classrooms and the nation's children and adolescents, become the focus of what in education needs to be changed, managed and controlled to produce required end products. The next section will explore how teachers view their own work and how their labour processes can be redefined and managed. It will also consider the way in which teachers themselves view their work and how educational change impacts on the work of teachers.

Teachers and teaching

Teachers also have an interest in effective schooling but from a different perspective from business and employers, and for different motivation and reasoning. Teaching has been described as a job with no apparent end (MacRae, 1988); that the rewards of teaching are psychic, that is they are about the joys and satisfactions that come from caring for and working with young people (Lortie 1975); and where classroom teaching is central to what teaching is (Hargreaves, 1995). Teachers themselves find it hard to actually define their job (Reid 1995). For teachers to talk about schooling they are talking about what happens in the classroom neither from a managerial model perspective, nor for solely as preparation for employment but rather from a socio-cultural perspective. MacRae (1988) asserts that a teacher's work is the result of the person's personality, their abilities, talents and skills, their enthusiasm and their beliefs. 'Teachers become the teachers they are not just out of habit. Teaching is bound up in their lives, their biographies, with the kinds of people they have become' (Fullan and Hargreaves 1991, p.25). However as Kenway et al. (1995) and McRae (1988) point out the purpose of schools and therefore teachers' work is to educate students. Within a postmodern context this is increasingly being interpreted as including the need to enable and

motivate students to learn (McGaw et al. 1991; Davies 1994; Ainley 1995).

Teachers are concerned about and feel responsible for their students. Working as they do at the chalk-face, the whiteboard or computer screen with young people, teachers are immediately responsible for what happens in their classroom. Teachers do not rely on long-term evaluations of their lessons by any or all research methodologies. Teachers 'know' when a lesson has worked or not. They 'know' when the students are engaged in their own learning or not. It is this almost intuitive approach that reflects the work of Dewey (1902, 1936) and the importance he placed on learning as experience. Teachers by association with learners draw on the classroom (and other) experiences to determine *if* (rather than *what*) learning has occurred (Dewey 1936) and to use the same to construct future, meaningful experiences (Fosnot 1996).

This does not necessarily mean that teachers are always right about what their students get from the provided learning opportunities. Nor are teachers always satisfied with their teaching. Gable and Rogers (1987) suggest that teachers as professionals want to do their job ever better and really need and want to know what is actually going on in their classrooms. Meich and Elder (1996) in their study looking at the relationship between a person's values and their career choices suggest that there is a close relationship where those who have idealistic values are more likely to become teachers. These group of people 'place(s) the highest priority on job opportunities that will allow them to contribute to the larger community' (p.237). The contribution that a teacher makes to the larger community is inherently political (Freire 1972). In his review of Freire's work for a liberating curriculum Roberts (1996) considers the perspective and role of the teacher as reinforcing the political nature of teaching. He supports Freire's contention that 'teachers not only cannot avoid, but ought not to avoid, bringing their own political beliefs to bear on their educational practice' (p.300).

Equally students do not have a passive role in the classroom. Jones (1989) writing about her experiences in a classroom with a group of students concluded that 'it was not just

the teachers' beliefs about appropriate pedagogical perceptions of methods that determined 'what went on' in the classroom. 'The girls' own perceptions of what counted as teaching and learning influenced to a large extent 'what happened' there' (p.26). Furlong (cited in Delamont, 1990) extends this idea further to observe that 'successful lessons as defined by the students were those where the teacher had successfully 'organized them into learning something'. Roberts (1996) supports this by asserting that the teacher's role is 'to initiate, redirect, or give focus to dialogue and study - with the expressed purpose of creating the possibility for others to give direction to the educative process' (p.301).

How does a teacher manage to organize students in such a way as to engage them in their learning? Teachers need to do a lot of, as Delamont (1990) suggests, 'sizing up' of students and classes. The experience of every class is not always the same. What may work in one class does not necessarily work in another. Hargreaves (1994) suggests that the teachers' world is in fact polychronic where teachers are answerable to systems, principals, parents, the school community, and directly to their students, and yet are autonomous in their work. They can seek out collegial contacts with other teachers to assist them in their work but work usually in isolation. The learning and teaching that goes on within any classroom is contextual, highly sensitive to the unpredictable and particular. Where time is finite and clearly delineated by bells whistles or buzzers, tasks need to be undertaken and completed by students grouped together by age cohorts but who have differing abilities, skills and talents, representing infinite cultural melange, and varying levels of motivation and ways of learning. The groups that teachers work with in one year can vary enormously from the one/s before and those following.

According to McRae (1988)

> (m)any teachers would question whether or not it was possible ever to become a 'fully realized' teacher, one whose success could be relied on completely. ... Paradoxically, few professions seek the 'latest' knowledge more avidly. My guess is that one of the main reasons for this is that teachers constantly seek new ways to break the routine and introduce a fresh perspective (in some cases any fresh perspective) (p.4).

In all of this it is perhaps not surprising that the generation of new teaching materials, kits and programs from a plethora of sources is a significant 'industry' especially in health and wellbeing. At the same time there is increasing pressure for teachers and schools to be accountable for the 'product' they turn out. The relatively recent shift to outcomes based education (OBE) is reflective of a deregulated economy and drives for efficiency and effectiveness. The various discourses and debates that surround OBE, and the establishment of educational profiles to measure student progress will be explored and discussed later.

As with other facets of life, in schooling nothing is so predictable as change. Whether teachers acknowledge change, and why and how they respond to change can provide interesting insights into teaching whether it be defined as being profession, craft or vocation, or whether or not it can or will be implemented, effectively or not.

Winds of change … or just a lot of wind?

The nature of schooling is one best typified as evolution. The history of mass education is relatively recent, merely two hundred years old. Therefore new and current perspectives create a virtual maelstrom that reflects the growth of knowledge of schooling from many perspectives –including behavioural, democratic, psychological and vocational. McRae (1988) observes that

> (f)ads roll through education in regular waves. Most crash over the top without doing much damage or even causing much change. The basis of the activity seems to have altered little since Socrates. Old hands shrug and say they have seen it all before (p.4).

Each new fad represents yet another change in schooling. Each can be, as the quote from McRae suggests, in new packaging but is in fact the same old product.

The new packaging can be seen in the changes being experienced by Australian and Victorian teachers in particular. These include a change in curriculum from values to skills acquisition; from inputs and process to an outcome-based curriculum; and

devolution of selected authority to the school community from a centralised administration. Further there are considerable variations to the purpose of schooling and meeting corporate agendas such as creating the McDonald's school; and increasing accountability through national profiles, LAP and GAT tests[7]. The push is towards leaner schooling and from a social justice perspective creating meaner schooling (Kenway and Epstein, 1996; Apple 1995; Ryan 1995; Ball 1987; Connell et al. 1985).

It is possible to understand the position of McRae's (1988) 'old hands' and their perception that they have seen it all before because despite the packaging and related rhetoric about these new initiatives it is essentially the same old product. It can be found in the purpose of the change - hegemony. Power and how it is used within education are political questions and some people and groups can and do have more to say than others (Bourdieu 2002, 1973; Webb, Schirato and Danaher 2002; Jarvis 2000; Giroux 1999; Aronowitz and Giroux 1997). At present employers and industry trends are significant and tertiary institutions vary in their influence. For example universities are struggling with their own demons where their primacy as higher education providers are being devalued in an era dominated by market driven values and TAFE institutes reflecting a work orientation (through dual recognition programs) are increasingly in partnership with post compulsory schooling to ensure a work ethic and entry-level skills for youth.

The same old product can be seen in educational change that is done to, for or on teachers and schools and when teachers are held accountable for imposed change that fails to engage them in critical and reflective practice. The same old product can be seen when the more privileged still get the 'best' deal and the least privileged receive the worst (Apple2001b; Reid 1995). Disadvantaged groups continue to include those affected by poverty, sexism and racism (Apple 1995; Kemmis 1986; Connell et al. 1985). Even in

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[7] LAP/AIM and GAT tests are, within Victoria, attempts to measure and benchmark students according to their ability to respond to a common piece of assessment. The LAP/AIM tests are for children in grades 3, 5 and 7 and the GAT is for students undertaking their final year of secondary education, Year 12. Considerable debate about these tests exists regarding their purpose, use and misuse.

some attempts to offer a counter-hegemonic curriculum, the wolf is still in sheep's clothing. In the end curriculum is more likely to be about social reproduction (Reid 1995; Bourdieu 1973; Bourdieu and Passeron 1977) and politics (Apple 2001b, 1996; Freire 1972).

So what is the purpose of the journey in educational change? If it is, as some teachers perceive as repeated steps, can we be sure it is the same starting point or even the same journey? What happens when teachers decide that they do not have to walk? Ultimately for educational change to occur teachers need to take on the change. There needs to be 'something' different happening in the classroom.

Guskey (1985) suggests that staff development programs are (or should be) designed to bring about change. This change can be in teachers' attitudes and beliefs, their instructional practices and in students' learning outcomes (Griffin 1983 cited in Guskey). Fullan and Hargreaves (1991) suggest a relationship between a student being able to learn and the teacher learning to become better. One assumes that this means better teachers but given the already identified inability of teachers to define their work, the intensification of teachers' work through outside pressures and imposed agendas, and the inability for them to see the tunnel let alone the light at the end of it, it is often difficult to know what 'better' might actually mean for teachers and the work that they do. The difficulty for teachers is that, according to Sidorkin (2000) 'learning is a by product of making useless things' (p. 94) and the effort put into schooling is only partially the work of teachers and the majority of activity undertaken predominantly done by students.

Educational change can and should be an opportunity for teachers to reflect upon and be critical about their practice, and to come to a better or different understanding about the progress of their students. This in turn has implications for teacher professional development. When introduced to any educational change teachers make judgments about whether or not it is actually change and the possible effectiveness of that change.

They evaluate the innovation in terms of their students' perceived needs and the classroom experience and practice (Bolster 1983 cited in Guskey 1985; McRae 1988), and how the change could contribute to the effectiveness of the school (McRae 1988; Fullan, Bennett and Rolheiser-Bennett 1990).

The HPS model provides opportunity for teachers to develop their practice and see students in new ways. Dewey's definition of educational process

> renders it subjects capable of further education, more sensitive to the conditions of growth and more able to take advantage of them, acquisition of skill, possession of knowledge, attainment of culture are not ends, they are marks of growth and means to its continuity (2004, p.106).

This view of education resonates with pedagogy for the HPS. Such pedagogy support teachers supporting students to develop health literacy's that facilitate lifelong learning including seeing 'managed' mistakes as tools to increase future personal intelligence (Dewey 2004) and social efficiency where the individual can render a service to others (Dewey 1944). Delivering the 'Right' curriculum at eh expense of the democratic curriculum provides further discussion on the ability of the HPS to deliver on social justice.

Some educational changes can be for some teachers, opportunities to turn the light on at the end of their tunnel. McRae (1988) argues that teachers are avid in their seeking of the 'latest' knowledge. Perhaps it is an opportunity to 'break the routine and introduce a fresh perspective (in some cases any fresh perspective)' (p.4). This puts an interesting light on the journey analogy referred to earlier. Teachers are more often than not focused on the journey - how to get there, what is needed - passports, luggage, contingency plans, rather than on where they are going to, and even more fundamentally, why they are going ! What they are responding to is a need to survive teaching which can contribute to 'burn out; pacify internal guilt of not getting to what could be necessary to assist students more; and trying to obtain that elusive and unfathomable moment or experience that could make it all worthwhile (McRae 1988).

Hargreaves (1994) quantifies much of the pressure experienced by teachers as symptomatic of the postmodern condition where time and space are compressed which is manifested in 'accelerated change, organizational flexibility and responsiveness, obsession with appearances, loss of time for the self and so on' (p.83).

Teachers rarely work in isolation. As McRae points out 'teachers do not usually exist singly; like fish they come in schools' (p.6). Whilst teachers have immense power and control about their classroom practice (Apple 2000b; Hargreaves 1994) there is also a need to be cognizant of the other players in the development of curriculum and what schools can do. Teachers work with other teachers in planning what is to be taught in classes, each term over a half or full year; how the work will be assessed (e.g student performance and achievement) and evaluated (e.g level of student engagement in the activity/ies, overall success of the program or unit).

Collegiality is not restricted to relationships happening within the school. Teachers can also be encouraged to work and interact with teachers from other schools. This can be evident in secondary teachers seeking support from others in the same curriculum area particularly if they are the only teachers of the particular discipline in the school. The Ministry of Education (Victoria) has set up a statewide collegiate network to not only facilitate the transmission of curriculum policy and preferred means of working to teachers but to provide professional development that is responsive to local needs and is economically viable. Further through Local Learning and Employment Networks (LLENs) the Victorian government has since 2001, been funding networks that bring together schools, local governments, youth services and local employers to focus on developing employability training and employment pathways for youth.

Collegiality is not the end in itself. Collegiality can also mean that teachers can be busy in their work with other teachers but rarely if ever reflective or inquiring. At its worst collegiality can become congeniality (Hargreaves 1994). Having teachers working together does not necessarily translate to 'good or professional practice'. Collegiality

must have strong connections to continuous improvement (Kemmis et al. 1990). Collegiality and collaboration are significant means to restructure schools and provide teacher professional development from without and to improve them from within.

Educational innovation is too often a redressing of means to control the work of teachers rather than truly offering professional empowerment and improvement to practice. In the Australian context the change in focus of curriculum from an inputs and process orientation to one of outcomes based education (OBE) has significant ramifications for the work of teachers. The following section will consider the background to OBE, provided a definition and discuss the style being adopted for implementation, particularly in Victorian schools.

The Right time for OBE[8]

Goodman (1995) writes of school restructuring over the past century in the United States and argues that it can be described as comprising waves. The 'first wave' of school reform was in response to an agricultural age and economy, the second for an industrial age and economy, and the third for the coming information and technology age (p.1). The parallels with this experience make it a useful model to use in discussing the Australian experience.

As has already been discussed in the section *Linking economy and schooling* in Chapter 2, education has always had multiple goals. Schooling reinforces the dominant culture through hegemonic practices (McLaren 1994) in that it reinforces sex stereotyped roles, creates meritocratic schooling for predetermined vocations, and couples educational and

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[8] This section provided the basis for a presentation workshop for the UTMC, The University of Melbourne, 22 September 1998 entitled *Politics, Professional Development and Assessment: stories from the battlefront*.

economic goals. In the post war years when the bulge of baby boomers moved through schools the pressure was on to educate with limited and over stretched resources. From the early 1970s to the late 1980s expenditure per student in Australian schools was substantially increased. There was an implicit assumption that 'given sufficient resources the desirable outcomes of education would follow' (Karmel 1995, p.169). However there was no attempt to monitor any change as the result of increased funding. So in the absence of any evidence about the efficacy of the intervention 'it has been transformed into a belief that there is actually evidence of no benefit to the intervention' (McGaw, 1995, p.9). According to Boomer (1992) the absence of explicit information on student learning had an adverse effect on Australian school students.

Goodman (1995) argues that behaviouralistic instructional design has dominated curriculum development this century and is based upon the foundations of efficiency, productivity and individualism. Where schooling is for functional and commercial interests; education is uncluttered by messy relationships; and the learning experience is individual rather than collective, that is, it is for self-interest. The emergence of OBE should not be surprising. It is yet another derivative of the behaviourist mode.

The appeal of this approach to pedagogy lies in its ability to connect with the New Right, neo-liberal perspectives that have a predilection for the market ideology and draw heavily from the corporate business line management approach. The explicit concern for educational outcomes has increased the interest in and application of OBE to schooling. This interest is demonstrated through 'the associated interest in performance, evaluation, assessment, quality and accountability' (Seddon 1999; Karmel 1995). For the neoliberals of the New Right there is opportunity for an accounting that balances the inputs against the outputs of education. To ensure the ultimate output of employability and social functionality of school leavers there is focus on the inputs – salaries, teaching materials and equipment, but with a failure to acknowledge the processes related to 'teaching and learning' occurring between the two. Thus the Taylorist view of education prevails with all of its behaviourist baggage and the socio-cultural-political dimensions are silenced and ignored.

The exploration of effective schooling has appeal for people wanting to see value for money: that schools are in fact doing their job - schooling. There is an implied balance between the inputs and outputs of schooling. Resources such as money for salaries, teaching materials and equipment, buildings, maintenance and other infrastructure are provided so that 'graduating' individuals are socially functional and in particular are employable. The Mayer Committee (Australian Education Council 1991a) elaborated on the Finn Committee's (Australian Education Council 1991b) employment-related key competencies stating them as: collecting, analysing and organizing information; communicating ideas and information; planning and organizing activities; working with others and in teams; using mathematical ideas and techniques; solving problems; and using technology.

Between 1989 and 1992 the Australian federal, state and territory governments were developing the national statements and profiles for eight broad areas of learning. Clements (1996) in writing about the attempt to develop an Australian national curriculum describes 'a top-down, hierarchical approach to curriculum reform typified by a core curriculum, achievement orientation and that would enable accountability (p.63). The major player in the creation of a political climate ripe for the acceptance of a national curriculum was the Australian Education Council (AEC).

The AEC was an intergovernmental body consisting of the Federal and State education ministers. According to Watkins (1996) the growing power of the AEC was typical in that it signified how the administration of education shifted away from educationalists towards politicians and the business community. The national curriculum was an instrument of corporate compliance, according to Bartlett (1993).

> It was the AEC which generated the Hobart Declaration on Schooling, ten common and agreed national goals for schooling; established the Australian Curriculum Corporation, a clearing house for national curriculum activities particularly resources; pushed for a national approach to teacher education; and established a Curriculum and Assessment Committee (CURASS) for national collaborative curriculum and assessment development

e.g. the national curriculum statements and profiles (Reid 1995, p.43).

Boston (1995) poses that the Hobart Declaration on Schooling has strength not so much in what is says rather 'in the fact that for the first time in the history of this country agreement was reached on what schooling is about' (p.35). Whilst there was ultimately no endorsement for a national framework for school curriculum the notion of OBE remained when individual states and territories used the national framework to generate their derivative curricula. Significant financial and professional incentives such as tied grants, the National Professional Development Program (NPDP) funding, continued financial support of the Curriculum Corporation and the creation of the Australian Teaching Council (ATC) ensured that the essence of the national curriculum lived on. Clements (1996) describes the effect of such incentives as creating a *de facto* national curriculum.

The need to control education and to apply the principles of performance, accountability and quality by the incumbent government reflects a change in economic paradigm rather than educational. In the case of the national curriculum the benefits to having collaboration on curriculum according to the Curriculum Corporation (1994) were enhanced quality, cohesion and resource savings (p4). Education and schooling become instruments of economic policy, educational outcomes are used to measure knowledge and skills to achieve particular purposes - especially work and employment (Karmel 1995). OBE as it stands in Australia is not purely an educational phenomenon, rather 'schooling that uses outcomes provides a foundation for a more productive workforce' (Brady 1996, p.26). Outcomes are standards by which the work of teachers and schools are judged.

A key feature of the Australian national curriculum statements and profiles was therefore the focus on educational outcomes and application. Each of the eight broad areas of learning contained a profile or description of learning across eight levels, level statements, outcomes (descriptions of skills and knowledge acquired) and pointers (evidence that the outcome had been achieved) (Brady 1996). As Elmore (2000) points out 'standards based reform has deceptively simple logic: schools, and schools systems,

should be held accountable for their contributions to students learning' (p. 12). Thus the onus to deliver on this falls to teachers, as does any failure to deliver.

Defining and describing OBE

OBE was a term first coined by Spady in the 1960s (Willis and Kissane, 1997) Outcomes-based education is defined as 'focusing and organizing a school's entire program and instructional efforts around clearly defined outcomes we all want students to demonstrate when they leave school' (Spady, 1993). Willis and Kissane (1997) identify several ways in which outcomes-based education becomes confused. OBE:

> describes an educational process based on trying to achieve certain specified outcomes in terms of student learning. Educational structures and curriculum are regarded as means not ends; and

> implies outcomes-based accountability. Assessments of individual student progress are based on the outcomes they actually achieve. The effectiveness of class-, school- and system-level polices and practices are based on the extent to which students achieve the outcomes (p.5).

Spady and Marshall (1991) have identified three versions of OBE: traditional, transitional and transformational. The difference between them lies in their conceptual origins and in the nature of the outcomes they emphasize.

Brady (1996) in analyzing the Australian profiles suggests that they move beyond traditional subject boundaries. Some of the outcomes reflect generic higher order competencies but he is broadly unwilling to describe them as being 'transitional'. Griffin and Smith's (1996) analysis on the other hand is that the Australian profiles are solely traditional because they are 'grounded in existing practices and enhanced by curriculum and discipline specialists' (p.13).

Table 5.1 Comparison of Outcomes Based Education. Based on Brady (1996) and Griffin and Smith (1996).

Version	Conceptual origin	Nature of outcomes
traditional	emerges from existing curriculum	describes subject-based content and applications in terms of outcomes determines essential knowledge and skills for students
transitional	asks basic questions about the purposes of education and the significance of outcomes. No part of instruction is considered to be 'untouchable'	often an emphasis on critical thinking, effective communication and technological applications lists exit outcomes – what students require when leaving school
transformational	outcomes reflect higher order competencies, cutting across traditional subjects; content is used to cultivate higher order competencies	all curriculum planning, strategic planning and resource allocation reflects the nature and scope of the outcomes describes the nature of performance once the student enters the 'real' world

The HPS model has potential to deliver o what is described as transformational OBE. The nature of the model as a holistic approach to education for health means that the traditional subject divide is less irrelevant to how the curriculum and pedagogy functions. The strategic direction of the HPS has health at the fcore and student developing health-enabling skills and knowledge (AHPSA 199, Colquhoun 1997b, WHO 2006).

'Student assessment is at the heart of OBE' according to Griffin and Smith (1996, p.13). Willis and Kissane (1997) present four reasons for why assessment of student performance becomes critically important: i) assessment tasks convey to students what schools and teachers deem as being valued; ii) assessment of any outcome is enhanced when teachers and students have 'good quality' information about effectiveness of the teaching and learning; iii) accountability is achieved because 'the assessments that matter reflect, with integrity, the outcomes that matter (p.34); and iv) teachers, students, parents

and the broader community have visible and accessible educational standards.

Griffin and Smith (1996) in discussing assessment and reporting of assessment judgments contend that teachers make professional judgments that are informal and subjective. Arising out of their experience of the classroom, their interpretation becomes intuitive and difficult to articulate. Griffin and Smith's argument flows on to the idea that teachers who experience difficulty in articulating what goes on in the classroom become a professional problem. If teachers, as alleged professionals, are not able to describe their work it is possible for 'outside observers (to) interpret it as a weakness and [to] tend to resort to more 'objective' indirect and standardized means of making observations' (p.19). Willis and Kissane (1997) echo this idea stating that '(i)f teachers develop a shared and improved understanding of the important outcomes of education they will judge their students' learning more validly and reliably' (p.6).

'Reporting to parents is a key objective of assessment in schools' (Karmel 1995, p.172). However Griffin and Smith (1996) argue about the strength of OBE and assert that interpretations of assessments presented in students' reports 'using letter grades, percentage scores, cliche comments out of context' (p.18) can and often are misinterpreted by the audience (including the students themselves, other teachers, parents, employers post primary or secondary education settings). They therefore argue for a commonly understood frame of reference, where observations are interpreted either in terms of expectations of a group or in terms of the competency itself - normative and criteria referenced interpretations. Pipho (1992) makes an observation about report cards which are the main medium for communication with parents (as well as students) about student achievement. He observes that the increasing categorization of information on reports creates its own confusion for parents and applies the term 'edubabble'.

There are other components to curriculum that make OBE different to other forms besides feedback assessment and reporting. The following table 5.2 from Griffin and

Smith (1996) summarizes OBE whilst at the same championing it.

The limitation with such a black/white view of OBE compared to content-based curriculum is that the description within each is not necessarily exclusive of that mode of curriculum. For instance the teacher of OBE may also deliver specialist, preferred curriculum i.e. what they like and prefer, and from a limited range of resource materials, and as the result of timetabling constraints opportunities to achieve particular competencies may be constrained to a limited time period. Whilst an OBE purist may say that this is not possible I suspect that schooling realities, and the ways in which teachers make settlements within their work, may make it so.

Table 5.2 Comparison of Outcomes based with Content based curriculum

Components and Change Criteria	Typical of Outcomes-Based programs	Typical of Content-Based programs
1. **Desired outcomes**	specific and measurable, representing levels	non-specific, not necessarily measurable typically global statements or lists of decontextualised objectives
2. **Instructional content**	outcome based	subject matter based
3. **Amount of time provided for instruction**	learner continues until an outcome can be demonstrated	fixed time units (e.g. semester, term)
4. **Mode of instruction**	teacher as a facilitator of learning using a variety of instructional techniques and groups	emphasis on teacher as transmitter of specialized information
5. **Focus of instruction**	what the learner needs to learn to achieve outcomes	what the teacher is able and likes to teach
6. **Instructional materials**	variety of text, media and real-life materials based on various learning styles	narrow source of materials (e.g. text or workbooks)
7. **Feedback on learner performance**	results reported immediately after performance in understandable terms	delayed feedback
8. **Assessment**	criterion (competency) referenced interpretation of assessments indicate progress in terms of outcomes on learning continua	norm referenced assessments based on relative performance of others
9. **Exit criteria**	learner demonstrates the specified competencies and outcomes at pre-specified levels on a continua	final assessment in grades or percentages
10. **Learning emphases**	learner needs to develop communication. Inquiry, conceptualizing, reasoning and problem-solving skills	learner is encouraged to acquire a fixed body of knowledge transmitted under the control of the teacher
11. **Learner responsibility**	learner needs to develop independence and responsibility for self-monitoring	learner is responsible for following a predetermined course of learning

OBE - not for everyone

In spite of the ideas contained in the table of summary from Griffin and Smith (1996) all is not necessarily well with OBE. There are a range of issues that represent responses of concern, alarm and outright rejection of OBE as a mode of curriculum. For the purpose

of discussion these issues have been categorized into three groupings: socio-cultural, impact on teachers' work and the theoretical basis of OBE.

Socio-cultural

The socio-cultural dimensions in critique of OBE are represented in concerns about hegemony, cultural elitism, issues of equity and debate about the very purpose of education and schooling within society. Specifically these concerns include:

• who decides on the outcomes?

If schooling is about providing a sound basis for work and employment then it is groups other than educators who make decisions about what is important learning, leaving teachers and students as passive players in that it is somebody else who determines their future. It is the latest business organizational development that is determining what and how students are educated. At present the emphasis is on productivity, effectiveness, efficiency and accountability (Clements 1996; Goodman 1995; Reid 1995). Additionally power relationships and hegemonic forces (Bourdieu 2002, 1990a) also work to ensure the maintenance of cultural capital to and for select groups.

• factors influencing the delivery of outcomes

In spite of the structures and funding that are put in place learning is a very human, individual and lived experience and therefore is not always 'efficient'. The dynamics occurring between the teacher and students and between the students and the time shared in the classroom provide an important context that cannot be accounted for solely in behavioural outcomes (Goodman 1995; Towers 1994). There is an assumption from the New Right perspective that what occurs to produce the outputs is irrelevant as long as the inputs are managed.

The 'local' needs, community concerns, and the interests and abilities of teachers and students are less likely to be catered for in national or statewide curriculum that is

measured in outcomes. Such outcomes are not universally applicable. Dominated by a western culture perspective identified outcomes do not lend themselves to all cultures nor are they necessarily linguistically appropriate for all learners. Whether people are viewed as being citizens or consumers they are essentially ignored (Clements 1996; Goodman 1995; Towers 1994; Porter, Knight and Lingard 1993).

- schooling to what end?

A significant change over recent times has been the shift in the purpose of education and schooling. Now seen as a social institution that contributes to the global competitiveness of Australia and the employability of Australians education is viewed as being able to be managed using a business model. The result is that schooling is diminished; education can be measured with performance indicators that either miss or trivialize much of what education is rightly about (Towers 1994; McKernan 1993; Angus 1991). As Reid (1995) sums it up, in short schooling becomes skilling.

If an individual fails to measure up, 'the individual will be blamed rather than the social definition or the social limits themselves which made it impossible for that individual to gain the required capacities' (Edgar 1980, p.82). Capable students are disadvantaged as the need to keep working at an outcome until it is achieved takes priority over enrichment (Towers 1994).

Impact on the work of teachers

Whilst it is interested groups other than teachers, educational academics and associations who have had the most say in the creation of the *de facto* national curriculum, it is ultimately teachers who undertake the workload. In fact within the marketisation of schooling the perspective of 'educationalists' is virtually mandatory due to their 'vested interests' (Ball, 1997). After all the implementation of OBE (as with any curriculum) is the work of teachers. It is teachers who have modified their work to incorporate OBE and it is teachers who will be judged when OBE is evaluated. Teachers will be judged on

the basis of not only how they deliver OBE but also how they are called on to prove that they are actually delivering through record keeping and the verification of their work as evidenced in the national standardized testing of students.

- delivering on OBE

There is limit to inquiry and creativity, and teachers have an increased workload created by the administration of diagnostic assessments and the need for extensive record keeping (Griffin and Smith 1996; Karmel 1995; Towers 1994; McKernan 1993). The control of teachers is through a centrally determined, hierarchical curriculum. They are viewed as technicians rather than as intellectuals (Reid 1995; Dale and Ozga 1993). However whilst the 'system' might espouse an OBE curriculum framework, teachers might not necessarily translate this into classroom practice (Brady 1996; Clements 1996). Thus the focus of teachers' work will increasingly reflect pressures to teach to the externally set curriculum with particular emphasis on literacy and numeracy as essential economic skills (Reid 1995).

- making use of OBE

At present the link between curriculum and assessment of outcomes is problematic for teachers (Brady 1996). The call to use national profiles to generate statewide and/or national testing is increasing (Clements 1996; Reid 1995). Whilst the purposes might sound benign 'profile results can be used to make comparisons within and between states, school systems, schools and classes' (Reid 1995, p.45). Parents do compare schools that they consider spending their children to. The accumulation of cultural capital in a school location is utilised "to pedagogically multiply individual advantages" (Tesse & Polesel 2003, p219) so parents can effectively guaranteed the academic success of their child and the school can use such success to market it 'wares' to the next generation of parents.

Theoretical basis

The impetus for OBE arises out of an increasing demand for accountability and demonstration of tangible results. The growing imposition of business practice into non-traditional business areas has generated a perception that education and schooling can be encapsulated into measurable behaviours that in turn reflect business imperatives.

- political considerations

The theoretical basis for OBE in the Australian national curriculum is argued to be inadequate (Clements 1996; Reid 1991), as there was no specific research base on which profiles could be located (Boomer 1992). However evidence does suggest that the need to implement OBE arose out of a top-down and hierarchical push to add 'teeth' to the national curriculum (Marsh 1994; Reid 1991). The claiming of schooling by the dominant economic orientated ideology seizes on perceptions that liberating education lacks rigor compared to authoritarian education (Roberts 1996).

OBE is the reduction of education and schooling to behavourial measures. In searching for ways to measure learning Griffin and Smith (1996) contend that there is a very narrow range of things that can be done by a student to demonstrate learning - speak, write, act or make. However the psychological development that underpinned profiles was not necessarily valid because knowledge rather than cognitive development is created through sequencing levels. 'The Profiles are just, quite literally, cultural artifacts' (Collins 1994, p.14). According to Karmel (1995) the main concern about the application of competencies "is not that they cannot provide for a 'good general education' but that they 'have been conceived in terms of work and employment' only one element in the human experience' ('173). However the application of competency-based education is recognized as being "highly problematic for those areas that have an aesthetic dimension" (p.174).

The concerns about OBE include the reintroduction of behaviouralist schooling through OBE; the privileging of work-related skills and knowledge and their use to marketwise schooling. Pedagogy, especially within the HPS model represents something that is substantially more than learning for behaviour change.

Delivering the "Right" curriculum at the expense of democratic pedagogy

If we acknowledge that health is a socially constructed concept and that the HPS model is based on schooling for social justice then behaviour change, as an educational objective is not only unlikely to be achieved in a sustainable manner but also inappropriate. Within the guidelines developed by the Network for Healthy School Communities (1992) there are no specific statements about pedagogy and the statements made about teacher actions could be interpreted as being almost pedagogically irrelevant. No matter how a teacher approaches curriculum issues and makes decisions about what and how to teach they would all agree that communication, caring relationships and collegiate activity are important.

In a meta evaluation of health promotion activities within schools Stewart-Brown (2001) argued that most of the evaluations focused on behaviour change and improvement in health-related behaviour for specific diseases rather than on improving well-being. Measures of success predominantly included increased student knowledge, attitudes and skills. Within the resolutions for the European Network for Health Promoting Schools (Bruun Jensen and Simovska 2002) there are statements about what the HPS curriculum needs to achieve and how it should 'provide stimulus for teachers' professional development' (p. 80). The workshop report (Weare 2001) on the European Network for Health Promoting Schools re-affirmed aspects of "democracy, equity, empowerment and action competence, school environment, curriculum, teacher training, measuring success, collaboration, communities and sustainability" and 'that programmes should focus primarily on cognitive and social outcomes' (p.34).

Within model of the HPS (see Figure 1.1, page 2) and the report of the National Health Promoting School Initiative (Australian Health Promoting Schools Association 1997) there is reference to student/learner centred teaching strategies within the context of curriculum, teaching and learning. When reporting on a case study of a HPS Simpson and Colquhoun (1997) claimed that '(o)ne of the driving forces for schools to adopt the

concept of health promoting school is the need for formal curriculum planning'. They went on to describe how the school utilised curriculum mapping as a tool 'to make the link between curriculum development, teaching and the health promoting school' (p.157).

The consideration of what constitutes curriculum is an important aspect of teachers' work. It is through curriculum decisions that identification and planning for classroom activities are made. The development of curriculum requires organisation of learning and content that is hierarchical and reflective of hegemonic positions (Connell et al. 1985) on what is academic capital (Bourdieu 2002) that emphasises 'official knowledge' (Apple 1996) and is measured using Rightist ends and means (Apple 1996, 1995). I have argued that the New Right has overtaken and redefined education and schooling in market terms and that the HPS model demonstrates the same positioning (see Chapter 3, pp45-85). At this point I would like to consider why this has been possible and why teachers have become, inadvertently or otherwise part of the 'problem'.

Whether it is a health promotion in schools or HPS model under consideration, assumptions about how curriculum is constructed are not explored nor are the premises of teacher professional development programs. It is assumed that the ways in which teachers both come to their role and undertake it, are a universal experience. Thus attention is given solely to the construction of a curriculum that "is seen as uplifting and neutral. Yet, the existing curriculum is never a neutral assemblage of knowledge" (Apple 1996). Curriculum within the HPS too often reflects the construction of a curriculum that serves to deliver on behaviouralist objectives that arise out of the health field, that is delivered through teaching is a technocratic method and where "students only interact with the teacher on a one to one level, not with each other" (Apple 1995 p29).

When discussing how teachers' work is increasingly being micromanaged, and how time, in particular provides both opportunity and limit to teachers' work, Hargreaves says

> that teacher development is ultimately incompatible with confining teachers to the role of

merely *implementing* curriculum guidelines. We would be recognizing that teacher development and curriculum development are intertwined (1994, p.114).

And whilst the HPS literature recognises curriculum and teacher professional development it is silent on how teachers can move and improve their practice, and how to create classroom and school space for students that are genuinely democratic and can actually deliver social justice.

If education is as Putnam and Putnam describe it as 'the way a society renews itself' (1993, p. 371) then social reproduction is an inevitable outcome (Bourdieu and Passeron 1977). However Dewey (1944) envisioned something different for education arguing that in a progressive society the aim of education is about creating a better future because of the people who live within the society. The HPS model was also a hopeful view of schooling but now finds itself overtaken by reforms that have, as Apple puts it, set the markets lose on schools (2001a) so that current schooling renewal movement serves hegemonic interests, especially those of the New Right.

In the fight to claim schools and the knowledge they teach through both the hidden and formal curriculum, most players have failed to acknowledge how teachers teach in the race to claim what is taught. And interestingly teachers have been slow to identify their pedagogical practice. Dewey (1944) identified the learning environment and the relationship that teachers had with their students as being critical to learning, both for democratic and life long learning. Rather than focus on the what to learn Dewey argues for teaching and learning that draws out and extends students intellectually – their knowledge, curiosity, problem solving and social connectedness (Hansen 2002). Thus the real work of teachers is about posing and reflecting on practice, seeking insights and modelling life long learning. Teachers engage in meta-cognitive work about teaching when they consider questions like: What do my students' understand about our classroom work? Am I responding to my students' needs and concerns in a manner that works for them? How can I be better at how I teach?

By operating in such a manner teachers reflect Dewey's understanding of democracy as a political position where "the ability both to create and to respond constructively to the creation of novel perspectives, as well as to incorporate the perspective of other ... is at once growth of community and of self" (Rosenthal 1993). The predominance of health interventions and behaviouralist objectives in most health education and promotion activity in schools does not aim to empower teachers and subsequently students in such a manner. Consequently the possibility of the HPS to engage teachers in their practice in any significant and meaningful way is unlikely, as is any potential for metacognition about teaching and learning.

It would seem in retrospect that the HPS model has been constructed with particular attention to how health can be promoted within a school community through a focus on curriculum amongst other aspects. However I would contend that the curriculum focus has actually facilitated the incursion of a health paradigm, biomedical and behavouralist focus, into HPS at the expense of democratic education and social justice. Any critical edge is inevitably lost because of a focus on curriculum instead of pedagogy.

Conclusion

This chapter has discussed some of the factors that impact on how schools are to function and on the work of teachers. Particular interest groups and most recently business, have had considerable power in determining the purpose/s of schooling, the ways in which teachers are to go about their work, how effort is to be directed, and the ways in which teachers' work is evaluated. The perceived value in controlling the work of teachers arises out of a naïve understanding of how that role actually functions and concerns about the power of teachers to control the intellectual skills and abilities of the nation's youth.

The teaching role is viewed as being purely behaviouralist therefore the outcomes of the teaching and learning experience can meet the needs of either the left or the right. Since the potential for impact on young minds lies with inherently untrustworthy functionaries

(i.e. teachers) then the activities of the very same are to be measured and controlled via teacher registration and credentials, and outcomes-based education. What the neo-conservative and neo-liberal elements of the New Right are demanding is schooling that is ultimately for 'their' outcomes.

In spite of the plethora of research about the most effective ways in which educational innovation is implemented, there is considerable lack of political will and supporting funding to ensure that the innovation is given every opportunity to succeed. The voices of teachers as the practitioners, reflective or otherwise, are particularly quiet. The voices of students, parents and other school community members are equally hushed. In all they add up to significant 'silences'.

