

Tweed Healthy Schools Project 2014 Report



Prepared By

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Partnerships

Higher Education Providers – Queensland and New South Wales

- Bond University, Robina, Gold Coast, QLD
- Griffith University, Southport, Gold Coast, QLD
- Southern Cross University, (Tweed Heads, Lismore and Coffs Harbour), NSW

NSW Department of Education – South Tweed Heads, Northern NSW

- Centaur Primary School, Eucalyptus Drive, Banora Point, NSW (pilot school)
- Banora Point High School, Eucalyptus Drive, Banora Point, NSW (pilot school)

North Coast Interdisciplinary Clinical Training Network and Northern NSW Local Health District

Contact Persons

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Acknowledgements

The *Tweed Healthy Schools Project (THSP) 2014* Governance Committee (Table 1) would like to acknowledge the contribution made to this project by the individuals who shared their expertise regarding student placements, interprofessional learning and gave their insight into potential models to enhance capacity for student placements within a school setting (Table 2).

The Australian Department of Health has provided significant funding to administer the NSW Interdisciplinary Clinical Training Networks (NSWICTN) and to support Statewide and Regional project innovations.

The *Tweed Healthy Schools Project 2014* was successful in receiving funding under the NSWICTN Local Innovation Fund – Statewide Projects – Inter-professional Learning and Supervision Models. This funding was provided to North Coast Interdisciplinary Clinical Training Network (NCICTN) to oversight this project. Northern NSW Local Health District is the fund holder.

Without the funding support from the Australian Department of Health and Health Education and Training Institute (HETI), this project would not be possible.

Background

The Tweed Healthy Schools Project (2013)

The Tweed Healthy Schools Project (THSP) was developed to increase clinical placement capacity in a non-acute community based environment through the development of an interprofessional learning and supervision model. The aim of the THSP was to establish an alternative clinical placement model that can have wider application.

The THSP commenced in 2013 with funding utilised to engage a Project Officer to develop an implementation plan for an interprofessional, school-based student-led health team clinical placement program.

With the support of additional funding from the participating universities, it was possible to engage a part-time "Generalist Supervisor / Clinical Placement Co-ordinator to conduct a 22 week pilot between July-December 2013. The pilot was conducted at Banora Point High School and Centaur Primary School. The collaborating partners included in the T5 School Group (South Tweed Heads), Bond, Griffith and Southern Cross Universities.

The health professional students involved in the pilot included those from: physiotherapy, occupational therapy, nutrition and dietetics, exercise science and speech pathology. Health professional students participated in student led classroom based activities, whole of school activities and individual assessment and treatment of school pupils. The focus of all the activities was around health prevention and promotion for a child and adolescent population and assessment and intervention for health and learning difficulties which are known to lead to chronic disease or poor health or wellbeing. An interim evaluation was conducted eight weeks into the pilot. Overall, the pilot was considered to be successful and the findings are detailed in *The Tweed Healthy Schools Project - Interim Evaluation Report – October 2013*, (Please refer to Appendix 35).

The eight week pilot period delivered 50 additional "new" health science student placement weeks in a non-traditional / non acute setting that did not previously exist and provided health related learning opportunities in a school based paediatric environment. This was an important pilot that had potential to lead to the establishment of a major source of community paediatric placements at schools throughout Australia. The THSP (2013) project pilot was recognised as having the potential for wider application for schools within NSW and across Australia. The THSP (2013) pilot demonstrated both an Interprofessional Learning and Supervision Model (IPL&SM) within a school-based clinical placement program that significantly expands clinical training capacity in community paediatrics (primary and high school) for students across a broad range of health science disciplines.

The Tweed Healthy Schools Project (2014)

The Tweed Healthy Schools Project 2014 was successful in receiving funding under NSW ICTN Statewide Local Innovation Fund – IPL&SM to conduct: an extended pilot to further test and refine the IPL&SM Clinical Placement Program in schools; more extensive evaluations to determine the applicability of the clinical placement model for wider application and to trial the inclusion of Health Science Programs requiring placement experiences (e.g. Public Health students).

Table 1 – The Tweed Healthy Schools Project 2014 – Governance Committee

Name	Position	Organisation
Greg Smith	Principal	Banora Point High School
Nikki Milne	Academic Coordinator – Clinical Education. Project Manager.	Bond University
Darren Scott	Principal	Centaur Primary School
Peter Westwood	Executive Officer, Health	Griffith University
Karen Wickham	Co-ordinator, NCICTN	North Coast Interdisciplinary Clinical Training Network
Kirstin Macdonald	Clinical Coordinator / Generalist Supervisor	Bond University

Table 2 – The Tweed Healthy Schools Project 2014 – Working Group Committee Members

Discipline		Member	
Southern Cross University			
Occupational Therapy		Ms Maggie Scorey – Associate Lecturer	
Exercise Physiology		Ms Nellie Buckley – Unit Assessor	
Exercise Science		Mr Rudy Meir – Internship Supervisor	
Speech Pathology	Ms Bev Joffee – Head of Speech Pathology		
	Ms Charmaine Powell – Clinical Engaged Learning Academic		
	Ms Susan Riordan – Clinical Placement Coordinator		
Bond University			
Physiotherapy	Ms Nikki Milne – Academic Coordinator of Clinical Education.		
	Ms Cherie Zischke – Lecturer		
Exercise Science		Mr Glen Tunks – Senior Teaching Fellow	
Nutrition & Dietetics		Professor Liz Isenring – Head of Program	
Griffith University			
Nutrition & Dietetics	Professor Lauren Williams – Head of Program		
	Ms Marie-Claire O'Shea – Professional Placements Clinical Educator		
	Mr Tristan Damen – Professional Placements Officer		
	Ms Christina Turner – Clinical Educator (APD)		
	Ms Petrina Logan – Clinical Educator (APD)		
Public Health	Ms Zoe Murray – Practicum Course Convenor		
	Ms Kirsty Tagi – Administration Officer		
Exercise Science		Mr Gregory Reddan – Program Convenor	
Physiotherapy	Mr Garry Kirwan – Clinical Education Manager		
	Ms Wendy Harris – Physiotherapy Placements Officer		
Speech Pathology	Ms Libby Cardell – Head of Speech Pathology		
	Ms Simone Howells – Clinical Education Coordinator		
Banora Point High School		Centaur Primary School	
Secondary Liaison Officer	Ms Marelda McLean	Acting Deputy Principal	Ms Cherie King
Deputy Principal	Mr Luke Bristow	Assistant Principal K-2	Ms Kay Wilson
Deputy Principal	Mr Chris Randle	Year 1 Classroom Teacher	Ms Katie Patterson
School Counselor	Ms Sandra Parker	Year 1 Classroom Teacher	Ms Sharon Meredith
Learning Support	Ms Noni McPherson	Year 1 Classroom Teacher	Ms Lyndall Everyingham
Learning Support	Ms Kim Voeheren	Learning Support	Ms Kristy Purvis
Head Teacher PDHPE	Mr Joshua Edwards	Head of Support Unit	Mr Mark Miller
PDHPE Teacher	Mr Nathan Williams		
Dance Teacher	Ms Ingrid Green		
Head of CAPA	Ms Jasmine Duncalfe		
Head of Support Unit	Ms Deborah Johnson		
Year 7 Advisor	Ms Jacqui Platter		
Head Teacher Science	Mr Lachlan Klose		
HSIE Teacher	Ms Louise Nizette		
Maths and Science Teacher	Mr Peter Todoroski		

Project Overview

Achievements

Expanding Clinical Placement Capacity

The IPL&SM clinical placement pilot was conducted between May-November 2014, leading to the creation of an estimated 144 weeks of clinical training in community paediatrics (young children and adolescents). Twenty-eight (28) university students participated in the pilot. Students from the following health professional programs were included: physiotherapy, exercise and sports science, nutrition & dietetics and public health.

The *THSP 2014* has demonstrated that the school environment provides the opportunity to expand further the number of disciplines (e.g. Health Promotion Students) and has further identified placement experience and supervision models suitable for Occupational Therapy, Speech Pathology and Nursing.

Identification of a major source of clinical placements in an expanded setting – schools

The *THSP 2014* IPL&SM clinical placement program pilot has demonstrated a model for expanding clinical training capacity in a non-acute community setting that has wider application for use in other schools within NSW and across Australia.

Clinical Placement Program – High School Environment

A clinical training program suitable for a high school environment was developed covering four main areas:

- Healthy Workplace Initiative for Staff
- Individual Assessments for School Students
- Specialised Classroom Activities
- Year 7 Tailored Program – Healthy Lifestyle Program

Clinical Placement Program – Primary School Environment

A clinical training program suitable for a primary school environment was developed covering five main areas:

- Healthy Workplace Initiative for Staff
- Year 1 Action Based Learning Program
- Healthy Lunchbox Initiative
- Health Promotion and Health Expo

Interprofessional Learning and Supervision Model (IPL&SM) Guide

The IPL&SM Guide details the framework for developing and implementing an IPL&SM as part of a clinical placement program. Refer to Chapter 4 - *A Guide to An Interprofessional Learning and Supervision Model*.

Enhancing Interprofessional Learning Capability

Development of the IPL&SM demonstrated the integration of interprofessional clinical education and elements of generalist supervision into a clinical placement program that has been effective in enhancing interprofessional team communication and a greater understanding of the roles of other health professionals.

Demonstrating Quality Clinical Training

A comprehensive evaluation plan was developed and implemented to provide feedback on the quality of the clinical training program from the perspective of the university students, discipline supervisors, clinical co-ordinator and the school community (school community: teachers and parents). Overall the evaluation outcomes indicate that the THSP 2014 clinical placement program, was rated extremely positively in regards to:

- enhancing health science students inter-professional teamwork capability
- the student led clinical activities undertaken
- enhancing health science students' communication skills with young children and adolescents
- the school environment being very supportive
- exposing school students to careers in health
- enhancing the health and wellbeing of the school community

Challenges

Professional Accreditation – Generalist Supervision

The *THSP 2013* and *2014* involved the development of an inter-professional clinical supervision model. In developing the model some difficulties were encountered in obtaining clarity from the professional registration bodies about those competencies that required discipline specific supervision / assessment versus those that could be supervised / assessed by a *generalist* supervisor (i.e. a health professional from a different profession).

As a result of the absence of established standards around interprofessional supervision, and due to the reluctance of some professional registration bodies to approve the use of interprofessional supervisors a number of health professions were not able to participate in the pilot programs.

Sustainability

Following an 18-month pilot (2013 & 2014) of the Tweed Healthy Schools Project, it has become evident that in order to effectively plan and implement a sustainable interprofessional student-led health service within the school setting, a team comprising both education and health professionals is required to provide clinical education and supervision to university students while they are on placement.

Although the *THSP 2014* has demonstrated good quantitative and very good qualitative outcomes, it has not been possible to identify a sustainable source of funding to continue the *THSP* as a clinical placement program. Funding is required to resource the on-site clinical supervision and co-ordination roles.

The *THSP 2014* partnership is committed to continuing to explore funding options beyond the life of the project. For example, the Queensland Department of Education, Training and Employment, currently funds a number of school-based therapy services (Occupational Therapy, Speech Pathology and Physiotherapy Services). The *THSP 2014* partnership is interested in exploring, if a similar school-based therapy service model could be an option within NSW with potential funding contributions from the Education and Health sectors.

A funding model that can support the continuing employment (or contracting) of the following health professionals as a minimum across an education / health sector has been suggested as a sustainable model for service provision that would support an estimated 250-300 clinical placement weeks across a full school year. This service could also provide interdisciplinary supervision of health professional students throughout the year.

Table 3 – Preferred Staffing Model

Position	Hours/week	Amount
THSP Clinical Coordinator	8	0.2 FTE
Physiotherapist	24	0.6 FTE
Occupational Therapist	16	0.4 FTE
Speech Pathologist	16	0.4 FTE
Dietician	16	0.4 FTE
Secondary Education Liaison Officer	2	NSW DEC funding for this role
Primary Education Liaison Officer	2	NSW DEC funding for this role
Total		2.0 FTE

Ideally there would be at least one health professional on site each day to provide interprofessional supervision to all health disciplines and discipline-specific supervision as required. At the beginning of the year, all health and education professionals should meet to plan the program for the calendar year, based on when the university students will be on site for their clinical placements.

The role of the primary and secondary education professional would involve liaising with the school health team comprised of university students and their educators. They would be responsible for planning and facilitating the implementation of opportunities for the university health students within the primary and high school setting.

Sustainability – Wider Application

The school-based therapy model not only provides the clinical training placement opportunities in paediatrics (children and adolescents) for health professional students but also provides school based clinical and health promotion services to school students / communities (e.g. early intervention, prevention and health promotion).

To achieve this, it is recognised that a collaborative approach and a shared funding model at the State Level between NSW Government Agencies (Health, Education, Disability and Family and Community Services) and the Higher Education Sector would be required.



TWEED HEALTHY SCHOOLS PROJECT 2014 EVALUATION REPORT



The Tweed Healthy Schools Project 2014

Aim

To increase clinical placement capacity in a non-acute community based environment through the development of an Inter-professional Learning and Supervision Model (IPL&SM). This program aims to provide an alternative and innovative clinical placement model that can have wider application.

Objectives

1. To determine the applicability/feasibility of an Inter-professional Learning and Supervision Model (IPL&SM) being suitable for expansion into other NSW school environments and other non-acute/non-traditional clinical placement settings
2. To develop a healthy schools program that can be implemented into a high school setting to improve the health and wellbeing of staff and students
3. To evaluate the impact of the Tweed Healthy Schools Program on the health and learning outcomes of primary school students

Summary of Evaluation Methodologies

In order to meet the above listed objectives, a comprehensive evaluation approach was undertaken to obtain feedback from university students, health professions/discipline specific supervisors, teaching staff, clinical coordinator and the school community to determine the quality of the clinical placement program and to identify the perceived benefits and challenges of the program. Evaluation tools included focus groups and the completion of questionnaires.

To understand how the Interprofessional Learning and Supervision Model (IPL&SM) impacted on university student's development of interprofessional learning capabilities, a research project (as part of a PhD program) was undertaken with students who consented to participate. Approval for this research project was obtained from the Health, Education and Training Institute (HETI) and Bond University Human Research Ethics Committee. Feedback and assessment as part of this project was undertaken using:

- Interprofessional Capability Assessment Tool (ICAT)
- University of Western England (UWE) Interprofessional Questionnaire (pre and post)
- Interdisciplinary Education Perception Scale (IEPS) (pre and post)

Additionally the Tweed Healthy Schools Questionnaire was completed by all students attending the THSP to provide qualitative feedback about the program and the supervisor involved.

To better understand the impact of the Centaur Primary Healthy School Program on the health and wellbeing of school students and teachers, a number of individual programs were evaluated (Staff Healthy Workplace Program, Healthy Lunchbox Initiative and Consolidation of Nutrition Programs).

Finally, a research project (as part of a higher degree Research Master's program) is currently underway to determine the impact of the THSP 2014 Action Based Learning Program with year 1 children. An outline of this research project is included in this report. Approval was obtained from the Health, Education and Training Institute (HETI) and Bond University Human Research Ethics Committee to conduct this research.

Please refer to Appendix 1 for the THSP 2014 Project evaluation Plan, with detailed Objectives, Evaluation Methodologies and Strategies.

Summary of Key Evaluation Findings

The collation and analysis of evaluation feedback from the university students and the school community indicates overwhelming support for the continuation of the THSP IPL&SM Clinical Placement Program, due to the many benefits it brought to all participants. There was support for the wider application of the IPL&SM clinical placement program to be implemented in other schools. Please refer to Appendix 2 for detailed feedback from university students and school staff.

Benefits of the Tweed Healthy Schools Program

The university students indicated that the nature of IPL&SM clinical placement model fosters inter-professional learning, teamwork, communication and skill development. Overall, university students indicated the opportunity to work in this community paediatric setting was highly valued and that they considered the clinical placement in the school to be a supportive learning environment. **100% of the students strongly agreed that the THSP clinical placement program should be continued.**

The feedback from the high school and primary school teachers indicates strong support for the THSP program with a number of main benefits being cited as outlined below:

- Improving access to health care provision by providing some therapeutic services to school students who are unable to access these services due to long waiting lists, excessive costs or parents unable to take them
- Creating an awareness for school students about living a healthy lifestyle that complements the curriculum (e.g. Year 7 program)
- Exposure of school students to careers in health (e.g. students in Talented Athlete Program, Gifted and Talented Program and Year 7 Program)
- Building capacity of staff by enhancing their professional learning through raising their awareness of the skill set and training of allied health professionals
- Having university students as positive role models for the children
- Development of gross motor skills and fitness in the mornings / afternoons
- Nutrition programs (e.g. healthy lunchbox initiatives, advice / support for canteen)
- Individual assessment and management plans for students as needed
- Classroom ideas and strategies (for students on individualised learning plans)
- Literacy groups – Action based learning program

A focus group was held on the 6th November, 2014 with seven members of staff from Centaur Primary School. Overall, the general consensus from staff in the focus group was that this year's school program was beneficial and they would like to see it continue in the future.

The top five components of the THSP 2013/2014 (Primary School) noted by school staff were:

1. Development of gross motor skills and fitness in the morning / afternoon
2. Nutrition programs (e.g. healthy lunchbox initiative, support for canteen)
3. Individual assessment and management plans for students
4. Classroom ideas and strategies (for students on individualised learning plans)
5. Literacy groups – Action based learning

Strengths of the THSP 2014

The appointment of a high school liaison to assist with the planning and implementation of this year's high school program has resulted in the development of a more holistic approach to meeting the health and wellbeing needs of staff and students across the whole school. The THSP has been perceived as another support mechanism for the school and has led to the creation of a new strategic direction in the BPHS School Plan '*Enhancing health and wellbeing of students and staff*' over the next three years beginning in 2015. Staff reported they could already sense a shift in culture within the school, giving the examples of staff exercising weekly in the on-site school gym and a noticeable increase in physical activity levels in school students at recess and lunch. Please refer to Chapter 2 for the Banora Point High School's Healthy School Program report. This report details the activities undertaken in the THSP 2014 with the support of the THSP High School Liaison.

Executive and teaching staff involved in this year's program felt they were adequately involved in the planning of different program activities. The Deputy Principal reported he was heavily involved in the

initial stages of planning the high school program and was consulted along the way. Staff involved in the Year 7 program were pleased that students included them in the planning process, asking their advice on the development of their lesson plans. When asked whether staff felt they were able to contribute to the development of the university students on placement at the high school, staff indicated they felt they could assist students with translating theory into practice within the school setting. They felt comfortable in giving university students feedback about the lessons they delivered to further enhance their communication skills with high school students.

Challenges for the Tweed Healthy Schools Program

A number of challenges occurred throughout the THSP 2014 and the evaluation feedback provides useful information for improving future programs.

A number of university students indicated they: did not have enough time to complete project tasks within the timeframe of their placement; the size of the student-room was inadequate when there was a large group of students present and teamwork was challenging, specifically with regards to their learning to deal with different opinions and personalities (including changes in mood).

At the beginning of the pilot, it was not possible to provide the full inter-professional learning experience to the nutrition and dietetic students as the other disciplines had not yet commenced.

High school teaching staff reported that one of the major challenges that arose was the need to remind the university health students to adjust their communication style to the different target audiences. However, staff recognised that this is a skill that education professionals are trained in and that university students have a unique opportunity to practice these communication skills within the school setting.

Primary school teaching staff reported that finding adequate time for planning was challenging. This has mainly affected the effectiveness of implementing the Year 1 Action Based Learning program. Staff also reported that one of the major challenges in having university health students deliver health messages in classrooms is ensuring that university students adjust their communication style to the appropriate audience. However, staff recognised this is a skill that education professionals are trained in and that university students have a unique opportunity to practice these communication skills within the school setting. Staff suggested this could be addressed in the future by having additional time to plan and fine tune the primary school program at the start of the school year. Another suggestion was for staff to assist with the orientation process for the university students to help with developing their communication skills with the children at the beginning of the placement. In response to this issue it is recommended to include the role of a Primary School Liaison Officer in the IPL&SM staffing.

Enhancing Interprofessional Learning Capability for Health Professional Students

The THSP 2014 provided a unique setting and educational model (see IPL&SM Guide) for students to engage in interprofessional learning opportunities with their educator, peers from different health professional programs and school teachers. The University of Western England (UWE) Interprofessional questionnaire and the Interdisciplinary Education Perception Scale (IEPS) were used before and after their THSP placement with all students who consented to participating in the pilot.

The results from these questionnaires indicated that overall, the THSP assisted to positively change students views about:

- Stereotyped attitudes of other health professions
- The roles of other health professionals by breaking down hierarchical barriers to communication.
- Cooperative behaviour of various health professionals working in a team
- The relationship of persons in their profession to other health and social care disciplines
- Learning with peers from other professions
- Their own professions contribution and accomplishments to health care
- Their profession being valued by others

These findings suggest that students undertaking an interprofessional learning and supervision placement, whilst undertake activities relevant to their own health profession / discipline, can be positively influenced by peers and educators from other health professions. Please refer to Appendix 3 for further details regarding the Impact of IPL&SM on health professional students' learning

Further research in this area is being undertaken through a PhD program at Bond University. This PhD student, associated with the THSP 2013 / 2014 will investigate the relationships, between interprofessional and discipline specific learning assessments, as well as the benefits and challenges that Interprofessional Learning Environments pose for developing health professionals who are adequately trained to work in contemporary practice settings.

The impact of the Tweed Healthy Schools Program on the health and learning outcomes of school students and staff.

A number of projects were developed, implemented and evaluated in Centaur Primary School, as part of the THSP 2014. These included:

- Staff Healthy Workplace Program
- Healthy Lunchbox Initiative
- Consolidation of Nutrition Programs

Overall, these programs were shown to have positive results. Before the healthy lunch box initiative only 63% of students had a main meal during the day and this increased to 84% of children after the intervention. There was also a 23% increase in students meeting the 'How to pack a healthy lunchbox' guidelines and 70% of staff indicated that the implementation of the Healthy Workplace Nutrition Program would improve their nutritional health and wellbeing. Please refer to Appendix 21 for further details on these school based nutrition interventions.

As part of the THSP 2014, an Action Based Learning program for year 1 children was implemented in the primary school, with the aim of enhancing literacy, numeracy, motor proficiency and physical activity levels of the children involved in the program. This program was part of a higher degree Research Masters program and is ongoing. Approval for this research has been granted by the Health and Education Training Institute (HETI), Bond University Human Research Ethics Committee and NSW Department of Education.

Action Based Learning (ABL) involves the integration of movement and physical activity into the school curriculum. The intent is for learning to take place while school pupils are being active, rather than sedentary, such as listening to a lecture or watching a demonstration.

The importance of young Australians developing skills in literacy and numeracy is widely recognised. The Melbourne Declaration on Educational Goals for Young Australians (2008, p. 8) states for young Australians to become successful learners, they will 'have the essential skills in literacy and numeracy.

The significant health benefits of physical activity are also well established. Regular and adequate levels of physical activity can improve muscular and cardiorespiratory fitness, bone and functional health and are fundamental to energy balance and weight control (WHO, 2014). However, the 2010 NSW Schools Physical Activity and Nutrition Survey (SPANS) revealed that 22.8% of NSW children surveyed were overweight or obese. In addition, less than half of Kindergarten, Year 2 and 4 students in NSW met the Australia's Physical Activity Guidelines for children aged 5-12 years of at least 60 minutes of moderate to vigorous physical activity per day.