Chapter 6   On Method and Methodology

Introduction

Comparing the beginning of the twentieth century with the beginning of the twenty first allows for a multitude of similarities and differences to be perceived in relief. For someone born in Australia in the early years of the twentieth century, mass schooling existed but would not have been compulsory beyond thirteen years of age; wood still had to be collected and cut for domestic cooking, although gas and electricity were becoming curiosities in 'well-to-do' households; the nightman still visited; women were still to get the vote, and men were still to fly. The esteemed position of science and scientific research was significant in that the perception and indeed optimism was that 'the methods of classical science could unlock the secrets of the universe. Not only Newtonian physics but also Darwin's theory of evolution and many other discoveries across the natural sciences supported this view. 'Nature, including human nature, could, it seemed, be understood, predicted and ultimately controlled' (Connole 1996, p.15). The modernisation of industry and work based on Taylorist principles used scientific principles (time and motion), using behaviouralist theory to generate workplace reform to create and increase mass production.

Differences in the experience of Australians across the twentieth century are significant. For instance, the compulsory schooling age has been raised to 15 years; wood is now a curiosity in domestic heating, with gas and electricity the norm; not only do internal toilets exist, but there is often more than one per house; women have the vote. Men have not only got off the ground, but off the planet too, in part owing to new understandings facilitated when Einstein's quantum physics replaced Newtonian physics.

Even with the passage of time, some of these aspects and principles still hold place. Women are still differentiated from men, Darwin's theory of evolution is still held to be significant in spite of challenges by religious fundamentalists, and the behavouralists still hold sway in the workplace context. The social role of compulsory mass schooling in Australia has long since been to provide students with the capacity to participate in Australian society and particularly to engage in paid employment (as discussed in Chapter 1). Schools have therefore undergone little change in purpose and in physical-setup — they are still expected to provide training for work and are structured on age-cohort groupings. So while debates about citizenship, emancipatory and experiential schooling and such still exist, the link between schooling and economy remains strong (Apple 1995, 1996, 2001a, ; Edgar 1980; Kemmis 1986; Lungren 1983, 1991; Teese 1997, 1999, 2000; Teese & Polesel 2003), particularly as the link between schooling and the market ideology of the New Right gains strength. Hargreaves (1994) argues that the relationship between schooling and the modern state is unlikely to be benign given that when mass education trains the future labour force it also sustains social order and control. So while some things have changed, others have remained constant and the role of twentieth-century schooling in developing human capital is one of the latter.

There are tensions inherent in mass schooling — between those who see schools as preparation for work and those who perceive schools as a microcosm of society of which work is but a part. Such difference in the interpretation of the purpose of schools is compounded by the way in which research is framed; this not only includes the dualism of qualitative and quantitative research, but is also being informed by positions, among others, of validity and postmodernism.

Education and schooling — theory practice, intention and action

The need to control and manage mass education and social change is always a given. However, the way schools have changed during the twentieth century predominantly centres on the way in which learning is organised and delivered. 'The criticism that schools do not produce what they used to is of course, true, because curricula have changed and been adapted to new demands' (Lundgren 1991, p.60). There have, for instance, been attempts to change the style of learning experiences being offered — from (and still including!) factory-model, automated rote styles of learning to increasingly democratic styles that allow for peer-tutoring, group tasks, and use of multimedia resources that at times not only actually permit learning at different levels in age-grouped cohorts, but also acknowledge different learning. According to Hargreaves (1994), there is a need for multiple approaches to teaching and learning. 'Reliance on the imposition of singular models of teaching expertise can create inflexibility among teachers and make it harder for them to exercise proper discretionary judgments in their classrooms' (p.61) and, therefore, logically there is also a need for multiple approaches to research in and about schooling.

In addition to the changes in schools and in the curricula offered, the social context in which mass schooling is placed is considerably different from when it was first developed. While training for work is still a given, the actual work itself has undergone transformation from being physical in orientation to being more intellectual. Further to this, being educated and/ or trained is no longer a guarantee of employment. In spite of blind faith by parents in 'the pragmatic value of education' (Lundgren 1991, p.60), achieving higher levels of education is no longer a guaranteed means to ensure a higher level of income. For Bourdieu (2002), the differences between two individuals with the same level of academic achievement can be seen in their varied social origin and, thus, their social and cultural capital.

The ways in which the work of schools is measured, assessed and evaluated needs consideration through the development of research in education both in its theory

and practice and in its discourse. The challenge is that at times research and schools have veered from their parallel paths, sometimes to cross paths and sometimes to navigate off into new, unexplored 'frontiers'. Consequently, there exists research that is 'done to' schools so that little or no practice informs theory, and schools that operate in research-free zones that lack any theory to inform practice.

The importance of researching schools and schooling lies in trying to identify how to make the resultant experiences worthwhile. Jackson (1990) encapsulates his purpose for researching schooling in this question: 'If an interpretation of what goes on in classrooms does not point directly to how teaching might be improved or how classrooms might be better managed, why bother with it?' (p. xviii). Pinar (1992) posed much the same question about trying to find the balance between research theory and practice when he asked 'If theory does not exist to provide practical solutions to everyday problems, why does it exist?' (p.230). It was a question that had been perplexing him along with other academics for some time (see Pinar & Grumet 1998). It is, however, worth noting that the link between theory and practice is not always universally seen as a given. There have been debates not only about what curriculum is, but whether or not it necessarily has anything to do with practice in schools (Sears 1992; Schulbert 1982). Adding another twist, Lundgren argued that the theorising about curriculum is 'controlled in the interests of the state' (1983, p.34)and that educational research 'becomes an instrument for the state to organise the interests of the state' (see also Apple 2001a, 2001b; Bourdieu & Passeron 1977, Connell et al. 1985; Webb et al. 2002).

Curriculum research theory, practice and discourse provide an increasing plethora of ways and means to seek understanding of schooling. Lundgren (1991) states that the '(C)riticism of education and the quality of education, based among other things on assessment, has reinforced the belief in the possibility of a rationally planned education system. . . . guaranteed by the use of proper instruments and techniques' (p.61). Having identified ways in which the purpose of schooling can be perceived as being preparation for participation in work or society, I will explore some of the

different 'ways of knowing and seeing' in education and consider how they subsequently influence education research methodology.

Researching: a discourse on theory and practice

In reflecting on his experience as an elementary school teacher in the America of the late 1960s, Schubert (1992) posed a philosophical question about what he needed to do to survive the daily life as a teacher: 'What is worthwhile to know and to experience?' (p.237). Jackson (1990), on writing about living the schoolroom experience, commented on the fact that teachers not only have to make selections about what to teach, but also need to be prepared to jettison those same plans as the occasion demands. There are times when the unplanned makes for unintended but still equally worthwhile experiences.

Teachers are constantly under pressure from a range of sources in a variety of ways to provide a teaching and learning experience that is 'meaningful'. The ways and means by which that meaningful experience is facilitated are very much open to interpretation. The measurement of that experience is the result of being pulled, pushed, jabbed and stretched in ways that reflect divergent, opposing, convergent and complementary ways of seeing knowledge and the world. Within the classroom reality, the daily experiences add up to semester and yearly studies. Such repetition generates particular ways and means of delivery that create particular patterns of instruction and control (Lundgren 1991) and creates what McLaren (1999) refers to as ritual.

Dewey (1944, 1963) perceived the patterns of instruction as being about generating critical practice and the control being about the self, thus seeing education and schooling for democratic purposes that encompass not only political, but also moral purposes. Bourdieu (1973, 1990a, 1990b) has perceived the patterns of instruction

being about reproducing social inequities and the control about conveying perceptions of social relations being just natural and in the students' interests. Apple (2001a, 2001b, 2003), in critiquing the impact of the New Right on schooling, has argued that the patterns of instruction reflect a move toward skills for market economies through behaviouralist methods and competitiveness, and the control reflects an authoritarian fact-driven curriculum.

In addition to teachers, there are others who also have 'stakes' in the schooling process. These include parents, the wider school community, governments and employers, as well as researchers. They each have their own views on what would be 'worthwhile'. Further to this, such stakeholders apply their own means to measure, assess and evaluate the effectiveness and efficiency of schools to meet their agenda. How to do things 'better' is often touted but conveys a simplistic and too generalised perception of what actually happens in the classroom.

In addition to the many ways in which the role of schools can be interpreted it is also worth noting that in the formal realms of research the ways and means to undertake it are indeed varied. The time is long since gone (if indeed it ever really existed) when the slavish adherence to a predefined lock-step, non-negotiable and non-malleable method was the only way to undertake schooling or research. The selection of methods and methodology for research is no longer a merely technical issue; it raises questions not only about the answers being sought, but also about the questions being asked — of whom, by whom, in what manner and to whose purpose.

Lather (1992) writes on the reconfiguration of educational research from the pre-eminence of positivism and its culturally sanitised method to the recognition and valuing of other 'ways of knowing'. She draws on 'Habermas's (1971) thesis of three categories of human interest that underscore knowledge claims: predictability, understanding and emancipation' (p.89) and by adding a fourth dimension, deconstruction, she puts forward a means to compare paradigms of postpositivist

inquiry.

Table 6.1 Paradigms of post-postivistic inquiry

Predict	*Understand*	*Emancipate*	*Deconstruct*
Positivism	Interpretive	Critical	Poststructural
	Naturalistic	Neo-Marxist	Postmodern
	Constructivistic	Feminist	Post-paradigmatic Diaspora
	Phenomenological	Race-specific	
	Hermeneutic	Praxis-orientation	
	Symbolic interation	Freirean	
	Microethnography	Participatory	

Connole (1996) also writes about the nature of research, particularly within the social sciences. Like Lather, she draws on others' views of inquiry, and therefore, on ways in which research methodology shapes ways of knowing. This time Connole draws on the work of Locke (1988) and Schaffer (1991) to create a grid about inquiry or research categorised as empiricist, interpretive, critical and deconstructive/ poststructuralist. To each category Connole applies a series of questions to highlight critical differences, asking: what the inquiry assumes about reality, what is generated by inquiry, and what interests and values are inherent in inquiry. (see Appendix B for the full table). Both Lather's and Connole's models are useful in highlighting differences between inquiry methods or research methodology. However, Connole (1996) points out that research is not as tidy as these tables might suggest, given that 'many researchers [are] adopting combinations of approaches, borrowing elements from several, or creating syntheses which are difficult to unpack' (p.22).

In writing about the growing and changing bodies of research methodology, Lather (1992) discusses the fall of science and its positivistic methodology from the pre-

eminent position. She argues that educational research, like all other sciences, is becoming 'increasingly construed as a value-constituted and value-constituting enterprise no more outside the power/knowledge nexus than any other human creation' (p.91). The assumption during this century that science would provide all of the 'answers' has been fundamental in the positivistic approach to research that has permeated all research into nature, including human nature.

In the move towards the end of this century and into the beginning of a new millennium, there was considerable disaffection with the positivistic stance of the sciences. With increasing awareness of the environment, the debate about ethics and new scientific endeavour are but two ways in which the public faith in science has faltered. From within and outside the scientific community questions are being asked about whose 'answers' are being sought, and why. Increasingly there is an expectation that other currents of influence prevail that may or not be easily perceived but that still control. Lather (1992) argues that educational research, like other areas of social inquiry is increasingly acknowledged as being value-laden and therefore 'reflects and contributes to the multi-sited demise of positivism' (p.91). However, Lather's contention needs to be tempered by the re-emergence of the behaviouralist paradigms as means to measure activity and human capital within workplaces and therefore schools.

The development of research methodology that does not deny values but rather works to expose and deliberate upon values in human activity is increasing in momentum. In an interview with Colquhoun and Mousley that explored critical approaches to educational research, Kemmis (1995) discussed the rise in critical theorising beginning with Marx. He argued that 'critical theory [here] isn't just a methodology, it's also a social theory' (p.63), and elaborated on his view that in educational research there is a 'need to be reaching out across these so-called paradigms and perspectives and recognising that different protagonists do have something to say' (p.65).

To this end, Kemmis puts forward the notion of 'symposium research' that draws together educational researchers of different perspectives to contribute to multidisciplinary research, ideally generating a holistic approach. Figure 6.2 provides a summary of such a structure.

Figure 6.2 Symposium research (source: Kemmis 1995)
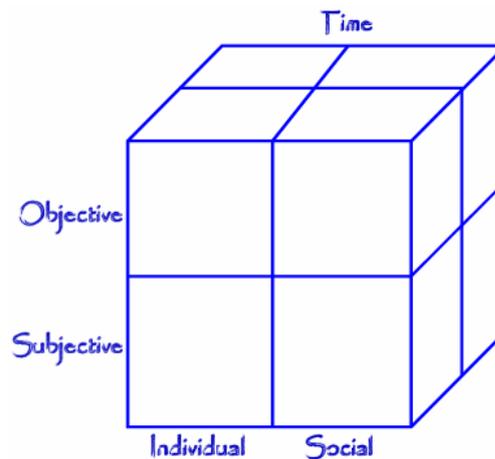
Kemmis uses this model to demonstrate how educational research can consider practice, which he states is inherently complicated. This holistic approach would allow for the different ways in which the world can be perceived, thereby providing 'a fuller and richer understanding'.

> We couldn't understand the practice … unless we understood the way another person practicing looked to us; if we didn't see it as a social pattern; if we didn't see it as guided by the intentions and meanings and significances for the individual; if we didn't see it as taking place in a social framework and structure which gives greater significance; and if we didn't see it as evolving, shifting and changing, reproducing and transforming through time (p.67).

In providing such a view of educational research Kemmis's model encapsulates the growing acceptance of interplay and overlay in the various styles of research. Each reflects and presents varying propositions, positions and politics that are not necessarily mutually exclusive. In fact, Kemmis argues that they are 'mutually

constitutive, each forming each other' (p.68) and that critical theory can be demonstrated in each of Lather's (1992) and Connole's (1996) nomenclatures (previously presented) rather than as just an example of methodology. Indeed, with the landscape shifting to dominance by the New Right, the need for critical theory is just as — if not more — important as it has ever been. However, Apple (2003) argues that critical researchers and commentators have been slow to marshal effective arguments that are 'sufficiently based in tactical or strategic analysis of the current situation' (p.2).

Value-laden discourses from a critical theory perspective

In exploring critical theory, it becomes apparent that the way in which it can influence methodology creates very different 'ways of knowing' and contributes to 'contested cultural space' (Lather 1992). Critical theory represents a paradigm shift (Kuhn 1970), away from the positivistic mode of investigation, changing in the way in which inquiry can be (and should be) undertaken. Such shifts in paradigms are the result of changes 'in the beliefs, values and techniques that guide scientific inquiry' (Lather 1992, p.89).

What each of the following 'ways of knowing' have in common is the notion of value-laden discourse. In educational research, as in other social sciences, references for viewing the world in certain ways are apparent (McTaggart 1993a). None dismiss the idea of values being an inherent part of research, and all embrace the importance of values in shaping each 'way of knowing', albeit with variation. Increasingly, the notion of positivist research as objective and value-free is challenged — something that is becoming more widely acknowledged by those who undertake positivistic research (Connole 1996; Harding 1986). Ozga (2000) asserts that any and all researchers are inevitably influenced by pre-existing ideas of how things ought to be, that this is generated by engaged subjectivity, and that therefore so are the researcher's choices of theory.

In addition to the notion that all research is value-laden, the following is presented in such as way as to highlight a critical perspective. Lather (1992) present critical methodology as a subset of one genre and Connole (1996) as one of four genres of research methodology. I am inclined to see 'critical' not as a genre in its own right, but as a theory that in turn can influence a range of genres (or not). My basis for this position draws on the perspective of Kemmis (1995), who presents critical theorising as being about 'trying to understand the cultural conditions in which the world produces itself and the way the taken-for-granted world reproduces itself' (p.60).

Smith (1993) argues that 'the moral imperative of critical research is human emancipation and social justice. Working from the premise of 'structured inequalities and constructed inequities along lines of "race", class and gender, the values guiding the critical researcher aim to empower the disadvantaged/disenfranchised' (p.75). He also refers to Lather's (1992) reconfiguration of educational research — predict, understand, emancipate and deconstruct method nomenclature. But in apparent variance from Lather's model that places 'critical' solely under the genre of emancipation, Smith contends that critical research, emancipation and social justice are irrevocably linked, and that therefore all research methodologies can make the claim to be potentially empowering — but just not in the same way.

Using Kemmis's definition of critical theorising, it is possible to see interpretive or deconstructive methodology as being critical in some instances and, equally, where it might not be in others. For instance, Connole (1996) presents feminism as a subset of the critical genre — but is all feminist research critical? Does it have to be and should it be? Critical theory has been incorporated into different 'styles' of research methodology. There are a number of 'ways of knowing' that have an emphasis on a critical perspective, including interpretive, action research, feminist and deconstructive genres.

On being critical

According to Carr and Kemmis (1990), Habermas was responsible for creating a critical social science that was positioned 'between philosophy and science' (p.133).

> A critical social science is, for Habermas, a social process that combines collaboration in the process of critique with the political determination to act to overcome contradictions in rationality and justice of social action and social institutions (p.144). For Cox (1980), critical theory requires focus on social institutions such as schools and on prevailing social and power relations to consider how they originated and how they may be and could be changing. Thus, '(c)ritical theory is directed to the social and political complex as a whole rather than to the separate parts' (p.30). There is interplay between theory and practice — in Habermas's terms, a 'mediation'.

There are three functions to mediating theory and practice. Mediation, according to Carr and Kemmis (1990), occurs in the formation and extension of critical theorems, the organisation of processes of enlightenment about those theorems, and finally the organisation of action (or the conduct of political struggle, as coined by Habermas). Thus, it is incumbent on researchers using a critical framework to be aware of and committed to social justice concerns so that the research activity is mediated by ethical principles (Gewirtz & Ozga 1994).

Smith (1993) reconfigures Lather's (1992) categories and distils them into two categories of research nomenclature on the basis of their potential for empowerment. Smith draws on the descriptions of the research processes and indicators of empowerment to create the categories. He acknowledges that each category establishes its own idiosyncratic level of empowerment through the nature of the methodology.

Table 6.3 Empowerment potential of research styles

Empowerment as political consciousness-raising	Empowerment as collective action/struggle
Critical ethnography	Participatory action research
Critical policy analysis	Critical feminist praxis
Critical text analysis	Educative research

It is possible to demonstrate how such idiosyncratic positions function by reflecting on how research is constructed and on the world that it attempts to show. For instance, Sears (1992) in drawing on his research on sexual identity, provides two particular ways in which critical theory creates 'new ways of seeing' that in turn demonstrate Smith's (1993) empowerment potentials. Sears contends that critical theory 'allows us to question taken-for-granted divisions (e.g. gay/straight, butch/femme) of a sexualised world constructed on the basis of power, control and ideology' and that it 'enables us to understand how changing intersections of sexuality, race, class, and gender-manifested personal biographies are rooted in society's history and culture' (p.151); that is, Smith's empowerment as political consciousness-raising and as collective action/ struggle respectively. Critical research can therefore be seen in a range of methodologies. There are four different methodologies – action research, interpretive, feminist and narratives that have informed the research method used in this thesis. By providing descriptions of how they make use of critical perspectives I subsequently provide a rationale as to how they have informed the final method used.

Action research

Contemporary action research is based upon Lewin's examining a variety of social practices in a range of settings in the 1940s. Lewin is often incorrectly cited as the originator of action research; in fact according to Altrichter and Gstettner (cited in McTaggart 1993b) the term and notion of action research was first coined by J. L.

Moreno a physician who was involved in 'community development initiatives working with prostitutes in the Vienna suburb of Spittelberg' (p.3).

McTaggart (1993b) argues that action research reflects too much of the 'technical' arising from Lewin's influence and too little of the 'actionism' of Moreno's version. Lewin presented action research as a series of circles of activity that in turn lead to a spiral of circles of activities. The circles and subsequent spirals are identified as being about strategic activity involving planning, acting, observing and reflecting (Grundy 1995; McTaggart 1993b). The loss or at least the downplaying of Moreno's 'actionism' 'has caused 'action research to be co-opted by groups using solely the "technicist" version of action research and more subsequently coined "action learning" which are orientated, for example, towards "quality control" or "staff development" with both being very narrowly understood' (McTaggart 1993b, p.8).

The 'two essential aims of all action research are: to *improve* and to *involve'* (Carr & Kemmis 1990 p.165; Grundy 1995) in order to engage participants in consideration about improving and understanding practice, and the situation in which the practice takes place (Grundy 1995; McTaggart 1993b). According to McTaggart 'action research begins with an imperfectly understood felt concern and a desire to take action — a general idea that some kind of improvement or change is desirable' (1993b, p.4).

McTaggart (1993b) expresses concern with the use of action research terminology without political intent, arguing that this diminishes the fundamental notions of action research.

> Action research is simply a form of self-reflective enquiry taken by participants in
> social situations in order to improve the rationality and justice of their own practices,
> their understanding of these practices, and the situations in which the practices are
> carried out (Carr & Kemmis 1990, p.162).

It is then perhaps not surprising that McTaggart (1993b) is critical of the use of action

research concepts, particularly in work cultures, to justify externally imposed agendas on workers — and, therefore, hegemony.

Is it therefore possible to undertake action research without being critical? As can be seen from the discussion above, action research can be a label either correctly or incorrectly applied, depending on a range of factors. However, if the notions of action research, as proposed by both Moreno and Lewin, were to be accepted, then being critical would be inevitable. When introducing and discussing the socially critical school, Kemmis, Cole and Suggett (1993) ask a number of questions. In particular, they ask "How does a school become socially critical?" Their response is to say that '(b)eing socially critical is not an end-point. . . The socially critical school is a research community. It uses action research as its "method" — collaborative research for improving its own practices, its own understandings, and its own situation' (p.17).

Such a response demonstrates balance between the two perspectives of action research put forward by Moreno and Lewin: the 'actionism', as demonstrated by involvement of the school community in the research process, and the 'technicist' version as represented in the planned, open and deliberate system of review, evaluation and renewal.

Interpretive research

Interpretive (or hermeneutic) research is directed towards improving understanding. Its particular emphasis is through the understanding of happenings 'in the terms in which the participants in events actually understand the events themselves' (McTaggart 1993b, p.3). The point of interpretive inquiry is that it 'should serve to broaden and deepen our understandings of ourselves and others' (Smith 1992, p.104). By developing empathy researchers using interpretive methodology aim to come to some understanding about people's motives and reactions (Husen 1988) in their

entirety and in proper context (Mousley & Kortman 1996).

'Inquiry must focus on the interpretation of meaningful human expressions — be they written, verbal and/ or physical. The two key concepts here are *human action* and *social action*. Human actions are those expressions people make based on reasons, intentions, and motivations. The concept of social action must be added because the 'meanings ascribed to human actions, both by the actors and the interpreters, are determined by, and can only be understood within, a social context or within a web of social meanings' (Smith 1992, p.102). Mousley and Kortman (1996) describe interpretive research as naturalistic, and describe meanings as being

> the essence of the "findings" . . . The underlying assumption of the paradigm is that social processes and participants' meanings in understanding and explaining their actions can be captured through the study of what people believe themselves to be doing. Emphasis is placed upon the personal and social-group worlds that people construct. . . [and] . . . on people's behaviours within those worlds, as a product of choices being made (p.44).

According to McTaggart (1993b) interpretive research can be subdivided into three sub-groupings: (i) that which emphasises meanings and is phenomenological in nature; (ii) critical research that tries to explain particular meanings in the social context; and (iii) poststructuralism, a radical form of critique that looks at the distribution of power. In the second and third of these three groupings, critique is the essential component. In the first, however emphasis on meanings, evidence or presence of critique will depend upon the intent and focus of the researcher.

McTaggart (1993b) argues that the use of interpretive research that is critical can inform and improve practice. Carr and Kemmis (1990) also believe in the link between critique and practice.

> It is by providing individuals with the opportunity to reconsider the beliefs and attitudes inherent in their existing ways of thinking, that interpretative social theory can

affect practice. Practices are changed by changing the ways in which they are understood (p.91).

Feminisms

Feminism centres on women and their experiences. For Ramazanoglu (1993), feminism demands some tracing of the connections between women's experiences of sexual subordination and the persistence of male power; and for Harding (1986), '(i)t is a political movement for social change' (p.24). Feminist research is critical in that it doesn't just identify the marginalisation of women when compared with men; it also questions the social, historical and cultural assumptions that have allowed the marginalisation to occur (Merriam 2002). It is a means of social change because feminism seeks to explain gendered power, to disclose the ways in which power relations are hidden and institutionalised (Ramazanoglu 1993), and to explore the ability of men to exercise power over women (Harding 1993). 'In virtually every culture, gender difference is a pivotal way in which humans identify themselves as persons, organise social relations, and symbolise meaningful natural and social events and processes. And in virtually all cultures, whatever is thought of as manly is more highly valued than what is thought of as being womanly' (Harding 1986, p.18).

Feminist critique emerged as a reactionary response to sexual bias in the social sciences and looked to revealing masculine disposition and research behaviour (Spender 1981).

> Feminists have argued that traditional epistemologies, whether intentionally or unintentionally, systematically exclude the possibility that women could be 'knowers' or *agents of knowledge*. They claim that the voice of science is a masculine one: that history is written from only the point of view of men (of dominant class and race): that the subject of traditional sociological sentence is always assumed to be a man (Harding 1987, p 3).

Stanley and Wise (1993) write on the notion of 'feminist research process' and argue that feminist critique of research methodology was (and still is) the same flow of argument. They present three principles on which feminist critique is predicated: i) feminist research focused on women was carried out by women who were feminist, and was for other women; (ii) it made use of feminist qualitative methodology rather than quantitative 'male' methodology; and (iii) it was overtly political and committed to changing women's lives (Stanley & Wise 1993).

To argue that a feminist epistemology exists and is simply a counter voice to the masculine underplays the importance of feminism as a political movement. Feminist scholars work in a range of fields and epistemologies, creating new and varied understandings. In many ways, such a multifaceted critique of all kinds of social inquiry creates an unavoidable reality for research to acknowledge and to increasingly address because 'the power of dominant interests is never total nor secure. Cultural hegemony is still a weapon which must be continually struggled for, won and maintained' (Arnot 1984, p.66).

Kenway and Epstein (1996) argue that feminism faces a crisis of identity, authority and legitimacy. In many ways such a crisis, if it does exist, is a natural consequence of feminism itself because 'at the core of feminist ideas is the crucial insight that there is no one truth, no one authority, no one objective method which leads to the production of pure knowledge' (Spender 1987, p.3). Feminism doesn't exist, feminisms do. Harding (1987) contends that if we accept that therefore there is no 'universal man' to represent every man and male experience, then by logic there is no 'universal woman' or female experience. She challenges that 'we should talk about our 'feminisms' only in the plural, since there is no one set of feminist principles or understandings beyond the very, very general ones to which feminists in every race, class and culture will assent' (p.7).

'(F)eminism is deeply contradictory because women's lives are contradictory'

(Ramazanoglu 1989, p.5). The experience of power relations by women is not universal. To talk about white, middle class urban women's experiences as being the same as those of women in a farming community, or of women of a different race or sexual orientation is untenable. The consequences of such diversity in and by women demand varied ways of viewing women and their lives. 'Contradictions in feminist thought will linger, because women's lives and the way in which we know diversity are consistently contradictory' (Harding 1993, p.18).

Feminist social science researchers have been crucial players in the challenge to masculine, hegemonic, positivistic approaches to research and the researched. Such researchers can be found in the range of research styles, from positivistic to postmodern. They have created significantly different 'ways of seeing' within those research paradigms, challenging methodological givens; for instance, they have voiced concerns about who 'owns' research data, and who has a 'say' in how it might be used. The emerging view is that the researched have as much — if not more — ownership of the data than does the researcher (Lather 1991).

After all this, is feminism critical? It is possible that it doesn't *have* to be. Feminism can represent women's perspectives as a simple correlation to men's perspectives, and can explore those differences without consideration of gender politics and political action. On the other hand, Stanley and Wise (1993) suggest that feminist research has not been critical enough. They argue that by interpreting what goes on within feminism as being 'between women', researchers have consequently paid 'relatively little attention to problematising the research process *for feminists ourselves*' (p.21).

Narratives

The final methodology being reviewed here picks up on the idea that ultimately any and all ways of knowing and seeing the world are in fact narratives — different ways

to tell the story of what was seen, why it occurred and what it means. It can be argued that even positivistic methodologies are narratives in the way that non-fiction is. They too tell stories, and describe ways of seeing the world, just as fiction or autobiographical texts relate different ways of seeing the world.

Denzin (1997) presents text, and particularly research text, as a distinct form of cultural representation. The researcher is active in reproducing 'experiences that embody cultural meanings and understandings that operate in the "real" world' (p.33). Therefore, texts are ways to 'carry news' between 'real' worlds. Gough's (1998) motivation for exploring educational problems and issues through their reinterpretation as stories and/or texts arises out of an ability to apply poststructural theorising. Through text, it is possible to apply a range of critical analysis and deconstruction, exploring 'how a discourse works and what it includes and excludes' (p.118).

What goes on in the daily life of a school is about the mundane, routine, the habits rather than the conflict or other monumental moments (Ball 1987). By documenting the everyday there is opportunity to explore what is the normal, unnoticed or that which is not commented on within everyday life that adds critical weight to the development of curriculum — formal and hidden (Carr and Kemmis 1986). Thus the use of narrative and storytelling as a means to understand the daily life or micropolitics of schools is particularly powerful.

> Curriculum research will not build up a systematic body of knowledge, partly because many of the underlying problems are ethical rather than technical, and partly because the nature of curriculum — its dependence upon the formation of meanings through contingent interaction — does not lead to 'definitive concepts and firm conclusions (Barnes 1981, p.311).

While it is a form of documentation that cannot be validated externally, and the meanings are not automatically transferable to other schooling sites, a narrative provides a rich understanding of an event and the context in which it occurred.

Denzin (1997) writes on narrative, storytelling and text as 'a stimulus for social criticism and social action — a joining of the personal, the biographical, with the political and the social' (p200). Gough (1998) draws on Grumet's (1981) perspective of autobiographies as a means to build a critical perspective on what we might take for granted to argue. Narratives can be used to 'see how our personal histories and hopes shape whatever it is we are trying to achieve in education' (p125). Therefore '(n)arrative is intended to be emancipatory' (Gough 1998, p.121). In educational research, Gough (1998) argues that the generation of stories is important because it 'moves educational inquiry beyond mere reflection and reflexivity towards actually making a difference in the world' (p.119). He contends that '(e)ach storytelling practice privileges a particular set of narrative strategies and conventions' (p.119). Narratives document perceived experiences. The narrator constructs some meaning and order about their experience. In doing so the narrator is able to focus on a coherent and realizable story (Gubrium & Holstein, 1998).

Schools particularly are locations where storytelling is endemic. Teachers talk with each other about classroom practice; they discuss strategies for dealing with students, they manage classroom practice through story and they tell parents and others in the school community what they want them to know about the life of the school. So narrative inquiry is concerned with 'analysing and criticising the stories we tell and hear and read in the course of our work . . . as well as the myths that surround and are imbedded in our social interactions (p.121). Gough (1998) in drawing on the work of Connelly, suggests that much of what we claim to 'know' in education comes from telling each other stories of educational experience.

The research methodologies that informed this thesis have included action research, interpretive research, feminisms and narratives. In the following section I will review the relationship between schooling and microeconomic reform, and the impact of the New Right on educational discourse. New Right ideology is having a particularly

significant effect upon the notion of the health promoting school, and the style of research required to generate what is 'known and seen' about the HPS within the Australian context.

The importance of the discussion to this point about some of the variations of critical theory to this thesis was to set the scene for the final methodology used with the case study school. As indicated earlier in Chapter 1, I was challenged to consider method and methodology that respected and reflect the principles of the HPS. The power relations within the research process that I would use together with the constructed context and meaning not only needed acknowledgement but also care (Agar 1997; Waldern 2006). In drawing on my understandings of the critical theory presented I was drawn to a case methodology that would opportunity for increased understanding of the participants and their contextual conditions as they evaluated the value and possibilities of life in a HPS (Angers & Machtmes 2005, Creswell 1998; Yin 2003) Any activity also needed to provide opportunity for the participants to reflect on and share with others what the school and its actors were engaging in with consideration for modified or changed future activity.

HPS: Exploring the micropolitics through research

As has already been discussed in Chapter 2 'The big picture', schools have become sites of considerable change and tension in the move from Keynesian economics to microeconomic reform. The focus of the New Right, particularly with its neoliberal component, is to manage social reform through the creation of (quasi) markets. Thus in the push to become globally competitive and to create national workplaces and businesses that are responsive to market forces, schools — together with hospitals, transport and social services — are expected to act and react as businesses operating in markets that facilitate consumer choice.

The management model of the New Right that currently has ascendancy espouses line-management notions where inputs such as staffing and physical resources are managed in such ways as to achieve predetermined outcomes that include students achieving 'academic success' and the return of 'old' and new clients (that is, parents). Change is endemic, and for schools it is essentially different from what has gone before. Principals are redefined as managers and are increasingly considered by their teachers to be 'outsiders', out of touch with classroom practice. Parents are viewed as consumers and clients to be wooed, and gaps in government funding need to be filled by increasingly aggressive marketing, fund-raising and sponsorship programs (Apple 2001a, 2001b, 2003, Ball, Bowe & Gewirtz 1994; Lundgren 1991).

In reality, the education 'market' is unclear. The dust is far from settling as schools work through new game rules that may in fact take them further from the 'core' business of schooling. Who are the clients that schools need to attract and satisfy — parents or students? Is there a need to ensure academic success, and therefore funding, by promoting academic achievements at the expense of a diverse range of students and differing needs and achievements? What is it that schools need to be accountable for — for example, students achieving externally imposed, norm-referenced standards or care for and fostering of teachers and other staff (including career development)? And to whom are schools responsible — the government, other funding agencies, parents, students? (Bowe & Ball 1992).

On reviewing the development of schools as sites for the promotion of health, the benevolent shadow of the Ottawa Charter (1986b) is ever-present. However, the underlying premise of the charter is a social view of health and is therefore about equity (Kickbusch 1986; Tones 1996). Chapter 3 on the health promoting school suggested that 'the HPS concept is so malleable that it can 'fit' almost any school situation' (Colquhoun 1996a, p.17) and any culture. It has been described as an 'umbrella' term that can encompass almost any form of current practice (Rowling 1996). The success of the New Right in co-opting concepts and terminology

associated with critical pedagogy and social equity has been spectacular. Because it complements New Right education discourse, the HPS is at considerable risk of losing its critical edge and is therefore unlikely to deliver 'emancipatory health education' (Colquhoun 1989).

Perhaps, then, it is not surprising that the main thrust of the HPS is the generation of how-to materials that provide key indicators, criteria for good practice, and checklists (Colquhoun 1996b). For example, the Western Pacific Region of the WHO has provided guidelines that support an award scheme (WHO 1995) where the use of managerial terminology is prolific. Appropriate courses of action are called strategies. These strategies arise out of needs assessments and are evaluated on the basis of measurable objectives or key indicators (usually behavioural). There is a shift to a team approach that is run on a participatory decision-making model and is 'literally "managing" the success of the hegemony of a market-based political economy' (Gracie 1991, p.339).

Whether schools are changing depends, according to Lundgren (1991), on where you stand. He contends that the experience of the classroom is largely unaltered and perceptions about change are just that; however, as you move further away from the classroom across organisational levels to centralised management, 'change' is being experienced. What is worthy of consideration is whether or not the perceived stasis in the classroom is due to teachers not being able to implement change, not perceiving it as actually being change, not wanting to change, or acting in a mode of passive resistance to change.

Change provides both opportunities and limits. In writing about organisational change within schools, Ball (1987) puts forward a thesis that a 'layer' has been largely neglected in contemporary debate and review; that organisational theory and sociology of organisations 'have had little of any significance to tell us about the way in which schools are actually run on a day-to-day basis' (p.1). He discusses the idea

that the emotional responses occurring within a school have been marginalised by the dominance of 'macro versus micro, structure versus action, free will versus determinism, teachers versus the mode of production' (p.3). The emotional response includes conflict and disagreement, and has usually been considered to reflect deviation rather than opposition. As a result, the 'folk-knowledge' of teachers is dismissed and so the 'views and experiences of the actors involved have been rarely sought and taken into account' (Ball 1987, p.7).

However, thought needs to be given to whose agendas and needs are being proliferated in a management-style approach to schooling, and in the use of indicators and transitory rewards. Gracie (1991) builds on this idea in her assertion that '(i)t is ironic that a discourse [health promotion] articulating a concern to promote health in the name of freedom and 'wholeness' functions to alienate people from their capacity to engage in protest, and effectively operates to subject them further to the political and economic order' (p.345). Therefore some questions need to be asked about the direction and purpose of the HPS in Australia, — for instance, what is the *true* measure of a health promoting school and is it the plaque that hangs in the reception area for visitors and prospective parents to see?

Micropolitics in an HPS

In making decisions about how policy is to be implemented in any context, but particularly in schools, Ball (1987) asserts that 'decision making is not an abstract rational process which can be plotted on an organisational chart; it is a political process, it is the stuff of micropolitical activity' (p.26). The players within a school will have their own reading of policy texts and will therefore bring their own interpretations to bear. Those who have had a role to play in the development of policy through affiliation with professional organisations (for example, unions and subject associations) will have had opportunity not only to familiarise themselves with the policy but also to debate both textual statements and silences with understandings

about implications, particularly in the school context. Principals together with curriculum, subject and level coordinators as well teachers and parents will have their own readings.

With any change to the organisational life of a school there comes the opportunity for some to gain and others to lose. The process links two basic facets of organisational life — conflict and domination, that which Ball (1987) calls micropolitics. 'Schools *are* sites of ideological struggle. They are also arenas of competition and contest over material advantage and vested interest. Careers, resources, status and influence are at stake in the conflicts between segments, coalitions and alliances' (Ball 1987, p.279). 'The curriculum scene is a busy marketplace where bargains are struck between parties who interpret the contract through their particular circumstances' (Shipman 1972, p.152) and the resultant curriculum change is frequently a settlement between differing and changing perceptions of the same situation.

The implementation of any policy that impacts on the work of schools and teachers is inherently political, and in any school requires settlements to be reached.

> (I)t is in the micropolitical processes of the schools that we begin to see not only the limitations and possibilities State policy places upon schools but, equally, the limits and possibilities practitioners place upon the capacity of the State to reach into the daily lives of the schools (Bowe & Ball 1992, p.84).

In investigating the concept and implementation of the HPS, particularly in Australia, there is an emerging argument for the need to look with a new perspective. There is minimal research that shows life in an HPS from the players' perspective (St Leger 1998); or to put it another way, what is the nature of the political negotiations and settlements; and what are the possibilities between the players' visions and ideology, and how do these impact on what the players are motivated to do? In an HPS the players have to be more than policy-makers and administrators. By definition the HPS also needs to accord teachers, students and parents significant status because

they are not passive actors and they are not just 'sites' to be acted on. Instead, it needs to be recognised that they too have an impact and a role to play in the political life of the school.

When a school looks at health promotion as a central guiding principle for all activity within it and for it, it is easy to imagine possibilities for political maneuvering where some lose and others gain ground. Even though ranges of people will acquire and recite health promoting schools' jargon, they will always be on the look out to not only maintain their area of influence, but possibly to expand that area. Health promoting schools cannot avoid being political, and there should be opportunity to identify and explore the micropolitics of daily life.

The impact of the New Right's ideology on schools, health promoting or otherwise, is profound. The growing research on the HPS in Australia strongly reflects the managerial principles of the 'how to' be rather than 'what it is to be an HPS'. As a result, the HPS model is increasingly being perceived as a locus for managing an assorted range of activities, but especially health interventions.

In looking at the HPS, there is opportunity to use different research methodology to investigate the experience. In fact, there are 'different assumptions about reality and knowledge which flow through into different ways of constructing research problems and choice of methodologies' (Connole 1996, p.19). To this point, research abounds if you want to find evaluation on health promoting interventions such as Sunsmart or Heart Health, and on reporting of systemically identified indicators. However, information about what it is to live the HPS experience at an everyday level is lacking. In order to explore the life of an HPS, there is a need for acknowledgment of silences, and a need to explore what those silences mean.

Researching the Health Promoting School

The ways in which the HPS has been researched to date (specifically in Victoria) include evaluation of the efficacy of a range of health promotion interventions (by far the most significant proportion), the facilitation of a statewide audit (Deakin University 2000), and numerous reflective pieces and case studies typically represented at conferences such as AHPSA, ACHPER and VHETTA[8]. These modes (and their relative proportions) of doing research within HPS are reflected both throughout Australia (McBride, 2000; McBride, N. & Midford, R. 1999; Williams, P., Dommers, E., Moore, D. & Deitz, B. 1997) and internationally European Network of Health Promoting Schools, (WHO 1997).

The pre-eminence of research interventions in schools is not only because health promotion agencies want data on the efficiency and efficacy of their interventions, but also because the reporting of their projects in journals and at conferences is often an agreed-to deliverable with funding agencies and because intervention workers may be affiliated with a university undertaking either pre- or post-graduate studies. While much of this is in itself not sinister, there is significant lack of alignment with the fundamental principles of the HPS, particularly in regard to active citizenship and community participation in the massive body of literature that purports to be about health promotion and the health promoting school. Instead, the majority of literature appears to be about interventions that by their very nature reduce participation of the community, and where the aims, methods and resources of any implementation are externally determined and created.

At an international conference held in Melbourne (Health 2004, 26—30 April), a paper reporting on an intervention in Western Australian schools focused on skin

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[8] AHPSA, Australian Health Promoting Schools Association; ACHPER, Australian Council of Health, Physical Education and Recreation; VHETTA, Victorian Home Economics and Textiles Teachers' Association

cancer (Johnson 2004). The evaluation was held in primary schools, using control and experimental methodology to evaluate the efficacy of the program's preventative activities. Pre- and post-data were collected that related to both students' understanding of skin cancer and the identification of precancerous moles on children's bodies. Conclusions were drawn as to the effectiveness of the package, together with inferences. The inferences were predominantly about efficacy, consideration of teacher fidelity, delivery of the externally written package and the resistance of children to engage in health promoting behaviours. Hats and UV-resistant clothing were reported as being available to the school communities, but there was no discussion about the ability or predilection of families or schools to purchase such program-approved 'merchandise'.

The dominance of such research continues to underscore the importance of health in informing understandings about the health promoting school. There is significant silence on how health and education create truly equal partnerships in the school context, rather health in the research assumes the lead role. There is little credence given to differences in perceptions of the world by health workers and educators so that the 'common-sense' of health might prevail. Environmental contributions to health are seen as being outside the domain of health agencies, resulting in an intervention being focused on an individual's behaviour change.

In drawing on the various ways in which educational research is undertaken and by exploring how use of a discourse can frame ways of seeing the world, it is the intention of this research to view the HPS in a way that both respects and supports the basic notion of health promotion — for and about social justice. The aim of the research, therefore, is to give the actual players an opportunity to present on their experiences of living a HPS.

On method and methodology — about the health promoting school

Harding (1987) is a feminist philosopher of science who distinguishes method from methodology by arguing that method is about 'techniques for gathering empirical evidence' and 'methodology is the theory of knowledge and the interpretative framework that guides a particular research project' (p.2). In researching the HPS, I was challenged to consider a methodology that was theoretically aligned to the philosophy of developments within the HPS. Guiding objectives in this search therefore included finding a method that was accessible for all players in the HPS and that not merely provided research data for this thesis but also a worthwhile experience for participants and opportunity for reflection by the school community on their journey towards becoming and being health promoting.

What emerged from the review of the literature was a strong imperative to make use of qualitative methodology with its aim to "understand the motives behind human action" (Mousley & Kortman 1996, p42), and to document the participants' "voices". There was also desire to portray the complex nature of schooling, particularly in regard to health promotion. The use of case study method derived from narratives with the overlay of commentaries became the logical method, if only because it required stories to be told in such a way as to invite multiple readings and interpretations. Such method and methodology rejects a simplistic notion of schooling as a controllable process for a predetermined product. Instead, it acknowledges the real nature of schools, the interrelationship between school community members, and the validity of each group's perspective.

In writing on cases as methodology, Shaw (1978) reports on studies looking at the implementation of innovations in schools and describes 'the obstacle course both in the intellectual transactions of discussion, planning and deliberation, most of which is unrecorded, and in the working actions of the teachers who implement it, these being more visible, easier to record, observe or remember' (p.7). He raises the importance of exploring the micropolitical. 'If the unspoken assumptions, the organization,

relationships and constraints are largely untouched, the innovation is likely to be merely supportive to existing structures, conservative and finite' (p.7). This is echoed in Ball (1987), who presents change in schools as rarely, if at all, being politically neutral. 'Interests are enhanced or threatened by change' (p.78). The use of case study as a focus of research requires interpretation of what the participants understand and believe themselves to be doing as well as the choices they are making.

The use of case methodology allows — indeed demands — that events and instances be captured and the elements portrayed in such as way as to give meaning (Walker 1990). Case methods help to construct positions and local personal meaning by authors, audience and participants, and are able to

> concentrate attention on the way particular groups of people confront specific problems, taking a holistic view of the situation. They are problem-centered, small-scale, entrepreneurial endeavours; ... the great advantage [is] that the raw material is personal knowledge and experience (Shaw 1978, p.2).

Indeed, the work of Apple (2001a, 2001b, 2003) critiquing the New Right has argued that as a hegemonic alliance it has successfully made use of liberal and democratic reform in schools. The New Right has commandeered and reshaped educational reform initiatives where those originally intended to redress social disadvantage now facilitate racist and sexist positions. Apple (2000a, 2001a) argues that the New Right has been successful in recasting itself as the 'other' and used reforms to assert its dominance. If this is in fact so, then schools as sites for social control should echo New Right positions, and so should the (self) reported experience of school community members. Given my belief that the principles of the New Right and the HPS model have been melded, then New Right terminology and principles should be evident in the reporting of HPS activity.

In commenting on the democratic mode of case study, Walker (1990) also refers to organisational constraint, calling it 'inherent inertia. [Where] any proposal that requires the support of multiple audiences before decisions are taken is likely to lead

to complication if not to confrontation' (p.38). In the context of the HPS there is a clear recognition that the audiences are multiple. Not only are there very different interest/political groups within the teaching fraternity, as would be expected in any school, there is also a recognition of other audiences — health workers, parents, students and teachers. The recognition of multiple audiences is therefore one of the essential components of the settings approach to the HPS.

A dilemma lies in how support from these audiences is actually allowed and measured, and in whether the notion of an HPS is a new means to maintain the status quo. Ball (1987), critical of the use of the term 'community' in policy documents that impact on schooling coming from New Right politics, argues that "(t)he members of the 'community' (teachers and others) seem to have little responsibility for the "community" themselves. The concept is not a set of practices among the members, but a principle to be managed. Community here 'is used as a focus for order and integration. It embodies claims about consensus and collective endeavour. It is deployed as a rhetoric of control' (p.101). The HPS research to date reflects hegemonic practice in that both its concept and its activity have been redefined to match New Right agendas; the research reflects a positivistic managerial methodology.

If the research about HPS to date reflects this position, the use of case methodology has the potential to reveal the experience of the community – but on their terms. In the context of this thesis, the methodology is encapsulated in the notion of case method and the use of narratives; the method proposed is the use of combined narratives and commentaries. Both method and methodology will draw heavily on the work of L. Shulman (1987), and of J. Shulman and Colbert (1987, 1988), who in the course of their research published casebooks that

> provide accounts of how a particular teacher/author experienced a problem, the problem, the analysis and strategies she employed, and the eventual resolution or stalemate that resulted. . . . the commentaries that follow add complexity to the case and offer other readings and additional views (Shulman, 1992, pp.11—12).

It is through the use of case method and narratives that the voices of the HPS community will be privileged and so, therefore, will their versions of the HPS experience.

Methodology — cases in point

It would appear that at the moment research about the HPS is not particularly different from most other investigations into educational innovation. Each school that becomes a HPS is presented as being largely unproblematic. Of course, each school can focus on its own particular health issue because that can be ticked off as meeting local community needs, but the formulae to do so have been trialed and studied by others and therefore are preset. And while this method is efficient, it also betrays many of the foundations on which the HPS is set. The values of the New Right prevail as they smother those of social justice.

The very notion of the HPS and the values that it espouses and expects to inculcate demands a method of research that by nature is participatory, engenders reflective practice and is empowering. The value of cases, according to L. Shulman (1992), comes from their varied purposes. These include demonstration of theoretical principles; as a precedent or model of practice; providing opportunity for inquiry or debate about ethical behaviour; encouraging reflective practice, and consideration of alternative forms of practice. The focus of my thesis is therefore to present a case study that considers how the HPS works from the school community's perspective; that is, to explore the social criticism and social action (Denzin 1997) implicit in the narratives or stories of the teachers, administrators, students, parents and health agency workers. The narratives are the discussions and writings of the experiences of the participants living in a health promoting school community.

The school community that worked with me to provide the primary data for this thesis is located in a major rural city in Victoria. Established by an order of nuns over

100 years ago the school has been providing education to the girls of mainly Catholic families in the region. The school expresses a vision sustained by the establishing order that celebrates and strives for balanced between a love of God, and a belief in life, others and learning. In the twenty-first century, this connection with the establishing order is increasingly problematic as the decrease in numbers of those called to live a religious life means that lay teachers and administrators increasingly manage and deliver catholic education. This is a reality for Catholic education and is not unique to this particular school.

During the time I worked with the school community to collect the primary data the school went through a dramatic change. Where lay teachers had previously (but increasingly) become involved in the teaching programs and inevitably the management of the school, this period saw the appointment of the first lay principal and administration team. This provided an opportunity, and indeed an imperative, for the school community to reflect on its vision and intent to not only sustain itself through the transition of leadership but to create a way forward that ensured the continuance of the school. The nature of the school, its strong community and reverence for its history and mission meant that this process was public, inclusive and consultative.

The selection of the participants for this study was facilitated in several ways. The school administration team's willingness to be a part of the study was negotiated at the same time as was access to the school and its community. For teachers, an outline of the research was provided and interested staff were invited to attend an initial meeting. The students who were year-level representatives were invited to attend the first meeting. The students had filled leadership positions in the school fro a minimum of eighteen months. They had gained these positions initially be being nominated by their teachers and then by popular vote of their peers. As a group these were articulate, young women who had expectations of completing their secondary education and undertaking tertiary education. The students who continued to be a part of the research elected for their parents to take part and introductory and ethics

letters were sent home. The mothers were familiar with the school environment through volunteering and involvement in family activities. All had completed their secondary education some actually at the school and had gone on to undertake tertiary studies. The parent meetings were held outside the school day so as to accommodate those parents who were involved in paid employment during the school day. The school counsellor and the teacher coordinating the HPS model provided the names and contact details of the health agencies that provided services and programs within the school. These were contacted, and subsequently representatives participated.

At each initial (or only) meeting further detail about the research was provided, including time-commitment and privacy. Ethical-approval forms were provided for everyone attending. It was requested that the ethical-approval forms be completed and returned at the next meeting if participants were prepared to continue in the research. Subsequently, the completed forms were collected and retained.

Table 6.4 Summary of participants, numbers of meetings and pseudonyms

Group	No of Meetings	Pseudonyms
Administration	Focus Groups — 2	Vince, Marie,
Staff	Focus Groups — 3	Liz, Magherita, Carmen, Bruce, Shad
Students	Focus Groups — 3	Madison, Liesl, Erin, Annie, Angelica
Parents	Focus Groups — 2	Mathilda, Colleen, Glenda
Health Agencies	Focus Groups — 2	Ellen, Cath, Pat

The teacher, student and health agency groups met a minimum of two times, subsequently writing their narratives. The administration team and multiple parent groups each met only twice with additional one-on-one meetings with the teacher co-ordinating the school's response to the HPS initiative, the social counsellor and the Deputy Principal - Curriculum. At each of the meetings, discussions about the school

and its alliance to the HPS model took place. Additionally, narratives were discussed also when they were written. Each meeting lasted for approximately one hour, were recorded and transcripts produced. They were held over a four month period in the second semester of the school year.

The intention was to draw from the philosophy and experiences of The Innovative Links project to inform this research where a roundtable would be a group of people (6—8) who came together to present their writings of events and incidents that were significant to them and that related to their experiences in an HPS. Other members of the roundtable would provide commentaries on those narratives most took between four and six weeks to do so. It is important to note that these were commentaries as distinct from being evaluations, nor were the commentaries meant to represent 'the' answer or solutions to challenges or problems raised in the narratives. Further, the focus meetings of each group were transcribed and became an additional source of commentary about the HPS experience. As another layer to the discussions and writings of the roundtables there would be a metacommentary provided by the researcher.

At the first meeting participants were encouraged to consider an issue that they wanted to explore in closer detail. The issue was one that they felt would provide some illumination about CG working with the principles associated with being a HPS. The participants were asked to consider their issue by asking problem solving questions such as identifying the 'facts', exploring why the issue is significant to them and suggest their own solution. These issues and related reflection were then to be written up and presented at the subsequent meeting where others would be able to listen and contribute to the reflections.

Participants in all groups were inducted into the 'etiquette' of the roundtable process, including issues related to functional aspects such as effective listening and the ethical including confidentiality, anonymity and voluntary participation (Smit & Cilliers

2006). The round table sessions were tapped and transcripts produced. The round tables represent a variation on focus groups as it produced information and particular perspectives through participants sharing and responding to the input from others (Krueger 1994; Morgan 1998). As a method it enabled a homogenous group to generate field texts and co-constructed meaning (Smit & Cilliers 2006) about the HPS.

The exploration of the narratives was generated for this thesis through 'roundtables', which are a means to facilitate discussion, narrative, reflection and evaluation. This was a methodology used in the Innovative Links between Universities and Schools for Teacher Professional Development National School's Project.[9] While some of the narratives were subsequently responded to through commentaries, this was not possible in all cases. How the narratives and commentaries could be formally directed back into the school community was negotiated with participants to facilitate anonymity. Each participant chose a pseudonym that they would be known by for the study (see Table 6.4). Publication of materials for inclusion in my research, in any papers or in presentations at conferences, etc. would be with the approval of the participants.

The purpose of the narrative methodology outlined here was to provide participants with an opportunity to recover lived experience in such a way as to allow those in 'other' worlds an insight into life in an HPS. As participants write of their significant events and incidents, these tales become 'repositories of wisdom and knowledge' (Collins 1991, p.208) that 'reflect the standpoint of their creators' (p.201). For the reader of these writings it is therefore possible to gain some notion of the meanings that can be generated by those living the everyday experience (Denzin 1997).

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[9] The Innovative Links program was funded under the Commonwealth Government's Professional Development Program. The project included schools from all three education sectors, in the Australian states and territories, as well as academics, employing authorities and teacher unions.

The aims of this study and the methodology used in this thesis create restrictions on making generalisations from the case study presented all to HPS – nationally and internationally. The case school is a secondary school that provides a Catholic education for adolescent women. The intention was to provide opportunity for various school community members and stakeholders to reflect upon their daily experience of a HPS. Participants related their personal experiences and considerations of the school. They subsequently provided reflections on those experiences both within the dynamic of a focus group and developed commentaries arising from their 'roundtable' discussions. The discussions and reflections were also informed by the organisation's mission and work as a Catholic school with a further overlay of the founding sister's philosophy and significant history. The limitation of this thesis to the wider HPS community lies in its inability to assert that the observations and reflections are universal. While the method was deliberately constructed to explore one school in depth the contrary is that the findings can not be automatically applied elsewhere.

Conclusion

Shulman (1992) in their work with teachers argue that cases are a means to explore the ways in which 'teachers create representations of complex ideas that connect with the constructions of their students' (p. 17). Equally, other school community members are able to use cases as a means to connect with others' constructions of the HPS and its linkage to school restructuring and school reform.

School restructuring is often considered to be necessary because it reflected 'a wider context of rethinking the value of education for Australia's development as an economically competitive and democratic society which can creatively and intelligently respond to challenges which the 21st century poses for it' (Yeatman & Sachs 1995, p.14). On the other hand, school reform was about 'an orientation to

change and development which makes the fundamental assumption that teachers will teach more effectively and creatively if it is their energies, vision and needs that drive these processes of 'change and development. . . . it means that the organisation of work needs to be shaped in ways which foster and facilitate people taking responsibility for their own learning' (Yeatman & Sachs 1995, p.14). In the HPS, the work of teachers is managed in such a way as to place health issues at the core aspect of learning. However, the crowded curriculum challenges teachers to develop and maintain expertise in health; thus, it is 'common sense' for teachers to access teaching and learning materials developed by health promotion agencies in a largely uncritical manner.

Chapter 7 School Organisation, Ethos and Environment — the School Administration Perspective

Introduction

When reviewing the literature on effective schools, Ainley (1995) noted that they 'are marked by a sense of community built around a shared purpose reflected in the academic organisation of the school' (p.36). Modern management literature reflects this principle in its discussion of the need for organisational vision, mission statements and transparent, articulated values (Albrecht 1994; Swieringa & Wierdsma 1994). The CG School mirrors this theoretical model of modern management in that it aims to provide a 'religious education within a sound academic and general education' (Flynn & Mok 2000, p.78), from which the school identifies clear missions and values that it aims to inculcate. The website of CG School articulates a mission statement that links together a love of God, life, others and learning that is inspired by the life and teachings of Jesus Christ. Common school values are identified and they included community, social justice and spirituality.

Any and all catholic schools 'have distinctive goals and features that derive from a core of philosophical and theological truths that are central to their character and mission' (Flynn & Mok 2000, p.29) and are thus characterised by an ethos of commitment to the education of the whole person. Such an ethos contributes to the position that 'Catholic education integrates total human development — mind and will, body and soul, intellect and character, the personal and the communal' (Flynn and Mok 2000, p.46) and 'evidence to show that Catholic schools have effectively passed on the culture and traditions of the Church' (Rogan 1994, p49). Catholic schools thus make explicit the forms of (Bourdieu's) the forms of cultural and social capital that they purport to promote. Bourdieu (1990) describes capital as an

accumulation of labour over time that can both reproduce and augment itself. He argues that capital is presented in three different guises — economic, cultural and social: economic is represented in money and property rights; cultural includes levels of education and associated qualifications that can be converted into economic capital such as jobs and salaries; and social involves obligations such as are represented in the 'old tie' connections that facilitate networks contributing to economic capital.

Schools as social organisations are locations where the youth (as students) pass through the halls and experience (to varying degrees) capital as managed, moulded and re-invested resources and assets, particularly in its cultural and social forms. In turn, students are to use their acquired cultural and social capital in a manner that can be converted into economic capital. CG School positions itself as a community that strives for a sense of belonging and engagement that is underpinned by the love of Jesus Christ and his teachings. The purpose of the Catholic school — to develop and extend the student body's acceptance and inclusion into the Catholic faith — represents an activity that carries capital worth comparable to that of a business providing goods and services for consumption; thus, in this it is possible to see how the cultural capital of the school is converted into economic capital.

The Catholic school strives for many ends within a framework that has clear boundaries. As Harker (1990) points out, the school is required to react and respond to change in external conditions — economics, technology and politics. It is within these boundaries that CG School is answerable to many stakeholders including the Catholic Church, the state education department, the local diocese, the board of management and parents, teachers and students. Particular initiatives and activities facilitated by the school are often the result of settlements between various stakeholders and the school gatekeepers and defenders, with the activities being given final interpretation probably by teachers, and most likely in the classroom. The school can perceive the range of conditions through its established *habitus*, so its responses and activity will reflect the hegemony whose *habitus* is embodied within the school.

Thus, as a Catholic school SH operates within its own *habitus* where its activity supports the development and accruing of specific cultural capital while being simultaneously constrained by it.

The organisation, ethos and environment arena of the HPS is where CG School administration and roles, health promoting policies and procedures come together to determine the school culture. In this the HPS model provides a 'persona' or image that the school is able to market to its community and a focus for the ways in which the leadership provided by CG School's administrative team perceives and supports health-promoting activity. Various imperatives of hegemony are able to reassert themselves and commandeer the (HPS) initiatives, and in doing so disrupt the potential for a progressive and emancipatory ideology — where, in spite of all of the motivation, goodwill and activity, the end point can be seen as essentially about taking on the HPS model without too much change actually happening.

Why the health promoting school ?

Its participation in the Victorian School Survey of Health Promotion in Schools (St Leger & Nutbeam 2000) provided the basis for CG School to consider and evaluate its health-related activities. The survey sought information on whether schools had health-related policies and practices, the notion of their physical and social environment, their community relationships, health curricula – explicit and hidden – and their relationship with health services.

> Liz's work on the HPS questionnaire helped us to realise that we were already doing many HP activities. We have XYZ policies, we do XYZ activities so there was a feeling that the HPS model could assist us to focus our school's activities and that it helped to inform our approach to the students' health needs (Administration Focus Group Meeting 2).

By completing the survey this school had both a heightened awareness of the scope of its health-related activities and a framework by which it could meld a number of activities that included working with local health agencies, the activities of the school

counsellor, Sun Smart policies, community service and events for parents. The use of the HPS model enabled the school's work to be reframed. Where it had undertaken activities because the staff 'knew' that they were important, there was now a means to link the activities to a legitimating concept (Rissel et al. 2002).

The need to have and/or engage in a health education/health promotion program was never contested by the school administration team. Any initiative that purports to enable the wellbeing and health literacy of students (in the first instance) would be difficult for any school to reject; therefore, this school's ethos of caring was a strong foundation to build upon. The school and its wider community had not debated the need for healthier education per se, only the conditions and its context. It was accepted that these (female) students needed the knowledge and skills not only to protect their own health but to also be able to care for the health and wellbeing of others (Petersen & Lupton 1996). The school actively worked to support students whose health was at risk, to ensure an inclusive and supportive school culture.

> This year the group (of students with chronic illnesses) has met for special luncheons organised by one of the teachers with the role of Student Support Assistant. While in a formal sense each student is monitored via our pastoral support structures, i.e. year level co-ordinators, and the class teacher, these luncheons give the students a chance to chat informally with each other, allowing the Student Support Assistant another chance to 'touch-base' with these students. Friends of these students are also invited to these luncheons giving recognition to another important support structure in the lives of students with chronic illnesses (Vince's narrative).

In many ways, the VicHealth survey facilitated a needs assessment for the school. Bradshaw (1972) defined a needs assessment as having four different forms – normative need, felt need, expressed need and comparative need. In this case, the school leaders talked about their 'felt need'.

> The HPS model has helped us to understand how we can be proactive about health issues. We can use it to better meet the needs of our young women (Administration Focus Group Meeting 1).

Since a felt-need assessment enables the identification of wants, the participation in the survey assisted the school to reflect upon its wants.

> The HPS model can help us to create a healthy learning environment that includes the chances of successful dealing with the health issues that impact on young people and that the school is well aware of (Administration Focus Group Meeting 2).

Based upon a strong commitment to the wellbeing of the students at CG School, there was now some understanding among the administration team of how it was possible to capture a number of activities at the school, drawing them together in a much more cohesive and dedicated manner.

> The HPS model naturally meshes with the school in the first place (it's a natural progression) and secondly that it is seen clearly as a benefit to undertake that particular program – this is obvious and builds on what is already being done within the school. It will bring out components of the school in a recognised form because it is a part of a (health) program. The school knows that it has many of the aspects of the model and that it can tie them together as a whole to foster the development of the young women in our *care* (Administration Focus Group Meeting 1).

Further, the school felt that it was in a better position to be able to use limited resources strategically and with contextualised awareness. There was less need to justify; rather there was a greater opportunity to be focused and purposeful (McBride & Midford 1996). The school was able to leave existing projects and activities in place and instead muster activity and resources in ways that were perceived as being more effective and efficient, thereby facilitating economic capital (funding and salaries) and social capital (being able to afford and access a Catholic education) into cultural capital. The school had no intention to ultilise the label of "HPS". The school used the VicHealth (2000) survey to provide a focus that pulled together a critical mass of existing health-related activity and provided a framework for future activity but without the label.

The claiming of the HPS model represents what Orner (1992) describes as a means to utilise power 'through the construction of "new" discourses and modes of activity rather than by setting limits on pre-existing ones' (p.82). Cultural capital is therefore derived from the school's administration being able to 'negotiate marketised forms and "work the system" through sets of informed cultural rules' (Apple 2001 p.415).

Consequences of being health promoting

Given the long history of this school and the way in which it continues to construct and market itself, there is a strong understanding of its purpose — and this is shared with its students, parents and wider community. Drawing on the position of McGaw et al. (1991) schools should nurture favourable attitudes to learning and need to be effective to a wide range of students, this particular school had to redefine its role in the context of changing times. By identifying the potential for utilising a HPS focus, the school was able to collect and leverage what was a previously diverse and disparate range of resources and activities for a proportional increased effect.:

> We have a common approach to health education within the school where we can effectively redirect resources and inform all members of the school community on the basis of being a part of the program (Administration Focus Group Meeting 1).

By using the HPS model in such a way, there is clear alignment with managerial practices. The use of the HPS model to reframe the school's perceptions of its health activities becomes what Romberg and Price (1983) call ameliorative reform, where the ongoing practices are made more efficient and effective.

> It requires a co-ordinated response and a member of staff is required to undertake that role. It creates an opportunity whereby we can celebrate achievements relating to good health and if we had not used the HPS model we may not have normally recognised and celebrated our achievements (Administration Focus Group Meeting 1).

CG School does not see either the need or the requirement to engage in school reform. It is making technical and 'tweaking' around the edges, but there is no substantive change to the cultural and pedagogical traditions and beliefs. The held vision — of the school and of its work being efficient and effective — is to all intents and purposes borne out through its (relatively) long history and track record in concert with the level of demand for placements for future students. Thus, the school works to 'preserve knowledge and experience from one generation to the next (re-production)' (Hawker 1990, p.87). CG School became the embodiment of that legacy, and its valuing of personal health and wellbeing also lays the potential for future generations. CG School articulated its mission as having a caring community — for both the students and staff. This was seen as a means by which a safe community could be created that in turn could permit and nurture individual differences and talents. By having students who are secure in their faith, and who have academic ability and health literacy, the school contributes to the cultural and social capital of both current and past students, while also shoring up its own.

CG School staff/administration were very aware of the plethora of health issues impacting on young people, and there was a sense of the potential to be overwhelmed. These health issues are normally outside the realm of their educational and religious expertise, but were perceived as having significant (real and potential) impact for and on the young women in their care. This position means that the school recognises the following advantages.

> One aspect of the HPS model is that it gives the school an operating framework. We can learn how to deal with any health issue by having a structure in place that is able to incorporate any new aspects as they come up. We have health in our curriculum, we have polices and access to outside agencies (Administration Focus Group Meeting 2).

According to Goodman (1995), the growth of the 'expert' through the industrial age has 'created a caste . . . who are ready and willing to solve' (p.19). By creating the health expert as separate from the education expert, there develops a co-dependency. Staff recognise the need for the education system and the school to provide a

protective element through health education and support through the provision of access to counselling services and health care agencies. To this end, the HPS model was useful in helping SH staff to become more confident in how they dealt with contemporary health issues and the health experts.

As school administrators, they were comforted by the fact that many Catholic schools were involved in the HPS movement across Australia. Such involvement provided a degree of assurance that the model was compatible with the ethos of Catholic education.

> It was important that the HPS be complementary to what the school community already valued and was willing to support. There is a growing awareness that our young women are potentially affected by any number of health issues and that we needed to be able to respond to these in a way that was both respectful of them and was conducted in the reflection of the life of Christ (Teacher Focus Group 2).

The challenge for religious schools is to find the balance between the contemporary secular life and role of faith in defining a moral life (Sewall 1999). Nowhere is this more apparent than in health education, and the HPS model provides for transparency and commonality in its framework while enabling customisation to fit within and support (in this case) Catholic faith and moral education. At CG School this linkage enabled a focus on health issues like harassment, grief and drug education in a manner that provided tangible examples of lived Christian faith,

Administrators for the HPS

Mohr and Dichter (2001), in writing about the development of learning organisations argue that '(m)aking decisions without a clear sense of mission or a shared vision can create a battleground for personal interests' (p.745). The administrative team had been working with teachers and parents to articulate what the CG School environment would 'look like' so that it could support students in their personal, social and academic growth.

> The Morning tea was a celebration of M's life (a sufferer of cancer), the Year 12 unity and compassion, the strength of our community, our health and perhaps an awakening to the reality that illness knows no boundaries whether this be age, gender or status.

> I would suggest that . . . we are basically caring sensitive individuals. It is only time constraints, lifestyle commitments or perhaps an enthusiasm in some (that has grown out of being hurt or made to feel vulnerable) that makes it difficult for adults in society to show their care and compassion to such an extent.

> For adolescents and young adults the values of care, concern and sympathy for those suffering are imbedded in them. However, they are more heavily focused on self, they act on these values much more readily or profoundly when confronted with other adolescents in need, distress or sickness (Maire's narrative).

There has been an effort to articulate a vision of how this is achieved, and together with policies and practice how it is communicated to the CG School community in a number of ways, including through the school website, the student diary and weekly newsletters.

> There are a number of policies we have already developed that reflect the HPS model and we believe that there are a number of activities that support better understandings of health. All of these are important in that the school community is able to participate in and celebrate a range of events (Administration Focus Group Meeting 1).

The effective-schooling movement has identified a range of criteria that can be used as measures of how a school contributes to the intellectual growth of students (Ainley 1995; Lee et al. 1993). By demonstrating that teachers and students are engaged in a range of activities at both an individual and a community level, it is possible for the school to view itself as being effective. Additionally, it has been observed that the better the classroom environment, the better is the academic achievement of the students (Cohen & Seaman 1997).

The effective-school movement is firmly grounded in scientific management principles and technocratic style. Based on the assumption that the attributes of

effective schools are universal and transferable and that they can be measured using 'neutral measures of efficiency and effectiveness' (Hargreaves 1994, p.58) it follows that all schools have the potential to be 'effective'. However, Reynolds and Parker (1992) argue that the effective-school movement has several limitations. That the identified indicators cannot convey how effectiveness is constructed, nor how the school culture facilitates it; that while an effective school can be seen in 'action', this does not explain how it is created; that effective schools are not always so, and are not necessarily sustainable; that they embrace narrow and hegemonic perspectives on what being effective is actually about; and that effectiveness is a contextual and cultural construct. So while one school may be effective as an HPS, another may not be owing to variations in their communities, staffing, and access to and subsequent use of available resources.

By participating in the VicHealth survey, CG School was able to identify and reflect upon its 'health work' using the criteria, indicators and activities as means to measure its health education/health promotion competence. The staff and administration felt that the education provided by the school needed to reflect the experiences of the students and to enable the students to take their place in their future community (Benjamin 2002). CG School was inspired to not merely predict the future rather they looked to create a 'better' future. However, there was a perception that the health task was potentially overwhelming.

The impact of the VicHealth survey was significant in that it created definition and acted as a felt-needs assessment — for CG School not only to consider and evaluate what was being done within it, but also to look to any areas of improvement. In doing so, the school could become engaged in research about its community's health (Baum 1992) in a focused and manageable way.

> A staff member has been working to provide advice on how the school can be involved in health promoting activities – within the curriculum and extra-curricula. For next year we have introduced a compulsory health unit for all Year 9 students (Administration Focus Group Meeting 1).

The early responses to address perceived gaps identified through the survey were concerned with making use of the school's strongest and most available resources, thereby adding health education to the curriculum; the school thus opted to reinforce what Romberg and Price (1983) term ameliorative reform. This was a lost window of opportunity for transformative curriculum — to move beyond social functionalism (Goodman 1995). Instead the school resorted to reinforcing and strengthening the school as *habitus* and its social reproductive role, while the potential of the HPS remained latent.

The Victorian HPS audit[10] was constructed in a manner that required respondents to identify the extent of policy and practice within their schools that related to the three areas of activity comprising the HPS model — curriculum, teaching and learning; school organisation, ethos and environment; and community links and partnerships. Given that '(o)nly 18 per cent of respondents had heard of the HPS concept before administering the audit, while only 8 per cent reported formal involvement in an HPS initiative' (Deakin University 2000, p.13), the audit checklist represented a list of HPS 'competencies'. Thus, the activities of the research school (one of the schools that reported no previous awareness or activity related to HPS) were measured and reconciled against the 'competencies' on the checklist. These 'professional standards' for the HPS are presented as authoritative criteria that provide understanding and regulation of the decisions and actions of individuals, groups and organisation (Rose & Miller 1992). The move towards professional definition and capacity through the creation of standards gives the impression that bureaucratic control has been reduced; however, in reality the control by bureaucracy has been transformed in a manner that makes it less visible while enlisting others to undertake surveillance and regulation of professional practice on its behalf and on its terms (Hargreaves 1994).

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[10] This audit was designed with the aim to develop a comprehensive picture of what Victorian schools from the state, Catholic and independent sectors were doing regarding a range of health promoting policies and practices. It was facilitated in January 1997 (Deakin University 2000).

To illustrate this, the original intention of health promotion and schools as a setting was based on a view that health is a social rather than a medical question, that the places where people live, work and play have an enriched potential to generate health (Colquhoun et al. 1997) and that the setting accumulated support and resources for health (William et al. 1997) (see Chapter 3 Health Promotion – taking a settings approach). So while CG School could claim a predisposition to the HPS concept as it was seen as being complimentary to the Catholic education and because there were some accrued resources to support health through interventions, it still had not built an ethos around what it meant to be an HPS outside and beyond the audit checklist.

The potential for closer collaboration with non-government health agencies was not explored, nor was the potential for student-centred learning.

> I have a strong belief in the need to work proactively in the area of supporting the promotion of health in our school. Our students need to have the skills that would enable them to care for themselves and others. This would include avoiding preventable health crises and being able to seek assistance when it was required. To do this, we must provide opportunity for students and staff to better understand health in its many forms and what can be done to support anyone within the school community (Administration Focus Group Meeting 2).

While the sentiments expressed certainly have the interests of students at their core, they are ultimately about 'students learning predetermined bodies of knowledge in the most efficient manner possible' (Goodman 1995, p.9). The preparation for the future is a rationalist rationale, and one that Dewey opposed. Dewey argued that '(t)he idea of using the present simply to get ready for the future contradicts itself. It omits, and even shuts out, the very conditions by which a person can be prepared for his [sic] future' (Dewey 1938/1976, p.49). The lost opportunity for CG School is therefore seen in the way in which the proposed health curriculum was unlikely to engage in activity 'visualising the type of society we wish to create' (Goodman 1995, p.7). The saving, if it exists, lies in the position of dominant social factions who have managed to ensure reproduction of 'their' social capital (Bourdieu 1977), and so the HPS loses it critical edge.

Incorporating the HPS model into the Catholic school

Sidorkin (2001), in writing about student learning as being 'not of personal liberation, but as a form of forced labour' (p.104) contends that we need to 'stop thinking of schools as exclusively educational institutions …' and that '(c)ommunity and fellowship are by far the strongest attractors and the hardest currency schools can offer in exchange for their incessant demands' (p.106). CG School is clearly a location for learning and has been able to create a long-held reputation for academic success for its students. The school has a relatively long history and perceived standing in the area, and both are used to foster collegiality and belonging.

> I'm not sure if it is the chicken or egg thing — where does the culture of the school arise?, from the staff to the Administration or the Administration to the staff? but the drive to create a school culture that is positive, supportive and strong is not just from the Administration (Administration Focus Group Meeting 1).

Neither the administration nor the staff were the sole drivers in the development of the school culture. Students — past and present — also contributed to the development of that culture, as did their parents. These, however, are not the only contributors to the culture because the academic learning is facilitated in the context of the Catholic faith and the philosophies of the founding order. Having such a collective history enables the school (in particular) to 'construct their social world and to act to reproduce their positions and to gain positions in the social world (Harker, Mahar & Wilkes 1990, p.18). In doing so, the school generates substantial social capital.

Any 'new' educational issue, challenge, trend or reform is selectively adopted and recrafted to fit the pre-existing ethos and culture of the school.

> To quote from the Christian Vision 'our lives are shaped by the way we perceive ourselves, we live and die according to our self perception.'

> Surely our task at CG School is to assist our students to believe in their giftedness and in the fact that they are created in the image and likeness of God. Hopefully the effort we are making to provide a health promoting school will achieve that end (Margherita's narrative).

In doing this the school community and administration are enacting Bourdieu's (2002) position of noblesse oblige, where they 'ask of themselves what no one else could ask, to 'live up' to their own essence' (p.24).

Consequently, the ability of the school to create a community is significant. Students are made aware of the school's history through a range of constant reminders that include the historical significance of the buildings; honour boards recognising the names of past students, including family members; and the school's allegiance to the Catholic Church through demonstrations and recognition of lived faith and celebrations held in places of worship. In this it is possible to perceive how McLaren (1999) is able to assert 'ritual brings about social unity through its mystificatory power — that of perpetuating social life in a way that it is perceived as natural. This mystificatory power can be understood as a process in which rituals, as cultural forms, are objectified into a symbolic medium which supports an existing social order' (p.26).

These outward trappings of longevity, faith and academic achievements and the associated rituals, provide tangible evidence of cultural capital. Such accoutrements contribute to the generation of *habitus* so that the school community, including — and especially — the students 'are predisposed to recognise and act in particular ways, which is to act with meaningful intentions, and therefore to *choose* what each will do' (Codd 1990, p.139) Thus, for Bourdieu (2002) *habitus* becomes both a generative practice and a structuring practice. The administrative team and the staff work to provide opportunity for the student body to develop particular perceptions of the world and engage through practice (that is, teaching and learning situations), while also defining the limits.

Recent health education has demonstrated considerable ability to encompass an ever-burgeoning list of topics and issues. Additionally, health issues are played out in the secular realm and create tension between the positivistic perspective of the biomedical field and the moral and spiritual perspectives of the Catholic school. There is a positioning that portends Catholic education cannot be separated from contemporary life and its ethical dilemmas (Benjamin 2002), so the rituals inherent within it become what McLaren describes as a 'symbolic code for interpreting and negotiating events of everyday existence' (p.38). Catholic education (theoretically) claims to be holistic in its primary role of developing students through a 'growing recognition of the religious depths in all human relationships whose ultimate foundation is in Christ' (Doyle 1978, p.130) and CG School strives to do so in practice.