Given the importance of children developing skills in numeracy and literacy in addition to being physically active, the classroom provides an ideal setting to combine these two elements. This research study will investigate the effect of integrating physical activity and movement into English and Mathematics lessons on the health and learning outcomes of Year 1 school pupils. Please refer to Appendix 25 for further details on this project.



BANORA POINT HIGH SCHOOL HEALTHY SCHOOL PROGRAM

Report 2014

Tweed Healthy Schools Clinical Co-ordinator: Kirstin Macdonald

Tweed Healthy Schools Secondary Curriculum Liaison Officer: Marelda McLean



Acknowledgements

We would like to acknowledge the contribution made to this project by the individuals who shared their expertise regarding university health student placements, inter-professional learning and gave their insight into potential models to enhance capacity for student placements within a school setting.

Banora Point High School (BPHS) provided a quality setting to foster strong ties between the university health students and the BPHS staff. Their ongoing commitment for this unique program to achieve success was underpinned by a shared vision for young people to become healthy and productive members of society who strive to achieve their personal best.

A special thankyou to BPHS Principal, Mr Greg Smith who showed overwhelming support and enthusiasm throughout the program and encouraged the school to consider a new way to holistically approach the health and wellbeing of its staff and students. Without your support this project would not be possible.

A big thankyou to Kirstin MacDonald and Marelda McLean whose dedication and determination for this program to succeed may inspire other schools to consider a unique interdisciplinary approach to meet the needs of young people: "Conceive it, Believe it, Achieve it."

Project Collaborators:

Higher Education Providers – Queensland and New South Wales

- Bond University, Robina, Gold Coast, Qld
- Griffith University, Southport, Gold Coast, Qld
- * Southern Cross University, Tweed Heads, Lismore, Coffs Harbour NSW

NSW Department of Education – South Tweed Heads, Northern NSW

- Centaur Primary School, Eucalyptus Drive, Banora Point, NSW (pilot)
- Banora Point High School, Eucalyptus Drive, Banora Point, NSW (pilot)

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1. Background

The Tweed Healthy Schools Project (THSP) is structured by an Inter-Professional Learning and Supervision Model (IPL&SM) between Bond University, Griffith University and Southern Cross University and the T5 Group of Schools.

This unique interprofessional approach was initiated by the Universities to pilot a flexible training and supervision model within the school settings to better prepare health science students in their role as future health care professionals.

Banora Point High School (BPHS) is a key stakeholder in this innovative approach and provides a quality setting to foster collaboration between professionals from the health and education fields. During 2013 BPHS participated in the initial pilot of the THSP Development of an Interprofessional Clinical Placement Program Pilot in Schools. BPHS provided a workplace in the Science Faculty's breakout area for the university health science students who were being supervised in their chosen fields including: Physiotherapy, Exercise and Sport Science, Nutrition and Dietetics, Speech Pathology and Occupational Therapy. Following the THSP Pilot Evaluation Report in October 2013, a series of recommendations were made to ensure the continued success and growth of the high school program. Review of these recommendations led to the following overarching objective of the high school program for 2014:

**** To develop a healthy schools program that can be implemented into a high school setting to improve the health and wellbeing of staff and students***

2. Program Development

Appointment of Tweed Heads Healthy Schools Secondary Curriculum Liaison Officer

In Term 1, 2014 a member of BPHS staff was appointed to the position of Tweed Healthy Schools Secondary Curriculum Liaison Officer. The role was to liaise between the BPHS staff and students and the Tweed Healthy Schools Clinical Co-ordinator who was responsible for the supervision of the university health students. The THSP Secondary Curriculum Liaison Officer was responsible for planning and facilitating the implementation of opportunities for the university health students within the high school. Also, the THSP Secondary Curriculum Liaison Officer had to measure the university health students' level of integration into the high school environment in respect to complementing the health and learning outcomes for BPHS and the available resources between the health and education industries. It is also noted that the Tweed Healthy Schools Program was trialled in the adjacent primary school (Centaur Public School) and it used some elements that were designed by collaboration between the THSP Secondary Curriculum Liaison Officer and THSP Clinical Co-ordinator.

The success of this role and its responsibilities was determined by the THSP Secondary Curriculum Liaison Officer's:

- Extensive knowledge of the school, including its history and future planning, to assist with the process of implementing an innovative whole school health program
- Extensive knowledge of school and state education policies
- Highly developed level of communication skills to collaborate with a diverse group of people from the health and education industries
- Demonstrated experience to lead and promote the high school's health program to staff, parents/carers and the community
- Excellent skills in program and report writing
- Excellent time management and availability
- Skills to strategically implement a new health program into a high school setting and foster a shared vision with the Clinical Co-ordinator

3 Day Intensive Planning and Timetabling of BPHS Healthy School's Program

The THSP Clinical Co-ordinator and the THSP Secondary Curriculum Liaison Officer met in Term1 over three consecutive days to plan BPHS Healthy School Program.

The THSP Clinical Co-ordinator and the THSP Secondary Curriculum Liaison Officer shared relevant health and education documents and information so each would develop a thorough understanding of the current structure.

The following documents were considered:

- Recommendations from the report *Development of an Interprofessional Clinical Placement Program Pilot Evaluation Report 2013*
- Learning objectives and requirements of the universities' health science students during their clinical placement
- BPHS School Plan 2012-2014. This document includes information about the school's context, priority areas and intended outcomes
- NSW Department of Education and Communities (DEC) Welfare Policy (Behaviour/Anti-bullying), Student Health in NSW Public Schools (2013), Work Health and Safety Policy and NSW Core Values of State Education
- BPHS NAPLAN data was referenced to develop an understanding of the level of literacy and numeracy of the students attending the school. With this knowledge, relevant health messages using suitable language would be promoted to engage the students
- BPHS 2014 Staff Handbook. This document includes necessary information for the THSP Clinical Co-ordinator on the roles and responsibility of staff, daily routines and expectations for staff and student and the NSW DEC Code of Conduct
- BPHS 2014 school calendar to identify the following meetings: senior executive, executive, staff, faculty, welfare, SRC, Year Advisor, Learning and Support Teachers, Parent Association. Other relevant dates included: school assembly, school information evenings, athletic and swimming carnivals
- Across Key Learning Area's (KLA) Scope and Sequences for 2014 were used to identify ways to complement student learning in existing programs across the school
- Year 7 timetable and programs
- Centaur Primary School Healthy School Program and timetable was consulted during the timetabling of the secondary health program to assist with the managing of resources and delivery of each school's health program

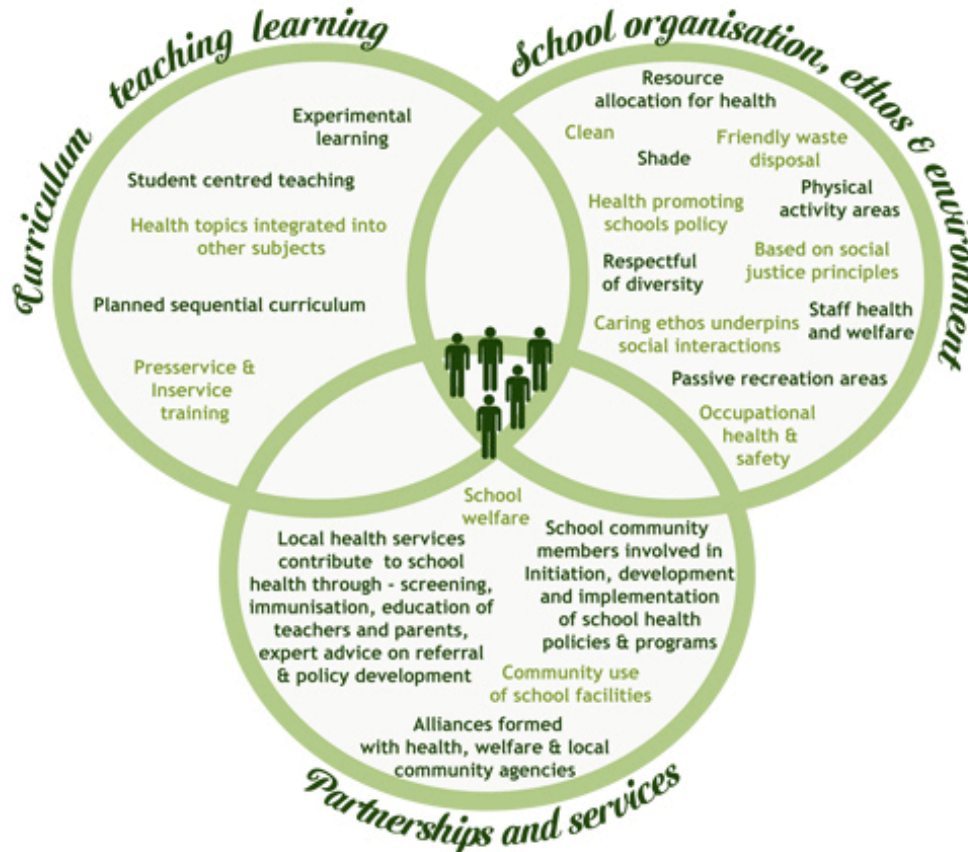
Meetings with relevant staff from BPHS were organised in the initial planning days to communicate a clear understanding of the IPL&SM and the new high school healthy school program. Key staff members included the Principal, Deputy Principal, Head Teachers, Welfare team and Stage 4 teachers. The THSP Governance Committee was also consulted to ensure that the activities would be suitable for the university students to achieve appropriate learning outcomes for their health professional programs.

After the dissemination and discussion of documents and the reflection on meetings with BPHS staff, a common understanding of the school's history and future was established by the THSP Clinical Co-ordinator and the THSP Secondary Curriculum Liaison Officer.

Health Promoting Schools Framework

Throughout the planning of the high school program, a decision was made to embrace the **Health Promoting Schools Framework** which is defined as

"A school which is constantly strengthening its capacity to become a health setting for living, learning and working." (World Health Organization, 1998)



Reproduced with the permission from the Australian Health Promoting Schools Association

The *health promoting schools* movement was started by the World Health Organization (WHO). The approach grew from the WHO initiative for health promotion as described in the Ottawa Charter for Health Promotion. The *health promoting schools* approach applies the principles and five action strategies of the Ottawa Charter to the school setting:

- Fosters health and learning with all the measures at its disposal
- Engages health and education officials, teachers, students, parents and community leaders in efforts to promote health
- Strives to provide a healthy environment, school health education and school health services along with school/community projects and outreach, health promotion programs for staff, nutrition and food safety programs, opportunities for physical education and recreation, and programs for counselling, social support and mental health promotion
- Implements policies, practices and other measures that respect an individual's well-being and dignity, provides multiple opportunities for success, and acknowledges good efforts and intentions as well as personal achievements
- Strives to improve the health of students, school personnel, families and community members

Research indicates that many schools are able to identify a range of health promoting activities currently operating in their school (Queensland Health and Education, 2005). However, this does not necessarily make them a *health promoting school*. A health promoting school is different in two essential ways:

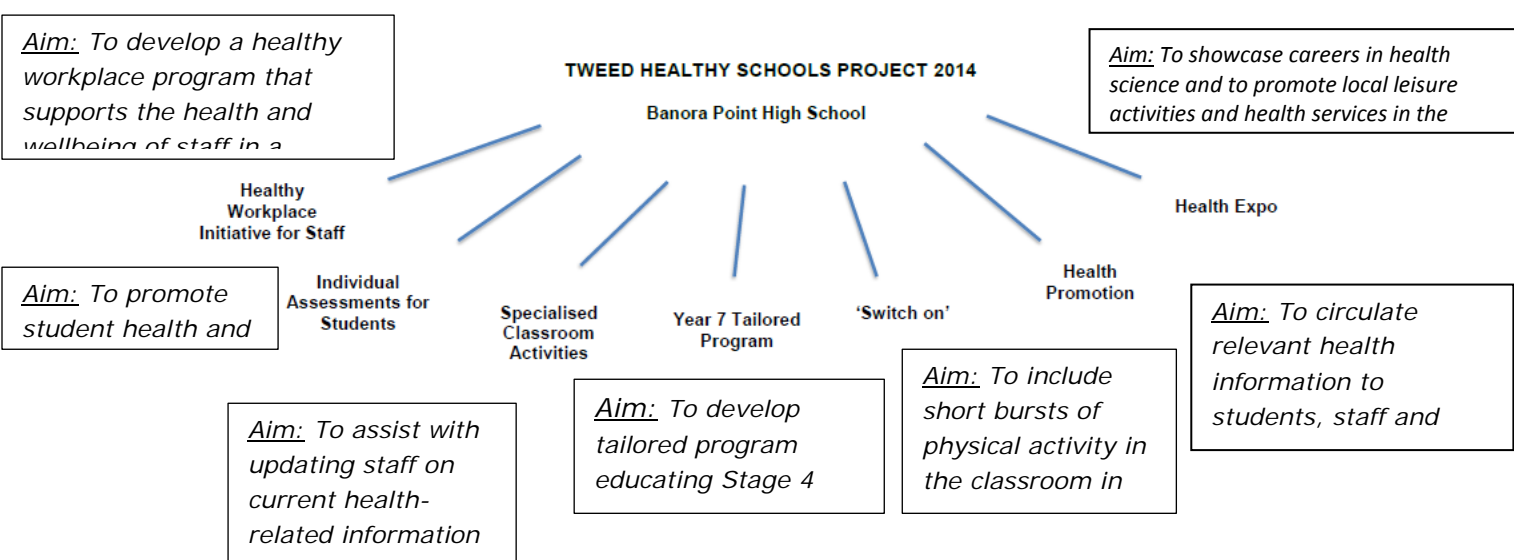
* There is a deliberate and systematic approach to planning and delivering activities which are **coordinated across the three components** (curriculum, teaching and learning; school organisation, ethos and environment; partnerships and services) of the school.

* The approach is underpinned by **people working together** from within and across the three components. Students, teachers, principals, other school staff, health workers, parents, relative and other members collaboratively creating and maintaining a *health promoting school*." (Queensland Health and Education, 2005)

This was going to be a significant but timely shift in the way BPHS operated. The THSP Clinical Co-ordinator and THSP Secondary Curriculum Liaison Officer researched *health promoting schools* and possible ways it could be established at BPHS. The unique approach that was planned in Term 1 at BPHS was structured through the IPL&SM and engaged collaboration across experts in the health and education industries during its implementation in Terms 2 to 4.

3. BPHS Healthy School Program

The BPHS Healthy School Program included seven key elements.



3.1 Element One: Healthy Workplace Initiative for Staff

Aim: To develop a healthy workplace program that supports the health and wellbeing of staff in a secondary education setting

Preliminary research was conducted by Griffith University Nutrition and Dietetics students to understand the "ideals" of staff working in a *health promoting school*. They identified that ideally a school has a health promotion program for staff. That "this is achieved through a school culture that integrates the Health Promoting School framework fostering the development of a supportive social and physical environment for healthy lifestyles and engagement, and capacity building of the local community. Staff benefits experienced in *health promoting school* includes, improved morale and job satisfaction, increased health knowledge, skills and overall healthier lifestyle choices. Schools have benefited through improved school image and enhanced standing in the local community."

BPHS staff completed a nutrition and physical health survey in Term 2, 2014. This survey was drafted by the Dietetic students and in consultation with the THSP Clinical Co-ordinator and THSP Secondary Curriculum Liaison Officer (please refer to Appendix 4).

Dietetic students collated the results and tailored a nutrition program to meet the needs of a predominantly time poor BPHS staff who were not meeting daily recommended healthy eating requirements (please refer to Appendix 5)

Outcomes:

- Nutrition and Dietetics students developed a report for the BPHS Principal summarising their research and future recommendations
- Healthy Recipe Cookbook was tailored design for BPHS staff and available in hard and electronic copy (please refer to Appendix 6)
- A healthy morning tea was hosted between BPHS Creative and Performing Arts Faculty and the Nutrition and Dietetics students where they launched the Healthy Recipe Cookbook
- Nutrition and Dietetics students also designed and launched a "How to Guide for Healthy Workplace Challenges" (please refer to Appendix 7)
- 9 BPHS staff members expressed their interest in forming a healthy workplace interest group. They volunteered to continue with implementing activities recommended by the THSP Clinical Co-ordinator and university health students to support staff health and wellbeing
- 16 BPHS staff volunteered to complete a 6 week Staff Personal Health and Fitness Challenge during Term 3 led by university Exercise Science students (Please refer to Appendix 8). The volunteers communicated their interest in the program to either THSP Clinical Co-ordinator or the THSP Secondary Curriculum Liaison Officer. During this challenge BPHS staff completed a pre-exercise questionnaire, educated and guided by university health students to establish personal goals, participated in two fitness tests to establish their baseline level of fitness and recognised changes, participated in group fitness sessions that were timetabled for two afternoons per week. The staff had regular opportunities to consult with dietetic and exercise science students under the supervision of the THSP Clinical Co-ordinator

Sustainability into 2015

- Continue to promote Healthy Workplace Initiative for BPHS staff
- Health and Wellbeing Team for staff formed in consultation with BPHS WHS team
- Continue to reference and implement "How to Guide for Healthy Workplace Challenges"
- Recommend BPHS to research WorkON as a viable option to be implemented at BPHS
- University Health students to continue promoting ways towards achieving a healthy workplace at BPHS through face-face meetings, emails, interest group presentations

3.2 Element Two: Individual Assessments for Students

Aim: To promote student health and wellbeing

BPHS has a high proportion of families from a low socioeconomic status. The high school recognises that families experiencing economic stress can impact on student learning outcomes. Children from families that have been identified in the low socioeconomic status have been defined by the Australian Early Development Index as being developmentally vulnerable in at least one of the following areas: physical health and wellbeing, social competence (e.g. communication skills, emotional maturity, numeracy and literacy skills.) BPHS is located in the Tweed Heads area where there are long waiting times for families to access health services including physiotherapists, occupational therapists, speech pathologists and dietitians.

BPHS prides itself on a pro-active approach in education and managing their student's health and wellbeing. The staff members take a genuine interest in each child by offering them their best guidance and knowledge in health related issues. BPHS continues to strengthen its Welfare Policy by reviewing and updating many of its valuable programs and offering staff professional development opportunities to develop their knowledge and understandings of best practice in the area of student health and welfare.

The 2014 BPHS Healthy School Program was a timely opportunity to strengthen processes across the school when identifying students for an Individual Health Assessment.

- In Term 2 the THSP Secondary Curriculum Liaison Officer organised meeting times for a significant number of staff with the THSP Clinical Co-ordinator to develop a thorough understanding of the current student referral process at BPHS. Meetings were held with the Senior Executive, Welfare Team, Year Advisors, Learning and Student Assistance Teachers and BPHS Counsellor
- The THSP Clinical Co-ordinator and THSP Secondary Curriculum Liaison Officer reviewed and revised the 2013 Tweed Healthy Schools Information Pack for Families

- A new element of the process included an information pack for staff who could identify a student for an Individual Health Assessment. Staff were educated in the referral process including ways to identify a student who may have a health issue and the issue of confidentiality on such matters
- Staff identified students and returned their referral forms to either the THSP Clinical Co-ordinator or THSP Secondary Curriculum Liaison Officer
- THSP Clinical Co-ordinator briefed Year Advisors and the THSP Secondary Curriculum Liaison Officer on a transcript for the initial phone conversation to parents/carers of the students who had been identified for an Individual Health Assessment
- The Tweed Health Schools Information Pack for Families was posted to parents/carers who agreed to participate in the program

Outcomes:

- Established BPHS Staff Referral process to recommend students for an Individual Health Assessment (Please refer to Appendix 9).
- Revised Tweed Healthy Schools Information Pack for Families (Please refer to Appendix 10)
- Improved whole school communication on students who have been identified with health issues
- A number of students were referred to the program for a physiotherapy assessment (3 x Year 8 students, 1x Year 9 student, 2 x Year 10 students, 1 x Year 11 student, 7x Year 11 Dance students). Only 5 parents completed the consent forms and 4 students were assessed.
- BPHS students participated in the Individual Health Assessment and where applicable received treatment from physiotherapy students under the supervision of the THSP Clinical Co-ordinator, a qualified physiotherapist

Sustainability for 2015

- Continue to use the BPHS Staff Referral process and Tweed Healthy Schools Information Pack for Families
- THSP Secondary Curriculum Liaison Officer to communicate with THSP Clinical Co-ordinator and families during the process of the Individual Health Assessment
- Recommend that universities are able to supervise university health students in all areas where health needs are not currently met (e.g. occupational therapist, speech therapist) Referral pathways will need to be established for these disciplines with criteria for referrals explained to staff.

3.3 Element Three: Specialised Classroom Activities

Aim: To assist with updating staff on current health-related information that may be integrated into the curriculum

During implementation of the new NSW Syllabuses, KLAs have had opportunities to revise and refresh learning opportunities within their faculty and move towards across KLA programming in some areas.

BPHS Head Teachers provided the THSP Secondary Curriculum Liaison Officer and the THSP Clinical Co-ordinator copies of their 2014 Scope and Sequences and relevant programs when they saw an opportunity to have the university health students compliment the teaching and learning outcomes in their subject.

Outcomes

- Nutrition and Dietetics students consulted with the Head Teacher of PDHPE in planning the nutrition and physical activity session in the Year 7 Program. The Head Teacher welcomed any new material that could complement the current syllabus
- Public Health students delivered a *Sugar in Drinks* lesson to Gifted and Talented students during Science Week.
- Physiotherapy students delivered a *Biomechanics* session with the school's Talented Athlete Program (TAP).
- Physiotherapy students delivered a *Core Class* to Year 9 Dance students
- Physiotherapy students developed and implemented a *Gross Motor Skills/Fitness Program* over 4 weeks to students in the high school Support Education unit

Sustainability 2015

- Head Teachers to consider requesting the university health science students to assist with updating their staff and/or relevant students in current content and research
- University health students to support in the classroom when teaching a topic relevant to the health industry. For example, physiotherapy students may be available to assist with instruction on improving core strength for dance, physical activity levels for PDHPE students and human anatomy and physiology for Science students
- Head Teachers to consider THSP clinical placement calendar and timetable for when the health science students are available. Head Teachers to confer with THSP Clinical Co-ordinator on relevance and availability

3.4 Element Four: Year 7 Tailored Program - Healthy Lifestyle Program

Aim: To develop a tailored program educating Stage 4 students towards developing a healthier lifestyle

In a considered effort to strongly develop ties between the health and education industries and to improve student learning in the area of health and wellbeing an innovative Stage 4 tailored program was devised in 2014 by the THSP Secondary Curriculum Liaison Officer and the THSP Clinical Co-ordinator. The essence of the Healthy Lifestyle Program is to encourage students to make healthy lifestyle choices beyond their high school education.

- At the beginning of Term 3 BPHS Year 7 students completed a Year 7 Health Survey to assess their knowledge and behaviour in relation to nutrition and physical activity (Please refer to Appendix 11). University health students collated results and used the data to create lesson plans in consultation with the THSP Clinical Co-ordinator, THSP Secondary Curriculum Liaison Officer and classroom teachers. Also, considerable consultation occurred with the Head Teacher PDHPE to ensure that the program complemented what had been taught in Year 7 PDHPE lessons
- During Term 3 Nutrition and Dietetics, Physiotherapy, Exercise Science and Public Health students delivered lessons to BPHS years 7C and 7M over nine weekly timetabled lessons in the areas of healthy eating, physical activity, mental health, and health promotion. All lessons were supervised by a classroom teacher and the THSP Clinical Co-ordinator (Please refer to Appendix 12)
- The Nutrition and Dietetics students developed a report for the principal summarising the nutrition component of the program (Please refer to Appendix 15)
- The Year 7 Healthy Lifestyle Program was included into the curriculum by an alternate arrangement with the weekly Scripture lessons
- The Mental Health lessons were delivered under one of BPHS Welfare Programs - Rock and Water by a member of BPHS staff who is a trained facilitator
- BPHS parents/carers were informed of the Year 7 Healthy Lifestyle Program and were asked to approve their child for being filmed in some classes for the purpose of education (Please refer to Appendix 16)
- BPHS students received a Certificate of Completion of the Healthy Lifestyle Program (Please refer to Appendix 18)
- During Term 4, the Stage 4 Healthy Lifestyle Program has been reviewed and revised during its implementation into the alternate year 7 classes. It is currently being implemented with the other two Year 7 classes, 7A and 7S.
- A budget was submitted to the BPHS Finance Team to resource the Healthy Lifestyle Program Stage 4

Sustainability 2015

- Continue implementing Stage 4 Healthy Lifestyle Program in rotation with Scripture lessons
- Implement Stage 5 Healthy Lifestyle Program in rotation with Year 9 Scripture lessons
- Budget to be submitted to the BPHS Finance Team to resource the Healthy Lifestyle Program Stages 4 and 5

3.5 Element Five: Switch On

Aim: To include short bursts of physical activity in the classroom in order to switch on the mind and improve student learning

Physical activity and cardiorespiratory fitness have both been positively linked to cognitive processes and brain function in children, with aerobically fitter children performing better on cognitive function tasks (Tomprowski, Davis, Miller, Naglieri, 2008).

It has been proposed that the association between physical activity and cognition may be explained by physiological and learning/developmental mechanisms (Sibley and Etnier 2003). Physiological mechanisms are based on physical changes in the body brought about by exercise, with numerous studies reporting changes such as increased cerebral blood flow, alterations in brain neurotransmitters and modified arousal levels (Sibley and Etnier 2003, Blakemore 2013). The learning / developmental mechanisms state that movement and physical activity provide learning experiences that aid, and may even be necessary for proper cognitive development. Furthermore, exercise may enhance the development of specific types of mental processing, such as executive functioning (selecting, organising and properly initiating goal-directed actions) which is known to be important for meeting challenges encountered both in academics and throughout the lifespan (Davis et al 2011).

BPHS staff members are committed to improving student engagement and during 2014 a group of teachers have invested professional learning time into Mazarno's theories of improving student learning through the strategy of High Energy. The THSP Secondary Curriculum Liaison Officer has consulted with the teachers and the THSP Clinical Co-ordinator and it has been agreed that the university healthy students can assist with devising strategies for including physical activity in the classroom to improve student engagement when learning.

- University physiotherapy students to devise Switch On program in consultation with BPHS staff in Term 4, 2014
- University physiotherapy students to present program to staff in Term 4, 2014

Sustainability 2015

- BPHS staff to trial Switch On in selected classes across all stages and KLA in Term 1, 2015
- BPHS staff to report findings and review Switch On with a view to implement across school in stages over a period of time

3.6 Element Six: Health Promotions

Aim: To circulate relevant health information to students, staff and parents/carers through a variety of media outlets

A *health promoting school* is an ideal setting to communicate with staff, students, parents/carers and the community about relevant health messages. BPHS students have been recognised via NAPLAN results to be below the national average in areas of literacy and numeracy. The university health students need to devise promotional messages that are targeted to an audience that may be challenged to comprehend dense scientific literature on health related matters.

Outcomes:

- Fortnightly articles were published in the school's newsletter during Term 3. The articles have covered topics related to the Year 7 Healthy Lifestyle Program. BPHS newsletter is available on the school's website and the articles included links to relevant health sites for further information on nutrition, mental wellbeing and physical activity (Please refer to extract Appendix 18).
- During Term 3, 19 members of the Student Representative Council were surveyed to identify student preferred ways to broadcast health messages and engage student leadership with devising healthy activities for the school (e.g. lunch time sport activities on the oval or courts)
- During Term 4, High schools students were surveyed during recess and lunch time to identify preferred ways to broadcast health messages (e.g. interactive touch screen delivering health messages, brochures on recipes and a lunchtime cooking demonstration)
- A cooking demonstration was held at lunch time during Term 4, involving Year 10 Food Technology students, Year 11 Drama students and Year 10 Photography students. The demonstration was delivered by Food Technology students under the guidance of the Nutrition and Dietetics students (Please refer to Appendix 19).

- Consulted THSP Secondary Curriculum Liaison Officer and Head Teacher TAS during the implementation of lunchtime cooking demonstrated
- Considered the school assembly, roll call and the circulation of posters around the school as a means of promoting the cooking demonstration
- Consulted BPHS Principal and Parents Association with ways to promote health messages
- A report written by the Nutrition and Dietetics students will be provided to BPHS Principal summarising their research and future recommendations for promoting nutrition information in the high school setting (Please refer to Appendix 20)
- Consulted with Principal and canteen staff as one of the identifiable spaces to promote health messages. It has been noted that the canteen has made significant changes to its menu and promotes healthy food options on its notice boards. Also, the canteen encourages healthy eating habits by recently furnishing an outdoor "cafe style" dining area that is highly used by students and staff

Sustainability 2015

- Submit to BPHS Finance team the costs for an interactive touch screen for the library, brochure display holders, display cabinet to be positioned near canteen
- A team to continue updating health messages in consultation with the THSP Clinical Co-ordinator

3.7 Element Seven: Health Expo

Aim: To showcase careers in health science and to promote local leisure activities and health services in the Tweed Region

This element will be implemented in 2015 in consultation with all stakeholders involved: BPHS, Centaur Primary School, Bond University, Griffith University and Southern Cross University. Also, local providers of health and leisure services will need to be consulted to gauge their willingness to showcase to the local community what is available and ways to access these health clubs and service providers for school students and their parents/carers.

4. Feedback

4.1 Tweed Healthy Schools Secondary Curriculum Liaison Officer

In my capacity as the Secondary THSP Curriculum Liaison Officer at Banora Point High School I have worked closely with the THSP Clinical Co-ordinator, Kirstin MacDonald to establish a dynamic relationship between the university health students and the BPHS staff who all strived to offer the best available health care and education to our students and their families.

I have found all the university health students to be enthusiastic, reliable and genuinely interested in the health and wellbeing of BPHS students and staff. They all embraced the unique setting of a secondary school to provide health care and promote health messages to BPHS staff, students and their families/carers.

BPHS staff shared the belief that a high school was an ideal setting for the clinical placement of the university health students and this was established at the start of the program when we addressed the Senior Executive and staff at whole of school meetings. During the development and implementation of BPHS Healthy School Program the staff were always consulted and invited to offer feedback/suggestions in respect to the different elements of the program. We considered their advice in a timely manner and were receptive of their suggestions.

BPHS students and staff have welcomed the university health students into our school and classrooms. The university health students were positive role models to our students as they promoted timely and quality health messages that were relevant to BPHS staff and students. The university health students accepted every opportunity to promote health messages throughout the school and they were also proactive in finding unique ways to engage our staff and students. The 2014, Year 7 cohort had an opportunity to be heavily involved with the university health students and it was evident that strong relationships were developed during the Stage 4 Healthy Lifestyle Program.

The BPHS Year 7 students would openly welcome the university health students in the playground with a high level of enthusiasm. The Year 7 students were enthusiastic to know when the university health students would be involved in their lessons and/or leading lunch time activities. Also, special bonds were formed between the physiotherapy students and the BPHS students who were receiving individual treatments under the supervision of a trained physiotherapist. It was evident that these individual BPHS students developed in confidence as their health and wellbeing issues were addressed with a level of care and confidentiality that they may not have experienced at another high school. Their parents/carers were very appreciative of the unique health care service that BPHS was able to offer within the healthy schools program. The BPHS staff very much enjoyed sharing their workplace with the university health students and would use every opportunity to engage in professional discussions in respect to health and education matters.

There was a notable shift in BPHS staff's morale when the Healthy School Program created the Healthy Workplace Initiative for Staff as they realised that a team of university health students were genuinely interested in their health and wellbeing. The BPHS staff members were noted to be engaging in discussions around healthy eating and physical activity and some staff members did make positive changes to their lifestyle.

The most rewarding experience for me was collaborating with the THSP Clinical Co-ordinator who always presented in a professional manner with a limitless amount of dynamic energy. We shared creative and methodical thinking so that BPHS Healthy School Program could be implemented in a way that shared rewarding experiences for both the university health students and BPHS staff and students.

Sustainability 2015: Role of the THS Secondary Curriculum Liaison Officer

- The high level and quality of collaboration between the THSP Clinical Co-ordinator and THSP Secondary Curriculum Liaison Officer will need to continue in 2015 to ensure that the BPHS Healthy School Program continues with its current success and is able to achieve its 2015 program with stability
- A significant amount of planning time was necessary during 2014 to consider the inherent difficulties in respect to managing timetables and the availability of the university students with those time restrictions. Funding would need to be made available to release the THSP Secondary Curriculum Liaison Officer to plan, program and meet with the relevant university health students and BPHS staff
- A significant amount of time is needed to collaborate between the THSP Clinical Co-ordinator and the THSP Secondary Curriculum Liaison Officer so they can work on the different elements of BPHS Healthy School Program. During 2014, suitable meeting times could only be arranged after school hours and when the university health students had left the school site. These meetings happened at least once per week and had a running time of 1.5 - 2 hours and additional meetings were required depending on the needs of the university health students and BPHS. Also, the THSP Clinical Co-ordinator and THSP Secondary Curriculum Liaison Officer had to allocate a significant amount of time communicating by email or phone after "work hours" to ensure the success of implementing BPHS Healthy School Program. This time was over and above the time originally allocated for the position. In 2015 this additional would time need to be considered.

4.2 BPHS Staff

A focus group was held on the 10th November 2014 with 8 members of staff from Banora Point High School. The purpose of this focus group was to discuss the effectiveness of this year's THSP high school program.

Benefits to the high school

Staff reported the benefits to the school environment in having the THSP on site included;

- quick access to therapy on site (in particular physiotherapy this year) compared to long waiting lists in the community
- creating an awareness of living a healthy lifestyle to school students that complements the curriculum (e.g. Year 7 program)
- exposure of school students to careers in health (e.g. students in Talented Athlete Program, Gifted and Talented Program and Year 7 Program)

Strengths of 2014 program

The appointment of a high school liaison to assist with the planning and implementation of this year's high school program has resulted in the development of a more holistic approach to meeting the health and wellbeing needs of staff and students across the whole school. The THSP has been perceived as another support mechanism for the school and has led to the creation of a new strategic direction in the BPHS School Plan '*Enhancing health and wellbeing of students and staff*' over the next three years beginning in 2015. Staff reported they could already sense a shift in culture within the school, giving the examples of staff exercising weekly in the on-site school gym and a noticeable increase in physical activity levels in school students at recess and lunch.

Executive and teaching staff involved in this year's program felt they were adequately involved in the planning of different program activities. The Deputy Principal reported he was heavily involved in the initial stages of planning the high school program and was consulted along the way. Staff involved in the Year 7 program were pleased that students included them in the planning process, asking their advice on the development of their lesson plans. When asked whether staff felt they were able to contribute to the development of the university students on placement at the high school, staff highlighted they felt they could assist students with translating theory into practice within the school setting. They felt comfortable in giving university students feedback about the lessons they delivered to further enhance their communication skills with high school students.

Challenges

Staff reported that one of the major challenges in having university health students deliver health messages in classrooms is ensuring that university students adjust their communication style to the appropriate audience. However, staff recognised this is a skill that education professionals are trained in and that university students have a unique opportunity to practice these communication skills within the school setting.

Overall, the general consensus from staff in the focus group was that this year's high school program was beneficial and they would like to see it continue in the future.

5. Summary

BPHS Healthy School Program has successfully implemented 6 out of the 7 elements by mid Term 4, 2014 due to the high level of collaboration between the THSP Clinical Co-ordinator, TSHP Secondary Curriculum Liaison Officer, BPHS Principal, staff and parents/carers. BPHS has established an electronic folder on the school's intranet for all staff to access program and resources: Tweed Healthy Schools Folder. All of the seven elements intend to be strengthened in 2015 by the continuation of the Inter-Professional Learning and Supervision Model that requires strong ties between the health and education industries.

The program has been highly successful and BPHS staff members have embraced a new 2015 vision statement:

*"Banora Point High School is a learning community that strives to make a profound difference in our students' lives by inspiring them to achieve their personal best; become lifelong learners and **healthy**, creative members of society."*

Also, BPHS staff members have agreed to a new Strategic Direction of "*Enhancing health and wellbeing of students and staff*" over the next three years beginning in 2015. The Tweed Healthy Schools Program is an integral part of this direction as it strives to recognise BPHS as a *Health Promoting School* through the seven elements of its current program.

The university health students who have been placed at BPHS for their clinical supervision have all been a vital part in implementing this innovative program. Many students have said that their clinical placement at BPHS and their involvement in its Healthy School Program has definitely met the university requirements and more importantly, has developed their interprofessional skills across the education and health industries. Some students have recognised their practicum experience via social media sites including Facebook and LinkedIn. This opportunity affords the university students a unique opportunity for an interdisciplinary approach to address the needs of young people. This may not be offered in other clinical placements. The professional relationships between the different branches of the health industry are invaluable in the holistic treatment and education of young people.

The continued success and further development of these interdisciplinary relationships are dependent on the continuation of this essential program. This unique opportunity is one that will foster better health outcomes for both the patients and the practitioners and deserves the sustained support of both the universities and the Department of Education and Community.

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CENTAUR PRIMARY SCHOOL 2014

Healthy Promoting Schools Framework



November 2014



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TWEED HEALTHY SCHOOLS PROJECT 2014

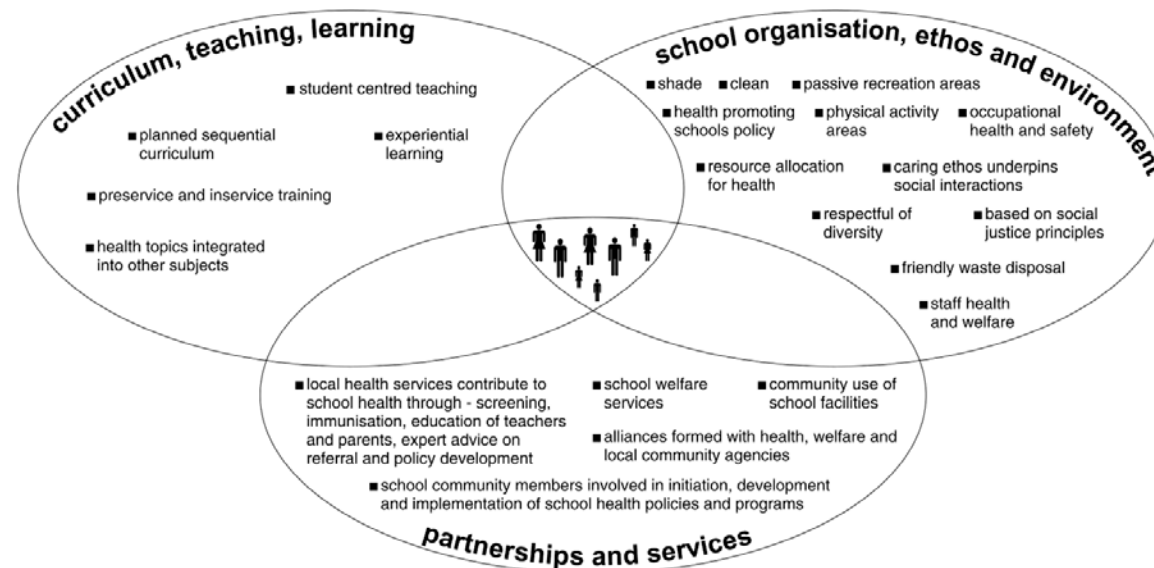
CENTAUR PRIMARY SCHOOL

A collaborative approach between health and education professionals

Centaur Primary School/NSW DEC POLICIES underpinning Health & Wellbeing

- Core values of State Education (Care – Integrity, excellence, respect, responsibility, cooperation, participation, fairness, democracy)
- Student Health in NSW Public Schools (2013) – including Nutrition in Schools Policy
- Work Health Safety (WHS) Policy
- Student Welfare Policy

HEALTH PROMOTING SCHOOLS FRAMEWORK





A Health-Promoting School

*'A school which is constantly strengthening its capacity to become a healthy setting for living, learning and working'
(World Health Organization, 2007)*

A Health-Promoting School (WHO, 2007):

- Fosters health and learning with all the measures at its disposal
- Engages health and education officials, teachers, students, parents and community leaders in efforts to promote health
- Strives to provide a healthy environment, school health education and school health services along with school/community projects and outreach, health promotion programs for staff, nutrition and food safety programs, opportunities for physical education and recreation, and programs for counselling, social support and mental health promotion
- Implements policies, practices and other measures that respect an individual's well-being and dignity, provides multiple opportunities for success, and acknowledges good efforts and intentions as well as personal achievements
- Strives to improve the health of students, school personnel, families and community members



TWEED HEALTHY SCHOOLS PROJECT 2014

Centaur Primary School

**Healthy
Workplace
Initiative for Staff**

**Year 1 Action Based
Learning Program**

**Healthy
Lunchbox
Initiative**

**Health
Promotion**

Health Expo



Activity	Description	Who will be involved	Key Dates
Healthy Workplace Initiative for Staff	<p><i>Aim: To develop a healthy workplace program that supports the health and wellbeing of staff in a primary education setting</i></p> <ul style="list-style-type: none"> - Conduct a needs assessment and obtain feedback from staff via a staff survey - Develop a tailored program (e.g. support with nutrition / physical activity) based on the outcomes of the staff survey - Develop a Staff Healthy Workplace Committee to ensure ongoing sustainability 	<p>Clinical Coordinator</p> <p>School Principal</p> <p>Physiotherapy / Exercise Physiology / Public Health / Nutrition & Dietetics students</p> <p>Interested staff members</p>	<p>Term 2, Week 4: 19/05/14 Announce at Staff Meeting</p> <p>Term 2, Week 5: Conduct needs assessment with staff</p> <p>Term 2, Week 8: Present tailored workplace nutrition program to staff</p> <p>Term 3, Week 3: 29/07/14 Input from Physiotherapy students</p>
<p>Year 1 Action Based Learning Program</p> <p>(NB. This program will be evaluated through a research study which has been approved by Bond University Human Research Ethics Committee and NSW DEC Ethics Committee, SERAP)</p>	<p><i>Aim: To enhance numeracy/literacy, motor proficiency and physical activity levels in Year 1 children through the integration of movement and physical activity into the English and Mathematics curriculum</i></p> <ul style="list-style-type: none"> - Over a 16 week period, health science students (in collaboration with Clinical Coordinator and classroom teachers) will develop and deliver pre-planned lessons that include kinaesthetic/movement activities in Maths and English lessons - Parents of Year 1 students involved will be able to attend an information session outlining the program and asking their permission to obtain pre-and post-intervention measures from their child as part of the evaluation process - Pre/Post-Test measures include: WIAT-II (academic achievement), BOT-2 (motor proficiency), physical activity levels (via Sensewear armband), Term 2/4 academic reports - Year 1 classroom teachers will be debriefed about the collective findings of their class' results of the BOT-2 and WIAT-II assessments which may be useful for teachers to deepen their understanding of the capabilities of the students in the class and make decisions about whether additional support is required and to build on students' strengths. Parents will be provided with the details of someone they can contact should they wish to be informed of the collective findings for the whole class 	<p>Clinical Coordinator</p> <p>School Principal</p> <p>Year 1 Classroom Teachers</p> <p>Physiotherapy / Exercise Science / Speech Pathology / Public Health students</p> <p>Parents of Year 1 children</p>	<p>Term 2, Week 8: Hold a parent information session and distribute information sheets and consent forms</p> <p>Term 2, Week 9: Commence collection of baseline measures</p> <p>Term 3: Week 3 Commence 16 week intervention</p>



Activity	Description	Who will be involved	Key Dates
Healthy Lunchbox Initiative	<p><i>Aim: To promote healthy food and drink choices in school lunchboxes at Centaur Primary</i></p> <ul style="list-style-type: none"> - Conduct a survey (e.g. audit tool, tally) to determine the nutritional value of food and drink contents in school lunchboxes - Based on results, identify opportunities to promote/ improve the nutritional value of food and drink contents in school lunchboxes - Develop and implement a program that will help promote/improve the nutritional value of food and drink contents in school lunchboxes (e.g. development of healthy lunchbox resources, information sessions for parents/interested staff members) - The effectiveness of the strategies implemented in this program will be evaluated and recommendations will be made that may help to build a school policy around the promotion of healthy school lunches 	<p>Clinical Coordinator</p> <p>School Principal</p> <p>Nutrition & Dietetics Students</p> <p>Classroom teachers</p>	<p>Term 2, Week 8 Discuss with Classroom teachers who will be involved</p> <p>Term 3, Week 1 Students to conduct survey</p>
Health Promotion	<p><i>Aim: To circulate relevant health information and to present information on health topics to students, staff and parents/carers through a variety of media outlets</i></p> <ul style="list-style-type: none"> - Health promotion messages to be included in school newsletter and on the school website - Opportunity for students to deliver lessons to students, staff and parents/carers on nominated health topics 	<p>Clinical Coordinator</p> <p>Public Health, Nutrition & Dietetics, Physiotherapy, Speech pathology, Exercise science students</p> <p>Admin Support staff</p> <p>IT staff</p>	<p>Commence circulation towards end of Term 2</p>



Activity	Description	Who will be involved	Key Dates
Health Expo	<p><i>Aim: To showcase careers in health science and to promote local leisure activities and health services in the Tweed region</i></p> <ul style="list-style-type: none"> - Invite local health service providers, community health organisations, local sporting/leisure representatives - Students will have the opportunity to showcase projects on health-related topics <p>For example: "Tweed Health Heroes"</p> <ul style="list-style-type: none"> - This project could encourage Stage 3 students to make contact with health professionals and profile what they do. This could take the form of a competition with a Tweed Health Hero Award where the Schools recognise the contributions of local health champions and award them a certificate. This could be a really nice way of engaging school students with health professionals as it would give the clinicians a feeling that they were valued, and would help encourage students to think about whether they would like to work in health. - This could very easily become an annual event. 	<p>Clinical Coordinator</p> <p>School Principal</p> <p>Universities</p> <p>Local health service providers, community health organisations, local sporting/leisure representatives</p> <p>Stage 3 students</p>	<p>Student project could be completed Term 4 by Stage 3 students</p> <p>Expo held Term 1 or 2 2015</p>



A GUIDE TO AN INTERPROFESSIONAL LEARNING AND SUPERVISION MODEL (IPL&SM)

Based on the Tweed Healthy Schools Project 2013 - 2014



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Introduction

One of the objectives of the Tweed Healthy Schools Project, 2014 was to conduct an extended clinical placement pilot to further test and refine the Interprofessional Learning and Supervision Model (IPL&SM) to determine if the model could have wider application.