> Having lost a young member of my family I am very aware of how health and well being relate. I have seen firsthand how the quality of my relative's life was influenced and affected so much by his illness. If we could work in a way to support the young women in this school, help them to manage their wellbeing and potential by getting them to know more about their health and life, then we will have done a wonderful thing (Administration Focus Group 1).

Benjamin (2002) acknowledges this position when she puts forward the notion that participation in school life, academically and culturally 'promises something better and very hopeful about every child' (p.75). Further, she contends that the (Catholic) schooling of children is about both the individual's potential and contribution to society as it is about ethics and the shaping of society. It is within this space of human interaction that rituals, particularly those associated with religious life, imbue everyday life experience with symbols rich in transcendence (McLaren 1999). There 'is an obligation of social justice, as well as an implication of the communal nature of the Catholic school' (Green 1997), and so there is a relatively easy alignment with the social justice principles of health promotion as described by Baum (1990).

The challenge faced by this school is therefore about accommodating contemporary culture while maintaining distinctive (religious/moral) character (Youniss & McLellan 1999). The interest in the health promoting school model is not necessarily surprising as it provides a model for melding health and education in a way that can work viably in a Catholic school. CG School worked on the premise that it shared, with its community, common values (derived from the Catholic faith), hopes and expectations for the students and staff.

> The college works from the student level up to the administration team and operates on that relationship basis. The administration team works together in a very co-ordinated and supportive way. It has been structured so that one person looks at the welfare issues across the board for the administration team. They value what the staff does and I think it is acknowledged often so the whole administration team actually knows what happens (Administration Focus Group Meeting 1).

The administration described its leadership as service, where there was an expression of ownership and empowerment (Albrecht 1994; Busher 2006). This style of leadership fits more closely with the expressed intention and mission of a Catholic school and mirrors the model for students and staff. The school had worked to create a focus that was strategic and inclusive. This strategic focus was derived out of a range of consultations with staff, students and parents, and provided a framework for a five year action plan. This action plan was constructed around activity relating to curriculum, management and organisation, pastoral care and community.

The core values of CG School are put forward on the school's website and are included in the students' diary along with the school's policies. The statement and dissemination of the values and policies not only provides a rationale for their existence but also enables a shared generation of consequential and subsequent activity. By having such strongly expressed values and related policies the administration team had provided a framework for all the work of the school. The staff, the students and the wider community were subsequently able to 'perceive it as having heart, a real and meaningful culture' (Albrecht 1994, p.160). Where teachers are brokers for learning and caring in schools and acting as the intermediary between

the school and the students (Bosworth 1995), the administration leadership team fulfils much the same role for the teachers.

> We are very lucky in that there is an awareness of the importance of staff and student welfare and the need to be supportive of staff from the Administration. Maire (administration team member responsible for welfare) is perceived as being particularly supportive of health and welfare (Teacher Focus Group Meeting 3).

The administration team plays an important leadership role in the perception of CG School as health promoting. This is particularly so when the administration has been able to embed the identified values in its actions (Albrecht 1994; Swieringa & Wierdsma 1994; Busher 2006). With a distinctive moral base and faith, there is an expectation that the school provides for the welfare not only of its students, but also of its staff. The manner in which that is ultimately enacted is dependent upon the way in which the embedded culture actually permits and licenses both interpretation and action.

Conclusion

The apparent ease with which CG School was willing to consider itself as being an HPS abet without the label owed much to the adaptability of the HPS model (Rowling 1996) — to the way in which it assisted the school to collect all its health-related activities. In a Catholic school the education received by the students is based on a conviction that faith is more than a relic and that it has importance in human life in contemporary times. Health education is a part of the education of character, and the HPS model provided a framework in which the administration team could organise apparently unrelated (health) activities into a meaningful moral whole.

By taking on the HPS model, the CG School administration team was able to provide a balance between its core work, Catholic education, and contemporary (secular) society with its growing focus on risks and risk management. The HPS model and its listed competencies provided the administration with a tool that balanced the tension

between the conservative aspect of schooling — pre-existing knowledge and experience, i.e. *re*-production — and the dynamic, innovative aspect of generating new knowledge, i.e. *pro*-duction (Hawker 1990).

This school, like others, has made use of the productive and efficient model of business organisation (Goodman 1995) in an effort to generate school improvement, to generate 'better' results (Schmoker 1997). The rationality of the business model with its logical and objective criteria is hard to argue against. Drawing on a Taylorist scientific management approach, Senge's (1990) work on systems management, Schmoker (1997) contends that if the complex nature of school systems could be realigned to allow for 'feedback with sufficient clarity and frequency' (p.561), then positive consequences and school improvement are inevitable.

The clear intention of the school administration to embrace the HPS model is to all intents and purposes a positive indicator of the potential for educational reform. The flexibility of the HPS to be sufficiently malleable to suit any circumstance (Colquhoun 1997a; Rowling 1996) is promulgated as an important element of the model. The listing of competencies and professional standards (as seen in the Victorian audit) to help facilitate the determination of HPS activity contributed to a privileged view of the HPS. In using such a standardised approach as a setting for health promotion, the administration of this school was required to act within and for a sanitised system that inevitably 'produces and transmits those social practices that reflect the ideological and material imperatives of the dominant culture' (McLaren 1994, p.171). Thus, the HPS model in New Right terms becomes a means to transmit and reproduce dominant ideology.

The implication that the HPS model is expansive enough to incorporate any school's context and subsequently to promoteon health promotion, social justice and empowerment is therefore not necessarily borne out. The ability of the school to provide privileged families access to and reaffirmation of their cultural capital

(Bourdieu 1990; 2002) is more likely to be enhanced. It is therefore in this context that it is possible to see how the use of HPS competencies to deliver school effectiveness is unlikely to deliver reform that is socially just.

The strength the school's *habitus* exerts is such that it can moderate and meld the way in which the HPS model can operate within the school community, limiting the ways in which social justice principles are enacted and lived. The influence of the New Right on schooling, together with the cultural capital derived from the school's faith and history, combine to contribute to the reworking of the HPS model and its redefinition to determine how it is and can be acted out both in and by the CG School administration and community.

The leadership provided by CG School's administrative team perceived value in and supported health promotion activity — in particular, how the HPS model has been perceived as a resource for organisation and activity that is viable in a Catholic school context in spite of the fact that the school had no intention of publicly 'labelling' itself as HPS but was prepared to invest in and undertake HPS activity. The subliminal trade in and accumulation of cultural capital through schooling is a key responsibility of the school administration as representational caretaker of the school, its history and purpose. Looking at the HPS from the parent perspective provides a means to unpack the third arena of activity — partnerships and services. It is valuable to consider how parents perceive their role in supporting the educational life of their children and the type of relationship CG School builds with its parent community.

Chapter 8   Partnerships and Services — the Parent Perspective

Introduction

Parents play an important role in the education of their children. The family experience provides the foundation for an individual's lifelong learning (Alexander 1996). Parents provide the first educational experiences for their children and subsequently some seek opportunities to support the children's school and schooling through activities such as the supervision of homework, attendance at parent/teacher interviews, and support of fund-raising activities. Parents can become involved in the daily life of their children's school through assisting in art/craft and reading programs, working in the library or school canteen, and by providing transport or gardening services (Morgan 1996; Slamet 1995) at the least. More recently with the move to quasi market reform in schools, parents have been cast in the role of customers, having what Davies coins as the New Right term 'civic responsibility' (1993) whereby parents have no 'rights without responsibilities' (Giddens 1998).

The HPS model sees parents as legitimate partners in the education process, having particular vested interests in how the school contributes to and shapes their child's growth, development and health socially, psychologically and spiritually. The HPS model makes considerable use of the term 'partnership' when referring to parents and the community. According to Rowling (1996), the aim of the education sector to develop stronger school community links can be facilitated through a focus on health issues. There is an inherent recognition that schools, parents and the community are the significant contexts in which young people/students learn and grow; these contexts become what Epstein (1995) refers to as 'spheres of influence'. Schools —

and specifically HPS — use the term partnership, however, in a way that does not acknowledge power differentials between the partners (Beckett 1997; Beresford & Hardie 1996; Morgan 1996; Toomey 1996).

Many parents will pass to schools responsibility for their child's education especially as the child gets older and moves into secondary education (Crozier 2000; Epstein 1995; Goodman et al 1995). There is a growing recognition of the value of working with parents (Morgan 1996) but schools will also (perhaps understandably) limit and control the roles parents are permitted to undertake and the amount of parental input (Nichols-Soloman 2000; Fullan 2000; Goodman 1995). However it has been noted that the skills of parenting do not necessarily equal school (especially secondary school) teaching skills (Toomey 1996), so a challenge lies in conjoining the home and school environments so that both can support the child/adolescent-student. It is in this context that the CG School parent perspective is put forward. In this section I will focus on the ways that parents view the school, how they interpret their roles in their children's education, and their expectations of the school.

Parents' perceptions of the school community

The expectation of parental involvement in their children's school is almost universal (Nichols-Solomon 2000; OECD 1997; David, West & Ribbens 1994). The potential for schools to create a community for students and their families is significant, and for many parents is an actively sought aspect. For the parents of daughters at CG School, their ability to understand the aims of the school, what it did to achieve those aims and how it actually 'worked' was more often than not the result of personal experiences.

> The school has certain standing within the community. I was very aware of
> how it was perceived because I talk with other parents about the way in which
> it operates. We wanted to send our daughter to a school that had a caring
> environment and that would give her many opportunities especially academic
> (Parent Focus Group 1).

The students are in a position where their acquisition of what Bourdieu (1990) calls social capital has been accelerated because they are the beneficiaries of their mothers' (or other female relatives') experiences. The value of such inherited social capital enables the individuals to build social relationships and connections. By being a student at CG School they are 'known' and, equally, are worthy of being known.

It has been noted that the majority of parents involved in their children's school life are mothers (Crozier 1999; OECD 1997; Connell et al. 1982). Fathers who are involved are much more likely to undertake management roles, such as being on the school board, with involvement in daily activity more likely to be the realm of the mothers. This was particularly evident at CG School as all but one of the parents willing to be interviewed were women. Parents who participated had roles on the school board and/or were working in the school's parents and friends association.

> As a past student I know how the school works and I know what it is trying to achieve. My memories of my school life are very positive and I wanted all of my daughters to have similar experiences and opportunities (Parent Focus Group 1).

The predominance of women being interviewed could have been influenced by the fact that it was a single-gender school for girls; however, these women reported that they were involved in their sons' schools to a similar degree. So while it could be argued that parent power is mother power (Crozier 1999; OECD 1997), the ability of any parent to take an active role in school life is also dependent upon the family's time, energy, commitment and material resources (Crozier 2000; David et al., 1994). One of the actions put forward as an indication of parental involvement in an HPS is to 'contribute skills and facilities within the community to strengthen education' (Network for Healthy School Communities 1992). It would seem, however, that in a secondary school that defines itself as health promoting the skills of nurturing (mothering) are less in demand as children grow into adolescence and young adulthood, whereas the demand for managerial and worker skills is always at a premium.

The ability of the parents, particularly the mothers, to contribute to CG School represents significant cultural capital (Bourdieu 1990). The family has the ability not only to transmit cultural capital effectively but to do so over a prolonged period. It can afford to have the mother as a full- or part-time home-maker and to delay a daughter's entry into the labour market through prolonged education.

Being the Right kind of parent

As with other groups, parents are not a homogenous set. There are common parent characteristics including wanting the best for their children; being concerned about their progress through formal education; and their prospects for future employment; and the tangible claim of student and community wellbeing specific to the HPS. Parents can act on these and myriad other factors in their relationship with their children's schools (Crozier 2000; OECD 1997; David et al. 1994). So parents can elect to send their children to a particular school for a variety of reasons. David et al. (1994), in their research on what motivated parents to select a particular school for their children, reported that there was 'an almost infinite variety of reasons offered ..' (p.83). However, the most likely motivations for selecting a particular school could be categorised as the three 'P's' — 'performance of school (academic results), pleasant feel (atmoshere/ethos) and proximity (near to home/location)' (p.84). In the case of the responses from the CG School, parents stated motivations ranged from the academic and the religious to a continuance of family history as well living nearby, thereby reflecting those found in the published research.

> There are many families that have a strong connection with the school – either
> the girls' mother was a past student or perhaps an auntie or grandmother,
> there are even cousins who attend the school. There is a strong link across
> generations (Parent Focus Group 1).

Such connectedness makes it easier for SH parents to support the work of the school. Add to this equation the school's claiming HPS status, and the focus on the health of the students is, for parents, an important aspect. Not only do the students have the advantage of parents and other family members familiar with and supportive of the

style of education provided, they also have the ability to navigate the organisational structure and philosophy of the school. And when CG School claims HPS status it makes tangible its commitment to the students' wellbeing.

> I feel that CG School is most definitely a health promoting school. Physical health is always a major factor but mental health and well-being in today's society can play a major role in the development and educating of our young daughters.

> Many and varied activities take place throughout the school year. During the first few weeks of senior classes the girls are taken on renewals. Years ago, when I attended CG School, these renewals were called retreats. Unfortunately, that is what we did – retreated into a 'shell' to think about our lives. My experience of today's renewals comes from my daughter who was in Year 12 in '98. The focus today is on each individual, realising that they are very special and have qualities that make them unique.

> Each student is encouraged to talk about the highs and lows in their young lives. This impacted very positively as students whom everyone thought that they knew so well, shared special feelings which may have helped others to understand them a little better (Mathilda's narrative).

Such advantage increases because it mutually reinforces a 'pedagogy of family' (Alexander 1995) and 'family effectiveness' that, according to research undertaken by Clark (1987), is a significant factor and resource in children's lives. Parents (in this case female family members) have personal experience of the school and so their familiarity enables what Atkin and Bastiani (1988) observed as 'a more positive view of school life' (p.59). They see themselves as being members of the CG School community, thereby providing credentials and therefore credits (Bourdieu 1990). The ability of the school to also value and develop health as a resource for and of their children helps to reflect the need of parents to have their children in a school that cares for them, developing every aspect to support their academic progress.

David et al. (1994) noted that parents of girls were more likely to prefer single-sex schools, as were parents wanting religious education. Equally, parents of boys were looking for schools with 'good' resources and facilities.

> At the school (CG School) the students are dealt with as individuals. There is an effective welfare and discipline policy and the school nurtures respect, responsibility, independence and faith. It manages a well cared for physical environment with adequate resources, opportunity for choice and a strong emphasis on literacy and numeracy (Parent Focus Group 2).

However, there is a recognition that their daughters' lives outside CG School needed to be equally balanced, thus, the school shares activities with another local single-sex school for boys. They are perceived as 'sister — brother' schools, with mutual activities including dances (e.g. debutante) and drama productions.

> Our son is at *X School* that is also Catholic. There are a number of events that the two schools do jointly which are nice to be a part of as a parent. But I also feel that having the girls and the boys in their own schools means that they are able to develop and learn in their own way, without being distracted by the other (Parent Focus Group Meeting 1).

The notion of community connectedness extends to both of the schools in that it is not uncommon to have sons at one and daughters at the other.

> Having the two schools close together is more than just the geographic location for many parents. Whilst it is nice to have two such successful schools nearby making it easier for parents to accommodate all of their children's academic needs, for many families it is more than that. The mother and aunties or grandmothers from both sides of the families are likely to be past students at CG School. Equally fathers and uncles or grandfathers from both sides probably went to *X School* (Parent Focus Group 1).

The ability of the two schools to work together is predominantly based upon the fact that both are religious schools (and of the same denomination), geographically close together and drawing from the same cohort of families — predominantly professional and of the Catholic faith. There is a relationship between the two schools and their parents whereby there is mutual investment in their children's future cultural capital and the exercising of social capital through the use of the networks between the school communities and the Church. Additionally, the

placement of their children in either Catholic school was inevitable, the result of *habitus* that positions such 'choices' as being natural, common-sense and inevitable (Webb et al. 2002). The choice to place a child in a HPS over a traditional school (given that all else is equal) would also seem to be natural and common-sense.

The school has been able to work in such as way as to engage parents –what Crozier (2000) calls 'getting the right parents' who are sympathetic and supportive of the ethos, policies and curriculum. All of which Bourdieu argues as constructing a mind-set that is equivalent to being 'like a fish in water' (1992) and contributes to both the construction and the bartering of cultural capital. The parents perceived the school as being able to provide a formal curriculum that was equal or superior to that provided by government schools [11] with the added bonus of caring for their health. For parents who send their children to Catholic schools, having this formal curriculum is perceived to be highly valued (McLaughlin 2000). According to Hughes et al. (1994), parents tend to view the importance of relationships with other students and teachers as being a significant indicator of satisfaction with their children's school. However, differentiation for parents lay in the informal curriculum that was seen as having the most influence on the academic achievement of students. Specifically, it is the level of health promotion, moral leadership and faith, and the degree to which student's personal-development needs are met that is perceived as providing an edge to students' academic achievements (Rogan 1994; Flynn 1985), subsequently enabling cultural competence that in turn produces cultural capital (Bourdieu 1990).

Having made choices about their children's school, parents will be more likely to express satisfaction with the school (Crozier 1998; Hughes et al., 1994), probably

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[11] The centralised and formal curriculum provided through the Curriculum Standards Framework (CSF) II for years P–10 (since 2006 this has been replaced by the VELS) and the Victorian Certificate of Education (VCE) for years 11–12 was applicable to all Victorian schools. In government schools it is by mandate, in Catholic schools through shared development and consensus, and in independent schools by individual site choice.

owing to middle class parents being more likely to speak the same language as teachers and hold similar expectations (Hoover-Dempsey & Sandler 1997; Lareau 1989). Such a position derives from a range of aspects including the parents' first hand experience of the school as student, the familiarity with Catholic education and faith, as well as being able to draw on their tertiary education and understanding of the corporate managerial concepts.

All of these are examples of social relations within a system of exchange (Harker 1990), and more of what Bourdieu calls cultural capital. There is a growing appreciation that parental involvement in their children's school life can have positive effects on the children's educational outcomes (Hoover-Dempsey & Sandler 1997). Consequently, CG School was able to market itself to particular parents (a Catholic and professional/intellectual class that recognised the importance of health), and these parents could select the school on the basis of what it said it could do (a health promoting, Catholic education for the professional/intellectual class), generating mutual self-normalisation (Ozga 2000).

The 'what's in it for parents'

As children get older and move from primary to secondary education, the opportunity for parents to remain involved in schooling reduces. Parents, students and schools cite that reduced opportunity for parental involvement arises from adolescents seeking greater independence from parental supervision (Crozier 1999, 2000; Beresford & Hardie 1996; Epstein 1995; Goodman et al. 1994):

> It was easier to be involved in the school when she was at the primary school. There was always the opportunity to help with the reading programs or stocking the shelves in the library. The school even put on morning tea for parents once a week after the assembly for mothers to be able to catch up and chat. Now that my daughter is at secondary school I feel I need to give her some space. I only tend to get up to the school when she asks me to, or when there is a parent teacher evening or family mass (Parent Focus Group Meeting 2).

Whilst perceived as being desirable (Fan & Chen, 2001), parental involvement from the parents of secondary students can be an impossible task (Callingham et al., 2002). By the time their children reach secondary education parents can be 'frozen' out of visible involvement. Many factors contribute to the exclusion of parents. These factors can include the socioeconomic status of parents (Crozier 1999, 2000); the reduced opportunity to build a sense of belonging to the school community (McKibbin et al. 1998); for mothers, in particular, having other children and work commitments that draw their attention and time (Reay 1998; David et al. 1994; Phillips 1991); and the curriculum becoming more complex, with additional teachers that parents must begin to relate to (Beresford & Hardie 1996).

The absence of parents in the secondary school leaves a space for other interests to invade. No matter how far parents separate themselves from involvement in their children's schools on the basis of recognising their children's growing independence or the probability of secondary education being increasingly inaccessible or even incomprehensible to them, parents will still express concern about their children's education. So in their apparent absence and inability to engage with their children's schooling, the New Right has been able to craft a position that resonates with parents — a concern about their children's future and wellbeing. In the absence of any other 'voice' about their children's schooling, parents are inevitably drawn to the 'common-sense' and 'plain speak' that asserts the inevitable — the three R's, effort and merit, education for economic gain and social reproduction. (For further discussion, see Chapter 3). So when parents can participate in the school, they only get to do so at a distance, in designated managerial or operational roles that have been set aside for them.

Parental involvement in a range of school activities and management functions is an important aspect of what Ball et al. (1994) refer to as 'the parent as consumer'. Where schools have access to parents with a range of skills, they are in a better position to disperse costs into voluntary work while creating controlled opportunities for parents to contribute to overall school wellbeing (Whitty et al. 1998; David et al. 1994).

> I have been on the school's PFA Committee. I think that being involved not
> only says to my daughters that I am supportive of them and their education but
> that the school also knows that I am interested in what it does. There's not
> much else that I can do now that they are older (Parent Focus Group Meeting
> 2).

In Bourdieu's (1990) terms, parents are building social capital through their 'network of relationships, and establishing or reproducing social relationships that are directly useable' (p.249). The involvement of the parents in the school creates what Crozier (1998) terms vested interest, where the market uses parent involvement as the basis for parents to protect their 'investment' in the school—financial as well as dedicated time (Heywood-Everett 1999) and other resources, including health.

Parents who can act on their opportunities to network and to become involved can gain a better position to seek out and gain access to knowledge that they want (Bourdieu & Passeron, 1977; David et al. 1994). Given time, such parents begin to influence the school's perceptions of how it functions — so much so that eventually the goals of the school become 'closely adapted to the higher social strata of the local community' (Ball 1987, p.256). Since the priority of parents is that their children receive not just an academic education but also a holistic one, one parent was able to recognise that CG School was not able to cater for everyone and reflected upon its strengths.

> We sent both of our daughters to the school but ended up withdrawing the
> eldest one and sending her to another school. CG School wasn't working for
> her like it does for her sister. We found another school we thought would be
> better for our eldest and it has turned out to be a good choice for her. But we
> did have to think carefully about withdrawing both of the girls. In the end we
> want what is best for them and CG School works for our youngest. (Parent
> Focus Group Meeting 1).

According to Harker (1990), 'parents appear to be objectively aware of the possibilities for their children and make educational choices accordingly' (p.90).

The ability of parents to access information and reflect on their relationship with the school is a part of what Bourdieu (1990) termed *habitus*. *Habitus* is a structure that organises practices and perceptions of practice, and thus for parents there is an ability 'to recognise the possibilities for action and at the same time prevent(ion) . . . from recognising other possibilities' (Codd 1990, p.139). Parents use their 'own knowledge and understanding of the world, which makes a separate contribution to the reality of that world' (Mohar et al. 1990, p.11). Therefore, parents develop an appreciation of what the school has to offer, and the ways in which it does this, and they evaluate the appropriateness of the school; thus, *habitus* both generates practice and limits possibilities.

> I have a daughter who is still in primary school. We don't know yet if she will be going to the same one as her sister because they are very different personalities. Each has their own particular style and their interests are not exactly the same. As her parents we need to make sure that each gets the schooling that is best for them and if that is another school – so be it (Parent Focus Group Meeting 2).

The SH parents reflected on their recognition of how important schooling was in their lives. This was particularly so for mothers who were also past students of CG School. By their daughters attending the school, there was a realisation of the significant role that the school played – both in their lives and in those of their daughters, forming values and friendships that contributed to what they perceived as a well-rounded life. This echoes research undertaken by Hoover-Dempsey and Sandler (1995), who reported that mothers appeared to use their involvement in their children's schools as a means by which they could get feedback about their success as a parent. Where families have sufficient economic capital to absolve parents — in this case, mothers — from the workforce represents significant social capital.

Parents as a part of the school community

The parents of CG School were aware of their daughters being a part of a community and they carried this over in the contribution they were willing to make to the school. As a community, they too felt that they belonged.

> The shared experiences for example the family masses, revitalises my sense of belonging not just to the school but to what the school stands for. Success for both my daughter (and myself) is far more than just the satisfactory completion of her secondary education. As she grows through this school it also gives us shared milestones in a lifelong journey (Parent Focus Group Meeting 1).

Perceptions such as this act to engage the social networks of the school community, producing social capital and reinforcing the prestige and status of being involved with the school community in generating cultural capital. CG School was active in its efforts to engage parents in the life of the school. It promoted a monthly meeting with the Principal and Deputy Principal, participation in the secular and religious life of the school, and opportunity to join in the school alumni — through regular newsletters, reunions, social and fundraising activities. Pastoral-care responses were apparent in all aspects of the school community. As adults, these past students could stand back and see the demonstration of how their daughters were dealt with in the school. They felt that their daughters were being dealt with in a dignified manner. They saw their daughters being treated with respect, and in return they acted in a respectful manner. They saw the school addressing health promoting issues, and in turn (hoped) they lived their lives in a healthful way. So while the school provided opportunity for social reproduction, for parents it also provided an extension of the family *habitus*. It can therefore be seen that Bourdieu's theory of reproduction of family groups being more significant than whole social classes (Bourdieu 1983) is to some extent borne out, given that the transmission of *habitus* occurs within families (Hawker 1990).

The range of public events provided by the school fulfils two roles of communication and ritual. The public events are examples of positive communication (Beresford &

Hardie 1996) in that they are ways to showcase to parents and the wider school community the 'good' work of their daughters. Such celebrations also facilitate the ritualistic aspects of the school life that 'do more than simply inscribe or display symbolic meanings or states of affairs but *instrumentally bring states of affairs into being*' (McLaren 1999, p.41 [original emphasis]). Thus, by 'showcasing' through public events the school is able to both celebrate student achievements — academic and health promoting — and proclaim the school's successes and the social and cultural capital that such undertakings involve.

Parents were active in making sure that their children were and continue to be in agreement with their choice of CG School (David et al. 1994). Therefore, the pre-existing relationship between the school and the parents (especially the mothers) becomes a significant indicator of the child's belief in this school.

> I understand that the school needs to be consistent with family values, to provide opportunity for our daughter's success. I know that she has access to competent, caring teachers and that she is in a school where there is scope for excellence in academic, sporting and performance arenas. And that in the end she will be able to go onto university and live a successful life (Parent Focus Group Meeting 2).

The parents were successful in that they had personally achieved a significant academic standard while at the school. Their standing within the school (as students) had been recognised by their peers through their election to student leadership positions and by subsequently being able to undertake tertiary education. They saw the success experienced in their adult lives as the fulfillment of the education they received as adolescents at SC School. And while they had physically graduated from the school, the mothers (particularly) reflected on their support of the ethos of the school community and the fact that they had continued to believe in the values of the school.

> My daughter can experience the education that I had undertaken and was so meaningful for me. The tradition being handed to my daughter, the stability of

the organisation, the school and its values are a constant to be experienced by my daughter (Parent Focus Group Meeting 1).

The notion of partnership between a school and its parents is not a particularly well-developed concept in spite of its widespread and long-term use (Heywood-Everett 1999; OECD 1997). The use of the term 'partnership' is widespread in HPS literature (AHPSA 1997; Becketts 1997). While the term is used to develop and enhance the principle of empowering individuals and communities, in reality it is a vague term and 'in this context provides symbolic reassurance, as it "condenses" emotions into a word which has positive connotations for everyone' (Morgan 1996, p.132).

The CG School website promoted parental involvement in the life of the school. It made links between the family and the school in making a whole student. It was clear in its expectation that parents would participate in the school community and that both the school and family had a shared responsibility for the development of the students/young women enrolled in the school.

> To me the role of parents in a health promoting school is equal to that of teachers. How can we expect teachers to show the way if we have no interest or don't provide the example? How we see this important role will affect our daughters to the extent of how they educate their children in years to come.

> I feel more involvement from many parents even in attending 'one' or a few more P&F meetings, social functions, etc. would help to promote the feeling of interest or even just caring about our daughters' education. We entrust them to the teaching staff at CG School but do we sometimes need to check what goes on? Who is caring for our children? Are they promoting 'health'? Part of that promotion comes from our daughters seeing that we are interested and involved, not just in their academic education but in the shaping of their whole self – as young well-balanced, capable women (Mathilda's narrative).

In reality, each player holds his or her own interpretation and there is no recognition of the conflict of philosophies between what Morgan (1996) calls 'parent power, manifested in parental representation, with parent power, as expressed through parent choice' (p.137).

The way in which the relationship between the parents and the school develops is more likely to be the result of what the school permits and recognises as parental involvement.

> I feel that the contribution that I make to the school is important. The school has recognised what I do and lets me know that it is appreciated. Parents can be involved in the school in lots of ways. These include not only by working in the canteen but also by involvement in the parents and friends, or by participating in school masses, for example the Father's Day Mass, which are specifically organised to help the girls celebrate with their families, particularly their fathers (Mathilda's narrative).

Parental involvement predominantly reflects the school's values and goals; it is more or less voluntary. However, most parent involvement in the life of their children's school is likely to be hidden from the school and given little credence — such as assistance with homework, researching assignments, and any additional tutoring, as needed — (Crozier 1999, 2000; Heywood-Everett 1999; OECD 1997; David et al. 1994). As Morgan (1996) found in her research, 'the level of parent involvement in the school is minimal, and does not affect the existing power structure of the school' (p.101).

Conclusion

Fullan (2000) contends that '(e)ffective schools use their internal collaborative strength to seek out relationships with the community' (p.582) and in doing so schools undertake environmental scans, building cultural capital through commitment and understanding of what the school attains. CG School has three critical stakeholders — its parents, the founding order of nuns and the Catholic Church. There is no doubt about the influence of the Catholic Church on the life of the school, given that its 'task is fundamentally a synthesis of culture and faith, and a synthesis of faith and life' (Catholic Church 1977) as seen in the evidence of religious education, symbols and rituals. In comparison, the role of the parents appears to be relegated to one of a more passive and 'supportive from a distance' style. The school

is working to ensure that it gets the 'right' sort of parent — in particular, parents who support the school, working to keep 'with the mind of the Church and the manifest aims of its educational vision' (Catholic Education Office 2001b) — and to attract additional cultural capital (Bourdieu & Passeron 1997).

Equally, parents can choose schools that can reflect and extend the family *habitus* — a Catholic school would be an inevitable experience for their children since it was familiar, and reflected and reinforced the moral, ethical, health and spiritual positions of the family. By being a part of a Catholic school, the family was in a position to reinforce, develop and extend its social and cultural capital.

The terms involvement, participation and partnership are often applied interchangeably in much of the discourse about the role of parents in schools. Mawson (1996) sees differences in the terms due to the underpinning use and delineation of ownership and power practice in school-based decision making. Heywood-Everett (1999) perceives an impetus for parent-school partnerships arising out of a market-driven vision of school effectiveness. In this business context such a partnership is unlikely because the implicit rigour and responsibilities of the commercial world — equity of responsibility, consensus, parity of investment, identical legal rights and proportionate functional roles are unlikely to be enacted.

Partnerships with parents and the wider school community are an important feature of the HPS model. The Australian Association for Health Promoting School Communities (Ackerman & Foskett, 1994) puts forward the importance of parent-teacher partnerships in the interests of the child and identifies policies as a means to mainstream practice. However, as Mawson's (1996) research identified that 'government policy related to parent participation within the school has had little impact upon the school's culture' (p.101) the same can be said of CG School's policy about their parent and community involvement in the school.

Parents have a particular view and expectations of the school and have roles in their children's secondary education. There is an identified a challenge for CG School: in taking on the HPS model, as it needs to genuinely build partnerships with the parents in its school community and to reflect on the way in which it works to get the parents it wants. In the guidelines developed by the Network for Healthy School Communities (1992), parents were seen as a social resource for the HPS. To be a parent in an HPS requires one to 'value the learning school can provide' and 'to contribute skills and facilities within the community to strengthen education' among other stated actions. Such requirements of parents can contribute a great deal to the social and cultural capital in the school, but with the possibility of reinstating hegemonic positions.

Chapter 9   Partnerships and Services — the Health Agency Perspective

Introduction

The loose network of groups and individuals that share the healthy public policy philosophy tend to emphasise health promotion, community participation and intersectoral collaboration. It requires 'cooperation and co-ordination of policies and actions to maximise impact' (O'Connor & Parker 1995, p.30). In the model of the Australian health promoting school developed by the NH&MRC (1996), one of the three arenas of activity relates to partnerships and services. It is in this arena that explicit reference is made to accessing local health agencies and the development of alliances between the agency and the health promoting school.

It is at this point that the health/education dualism of the HPS model is most obvious. Health intervention programs and resources are imported or transported into schools and facilitated by health workers without significant consideration of pedagogy and how it influences and informs teaching and learning. When delivered by health agency workers to whole classes or small groups, their interventions are unlikely to be moderated for pedagogical intent; however, when such materials are utilised by teachers there is an increased possibility for moderation to 'fit' educational purposes.

The Network for Health School Communities (1992, p1) proposes that '(h)ealth professionals and community health workers have an important role collaborating with schools to ensure an efficient and equitable health service and effective educational activities in this area' (p1). Such a position requires that teachers need to appreciate the intentions of a health agency and what it aims to achieve though the

programs and resources it provides to schools. Equally, however, health agencies need to develop an understanding that school is more than behaviour change and that the efficient delivery of programs, health-focused or otherwise, requires an understanding about pedagogy. In this section, the data will cover the experiences of health agency workers in a school. Comparisons will be made about the work of NGOs in health promotion versus the context of the health promoting school. Additionally, there will be discussion of the HPS as a collaborative community and as a learning community, and how the work of the NGO intersects with the work of the school.

The HPS as a learning community

The HPS model recognises the importance of the linkage between the school and a range of health agencies. A part of the relationship between the two fields contains the possibility not only for the provision of services to the school body but also for the development of a community 'which supports personal and social development" and "building on the notion of how and what schools deliver' (Network for Healthy School Communities 1992).

> Well for me a school is about community. And it actually encompasses everybody — it's the student population. It's the family ar carers, it's the staff, it's the community in which the school fits. So it's really very broad, so my feeling is that promoting health is about the promotion of health to and in all of those areas that are to do with other people. That's huge. Health promotion is everybody. (Health Agency Focus Group Meeting 1).

It is within these boundaries that there exists the potential for a community that has at its core democratic learning such as envisioned by Dewey (Willinsky 2002). Such learning is lifelong, and applies equally to the student body, the teachers and the health agency workers who work with and in the HPS.

CG School has consistently dealt with health issues in the school through a range of programs and initiatives. It was only after the school participated in the VicHealth

survey about HPS that the school identified itself as having features of a HPS and could see how the claiming of health promoting status would help aggregate a number of previously isolated (health promoting) activities and provide a framework for further initiatives. As a result, health was offered as stand alone area of study in the Year 9 curriculum and additional initiatives were refocused. The school now actively promotes programs to deal with bullying, promote interpersonal skills through communication, peer support and mediation, nutrition education, bereavement counselling, and alcohol and drug education. The school has not only established a team of teachers and counsellors to provide pastoral support but it also was active in trying to establish and utilise links with external health agencies to not only provide services to the students but also to the teachers.

> We get some referrals for counselling but the girls would usually see someone here at the school now. The other way that we are involved is that we do training for the peer support and bereavement programs. So some of the teachers have done training in that, so that we are sort of one step removed, we're not directly involved in the school situation (Health Agency Focus Group Meeting 1).

The provision of health services in the health promoting school context highlights the differences in purpose and approach between health and education; and the experience at CG School. Such differences can be seen in service provision models such as those by full-service schools and school-focused youth services, — two very different models when compared with the HPS. Full-service schools hold education at the centre of their activity and therefore have to make connections with a range of (health) service providers who then work in the context of the school philosophy. The school, therefore, 'can be a centre for the development of community and also remain the logical site for linking services needed by students and their families' (Groundwater-Smith et al. 2001, p.263). In doing so it enables flexibility, with the ability to introduce the most appropriate initiatives to meet local needs (Department of Education, Training and Youth Affairs 2001).

On the other hand, school-focused youth services represent those initiatives that are specifically designed to assist individuals to deal with their involvement in school activities and programs in a more effective manner (Department of Education, Training and Youth Affairs 2001). Even if they were provided in a small-group setting, agency facilitators would ensure that the individual's needs, issues and concerns were addressed. This is response and intervention targeted to meet the needs of the 'at risk' student and therefore tends to be more time-consuming owing to its customised nature.

Teachers and health workers are concerned about the wellbeing of the individual concerned, but this is demonstrated in very different ways. The teachers and administrators at SHS School are seeking speedy 'treatment' and 'recovery'. They are concerned about the individual missing out on school life (particularly academic progress) and being left behind. When schools call on health agencies for assistance, they are drawing upon another set of skills, expertise and experience.

> What comes to mind working in this field … around drug and alcohol issues … is that there's an expectation that you will fix it quickly. … It's not always possible for a range of reasons ... so what is coming up for me (is that this) is an expectation that is put on us constantly, particularly in a school setting for a whole range of reasons (Health Agency Focus Group Meeting 1).

When schools access health agencies in such a manner, they generate what Dewey calls an inevitable democratic tension — in this case, the expert control arising out of the health sector and public control (Willinsky 2002). CG School was actively developing connections with external health providers servicing a range of health issues including pregnancy and family welfare, drugs and alcohol and grief and bereavement that enabled the school to draw on external expertise using a 'just-in-time' service approach. Having to rely on health agencies in moments of crisis — no matter how legitimate — left little space in the school to learn how to work with its members before many issues become critical and meant that often a tension was created between philosophies of the school and the health service.

What might be seen as an essential issue from the school perspective could be different from what a health worker perceived as being essential.

> 'Other issues need consideration, tied up with the legal stuff and concern about how a school might be seen. … Someone might deem it appropriate to call the police in, so there is another issue. There are times that it is not appropriate to do that given the set of circumstances. Because there is so much stuff that's going on anyway in this person's life that they are having difficulty coping with. This is then just another add on, that it is just too much … and it would not help the cause — to actually stop the harm (Health Agency Focus Group Meeting 2).

The need for schools and health agencies to work together in a community that focuses on health highlights the need for awareness of its diversity. The interest in health does not necessarily translate into a shared understanding about how appropriate responses and obligations are perceived. And while Dewey would argue for diversity and democracy in a school community, it is only possible to create harmony through open inquiry, discussion and participatory democracy (Willinsky 2002; Detlefsen 1998). This would be a challenging activity to acknowledge at CG School. The school was clear in its intent to utilise and link in with health services for the well being and pastoral needs of the school's community and the young women in their care, it was made clear that the agencies were to be empathetic to the ethos of the school (CG School Website). The *doxa* of the health agency literally clashed (although very politely) with that of the school. Each was 'backed' by their respective stakeholders and expectations, and a common position and shared resolution was unlikely. This was inevitable, given the way in which their relationship built on a managerial paradigm where business after all is business and community building even between professional fields is difficult to measure in economic terms.

Clearly this can create a tension between views on what is the preferred intervention. Both are increasingly drawing on the same public health rhetoric and principles, but with varied understandings and possibilities.

> In theory there is supposed to be an understanding of harm minimisation, harm reduction, but it comes back to people (teachers, schools) being uncomfortable

> with sexual activity, drug use, alcohol abuse, and appropriately so for a
> number of reasons. So when the crunch comes, the harm minimisation and
> reduction flies out of the window … they have to be concerned about all of the
> students in the school (Health Agency Focus Group Meeting 2).