This *Guide* sets out the steps and processes for establishing an IPL&SM that may be of interest to others wishing to establish a clinical placement program in and with other schools. The IPL&SM has capacity to include a broad range of health professions.

Research – What we know

Emerging Trends in Health Care

Health research indicates that as a result of an increasing ageing population and associated diseases and the increasing prevalence of chronic diseases (e.g. obesity, diabetes, mental health conditions, and cardiovascular disease) there is a need to move towards more primary care, aged care and community based health service delivery models.

In association with this shift to towards expanding non-acute healthcare services there is also a change towards services that focus on early intervention, prevention and a team-based approach (where the patient is integral to the planning and decision process) is required (Department of Health and Ageing, 2008).

The changing healthcare environment is driving a need to adapt clinical education and training programs of undergraduate health science students to ensure they are well prepared to work as future clinicians in a range of expanded healthcare settings. Universities now need to identify a variety of healthcare settings that will offer undergraduates a more comprehensive clinical training experience to develop their clinical skills and to meet accreditation requirements. Universities are finding it increasingly difficult to source clinical placement opportunities for health science in community-based and primary care settings.

Currently, the majority of clinical training placements are provided in the acute public hospital sector. In a 2012 survey of clinical education carried out by the former Health Workforce Australia (HWA) it was shown that over 74% of clinical training was provided by the public health system, and 77% of this was provided in metropolitan areas (Health Workforce Australia (2013).

The THSP 2014 is an innovative response to the demand to have a broader range of clinical training settings available. The school environment provides a rich source of community paediatric (children and adolescents) clinical experiences for undergraduate health science students that are currently not available.

Interprofessional Learning

It has been identified that the development of Interprofessional Practice competences in health professional students is an important strategy to ensure the future workforce is equipped with the skills required to cope with the changing models of care and expanded settings. The 2010 WHO Framework for action on Interprofessional education and collaborative practice states that collaborative practice can improve:

- Access to and coordination of health-services
- Appropriate use of specialist clinical resources
- Health outcomes for people with chronic diseases
- Patient care and safety
- Collaborative practice can decrease:
 - Total patient complications
 - Length of hospital stay
 - Tension and conflict among caregivers
 - Staff turnover
 - Hospital admissions
 - Clinical error rates
 - Mortality rates

The collaborative practice benefits above are all linked to improved communication across professional boundaries, which in turn can ensure safe and efficient care is delivered to patients. (Greiner and Knebel, 2003, Pollard and Miers, 2008).

The aim of Interprofessional education is to prepare healthcare workers with the necessary collaboration and communication skills they will require for working in Interprofessional teams in their professional practice.

Interprofessional education is defined as 'learning with, from and about members of other professions to improve professional practice and care delivery (Barr 2002).

Although currently there is no strong theoretical framework for IPE, it has been postulated that it should combine elements of behaviourism and constructivism. That is, a combination of the outcomes as well as the process of learning. These can be considered in both macro (communities of practice) as well as micro levels (self-directed learning, problem based learning, and social contact) (Hean, et al 2009).

Due to these factors, IPE can be integrated into all stages of the educational process from the didactic to the clinical experiences.

There is evidence on the benefits of IPE in small-scale workgroups, simulation and lecture based formats, however there is little evidence on the process of implementing IPE into a clinical setting (Barr, 2002, Abu Rish, 2012).

To date, literature produced on Interprofessional education focuses on 3 main topics:

1. The conceptual basis of IPE and the development of the competencies (CIHC, 2010).
2. Need for strengthening research methods for demonstrating effective teamwork and communication (Barr, et al 2006).
3. Developing sustainable models of IPE that can be incorporated into mainstream health professional curricula (Barr and Ross, 2006).

The research that exists on the outcomes of Interprofessional education mainly comprises small group, single event interactions (i.e. workshop, patient simulation or case study). This format is more favourable for the development of student interaction and improvement of team dynamics than lectures. Of a systematic review of IPE performed by Abu Rish et al (2012) the researchers found that only 35% of activities were of clinical interactions.

The most common learning outcome is student attitudes to IPE, followed by gains in knowledge of IPE. This change in knowledge focused mainly on understanding of professional roles, collaborative approaches, and clinical/patient care content. (Abu Rish, 2012).

A method of integrating Interprofessional clinical education into professional training programs is through the development of service learning / student led clinics. The difference between a traditional clinical placement and a student led clinic, is that in a student led clinic, it is the students who perform a needs analysis, and the clinical activities are directed by the students in collaboration with the clients/stakeholders, rather than being directed solely by the clinical educators (Seifer SD. (1998). In the setting of the THSP, focus was provided to incorporating the needs of the clients (school Pupils and staff) to be implemented into their functional setting – for example the classroom or school canteen.

This method of clinical education provides an opportunity for the students to gain valuable educational experiences that may not be available via traditional clinical education provisions, whilst also providing a much needed health service not currently available to the target population.

Interprofessional clinical education is an emergent field in health care education in Australia, and as such there is a need for rigorous evaluation of the methods and educational outcomes of such a process.

Previous research on this topic has identified a number of barriers to the successful implementation of such a model on a wider scale (Lawlis et al, 2014). These barriers exist on a number of levels;

individual, institutional and governmental. Some of the barriers reported can exist as both a barrier and an enabler, dependant on the frame of reference of the stakeholders, and examples of these are:

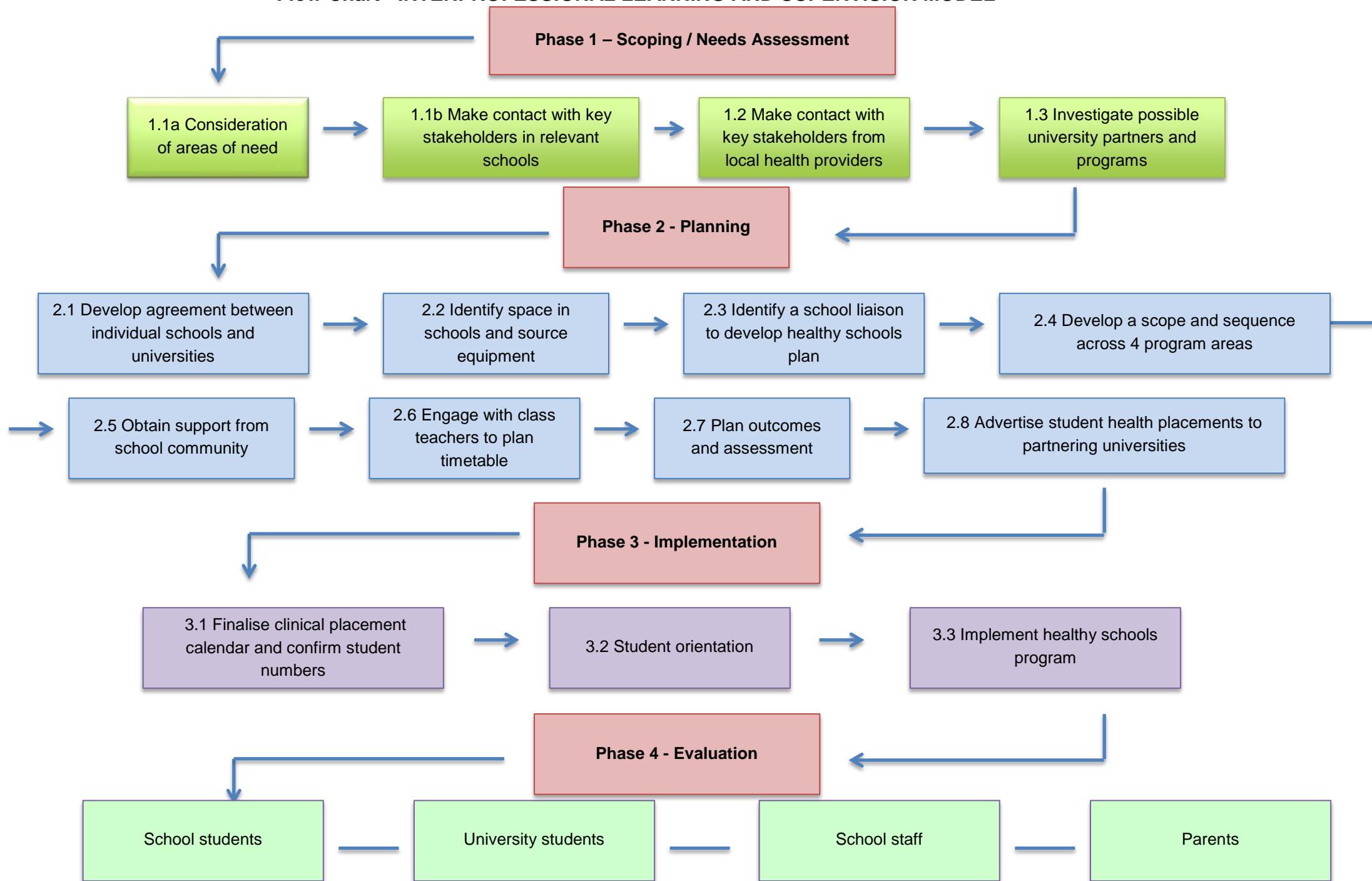
- Finances
- Support / reward
- Coordination of clinical calendars
- Staff development and understanding.

To support the acceptance of IPE as an alternative model of clinical education that provides comparable outcomes for students and education institutions, further development of a structured framework for the implementation of IPE is required.

To achieve this aim, research into the learning outcomes of this model of clinical education and further investigation into the barriers to its implementation within Australia is warranted.

The following Interprofessional learning and supervision model has been piloted as part of the Tweed Healthy Schools Program. This guide has been developed to assist Universities and the NSW Department of Education and Communities (NSW DEC) in the development, implementation and evaluation of a healthy school programs.

Flow Chart - INTERPROFESSIONAL LEARNING AND SUPERVISION MODEL



Phase 1 – Scoping / Needs Assessment

1.1a: Consideration of areas of need. Consider the needs of the school in respect to health and learning

1.1b: Contact key stakeholders in schools

Make contact with key stakeholders in relevant schools and scope out potential for involvement in a health professional, university student-led program based on an interprofessional learning and supervision model.

i) Principal

- Find out what health promoting activities are currently being delivered at the school
- Identify whether the school can already be identified as a *health promoting school*
- Research the current state-wide health initiatives that may be implemented in schools (e.g. Crunch & Sip, Jump Rope for Heart, Live Life Well @ School)
- Review curriculum that exposes school students to health (e.g. PDHPE, Science)
- Review curriculum and/or school careers information that exposes school students to health professions as an educational pathway
- Is there a suitable space for the university student health team

ii) Learning support staff

- Find out what is already in place for students with a disability. Consider the current National Disability definition and framework

1.2: Contact key stakeholders in the local health directorate

Make contact with key stakeholders from Health and find out what services exist for school-aged children in the local areas and what the referral processes involve and length of time on waiting list. The key stakeholders may include:

- Health and disability practitioners (Physiotherapists, Occupational Therapists, Speech pathologists, Dietitians, Exercise Physiologists, Health promotion officers, child and family nurses)
- NSW Health directorate
- Ageing, Disability and Home Care (ADHC)
- National Disability Insurance Scheme (NDIS) private practitioners
- Non-Government agencies – e.g. Cerebral Palsy Alliance

1.3: Identify University partners

Investigate possible university partners and/or health profession programs for filling the student positions in the university student led service in the school/s and potential sources for funding supervisors

- i) List potential scope for each profession (See APPENDIX 1 – Example of IPL&SM Brochure)

Students studying Occupational therapy, physiotherapy, speech pathology, nutrition and dietetics, exercise science, public health in nutrition & health promotion, nursing, psychology

- ii) Develop a draft clinical placement calendar that aligns the university clinical placement blocks to the school terms (See APPENDIX 2 – Example Clinical Placement Calendar)
- iii) Obtain a list of the university learning objectives for clinical placement and a copy of their clinical manuals to determine requirements for learning experiences and assessment processes. Align requirements to opportunities in the IPL & SM Healthy school program (APPENDIX 3 – Example of an outline of opportunities for physiotherapy students)

Phase 2 - Planning

2.1: Develop a clinical placement agreement between individual schools and the universities

- Have the example clinical placement agreement template (APPENDIX 4 – Example Clinical Placement Agreement Template) reviewed by the university legal team
- Following review by the university legal team, provide the school principal with a draft copy of the agreement. The principal will review the agreement and make recommendations
- The school principal will then send the draft agreement to the school legal team
- Agreement sent back to university legal team for final check
- University signs
- School signs

2.2: Identify and prepare a space in school for the school health team (to form a base with potential for outreaching to other schools)

This space would ideally comprise the following:

- A room with approximate seating for a minimum of 15 people (e.g. the equivalent of a demountable classroom including a private room for individual health assessments)
- A minimum of 16 desks and chairs (including child-height table and chairs)
- Filing cabinet for storage of private clinical records
- Storage for assessment and treatment equipment
- Multiple keys cut for room for students/staff to access
- Lockable cupboards for valuables
- Small fridge
- Sink in room (for hand washing)
- Disability access to room
- Whiteboard on wall and corkboards for PD resources
- Access to photocopiers/printer
- IT Wi-Fi access in room
- Private printer in room for printing of private reports or swipe key access to main printer to prevent confidential reports from being printed the printer can be reached
- Shredder for destroying confidential reports
- Assessment tools (APPENDIX 5 – Example Equipment Inventory)

2.3: Identify a school health liaison to assist with the development of a healthy school program

This program will be based on the perceived needs of the school community and learning support staff identify during Phase 1.1a. (See APPENDIX 6 – Example EOI for Secondary Curriculum Liaison Officer for IPL&SM)

2.4: Develop a healthy school program

This will involve developing a scope and sequence across the school terms, in collaboration with the school health liaison that relates to the health professions involved and the target audiences across four distinct program areas:

Individual Assessments

- Physiotherapy – Neuromuscular, Neurodevelopmental, Fitness and Mobility assessments
- Occupational Therapy – Fine Motor, Social Emotional, Perceptual Motor and Play assessments
- Speech Pathology – Speech, Language, Reading and Communication assessments
- Developmental Screening for Year 1 children.
- Oral health and general health / developmental assessments
- Manual handling advice for teachers working with individual students requiring additional mobility support

Classroom Activities

- Action Based Learning – Integrated into Maths, English and Drama Curriculum
- Perceptual Motor Programs
- Health and Fitness classes for primary school children
- Environmental / Postural Screening

Whole of School Activities

- Physical Activity Needs Assessments
- Lunch time, before and after school physical activity programs
- Stress Management Programs for senior students undertaking HSC
- Playground Audits
- Canteen Audits
- Health Promotion Campaigns (e.g. oral health, Crunch & Sip, Count your steps, heart foundation initiatives)
- Injury Prevention Programs
- Disability Access Audits / advice
- School Garden Programs
- Parent Information Evenings – Health related topics
- Information sessions for school students and parents about Health Professions.

Other generic skills and knowledge learned relevant to Student Health Professional Education

- Verbal communication and rapport building with children in their natural environments
- Written documentation skills relevant to health and education environments
- Ethical, legal and culturally sensitive practice requirements of health professionals
- Understanding school environments as a natural and usual context for child development
- Team skills (within the student led health professional team and the school staff / teachers)
- Appropriate behaviour for health professionals
- Health promotion skills
- Multidisciplinary approaches to chronic disease prevention and management
- Integrated approach to health assessments and interventions that challenges students' thinking and understanding of inter-professional collaborative care and improved understanding of practising with other health and education professionals.
- Risk management principles relevant to working with children and in school / community contexts.

2.5: Obtain support from school community

- Arrange a time to meet with school principal, executive and learning support staff to pitch the draft implementation plan and scope and sequence and seek their feedback and approval
- Attend a P&C meeting to present the plan to the committee and seek their feedback and approval. Identify the needs of the local school community (see APPENDIX 7 – Example information to community on IPL&SM).

2.6: Engaging classroom teachers

After approval has been granted by the school principal, executive and learning support teams and the P&C, arrange a meeting with the school staff that will be directly involved in the implementation of the healthy schools program. This step must occur in collaboration with classroom teachers so that it can align with curriculum, the school/class timetable and the needs of individual students in the classes/school. (APPENDIX 8 – Example IPL&SM program in primary school / Example IPL&SM program in high school)

2.7: Planning outcome and assessment

Consider the following suggestions in order to develop an evaluation plan that will evaluate the impact of the healthy schools program on university and school student outcomes

- **Individual**
 - normal therapeutic outcomes (e.g. discipline-specific outcome measures)
- **Whole of class**
 - compare to other classes, monitor attendance/behaviour ratings, level of physical activity, fitness levels, numeracy/literacy

- **Whole of school**
 - school NAPLAN ranking, attendance rates, behavioural/detention outcomes

2.8: Advertise the student health placements to partnering universities

In order to include a defined clinical placement calendar and/or healthy school program timetable that aligns with the school terms:

- Send out brochure
- Outline alignment to learning objectives for each of the health professions
- Explain legal agreement and outline whether there will be a fee for each student
- This needs to be finalised prior to October for the following year ahead

(See APPENDIX 34 – Example Timeline for IPL&SM). Please note, in the 12 months prior to running the service, this is the timeline that needs to be considered.

Phase 3 – Implementation

3.1: Finalise clinical placement calendar and confirm student numbers

- make a list of student names, university liaisons
- Finalise the clinical placement calendar
- Obtain individual student details from universities and send out student placement package

Student package should ideally include:

- working with children check
- immunisation policy
- IT access for students
- OH&S policy
- Info on confirmed school program and opportunities for students

3.2: Student orientation

Students to attend orientation day and complete orientation checklist including:

- orientation / OH&S policy of schools
- confidentiality / privacy agreement
- emergency procedures
- incident reporting
- signing in/out policy
- student timetable
- student/supervisor expectations
- overview of placement requirements and activities
- overview of assessment processes – discipline specific / ICAT

3.3: Implementation of programs as outlined in 2.4.

- students to spend a day of observation in primary classrooms as part of orientation week
- student to meet with classroom teachers they will liaise with during their placement to obtain background information on school students and offer guidance in behaviour management

Phase 4 – Evaluation

4.1: To evaluate the IPS&LM, a comprehensive evaluation of the clinical program is recommended, gaining feedback from:

- school students
- university students
- school staff
- parents / P&C committee

The evaluation methods and tools could include:

- Questionnaires – students, teaching staff and parents
- Interprofessional Capability Assessment Tools (ICAT)

- Discipline-specific student assessment Tools (ESSA logbook, APP, COMPASS)
- Focus Groups
- Outcome measures identified in research study
- Individual health science project reports

Refer to Evaluation Plan previously developed (2.7) to determine the impact of the Healthy Schools program.

Staffing and Funding

Proposed Staff Model

The proposed staffing level would support an IPL&SM clinical placement program that includes physiotherapy, exercise physiology, occupational therapy, speech pathology and dietetics. This IPL&SM staffing model could be expanded to include a broader range of health professions. Ideally there would be at least one health professional on site each day to provide interprofessional supervision to all health professional students and discipline-specific supervision as required.

Position	Hours/week	FTE
THSP Clinical Coordinator	8	0.2 FTE
Physiotherapist	24	0.6 FTE
Occupational Therapist	16	0.4 FTE
Speech Pathologist	16	0.4 FTE
Dietician	16	0.4 FTE
Total	80	2.0 FTE

Additionally **school liaison officers** would be required and would involve liaising with the school health team, comprised of university students and their educators. They would be responsible for planning and facilitating the implementation of opportunities for the university health students within the primary and high school settings. At the beginning of the year, all health and education professionals should meet to plan the program for the calendar year, based on when the university students will be on site for their clinical placements.

Position	Hours/week
Secondary Education Liaison Officer	2
Primary Education Liaison Officer	2

The role of the primary and secondary education professional would involve liaising with the school health team comprised of university students and their educators. They would be responsible for planning and facilitating the implementation of opportunities for the university health students within the primary and high school setting.

The following table outlines the health and education professional team and the potential hours they could be on site each week.

Funding Source

Depending on the school environment there may be a number of options that can be explored to identify funding to support the introduction of an IPL&SM clinical placement program.

The Queensland Department of Education, Training and Employment, currently funds a number of therapy services (Occupational Therapy, Speech Pathology and Physiotherapy services) in the school environment. In this situation, it may be possible to negotiate supervision arrangements between the therapy care providers and the universities.

Another funding option for further consideration could be a collaboration between NSW Department of Education and Communities (fund-holder for therapy services) and universities to work together to develop a clinical placement program for health professional students which at the same time will enhance health services within schools. Universities could either commit to providing a fee to placement of students at schools or assist with purchasing the necessary equipment and resources required for the program.

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Summary of Appendices

Please refer to appendices attached.

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Appendix 1 – Tweed Healthy Schools Project Evaluation Plan March 2014 - December 2014

Aim:

To increase clinical placement capacity in a non-acute community based environment through the development of an Inter-professional Learning and Supervision Model (IPL&SM). This program aims to provide an alternative and innovative clinical placement model that can have wider application.

	Performance Measure	Data Source	Data Analysis	Timeframe
Objective 1 To determine the applicability/feasibility of an Inter-professional Learning and Supervision Model (IPL&SM) being suitable for expansion into other NSW school environments and other non-acute/non-traditional clinical placement settings	Prepare and produce a comprehensive inter-professional learning and supervision model guide (IPL&SM) based on qualitative feedback from students/staff and quantitative feedback on student learning outcomes	Questionnaires for students, staff and parents Interprofessional Capability Assessment Tool (ICAT)/Discipline-specific student assessment tools (ESSA logbook, APP, COMPASS)	Collate data and report mid project and at the end of the project period.	June 2014 and November 2014
Objective 2 To develop a healthy schools program that can be implemented into a high school setting to improve the health and wellbeing of staff and students	Development of a report outlining a Healthy Schools program that may be suitable and sustainably embedded into the high school setting	Minutes from planning meetings Focus groups for high school staff	Collate data and report mid project and at the end of the project period.	June and November 2014
Objective 3 To evaluate the impact of the Tweed Healthy Schools Program on the health and learning outcomes of primary school students	Prepare a summary progress report on the research study	Outcome measures identified in research study	Collate pre- and post-test data.	November/December 2014

Objective 1: To determine the applicability/feasibility of an Inter-professional Learning and Supervision Model (IPL&SM) being suitable for expansion into other NSW school environments and other non-acute/non-traditional clinical placement settings

Strategies	Performance Measure	Data Source	Data Analysis	Outcome
1.1 To determine the quality of the clinical education experience as perceived by the allied health university students, teachers, clinical educators and the school community	Placement feedback rated as positive for health science students, teachers and parents Pre/post placement questionnaires show improved learning	Tweed Healthy Schools Student Questionnaire Staff focus group	Collate data	Please refer to Appendix 2 for a summary of results
1.2 To determine the impact of IPL&SM on health science student learning	Prepare a research report on outcomes	Interprofessional Capability Assessment Tool (ICAT) University of Western England (UWE) Inter-professional Questionnaire (pre/post) Interprofessional Education Perception Scale (pre/post placement) Comparison of academic results of an identified control group with students involved in the Tweed Healthy Schools Program for discipline specific assessment tools (for selected competencies) and the ICAT	Collate data	Please refer to Appendix 3 for a summary of results
1.3 To undertake further research of inter-professional learning, assessment tools and inter-professional supervision models to determine applicability of the model for state-wide (and potentially national) application	Prepare and produce a comprehensive inter-professional learning and supervision model guide (IPL&SM) including a narrative review of the literature on this topic	Literature review on IPL (Guide will consider outcomes of strategies 1.1 and 1.2)	Record of literature reviewed	IPL&SM guide
1.4 Consider sustainability options and recommendations	Provide a summary of sustainability options in IPL&SM	Notes from Governance Committee meetings. Focus groups with University clinical staff as well as health and education sector staff in the NCICTN area.	Collate outcomes from Governance Committee meetings and process focus group data.	IPL&SM guide

Objective 2: To develop a healthy schools program that can be implemented into a high school setting to improve the health and wellbeing of staff and students

Strategies	Performance Measure	Data Source	Data Analysis	Outcome
2.1 To review activities and programs that may be suitable for implementation in the high school setting	Development of a report outlining a Healthy Schools program that may be suitable and sustainably embedded into the high school setting	Record number of planning meetings and notes from meetings Feedback from Executive staff, welfare/LaST team sought and recorded	Collate outcomes from planning meetings	Please refer to Banora Point High School Healthy School Program report in Chapter 2
2.2 To undertake a more in-depth review of the high school curriculum to identify program areas suitable for health science student involvement	Provide a summary of this review for report	High school staff / university academics focus group Scope & Sequence for KLAs Australian / NSW Curriculum	Collate outcomes from focus groups Summarise findings from Scope & Sequence for KLAs and Australian/NSW Curriculum	Please refer to Banora Point High School's Healthy School Program report in Chapter 2 (Element 3: Specialised Classroom activities which summaries the curriculum areas suitable for health science student involvement)
2.3 To obtain feedback from staff and students on the effectiveness of the implementation of these activities/programs	Feedback received rated as positive	Questionnaires and/or focus groups for high school students/staff	Feedback collated	Please refer to Section 4 in the Banora Point High School's Healthy Schools Program report on feedback from staff in Chapter 2

Objective 3: To evaluate the impact of the Tweed Healthy Schools Program on the health and learning outcomes of primary school students

Strategies	Performance Measure	Data Source	Data Analysis	Outcome
3.1 To conduct research study 'Evaluation of the Tweed Healthy Schools Action Based Learning Program' with Year 1 students at Centaur Primary	Prepare a summary progress report on the research study	Baseline and post-intervention data will consist of: <ul style="list-style-type: none"> • Academic grades (English, Mathematics) • WIAT-II scores (academic achievement-numeracy/literacy) • BOT-2 scores (motor proficiency) • Measurements of physical activity levels (data from Sensewear device). 	Following analysis of descriptive data and assumptions of normality and heterogeneity, paired t-tests will be conducted to determine the impact of the intervention for each outcome measure. Data will be analysed employing Statistical Package for the Social Sciences (Version 20.0) alpha level set at 0.05.	Please refer to summary report of this research study in Appendix 25
3.2 To provide outcome reports on individual nutrition programs conducted during 2014	Summary nutrition project reports provided to school Principal	Community and public health nutrition placement project reports	Collate data	<p>Please refer to the following 3 summary reports:</p> <p>Development and Implementation of a Staff Healthy Workplace Program at Centaur Primary School. School Report Executive Summary (Appendix 22)</p> <p>Centaur Primary School's Healthy Lunchbox Initiative as part of the Tweed Healthy Schools Project, Executive Summary (Appendix 23)</p> <p>Consolidation of Nutrition Programs at Centaur Primary School, Executive Summary (Appendix 24)</p>

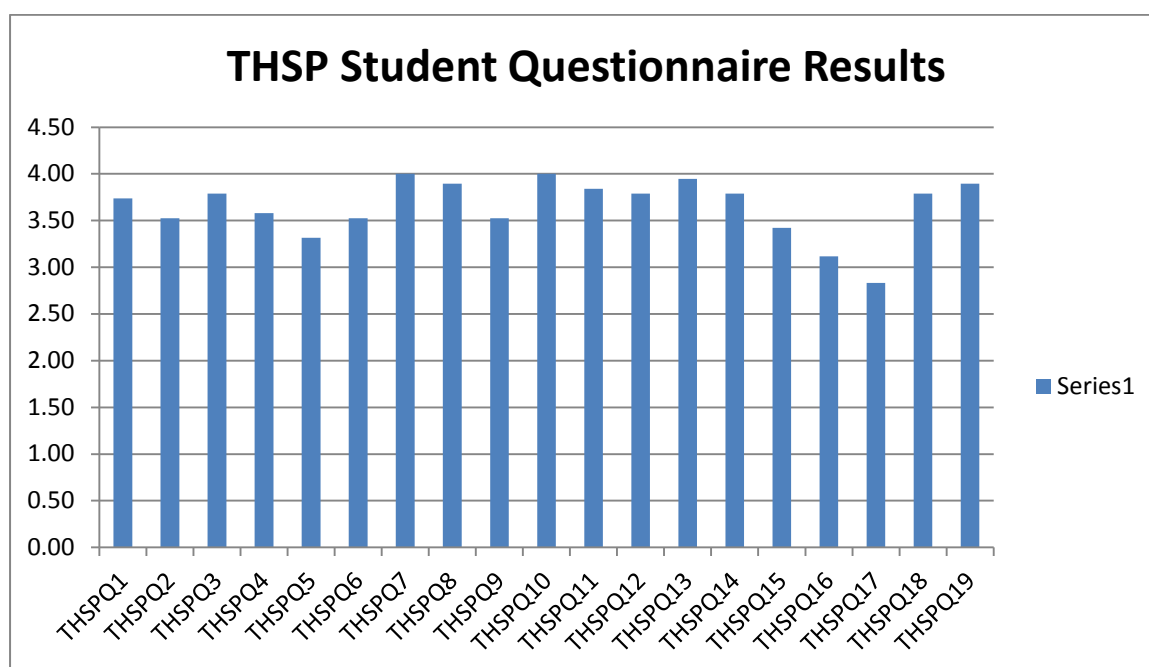
Appendix 2 – Feedback from University Students and School Staff

Feedback from university students

According to the THSP Student Questionnaire (copy of survey tool provided below), the overall feedback about the THSP from the university students' perspective was extremely positive. Five major themes emerged in response to the question asking what the students liked about the project. These themes included:

- i) The interprofessional nature of the placement
- ii) The development of their communication skills within a paediatric setting (liaising with school staff, parents and children)
- iii) Being given autonomy over the planning, implementation and evaluation of the project activities they were involved in
- iv) Feeling part of a supportive environment
- v) The development of team work skills

However, one of the main negative aspects of the project included not having enough time to complete project tasks within the timeframe of their placement. Students also stated that the space allocated to the students was challenging, particularly when there was a large group of students present at once. Another challenge was learning to deal with the different opinions and personalities (including changes in mood) associated with group work.



Please note that these results need to be interpreted in conjunction with the THSP Student Questionnaire in Appendix 2

Notably, 100% of the students strongly agreed (4) with the following statements in the questionnaire.

'The THSP should be continued'

'The coordinator was helpful and approachable'

All students also reported they strongly agreed or agreed with the following statements in the THSP questionnaire:

'Because of this project I feel better equipped to work collaboratively as part of an interprofessional team in the future'

'I felt the orientation process was helpful'

'I think that interprofessional education would be beneficial in lectures and tutorials'

'I felt part of a supportive learning environment'

'Feedback provided was constructive and timely'

'I felt comfortable with the assessment processes'

'The self-evaluation process was supported'

'The THSP was beneficial to my professional development and future career choices'

Eighteen (18) of the 19 students reported they strongly agreed (4) or agreed (3) with the following statements:

'The THSP helped me understand the interprofessional approach to patient care'

'I gained an appreciation of the knowledge base of colleagues from different disciplines'

'The THSP should be expanded to other schools'

Seventeen (17) of the 19 students reported they strongly agreed (4) or agreed (3) with the following statements:

'I appreciated the opportunity to work with other professions on specific client issues'

'The THSP developed my confidence in communicating with other members of the interprofessional health care team'

It is important to note that one or two students did not agree with the above statements. Qualitative feedback from these students on their questionnaire highlighted that they were not on placement with other university health science students when they commenced in May.

'Note – no other disciplines involved in current student project'

'Note – didn't work with other professions'

Additionally, in the planning stages of the THSP, the Working Group and Governance Committee discussed the inclusion of patient discussions and discussion of managerial issues with university students while on placement. Given the physiotherapy students were the only discipline to assess and treat a small number of individual high school students this year, the number of patient discussions has been limited. This is reflected in the questionnaire with 13 of the 19 students stating that more case discussions should be included. Similarly with managerial issues, 12 of the 19 students stated that more discussion of managerial issues should be included.

Tweed Healthy Schools Student Questionnaire

For each of the following statements please circle one number that best reflects how you would feel or behave.

4 = strongly agree 3 = agree 2 = disagree 1 = strongly disagree

Questions	4	3	2	1
1. I felt that the orientation process was helpful	11 (57.9%)	7 (36.8%)	1 (5.3%)	
2. The THSP helped me understand the interprofessional approach to patient care.	15 (78.9%)	4 (21.1%)		
3. I think that interprofessional education would be beneficial in lectures and tutorials.	13 (68.4%)	4 (21.1%)	2 (10.5%)	
4. I appreciated the opportunity to work with other professions on specific client issues.	13 (68.4%)	4 (21.1%)	2 (10.5%)	
5. I gained an appreciation for the clinical reasoning skills of colleagues from different disciplines.	9 (47.4%)	7 (36.8%)	1 (5.3%)	
6. I gained an appreciation of the knowledge base of colleagues from different disciplines.	11 (57.9%)	7 (36.8%)	1 (5.3%)	
7. The THSP should be continued.	19 (100%)			
8. The THSP should be expanded to other schools.	18 (94.7%)		1 (5.3%)	
9. The THSP developed my confidence in communicating with other members of the interprofessional health care team.	12 (63.2%)	5 (26.3%)	2 (10.5%)	
10. The coordinator was helpful and approachable.	19 (100%)			
11. Feedback provided was constructive and timely.	16 (84.2%)	3 (15.8%)		
12. I felt comfortable with assessment processes.	15 (78.9%)	4 (21.1%)		
13. I felt part of a supportive learning environment.	18 (94.7%)	1 (5.3%)		
14. The self-evaluation process was supported.	15 (78.9%)	4 (21.1%)		
15. The self-evaluation process was useful.	10 (52.6%)	7 (36.8%)	2 (10.5%)	
16. More patient discussions should be included in the THSP.	6 (35.3%)	7 (41.2%)	4 (23.5%)	
17. More discussion of managerial issues should be included in the THSP.	3 (16.7%)	9 (50%)	6 (33.3%)	
18. Because of this project I feel better equipped to work collaboratively in future.	16 (84.2%)	2 (10.5%)	1 (5.3%)	
19. The THSP was beneficial to my professional development and future career choices.	17 (89.5%)	2 (10.5%)		

Snapshot of University Student THSP Questionnaire responses:

Likes

'Paediatric population, an abstract environment and the freedom to be creative'

'Opportunity to better communication skills in the paediatric environment due to opportunities to liaise with parents and students'

'I enjoyed particularly working with students from other professions and forming new relationships. In addition I like the opportunities to work with kids and be able to share my knowledge and experiences with them'

'I was able to gain proper workplace experience in my field of interest (health promotion and nutrition). I learnt a lot from my supervisor and through collaborative working with other university students from different health fields. I was involved in a lot of tasks that kept the placement enjoyable and exciting whilst learning new things'

'Working in an interprofessional environment, having direct input into the development of programs/lesson plans and running them'

'Words can't explain how fantastic my experience was with THSP. I especially want to highlight how great the project coordinator was, she really made us feel welcome, a part of the THSP family, provided us with appropriate feedback and supported us in the best possible way, making our project a success'

'This project was really enjoyable. It was not only a fun, interactive environment to work in but also extremely supportive'

'The coordinator was amazing. Working interprofessionally was a great experience. The school environment was welcoming'

'I liked the fact that we could work closely with students from other disciplines. This increased my confidence when working as part of a team. I also enjoyed working with students at BPHS'

'The opportunity to work with children in such a unique environment as well as being able to work collaboratively with individuals from other health professional backgrounds was an invaluable experience which is very beneficial to all of our developments.'

'Working with other health professional students. Have valuable input into individual projects. The project supervisor was approachable, knowledgeable and extremely kind. This project was a great placement'

'The collaboration with other students from different disciplines and assisting them with their planning and projects'

'Great variety of projects included – covered many different areas (Year 1s, Year 7s, staff, individual assessments)'

'THSP is a great placement for developing communication skills of a variety of different levels. Very broad range of skills developed'

'Follow a project from start to finish. Develop and implement practical strategies and see outcomes. Teamwork'

'The support and encouragement from THSP liaison officer'

'Supportive environment. Team work'

Dislikes

'Want to stay longer'

'Would like more one on one with the kids that we could help but can't because of the ethical boundaries' (in relation to Year 1 ABL program,'

'I wish we had more time to complete our tasks and help implement more public health into the schools'

'felt as though I ran out of time towards the end of the placement and was unable to finish the task I was working on at the time'

*'The self-evaluation process – dislike questionnaires. Prefer face-to-face chat regarding evaluation'
'having 2 supervisors – it was hard for dietetic supervisor to be kept up to date. I felt she should have just focussed on our competencies, not knowing every little detail'*

'Some occasions there were hostility cases between each groups but nothing too substantial'

'Sometimes working with such a large group of students in a small space was hard to do. Sometimes hearing each person's opinions was too overwhelming'

'The small area that everyone had to share, however, we were still lucky to even have a room dedicated to the THSP'

*'Dealing with mood swings of other students in same placement'
'Only a 6 week project'*

'Leaving. Simply difficult time constraints'

'Nothing'

'Nothing – it was a very positive experience. Note – no other disciplines involved in current student project'

'Note – didn't work with other health professions'

Feedback from staff from Banora Point High School

A focus group was held on the 10th November with 8 members of staff from Banora Point High School. The purpose of this focus group was to discuss the effectiveness of this year's THSP high school program.

Benefits to the high school

Staff reported the benefits to the school environment in having the THSP on site included;

- quick access to therapy on site (in particular physiotherapy this year) compared to long waiting lists in the community
- creating an awareness to school students of living a healthy lifestyle that complements the curriculum (e.g. Year 7 program)
- exposure of school students to careers in health (e.g. students in Talented Athlete Program, Gifted and Talented Program and Year 7 Program)

Strengths of 2014 program

The appointment of a high school liaison to assist with the planning and implementation of this year's high school program has resulted in the development of a more holistic approach to meeting the health and wellbeing needs of staff and students across the whole school. The THSP has been perceived as another support mechanism for the school and has led to the creation of a new strategic direction in the BPHS School Plan *'Enhancing health and wellbeing of students and staff'* over the next three years beginning in 2015. Staff reported they could already sense a shift in culture within the school, giving the examples of staff exercising weekly in the on-site school gym and a noticeable increase in physical activity levels in school students at recess and lunch.

Executive and teaching staff involved in this year's program felt they were adequately involved in the planning of different program activities. The Deputy Principal reported he was heavily involved in the initial stages of planning the high school program and was consulted along the way. Staff involved in the Year 7 program were pleased that students included them in the planning process, asking their

advice on the development of their lesson plans. When asked whether staff felt they were able to contribute to the development of the university students on placement at the high school, staff indicated they felt they could assist students with translating theory into practice within the school setting. They felt comfortable in giving university students feedback about the lessons they delivered to further enhance their communication skills with high school students.

Challenges

Staff reported that one of the major challenges in having university health students deliver health messages in classrooms is ensuring that university students adjust their communication style to the appropriate audience. However, staff recognised this is a skill that education professionals are trained in and that university students have a unique opportunity to practice these communication skills within the school setting.

Overall, the general consensus from staff in the focus group was that this year's high school program was beneficial and they would like to see it continue in the future.

Feedback from staff from Centaur Primary School

A focus group was held on the 6th November with seven members of staff from Centaur Primary School. The purpose of this focus group was to gain their feedback on the THSP implemented within the primary school setting.

100% of staff who participated in the focus group indicated they would like to see the program continue into 2015.

Benefits to the primary school

Staff reported the benefits to the school environment in having the THSP on site included;

- building capacity of staff by enhancing their professional learning through raising their awareness of the skill set and training of allied health professionals
- improved access to health care services by providing some therapeutic services to school students who are unable to access these services due to long waiting lists, cost or parents unable to take them
- the nutrition programs (including the healthy lunchbox initiative, Smoothie Day and working with the canteen) impacted significantly on the health and wellbeing of the children in the school
- having university students as role models for the children

When asked whether staff felt they were able to contribute to the educational experience and learning of the university students on placement at the primary school, they recognised that they could in the following ways:

- showing university students how to communicate with children and their parents
- identifying program ideas that would work within the classroom setting
- assisting university students with overcoming challenges with parents who do not engage with additional services beyond the school day
- learning how to access parents as a whole (e.g. through the school newsletter)

Top five components of the 2013/14 primary school program

1. Development of gross motor skills and fitness in the morning / afternoon
2. Nutrition programs (e.g. healthy lunchbox initiative, support for canteen)
3. Individual assessment and management plans for students
4. Classroom ideas and strategies (for students on individualised learning plans)
5. Literacy groups – Action based learning

Challenges

The major challenge for this year's program has been finding adequate time for planning. This has mainly affected the effectiveness of implementing the Year 1 action based learning program. Staff suggested this could be addressed in the future by having additional time to plan and fine tune the primary school program at the start of the school year. Another suggestion was for staff to assist with the orientation process for the university students to assist with developing their communication skills with the children at the beginning of the placement.

Notably, time for planning was not perceived as a challenge at the high school this year as a high school liaison for the program had been appointed. Given this was the main point of difference, it would be beneficial to consider appointing a primary school liaison to help plan the primary school program in the future.

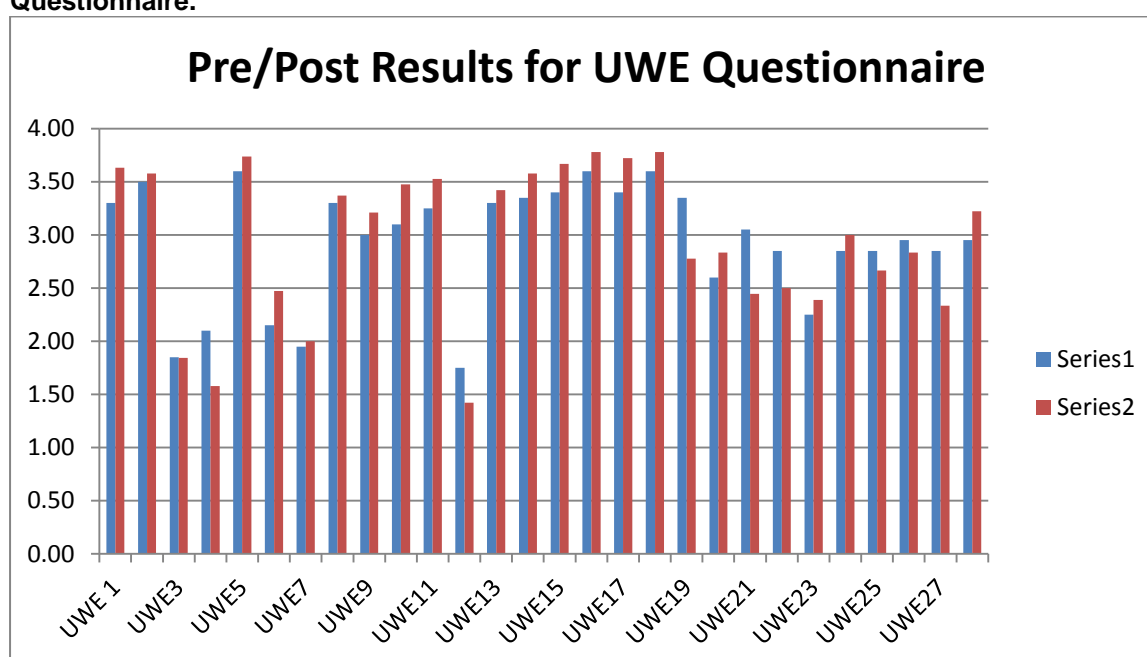
Appendix 3 – The Impact of IPL&SM on Health Professional Students' Learning

In order to analyse university student experiences of interprofessional education during the THSP, the University of Western England (UWE) Interprofessional questionnaire and the Interdisciplinary Education Perception Scale (IEPS) were given to university students during the first and last weeks of their clinical placements.

Summary of UWE interprofessional questionnaire

The purpose of the UWE interprofessional questionnaire (copy provided below) is to analyse student views on different aspects of interprofessional interactions and learning. The below figure and summary of results provide information about the change of student views on different aspects of interprofessional interactions and learning during their time at the Tweed Healthy Schools Program.

Figure 1 – Pre and Post Results of Tweed Healthy Schools Students from the UWE Questionnaire.



Note: These results need to be interpreted in conjunction with the UWE questionnaire.

Pre and post clinical placement comparisons using the UWE questionnaire showed significant changes in attitudes of university students attending the THSP to the following questions:

19. Different health and social care professionals have stereotyped views of each other (t = 2.48, DF = 33 p = 0.018)

This suggests that at the beginning of the placement, university students agreed that health care professionals did have stereotyped views of each other. However, by the end of the placement, after working with other student health professionals, their perception of these stereotypes had softened.

21. There is a status hierarchy in health and social care that affects relationships between professionals (t = 2.402, DF = 33, p = 0.022)

This suggests that at the beginning of the placement, university students agreed that there is a status hierarchy in health and social care that affects relationships between professionals. However, by the end of the placement, after working with other health professional students, they no longer agreed with this view. Perhaps in gaining a deeper understanding of the roles of other health professions, they no longer felt this status hierarchy existed or that even if it did, it shouldn't affect the relationship between professionals.

27. Different health and social care professionals are not always cooperative with one another (t = 2.672, DF = 33, p = 0.012)

This suggests that at the beginning of the placement, university students agreed that different health and social care professionals are not always cooperative with one another. However, by the end of the placement, after working with other health professional students, they no longer agreed with this view. Perhaps they had seen how different professionals can cooperate with each other and therefore this changed their perception.

28. *I have an equal relationship with people from other health and social care disciplines* ($t = -2.330$, $DF = 33$, $p = 0.026$)

This suggests that at the beginning of the placement, university students somewhat agreed that they had an equal relationship with people from other health disciplines. However, by the end of the placement, this perception strengthened towards strongly agreeing with this statement.

Additionally, pre and post clinical placement comparisons showed changes in attitudes approaching significance in the following questions:

4. *I prefer to stay quiet when other people in a group express opinions that I don't agree with* ($t = 1.868$, $DF = 34$, $p = 0.07$)

This suggests that at the beginning of the placement, university students didn't agree that they preferred to stay quiet when other people in a group express opinions they don't agree with. By the end of the placement, this perception had strengthened further suggesting students became more comfortable expressing their opinions, regardless of whether others agreed with them.

12. *I would prefer to learn only with peers from my own profession* ($t = 1.922$, $DF = 34$, $p = 0.063$)

This suggests that at the beginning of the placement, university students disagreed with this statement. By the end of the placement, this perception had strengthened and they felt more strongly that they disagreed that they only preferred to learn with peers from their own profession.

UWE INTERPROFESSIONAL QUESTIONNAIRE

To allow us to match pre and post responses, please complete the following fields. Once paired, these questionnaires will be de-identified.

Name: _____ D.O.B: _____
University: _____ Course: _____

For each of the following statements please choose one number that best reflects how you would feel or behave.