The philosophical character of the school and the requirements of its stakeholders do not permit all harm minimisation programs and strategies to be seen as having equal status. In the case of CG School being a Catholic school, the use of condoms as a form of contraception and as a way to limit transmission of STDs and HIV raises issues that move beyond solely physical health into spiritual/religious health and social capital. In the secular health world, the use of condoms is presented as a 'common-sense' response to the need for available contraception and to limit the spread of STDs. In the context of the Catholic school, its teachings generate a different 'common-sense' where to use condoms is simply not an option. Following the teachings of the Catholic Church on this (and other matters) provides for *doxa* where the understanding about not using condoms is based upon a premise about respectability and honour, together with an understanding of the purpose of sexual activity (i.e. marital monogamy and procreation) (Bourdieu 2002).

Workers in the health agencies work hard to create an understanding of the boundaries between the client (in this case, the student) and the health worker — to make sense of their *doxa* in their daily work.

> We work very much with confidentiality as a huge issue. The school has been
> very open in having myself and colleagues come in and do sessions here. But
> unless we had the consent of the students, the school would not really know
> too much about what we are actually doing … the confidentiality is a really
> crucial issue (Health Agency Focus Group Meeting 2).

The health agencies' workers argue that they have to work differently from schools in that they perceive themselves as being answerable to the individual.

> Confidentiality is a really crucial issue. It's what builds trust. It is actually an
> imperative to show that you are trustworthy and therefore disclosure can
> happen (Health Agency Focus Group Meeting 1).

The issue of confidentiality is a significant one in health care. It not only relates to keeping patient/client information within the confines of a particular setting, but also pertains to what should be shared by reporting and recording to others with vested interests (Stein-Parbury 1993). Further, when establishing the Service Agreement the Department of Human Services makes explicit the importance of two Victorian laws that enshrine privacy protection and how they pertain to a health agency's management of personal information (Department of Human Services 2003). These are activities that constitute governance of health workers both by public organisations and laws and by regulatory autonomy (Ball 1987).

In fact, the student's sharing of a (minor's) confidence with a health worker can often be a test of trust, to actually see if the worker is trustworthy and can hold a confidence (Morse 1991). By demonstrating the skill of confidentiality, health workers are able both to support their current work and to facilitate further and new work providing tangible representation of their *habitus* (Webb et al. 2002) Thus, combined with school-based support for their work, health agencies have been able to increase the understanding about their services both to themselves and to a broader clientele:

> We've been fairly dependent upon the school or somebody making referrals. … We have not tended to come into the school to only promote ourselves. It's probably changed a bit but when I first saw students from CG School the teachers or maybe the parents would say to the girls "I want you to go to 'so-and-so' for counselling … but now it's the girls or young people who make the choices themselves (Health Agency Focus Group Meeting 1).

The issue of confidentiality is no less significant in the school context. However, schools also have to consider the individual, the family and the wider school community. In reality, schools are attended by young people predominantly in their compulsory years of schooling, but the choice of school is made by responsible others — parents and other carers (Crozier 1998; Whitty et al. 1998). For CG School there are explicit statements about the need for the school to link with health services but to do so in a way that reflects and supports the school's ethos of the students

being placed within a supportive environment that is a unashamedly a Catholic community with all that entails. Consequently schools, and in this case CG School, do not have a sole relationship with their students and therefore confidentiality issues can develop 'elastic' boundaries. Further mandatary reporting requires primary and secondary school principals and teachers from July 1994), nurses, doctors and police (November 1993) in Victoria to notify suspected cases of child physical and sexual abuse (*Children and Young Persons Act* 1989 (Vic.), Section 64(1C). So while confidentiality is often held to mean the sharing of private and 'off the record' confidences between students (in this case), teachers and/or health workers the later two have a legal requirement to 'break confidences' if they reasonably suspect physical or sexual abuse.

Health promotion in schools versus the HPS

Health promotion (Ottawa Charter 1986) is a familiar concept to health workers. Indeed, more than a decade ago Baum (1990) noted 'there are already signs that the Ottawa Charter (for Health Promotion) is the statutory 'mantra' for gatherings of health professionals' (p.148). The identification of schools as a setting for health promotion is important in that 'Health Promoting Schools (HPS) can make a difference to the health of students, staff and the wider community' (VicHealth 2000, p.1).

Health promotion in the school setting is about linking education and health. Health as an area of learning can be useful in integrating the curriculum. In using a holistic approach it is possible to generate collaborative processes that include broad social, physical, psychological, spiritual, environmental, and economic perspectives that are also inclusive of the health and other sectors (Ackerman, 1997).

> There's probably more scope to work in that area (i.e. health promotion), in the
> school itself than what we do now (Health Agency Focus Group Meeting 1).

This perspective is echoed in the findings of a series of workshops facilitated by the WHO in the Western Pacific Region, where the participants acknowledged the benefits of intersectoral collaboration. '(A)lliances would be useful as they permitted the exchange of ideas and experiences, pooling of manpower and resources and transfer of expertise and know-how' (WHO 1995 p.22). Such activity builds possibilities for learning and reflective practices that can transcend and move between the individual sectors. Equally, the same activities can be limited by the manner in which the 'other' sector is viewed so that the expert and privileged position of one is promulgated onto the other.

> Working in schools with students can become sort of a confliction too because teachers and parents might have a different idea of what they want to know, or should know, or need to know about the students. And if the school is not happy then they may not get you (and your agency) involved next time (Health Agency Focus Group Meeting 1).

The potential for both a health promoting relationship between schools and health agencies and one that reiterates the power differential to the health sector is revealed in the day-to-day practices and subsequent experiences of the HPS. The common sense of health agencies arises out of their hegemonic practices — the meanings and actions that constitute the social world of the 'health' sector (Apple 1995) and does not reflect the common-sense and hegemonic practice of schools.

The possibilities for the health agency within the HPS are perceived as being easier in that the agency staff assumed a shared interpretation of health promotion and what would constitute health activity and action. All of which is constituted from the health agency workers' *doxa*. If CG School is a health promoting school:

> …it would say to me that they want to work with promoting health issues within their community, student population, and hopefully they will want to continue the relationship with our agency. … and there might be scope to actually do further programs or develop other ways to access the parents or whatever ... There could be another opening. … it would be very positive (Health Agency Focus Group Meeting 1).

The Network for Healthy School Communities (1992) describes actions that community health agencies can undertake to support the HPS that include 'empowering teachers with effective understanding of health issues'. In the context of health promotion, empowerment 'refers to the ability of people to gain understanding and control over personal, social, economic and political forces in order to take action to improve their life situations' (Israel et al. 1994, p.153). The importance of empowerment in health promotion is the premise that it is a democratising process (Wallerstein 1993), part of motivating and engaging citizens (Petersen & Lupton 1996), but its limitations reside in concerns that its basic terms lack specificity (Stevenson & Burke 1991); that there is failure to recognise and acknowledge barriers to participation, including naivety about what influences health, the health sector and techniques for political engagement (Hawe 1994); and that it reflects a particular *doxa* in that it enshrines selected positions and lifestyles (Webb et al. 2002).

The discourse of empowerment has been embraced by the health promotion movement, where empowerment is equated with any community's 'ownership and control' of its 'own endeavours and destinies' (Stevenson & Burke 1991) and can effectively render any individual as a consumer of health (Grace 1991). When the work in the HPS is undertaken in an interventionist manner, ownership and control by community members, as they participate in someone else's endeavour and destiny, is unlikely. It is more likely that in the intervention activity to develop their health literacy the health professional will act in the role of a supporter and the 'client' as the collaborator.

> It's actually an imperative to show that you're trustworthy and therefore disclosure (by students) can happen. And to verbally let the kids know that too. To be proactive about it, we do not let teachers in our small group workshops. We've talked to teachers about that. We let the kids know why the teachers are not there, so they know they will be treated with the utmost confidentiality (Health Agency Focus Group Meeting 1).

Health literacy is demonstrated in the competencies (skills and knowledge) that demonstrate behaviours and in a predisposition that permits 'the regulation and control of the body' (Petersen & Lupton 1996, p.69). Empowerment of an individual is discussed in the context of informed lifestyle choices and lifestyle interventions. However the same can be used to manage an individual when their choices do not match those of the dominant (medical) hegemonic interest. This particular interpretation of individual choice contrasts to health interests in such a way that focus is on the assessment, surveillance and control of the individual's health (Grace 1991). Thus, the health worker as 'expert' is established as the agent of empowerment and the subject (or object) of empowerment as the 'Others'.

> One of the interesting things about the sort of health promotion that my agency
> tries to do, is the idea of self-empowerment. I guess if picking up on those
> issues that are of concern to these students then we can work with them
> (Health Agency Focus Group Meeting 2).

The agents of empowerment — the health expert — are already empowered and are therefore apart from the community members they purport to empower (Gore 1992). In the case of CG School, the students and through a ripple effect, their families — are provided with empowerment as a result of interacting with the health agency through its intervention program. The emerging health literacy is aimed at overcoming students' ignorance of the particular health issue and developing the appropriate behaviours thereby overcoming their powerlessness (Petersen & Lupton 1996). Therefore, health literacy develops not only the *right* but also the *duty* to be healthy, thus casting health as a politically correct practice (Baric 1995).

The health of people in our society arises out a range of complex interactions, and health promotion is no different. As a setting for health promotion, schools are viewed differently by a range of people that includes health and education professionals. As indicated in Table 3.4 (pp 57), for professionals working in convergent areas of schools and health the underpinning philosophy and beliefs can create different understandings and motivations for action, even when there is a shared intention.

Health and illness are no longer the sole province of the medical profession; instead there is opportunity to view 'health as a fundamental resource for the individual, the community and society and the move to a holistic view of health has been significant' (Colquhoun et al. 1997, p.20).

> I just think that the way schools are now taking a proactive role is a hell of a lot better than just sitting and saying no. . . So I think that promoting health now is proactive, it is admitting that you see things do exist, and yes we have to look at ways to stop people from hurting themselves too much. It's an interesting idea from my school, it's very different … (Health Agency Focus Group Meeting 1).

The development of the 'settings' approach in health promotion adds an important dimension to the notion of intersectoral activity. The recognition of holistic health (Whitelaw et al. 1997; Tones 1996) — the move away from strict biomedical and individualistic models — has inevitably moved attention and awareness to the multifaceted and interrelated influences arising out of our environment and settings (Dooris et al. 1998; Colquhoun et al. 1997). It is, however, important to recognise that these shifts occurred in the same period as did the rise of the New Right and its managerial style. Therefore, the melding of health promotion and managerial style has facilitated a focus on behaviouralist outcomes that can be achieved within relatively short periods and are easily identified and measured.

The recognition that health gains can be achieved with investments outside the health care sector (Dooris 1998; Williams et al. 1997) has helped to direct attention to schools as well as cities, hospitals, workplaces, universities and homes as settings for health promotion. Consequently, health agencies have an opportunity to rethink their role and partnership with school communities. By working with CG School as a health promoting school:

> . . . it would be more of a question of where we can fit in, what's appropriate for us because it is a whole lot of areas with that idea. And also look at teachers as well, which has not probably been done that well. Those teachers in a HPS

are more likely to see health as a part of what they do, in addition to being an English, maths or physics teacher. They would view their work differently (Health Agency Focus Group Meeting 2).

The notion of intersectoral collaboration is an essential component of health promotion (World Health Organisation 1986). The creation of a health promoting school invariably draws together two sectors, education and health, each with its own professional values and understandings. The way in which the relationship between the two sectors is developed and bounded can be significant in determining whether or not a school is a site of health promotion or is health promoting. The reality, however, is that schools and the agencies that link with them are working at very different levels (Stokes & Mukherjee 2000; StLedger & Nutbeam 2000).

I've been called in for the one off session providing some information and education about drug and alcohol issues. Then we delivered a program that's around six weeks of specific issues, and then some supplementary work with a specific group of students, and another option being working here every fortnight, depending on the curriculum (Health Agency Focus Group Meeting 2).

The response to identifying where health agencies fit into schools such as SH is more about how existing health interventions are transacted rather than how they support and enhance pedagogical practices about health.

The concepts of health promotion encapsulated in the Ottawa Charter can be found in a wide body of health literature. The language and underpinning principles are widely referred to and articulated in government and non-government policy documents, and in the business plans of health agencies. The representatives of the health agencies were able to articulate the scope for impact of health promotion.

For me, school is about community and it actually encompasses everybody. It's the student population, it's the family or carers, it's the staff, it's the community in which the school fits (Health Agency Focus Group Meeting 1).

This is a position that also favours a managerial approach where health interventions are consumer commodities that can be identified through the four P's of marketing — promotion, place, position and pricing. For health agencies the promotion of a particular health intervention (product) to the CG School community (place) has to also be done in a cost- and labour-efficient manner (pricing).

The ways in which the health agencies worked with the school can be viewed either as reactive or proactive. Health agencies responding to school or community need are perceived as being reactive as opposed to the development and sustaining of links perceived as being proactive (Stokes & Mukherkjee 2000). In the context of CG School, the work of the health agencies was predominantly reactive in that they provided health services (NH&MRC 1997) driven by need and request. In Victoria, health agencies enter into a service agreement with the Department of Human Services. It is through Service Agreements that in excess of 70% of the department's $8.5 billion budget is spent on the provision of a broad range of improved health and health-related services to Victorians (Department of Human Services 2003).

Health agencies do not necessarily perceive working with schools as their core business; however, they did view schools as locations for intervention, service provision and marketing.

> I do not actually come into CG School but some of the students from the school do come to counselling sessions that I run. I think that it is useful that students are actually accessing the whole range of supports available to them. Importantly the school encourages them to look after their health. The students get to know about a health agency or program and that they can access it (Health Agency Focus Group Meeting 2).

In fact, a 1998 survey of health service agreements cited 'clear roles and responsibilities' as the most common advantage (80% of respondents) (ISERU 1998). Working with schools is a great way to access target groups such as children and adolescents, and this allows agencies to meet contractual agreements with the Department of Human Services to achieve predetermined health outcomes. In this

model, the knowledge of the health agency is a capital investment and the agency staff are knowledge workers producing health-orientated activities in the same way that factory workers construct products (Hansen Nohria & Tierney 1999). Both are managed in a strategic manner to achieve predetermined business goals (Grace 1991) and working in schools such as CG School is a strategic, cost-effective manner in which to build customer awareness and consumer loyalty.

Health agencies perceived that, compared with other schools, a HPS would be easier to work within. The perception was that there should and would be a partnership — a shared appreciation and valuing of health as well as how and what could be achieved. By having a partnership with schools, agencies would not have to market the importance of their particular health foci because an HPS would already know of its relevance and consequently time and effort would be put into maintaining the relationship and looking for further opportunities for shared activity. Such activities become what McLaren (1999) calls ritual performance in that they reinforce and reproduce the dominance of the health sector and its experts as well as interpreting the prescribed health behaviours as being 'natural, universal and all-inclusive' (p.84).

The reactive nature of the relationship between CG School and the health agencies limited the scope of dialogue between the two. The need for the agencies' involvement in the school to be strategic was paramount, and driven by imposed fiscal and subsequent staffing constraints. The focus was on dealing with the current incident and maintaining the network for future contact and referral. While both school and agencies talked about the potential to do more together, possibilities were lost to the difficulty in creating a genuinely new program either because any new activity was not viewed as being core work or because there had not yet been sufficient dialogue about possibilities.

> Events have allowed consideration of how the systems, that should be able to work together, are out of sinc. For example drug use is only one issue that falls under health promotion in schools. What schools want and what health agencies want are not likely to be in conflict but not necessarily working well

> together because of different takes on what is going on (Health Agency Focus Group Meeting 1).

Considerations about strategic mutual effort and activity are, in principle, reasons why there is a relationship between CG School and any health agency, but in reality there was little clarity of vision about predetermined goals that could be attained and thus they 'reveal(ed) more about today's problems than tomorrow's opportunities' (Hamel & Prahalad 1989, p.66).

In a review of intersectoral activity undertaken by the National Centre for Health Promotion (Harris et al. 1995), it was stated that effective intersectoral activity occurred when there was 'a recognised relationship between parts of the health sector and part or parts of another sector, that has been formed to take action on an issue or to achieve health outcomes, (or intermediate health outcomes) in a way that is more effective, efficient or sustainable than could be achieved by the health sector working alone' (p.2). This report contended that intersectoral activity could be represented through a number of actions and entailed a range of strategies 'from activities that are often identified with health promotion community development or advocacy, through to service delivery activities, such as shared management of the health-related problems of a particular person or cross referral (Harris et al.1995, p.25).

Further, this report indicated that intersectoral action was not necessarily about working committees; it could also include exchange letters of support, in principle possibilities, alliances around shared problems, and daily cooperation, but did not have to be about group actions. When the nature of health is defined within a social rather than a biomedical paradigm (WHO 1986b), then it is possible to see parallels between health promotion and the work of teachers (see the section 'Winds of change — or just a lot of wind' pp 116-21) where it can never be work in isolation. The potential of the intersectoral activity, as defined within the Harris et al. (1995) report, can be read as collegiality at its worst — congeniality as the end in itself. Thus, the intersectoral activity lacks any reflective or challenging aspect (Hargreaves 1994) and is unlikely to translate into better practice (Kemmis et al. 1990).

The managerial approach by health agencies working in the school context presented so far demonstrates modes of operation that privilege health over education philosophy and practice. Such a position asserts the hegemonic practice of medicine in the common-sense dialogue of the New Right and consequently can make little claim to school community empowerment. To move the activity of the health agencies from a reactive to proactive role as promulgated in the HPS model at CG School, requires an effective partnership — one that requires a new perspective. Rowling and Rissel (2000) provide guiding principles for HPS and list several actions that help to distinguish their work. These actions include being inclusive, active participation, empowerment and partnerships, and provide directions for health agencies and the school to move toward a proactive relationship. There is still a need to create authentic partnerships in the HPS — something that appeared to be absent in the relationships between CG School and the health agencies.

The HPS — a collaborative community?

The health agencies recognised that the work they undertook in schools was different to that of teachers. The differences were significant, and provided justification for why the agencies worked in the school — doing what the school could not do either because of lack of expertise, and its professional philosophy or because of student perceptions. Agencies could do things for the individual where the school was perceived as being hobbled by its duty of care to every individual and his or her family. Nevertheless, the health agencies were able to create spaces where they could demonstrate professional credibility and exercise political influence (Whitelaw et al. 1997), creating what Beattie (1991) calls occupational enclosure.

> Each health issue is only one that falls under health promotion in schools. What schools want and what agencies want are not necessarily in conflict, but we are not working as well together as we should because of different perspectives (Health Agency Focus Group Meeting 2).

This perspective is echoed in *Effective School Health Promotion: Towards a Health Promoting School* (NH&MRC 1996); it also acknowledges that the linkages between schools and health services have not been well evaluated, and where the health service is external to the school have been predominantly based upon clinical visitation and referral. In this sense, the health agencies were not significant players across the CG School's community even though they may have been so in specific instances — for small groups, or individuals and their families. Health agencies maintained a position removed from the school and its work in terms of both education and faith. At CG School, the agencies were very particular about not working in a manner explicitly contrary to the teachings of the school and the Catholic Church. This created a tension where 'A class of experts is inevitably so removed from common interests as to become a class with private interests and private knowledge, which in social matters is not knowledge at all' (Dewey 1988, p.365). They remained firmly placed in their secular *habitus* quarantined from the school, health promoting in status or not.

In reality the health agencies working with schools generally and CG School specifically, were motivated as much by commitment to professional health practice as by organisational imperative arising out of their service agreements. The contractual deliverables include performance measures, descriptions, targets and cycles. The use of performance measures in the achievement of health targets raises potentially more issues than it may achieve in positive outcomes (Whitelaw et al. 1997). The development of the targets is underpinned by a methodology that makes use of epidemiology, behaviourialism and modern management principles.

The work of the health agency worker in the classroom is as a visiting expert that breaks up the students' experience of health education and is often called in to contribute at 'critical' stages during the year, as needed.

> We come in and help with the crisis management. The school perceives an
> 'issue' and we get called in to do a bit of training with students and that sort of
> stuff. I suppose our role is really different to the teachers because we do crisis

intervention, we do education, we're outreach workers but we go into schools classroom (Health Agency Focus Group Meeting 1).

Within the health promotion model primary health care workers (ideally) work to change social and structural barriers to health (Kelleher 2001). As outreach workers these individuals are immersed in the reality of the (affected) individual and therefore focus on what Labonte (1991) called a behavioural approach..

> As a philosophy under which our program is delivered, we work from a harm minimalisation perspective. And more often than not I guess, the work that I've done with students in a school environment, staff are concerned with drug issues. They're concerned that the school is seen as a drug using population. Also they have an expectation that if we work with the young person then the drug use will cease. Often the young person doesn't want to stop using their drug of choice at that time. We might be able to work with them about reducing it, putting a bandage around that because of the consequences. It is a real dilemma working with a school population (Health Agency Focus Group Meeting 1).

For the health agency worker their focus is on the delivery of the 'program' with the students. There is information sharing about the health agency worker's program with the students' parents, with no expectation of any further engagement.

> My work is in the area of relationships and sexuality and I'm working mostly with kids in the classroom. We have pamphlets, we send pamphlets home to get the kids' parents involved in what's going on in the classroom (Health Agency Focus Group Meeting 2).

The health agencies have articulated and negotiated their performance measures, and now move into the 'community' to act in a way to meet the deliverables (Department of Humans Services 2003). However the arrangements with schools and CG School in particular are pretty informal where any arrangements are predominately for just-in-time or as required interventions.

> Well I suppose we work with CG School through a couple of avenues. … in that crisis response which is kind of what we do …we also do a bit of training with the students and that sort of stuff. I suppose our role is really different because we do crisis intervention, we do education, we're outreach workers

> but we go to schools … we work as a part of the curriculum when a youth
> worker and I go in once a fortnight and actually run sessions, so it's been a
> really vital part of the curriculum, and that's probably different to crisis
> intervention (Health Agency Focus Group Meeting 2).

CG School had a school nurse who provided a range of health information to students and participated in various school based health programs. In order to gain information including that in a printed format for distribution to the student body the school nurse actively worked with the health agencies to gain access to current resources. When working with schools to access young people in particular, there was articulation of the paramount importance of the health of the young person and the promotion of the service was necessary to raise awareness and engender familiarity that would in turn limit any barriers to access.

> Our program is directed at the students. If the school would like to organise a
> meeting with parents then they're available to address parents. … Parents
> have an idea of what we are doing, and it also hopefully enhances
> communication (Health Agency Focus Group Meeting 2).

The activities that health agencies provided to the school were almost universally seen as relating to crisis intervention. A crisis involved the need for psychological counselling in circumstances including — but not limited to — attempted suicide, the death of a parent or sibling, drug use and sexual activity. The role of the health agency was viewed as either to be there when the crisis was occurring: or to advertise their services to the school community so that they could be sourced in the event of a crisis

> Crisis stuff . . . . it would be common to be contacted, but also staff would be
> promoting what we can offer, so it's a bit of a two way process (Health Agency
> Focus Group Meeting 1).

The settings approach to health promotion emphasises an integrated holistic approach to achieving health (Baum 1998). While at one level having access to crisis services as needed is an important element, it is not sufficient in itself. The health expert/client dualism remained in place at CG School, unchallenged and leaving little

space for a collaborative effort between the HPS and the health agency that is integrated, holistic and of mutual benefit.

> I work with students and families who are affected by grief and bereavement. My colleague works with adolescents about their anger management. The school will refer students to us, help them make contact with us. But then you have closed conferences so the school mainly only get to know more if teachers and the family are involved (Health Agency Focus Group Meeting 1).

When working with the students, the health agencies were able to draw upon support from the school in an informal manner. The students were aware of those school activities that were aimed at providing support to them and they were willing to acknowledge the worth of the activities to someone outside the school community.

> (I)t is interesting that students are actually acknowledging the whole range of support for things they actually have and what they saw as some of the important things in the school is encouraging when it is about their health (Health Agency Focus Group Meeting 2).

Other providers indicated that they do become involved within the curriculum:

> . . . trying to present in a more preventative way. Where we'd been seeing the kids in classes and had the opportunity to let them know about our service. We felt that it was important to try to get to them before they were in crisis (Health Agency Focus Group Meeting 1).

The focus of the agencies was to work with young people. Whether it might be opportune for them to also work with parents was a decision that they left to be handled by the school. There was an expectation that the school would facilitate any meeting between agency staff and parents. The health agency remained in a relatively passive role, focusing on acting and working with the individual, the family and the school community while being able to be assertive in marketing their organisation and existing programs to all schools.

Additionally, the agencies were aware of what each was doing and they worked to promote each other's work where appropriate. Each had a clear idea of how the

others worked and they shared organisational normative behaviours, in spite of different health foci.

> What we hope (is that) we've created a comfortable environment here. … and if they have a problem and they do not know where to start dealing with it, they can start with us and if it's not specific to us, then we know who to refer it on to. So it's a network referral program as well (Health Agency Focus Group Meeting 2).

> We're not directly involved we are a counselling organisation … we get some referrals for counselling . . . We're sort of one step removed, we're not directly involved in the school situation (Health Agency Focus Group Meeting 1).

This position reflects in part the shared knowledge and experience of the health workers, who had increasingly to work in a business manner, and their shared health *habitus*. Thus the health foci, as the only real means to distinguish each agency, was virtually irrelevant against all that they shared in common, the commercialisation of their work, the sharing of the same major client/funding source (the Department of Human Services) and their shared *doxa*.

The development and provision of curriculum-related activities by the health agencies resulted more from their creativity and experience than from a collaborative effort with the school. Additionally, it reflected a perceived need, by the agency staff, to offer more than reactionary services and begin to engage in preventative activities.

> We've undertaken crisis intervention and the school has probably referred kids to us for crisis intervention. … and then in the last five years we've actually offered the school a more specialised program (Health Agency Focus Group Meeting 1).

The notion that there is a possibility for more proactive involvement with the school was limited in scope and controlled by the health agency. The limits described related to significant budget and staffing restraints. The lack of ongoing funding as a significant barrier to the creation of sustained links between agencies and schools has

been documented elsewhere (Stokes & Mukherjee 2000). The control of what the agencies, that were in partnership with CG School, offered was the result of each organisation making claim to and specialising in an area of health and had little correlation with the (current) curriculum documents utilised by the school.

> I do not have the resources – the time, to address all . . . so I've got to focus on one area and hope that I can do the best I can with other areas. We try to promote our services and developing links so that the community knows what we do and, as the need arises they know where to go (Health Agency Focus Group Meeting 2).

The health agencies had clear boundaries for their work. And while they wanted to work more closely with schools, especially those like CG School which are health promoting, they have the 'product knowledge' and the marketing in place for their health issues and so are waiting for the 'call' from clients — that is, the schools (Apple 2001).

The agencies relied heavily on the awareness of key gatekeepers in the schools and on their goodwill in seeking out agency services:

> Teachers will ring us for information … If teachers are not comfortable with the issues, they're not going to refer students to an agency for an opportunity to work with them, if they're (the teachers) are not comfortable about it (Health Agency Focus Group Meeting 1).

By positioning the CG School as client, the health agency creates a reality where there is a power differential between the players and the facilitation of a market exchange (Apple 2001).

There is recognition of the need to be accessible to schools not just for referrals, but also to provide advice to teaching staff about their approach to certain situations. Clearly schools and teachers were motivated to seek out this additional support, as it was needed.

> Consultation is a big part of what we do. So you know teachers might ring and say well we've got this situation at school, what is your opinion on it? But promotion is a big one. Networking (Health Agency Focus Group Meeting 1).

In this case it is possible to see how social capital is being generated, but at a cost for the school. By exerting its knowledge as privileged, the health agency worker — as expert — has what Bourdieu calls symbolic domination over the school's representative, which is perceived as being right and proper (Webb et al. 2002). Thus, by having agents of the school approach the health worker there is an accumulation of symbolic capital — reputation and respectability — by the health sector that is readily converted into political capital (Bourdieu 2001). Once contact is made it is seen as being the natural (moral) order for the health agency to direct the school — health promoting or otherwise.

Creation of a collaborative relationship is the result of having goals that are mutual, and of having roles in the partnership and participation in decision making that are equal (Millions & Vare 1997). Therefore, a proactive relationship between an HPS and the health agencies requires authentic collaboration where they have an equal contribution to the development of shared and overlapping activities. There is a need for both to explore and create a common culture where there are shared values and norms. The failure to do so at CG School may rest within several binaries, including education/health and religious/secular activity.

Education/Health

The representatives of the health agencies acknowledged the difference in perspective between their values set and those of the school, however. It was accepted as a given and there was no discussion as to whether or not dialogue might be able to create an awareness of common ground. Representatives of the health agencies were comfortable with the concept of the health promoting school in that they could readily identify how their work targeting health behaviours aligned, and that access to the target group (in this case, adolescents) could be more easily facilitated. They were unlikely to talk about how schooling contributed to and possibly improved their work in the school.

Religious/Secular

The need to manage health issues and services in the context of a Catholic school was alluded to. Health agency workers talked about the need to work 'carefully' in the school, recognising the fact that teachers might not be equally comfortable with all health issues and that the functions of the health agencies and the school were based on different values. In remaining separate from the school community and providing a negotiated service, there was no reason to confront the differences. The 'business' relationship gave both the school and the health agency tacit approval to attend to its own work, to tolerate each other's work and to turn a blind eye to those aspects that did not quite fit the value set of the other.

The lack of an authentic relationship between schools and health agencies as described in this study school is not a unique experience. The failure of schools to use health agencies beyond emergencies — or only for guest speakers and curriculum materials — has been documented elsewhere (Marshall et al. 2000). It is more likely to reflect the still-emerging field of HPS and the need to identify the activities representing HPS practice that go beyond checklists of activity, and explore how those activities are actually lived.

Conclusion

The development at CG School, of a learning community around the work of health agencies in the context of the HPS appears to be an essential prerequisite for the development of an authentic partnership. For an HPS to enable actions that are inclusive, and facilitate active participation and empowerment, then the manner of work between the two sectors of health and education demands change. For service providers working in schools, the participation in a community of practice called the HPS is not about abdicating the values of the school. In this school's case the health agencies were aware of the ways in which their work was different to that of the school and the school also acknowledged the difference. Each was unlikely to 'cross to the other side' and would be able to cite several reasons as to why this would not

occur, expressing tailored, contextualised and robust 'bodies of knowledge' (Wilding 1982).

The very notion of a learning community, however, rejects the need for 'sameness and unreflective unity' (Knight Abowitz 1999, p.150). The HPS as a learning community needs to acknowledge difference, using it as an impetus to 'understand and communicate with diverse others' (Knight Abowitz 1999, p.150). In the context of the HPS the development of a partnership between the school and health agencies is mandatory, and where it is authentic there is no requirement to be apologetic about any difference between the two.

> If you are looking at the general area of health relationships … where do you start — educating people or working with people? Relationships are a real chicken and egg sort of thing. But I think there is probably more cope to work with CG School than what we do now (Health Agency Focus Group Meeting 2).

However, there is an expectation of mutual respect and undertakings to find ways to work that both acknowledge and build upon the existing diversity.

According to Noddings (1996), a community (learning or otherwise) must 'stand for something' (p.259), and have what Buber (1958) labels as 'a centre. The real beginning of a community is when its members have a common relation to the centre over-riding all other relations' (p.135). The very notion of a school being health promoting is a clear stand for something and provides Buber's centre. The partner health agencies of CG School saw themselves as having a role in a HPS; the school saw the need for the involvement of health agencies. However, the relationship between the two was carefully contained in discrete areas of bounded professional respect, each acknowledging the value of the other but never truly communicating beyond their servicing arrangements, thereby generating Beattie's (1991) occupational enclosures.

For Knight Abowitz (1999), the creation of a learning community requires 'a site of communication' between the diverse players. It is at this site where the 'differences become salient and relevant in the first place; it is only within a particular common that certain differences become highlighted and visible' (p.159). For CG School, there had never really been a site of 'common' established. Certainly there had been communication about the types of resources and services offered by the health agencies, and about contact details and procedures for referrals. Teachers were made aware of the resources and services provided. The relationship was reactive. To establish a site of 'common' between the schools and health agencies that moves the relationship to being proactive, a different level of communication is required.

There was a need to clarify what the relationship between the school and health agencies actually was. To say that they were working together in the context of the HPS model is clearly not sufficient. The HPS as a learning community needs to engage in authentic learning 'from its own research, from its own experience, and from analysis of that experience' (Mohr & Dichter 2001 p.747). To achieve this, there is a need to create opportunity for school workers to come together with health agency workers — not necessarily exclusive of parents/carers or students — to explore what is needed, what has worked, and what can be improved.

It would appear that the health/education duality influences the work of schools — even those, like CG School, striving for HPS status. The failure to bridge the epistemological differences between health and education remains a significant lack in the development of the HPS. The challenge still remains for the generation of authentic partnership between the school and health agency where pre-existing *doxa* is acknowledged and challenged. Reflective thought is given to the *habitus* of the education and health fields, looking at how they impact on individuals and are formed by them. In this section, I explored the two types of relationship that can be built between schools and health agency providers — reactive and proactive. The research conducted at CG School highlights a reactive relationship, and to date the HPS

literature suggests support for this position in other HPS. Further, I have discussed the challenge for CG School to develop as an HPS, and how engaging in practices associated with learning communities would be of value, particularly in generating partnerships with other stakeholders that are authentic.

Chapter 10   Curriculum, Teaching and Learning — the Student Perspective

Introduction

The infiltration of health professionals into schools via service agreements is significant for many reasons. In Australia, education is compulsory up to the middle teenage years for our youth; adults have interests in schools because they are where their children are sent to spend most of their day to 'learn' and because schools are sites of work. Owing to their regional locations, schools can also represent microcosms of their local communities (Booth & Samdal, 1997). Or — from another perspective — schools exist not in a vacuum, but in specific contexts and so can enliven particular values (Dewey 1944).

Hence, schools are sites of cultural and economic activity. The increasing use of health promotion as a means to define healthy lifestyles and reduce public health costs (Peterson & Lupton 1996) has encouraged focus on schools in a settings approach that enables access to young people and thus facilitates preventative health interventions and management of risk. However, the values of health promotion increasingly reflect the hegemonic perspective of the health sector and so the successful use of health promotion in schools can be viewed in two ways: how cultural capital is accumulated (through health promoting behaviours and knowledge) and how its use is legitimated (through reduction of risk) (Apple 1996).

Young people as students can experience schools as sites for the development and practice of health promoting activity. The need to consider the HPS from the student perspective is an important one in that the underlying philosophy includes

participation and empowerment. Consequently, the involvement of students in the life of their schools is mandatory. It assists students to 'share in the sense of mutual purpose, ownership and belonging and with this develop a commitment to the school' (Thomas & Hehir 1998, p.130).

According to the Network for Healthy Schools (1991), schools are places where students develop health literacy — the melding of knowledge, predilection for behaviour changes, resilience, self-esteem, self-help and problem solving (Petersen & Lupton 1996; Nutbean et al. 1993). To achieve this end the HPS needs to provide students with opportunity to:

> value learning;
>
> have ownership and control over their learning in collaboration with all members of their school community;
>
> demonstrate principles of good health;
>
> respect differences and celebrate diversity;
>
> recognise health as part of sustainable development;
>
> initiate actions that demonstrate concern for the well being of young people and other members of the community (Network for Healthy Schools 1991).

The students at CG School have perceptions of the efficacy of health education and promotion. Together with the opportunities and activities provided within the school community particularly students are able to explore the school's HPS status.

What the students think about health education

The aim of health education in schools is the provision of learning and experience to support the social and personal development of their students. To enable young people to function in their lives to their maximum potential is therefore an important function of schooling. In the context of the HPS, students need to be able to include a range of processes and nurture resources that allow them opportunity to have influence within their community and to develop their potential personally, socially

and spiritually while also being cognisant of how others are affected by them (Network for Health School Communities 1991).

Young people, as students, do not experience schooling in a passive mode; rather they generate strong understandings and opinions about their schooling experiences. The students participating in the research at CG School were very aware of a range of health issues impacting upon their lives. In the focus groups they initially talked about physical health — the need for exercise, good nutrition, sexuality, and so on and could identify areas of the curriculum where these topic areas were covered — such as physical education, sport, home economics, science and religion.

> Health is compulsory in year nine and it's really good, cause they covered areas like food and friendships it was really good. … It covers so much but not just sport and that can also scare people like 'you do meditation and stress relief?' and 'do you do that stuff?' (Student Focus Group Meeting 2).

> Year nine health is 'pretty much every aspect of health and relationships and just learning about yourself and things like that and is not just work, work, work. We watch heaps of videos, we do role-plays and there's a computer program that we do. We do a lot of different things, so it's not all writing about food and other stuff (Student Focus Group Meeting 2).

However, the discussion on health curriculum was readily set aside as the students wanted to talk more about what the school provided for social, psychological, emotional and spiritual health. They were motivated to convey that health transcended the formal curriculum and that there were many aspects of the healthy life that they believed constituted health promotion.

> Social health – having a school counsellor that's available … in VCE they have supportive friends who are trained to help you if you have any problems, and there is also a lot of support from teachers … a lot of teachers you can go and talk to. We have peer support and peer mediation. *(Student Focus Group Meeting 1).*

CG School expressed a range of characteristics that it worked to develop in the students and included developing critical thinking abilities and being able to make moral and ethical judgements in the lived world (CG School website). Thus students recognised that what was being covered and practised inside classrooms could be of use to them outside the classroom.

> As I sit here, out in the yard I watch and hear about some of the disbelieving events that are happening. I realise that the school 'teacher' and 'student' policy is unacceptable! It is not in particular the teacher and student policy but a policy of power! …
>
> I am battling whether to go up to the teacher and just discuss, question her authority as well as reasons. But in fear I turn away, that she might question my authority to query her, to yell at me. I am lesser importance than she is and what rights do I have to go up to her and tell her what to do – none! But that is not the way it should be. Just because she has been allocated the heading – 'teacher' should not give her any more power in this situation than myself – the student (Madison's narrative).

While students did recognise of the cognitive link between their observations and formal learning, it did not necessarily lead to an empowered position — the students could not necessarily act on their observations and understandings of what was required rather they were more likely to be able to understand why they could not act in a given situation. This viewpoint echoes Dewey's position on education as being a part of a continuum where personal growth — intellectual and moral — is the intent (1938) and that personal growth is 'best cultivated not by people but by societies' (Gregory 2000, p.455).

Underpinning this narrative is also an interplay of power. In the health promotion literature the empowerment of community members is a critical aspect. In Madison's narrative there is clearly recognition of shared participation in the student life by both students and teachers, but that it is not necessarily equal participation. Schools therefore educate students to participate in their (school) community, knowing both their place and how it relates to others (Apple 1995; Connell et al. 1985), especially to those in more powerful situations. Schools are therefore serving their purpose as

institutions that contribute to social reproduction and support hegemonic positions (Bourdieu 1990a, 2002; Bourdieu & Passeron 1977), and it seems that the HPS is not immune.