4 = strongly agree, 3 = agree, 2 = disagree, 1 = strongly disagree

		1	2	3	4
1	I feel comfortable justifying recommendations/advice face to face with more senior people				
2	I feel comfortable explaining an issue to people who are unfamiliar with the topic.				
3	I have difficulty in adapting my communication style (oral and written) to particular situations and audiences.				
4	I prefer to stay quiet when other people in a group express opinions that I don't agree with.				
5	I feel comfortable working in a group.				
6	I feel uncomfortable putting forward my personal opinions in a group.				
7	I feel uncomfortable taking the lead in a group				
8	I am able to become quickly involved in new teams and groups.				

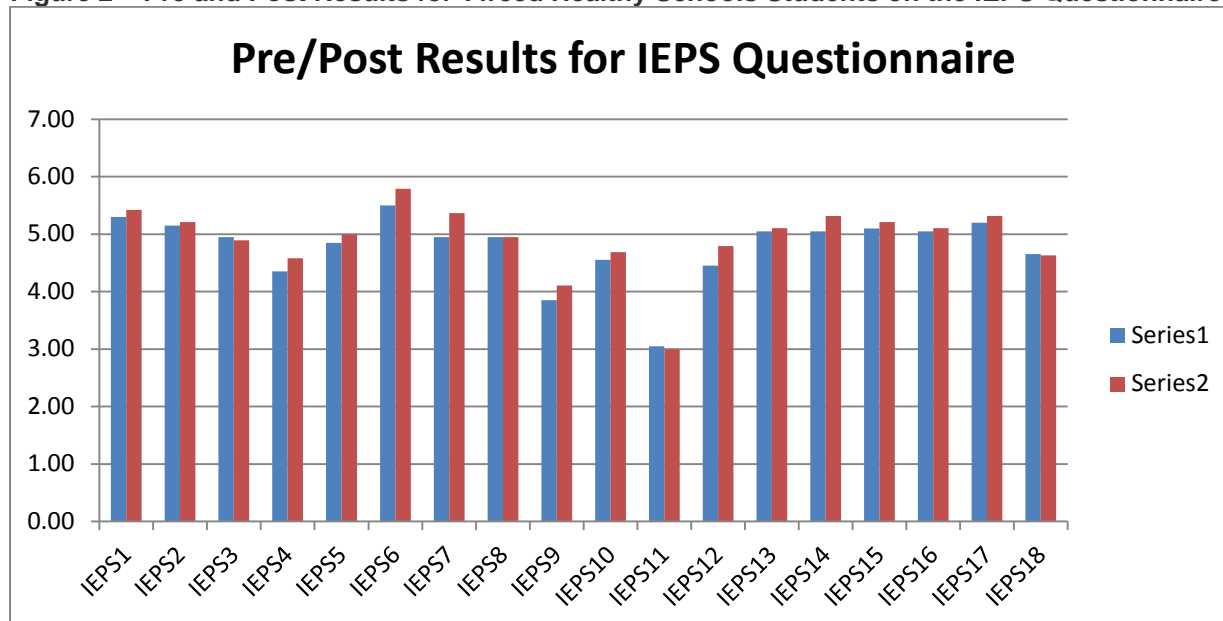
		1	2	3	4
9	I am comfortable expressing my own opinions in a group, even when I know that other people don't agree with them.				
10	My skills in communicating with patients/clients may be improved through learning with students from other health and social care professions.				
11	My skills in communicating with other health and social care professions may be improved through learning with students from other health and social care professions.				
12	I would prefer to learn only with peers from my own profession.				
13	Learning with students from other health and social care professions is likely to facilitate subsequent working professional relationships.				
14	Learning with students from other health and social care professions may be more beneficial to improving my teamwork skills than learning only with my peers.				
15	Collaborative learning would be a positive learning experience for all health and social care students.				
16	Learning with students from other health and social care professions is likely to help overcome stereotypes that are held about the different professions.				
17	I enjoy the opportunity to learn with students from other health and social care professions.				
18	Learning with students from other health and social care professions is likely to improve the service for patients/clients.				
19	Different health and social care professional have stereotyped views of each other.				
20	The line of communication between all members of the health and social care professions is open.				
21	There is a status hierarchy in health and social care that affect relationships between professionals.				
22	Different health and social care professionals are biased in their views of each other.				
23	All members of health and social care professions have equal respect for each discipline.				
24	It is easy to communicate openly with people from other health and social care disciplines.				
25	Not all relationships between health and social care professionals is equal.				
26	Health and social care professionals do not always communicate openly with one another.				
27	Different health and social care professionals are not always cooperative with one another.				
28	I have an equal relationship with people from other health and social care disciplines.				

(Pollock et al, 2005)

Summary of the Interdisciplinary Education Perception Scale (IEPS)

The IEPS (copy provided below) assesses the effect of interprofessional education experiences on undergraduate students. The figure and results listed below provide a summary of the effect of the THSP on specific interprofessional educational experiences for students who attended the program in 2014.

Figure 2 – Pre and Post Results for Tweed Healthy Schools Students on the IEPS Questionnaire.



NOTE: These results need to be interpreted in conjunction with the IEPS questionnaire

Pre and post clinical placement comparisons showed significant changes in attitudes of students attending the THSP to the following questions:

6. *Individuals in my profession need to cooperate with other professions* ($t = -2.204$, $DF = 34$, $p < 0.034$)

This suggests that at the beginning of the placement university students moderately agreed with this statement. However, by the end of the placement, this perception had strengthened towards strongly agreeing with the statement that individuals in their profession need to cooperate with other professions.

7. *Individuals in my profession are very positive about their contributions and accomplishments* ($t = -2.062$, $DF = 34$, $p < 0.047$)

This suggests that this perception strengthened over the course of the placement. Being involved in the THSP allowed students to be autonomous in planning, implementing and evaluating health programs within the school setting. Perhaps this process enabled students to feel a sense of accomplishment over what they had achieved and the contributions they had made to the school during their placement period.

8. Pre and post clinical placement comparisons showed changes in attitudes approaching significance in the following question:

9. *Individuals in other professions think highly of my profession* ($p < 0.081$)

At the beginning of the placement, university students somewhat disagreed with this statement. However, by the end of the placement, this perception had changed to somewhat agreeing with this statement suggesting they felt their profession was valued by others.

Considering the small sample size, these positive changes in university student perception on interprofessional education interactions are a promising. The results are suggestive that within a short clinical placement period, working within an interprofessional environment where students from different health professional are encouraged to work together can significantly influence their beliefs on the roles of different health professionals, and the importance of working with other professions.

Below is a copy of the Interdisciplinary Education Perception Scale (IEPS) completed by students.

INTERDISCIPLINARY EDUCATION PERCEPTION SCALE

To allow us to match pre and post responses, please complete the following fields. Once paired, these questionnaires will be de-identified.

Name : _____ D.O.B: _____

University: _____ Course: _____

Using the scale below (Strongly disagree-1 to Strongly Agree-6) please rate your perception of your profession and other disciplines.

DESCRIPTOR	STRONGLY DISAGREE 1	MODERATELY AGREE 2	SOMEWHAT DISAGREE 3	SOMEWHAT AGREE 4	MODERATELY AGREE 5	STRONGLY AGREE 6
1. Individuals in my profession are well trained.	1	2	3	4	5	6
2. Individuals in my profession are able to work closely with individuals in other professions.	1	2	3	4	5	6
3. Individuals in my profession demonstrate a great deal of autonomy.	1	2	3	4	5	6
4. Individuals in other professions respect the work done by my profession.	1	2	3	4	5	6
5. Individuals in my profession are very positive about their goals and objectives.	1	2	3	4	5	6
6. Individuals in my profession need to cooperate with other professions.	1	2	3	4	5	6
7. Individuals in my profession are very positive about their contributions and accomplishments.	1	2	3	4	5	6
8. Individuals in my profession must depend upon the work of people in other professions.	1	2	3	4	5	6
9. Individuals in other professions think highly of my profession.	1	2	3	4	5	6
10. Individuals in my profession trust each other's professional judgment.	1	2	3	4	5	6
11. Individuals in my profession have a higher status than individuals in other professions.	1	2	3	4	5	6
12. Individuals in my profession make every effort to understand the capabilities and contributions of other professions.	1	2	3	4	5	6
13. Individuals in my profession are extremely competent.	1	2	3	4	5	6
14. Individuals in my profession are willing to share information and resources with other professionals.	1	2	3	4	5	6
15. Individuals in my profession have good relations with people in other professions.	1	2	3	4	5	6
16. Individuals in my profession think highly of other related professions.	1	2	3	4	5	6
17. Individuals in my profession work well with each other.	1	2	3	4	5	6
18. Individuals in other professions often seek the advice of people in my profession.	1	2	3	4	5	6

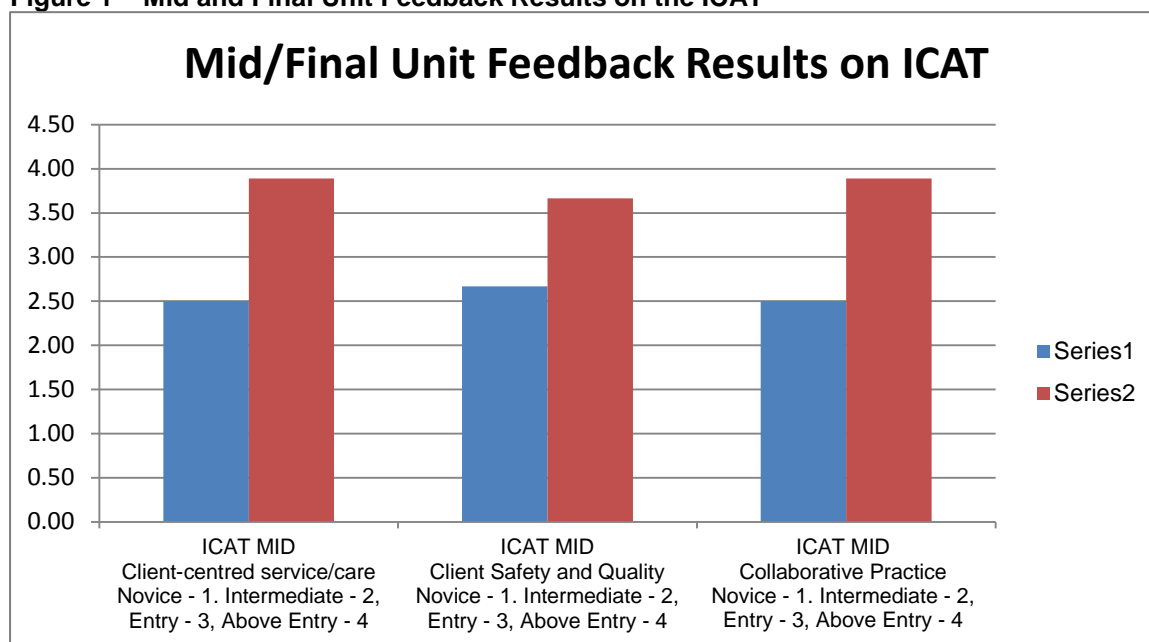
Student IEPS - Luecht et al, (1990, Journal of Allied Health, 181-191).

Summary of ICAT

The Interprofessional Capability Assessment Tool (ICAT) measures three core elements of capability for interprofessional practice of health professional students. These include client-centered service/care, client safety and quality and collaborative practice. It allows for four levels of grading including novice, intermediate, entry and above entry levels. (ICAT© Brewer, Gribble, Lloyd, Robinson & White, 2009). This tool was applied by the Interprofessional Clinical Coordinator at Mid Unit and End of Unit for all students in the THSP in 2014.

The figure and results provided below demonstrate the change in students' learning about client-centred service/care, client safety and quality and collaborative practice during their time at THSP in 2014.

Figure 1 – Mid and Final Unit Feedback Results on the ICAT



NOTE: These results need to be interpreted in conjunction with the ICAT

Figure 1 outlines the mean mid and final unit results on the ICAT for university students attending the THSP.

For the core area of client-centered service/care, a statistically significant change was noted from mid placement to final placement for university students attending the THSP assessed using the ICAT ($t = -6.807$, $DF = 31$, $p < 0.001$).

For the core area of client safety and quality, a statistically significant change was noted from mid placement to final placement for university students attending the THSP assessed using the ICAT ($t = -3.763$, $DF = 31$, $p < 0.001$).

For the core area of collaborative practice, a statistically significant change was noted from mid placement to final placement for university students attending the THSP assessed using the ICAT ($t = -6.804$, $DF = 31$, $p < 0.001$).

These results indicate that the THSP has improved interprofessional capability in the small sample of university students attending the placement. These results may also suggest that identifying areas that need improving within these three core elements of interprofessional capability during mid-unit, allows a planned focus on improving these elements throughout the remainder of the placement.

Jo Gooderson (Bond University PhD Student) plans to evaluate this topic in more depth as part of her doctoral research. This research will compare these ICAT results to the profession-specific results that have been assessed by profession-specific educators.

Implementation of a Staff Healthy Workplace Program at Banora Point High School

Report to School

Written and Compiled by:

Natalie Colson and Sarah Marron
(Student Dietitians)

Supervised by:

Christina Turner & Marie-Claire O'Shea

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Kirstin Macdonald



1. Acknowledgements

We would like to thank the following people for their support, advice and assistance in completing this project.

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Marelda McLean: Banora Point High School

Wendy Stevens and Jillian Dray – Student dietitians

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3. Background

The World Health Organisation (WHO) defines a Health Promoting School (HPS) as “one that constantly strengthens its capacity as a healthy setting for living, learning and working” [1]. The framework expands beyond traditional curriculum health education to encompass a more holistic and comprehensive commitment to health promotion in the school setting, including health promotion programmes for staff. This is achieved through a school culture that integrates the HPS framework including fostering the development of a supportive social and physical environment for healthy lifestyles and engagement, and capacity building of the local community [2-4]. Staff benefits experienced in HPS includes improved morale and job satisfaction, increased health knowledge, skills and overall healthier lifestyle choices. Schools have benefited through improved school image and enhanced standing in the local community [5].

The amount of time people spend at work can have an important impact on health. For example, sedentary behaviour occupies 39 hours per week for adults, with up to 22 sedentary hours related to work. Only 43% of adults meet the sufficiently active threshold of 30 minutes of daily exercise and just 5.5% of Australian adults have an adequate daily intake of fruit and vegetables [6]. The Australian Government Healthy Workers Initiative reports that as a whole, individuals employed in the education industry report slightly better than national averages with regards to consumption of fruit and vegetables, physical activity and rates of overweight and obesity [7].

Many government and private healthy workplace initiatives have been developed with the aim to increase physical activity, encourage good nutrition, encourage smoking cessation and reduce alcohol consumption. Reviews of such initiatives have found evidence that they can reduce the risk of chronic diseases with the most successful including education, management and peer support, incentives, access to exercise facilities, the availability of nutritious foods, point-of-purchase strategies and motivational enhancement [8].

An example of a successful Australian Healthy Workplace Initiative occurred at Liverpool Hospital. Staff were provided with pedometers, water bottles, sandwich boxes, cookbooks and facilitated team activities and other motivational and environmental strategies that also involved employer buy-in and commitment. The approach resulted in an increase in fruit and vegetable consumption, water intake, and physical activity, and provided evidence for the effectiveness of team challenges. Of the 91.5% of participants who signed up as a team, 67% reported that they found the team sign-up motivating [9].

4. Project plan

4.1 Overall Goals

The overall goal of this project is to develop and implement a healthy workplace program that supports the health and wellbeing of the staff at Banora Point High School

4.1.1 Needs Analysis

In order to develop a healthy workplace program, a needs analysis survey was undertaken.

4.1.1.3 Results

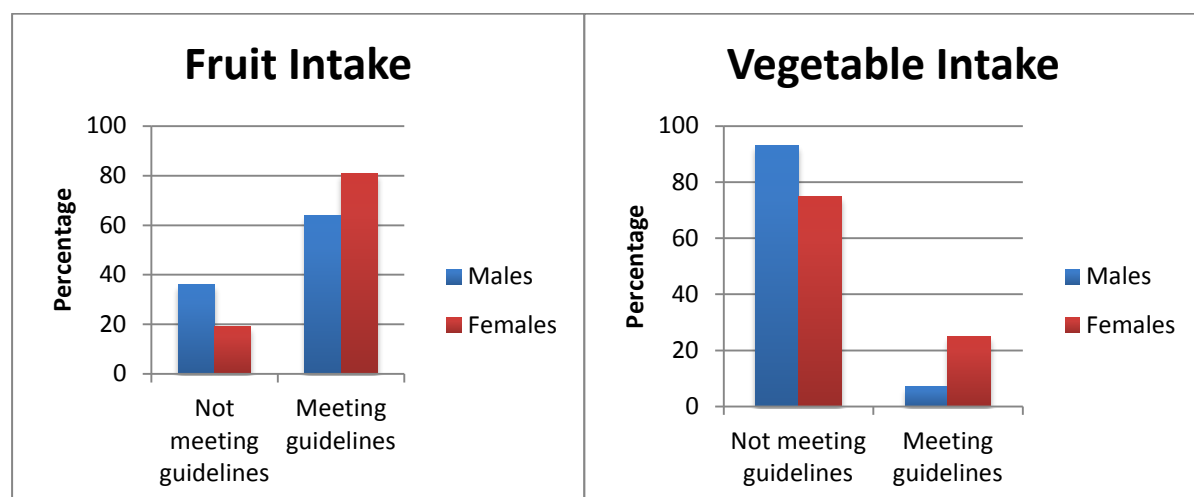
Thirty people completed the survey, 14 males and 16 females.

Nutrition

The greatest barriers to healthy eating were reported as time (60%), work commitments (37%), unhealthy food at work (33%) and family commitments (20%). The greatest enablers to healthy eating were reported as nutrition knowledge (70%), bringing lunch to work (60%), seeing colleagues eat healthy (50%) and cooking ability (37%). More female compared to male staff reported the following enablers; nutrition knowledge (88% vs. 50%), bringing lunch to work (75% vs. 43%), cooking ability (50% vs. 21%), access to healthy food and kitchen facilities (both 31% vs. 7%).

Figure 1 shows that seventy- three percent of participants consumed adequate fruit in their diet (64% males, 81% females), while only 17% consumed adequate vegetables (7% males, 25% females).

Figure 1: Fruit and vegetable intake of staff participants at Banora Point High School
(Meeting guidelines: fruit is 2 or more serves/day; vegetables 6 or more serves/day)



To develop our program based on the needs and preferences of the group in their unique setting, we asked staff to indicate the type of information and activities that would interest them, and the

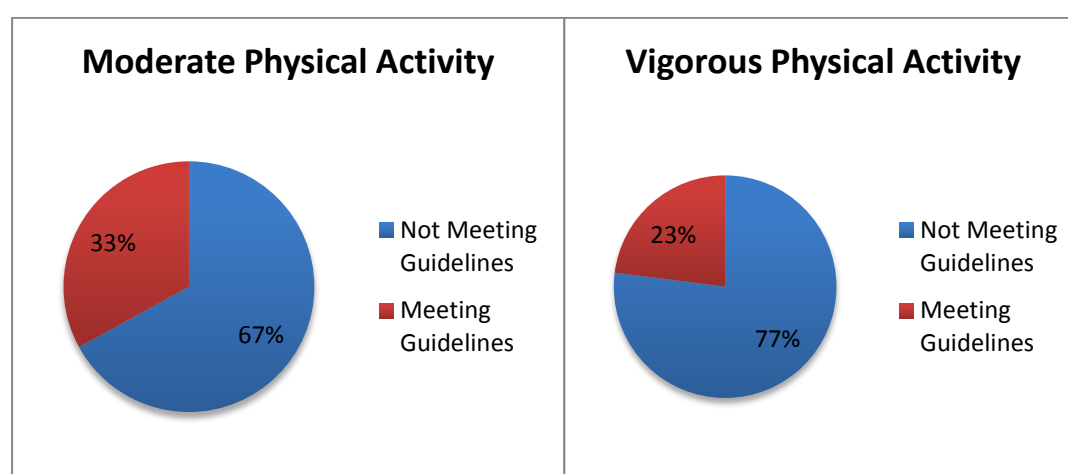
best time and method of delivery. Staff were most interested in information on healthy eating, quick meals (both 50%), healthy snacks (43%) and nutrition to reduce fatigue (40%). Females were also interested in information on weight loss (50%). Staff were most interested in having a healthy morning tea or lunch, workplace challenges (both 37%), and discount fruit and vegetables (33%). Female staff were also interested in incentives (38%). The best time for nutrition activities was reported as during lunch (43%).

Physical Activity

The greatest barriers to physical activity were being tired (47%), lack of motivation (33%), family commitments (30%), and long work hours (27%). The greatest enablers to physical activity were seen as health improvement (77%), enjoyment (57%), high motivation and health management (both 47%). There was little difference reported between male and female staff members.

Figure 2 shows that thirty-three percent of staff met moderate physical activity guidelines while 23% met vigorous activity guidelines. Notably, 29 of the 30 participants drove to work.

Figure 2: Moderate and vigorous physical activity of staff participants at Banora Point High School
(Moderate activity guidelines 5x30 minutes per week; Vigorous activity guidelines 5x15 minutes per week)



The preferred physical activity strategies were group classes (57%), pedometer usage , incentives (both 40%) and a stretching chart (33%). The best time was identified as being after work (50%).

4.1.1.4 Recommendations: Nutrition and Physical Activity

The questionnaire results showed that staff reported a good understanding of nutrition knowledge and indicated principal enablers to healthy eating as bringing their lunch from home and seeing colleagues eat healthy food. However they reported to be time poor (with both work and family commitments reported as high barriers). They also reported that the unhealthy food available at work was not conducive to healthy eating. All of this was reflected in the fact that less than 20 % of

staff members were consuming adequate vegetables. The strategies therefore needed to address these areas. The fact that staff reported preferred activities as a healthy morning tea, workplace challenges and discount fruit and vegetables, also informed program development, along with the preference to receive information on healthy eating, quick meals ,snacks ,and nutrition to reduce fatigue.

Consequently, development of a healthy recipe resource was a primary strategy, as it would provide information on healthy eating, quick meals and snacks (time considerate), and nutrition to reduce fatigue. A Healthy recipe guideline would be incorporated in the resource to supplement current understanding of nutritional knowledge and reported cooking ability. As morning teas were a weekly event, an interactive morning tea (identified as a preferred activity by staff) would be an opportunity to present the resource to staff, provide an interactive taste testing and encourage ideas to be taken from the book for further morning teas. The resource also aimed to increase fruit and vegetable intake. A further strategy to strengthen this objective was to seek local discounted options for fruit & vegetables for staff.

In relation to Physical Activity, staff reported that group classes, pedometer usage, incentives, stretching charts and workplace challenges were preferred activities/information. Although a Physical Activity program is beyond the scope of this project, increasing capacity to promote and develop team challenges could be facilitated by establishment of a Healthy Workplace Interest Group, and provision of a “How to Guide for Healthy Workplace Challenges”.

In relation to projects to be carried out by future exercise science/physiotherapy students, we recommend facilitation of on-site group classes, and team challenges that incorporate after-work activities.

4.2 Nutrition Program

4.2.1 Goal

Based on results of our needs analysis, the overall goal of the project was to improve the nutritional status of staff at Banora Point High School by providing greater opportunities for healthy eating.

4.2.2 Strategies

In order to meet our overall goal, and project objectives, our strategies were as follows:

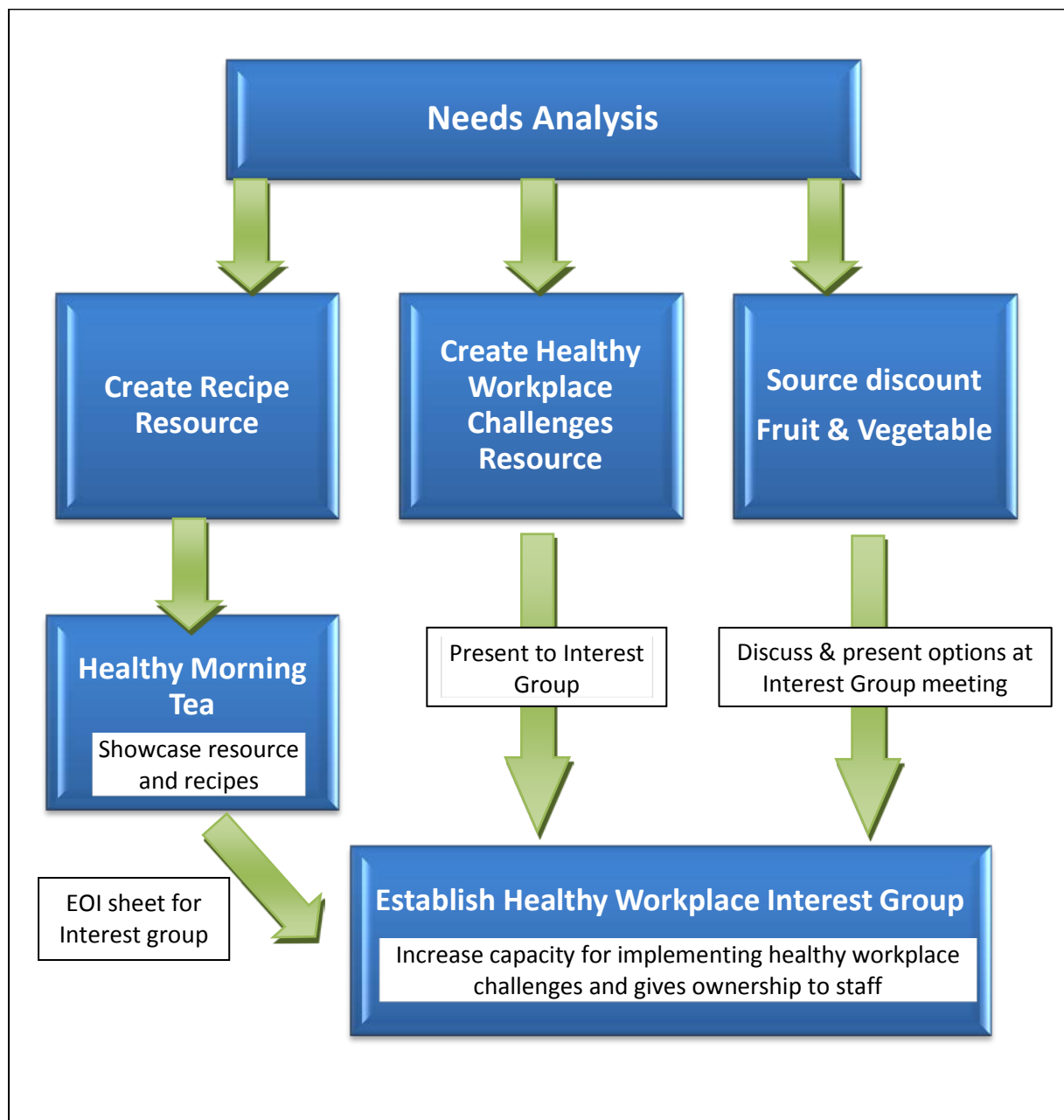
- Develop a recipe resource (cookbook) of easy healthy recipes and guidelines for healthy cooking
- Using the recipe resource, prepare and showcase healthy food at a staff function

- Facilitate establishment of a Healthy Workplace Interest Group
- Develop a resource on healthy workplace challenges for the Interest Group
- Provide options for discounted fruit and vegetables from a local supplier

4.3 Implementation

The flow of activities for implementation is outlined in **Figure 9** .

Figure 9: Implementation activities of the Banora Point High School Healthy Workplace Initiative



5. Evaluation

To examine the impact of our strategies, we undertook small group and individual discussions during both the morning tea and Healthy Workplace Interest Group meeting. An online questionnaire comprising of 7 questions on Survey Monkey were distributed to staff emails. We were interested to see if there were changes in attitudes and potential behaviours relating to healthy food options for staff morning teas, whether the cookbook increased staff motivation and knowledge to prepare fast and healthy meals in general, whether access to discounted fruit and vegetables would be likely to increase their intake, and if staff felt that they had the capacity to facilitate healthy workplace challenges.

Healthy Morning Tea

Approximately 40 staff attended the morning tea. In general, staff appeared positive and interested; the group consumed the prepared food quickly and several staff members commented that the food was surprisingly tasty despite being 'healthy' (e.g. chocolate bean brownies). A number of staff members flipped through the recipe book and asked about recipes. During the morning tea, staff were asked to indicate their interest in joining a Healthy Workplace Interest Group by completing their details on an Expression of Interest Form. This form was left in the staffroom and collected 2 days later. Five staff expressed interest in the group.

Healthy Workplace Interest Group Meeting

The Healthy Workplace Interest Group meeting provided an additional opportunity to seek feedback for evaluation. The group of 5 staff was asked if they thought that access to discounted fruit and vegetables could increase their intake of fruit and vegetables. It was agreed by the group that it certainly could help increase consumption, provided that the supplier was accessible and '*not out of the way*'. One group member commented,

"It is expensive to buy and by the end of the week, after I have allocated it for the kids' lunch boxes, there is usually nothing left for me".

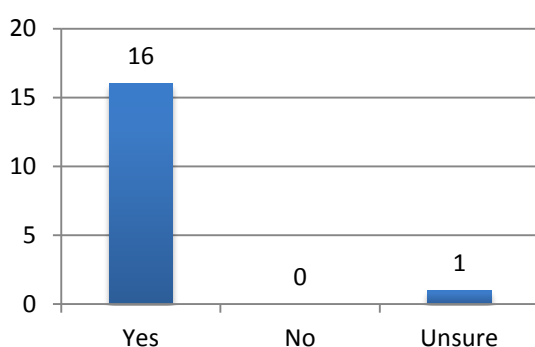
It was agreed that a bulk order delivered to the school may not be a good option as staff would not have time to break it into individual orders. After presentation of the "How to Guide for Healthy Workplace Challenges" at the meeting, the staff appeared motivated to develop challenges and discussed different challenge ideas including one that focussed on individual preferences and capabilities.

Online Survey

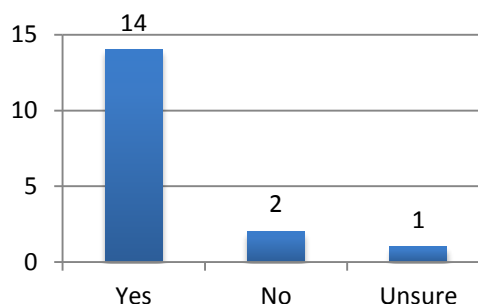
The online staff survey of 7 carefully constructed questions with comment boxes was used to provide quantitative and qualitative data relating to the impact of the recipe resource (cookbook). The Survey Monkey link was emailed to all staff 4 days after the healthy morning tea and they were given 48 hours to complete the survey. Overall, seventeen staff (25%) completed the survey.

Questions and results were as follows:

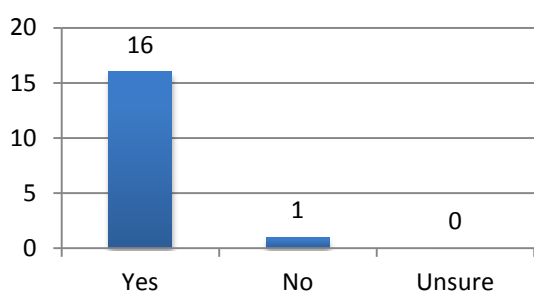
1. Do you think that the recipe resource meets the brief of providing quick easy meal and snack ideas?



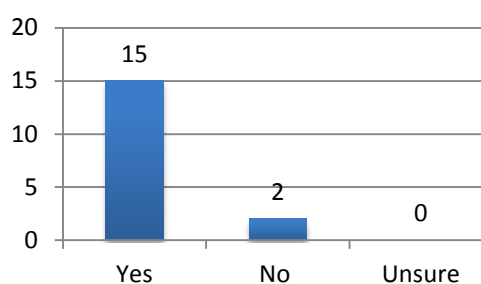
2. Do you think that the recipe resource could have a positive impact and enhance your overall eating habits?



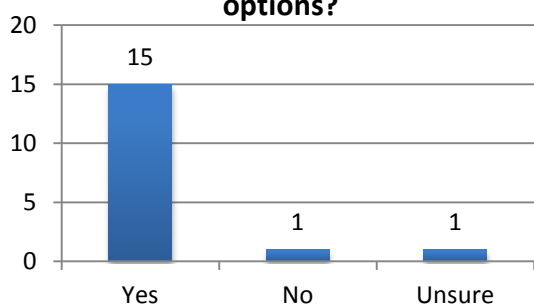
3. Do you think that the Healthy Recipe Guidelines provided in the resource could increase your knowledge on how to prepare easy, healthy meals and snacks?



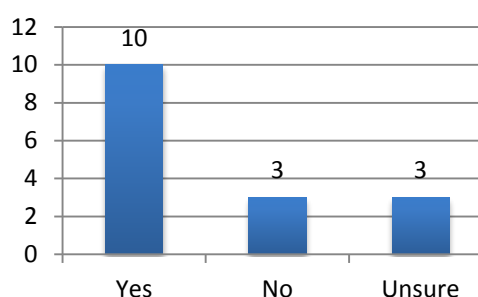
4. Do you think that the tips for reducing fat, sugar and salt could enable you to make achievable healthy changes when preparing food?



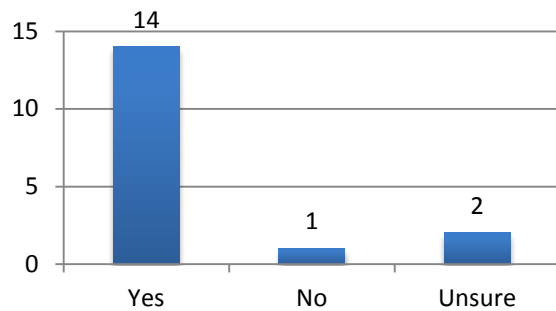
5. Do you think that the recipe resource, if utilised, could improve your nutritional intake through eating healthier meal options?



6. Do you see yourself making a recipe from the healthy recipe resource provided in the next month?



7. Did displaying healthy recipes and food last week help to give you more ideas on healthier options for morning teas?



Comments

"Def need to have a forum where it's easy to share information and swap ideas without making people feel obligated to contribute either through joining a Pinterest account and following each other or join a FB page :)"

I was on playground duty and only saw and tasted some of the food.

Great work ladies

The food was great tasting which will it make it easier to take up as our option "

6. Recommendations

Future recommendations are as follows:

- Exercise science/physiotherapy students to follow-up with regards to needs analysis and preferences for group classes and challenges with incentives and possible use of a pedometer
- Nutrition and dietetics students to examine use of recipe-resource over the long term (6 months +) and whether staff have added their own recipes to the staff room folder. NB. This may be an opportunity to host a recipe challenge
- Students (nutrition and dietetics/exercise science, physiotherapy) follow up with the interest group (e.g. arrange/attend meetings) to keep the momentum going and ensure staff have gained the support of management
- Nutrition and dietetics students follow up with discounted fruit and vegetable strategy to determine if staff have utilised any of the options provided and if they could negotiate discounts with other suppliers

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Implementation of a Staff Healthy Workplace Program at Banora Point High School

Written and Compiled by:

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Site Supervisor:

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Executive Summary

This report describes the development and implementation of a healthy workplace initiative at Banora Point High School by Griffith University Nutrition and Dietetics students as part of the Tweed Healthy Schools Program. The project ran over a six week period as part of the public health component of Griffith University students 20 week nutrition & dietetic professional placement.

In order to develop the project, a needs analysis was undertaken by asking staff to complete a questionnaire seeking information on barriers and enablers to healthy eating, physical activity, daily serves of fruit and vegetables, and to gauge interest in a range of activities, provision of information and preferred time and method of delivery. The greatest barriers to healthy eating were lack of time, work and family commitments and unhealthy food at work. The greatest enablers to healthy eating were nutrition knowledge, bringing lunch to work, seeing colleagues eat healthy and cooking ability. Seventy-three percent of respondents consumed adequate fruit, while only seventeen percent consumed adequate vegetables in their diet. With regards to physical activity, the greatest barriers were being tired, lack of motivation, family commitments, and long work hours. The greatest enablers to physical activity were seen as health improvement, enjoyment, high motivation and health management. Thirty-three percent of respondents met moderate physical activity guidelines while twenty-three percent met vigorous activity guidelines.

Based on the needs analysis, the overall goal of the nutrition aspect of the project was to improve nutrition status by providing greater opportunities for healthy eating. Strategies to meet this goal were

- Development of a recipe resource (cookbook) of easy healthy recipes and guidelines for healthy cooking
- Using the recipe resource, preparation and showcasing of healthy food at a staff function
- Establishment of a Healthy Workplace Interest Group for sustainability
- Development of a resource on healthy workplace challenges for the Interest Group
- Provision of options for discounted fruit and vegetables from a local supplier

Evaluation showed that the recipe resource met staff needs and could have a positive impact on their eating habits and food prepared for future staff morning teas. Long-term evaluation is recommended to determine if the resource has been utilised over a six month period or longer.

The Healthy Workplace Interest Group met and appeared motivated to develop workplace challenges and other initiatives. It is noted that management support is vital and should be sought,

and that follow-up occurs with future allied health students to keep the momentum going. In addition, it is recommended that exercise science and physiotherapy students address the physical activity aspect of the needs analysis with particular focus on group activities and challenges.

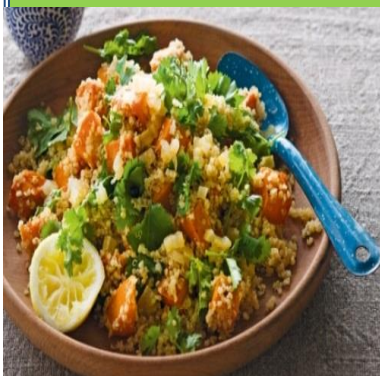
Establishment of discounted fruit and vegetables for staff was difficult to negotiate with suppliers. Staff were supplied with a range of options for local and online orders including a not for profit co-op for local residents, a supplier of organic produce, and bulk ordering options at a discount. It is recommended that future students follow up with this initiative to determine if staff have utilised any of the options provided and if they could negotiate discounts with other suppliers.

In summary, this 6 week initiative has delivered some early positive results, as evidenced by impact analysis, however, follow-up and outcome evaluation is required to determine long term success.

Easy Healthy Recipes

Banora Point High School

2014



Sarah Marron, Natalie Colson, Wendy Stevens, Jillian Dray

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Breakfast



Apple & Cinnamon Overnight Oats

"An easy, affordable and healthy breakfast providing protein, whole grains and fresh fruit to help you start your morning "



Serves: 4

Preparation time: 5 minutes

Refrigeration time: Overnight (~6 hours)

Ingredients

2 cups rolled oats

2 cups skim milk or unsweetened soymilk or almond milk

1/2 teaspoon vanilla extract

1/4 cup chopped pecans, walnuts or almonds

1 apple, diced

Ground cinnamon

Method

1. Combine oats, milk, nuts, apple and vanilla in a bowl, cover and refrigerate overnight
2. Can be eaten cold or warmed

Serving suggestions

Best served with low fat yoghurt, stevia, agave syrup or honey

Tip

For a fast, easy breakfast place into 4 individual containers and just grab and go

Nutritional Information (per serve):

Calories 300, Saturated fat 1.5g, Sodium 55mg, Total Sugar 10g

Recipe adapted from:

<http://www.wholefoodsmarket.com/recipe/overnight-oatmeal>

www.instagram.com/cleanchange - Sarah Marron

Two Ingredient Pancakes

"Quick delicious pancakes that are low in fat and calories but packed with protein"



Serves: 10-12 pancakes

Preparation time: <5 minutes

Cooking time: <5 minutes

Ingredients

1 large banana (it should yield about ½ cup, mashed)

2 eggs

Optional (but recommended)

- pinch baking powder
- 1/2 tsp ground cinnamon

Method

1. Heat a frypan on the stove top to medium heat.
2. While pan is heating, mash banana well and then mix in eggs (add baking powder, and cinnamon here)
3. Spray pan lightly with non-stick spray. Pour 2 tablespoons of batter at a time and cook until bottom appears set (30-60 seconds). Flip with spatula and cook additional minute or less.

Nutritional Information (per serve - 2 pancakes):

Calories 44, Saturated fat <1g, Sodium 27mg, Total Sugar 4g

Recipe adapted from:

<http://www.ourbestbites.com/2014/02/2-ingredient-pancakes/>

Baked Strawberry Oatmeal

"A healthy delicious hot breakfast that can be enjoyed on the go"



Serves: 6

Preparation time: 15 minutes

Cooking time: 20 minutes

Ingredients

250ml reduced fat milk

1 medium ripe banana, mashed

1 egg, beaten

2 teaspoons vanilla extract

175g traditional oats (not instant)

20g loose brown sugar

1 teaspoon baking powder

1/4 teaspoon cinnamon

100g chopped strawberries or frozen berries

50g dried fruit (e.g. sultanas, chopped apricots, cranberries)

Optional – 2 tablespoons mixed seeds/chopped nuts (e.g. sunflower kernels, pumpkin seeds, linseed, sesame seeds, almonds, walnuts)

Method

1. Preheat oven to 190°C, lightly spray an 11- x 7-inch baking dish with non-stick spray
2. In a large bowl, whisk together first 4 ingredients until well blended
3. Stir in remaining ingredients and pour into prepared dish.
4. Bake at 190°C for approx. 20-25 minutes or until top just starts to turn golden brown
5. Serve hot with a splash of milk and fresh fruit or enjoy cold as a slice

Nutritional Information (per serve):

Calories 191, Saturated fat 1g, Sodium 307mg, Total Sugar 14g

Recipe adapted from:

<http://www.lunaraye.com>

Berry Mango Smoothie

"Fresh fruity breakfast on the go that is low fat, high fibre and jam packed with vitamins"

Serves: 2

Preparation time: 5 minutes

Cooking time: 5 minutes



Ingredients

1/2 cup sliced strawberries *

1/2 cup blueberries *

1 banana *

1 cup mango chunks *

1 cup no fat/low fat Greek yogurt

1/4 cup soy milk, almond milk, skim milk or water (the liquid helps it blend)

6-8 ice cubes

Method

1. Combine all of the ingredients in a blender, and blend at high speed until smooth.
2. Pour into glasses and serve immediately.

Quick tip

*Fruit can be fresh or frozen, with frozen berry mixes often a cheaper and easier option

Nutritional Information (per serve):

Calories 245, Saturated fat 2g, Sodium 18mg, Total Sugar 32g

Recipe adapted from:

http://citronlimette.com/recipe_archive/drinks-and-smoothies/berry-mango-smoothie/

Golden Granola

"A delicious crisp breakfast filled with wholegrains, fibre, vitamins, minerals and essential fats for heart health"

Serves: 5

Preparation time: 5-10 minutes

Cooking time: 20-25 minutes



Ingredients

Handful of your favourite nuts, seeds and dried fruit (This version used cranberries, hazelnuts & pepitas)

2 ½ cups of oats

2 tablespoons of honey

1 tablespoon apple sauce

1/2 cup skim milk, or unsweetened soy or almond milk

1/4 cup shredded coconut

Pinch of cinnamon

Pinch of stevia

Method

1. Preheat oven to 180 degrees
2. Place all ingredients in a large mixing bowl and mix till all even coated
3. Spray baking tray and spread mixture onto tray
4. Turn and break up oat mixture every 5-10 minutes, do this until golden brown ~ 20-25 min
5. Leave to cool which will make it nice and crispy
6. Put in airtight container to store

Serving suggestions

Enjoy for breakfast on yoghurt, with fresh fruit or milk

Nutritional Information (per serve):

Calories 270, Saturated Fat 1.9g, Sodium 21mg, Total Sugar 11.4g

Recipe adapted from:

www.instagram.com/cleanchange - Sarah Marron

Savoury Egg Muffins

"Serve hot for breakfast or cold for a healthy, easy, low calorie lunch or snack"



Serves: 12

Preparation time: 15 minutes

Cooking time: 20 minutes

Ingredients

A little olive oil (for cooking the mushrooms)

250g fresh baby spinach

4 eggs

1 cup low fat tasty shredded cheese

250g mushrooms, chopped

1-2 tablespoons milk

Salt and Pepper, to taste

Method

1. Preheat the oven to 190C.
2. Heat a little oil in a large skillet. Sauté the mushrooms until soft, about 5-6 minutes. Set aside.
3. Place the spinach in a deep pan or in the skillet that you used for the mushrooms. Add $\frac{1}{4}$ cup water and cook the spinach just until wilted, about 3-4 mins. Drain the excess water really well
4. In a large mixing bowl, whisk the eggs until combined. Add the cooked mushrooms, spinach, cheeses and milk to the eggs. Mix well. Season to taste.
5. Divide evenly among the 12 muffin cups. Bake for about 20-23 minutes, or until well set and browned on top.

Nutritional Information (per serve - one muffin):

Calories 74, Saturated Fat 1g, Sodium 110mg, Total Sugar <1g

Recipe adapted from:

<http://www.manilaspoon.com/2012/08/spinach-quiche-cups.html>

Lunch



Beef Burritos

"Healthy Mexican style wraps"

Serves: 4

Preparation time: 10 minutes

Cooking time: 10 minutes



Ingredients

Olive oil spray

200g lean beef strips

4 wholemeal flat bread (such as wraps)

2 cups shredded iceberg lettuce

2 Roma tomatoes, sliced

1 red capsicum, seeded, thinly sliced

1 carrot, peeled, coarsely grated

1 tablespoon sweet chilli sauce

Method

1. Lightly spray a large non-stick frying pan with oil spray. Place over high heat. Add one-third of the beef and cook, stirring, for 2 minutes or until browned and cooked through. Transfer to a bowl. Repeat in 2 more batches with remaining beef.
2. Place the wraps on a clean work surface. Top with beef, lettuce, tomato, capsicum, carrot and drizzle with sweet chilli sauce. Wrap to enclose filling.