> How can we have a school where personal respect and dignity are such an integral component if individuals (regardless of whether they are teachers or students) do not treat each other with respect or common courtesies?
>
> I would like to think that the incident described by this student was an isolated one. However it does reinforce to me that we have a long way to go and that because schools deal with individuals we will never have a perfect system where everyone is treated fairly simply because some individuals are not made this way. I would like to think that the majority of staff, and for that matter the majority of students do treat each other as equals and that respect of the individual is paramount as a goal to achieve for both students and teachers (Liz's commentary to Madison's narrative).

Thus, schools and education need to be relevant and applicable to the wider social context, preparing young people to function within the adult community. Such participation is never as full as implied, since the preparation by the school is underscored by power differentials. Young people, it seems, are constrained by their *habitus*.

Students talked of their experiences of the formal health curriculum as they moved through the school. They recognised and appreciated the differences in what was to be covered as they were promoted to the successive levels. Their perception was that the teaching and learning opportunities provided contributed to students' developmental changes, and thus to maturation. Rather than viewing an individual's growth and development as an end in itself (Dewey 1944) or seeing development as the consequence of students internalising cultural interventions (that is, teaching and learning experiences), as in the tradition of Vygotsky (1978), students alluded to development as being the goal of education, as proposed by Kohlberg and Mayer (1972).

> At other levels the students do PC where we've been having talks about
> healthy life, self esteem all that. . . . I think it changes from year to year about
> what really involves that year level (Student Focus Group Meeting 2).

Owing to interactions with older students these students recognised that the health curriculum offered at a particular level in any year could vary according to the needs and interests of both students and teachers. The attempt to keep the health curriculum relevant was seen as being one aspect of delivery.

> I have recently been made aware that advice from teachers (unrelated to
> current class topics) has helped me and my fellow class members to
> understand issues more fully, and to be more accepting of them.

> One example that comes to mind is in situations of grief and loss. Being lower
> secondary students we seem to have little or no knowledge of loss, or of how
> to accept it. In the case of someone else experiencing this sadness we, their
> classmates, often do not know how to approach these situations, which can
> hurt the person concerned. I have found that advice from our teachers can
> help us to comfort and sympathise with the student (Liesl's narrative).

Gardner (1991) contends that when teachers respond to a student's needs and interests in an authentic way, they assist students to 'make discoveries and consolidate knowledge through rich interactions with his or her world" (p.116). Teachers, who acknowledge that their students are more than their student persona, that they experience what McLaren (1993) terms as 'the streetcorner state', are perceived as being 'in touch'. The streetcorner state is where students play out and consolidate their peer relationships and identities, and is a cathartic (a dramatic and venting) state. This in part explains why teachers have to remain lifelong learners to seek the 'latest' knowledge. Since such knowledge becomes important in students' lives, as in many cases it actually arises out the 'youth experience'.

In writing on the adolescent experience, Coleman (1978) and Rutter (1979) discuss the changes that adolescents actually go through physically, emotionally and socially, and come to the conclusion that storm and stress and disturbance is *not* normal adolescence. In pushing this point, Rutter contends that 'most young people go through their teenage years without significant emotional or behavioural problems'

(1979, quoted in Simmons & Wade, 1984) and that their experiences are not necessarily different from those of recent earlier generations.

> I think 'youth is not wasted on the young' as the younger generation are far more educated to health issues and risks. They are certainly energised and committed to serving and supporting each other and we have so much to learn and value from their level of outreach to those in need of our care. Such responses (from the students) provide CG School with the incentive to promote and initiate other health promoting projects and events (Maire's narrative).

A generation on from Coleman (1978) and Rutter (1979), Smart and Sanson (2003) reported on the social competence of Australian youth. In their research, Smart and Sanson found that youth who were deemed socially competent[12] had strong ties with their parents, experienced less conflict with their parents, were less alienated, and had well-developed communication skills. The turbulence of adolescence, while it does exist, is not necessarily a universal experience. Where it is experienced it may well be symptomatic of other aspects of an individual's life rather than simply raging hormones and rejection of family for peers.

When the students at CG School are compared with those students in Goodlad's (1984) research it is possible to say that both groups were 'passively content with their classroom life' (p.124). They had implicit trust in their teachers 'knowing' what students would need and want to know about in classes, and how that learning would occur. At no point did students express any desire to be able to determine content. However they were critical consumers of classroom delivery, having viewpoints about the classroom roles not only of their teachers but also of themselves and their student peers.

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[12] A model of child and adolescent social competence based on competencies of assertion, cooperation, empathy, responsibility and self-control, (Smart & Sanson 2003)

The challenge of the HPS for the students at CG School is to have ownership and control of their learning needs to be constructed in a manner different from the existing pedagogical choices about classroom content. Rather it seems to be more promising to interpret students' ownership and control by relating it to how learning is facilitated, such as by making use of multiple intelligences, and to what they are learning about power relations and social reproduction by shifting their *doxa*.

The acceptance by students of their life in schools may be about their acculturation to the *habitus* of the school. This acquiescence can be seen as a hegemonic view of schooling where students are led to 'believe that the existing social relations are just and natural and in their interests' (Webb et al. 2002 p.113). Thus, '(s)ocially competent individuals held slightly more positive attitudes towards society, such as trust in social institutions' (Smart & Sanson 2003, p.7). And trust in social institutions is easier to achieve and maintain when the family espouses the same position and the school reinforces its trustworthiness by fulfilling parental expectations and desires for their children.

The possibilities for the HPS to achieve its intentions — to enable students to experience schooling that celebrates health and to live social justice and equity — are reliant upon the pedagogical experiences. At CG School, the health education provided was not significantly different from that experienced at any other school — health promoting or not! This approach appeared to be accepted by students, as did the manner in which it was delivered and facilitated, thus making the students compliant in the development of the *habitus*.

Classroom practice — on holding discussions and effective teaching

In the reality of CG School, it was the teachers who determined the content of health education classes. 'The CSF[13] uses the concept of the HPS as an underlying principle. It does not present health as just being about personal behaviour, with students being taught how to run their lives. Rather it helps students to identify not only the range of factors affecting health, but also the ways in which we can influence these factors' (Marshall 1997 p.3). In Victoria, the curriculum is determined centrally but does allow for schools and teachers to make selections from the prescriptions and to determine the organisation of the teaching and learning activities of the everyday classroom.

The students at CG School, having experienced time 'doing' health, had clear ideas as to what constituted engaging curriculum. Health was a subject that:

> tends to get a little boring sometimes. . . .it's the way that it's set out. It goes on and on and on. You just sit there and the teacher just talks and talks – that's all (Student Focus Group Meeting 1).

Engagement and involvement of both teachers and students was seen as an essential component of the health curriculum in spite of an apparent absence in reality. Dewey (1938; 1944) sees the classroom as an environment that should support the immediate aim of teaching — student engagement and involvement. The construction of the curriculum was such that teachers were constrained by a centralised curriculum in the context of the teachings of the Catholic Church. When combined with their deskilling, it was difficult for teachers to undertake relevant and critical health education that went beyond behaviour change.

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[13] The centralised and formal curriculum provided through the Curriculum Standards Framework (CSF) II for years P–10 and the Victorian Certificate of Education (VCE) for years 11–12 is applicable to all Victorian schools. In 2006 the VELS replaced the CSF II but was not a part of the curriculum at the time the research was undertaken. In government schools it is by mandate, in Catholic schools through shared development and consensus, and in independent schools by individual site choice.

Opportunity to provide health education that was student-centred — rather than focused on a particular heath issue and the need for behaviour change — was an unlikely possibility.

> Recently a classmate of mine suffered a deep loss, a family member. Her close friends were immediately sympathetic but the rest of us did not know what to do. We were all aware of the sadness she was experiencing but did not realise how hurt she was that only a few people seemed to care.

> The teacher made us aware of the importance of caring, how a hug can mean a thousand words. It was not so much we did not know what to do. While talking with others I'd realised that the main reason they did not reach out was because they were worried about what other people would think or that they would say the wrong thing. That 'worried' sensation seems to be a problem with students today, the knowledge that someone could 'pay out' because they acted the way they did, worried them. Their peers are creating such a pressure on them that, in situations such as these where a friend they have known for over a year, is still concerned whether they'd be seen as 'sucking up' and repercussion would be evident (Liesl's narrative).

The problem described here was that the issue was not simply one for behaviour change. For Liesl, the greater need was for a capacity for critical thought and recognition of how to step outside the expected — that is *doxa*. Liesl's need was for an HPS pedagogy that resourced her to be able to 'initiate actions which demonstrate concern for the wellbeing of young people and other members of the community' (Network for Healthy School Communities 1992).

> Unfortunately this issue is often only discussed if there are losses. If we were more educated about these experiences maybe reaction and handling of loss would be more understanding. A few simple words from a teacher could erase much of this sensation, as it did in our case. There is still the problem of not knowing the reaction of the person concerned. I guess I was lucky, the person appreciated our reaching out. I could not help but think that if there was some sort of program that let us know about loss without having to experience it ourselves. We could support our fellow peers so much more (Liesl's narrative).

Thus, Dewey's aim of engaged students could be achieved through creating a classroom where social interaction between students and students, and students and teacher generates an environment that enables development of individual students in the context of 'human activity and aspiration' (Dewey 1934), something that Liesl seems to be aware of and value.

Liesl's narrative provides some insight into how CG School is yet to clarify how its HPS pedagogical practice differs from that of conventional schools and can deliver social justice beyond the rhetoric. Recognition of a pedagogical dichotomy within the HPS '. . highlights why teaching means both enriching and deepening and impoverishing or rendering more shallow, students' understandings and viewpoints' (Hansen 2002, p.278). The challenge still exists for CG School to consider how the health education programs facilitate either meaningful or shallow learning. If both are equally possible from any given learning situation, then there needs to be recognition of what is needed to create a predisposition for the meaningful.

In discussing how students gain access to meaningful learning, Goodlad (1984) put forward two central components in the process of humanising knowledge: (i) teacher personal attention and (ii) pedagogical traits. The Victorian Principles of Teaching and Learning (PoLTs) provide a tangible example where this is happening at a systemic level.

> I feel that the teacher-student relationship is very important in the classroom. If the teachers do not have the respect of the students then it makes it so much harder to help them to learn. The students are obviously not going to want to learn or hear what the teacher is saying if they do not respect them. When students do not respect their teachers, teachers often do not respect their students therefore making the class much more difficult (Erin's commentary on Annie's narrative).

For Goodlad (1984), teacher personal attention was demonstrated in two ways: interest in the subject matter and interest in the learner. The comments from CG School's students reflected similar concerns. Students valued teachers whose work in

class gave enjoyment, and they attributed this to perceptions of the delivery of material by the teacher, and its motivation.

> She knows exactly what she's doing and she's sort of passionate about it. Not that other teachers are not but they just sort of talk it through and you know blah, blah, blah … sometimes they will get the students interested . . . (Student Focus Group Meeting 2).

These students put forward as a prerequisite for a 'good' health teacher the ability to make connections with students. They felt that:

> teachers need(ed) to be approachable (Student Focus Group Meeting 2).

Because of the nature of the content and the fact that it was often grounded in students' experiences, students reserved the right to be able to reach out to these adults. Clearly students in this study saw, as did Goodlad (1984), the value of teachers who were not only interested in what they taught, but were also interested in the students they were teaching. Students wanted teachers who were willing to set aside their teacher 'questions' and to ask, instead, the students' questions (Pagano 1991).

> The teacher we had started talking about her experiences when she was younger. I can remember the reactions of other girls when she said a few things that she had done. Suddenly a barrier had been broken between students and our teacher. She was no longer this demon up in front of the classroom, who was never anything other than a teacher.

> The reactions from some of the girls was very obvious. To them this teacher seemed to be one that would have spent her whole life being 'boring' simply because of what she taught. The conversations started flowing and girls were asking our teacher things that I bet that it would never be mentioned in front of her before. They were giving the teacher genuine respect and she was on the same level.

> The relationship between students and teachers plays an important part in our education. If a student is not comfortable with the teacher of any subject it stops them from giving their best and possibly paying attention in class. It would even turn them off that subject because of the teacher taking the class. This also works in reverse. If a teacher does not have more respect from students in the class they may not give their best in teaching. If they are

> uncomfortable in front of the students it may prevent them from wanting to
> teach those people in the future (Annie's narrative).

For Dewey, this represents the work of teachers in generating "humane and empowering forms of life" by creating a classroom where they are as much learners as the students because they strive 'to shape not only the students' learning, but also the teacher's growth as a human being" (Hansen 2002, p.273-4).

Students also mentioned the importance of Goodlad's second central component in humanising knowledge — pedagogical traits. These students expected and needed the health education curricula to be delivered in a different manner to other classes:

> It should be a more relaxed atmosphere in the classroom. … I think it should
> be something that everyone feels involved, not just one person putting her
> hand up (Student Focus Group Meeting 2).

They were looking for additional ways in which they could be engaged in their learning, and they looked to the teachers for the opportunity.

> I think a lot of the stuff covered in class — a lot of people already know it. So
> they do not tend to listen and they do not care. … but I want to know more, I
> 'hear' teachers telling me to wait, that there is more to learn (Student Focus
> Group Meeting 3).

Orner (1992) underscores the diversity of experience that comes to play in the dynamics of the classroom. She contends that 'the' student voice and identity are not the monolithic entity; rather it is in fact multiple, changing, and affected by the context in which the speaking actually occurs. The students inherently recognised the variety of their peer experiences, but assumed that any and all would be prepared to share openly and freely in the classroom context — as they actually appeared to do within their focus groups.

There was recognition by the students that total involvement was not always easy to attain in spite of its desirability. Such involvement relied on both the topic area and

the management of the class, where it allowed for everyone who had something to contribute to actually do so.

> Get everyone in the whole class because everyone was talking … then the more quiet people start giving input as well. Like it takes time but by the end of the class everyone will be talking (Student Focus Group 2).

There was recognition that this cannot and should not happen at every lesson, but getting every student to be able to make a contribution in class was seen as being an important aspect. However, there was no reflection or recognition that student silence might actually be a statement on both the class content and its dynamics in its own right.. This is in effect what Bourdieu (2002) refers to as 'a practical anticipation of objective limits acquired by experience of objective limits, a 'sense of one's place' which leads to exclude oneself'' (p471). These students did not consider any possible factors that might facilitate silence in the class discussions or recognise what Orner (1992) described as the varied "power differentials . . . and to understand how they impinge upon what is sayable and doable in that specific context" (p 81) and is a situation that demonstrates Bourdieu's concept of *doxa*.

These students perceived health classes as predominantly using discussions to explore curriculum content, and their ideas and understandings of the world. It appears that learners use discussions to make sense of others, including their teachers. These discussions also act as both a versatile and a subtle medium to facilitate understanding (Jones 1988; Bulman 1985; Barnes, Britton & Rosen 1969). Bulman (1985) contends that discussion enables and increases our understandings because our concepts are embodied in our thoughts and language. Tappan (1991) views language as being an important element in resolving moral issues. He takes this position because when a student is 'faced with a moral problem, conflict, or dilemma, she responds to and resolves it with the help of speech and language — i.e. by talking through the solution to herself — just as she responds to and resolves any other problem' (p.248).

Students saw the contribution to discussion and the sharing of ideas not from an intellectual or moral perspective, but from a social one. To build trust in the classroom, to enable it to be able to function in a collaborative manner where every student made a contribution was deemed important.

> There has to be a positive area. ... I think that you should start and really
> mingle with each other … have a conversation. I think that it would really help
> people just to know that even though they may not be really good friends in the
> class they can still talk. It's easier to build a sense of trust with people you like,
> people whose opinion you value or whatever . . . I think that everybody actually
> accepts each other in the class, so that kind of builds trust, just to respect each
> other's opinions and whatever (Student Focus Group Meeting 1).

The perception that the sharing of life experiences, views and opinions would readily engender tolerance and acceptance of others was strongly held. As social, outgoing and articulate young women who were highly practised in presenting their viewpoints, it was difficult for them to consider that it would not be as equally easy for other young women in their classes. For them it was only about trust.

> Yeah you just have to take a risk. Can not just sit there the whole time *(Student*
> *Focus Group Meeting 1).*

Students did not see how the organisation of the class would contribute to a more trusting environment and more effective discussions. Jones (1988), in writing on whole-class discussions, identified four key features that fail to engage students in effective learning. These are:

    (i)   the teacher is the dominant figure, manipulating the discussion so that it becomes a meaningless game;

    (ii)   discussion is dominated by a confident student;

    (iii)   discussion is not sufficiently open, personal or exploratory;

    (iv)   participants cannot hear clearly.

In pursuing the nature of the discussions with students their comments support three of the four features contributing to the quality of whole-class discussions. They reported that the classrooms were sufficiently small to allow students to hear each other. However, they reported that discussions were predominantly led by teachers and were on teacher-determined topics, and that the room was unlikely to be arranged in any manner other than in rows of desks; and the students admitted to the discussions being dominated by confident students (namely themselves). The environment of the classroom and the style of teaching contributed to the quality of whole-class discussions experienced by students. This encompassed even the ability of students to participate and the extent of their participation.

> I understand that not every teacher is going to be able to get on the same level as the students. Some people are just there to teach and so do not feel that they need to be friends with their students. If this is the case though, well maybe they should be rethinking their position as a teacher.

> I am not saying that it is always the teacher's fault that their students do not like them. Sometimes all it takes is one student who is determined not to be won over by the teacher, to turn everyone against them. I am talking of a relationship that needs to be formed by both sides.

> If the teachers can try and let this relationship be formed it would create a much happier working environment on both sides. How they get it is up to them but I know this can be done by any teacher and all it takes is a little extra time away from the work to get to know the students and make them feel welcome in their class.

> Too often I hear other girls saying they do not want to go to a certain class. More often than not it is not because of the workload, it is the teacher that is taking the class. I feel the most important thing in a class, to get students to perform well is a healthy teacher-student relationship that creates a happy work environment for everyone (Annie's narrative).

The challenge here is to consider what it is that actually seems to limit or prevent this from happening. How much of the cause can be related to the nature of teachers' work? Teachers often do not perceive friendships with students as being a pivotal issue in their pedagogical practice. Equally they may be unable to construct a classroom environment in which they can work with students building mutual

respect, and that in turn, facilitates student learning in a manner that is valued by both the teacher and student.

So if schools are to be seen as places where young people are prepared for adult society there is a need for the interactive processes of the classroom to be 'adult', mature and reasonable. For Dewey, the classroom is a place for social democracy where there is faith in human possibilities in which 'individuals derive meaning and purpose from association and so construe their political freedom positively' (Gregory 2000, p.451).

Classroom practice — working with health agencies

The core work of an HPS is health, and working with external health agencies is a pivotal element of the model. Basic notions include that health agencies are 'banks' of health expertise as well as being a part of the students' community and, therefore, a health resource for them. The idea that health and education meld unproblematically in the HPS model is not necessarily an accepted position in that there is meant to be '. . . a coordinated, comprehensive approach to health and learning' (Health Promoting Schools Association Visions Statement; see Appendix C). However, the coordination seemed to be more about accessing resources and booking times when health agency staff could attend the school, an issue discussed in more detail in the Chapter 9 (Partnerships and Services — Health Agency Perspective).

At CG School the delivery of health education content was not confined to formal classes or to teachers. The school made use of the resources and expertise of various health agencies — local and state — to add to the essential curriculum. The students valued the opportunities to work with staff from the health agencies as they provided something new in both content and delivery.

> When they come you know that it is not going to be boring. … Every year they
> do something different. …I really like the interaction. … You know that they will

> be really open . . . where as sometimes the teachers draw back (Student
> Focus Group Meeting 1).

The health agency workers were seen as being free of the constraints experienced by their teachers, as a result particularly of being in a Catholic school. In spite of the knowledge that some teachers were approachable about health issues, students felt that the health agency workers were more likely to respond to their queries.

Working with health agency workers conveyed confidence to students.

> They are kind of on your level. They make you feel more comfortable. They're
> not like "You should not have said that." You can say anything you want. They
> will tell you more about what you want and you do not have to worry about
> asking them a question (Student Focus Group Meeting 1).

Clearly students were undertaking a fine balancing act. They were responding to a personal need to seek and obtain answers on health issues, but were respectful of the source. The health agency workers were in a position where they could 'trust in advance' (Oser 1996; Oser & Althof 1993) and were therefore perceived to be better able to meet the students' health needs because their experience of the world outside the school would imbue them with what Oser and Althof (1993) describe as professional responsibility.

Such an attribute means that health agency workers are able to assume 'that people are imperfect, that children may behave childishly, that they have made and do make mistakes — and yet there is a deep belief in their potential' (p.274). Students could seek responses from health agency workers because they had medical expertise, they had experience with other young people and their queries around the same health issue and they knew of options and potential solutions for students' dilemmas:

> I think its really good. They always do different things and it's always
> something that you will discuss. … You know that it's not going to be boring.
> They work really hard to make sure that you learn about it in a different way. …
> You know that they will talk and be really open and nice about it (Student
> Focus Group Meeting 3).

Teachers and health workers were both seen as being trusted, but seeking an answer from teachers could be politically sensitive and compromising for both the teacher and the student.

> Sometimes the teachers they're a bit cautious, they draw back a bit, they're not so open. It's a bit like talking with your mum or dad. . . They know you too well (Student Focus Group Meeting 3).

So while teachers too could have professional responsibility, they were also bounded by what imperfections, childishness and mistakes that were permitted by family, school and church. Teachers were constrained by the *habitus* in how they could both approach the content of their classes and how they could contextualise them. The ways in which the teachers' practice was governed by both a biomedical paradigm and the teachings of the Catholic Church exemplify the impact of Bourdieu's *habitus*. So where teachers may be motivated by a drive to provide students with understandings and experiences of health promotion, they are also resigned to the idea that they are inevitably not the best source of health information in comparison with health agencies and their staff, and that certain activity that exists in the secular realm simply would not be considered appropriate for the students in the Catholic school. Teachers' choices about health promotion come about by dint of normality, necessity and resignation to the inevitable (Bourdieu 2002).

Student leadership

The notion of leadership is not normally a part of statements or indicators of a health promoting school; however as Rowling and Burr (1997) point out, there are many school-based programs and initiatives that can create an environment that supports and provides for the personal and social development of students. Student leadership at CG School is an example of a program that aims to assist students to access a decision-making process in the school, and to give opportunity for advocacy about student issues and empowerment through targeted responsibilities and actions on behalf of the student population (Rowling & Burr 1997; Macdonald 1992).

The long history of CG School has developed and reinforced an expectation that students will take leadership roles such as school, house or class captain. In trying to create a supportive environment, the student leadership model has been extended to include health-related activities. The positions are empowered with official authority and responsibility, and the students filling the roles are inducted into the positions and are publicly recognised by teachers and the school administration, reflecting a model that is strongly managerial in orientation.

The opportunities for student leadership were predominantly channelled through these positions. CG School had implemented a program where student representatives were elected and appointed to represent each year level. The role of these student leaders was to provide a conduit for communication, including the provision of year-level activities that were owned by the student body, and to provide peer support and mediation.

> The role of year level leadership was seen as being important. It was good because 'you get a badge' . . I like having responsibility of other people 'cause I know that I'll get it done. It's good for kids to have someone their own age who they can speak to who do not mind going to the teachers and telling them about what's going on (Student Focus Group Meeting 2).

The year-level student leaders acted both as initiators of projects or events and as a conduit of information between teachers and students. Many of these contained a component of health — either physical or social and the student leaders' role included promoting the projects or events encouraging student engagement and participation. The student leaders did not see their dealings with the student body as being overly difficult; however, the additional need to 'talk to teachers' was seen as a negative aspect of the role for many students, who were then reluctant to take up leadership positions.

Teachers used the student leaders as sounding boards for discussions and reactions. However, the relationship actively built up between them during a year could make it harder for aspirant student leaders to compete in subsequent years.

> You have to be able to get up in the first place. Like the school captain this
> year, she was also a year seven leader (Student Focus Group Meeting 2).

These students were observing that the tools of a democratic system were learnt, but that this learning was being distilled and invested in a minority of students (Noddings 1999). For Apple (1995), this represents the reproductive role of the school in that those students who demonstrate particular cultural capital (in this case, leadership attributes) are often recast into leadership roles that support and intensify their accumulation of leadership qualities (that is cultural capital). Thus, was there an awareness that CG School leadership roles tended to be filled by representatives of a small group, meaning that the same (sorts) of people ended up taking the leadership roles in the school.

> It tends to be the same sort of people (as leaders) who get to practice. …
> There are other students who could be leaders but who are hidden in year
> levels. …(Y)ou can not have everybody being a leader cause what do you
> lead? (Student Focus Group Meeting 2).

There was a desire by students to give more (other) students the opportunity to undertake leadership roles, but this was tempered by a concern that such a role was not to be seen as gratuitous. These students saw some value in undertaking the leadership role, but this was not necessarily a shared perception. The HPS model and its notions of empowerment and community involvement were not designed to reassert the leader-follower dualism; rather the intention was to provide opportunity and to develop the capacity in everyone within the community setting — school or otherwise.

Identifying and electing the student representatives were seen as public and democratic processes, but there was also a recognition that the current practice did not necessarily elect the 'best' leadership.

> The appointment of leaders was changing in the following year. These leaders
> were elected out of a process where their class nominated them and the year
> level all voted on. 'This year they're actually going to do it . . . . where you
> nominate someone and they have to say a speech … about what they think

> should be done. . . It's a clearer way instead of being such a popularity contest.
> People can realise who can do the job well (Student Focus Group Meeting 2).

The need to have candidates demonstrate required skills was seen as a positive way to screen for potential leadership.

> 'Cause you notice the ones who do not mind getting up and speaking and so
> it's just like the same kind of people most of the time. … They're more
> confident kind of people (Student Focus Group Meeting 2).

The students saw leadership skills as being those that could be learnt.

> As elected leaders we all attended a workshop 'to show us what to do. (But) for
> the people elected, it's not like a preparation. We could all do something like
> that. We knew how to write speeches and then get up in front of everybody
> (Student Focus Group Meeting 2).

Therefore, they felt that it was appropriate for the school to support them in their leadership roles and to 'up-skill' them as required. In many ways this reflects the work of Dreeben (1968), who argued that schools teach about norms of governance by formal institutions rather than those of the family. He contended that independence, achievement, universalism and specificity are the norms of church, work, legal and political systems, with the more personalised, intimate norms residing with the family.

Dewey (1936) saw schools as places where democratic education was achieved through social efficiency — where schooling cultivated the 'power to join freely and fully in shared or common activities' (p.123). Having thus acquired and refined their skills, students could look at their peers and see how many others had similar potential.

> It's a real confidence thing … Some people are just like that. But I also think
> that some people could be like that if they just had a bit of encouragement.
> Like I just look around the class and see how many people could do the job
> really, really well (Student Focus Group Meeting 2).

It may be possible that students do not want to undertake leadership roles for a range of reasons from simple refusal to more complex notions of their 'fitness' for such a

role. Health promotion initiatives require a certain degree of motivation and engagement in a particular issue and in a HPS 'lesson' learning should include the ability for anyone to take a leadership role to address inequity and social injustice. So when the HPS community perceives leadership as being charismatic and inevitably linked to followers then the leadership potential within any individual is compromised. When CG School aims for every and all of its students to develop the capacity to respond to injustice in all of its forms then there is a need to recognise a fundamental need to be able to provide leadership to actually do so.

The students' perceptions of their ability (and others' inability) to undertake leadership roles may be a variation of what Bourdieu refers to as 'taste'. In describing 'taste' (2002,) he argues that it 'functions as a sort of social orientation, a "sense of one's place", guiding the occupants of a given place in social space towards the social positions adjusted to their properties, and towards the practices or goods which benefit the occupants of that position' (p.466). If we accept that leadership is an aspect of 'taste' as meant by Bourdieu, then most students may be reluctant to actually take up leadership positions because of perceptions of both their capacities and their 'right' to do so.

Leadership opportunities in the HPS

In trying to create a more democratic experience, CG School encouraged students to have some say in the types of activities held, such as fund-raising, leisure and health. The year -level leaders' role as communication conduit was important here. Teachers made suggestions to them about possible activities, and the leaders took the ideas back to the year-level students for their response.

> If you see that there is nothing official around lunchtime we can talk with the co-ordinator, she will come up with some ideas and we'll talk about it for a while and then we speak to class captains, who speak to the class and then they get back to us. So everyone has a say in the end (Student Focus Group Meeting 1).

Sometimes the communication was through 'formal' channels; at other times the students obtained feedback from their friendship groups.

> When the teacher says something, you know that you can .... I usually just go around to my friends and say what do you think about it and then say to some one else . . .. *(Student Focus Group Meeting 1).*

The verifying of ideas from teachers was an important aspect of determining the viability of an activity. Student leaders did not want to put in time to an activity to have it miss the mark and/or be boycotted by students; they were very careful in the use of their time and efforts. Such efforts represent ways in which the school can support student leaders by empowering them to construct opportunities for health promotion activities.

Equally, ideas about possible activities were sought from the students, thus endeavouring to encourage their participation in the school community and developing their advocacy skills. At times the leaders used class notice boards.

> Sometimes we make up sheets and go around to classes and pin it up there and say if you have any ideas for this could you please write them down. We collect the sheets in a week or so to give them time (Student Focus Group Meeting 1).

At other times, they would approach students directly in class time, seeking suggestions.

> Sometimes we wait for a class time when everyone is together and we ask them for ideas (Student Focus Group Meeting 1).

A forum for students to develop, host and facilitate health-focused activities for and by themselves reflects the school's willingness to enable learning about health to go 'beyond the traditional model of health instruction'. The activities were based on active student involvement and participation, and provided the opportunity for students to contribute to the generation of the school community (Thomas & Hehir 1998).

When activities had been identified and were finally being run, there was use of normal school communication tools to promote and advertise events.

> We tell students what is going on through the daily class bulletins or promote through the year level leaders (Student Focus Group Meeting 1).

The effective marketing of the event was seen as being important.

> Usually if someone thinks that it is a good idea other people will (Student Focus Group Meeting 1).

Having an event that was anticipated was essential in determining its viability.

> Not every thing is successful. There are times when the event is viewed as boring, where they can not be bothered to be involved. Consequently 'we have another fun day coming up soon and we are really going to make it fun. We've said everyone has to go in it. …. We are doing a lot more, getting everyone involved. It will be good' (Student Focus Group Meeting 1).

And when student leaders invested their time in organising an event, they were very determined that it should go well. In staging the various events and activities they were developing skills and understandings that reflected learnings of life outside the school rather than those in the classroom (Dewey 1938, 1944); these included interpersonal skills such as collaboration and co-operation, supply and demand, and social reciprocity (Clinchy, 1994). Such activities enabled students to connect with their wider school community, reinforcing the importance of participation in health promoting activities, and demonstrating respect for and value of their contribution (Rowling & Burr 1997).

Students in years 8 to 11 got to elect their leadership from within their year level. Year 7 was an exception in that their leadership was assigned from Year 8.

> Each year new leaders are elected. However year eight students represent the year sevens. '.. because there is the (age) gap, it has not really worked. It's kind of year eight based and we feel it should be more year seven based. We should have really spoken at more assemblies but we just did not get a chance to. We feel that the year sevens were alienated and did not get much input into anything. … They did not really know who we were (Student Focus Group Meeting 3).

The leadership members for the Year 7 found their role more difficult in comparison with the other levels. As they did not have a constituency in Year 7 they lacked formal acknowledgment by those students who did not know the leaders representing them and were less familiar with the purpose and value of the various activities.

> With Year Sevens 'you have to start off at the beginning of the year. Go around to classes, aftercare, canteen, talk to the year level leaders. … when they do not know you, you cannot get results. (Also) they do not realise what they need to help them and they are not necessarily saying what it is that they want you to do (Student Focus Group Meeting 3).

The student leaders tried to work in a consultative manner, but the year 7 students, newly out of primary education, were less familiar with the possibilities and skills of negotiation. Further information about and involvement in the activities was unlikely from these students. They were unclear about how the activities matched with their purposes (Noddings 1999); thus, their token engagement and lack of efficacy in negotiating meant that they chose not to become engaged in the activities. For Dewey (1938), such experiences become mis-educative in that they 'decide the quality of further experiences, by setting up certain preferences and aversion, and making it easier or harder to act for this or that end' (p.37). From the HPS model perspective, these activities neither contribute to a supportive environment for students nor offer any sense of empowerment and possibility for genuine participation.

One way to gain a degree of communication between Year 7s and Year 8 was through the use of pre-existing relationships. In this way the students made use of what can be termed 'in school' social capital as leverage.

> One of my friends actually knows quite a few year sevens so I could get her to say something to them, let them pass it around. Sometimes that was OK and sometimes I managed to be able to go up to people and talk with them too (Student Focus Group Meeting 3).

Clearly the Year 8 students did not represent any significant or legitimised leadership role for Year 7. Having the leader imposed meant that Year 7 students acknowledged no 'power' or 'right to command' (Swidler 1979). Consequently, the Year 8 leaders

were effectively disenfranchised, lacked constituency, and were largely ineffectual in the provision of any extra-curricula activity — health promoting or otherwise.

The school's structures and opportunities to enable student year-level leaders to host and stage events did not make them immune to 'failure' in that at times the activities held little interest, and attendance from the wider student population was lower than desired. The intent of CG School to establish and manage a leadership program of students for the student populations while in line with democratic principles of the HPS, did not guarantee actual participation by and empowerment of the student population. In this sense, the student year-level leaders found it difficult to accept having an event that was deemed unsuccessful. They viewed it as a reflection on their abilities (or inabilities?) as individual leaders rather than recognising that as members of a community (albeit with a higher profile and/or level of responsibility and service), they were interdependent with the other students.

Consequently, the outcomes of events cannot legitimately be claimed by any one student or organising group; rather they are the consequence of being a part of a community. The success or failure of an event is described by Robertson (1999) as good or bad fortune — achievements or failures that are never entirely 'ours' because they are not the result of a lone individual. Instead success or failure, good or bad fortune, achievements or failures arise out of the interactions, interdependence and responses of the community. So in theory, an HPS builds health as a resource for its students and wider community, and given that health is a socially constructed concept, it is therefore possible and desirable for it to be perceived as a means to develop both social and cultural capital.

Conclusion

The intention for students in an HPS is to provide educative experiences that maximise their health as a life resource. Students of the HPS, it is argued, are given

opportunity to grow in their understanding about their personal and social health in a caring, effective school environment that cares and utilises resources in a manner that encourages people to work together (AHPSA 1991) and that can be subsequently transferred into other community settings.

At CG School, part of this has been facilitated through health education programs and the student leaders. At times it is easier to see how the intentions align more closely with establishing and reinforcing social control and social reproduction than with the intended position of HPS for social justice and democratic action. It would appear that much of what is written about the HPS is still underdeveloped in its consideration of pedagogy. Understanding about pedagogical practice — what is actually necessary in practice to develop student's skills in participatory decision making in schools, and what teachers need to know and do to facilitate such activity in the context of the HPS model — is in need of substantial consideration.

In the health promoting school context, much of the educational activity has been 'to help students and to ameliorate many of the 'social and educational' problems facing them' (Apple 1995, p.12) and in doing this schools have actually worked for and reinforced structures of hegemony. Thus, when students talk of their (health promotion and promoting) experiences in their school it is possible to see how cultural capital is acquired. The way in which schools are organised should enable the transmission of not only cultural knowledge (Bourdieu 2002), but also technical/administrative knowledge (Apple 1995) so that 'successful' students can operate effectively in the current labour economy.

Students are able and willing to discuss their perceptions of the efficacy of health education and promotion, together with the opportunities and activities provided in the school community. These perspectives have been considered in context of how student perceptions are constructed and how these perceptions can reproduce social

differences and serve dominant relations to produce social order through hegemonic practice.

Chapter 11 Curriculum, Teaching and Learning - the Teacher Perspective

Introduction

The role of teachers in a health promoting school is an interesting duality. As professional educators, they are responsible for motivating, transferring knowledge, developing understanding and facilitating learning for the students in their care. They are also qualified individuals who are engaged in paid employment in a location that happens to be called a school. Hence, a school is a location that can apply both control and rationalisation to the work of teachers and students (Apple 2001). When applied within the HPS model, can it be assumed that it is also a location where the health promoting behaviours of teachers and students are controlled and rationalised? The Australian Health Promoting School model represents the experience of teachers and students in the arena of curriculum, teaching and learning.

Schools are perceived as being places where young people (K-12) learn (Barth 1990) and adults lead the way through autocratic and democratic means. Yet much of what is written about exceptional teaching talks about teachers being able to create classrooms that support and enable young people 'to feel comfortable emotionally, physically, and intellectually' (Coleman 2001, p.88). Being able to create such spaces is derived from teachers' ability to connect with the students to build relationships (Coleman 2001) and from their permitting themselves also to be learners, so creating a community of learners (Barth 1990) irrelevant of age, certification and role.

Teachers have perceptions of the value of the HPS model as a means to contribute to the lives of the students they teach as well as to their own.

Additionally, the teachers' view their teaching as service to the school community and to their faith; their relationships with students; and how they perceive the value of parental participation in the school.

On being a health promoting school

CG School expressed a strong interest in the health education of its students. At various times it has been involved in responding to a public health agenda, trying to 'do the best' for its students in light of contemporary scientific evidence and imperative. As with other schools, CG School was trying to adopt health promotion programs and initiatives while also facing other curriculum pressures arising out of a crowded curriculum, subject status, and school ethos (Payton et al. 2000; McBride & Midford 1999) that was also moderated by the Catholic Church

> When we looked at the survey on Health Promoting Schools we started talking about the appropriateness of the model. . . . It was mainly to tie up all of the things we were already doing in the school under health and religion. . . . We felt that we were already a health promoting school but that we needed to give focus to all of those issues. . . . Giving a name to it was important (Teacher Focus Group, Meeting 1).

The school provided clear expectations about need for explicit care by teachers for the students and that this was done in context of its mission as a Cathokic school. Many of the staff were Catholic in their faith however even the non-Catholic staff respected the school's ethos. AS a result, the manner in which teachers implemented health activities would be difficult to replicate in secular/government school or schools of other faiths.

The school community was clear about its position: that the school needed to provide a broad curriculum that would enable the young women who attended the opportunity to experience success in their academic and social life (Payton et al. 2000). The provision of such a curriculum would, in Dewey's (1963) terms, provide opportunity for the students (as social projects) to modify their beliefs and practices as they experienced varied aspects of their physical and social world. In this context, the HPS model had considerable appeal for CG School. It could

provide a substantial and viable framework on which the school and teachers could actually 'hang' their health-related curriculum and teaching, clarifying its justification and enhancing the experiences.

> When we looked at the programs we were doing, we could see how they fitted. … In most areas we were doing something now, but it was the degree that we were doing them. … There were things that worked really well but if we did these other things then that might increase the effectiveness (Teacher Focus Group, Meeting 1).

By taking up the HPS model the teachers recognised not only that they could continue to provide breadth in what is a crowded curriculum; they could also accommodate the increasing demand for human capital (that is, literacy, numeracy and information technology). Thus, this particular opportunity for efficiency achieved through the HPS model signalled a settlement between managerial demands and philosophical needs.

In fighting for curriculum space against the traditional subject status, the HPS model changes the dynamics by bringing health to the centre and calling for all teachers and subjects to be responsible for health. In this particular school it helped staff to recognise the scope of the health-related activity that already existed. The Australian Health Promoting Schools Association (AHPSA 1997) describes the HPS concept 'as an avenue to coordinate the diverse activities/projects within a school and linking them in a cohesive school community approach to health education and promotion'. In trying to offer more than basic instruction focusing only on the academic, this school, like others (Payton et al. 2000) had taken up multiple health issues:

> It was something that a lot of people were doing. There is lots of really great work but it is so big. You know that they're working hard over there and someone else is working hard over there but there seemed to be so much that still was not happening. Some people think that it is just in that subject or others see it as an across the board sort of thing (Teacher Focus Group, Meeting 1).

The school and the staff have participated in a range of health promotion initiatives. They have undertaken the professional development provided, and

have considered the program intent and incorporated it in school policy, curriculum, and teaching and learning activities.

> The whole Turning the Tide strategy was fairly prolonged even though we had a definite time line. There's so much that we have not evaluated yet. . . . But it was an important start for the school to look at health promotion. … it's part of a sequential curriculum, doing things all the time instead of just occasionally … You're already giving health a focus … there are benefits for the students ... we were doing it anyway (Teacher Focus Group, Meeting 1).

Implementation of strategies and programs like *Turning the Tide*[14] helps to legitimise and publicise health promotion in schools to such an extent that it can be difficult for schools to justify their non-involvement. CG School reflected the common experience of the growing interest and support for health promotion and risk prevention activities for young people that are school-based (Payton et al. 2000; Kolbe, Collins & Cortese 1997).

However, there is growing debate about the manner of activities and projects that are delivered in schools and labelled as being health promoting (Colquhoun 2000). Such activities are specific in focus (such as the *Turning the Tide Strategy*) and are unlikely to be radical in their intent; they are therefore unable to deliver on the underpinning principles of supportive environment, diversity and social justice. 'The Health Promoting School Movement in Australia is driven by isolated, one-off *ad hoc* projects" (Colquhoun 2000, p.172), and the health promotion activities at CG School embody this position.

The development of many health promoting teaching materials reflects a predominately technocratic approach (Habermas 1989) to teaching and learning. This approach generally uses a centralised curriculum, with input from experts. The materials are written in such a way that the goals, steps/procedures,

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[14] *Turning the Tide* was a Victorian Government funded initiative to target drug education in schools. Substantial money was contributed to the project in that teachers were seconded from schools and provided with professional development to assist schools implement centrally developed project curriculum materials that meshed in with the CSF curriculum documents.

outcomes and evaluation are interwoven so that the materials and kit become virtually teacher proof, and often the professional development is provided to increase the fidelity of the teachers (Barcan 1980; Apple 1995) in their delivery of 'teacher-proofed' kits. At CG School these initiatives included drug education materials such as *Turning the Tide* and nutrition materials from the National Heart Foundation to be used in classrooms and the school's canteen.

In such programs, with their aim for behaviour change, there is opportunity for the development of habits, but not in the sense required by Dewey (1938). In Dewey's context health promoting habits should be about not only establishing and using such habits, but also understanding the why and how. Since external health experts determine behaviours and health promoting habits, there is little opportunity to develop informed social action; instead, the programs are more likely to be about social reproduction.

By working in such a way and delivering these programs in the prescribed way, teachers are essentially deskilled by being located apart from the development of the materials — their participation is only as the conduit of transmission. The same process can also up-skill teachers, in that they become proficient in the delivery of teaching materials and kits developed by others. However, both deskilling and up-skilling occur at the expense of teachers' 'local knowledge' of the students in their classes (Apple 1995); ironically, by not connecting with their students teachers have less impact on their student's learning (Coleman 2001) and instead generate the potential for what Dewey (1938) called mis-educative experiences.

Teaching as service

Teaching is a profession that is of significant appeal to idealists, people who view their careers as a means to serve the larger community (Miech & Elder 1996). In CG School, the strength of the community connections are such that teachers see their role as one of service, first to their students and second to the school and its

wider community. The drive to 'do good' is strong, particularly as it relates to the health promoting school concept. Teachers made considerable effort:

> We try to support the students in learning more about health. . . We were talking the other day — parenting skills offering advice on where to seek further information or support. We do not want them to not know and that they do not find out until things go wrong. … You need a careful balance … You can not promote a service and then become concerned that students are accessing it (Teacher Focus Group, Meeting 1).

In many ways the teachers at CG School wanted to cover all health promotion bases, but to be able to do so in the context of a Catholic school environment. Teachers were concerned that students should have sufficient knowledge and understandings about particular health issues. They were also frequently challenged by the plethora of health programs and services and how these might support or contravene teachings of the Church. There was a strong perception among staff that they had to demonstrate care for the young women who were their students in such a way as to appear to respond to the constant waves of perceived health crises.

> In a school of 1350 students and over 100 staff, there are many different groups whose needs differ markedly. One common need of all groups is health, self esteem and feeling of belonging. For some years we have been aware of a group of students with chronic illness. Usually these students have little in common other than a chronic illness. Even the illnesses are quite different, however there is much that this group of students can do to support each other and as a group can alert the rest of the school community to their needs (Vince's narrative).

The difficulty for these teachers was not that they were not willing; rather that they had to remain resolute in their purpose and wait for the next incoming wave. They lacked forewarning and technical expertise in the specific issue, but were required to hurriedly mobilise their response as or after the next health-issue wave hit. This was typified in the way the school participated in programs like *Turning the Tide,* and the way they facilitated relationships with health agencies. Such programs are more likely to have teachers focused on what Habermas (1989) called technical rationality at the expense of the need to work with their students to develop communication competence, social values and everyday morality (Bates 2005).

Like their students, teachers were often overwhelmed by the mass of health information and the increasing number of identified health risks. They perpetuated their personal experiences of pedagogy, both as students and teachers, which lacked the ability to apply what Dewey (1938) described as a philosophy of experience. They were limited in their ability to interweave the critical aspect of both theory and practice to generate a form of self-control that enabled the individual to function through reflective action. Teachers were thus unable to convey this to their students, so they relinquished pedagogical control to the health expert and health agency.

The health promotion programs were seen by teachers as opportunities to address contemporary health risks in a managed way to keep their curriculum 'fresh' and relevant. Thus, the intrinsic value of the programs was essentially unchallenged, viewed as being self-evident and utilising managerial 'common-sense' approaches — if it was a significant health issue, then teachers were required to 'teach' about it. By responding in such a manner teachers became actors for the achievement of the state, given that contemporary health promotion arises out of an increased awareness of a particular illness or disease, the appreciation of the supporting environmental conditions and the benefits of prevention (Peterson & Lupton 1996; Fisher et al. 1986). By having a not inconsiderable stake in health promotion, the state can promulgate capital accumulation by means of the efficiencies of behaviour change through schooling while legitimating its discourse by making it meaningful to key constituencies, such as teachers (Apple 1995).

Health promotion did not compete with existing teacher practice at CG School, and so the melding with existing foci and practice was non-problematic.

> I guess the thing about a health promoting school is that you can say: 'this is what we do' … by name it is something that is very valuable. … it raises opportunity for teachers … and we can evaluate it (Teacher Focus Group, Meeting 1).

The evaluation referred to by teachers picked up on measuring the students' awareness of the program, their understanding of key components and their

degree of potential and actual behaviour change measured for example, by the number of students wearing hats while outside and amount (or lack) of rubbish in the school grounds. In doing so, such health promotion programs and the teachers delivering them were working 'hard to maintain the essential fabric of status quo' (Whitelaw, McKeown & Williams, 1997).

Health promotion programs are developed as generic tools to manage the risk associated with a particular health issue. The aim of these programs for behaviour change and limiting of risk are the result of (health) expert considerations and these arise out of a particular set of knowledge and practices (Petersen & Lupton 1996) with all of their inherent limits to understandings and expectations — that is, doxa. Such programs aim to control biomedical risks through the 'healthy' citizen who is managed by the self (Petersen & Lupton 1996).

While we are led by the New Right to believe in our personal right to determine the healthy behaviours we chose to enact, and no matter how we are exalted to be rational and dutiful citizens, in the end 'the range and kinds of practices we take up and adapt are, in the final analysis, suggested or imposed by the broader sociocultural and political context' (Petersen & Lupton 1996, p.xiv). When enacted within the school walls, the message of the health expert puts forward particular healthy behaviours as irrevocable 'truth' and the associated 'common-sense' style provides a privileged status (Bourdieu & Passeron 1997; Petersen & Lupton 1996; Apple 2000).

Learning is an irreversible process; therefore 'the habitus acquired by young people in the family forms the basis of reception and assimilation of the classroom message, and the habitus acquired at the school conditions the level of reception and degree of assimilation of the messages produced . . .' (Bourdieu and Passeron 1997, pp.43-4). Thus, teachers worked to facilitate a range of academic and contemporary learning within a Catholic paradigm (and its inherent moral and ethical underpinnings) so that all come together to generate a coherent whole — a particular understanding and perspective of society. In doing so teachers are able

to bring to life a particular version of the HPS model with all its settlements about risk management, pedagogy and Catholicism.

On connecting with students

The teachers in this study maintained a strong sense of connectedness to the school and to their students. Many expressed their profession of teaching in the school as a form of service to their faith and/or community. Being a teacher in CG School was discussed as being a role both of privilege and of dedication.

> That's the part of the job that I like - the strong belief of mine that they have the power within them. It's vital that there are connections for them. …Even after they have left the school … every now and again they come back and they are drawn back into it. … They are able to retain some sort of image (Teacher Focus Group, Meeting 1).

The perception of privilege arose from working in a school with a strong sense of history, purpose and position in the community — the dedication represented in long hours of work preparation, and involvement in extracurricular activities.

> To be a witness to them facing their challenges with increased confidence and a stronger belief in themselves is heartwarming. Many a time the choices they make about their lives are not the ones that you would have hoped they would make, but usually it works out for them in the long term.
>
> I am reminded of them when I receive a phone call or a letter sometimes two, three or more years later, telling me not only of their successes but also of how they have faced further difficulties that they have encountered in the way. The contact of these past students assures me of their gratitude and their belief that I am still very interested to hear from them (Margherita's narrative).

A substantial motivation for these teachers was that '(t)hey believed that their actions could mean something in the lives of their students' (Klonsky 2002, p.68). Thus, if teachers were to make any impact on the lives of their students, then being able to build 'a strong foundation of trust, mutual respect, and sense of community as a prerequisite to learning and effective classroom management' (Coleman 2001, p.87) is a fundamental requirement. Dewey's concern was that pedagogy was not solely about addressing students' sensibilities. Instead, he saw

pedagogy as being about social transformation rather than individual adaptation (Apple 1996) that reinforced (Bourdieu's) doxa and built cultural capital.

Teachers were cognisant that their students faced difficulties as they grew into adulthood. They were 'attuned to students' developmental changes' and worked to be 'empathetic and supportive' to students' needs (Cohen 1999, p.4).

> The students can not be dependent on you, but they need support. How do you make sure that they get the support but that you're not the sole stake holding up the standard rose? … You try to make sure that they've connected with you … but not solely you (Teacher Focus Group, Meeting 2).

Clearly there is also a concern that students develop a cadre of support rather than the teacher being cast as the sole provider of support. Teachers recognised that they lacked the expertise (perhaps were even deskilled) to deal with many adolescent health issues (Rissel et al. 2002). The philosophy of the school values the development of the individual students as core to the school's work. Teachers looked for opportunities and situations where students could be both supported an encouraged in their personal and spiritual development.:

> Something happens in the school to allow their identity to emerge. … I think it goes back to helping young people to see that they are gifted. … It is a very individualised approach, … helping them to find something that they would not find in other schools, giving them a sense of belonging in a team (Teacher Focus Group, Meeting 1).

The teachers assumed that they would be more than instructional providers for the students. As experienced teachers, they are "cognisant of the importance of the affective side of teaching and understand the need to educate the whole child [sic]' (Coleman 2001, p.104).

In the CG School context, it was clear that teachers were significant role models for students as they matured into socially and religiously functioning individuals.

> This story does illustrate the need to remind staff and students that each of us is an individual and that we all expect and deserve to be treated fairly –I hope that we have set in place steps to achieve this. I think that most people would describe CG School as a caring and fair school. I can only

hope and work towards trying to continue this belief and ensure that this student encounters less incidence of what she has described and more health promoting, positive experiences (Liz's commentary on Madison's narrative).

For many students 'the opportunity they are given to form a meaningful and supportive relationship with an adult … plays a critical role in opening the door to their future' (Cohen 1999, p.18).

> I often find that students will let you know when they need help … they know how to go and get it. . . Sometimes they will come back but at other times it's about letting you know they are OK and checking that you are still there for them (Teacher Focus Group, Meeting 2).

This supports students in their development of their understanding of learning as a lifelong experience. Together with the family, the teachers, as agents of the school, provided not only (cultural) competence but also the ability to use that 'competence to good account' (Bourdieu 2002, p.86):

> I think that it is important that connections are made for them. They should not feel isolated — socially or emotionally. … Sometimes (students) do not like to admit that being a CG School person means that they have a place in our community. … However in hindsight, I think a lot of girls would value their experiences and connectedness (Teacher Focus Group, Meeting 2).

Teachers perceived themselves as valuable role models and mentors for their students. 'Educators who communicate caring in their teaching inspire students to identify with them as well as to feel hopeful about their ability to succeed' (Elias & Weissberg, 2000, p.188). As teachers articulated the rationale for their mode of connecting with students, they also put forward their 'image' of what they want their students to grow into and be guided by.

For teachers, this role does 'not cure the problems that students present with' (Cohen 1999, p.18):

> It's nice to hear a response from a student saying that 'everything's going really well', and that's probably just as helpful for you. … At times it is very difficult to keep going in some situations (Teacher Focus Group, Meeting 2).

But it does help to inform their work and purpose.

As the students exit the school at the end of Year 12, they are provided with a 'show bag' of health-related goodies compiled by the staff. Included are a range of materials including information brochures and free products from health agencies. However, this material provided by the school in support of the students and in recognition of transition, is still governed by Catholic Education Office policy (2001a, b, c, d).

The reality for teachers is that there are activities that have been proscribed by 'authorities' (in this case the Catholic Church) long before health promotion. Baric (1995) argues for the individual's right to know about risk and ways to avoid it, that '(t)his information should not be confused with proscriptions, since they both are parts of a completely different set of social forces' (p.127). The school had to be careful when exploring spaces for supporting students over issues where preventive health principles and systemic values and policy were apparently in conflict.

Teachers, as front-line staff between the school and its students, have to balance the multiple aspects of their role. They represented the personification of the school — its mission and values — to the students, as well as enabling their growth and learning in a social context.

> In most cases the popular and most successful teachers are those that have that special bond with their students. The ones that students find are easy to talk to, no matter what topic or situation, the ones that share their experience and stories as well as listening to other people's (Erin's commentary on Annie's narrative).

As the point for policy implementation, teachers have clear tasks to undertake. By connecting with their students, they walk a line that requires a delicate balance. Teachers are expected not only to convey academic information and opportunity, but to nurture students. At the same time as students take on the knowledge conveyed by teachers, they also develop understandings of how such knowledge operates to affect others and therefore the associated moral and ethical underpinnings. In the Catholic school, teachers have the advantage of a public

and explicit mission, and a values set that guides their work within a bounded system that is both supportive and limiting. In the HPS model, a Catholic school has a clear framework on which to organise apparently unrelated health risks arising out of the secular. Thus, the Catholic school and its teachers have a means by which the work is clearly caring and grounded in Catholic Christian ethics, but in being so highlights the boundaries. As Year 12 students graduate, they are provided with a life survival kit that includes information supporting their health literacy, but could never contain 'health' artefacts such as condoms.

In support and recognition of healthy teachers

The HPS movement is about 'building healthier school communities by establishing programs that address the needs of students, staff and parents' (Network for Health School Communities 1992). At CG School, the staff not only were cognisant of the range of programs and activities being offered and developed for students in the school, but were also aware of their own needs.

> There are lots of forums here to discuss welfare, initiative or whatever …
> there are lots of things for students but there is need to be proactive for
> staff too (Teacher Focus Group Meeting 2).

Existing within a school that was beginning to identify itself as an HPS community, teachers felt that recognition of their own health needs was as important as recognition of the students' needs. This was particularly evident as they felt that they gave so much to the school, enough of which was beyond the normal duties of a teacher. No matter how much these teachers were motivated, they experienced a detrimental effect on their own well-being that in turn could impact on their relationships with their families and friends as well as with their students. Hargreaves (1994) describes this as being about guilt where '(t)o leave work behind is to leave care behind, and with it the needs and interests of children' (p.148). Teaching careers, together with those of nurses, social workers and police, are careers that require and make use of considerable emotional investment, thereby making burnout a possibility (Matthews 1990).

For an adult teacher with responsibility for the care of students, teaching can be a draining experience. A teacher talked about how introspection in dealing with an issue was not always useful, but affirmation from others was.

> At times it is very difficult to keep going but it is nice to hear a response 'everything's going well' because that is helpful. … you're entitled to see the calm in the middle (Teacher Focus Group, Meeting 2).

Consequently, teachers valued the support and recognition they received from their peers. They affirmed the importance of the school as a professional community, where there was opportunity for teachers to engage in 'teacher talk', to engage in 'a reflective practice that help(ed) them to know students well' (Klonsky 2002, p.67).

Proudfoot and Baker (1995), in discussing effective schooling, (loosely) defined a 'good school' as one 'which appeared to be successful in tackling contemporary educational challenges, including challenges stemming from the nature of the school community' (p.280). Recognising that the school community also includes teachers means that their needs also require attention. The administration team sits in the middle of the continuum 'between teachers and external ideas and people' (Fullan 1982, p.130), and in doing so leadership capabilities are critical to attaining the required balance between the two and that which provides the basis of the school's effectiveness (McGaw et al. 1991). Teachers valued the recognition of their efforts by the school administration team.

> There have been times when it is so easy to see that the administration is good at caring. I guess that there are times that are just difficult and the administration team has provided support to teachers. …. They are willing to recognise and celebrate what we do well (Teacher Focus Group, Meeting 2).

The administration team comprised experienced teachers who had undertaken administrative responsibilities that now consumed most — if not all — of their time in the school.

> There are things that the administration is doing … but it's not just policy, not just a document … these are things that guide and formulate what this school is. … we do work on uniform and things but this not all we do … I

think that this school has a high profile within the community (Teacher Focus Group, Meeting 1).

The members of the administration team retained a degree of collegiality with the teachers by engaging in conversations about what the school was working towards and how capacity to achieve this could be developed (Rallis & Zajano 1997). The administration and the teachers had been able to set up situations where authentic learning by the teachers was recognised and was shared with other teachers, generating and sustaining a learning community (Mohr & Dichter 2001).

The opportunity to create and participate in a community of practice went beyond the discussion of teaching-related issues. However, the provision of opportunities for health promoting activities for teachers inside school life was fraught with tensions.

We spoke to the staff some years ago about a day where staff were given opportunity to 'refresh' and 're-charge' themselves. The response was pretty tentative … there were the supporting Christian connotations on one hand … and the concern about what the community was thinking - we seemed to be being paid to have fun on the other (Teacher Focus Group, Meeting 1).

It was a challenge for some staff to think of a weekday — a school day — being permissible for renewal.

Yet retreats, workshops and team-building days and events are increasingly common items on business calendars. They are recognised as being important features in strategic planning, contributing to organisational learning (Weick 1995) and the development of communities of practice (McMaster 1999).

Recognising that for the school to be happy, the staff have to be happy. To pay people to have a nice time, not have classes - a pupil free-day is a huge commitment of the school. I think it was health promoting …there was no pressure, you chose what you wanted to do … because staff came back feeling refreshed … and were able to be happy with the kids (Teacher Focus Group, Meeting 2).

Such events can tap into Senge's (1990) generative energy to expand 'an organisation's capacity to create its own future, rather than be created by the

events of the moment' (Flood 1999, p.24). Thus, the choices made are constrained and dictated by the 'meaning that is attributed to the choice whether it be by intent, preference or ascribed value' (Lane 1995), so the school and its staff determine its future from the way in which it perceives the health issues and, thereby, its particular focus and responses. In making its choices, the school and its staff are ultimately constrained by (Bourdieu's) doxa. There is a previously existing context in which the possibilities for particular choices are probable and likely, or even about what choices can be perceived to actually exist.

According to McMaster (1999), the combination of community and practice — the heart of communities of practice — allows for more effective work practice.

> But when we did have our day … the staff returned with so much more commitment. … We should be shouting it from the roof that we have a loving and a caring staff. … It was so useful for team building and the sense of collegiality between the staff (Teacher Focus Group, Meeting 1).

From such shared activities, increased effectiveness is possible where 'successful team learning may happen if team members master a balance of practices of discussion and dialogue' (Flood 1999, p.25).

> It is important to have activities that are health promoting for teachers. It is very much an issue of staff welfare. The school shows that the staff are important and that they care for them as much as they do the students. … I think that in the long run staff are able to do better. … They are more willing to ask for more support and there has been a rethink about the Administration and staff feeling more comfortable (Teacher Focus Group, Meeting 2).

Such discussion would enable teachers to work through different views, to support decisions to be made, and to engage in dialogue where they can suspend their own perspectives to gain empathy with those of others.

> We teachers work in such isolation that gives us great freedom to develop our own pathways through courses but it can be such a lonely, soul-destroying experience. I've been lucky to be involved in working as a team with another teacher in programs outside the classroom and that has strengthened my work as a teacher. It's a bit daunting 'performing' in front of others but it is a great way to learn and develop, and the students have the benefit of two people's approaches. Breaking down the timetable,

structural and personal barriers to work as a teaching team is hard and expensive but so beneficial to staff and student alike. We all need mentors to help us work through work and life. …

I admire Angelica's ability to see a positive in a negative situation but my major concern was for the wellbeing of that staff member. By assisting her, students would be assisted. Who tried to help? What was done? Or was it just a matter of that teacher trying to survive in our busy, busy school until the release of end of semester? (Carmen's commentary on Angelica's narrative).

It is through such an expression of tolerance that there is the potential for cooperative growth and social improvement (Gregory 2000) through, in this case, reflection on professional practice. This commentary is but an opening conversation about the empathetic response of one teacher for another. It asks many questions, and raises particular issues while leaving some unanswered and others quiescent. Such ruminations can create multiple paths that can lead to change or variations of the status quo, but the path chosen will be the result of any metacognition that the teachers may apply from this narrative to their own teaching practice. Recognition of how pedagogy may vary, particularly in an HPS, does not appear to be an issue or a factor in teachers building useful relationships with their students.

The students were interested in their teachers and how they spent time on health promoting activities. By demonstrating a degree of enthusiasm for engaging in health promoting behaviours and activities in the context of the school, teachers were in a better position to share their knowledge.

They heard you talking about what you did and they were really interested in that. I think they quite liked hearing about the things that you did that were unusual maybe (Teacher Focus Group, Meeting 1).

By hosting a 'renewal day', the school was able to demonstrate to students what it saw as the value of lifelong learning. The message for students to be open to learning experiences was an equally important message for the teachers.

The day was a pupil free day and it was an opportunity for staff members to select an activity that they felt that they would enjoy. There were many activities on offer. I chose to go surfing, why I'm not sure but is was one of the best things I have done. …

> Sabbath Day provided me with not only a change to un-wind and de-stress, it also gave me an opportunity to mix with staff members I did not know very well and a chance to do something that I probably would never have done. Since that day I have actually purchased a wet suit and look forward to many days in the water at the beach.
>
> I felt that the Sabbath Day organised by CG School, was health promoting in the following ways.
>
> - It reinforced to staff that Admin respected and valued their contributions and that this was a way to rejuvenate, reduce stress and improve our overall mental, social and physical health.
>
> - It gave a clear message to the community that CG School was committed to the wellbeing of its staff.
>
> Since this day there have been several other schools who have conducted similar programs.
>
> Sabbath Day contributed to feelings of wellness by the staff. This in turn filters down to the students that, in essence, becomes heath promoting. Happy staff makes happy schools (Liz's narrative).

The enthusiasm expressed by teachers, together with their first-hand knowledge, helped to demonstrate to students the enjoyment of participating in activities together, and enabled them to perceive the challenges as being conquerable (Coleman 2001). The Sabbath Day experience provided the school community with tangible evidence of the inherent value of being open to new experiences and lifelong learning.

Where the teachers celebrate any overt action in their support, they do so at the expense of deeper consideration. As members of CG School, they are committed to anything and everything that the organisation represents (McLaren 1999). Thus, they believe that the school administration is concerned about their wellbeing in having a student-free (sanctioned) day that focuses on renewal, stress reduction and developing understandings of other staff. They do this with no critique about whether one day is sufficient, or about how the school (and the administration) may prevent or limit it at other times. In describing ritual in schools, McLaren (1999) sees teachers as both incorporated in the order and involved in establishing

that order. Thus, the HPS helps teachers to legitimise their health concerns, but only after those of the students have been addressed.

On parental involvement

There are different perspectives about the role of parents in the school. Chapter 8 provides parent reflections on their role and contribution to the school and show the school contributes to their daughter's life. Teachers also provided some insight in to the expectations that they have of parents. Research undertaken on parent participation in Australian schools (Mawson 1996) noted that both teachers and parents saw the parent's role as being supportive and advisory, and that decisions made should reflect parents' ideals and wishes for their children.

> With the writing of the drug policy, that was fantastic to have that parent involvement. It's sometimes hard to do because I mean we are all at work and the girls are all here … parents, you know, they're at work and finding time when it's OK for every one to get together (Teacher Focus Group, Meeting 1).

Both in Mawson's study and at CG School, teachers and parents perceived that any parental participation in decision making would 'be assumed by a minority of parents' (Mawson 1996, p.98).

Toomey (1996), reporting on his research around parental involvement in reading programs, determined that many parents are 'hard to reach' because they (the parents) perceived themselves as not having either the skills or the capacity to help in their children's education. The claiming of the educational arena by teachers as the result of their professional expertise and tradition contributes to parents' lack of motivation to become involved. Consequently, only those parents with equivalent expertise are willing to take to the educational arena and to develop the shared language and communication necessary to create authentic school - parent partnerships (Davies 1996):

> We tried to get a wide range of parents but probably only 5 or 10 percent of the people seem to be interested … And probably the parents that come are not the ones who need the support, they're probably the ones that are probably doing it anyway. … perhaps, maybe it does not matter … you are

> chasing the ones who are not getting it at home, so anything that you do is
> helpful anyway (Teacher Focus Group, Meeting 1).

The experience of having responses to initiatives from only a small proportion of families, and having a few select parents as the ones who are always participating, is not unique. Davies (1996) cites research that shows that 'nearly all parents care about their children', but 'they do not know how to help or do not know what the school or a program expects them to do' (p.90). Additionally, positive parental involvement is more likely in primary schools, decreasing as children graduate into and through their secondary education (Hoover-Dempsey & Sandler 1997).

Conclusion

In their role as enabling students to have opportunity to live fulfilling lives, teachers were motivated to provide every possible opportunity for the students in their school. They were cognisant of the range of health issues that could predictably impact on students, and so were motivated to 'prevent' or minimise their effect. In doing so, teachers drew heavily on health promoting programs and agencies to fill the gap in their professional expertise. They also saw the link with their own health and wellbeing, and were grappling with the 'permission' to deal with their health in school time. Their service ethic as teachers was interpreted in such a way that teachers may attend to students' needs in school time and their own professional needs in their personal time.

As a day of renewal for teachers, the Sabbath Day was sanctioned by the school administration. Thus, it was easier for teachers to believe that their wellbeing was important in the Catholic HPS. However, they did not expect the administration to consider how the intensified conditions that now surrounded the work of teachers, imposed by the New Right managerialists, contributed to their stress and compromised their wellbeing. Operating within their *doxa*, neither the teachers nor, apparently, the administration were able to see how things could be either viewed differently or changed in a manner to improve conditions. Both options were apparently outside what Bourdieu (2002) calls objective limits, and so neither would be able to separate their real and thought worlds.

At CG School, teachers assumed that parents were motivated to become involved in the life of the school. They perceived parental 'visibility' as a measure of interest (De Carvalho 2000) in their daughters' education, forging a united front in expectations about the generation of cultural capital by the students as well as ensuring that the students embodied the protocols of the dominant culture (McLaren 1999). The teachers were limited in their reflections on any additional motivations or limits, assuming that if the parents (especially the mothers) were really interested, then sacrifices and adjustments in the family's life would be made.

Teachers reflectedon their views of the value of the HPS model as a means to make a contribution to the lives of the students they teach. In particular, these teachers viewed their teaching as service to the school community and their faith, and valued the efficacy of their relationships with students. The demands of teaching legitimised teachers' claim for their own health activities and saw the value of parental participation in the school.

Chapter 12   A HPS experience – in summary

Introduction

Within the research chapters of this thesis I have focused on those experiencing the health promoting school (HPS) on a daily basis. While the school in this research did not label itself as a HPS as such, it did find appeal in the model and subsequently laid claim to certain features and characteristics. The school made use of the HPS model to assess health activities undertaken and to determine future health promotion directions for the school. The school did not however choose to use the HPS label. It was the intention of this thesis to explore the HPS model to determine the ways in that it has been constructed within this school community. If social justice is seen as an under pinning intent of the HPS model then is it is worked for in the school community,? Or does the New Right perspective have a greater dominance and does it operate invariably?

In highlighting what I consider to be the challenges within the health promotion movement as demonstrated in the settings focus of the HPS it appears that the claims of health promotion have been both commandeered and re-contextualised, moving it away from its social justice underpinnings. In doing so the model of the HPS utilised in Australia has become a means by which private lives have been brought into the more public arena of the school, thus becoming accessible and controllable by the New Right and subsequently evaluated and judged in terms of the subjugated individual.

The key aspects of the research presented in Chapters 7—11 assist in drawing together the common threads of New Right managerialism as demonstrated in the HPS and allowing consideration of the implications for health promotion. Subsequently I will consider what next for the HPS movement, particularly in Australia, and beyond the growing disssonance between the claim for market

ideology to generate health promoting settings and the probability of it actually being able to doing so.

The HPS – developing the experience

In this thesis, I have provided some insights into some disparate bodies of knowledge that have helped to construct an understanding about the HPS movement generally and the particular model that has been developed and promulgated to Victorian schools P-12. I have demonstrated how CG School, as a social and health promoting setting has been constrained by external discourses to operate in a particular manner and to generate their own internal understandings that can mediate or redirect the experience of education and health initiatives, interventions and programs. In the next section I provide a summary of the community experiences at CG School, from the school administration, its teachers and students, their parents and the health agency workers that provide services to the school.

The administration perspective

The HPS audit (in the form of a checklist) distributed to Victorian schools (Deakin University 2000) provided CG School with a tool to assess the way in which it responded to health promotion issues, and as a result the ability to identify itself as being able to claim HPS status. The school's administration accepted the checklist as a means to determine such status and did not presume to consider either whose perspective of health promotion pervaded the tool or what political silences existed. Victorian schools have increasingly been exposed to and forced to manage their work within the context of surveillance and regulatory mechanisms. It is within such a political climate (Apple 1995, 1996) that the HPS checklist as a selective managerial initiative was accepted and followed by the school's administration. Without any further information or engagement the technocratic approach to manage the hierarchy and social power as it relates to health promotion in schools meant that the 'system' and its instrumental rationality (Bates 2005) was accepted as being a normal part of how schools and CG School needed to operate. The new *doxa* (Bourdieu 2002) privileged the voice of the New Right so that any alternative or additional possibilities that recognised

the 'lifeworld' (Habermas 1989), and democratic (Dewey 1925, 1974,1976) and social justice ends (Apple 1995, 1996, 2000c) are never hinted at. The HPS model that was presented to the school's administration reinforced a perception that one perspective of health promotion in schools was both rational and universal.

The experiences of the local context at CG School reflected health through the management of risk. The school's administration saw the HPS model as a way by which the chaos associated with modern health, could be navigated. The model also appeared to support its position on pastoral care and Catholic education. The school community and the administration team were cognizant of the range of health-related issues and risks that permeated society, and they were motivated to moderate or negate the risks for students and their daughters. Prior to undertaking the VicHealth Survey (Deakin University 2000) the school responded to a range of apparently isolated health issues that are apparently growing in an exponential manner. These issues were experienced as being virtually spontaneous events arising out of the social milieu that needed to be dealt with within the school context. For the administrators and teachers each health issue was like a bubble of hot gas in a mud pool – they knew one would appear but the what, where and how was largely unpredictable.

The HPS model provided CG School with a framework that enabled existing practice to be highlighted and evaluated, and limited resources to be utlilised in more effective ways. The VicHealth survey acted as a means by which the school community could facilitate a needs assessment. The survey assisted the school's administration to identify health promoting activity that it was already undertaking, to what extent, and those activities and health issues that were still to be considered (Deakin University 2000). By identifying the ways in which available resources could be leveraged for use within a range of activities, perceptions changed. Instead of spending energy dealing with apparently isolated health promotion activity, the same energy could now be redeployed to identify and acknowledge areas for improvement. The school could legitimate its work whilst also auditing the cultural capital it already possessed to manage its health education and promotion. In this way, the school used the VicHealth survey as a

means to audit its health promoting practices (Webb, Schirato and Danaher, 2002) and therefore to reproduce desired and/or preferred health behaviours that support the accumulation of cultural capital (Apple 2001, Ball, Bowe and Gewritz 1994).

For the school's administration the HPS model was seen as being complementary to its mission for Catholic education. Predicated on a view of hopeful potential in every child (sic) the school administration worked to develop organizational values and ethics that supported the development of individuals and their potential to contribute to and shape their community in an ethical manner. The HPS model was seen as a complementary means to support the school's administrative work and *habitus* in that it professed a holistic approach to health through social engagement both for and by individuals. The model provided the school with a sense of confidence in dealing with health professionals and contemporary health issues. Both were aspects that the administration and teaching staff viewed as being outside of their professional domain but which impacted on their work and their relationships with students and the wider school community. In working this way, the health expert becomes the authority (Webb, Schirato and Danaher, 2002) and the enactment of the model increased the possibilities for surveillance and regulation of the school (Apple 1999, 2001) as a HPS community.

The value of the HPS model was seen in the way that it contributed to the school's *habitus* while also being malleable enough to be moderated by it. The hegemonic force derived from the school's faith determined what aspects of health were permissible and those that were not. This could be seen where those aspects of sexuality and contraception sanctioned by the Catholic Church were presented as paramount. And the hegemonic force of the health experts working within the school, determined the terms by which the health issues were actually dealt with (Apple 1999, 2001). This was, for example often presented under the guise of client confidentiality or in context of current health research findings.

The parent perspective

For parents their decision to send their daughters to CG School was partly based on its geographical location within their residential area and partly on their social and cultural capital — some of which determined their ability to reside in the suburbs local to the school. Most of the students had a familial history with the school through their mothers, aunts, cousins and grandmothers. The school provided their daughters with an education that supported Catholicism and well being, and provided educational experiences that supported parental values and expectations. The parent community held a high degree of familiarity and comfort with what the school offered and stood for, and the school professed understanding of what the parent community expected for their daughters. Such *habitus* facilitated the ways in which the school professed and justified its positions and work, and the school community facilitated a mutual reinforcement of the critical aspects of the school's shared work. This process was one of self-normalization (Ozga 2000) where the school and its community served mutually as social indicators of each other's work (Dorrick et al. 2001). — the school stated what it worked for and the school community reinforced the central tenets of the school's work.

CG School attracted 'particular' types of parents who were willing to be involved in the prescribed school life; and the parents saw the school providing for their daughter's moral, faith, and personal development, together with academic progress and health promotion. The parents were able to build their own social capital by being a part of the school community and through their links to other parents and families. They helped to build the school's *habitus* through a range of connections including shared values, developing social contacts, perceiving tangible outcomes of their parenting and being able to celebrate with their daughters at dedicated school events.

The mutual reinforcing of social and cultural capital between CG School and family sees the school reflecting and extending the family's *habitus* and the family the school's. The school's drive to create and support its health promoting status is the extension of its pastoral care and how it can demonstrate its' in *loco parentis*

status. CG School's approach to its health promoting status both accepted and reflected hegemonic positions on health – their definitions and how the school can visualize and construct its health promoting actions. It did so in the name of its students and parents, arguing that as a Christian community, as a school with a long and prestigious history, as carers of the students during the school day, that the school administration had a mandate from parents to provide particular schooling experiences and that this was constructed within a Catholic context.

The need for a parent-school relationship is an integral aspect of the Australian HPS model. It is presented with a positive connotation as it provides for the possibility of empowering individuals and their communities. This parent community was already relatively empowered in that they possessed considerable social and cultural capital arising from their level of education, jobs and social position, and they possessed health literacy. These parents were more than able to converse with teachers about their daughter's academic progress as consumers of schooling, with a focus on the tangible outputs of the classroom experience.

Parents reported that they were aware of a reduced involvement in their daughter's schooling compared to when they were in primary school but this did not necessarily mean that they were any less concerned about their child's (sic) progress. The change in involvement arose from a need to provide their daughters as emerging adults with more 'space' and a perception of having less opportunity to actually be involved. Teachers were supportive of parental involvement in principle but left it to parents to initiate any contact. They never considered how their work/teaching practices actually worked to distance and exclude parents, nor that parental absence, in the daily life of the school, was a deliberate choice made to support the growing independence of their daughters and respecting their emerging adulthood. Within this context the teacher as educational expert served to privilege their position whilst effectively excluding or devaluing that of the parent. Neither the school nor the parents actively explored the means by which the school-parent partnership was primarily facilitated. Instead any 'partnership' was generated according to what the school would permit.

The teacher perspective

Teachers focused on health education and promotion as a direct result of their perceptions of growing health-related risk and governance. Like other lay members of Australian society, teachers' awareness of health issues arose from print and electronic media, through discussion with family, friends and peers, and was reinforced by marketing materials developed specifically for schools. The teachers at CG School saw themselves as a part of a learning community. They were able to cite ways in which they in principle saw the value in sharing experiences, exploring failures, celebrating successes and seeking understanding of how they could improve their practice. Whilst this was not always possible in reality, teachers were very much focused on being able to do the 'right' thing for their students. The increasing focus on efficiency and effectiveness of teachers' work served to effectively deskill teachers (Apple 1995, 1996, 2001a) as their work increasingly became about how much (health) curriculum was covered rather than how meaningful it was in the life and learning of individual students.

Working in a Catholic school the teachers at CG School were actively encouraged to develop meaningful relationships with their students — as role models, life coaches and mentors. There was both approval and expectation that teachers would be caring and ethical in their efforts — reflecting Catholic faith. Teachers saw the HPS model as a means by which they could address the many health issues faced by students in a cohesive and managed way. The teachers were concerned about the learning experiences of their students. By addressing public health issues and linking with health agencies the school and the teachers in particular worked to generate habitutations about health behaviours, to provide students with the understandings about what detrimental behaviours to avoid (Dewey 1938). They perceived the HPS model as a framework that helped to rationalize their efforts across an apparently crowded curriculum, reducing the range of health issues to a manageable whole as well as preparing students for their 'lifeworld' experiences (Habermas 1989). However with the focus on efficiency and being able to quantify what is actually being done, Goodman's (1995) concern about the lack of the evaluation of the experience of student learning about health promotion appeared to be valid.

Delivering health education programs changed teachers' professional skills. They were down skilled in that the health education related programs focused on transmission of information and behaviour change. They were up-skilled in that they were becoming proficient in delivering training that was designed by someone else, outside the school context. Both occurred in a manner that failed to acknowledge or value a teacher's understanding about their students and therefore reduced the impact on the students' learning, as well as their own. The school administration and teachers ended up facilitating the management of the technical aspects of the HPS model and its behaviouralist outcomes at the expense of its cultural, social and spiritual attributes.

The student perspective

The students at CG School held strong opinions about their schooling. They did not experience it in a passive manner rather they looked for opportunities to be able to learn, integrate their understandings and reflect on their experiences. They wanted to be able to make connections between their classroom understandings and their 'lifeworld' (Habermas 1989), to be able to develop social behaviour within their everyday life guided by their ability to function, in keeping with ethical values (Bates 2005). The students valued experiences that promoted their growth as individuals and where they could learn from their educational environment (Dewey 1902).

These students enjoyed health education. They talked about physical health issues and could convey the importance of nutrition, exercise, etc. in their lives as a result of their curriculum experiences. However they also looked to the school for opportunities to learn about their social, psychological, emotional and spiritual health. The students were aware of differences in the curriculum offered at the various levels of the school. They perceived this as being a response to their changing developmental needs. However they did not perceive that there might need to be a way to cater for differences that existed within any year level.

Students valued those teachers who demonstrated enjoyment about their subject discipline and class content, and who showed an active interest in the students and their learning. Since students wanted more than theoretical learning they looked to their teachers to provide the opportunities. Since the teacher largely determined the classroom content, students sought opportunities where teachers facilitated interaction and reflection on life experiences. Students looked to teachers for opportunities where they could generate interest in and understanding about the curriculum content. Sociable classrooms were seen as being spaces of trust engendering tolerance and acceptance.

These students recognised the power differentials that existed between students and teachers where both shared in the participation of school life but students perceived that this participation was not equal. The student body was also not a homogeneous whole. Leadership positions for students were inevitable organisational positions within the school. The students were aware that once an individual was identified with leadership potential then they were more likely to undertake leadership roles in a self-fulfilling cycle. Leaders were derived from a relatively small cadre of students who received ongoing support and 'training' for leadership. As a result, students experienced social reproduction and the reinforcing of hegemonic positions for and by teachers and within the student body.

The student leaders worked for their constituent year levels with the school by 'hosting' a range of student-focused activities. These activities were designed to build a sense of community through shared experiences and engagement. Awareness of particular health issues and participation in associated activities, linked where appropriate with opportunity for social service meant that the school calendar was a busy one. Each activity was not always a success but the learnings gained from each were significant for the student leaders and whole school community. Future activities and possibilities were evaluated and judged against previous ones. The student leaders used their learnings to work to facilitate successful activities (Gutnek 1997) that would represent creative democracy

interweaving their ideas and activity (Hansen 2002, Rosenthal 1993) within a context of what is seen as being possible (Bourdieu 2002).

As teenagers, the students in this study demonstrated strong ties with their parents and family. They did not portray the adolescent archetype of rebellion. Rather they drew considerable strength and support from their families and demonstrated impressive communication skills. Their experience of CG School was mainly positive and they viewed it as being important and having 'trustworthy' status. While they may have had issues with some individual teachers, the students worked within the system to protest in a way that embodied the protocols of the dominant culture (McLaren 1999). Their protests were facilitated within the classroom rather than as a attempt to disrupt the whole school. It was typically represented in hostility directed toward a teacher and the subsequent loss of professional credibility that was demonstrated when students sourced alterative people, usually other students, who were perceived as being 'able' for mentoring/teaching. On the whole the experiences reinforced what the parents of these students conveyed about their expectations of their daughters and of their dreams for them.

The health agency perspective

Health agency workers were seen as being both expert and trustworthy adults when students worked with them over a range of health issues. Students perceived these health workers as an adjunct to their school life providing access to and exploration of important health-related issues that balanced their schooling. They were perceived as having the 'current' information and they worked with the students in a manner that was further removed from CG School in a way that teachers never could be.

Health agencies worked with schools primarily for three reasons. Firstly, health agencies entered into service agreements with the state health department to deliver their programs and services in a variety of settings including schools, therefore they were contractually obligated to work with schools as well as being

motivated to work with young people in their spaces. Secondly working in schools represented strategic marketing for a health agency in that it enabled schools to find out the scope of what health agencies offered. It permitted the building of both information networks and a client database. Thirdly, health agencies are cognizant of the literature (Ashton, 1998; Kickbusch 1981; Baric 1993; and Grossman and Scala 1993) that positions settings as critical places for interventions for health promotion. Schools offer access to the agencies' target group – school children and adolescents, and as a bonus their families.

Developing partnerships with health agencies is seen as being just as important as the partnership with parents (if not more so) in the HPS literature. The value in the health sector-school partnership reflects several important parameters of the HPS model. The health agencies are able to provide valuable health resources and expertise that is not commonly found in schools. Further the service agreements entered into by health agencies means that they are resourced in such a manner that they can provide (limited) services to schools.

The relationship between health agency workers and the school, as it was acted out at CG School did not allow for the building of truly authentic partnerships. The health agencies positioned themselves as the experts controlling the content and parameters of their programs (Apple 1999, 2003). The school administration and teachers were so thankful for any support that they received to support students in areas that they felt were outside their expertise that there was no attempt to challenge or moderate the health agencies programs. Rather the polite interaction between the two either did or could not facilitate the development of better practice – of either the health workers or the school community members – for health promotion.

In the next section I will explore how schools are drawn to the HPS model as a means to manage the health related pressures and apparent crises that schools are expected to address and to work as effective enterprises (Kelly and Colquhoun 2003). In doing so the need to address health and wellbeing contributes to the

crowded curriculum, and reinforces how schools and teachers are unable to respond in their students' best interests.

Health Promoting Schools – navigating chaos

Dewey argued that chaotic schools existed because they were located within a chaotic society (Eames 1977). Schools are chaotic because of the conflicting expectations and demands placed on them by various social groups that cannot agree on what it is that schools need to actually achieve. The growing plethora of health issues that CG School considered as a part of its commitment to their students' education and welfare reflects but a part of the chaotic experience of social change.

The health challenges put to schools like CG School add to the cacophony of demands and chaos. What is it that CG School needed to do to reach its intended aim that in this case was the provision of a viable and meaningful education to young catholic women? The HPS model acted as a framework that brought together apparently extraneous health related issues that the school administration, teachers and parents felt obliged to address. However, for CG School, the HPS model represented an efficient schema for management of health promotion activity rather than as a means to generate more just communities (StLedger and Nutbeam 2000).

The HPS model had been developed in a manner that promulgated indicators and constructed understandings about the HPS from a New Right perspective. The components were presented in a manner such that the CG School community focused on 'integrated and positive experiences' and on developing structures that promote and protect student health through 'policies, practices which embed the fundamentals of a health-promoting school into a school's operation' (p.2) and structures. In doing so a particular perspective of the HPS is constructed and reconstructed 'of social and political reality. They are there for the looking and for the reading' (Lincoln and Guba 1985, p.90). While members of CG School do not need to be health experts the New Right ideology and construction of the HPS

model has contributed to the exaltation of the health expert and the disenfranchising and de-professionalising of teachers. None of these makes much of a contribution to the development of a community of practice that is the HPS nor to the educative potential of students, teachers and other community members.

The allure of the HPS model presented to this school and other Victorian schools lay in its potential to actually deal with the daily experience of chaos particularly in regard to health literacy and the wellbeing of students. In doing so it represented the possibility for a planning community one where there is growth of individual and group capacity and capability. Instead what was provided was a blueprint for a planned school community imposed by a 'hierarchy of authority, often indifferent to the desires and interests of individuals' (Eames 1977, p.160): an undertaking that demonstrates Colquhoun's (1996, 1997a,b) critique about the HPS model being promulgated through the 'how-to' rather than the 'why'. By not considering the why of HPS status there is no need to review existing styles of teaching and assessment leaving the growing *doxa* of behaviouralist and outcomes based education as being pre-eminent. In doing so Dewey's (1939) critique of measurement of learning about the 'what' rather than the 'if' becomes the real experience seen at CG School in the name of becoming and being a HPS.

School communities are drawn to the HPS model but have not been able to deconstruct the dominant model. The New Right perspective has successfully commandeered the HPS concept in a manner that reconstructs the model so that it caters primarily for the needs of the New Right constituents. This is evident in the neo-liberal, neo-conservative and manageralist interests being brought to the fore.

Health Promoting Schools – in the Right lane

I have set this research within the context of political, economic and social changes that has paralleled the rise of the health promotion movement. Where change is represented by the rise of the New Right it has overseen the change in

economics from macro perspective to a micro one, and where citizenship and democracy have been recast into generating the performing consumer. As a tangible example it is possible to see how the health promotion movement has been commandeered to manage the modern risk society where 'an increasingly sophisticated array of experts of mind and body ... help to produce individuals who monitor their own compliance' (Petersen and Lupton 1996, p.24). Schools both as a setting for health promotion and as a social institution have been called to account as places for experts to facilitate risk management and surveillance. My explorations of the CG School's experiences on a daily basis has highlighted some of the challenges associated with the journey to becoming a HPS.

The emergence of the health promoting movement has paralleled that of the New Right. So while they began with very different social world views the subsequent melding, realigning and commandeering has produced a method of health promotion — particularly in schools as settings — that is more likely to deliver on hegemonic than social justice purposes. Through the management of health risks the health promoting school has evolved to serve bureaucratic and economic purposes (Petersen and Lupton 1996; Castel 1991; Gracie 1991) bfore those of a school's community.

It is possible to see how the New Right alliance has been able to privilege its own world view through the way in which it constructs the HPS model and assert its own priorities by mandating how the HPS is defined, what is constituted as being legitimate activity, together with what and how 'progress' as a HPS is measured. Each disparate group of the New Right has been able to claim and promulgate its own particular 'creeds' in such a way as to create a dominant and remarkably coherent approach to health promotion and HPSs and in doing so reinforces the position of New Right hegemonic groups (Apple 2003, 2001a, 1996, 1995, 1993; Bourdieu 2001, 1990b). The control of schooling appears to mirror Dewey's position on education – for it to be viable beyond schooling and to create self-control in the individual (1938). However Dewey's philosophy was one about and of experience (Putnam and Putnam 1993) that aims to generate the socially functioning, democratic individual. On the other hand the New Right measures

viability in economic terms, and self-control is more for governance rather than democratic purposes.

For the neo-conservatives, their contribution has been the focus on and generation of what constitutes health promotion in a school setting. The firm control on the HPS model is derived through the development of indicators and therefore standards by which the activities, school and its community are measured and subsequently judged. Whilst the use of indicators and standards to measure progress, strengths and success is presented as being logical and common sense (Apple 2001a, 2001b, 1993), their use becomes problematic when they are externally developed and imposed, and when they become the template for all health-promoting schools (Colquhoun 1996a, 1997a,b). The logic and commonsense represented in the VicHealth survey was accepted unconditionally by the CG School community. The school had neither the time nor the ability to be able to consider how it might be constructed in any other way and it suited their philosophy.

Indicators and standards represent what the HPS should be, privileging the health sector and expert and was evident at CG School. Hegemonic positions can be seen in the multitude of health interventions (by health promotion agencies) that reflect biomedical positions and the promulgation of self management through behaviour change such as in the purchase of health promoting regalia e.g. sunscreens and hats, healthy food and participating in health screening both self monitoring (exercising 30 minutes each day) and by health professionals (checking for and counting pre-cancerous moles) (Petersen and Lupton 1996; Castel 1991). Such an approach deprives the school community of the educational opportunities for both individual and communal empowerment.

The contribution of the neo-conservative shift in education has been in the linkage of health and educational attainment as resources to develop human capital. When individuals maximise their educational and health potentials then their subsequent value as contributing agents is significant (WHO 1995). Such individuals, it is argued, are able to increase their (economically) productive years;

and they are less likely to have significant loss of earnings due to ill health by preventable causes given that health is perceived as being a sole product of lifestyle behaviours. Therefore the perception develops that any individual's 'poor' choices compound, and in doing so compromise their personal development and the leverage of their human capital potential in such a manner that they are not able to make an enterprise of themselves (Apple 2001b, 1996, 1993). Rather such individuals are more likely to drain social economic resources because of their 'poor' health choices. Responses to such 'dire' circumstances are in the form of interventions that focus on the health issue (for example skin cancer, low fat diets, blood pressure and cholesterol testing, exercise regimes) and that this is done in a manner that lacks respect for the whole individual and their personal, social and economic circumstances. Further, it is done in a manner that privileges those with social and cultural capital.

And finally the influence of the managerial can be seen in the way in which the HPS has become the domain of the health sector rather than that of the educational. The dominance of the health expert arises out of prescribed boundaries that have been generated by hegemonic positions facilitated through constantly changing and exclusionary technical knowledge to identify health outcomes (WHO 1994). Therefore for any intervention a health expert is required to track cause and effect and measure progress, since many interventions or procedures are invasive and require technical expertise (for example blood sampling and identification of pre-cancerous moles). The position of the health sector and the agency worker is given pre-eminent status over that of the school. The social orthodoxy and truths of the health sector, its *doxa*, are represented in a way that reproduces social order in health terms – its values and meanings, so that the school community is predisposed therefore to accept them as both natural and legitimate (Webb, Schirato and Danaher, 2002). In this way the settings approach to health promotion is very much about health in the school rather than a mutually respectful one – an equal relationship.

The focus of the managerial is based on behaviouralist competencies that assume a linear approach to behaviour change (Ritchie 1991). If knowledge is provided

the individual will be able to assess their attitudes and subsequently change their behaviours. Such a rational approach is taken by the health professional to be self evident and so there is no need to engage with educational professionals. Most health promotion interventions lack any educational agenda (beyond behaviour change and demonstrations of competencies) and any relationship with the school is unlikely to be as equals. As a result, too many health promotion programs and interventions are imposed on school communities.

The positions of each of the alliance members of the New Right do not contradict but in fact have been able to be drawn together in a manner that generates a coherent whole (Apple 2000a, 200b, 1995). The health promoting school in New Right terms is made up of contributions from all of its constituents. The HPS promotes a health sector agenda based on behaviour change towards those activities that are judged as being 'good' (Rowling 1996) and claim that individuals can limit their risk of developing particular illnesses and diseases thereby maintaining their value as human capital (WHO 1995). The management of the HPS is a masculine business model that works to enable the state to shift the blame for health inequities from itself onto the school and its parents and children (Apple 2000c).

To make it easier for schools to identify with the HPS model there has been widespread development and use of indicators and other efficiency driven tools. However the same tools make it harder work It is critical, that schools reflect upon how they contribute to a socially just future. Developing democratic education as defined by Dewey, one that enables individual and community empowerment, is essentially silent and therefore absent in the indicators and tools for the HPS. Part of the cause lies in the lack of lay theorising by the school community to consider how the practice of the HPS is both based in their personal experience and reflection on their cultural and social circumstances (Milburn 1996). At CG School, this was the case. The use of the VicHealth survey (Deakin University 2000) did not stimulate discussion or debate about the philosophy of the HPS model, instead conversations were about the systemic and technical aspects of implementation. In the following section I will consider four

assumptions that framed my understanding about the HPS model and how I perceived them as being played out at CG School.

Health Promoting Schools – experience staged Right

When starting on this research with the CG School community I brought a number of assumptions with me about how a school took up the HPS model and how the school would operate if it wanted to claim status as a health promotion setting. The following four assumptions provide a basis for not only how the HPS model operates but also how it worked for people and how people within the school setting worked it.

Assumption 1 That the HPS model was sufficiently robust to 'work' (with integrity) under any circumstance

By having some understanding about the HPS model, CG School should be able to apply the principles of health promotion to the school as a setting given that the philosophy of the HPS is perceived as being 'universal' and the variations lie in the local actions. Thus the school uses the HPS principles to guide its own site specific, idiosyncratic and perhaps unique activities.

However in reality the experience at CG School demonstrated a universality in a different way. Rather than remain as an all encompassing concept and principal to guide a school community the HPS model became a means to impose an externally defined scope through predetermined indicators constructed in managerial terms. Thus the universality of the HPS model was redefined to become a set of common denominators for all HPS and as a means to manage them to solely attain health outcomes (behaviouralist and risk management Apple 2000a,b,c) at the expense of meaningful collaboration (Dewey 1938) within the community and education for democracy and social justice (Willinsky 2002).

Assumption 2 That the HPS model was a focus for organisational change

By expressing interest in and allocation of resources to support health within the school, CG School had a growing and emerging understanding about the HPS model and what it would mean for the school community, its work and other activities.

CG School's perception about the HPS model was very much the New Right version. The governance through policy, intent and indicators reflects a managerial paradigm and the focus on the ends points a biomedical paradigm becoming the focus rather than the journey of becoming a HPS through critical and reflective practice – pedagogy, building genuine partnerships and all five areas of action represented in the Ottawa Charter.

In the drive to define itself as a HPS the CG School administration and teaching staff did not explore the underpinning philosophy of the model and therefore did not consider the model beyond the superficial and the pragmatic. This effect was the result of a two-fold cause. Firstly the HPS model represented yet another 'how to' enact organisational change in a technocratic manner. The defining and marketing of the model (represented in the VicHealth survey) was presented in a manner that privileged the managerial discourse and therefore governance, the process and final competencies for accountability (Apple 2001a, 2003). Secondly the HPS model favoured the hegemonic voice and expert status of the health sector professional with its focus on measurable outcomes (i.e. behaviour change) with the inevitable effect being to exclude teachers. In particular teachers were deskilled due to lack of status, non-engagement and ceding of responsibility for program/curriculum content. This in turn caused a failure to develop resources within the school and with the demarcation between the school and health sectors widening.

Assumption 3 That CG School had a strong base on which to position itself as a HPS.

As a school with a long standing tradition of commitment to its students and their personal, spiritual and academic growth CG School would be in an enviable

position to take up and use the underpinning health promotion philosophy. The support and care of students and their families, is an explicitly held expectation that teachers and the school administration actively build upon and continue to develop.

The CG School community held a vision about its intentions and what it was working for and it also held significant amounts of capital – social, cultural and economic (Bourdieu 1973, 1990a, 2002) within its community. On paper the school held considerable potential to exemplify the concept of a setting for health promotion with its social and spiritual connectedness, explicit moral positions and dispositions for healthy behaviours. When the school measured itself against the indicators provided in the VicHealth survey (Deakin University 2000; StLedger and Nutbeam 2000) it was able to identify itself as being able to claim attainment of some of the HPS indicators. However on other indicators the journey to achieve them had either not been started or those that in all likely would never be achieved.

The HPS indicators provided in the VicHealth survey (Deakin University 2000; StLedger and Nutbeam 2000) represented a managerialist perspective using indicators that have been determined outside the school community and for hegemonic purposes. As a result the potential of CG School and any HPS to undertake their own journey of 'discovery' and to increase community health literacy is at least compromised. This subsequently provides for social reproduction (Bourdieu 1973, 2002; Bourdieu and Passeron, 1977) and sets aside any opportunity for developing a potential for social justice given that the journey to becoming a HPS appears to be more important than the signing off of individual indicators. Many of the indicators can be claimed by school communities but did not necessarily mean that they are actually health promoting school communities. Having health promoting interventions and activities within the school does not automatically translate to health promoting school status.

Assumption 4 That the success of implementing the HPS model lies with teachers and their work in the provision of meaningful learning situations

The work and the schooling achievements of the HPS lie within school experience It is teachers and students who create the wellspring from which teaching and learning creates the possibilities for success that go beyond behaviour change and instead build health literacy and the understandings for and about social justice. The teaching and learning opportunities provided by teachers are a critical nexus for health promoting schooling rather than schooling for health promotion.

Teachers are the key to the future of the HPS whether it can move beyond its use as a means for educational reform as commandeered and constructed by the New Right or whether the intention and potential for social justice is forever consigned to a distant past. The overly negative position is that the early constructions of the HPS model are not possible and that the current construction of the model is too closely aligned with the principles and rhetoric of the New Right (Apple 2001a, 2003) to be successfully separated. The distrust of teachers, the perception that schooling is a means for social control and the reduction of the model to apparently simple checklists are but three significant drivers in the New Right construction of the HPS.

The health promoting school is still a worthy concept to consider and is as good an idea as it has always been. Rather the New Right version of the model has been demonstrated to be fundamentally flawed and it is this interpretation that needs to be jettisoned. The two need to be separated. There are alternative interpretations and visions of the HPS that offer more possibilities for health promotion that empowers rather than controls, to that put forward in a New Right construct.

Reclaiming the HPS

A more optimistic perspective of the future for the HPS model lies in the ability of teachers to reclaim teaching and their students' learning — the practice within classrooms. Instead of ceding the pedagogical rights of the HPS to the health sector, teachers had every right and a great need to demonstrate educational leadership in several different ways. Teachers are often heard to both

acknowledge and bemoan the crowded curriculum. Rather it is necessary for them to manage the often too debilitating classroom experience of chaos in the best interests of their students and their learning. At CG School there was little understanding about the HPS model beyond it being an opportunity to auspice health promotion and to regulate the delivery of health education to students. There was no opportunity to consider the HPS model as having an alternative focus, as a means for social justice.

The teachers and school administration at CG School accepted the HPS model provided to them in a prima facie way. The VicHealth survey (Deakin University 2000) provided an opportunistic tool to audit the school's health promotion status without any need to engage in any discussion and debate about its pedagogical intents. If there was a particular way to teach in a HPS, if there was a need to consider what learning about health education and promotion had occurred and what it meant for the next learning experience (Dewey 1938) related to 'lifeworld' experiences (Habermas 1989) then they were not seen as possibilities for consideration or reflection.

In writing about life schooling that is beyond reform through indicators and standards Hargreaves (1997) argues that this is a time of (educational) crises and that much of what is expected of schools and teachers is often paradoxical. For example, Hargreaves cites tensions between parenting and schools where 'many parents have given up responsibility for the very things that they want schools to stress'. Contradictions inherent in the growth of apparent centralisation and decentralisation as well as the valuing of diversity against common (reductionist) standards and teachers are the common focus. Parents looked to schools to provide their children with the motivation, direction and the tools to attain something in their lives that parents seem unable to do. Thus the HPS model is one that any parent would support in principle, given that it presumably is able to provide learning that would inoculate, deter and protect against personal harm, and all of which can be assumed to be outside and exceeding parental abilities. The experience at CG School was that parents were supportive of anything that would be of value for their daughters. They were particularly concerned about the

health of their daughters given the perception of growing risk within society. For CG School, picking up the mantel of HPS status meant that students gained the necessary health literacy other cultural capital to manage their health in a positive way. It was also a position the parents supported in principle.

The model of HPS developed in Australia illustrated three different areas of action that represented a holistic domain where each area overlapped and inter-related. In the Australian model (figure 1.1) indicators for each action area have been added for further clarification. From this construction it is possible to see how each and every school can and should claim health-promoting status. However I would argue that what makes the HPS model accessible in an inappropriate manner is that the indicators, as they were used at CG School, were about outcomes not process and that they privileged health over education. For example, in the areas of overlap there is mention of health interventions and teaching about specialist health areas that could apply equally to hospitals and workplaces since the school as a setting is only implied. Even the mention of cultural and social education is meaningless in that it could equally represent activity for social reproduction or democracy but without any further explanation the resultant void is too large.

Figure 1.1 The health promoting school model (source: *Health Promoting Schools:project update*, Issue no. 1, Education Victoria, VicHealth Deakin University) 2000
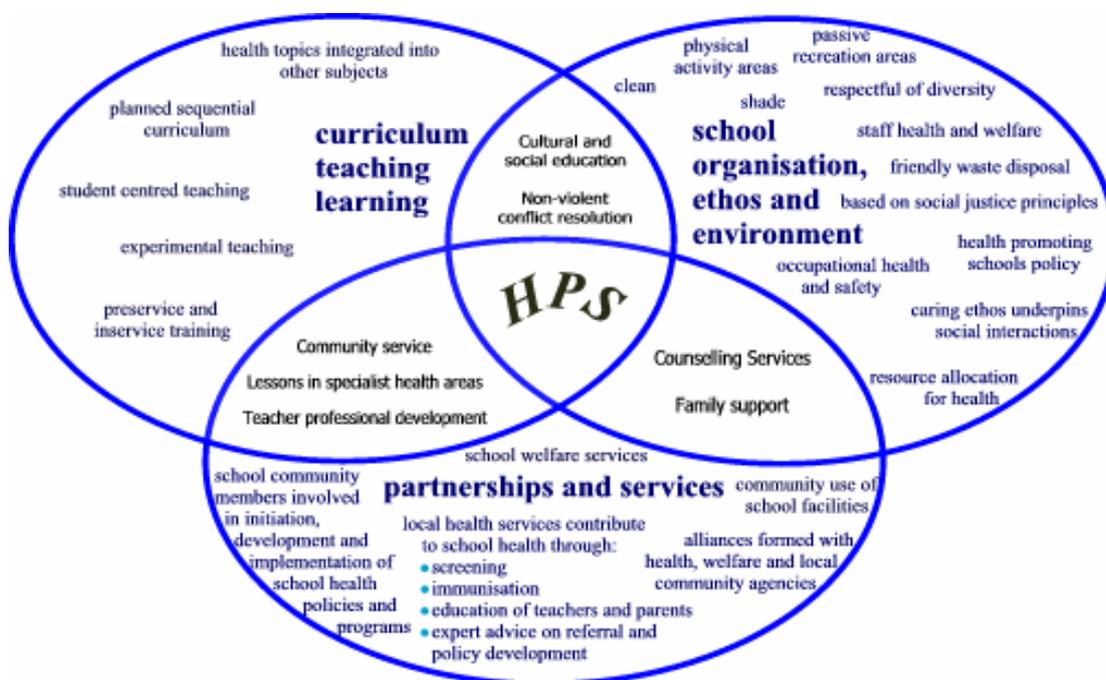
The areas of overlap need to be viewed differently where the focus is firmly on pedagogical practice and school community. Therefore the focus on pedagogical practice balances a teacher's ability to determine students' needs for learning with real experience hence there is value in differentiated learning, catering for individual learning styles and community service. Teachers and others in the school community are also life long learners and any professional development requires both intellectual and social elements. Social interactions including and especially those that are educative, require us to observe and to reckon with the constructs of others so that something is 'literally made in common' (Dewey 1925, p141). Individual realities are subsequently reconstructed as a result of social interaction in a way that enables pursuit toward common goals. In the case of the HPS personal constructs, social interactions and subsequent reconstructions are not just about personal well being but also the well being of others. Further these constructions are action orientated (Bruun Jensen, 2000; Dewey, 1897) and therefore enable individuals the opportunity for engagement and participation within their community that promotes health for all.

The development of a school community that enables a HPS to develop opportunity for social justice requires recognition of power differentials and differing but legitimate perspectives and that individualistic and institutional ideals are reconciled (Dewey 1897). If the HPS is in fact a community of practice then very different methods of operating should exist between teachers, students, school administrators and health agencies. The complex nature of schools as social settings requires recognition of difference, as well as effort to clarify shared goals, and to negotiate mutually supportive activity. And whilst aspects of this were evident at CG School it was played out in a technical manner — the development of system through a rational, technical process rather than through the pursuit of morality, values and social behaviour. As a result the experience of the HPS privileged those with social, cultural and economic capital (Bourdieu 1990a, 2002; Bourdieu and Passeron 1977) at the expense of those without (Apple 2001 a,c; 2001b).

As critical players in the HPS model, teachers would be the main agents in finding the balance and sanity necessary in providing for the many expectations and dealing with the inherent threats and contradictions. Even if the HPS model is put forward as a means to manage the many health demands put upon the school, it will inevitably generate its own discord and uncertainty especially in the initial phases. So how do teachers manage in chaotic times? What was the response of those at CG School?

Teaching is a challenging profession too often viewed as being technical (Apple 1995) in its approach and problematic because teachers often have difficulty in articulating the consequences and outcomes of their work (Griffin and Smith 1996; Reid 1995). Teachers are rarely given the opportunity to operate in a professional way through reflection on practice either through meditation or by sharing with peers. Teachers struggle in isolation to maintain their passion and they struggle with their ability to engage in lifelong learning as they increase their professional skills (Hargreaves 1997; Fullan, Bennett and Rolheiser-Bennett 1990) beyond the first years after graduation. Teachers need to be given opportunity to explore how their pedagogical practice actually facilitates or hinders their students'

learning and ability to engage with their community (Apple 2003; Hargreaves 1997; Dewey 1938).

The use of teachers to deliver predetermined interventions does little for the professional growth of teachers or the learning of their students (beyond the level of knowledge transmission) and what was experienced at CG School reflected this. Whilst the altruistic motivation of the teachers was not to be questioned the manner in which it was played out meant that teachers ceded responsibility of health programs to external 'experts' and in doing so the critical edge to their teaching programs was muted. Teachers needed to become more demanding of their own roles in establishing the foundations of their students to be able to think and operate in both an independent and democratic manner. Teachers cannot do this in isolation and the development of authentic partnerships with the wider school community and health agencies is an important element in building responsive learning communities. Building supportive networks with peers where there is a strong culture for judgement-free talking about teaching and learning is also essential (Mc Laughlin 1997; Hargreaves 1994; McRae 1998; Fullan and Hargreaves 1991).

The focus of New Right schooling on standards and common indicators has worked to de-skill teachers. The discretion of teachers to facilitate and respond to any genuine learning occurring in their classrooms has been limited in such a manner that authentic assessment is unlikely. As Hargreaves (1997) has observed schooling through competencies has generated a situation where teacher judgement is suspect and external assessment is increasingly mandatory so that the perception is that we now 'value what we assess instead of assessing what we value' (p.106). The teachers at CG School relied heavily on the health 'expert' to determine both relevance and content for their students. As a consequence, the school system has become increasingly open to criticism that it does not achieve what society needs it to do – to produce individuals who are work ready for an increasingly uncertain and chaotic working life. Where standards and competencies have produced an apparent tighter control of the work of teachers it has done so at the expense of graduates' ability to be socially, politically and

economically adept (Hargreaves 1997; Reid 1995; Fullan and Hargreaves 1991).
Instead 'what teachers need is more flexibility and discretion and higher levels of
skills to respond to their children's needs in a complex, paradoxical world'
(Hargreaves 1997, p.107). At CG School the response was a valiant effort to cater
for every health issue that is promulgated as being relevant to their students but to
do soon the basis of perceptions generated by outsiders.

The nature of the method used to explore the school as a case study would make
it difficult to generalise about the findings. The issues raised by the members of
the CG School community reflect personal experiences set in a localised time and
space that is unlikely to be experienced by others. Equally the way in which the
issues were acted out and upon was done within a contextualised, idiosyncratic
experience. The manner in which the school built upon its particular cultural
capital through health promotion activities does not necessarily reflect twhat other
schools might do. Parents may not be middle class, tertiary educated individuals
who were looking for a particular academic, religious/faith and single gendered
education for their female children. The manner of interaction between the
parents and this school reflect a particular relational dynamic. The mission of the
teachers clearly supported the provide of formal and informal learning about
Catholic faith that in turn moderated the how the teachers could respond to
particular health issues raised by the student body. The teaching of Catholic faith
would not be teachers in secular schools would need to consider impacting on the
school ethos or teaching practice in the same way as their Catholic school
colleague,

Conclusion

Social change is inevitable with its own inertia but its direction is not necessarily
equally certain. Jones and Ball (1995) comment 'Where the terrain of the strategy
is social, like popular education for instance, there is always the further possibility
that the competing or conflicting strategy programs will result in a new one' (p.45)
and there lies possibilities for different futures. Whilst Bourdieu's *habitus* and *doxa*
could be used as a means to explain how new possibilities can be used as a guise
to camouflage maintenance of pre-existing power relationships they do not

automatically represent aspects of social reproduction. Rather individuals and groups can ponder upon their personal *habitus* and *doxa*, and use their understandings of the world as critical lenses to create new social constructions.

The essence of Dewey's writing on education has the potential to enable individuals and groups to generate new social constructions. Dewey argued that schools were the very places where individuals learnt how to consider and generate possibilities for better lives – for themselves and others, and that this was possible because of the individual's ability to develop democratically. Within the HPS model the initial intentions were very much about democratic education in Deweyian terms given that health was viewed as being a social construct rather than a physical one and that activities of the HPS encompassed the individual, psychological social, political and spiritual.

Eames (1997) has argued that the inevitability of social change was not the issue but that it needed ' intelligent direction and ought not be left to haphazard planning of competing and conflicting social forces' (p.193). And as obvious and aspirational as this statement is, who has the right to step up for this – system administrators, politicians, business, health experts, school administrators, teachers, students, parents? In spite of all of the debate about schooling its purposes and directions there are certain aspects that are inevitable. That:

- schooling is compulsory for young people

- learning is a personal experience

- teachers work with students to build understandings and constructions of knowledge

- school leavers can make personal, social, economic and political contributions to (Australian) society.

Teachers and students are the critical players so that any initiative or control is played out between and in concert with each other. The personal, preferred learning styles of a teacher impact on how they both teach and learn with their students. However reflective teachers are better positioned to be able to build their teaching expertise in more meaningful ways for their students.

In the case of the adoption of the HPS model at CG School, the potential of its impact was limited because it reflected the New Right's construction of the model. Whilst the initial use of the HPS model and particularly its indicators (Deakin University 2000; StLedger and Nutbeam 2000) as a diagnostic tool assisted the school to contend with chaotic (health) agendas, it ultimately contributed very little to teachers' pedagogy and further eroded their expertise. It left power relations unchallenged and probably reinforced them, and it silenced any social justice orientation thereby reinforcing health as merely a consumer right.

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Australian Health Promoting Schools Association

Vision Statement for Health Promoting Schools in Australia

A Health Promoting School strives to nurture the social, emotional, physical and

spiritual wellbeing, and cognitive development of its students, staff and community.

A Health Promoting school recognises that:

- Good health supports lifelong learning

- Positive educational experiences and outcomes contribute to good health and wellbeing

- Students grow and learn best in a safe, caring, responsive and empowering environment

- Social justice and equity are fundamental to learning and well being.

This is achieved through:

- Coordinated and comprehensive approaches that link teaching and learning with action on the school's ethos/environment and engagement with the community

- Policies, planning and action that are realistic and relevant to the school's needs

- A commitment to effective partnerships for sustainable outcomes

- Valuing the participation, skills, values and experience of students, staff and families in decision making and action

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Source: http///www.ahpsa.org.au/files/ahpsa_vs_2006.pdf

Approaches to Inquiry

Empiricist	Interpretative	Critical	Deconstructive/Poststructural
1. What is the approach modeled on?			
Classical physical sciences investigation.	Historical, literary and existential studies in which the subjective understanding of subject are significant.	Marxist, interpretative psychoanalytical studies that focus on the insights and judgments of the subjects.	Anthropological, psychoanalytical and linguistic understandings of the interrelationship between culture, language, desire and the self.
2. What does it assume about reality?			
Reality is unitary and can only be understood by empirical analytic inquiry: i.e. the scientific method.	There are multiple realities that require multiple methods for understanding.	There are multiple realities that are problematic through distorted communication.	There is no reality or real world accessible to us beyond language (as discourse) therefore, representations of reality are just that —representations— that have become naturalized through ideology.
3. What is the foundation of the data?			
Disciplined sensory-perceptual observation: i.e. rules for observation.	Meaning is the basis of data: meaning precedes logic and fact.	Meanings are found in language and social behaviour and they precede logic and fact.	In language, understood as discourse or a system of meaning. Meanings are discursive and plural. There is no fixed meaning, meaning shifts according to its contexts and the motivation of he speakers/writers and listeners/readers.
4. How is observation done?			

Through clear and unambiguous rules that are not modified by the setting and are totally independent of it.	Through social, linguistic and cognitive skills of the researchers; i.e. dialogue.	Interpretative method, plus critical self-reflection concerning the grounds of observation.	By integrating various discourses that constitute the field of inquiry and analysing power relationships generated through the discourses as well as the researcher and the researched.

5. What is generated by inquiry?

Evidence and generalisable laws that are not affected by contexts and have nothing to do with the way in which they were discovered in the first place. Objectivity depends upon the removal of error and bias that is related specifically to the logic of observation and measurement.	Knowledge that is dependent on the process of discovery. The integrity of the findings depends upon the quality of social, linguistic and cognitive skills of the researcher in the production of data, analyses and conclusions.	Knowledge that falls within the interpretative framework, that also serves the purpose of assisting personal liberation and emancipation from forces constraining the rational independence of individual.	How knowledge is constructed. Questions the foundation and frameworks of knowledge. Queries how knowledge has been constituted through language.

6. What interests are inherent in the inquiry?

Prediction and control, technically exploitable knowledge, explanation.	Understanding at the level of ordinary language and action. Discovering the meanings and beliefs underlying the actions of others	Interpretative interests plus revealing the interests that underlying other forms of radically improving human existence, practical and public knowledge, formation and use.	Questions totalizing or unified interpretations and understandings. Views them as partial. Seeks to locate dominant interests and modes of producing and maintaining them. How marginal positions are constructed with reference to dominant norms and what positions are possible for marginalized groups.

7. What values are inherent in inquiry?

Science and scientific knowledge are	Science and scientific knowledge both	Science and knowledge are never	Scientific knowledge and truth are

inherently value-neutral	have to be interpreted in terms of the values they represent.	value-neutral; they always represent certain interests	never value-neutral; rather they are the effects of power. Value is a contested terrain, not only because of inherent contradictions between those of the researcher and the researched but also because of the contrary values within oneself as a produced through ideologies of gender, ethnicity, sexual preference, nationality, etc.

Source: Connole 1992: adapted from Locke 1988 and Schaffer 1991

About AHSPSA

The Australian Health Promoting Schools Association was established in 1994.

It developed out of the Australian Association for Healthy School Communities (AAHSC) and the Network for Healthy School Communities.

The Aims of the Association are to:

Initiate and support ways of establishing in schools a broad view of health consistent with the Ottawa Charter for Health Promotion.

Promote nationally the concept of health promoting schools.

Encourage collaboration among existing agencies, professional associations, government departments and student and parent groups.

Advocate and strengthen participation in school health activities and national and state policy development.

Work towards the sustainability of health curricula together with other social and environmental issues in the total program of educational institutions.

Establish a mechanism for the exchange of information, expertise and resources between states and jurisdictions.

Act as an advocate for a comprehensive approach to health issues in school communities.

Support research related to health promoting schools.

Source : http://www.ahpsa.org,au/about.html