Nutritional Information (per serve):

Calorie 309, Saturated Fat 1g, Sodium 468mg, Total Sugar 8g

Recipe adapted from:

<http://www.taste.com.au/recipes/28579/beef-burritos?ref=collections,kids-healthy-lunch-box-ideas>

Chicken and Zucchini Fritters with Avocado Dip



"Easy healthy lunch or snack that's filling but low in calories"

Serves: 4

Preparation time: 10 minutes

Cooking time: 15 minutes

Ingredients

- 3 tablespoons wholemeal flour
- 300g cooked chicken breast, finely shredded
- 2 cups grated zucchini, excess liquid squeezed out
- 1 small avocado, mashed
- 1 tablespoon chopped fresh basil
- 8 cups salad
- 2 eggs
- 4 slices wholemeal toast

Method

1. Combine eggs, flour, chicken and zucchini in a large bowl. Mix well.
2. Combine avocado and basil in a separate bowl to make dip.
3. Spray a frying pan with oil and place over medium-high heat. Drop tablespoons of fritter mix into pan and cook on both sides until golden. Repeat to make 12 fritters.
4. Serve with dip, toast and salad

Nutritional Information (per serve):

Calories 431, Saturated Fat 4.5g, Sodium 347mg, Total Sugar 5.3g

Recipe adapted from:

<http://www.healthyfoodguide.com.au/recipes/2012/may/chicken-and-zucchini-fritters-with-avo-dip#sthash.8dnOGb9h.dpuf>

Asian Style Chicken Salad

"A crunchy delight that is low in calories and fat and high in protein and fibre"



Serves: 4

Preparation time: 15 minutes

Cooking time: 10 minutes

Ingredients:

- 1 litre (4 cups) water
- 1 brown onion, halved
- 2 single chicken breast fillets
- 1 carrot, peeled, cut into matchsticks
- 150g snow peas, trimmed, thinly sliced
- 1 red capsicum, deseeded, thinly sliced
- 1/2 wombok (Chinese cabbage), hard core removed, finely shredded
- 3 green shallots, ends trimmed, thinly sliced diagonally
- 1/2 cup fresh coriander leaves
- 2 tablespoons fresh lime juice
- 1 tablespoon fish sauce
- 2 teaspoons brown sugar
- 1 fresh red chilli, deseeded, chopped

Method

1. Place water, onion and chicken in a saucepan over medium heat. Bring to the boil. Reduce heat to low and cook, covered, for 10 minutes or until cooked. Drain chicken and discard onion.
2. Place carrot and snow peas in a bowl. Cover with boiling water. Set aside for 1 minute or until bright green and tender crisp. Refresh under cold running water.
3. Shred chicken. Place chicken, carrot, snow peas, capsicum, wombok, shallot and coriander in a bowl. Combine lime juice, fish sauce, sugar and chilli in a jar. Pour over salad and combine. Divide among serving bowls to serve.

Nutritional Information (per serve):

Calories 224, Saturated Fat 1g, Sodium 611mg, Total Sugar 8g

Recipe adapted from:

<http://www.taste.com.au/recipes/14140/asian+style+chicken+salad?ref=collections,healthy-lunch-recipes>

Vegetable and Feta Slice

"This great vegetarian slice is packed full of vegies – perfect to help get your 5 serves"

Serves: 6

Preparation time: 20 minutes

Cooking time: 50 minutes

Ingredients

1 large (650g) orange sweet potato, peeled
2 teaspoons olive oil
1 large onion, chopped
2 tsp sweet paprika
4 large eggs
2 tablespoons plain flour
1/2 cup reduced fat milk
2 medium zucchini, grated
150g reduced fat feta cheese, crumbled
Cracked black pepper, to season
1 bunch asparagus, cut into 4cm lengths
Olive oil spray
Green salad, to serve

Method

1. Preheat oven to 190°C (170°C fan-forced)
2. Cut sweet potato in small chunks. Boil steam or microwave until just tender, drain.
3. Heat oil in a non-stick frypan, add onion and paprika and sauté for about 2 minutes until softened. Remove from heat.
4. Whisk eggs and flour in a large bowl until combined then whisk in milk.
5. Gently stir in zucchini, sweet potato, sautéed onion and two-thirds of the feta cheese then season with pepper.
6. Lightly grease an 18cm x 28cm rectangular ovenproof dish with cooking spray. Pour mixture into prepared dish.
7. Arrange asparagus pieces on top then sprinkle with remaining feta and spray lightly with cooking spray.
8. Bake in preheated oven for 35-40 minutes until set.
9. Cut into squares to serve. Accompany with a green salad.

Nutritional Information (per serve):

Calories 260, Saturated fat 3.5g, Sodium 380, Total Sugar 11g

Recipe adapted from:

<http://www.heartfoundation.org.au/Recipes/Pages/Vegetable-and-feta-slice.aspx?mt=Lunch>



Mediterranean Tuna & White Bean Lettuce Wraps

“A seriously healthy & tasty meal - low in calories and high in protein and fibre”

Serves: 6

Preparation time: 20 minutes

Cooking time: 50 minutes



Ingredients

- 1 cup cannellini beans
- 340g tuna in spring water (~4 small cans)
- 1/2 lemon
- 1/2 cup chopped roasted red peppers (jarred & packed in water)
- 1/4 cup red onion (finely chopped)
- 1/4 cup walnuts (chopped toasted unsalted)
- 2 tbs flat leaf parsley (finely chopped)
- 1 ½ tablespoon extra-virgin olive oil
- 1 tablespoon fresh lemon juice
- 1/8 tsp black ground pepper (fresh)

Method

1. In a medium bowl, add beans and mash lightly with a fork. Add remaining ingredients and mix well to combine.
2. On a clean work surface, arrange 1 lettuce leaf. Spoon 1/4 cup bean mixture onto centre of leaf. Serve immediately, or store bean mixture in air tight container & refrigerate for up to 3 days.

Nutritional Information (per serve - 1 lettuce wrap):

Calories 110, Saturated Fat 0.5 g, Sodium 47 mg, Total Sugar 1g

Recipe adapted from:

http://www.yummly.com/recipe/external/Mediterranean-Tuna_-White-Bean-Salad-Collard-Wraps-490652

Roasted Pumpkin & Quinoa Salad



"Delicious low calorie, low fat hearty salad"

Serves: 4

Preparation time: 15 minutes

Cooking time: 25 minutes

Ingredients

500g butternut pumpkin, peeled, cut into 2.5cm cubes
1 tablespoon extra-virgin olive oil
2 teaspoons Moroccan seasoning
3/4 cup quinoa, rinsed, drained
2 tablespoons lemon juice
1 tablespoon finely chopped preserved lemon (see note)
1/2 cup fresh coriander leaves

Method

1. Preheat oven to 220C/200C fan-forced. Place pumpkin, oil and seasoning in a bowl. Toss to coat. Transfer to a baking tray lined with baking paper. Roast for 20 to 25 minutes, turning once, or until golden and tender.
2. Meanwhile, place quinoa and 1 1/2 cups cold water in a saucepan over high heat. Cover. Bring to the boil. Reduce heat to low. Simmer for 10 to 12 minutes or until liquid is absorbed.
3. Place quinoa in a heatproof bowl. Add pumpkin, lemon juice, preserved lemon and coriander. Season with salt and pepper. Toss gently to combine. Serve.

Note: You could use 2 teaspoons finely grated lemon rind instead of preserved lemon.

Nutritional Information (per serve):

Calories 215, Saturated Fat .8g, Sodium 365 mg, Total Sugar 6g

Recipe adapted from:

<http://www.taste.com.au/recipes/31809/roasted+pumpkin+and+quinoa+salad?ref=collections,healthy-lunch-recipes>

Waldorf Chicken Wrap

“Low in fat with sensational flavour and texture”

Serves: 4

Preparation time: 15 minutes

Cooking time: 25 minutes



Ingredients

- 1/4 cup walnuts
- 1/3 cup plain greek-style non-fat yogurt
- 1 tablespoon mayonnaise
- 2 teaspoons fresh lemon juice
- 1 teaspoon Dijon mustard
- 1 teaspoon minced fresh thyme
- 1 cup cubed cooked chicken breast (about 220g)
- 1 medium apple, unpeeled and diced (about 3/4 cup)
- 4 large leaves romaine lettuce, rinsed and patted dry
- 4 whole wheat tortillas

Method

1. Toast the walnuts in a dry skillet over med-high heat; stirring often, until fragrant, 3-5 minutes.
2. In a bowl, stir the yogurt, mayonnaise, lemon juice, mustard, and thyme until smooth.
3. Fold in the chicken, toasted walnuts, and apples. Season with salt and pepper.
4. To make each wrap, place 1 lettuce leaf on 1 wrap bread, and then spoon about 3/4 cup of the chicken mixture on top.
5. Fold the bread about an inch over each end of the filling, and then roll up.
6. Serve or wrap in foil to go

Nutritional Information (per serve):

Calories 268, Saturated Fat 1.6 g, Sodium 131.3 mg, Total Sugar 10g

Recipe adapted from:

<http://www.food.com/recipe/waldorf-chicken-wrap-259037>

Chicken & Vegetable Rice Paper Rolls

"Light healthy alternative to a sandwich and packed with goodness"



Serves: 4

Preparation time: 20 minutes

Cooking time: nil

Ingredients

- 12 large rice paper rounds
- 1 green oak lettuce, leaves separated, washed, dried
- 1/2 large barbecued chicken, skin and bones removed, meat shredded (see note)
- 1 red capsicum, thinly sliced
- 1 Lebanese cucumber, halved, thinly sliced
- 1/2 cup beansprouts, trimmed
- Sweet chilli sauce, to serve

Method

1. Half-fill a shallow dish with warm water. Dip 1 rice paper round in water. Place on work surface. Stand for 20 to 30 seconds or until soft enough to roll without splitting.
2. Place lettuce along edge of rice paper. Top with chicken, capsicum, cucumber and beansprouts.
3. Roll up, folding up edges to enclose filling. Cover roll with a damp tea towel to prevent it drying out.
4. Repeat with remaining rice paper rounds and fillings to make 12 rolls. Cut in half.
5. Serve rolls with sweet chilli sauce.

Note: You'll need 1 ½ cups shredded chicken.

Nutritional Information (per serve):

Calories 320, Saturated Fat 2g, Sodium 81.5mg, Total Sugar 2g

Recipe adapted from:

<http://www.taste.com.au/recipes/19202/chicken+and+vegetable+rice+paper+rolls?ref=collections,kids-healthy-lunch-box-ideas>

Main Meals



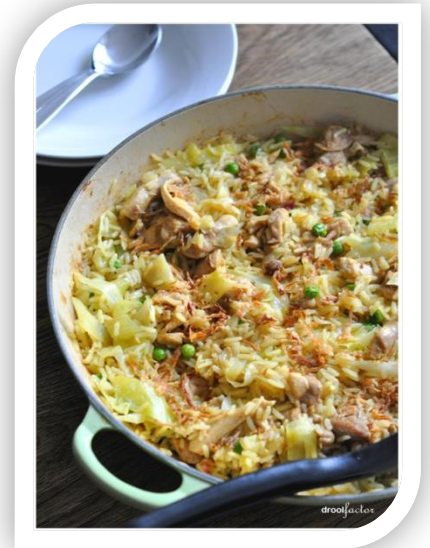
Cabbage and Chicken Pilaf

"Quick and easy but full of flavour"

Serves: 6-8

Preparation time: 15 minutes

Cooking time: 15 minutes



Ingredients

- 3 fillets of skinless and boneless chicken thighs/breasts, sliced (or 500g turkey mince)
- 1/2 head of white cabbage, coarsely shredded
- 2 garlic cloves, chopped
- 1/2 cup of frozen peas
- 1 ½ cups of long grain white rice (you can use basmati rice too)
- 2 cups of unsalted chicken stock
- 2 teaspoons of curry powder
- 1 teaspoon of ground ginger
- 1 teaspoon of ground cumin
- Salt & pepper to taste
- Light soy sauce to taste

Method

1. In a 30cm fry pan, heat a splash of vegetable oil. Cook chicken or turkey until just lightly browned.
2. Add in ground ginger, cumin, curry powder, garlic and rice. Stir to mix ingredients well and ensure rice is well coated with spices. Add in cabbage, mix well and cook for about 5 minutes.
3. Add in chicken stock and frozen peas. Mix through and cover pan. Cook for about 15 minutes or until rice is tender. Season to taste.

Nutritional Information (per serve):

Calories 329, Saturated Fat 3g, Sodium 600mg, Total Sugar 1g

Recipe adapted from:

<http://www.feastie.com/recipe/droolfactor/cabbage-and-chicken-pilaf>

Basic Chicken Quesadilla

"Mexican in less than 30 minutes without the unwanted calories"



Serves: 4

Preparation Time: 10 minutes

Cooking Time: 10 minutes

Ingredients

1 ½ cups shredded low fat tasty cheese

4 (10-inch) flour tortillas

1 ½ cups shredded, cooked chicken

2 tablespoons coarsely chopped fresh coriander (or can use the Gourmet Garden coriander in a tube)

Mashed avocado, salsa and light sour cream for serving (optional)

Method

1. Heat and oil spray large fry pan over medium heat until hot, about 3 minutes. Place a tortilla in the pan and sprinkle with half of the chicken, half of the coriander, and half of the cheese mixture.
2. Top with a second tortilla and cook until the underside of the bottom tortilla is golden brown in several spots and half of the cheese is melted, about 3 minutes. Using a spatula, carefully flip the quesadilla over and cook until the underside of the second tortilla is crisp and golden brown in several spots and all of the cheese is melted, about 2 to 3 minutes more.
3. Slide the quesadilla from the pan onto a cutting board and cut into wedges. Repeat with the remaining ingredients to make a second quesadilla. Serve topped with guacamole, salsa, and light sour cream, if desired.

Nutritional Information (per serve):

Calories 545, Saturated Fat 9g, Sodium 328mg, Total Sugar 3g (if using avocado and sour cream)

Recipe adapted from:

<http://www.chow.com/recipes/29560-basic-chicken-quesadillas>

Beef & Ricotta Lasagne

"A family favourite that slashes the calories and saturated fat in half"



Serves: 6

Preparation time: 20-25 minutes

Cooking time: 50 minutes

Ingredients

800g lean beef mince
2 zucchinis
2 carrots
250g mushrooms, chopped
2 garlic cloves, crushed
700ml tomato pasta sauce
1/2 cup water
5 fresh lasagne sheets
250g pkt frozen spinach
600g low-fat ricotta
1/2 cup shredded parmesan

Method

1. Preheat oven to 180°C. Brown 800g lean beef mince in a frying pan over high heat. Add 2 zucchinis, 2 carrots, 250g mushrooms, chopped, and 2 garlic cloves, crushed, and cook until soft.
2. Add 700ml tomato pasta sauce and 1/2 cup water and cook for 5 minutes. Spread a little in a 30cm x 22cm ovenproof dish.
3. Using 5 fresh lasagne sheets, top sauce with a sheet, cut to fit, then half the mince, 250g pkt frozen spinach, more lasagne and half of 600g low-fat ricotta. Repeat. Sprinkle over 1/2 cup shredded parmesan. Bake for 40 minutes.

Nutritional Information (per serve):

Calories 402, Saturated Fat 7g, Sodium 684mg, Total Sugar 9g

Recipe adapted from:

<http://www.taste.com.au/recipes/13444/low+fat+beef+and+ricotta+lasagne>

Moroccan Sweet Potato, Carrot and Chickpea Soup

"A delicious warming and nutrient packed soup for those cold nights"



Serves: 4

Preparation time: 15 minutes

Cooking time: 45 minutes

Ingredients

2 tablespoons olive oil

1 large brown onion, roughly chopped

2 garlic cloves, crushed

Spices; 1 tsp ground coriander, 2 tsp ground cumin , 1/4 tsp chilli powder

600g orange sweet potato, peeled and diced

500g carrots, peeled, sliced

6 cups reduced-salt chicken stock

300g can chickpeas, drained, rinsed

1/2 small lemon, juiced

Method

1. Heat oil in a large saucepan over medium-high heat. Add onion & garlic. Cook, stirring often, for 3 minutes. Stir in coriander, cumin and chilli powder. Cook, stirring, for 1 minute. Add sweet potato & carrot. Cook, stirring often, for 5 minutes. Add stock. Cover. Bring to the boil. Reduce heat to medium-low and simmer, stirring occasionally, for 20 minutes.
2. Add chickpeas to soup and simmer, covered, for 10 minutes or until chickpeas are tender.
3. Blend soup, in batches, until smooth. Return to saucepan over medium-low heat. Season with salt and pepper. Stir in 1 tablespoon lemon juice. Heat, stirring, until hot (do not boil). Ladle into bowls. Top with croutons. Sprinkle with pepper. Serve.

Serving Suggestions

Serve with warm whole meal bread roll

Nutritional Information (per serve):

Calories 335, Saturated Fat 16g, Sodium 1130mg, Total Sugar 20g

Recipe adapted from:

<http://www.taste.com.au/recipes/970/moroccan+sweet+potato+carrot+and+chickpea+soup>

Vegetable Minestrone Soup

"A yummy and healthier version of this classic soup"

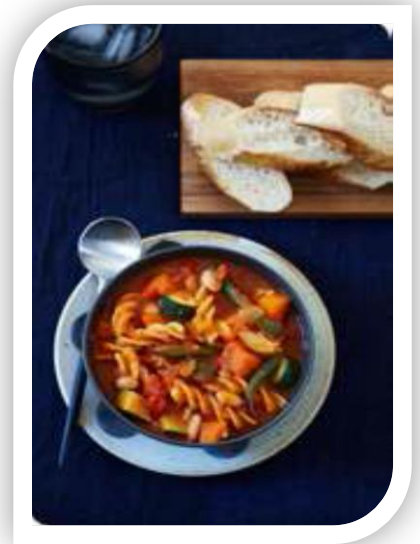
Serves: 4

Preparation time: 15 minutes

Cooking time: 30 minutes

Ingredients

2 teaspoon olive oil
1 onion, chopped
1 clove garlic, crushed
2 carrots, chopped
1 litre of water
2 tsp reduced salt vegetable stock powder
400g can no added salt chopped tomatoes
2 tablespoons no added salt tomato paste
2/3 cup dried pasta shapes, of choice
400g can cannellini beans, rinsed and drained
100g green beans, chopped
2 zucchini, chopped
2 tablespoons shredded fresh basil
Crusty wholegrain bread, to serve



Method

1. Heat olive oil in a large deep pan, add onion and garlic and sauté until light golden.
2. Add carrots, water, stock powder, tomatoes and tomato paste and bring to the boil. Reduce heat, cover and simmer for 15 minutes.
3. Stir in pasta, cannellini beans, green beans and zucchini and bring to the boil. Simmer covered a further 10-15 minutes or pasta and vegetables are tender.
4. Remove from heat, stir in basil. Serve with crusty bread.

Nutritional Information (per serve):

Calories 250, Saturated Fat 0.3g, Sodium 228mg, Total Sugar 7.5g

Recipe adapted from:

<http://www.heartfoundation.org.au/Recipes/Pages/Vegetable-minestrone-soup.aspx?mt=Lunch>

Easy Beef Hotpot

"Just throw it together and then sit back and enjoy the aromas until dinner time"

Serves: 6

Preparation time: 15 minutes

Cooking time: 2 hours



Ingredients

- 1kg chuck or blade steak, cubed
- 2 tablespoons flour
- 2 teaspoons paprika
- 425g can crushed tomatoes
- 2 medium onions, sliced
- 1 clove garlic, crushed
- 2 sticks celery, sliced
- 2 large carrots, thickly sliced
- 1 turnip, cut into large chunks
- 3 medium potatoes, cut into large chunks
- 1 cup red wine or stock

Method

1. Preheat oven to 180°C. Toss meat, flour and paprika in a plastic bag, tip into a heavy casserole dish.
2. Add all remaining ingredients and stir to combine. Press a piece of baking paper over the ingredients and cover with a lid.
3. Cook for 2 hours without lifting the lid. Check for seasoning and tenderness, returning to oven if more cooking time is required.

Serving suggestion

Serve with mashed potatoes and steamed green vegetables.

Nutritional Information (per serve):

Calories 413, Saturated Fat 4.8g, Sodium 154mg, Total Sugar 6g

Recipe adapted from:

<http://www.gofor2and5.com.au/Recipes/MainMeals/EasyBeefHotpot/tabid/147/Default.aspx>

Chicken and Corn Soup

"Fast, easy, filling & low in fat and calories"

Serves: 4

Preparation time: 5 minutes

Cooking time: 10 minutes



Ingredients

- 200g raw chicken breast cut into strips
- 1 litre salt reduced chicken stock
- 400g can creamed corn
- 1 tablespoon cornflour blended with 2 tbsp water
- 3 spring onions chopped
- 1 egg white whisked with tbsp milk

Method

1. Mix can of corn and stock in a saucepan and bring to a slow boil
2. Add the chicken strips once boiling, simmer gently for 5 minutes
3. Add the cornflour mix while stirring, once thickened, add the egg white milk mixture while stirring.
4. Stir in the chopped shallots, season to taste and serve

Nutritional Information (per serve):

Calories 156, Saturated Fat 2g, Sodium 1500mg, Total Sugar 6g

Recipe created by:

Natalie Colson

Red Beef Curry

"15 serves of vegetables in this recipe and not the slightest compromise on taste"

Serves: 6

Preparation time: 20 minutes

Cooking time: 15 minutes



Ingredients

2 cups brown rice
2 teaspoons olive oil
400g lean blade steak, sliced into strips
2 medium onions, sliced
3 teaspoons red curry paste
1/2 cup salt-reduced chicken stock
500g pumpkin, finely diced
2 red capsicums, seeded and finely sliced
Rind of 1 lemon, grated
250 mL reduced-fat coconut milk
1 bunch English spinach leaves, washed and roughly chopped

Method

1. Cook rice following packet directions. Heat half the oil in a large pan; pan-fry beef for 5 minutes until brown, set aside.
2. Heat remaining oil and pan-fry onion until tender. Stir through the curry paste, stock, beef, pumpkin, capsicum and lemon.
3. Simmer for 10 minutes until pumpkin is soft, adding a little water if necessary. Pour in coconut milk, stir through spinach and cook until wilted. Do not boil.
4. Serve over brown rice.

Hint

To reduce fat content, substitute one can of low-fat evaporated milk and one teaspoon of coconut essence for coconut milk.

Nutritional Information (per serve):

Calories 460, Saturated Fat: 6.6g, Sodium 250mg, Total Sugar 4.7g

Recipe adapted from:

<http://www.gofor2and5.com.au/Recipes/MainMeals/RedBeefCurry/tabid/153/Default.aspx>

San Choy Bow Fat Busting Recipe

"A high protein reduced fat Chinese classic"

Serves: 4

Preparation time: 10 minutes

Cooking time: 15 minutes

Ingredients

- 750g extra lean beef mince
- 1 tablespoon of sesame seed oil
- 1 ½ cups grated carrot
- 3 spring onions, finely sliced
- 1 can water chestnuts, sliced
- 2 garlic cloves, diced
- 1 teaspoon freshly grated ginger
- 4 tablespoon salt reduced soy sauce
- 3 tablespoon oyster sauce
- 3 tablespoon sweet soy sauce (Kecap Manis)
- 2 tablespoon toasted sesame seeds
- 1 iceberg lettuce to serve
- 1 cup vermicelli (prepared as per packet instructions), chopped

Method

1. Heat sesame oil in wok over high heat, then add mince. Use whisk or wooden spoon to break apart chunks of mince.
2. Once mince is browned, add garlic, ginger, carrot, shallots, water chestnuts and stir fry for a few minutes.
3. Add soy, oyster & sweet soy sauce and stir fry around for another 2-3 minutes.
4. Remove from heat and add vermicelli.
5. Serve in lettuce cups and sprinkle with toasted sesame seeds.

Nutritional Information (per serve):

Calories 390, Saturated Fat 6g, Sodium 1500mg, Total Sugar 8g

Recipe adapted from:

<http://www.healthymummy.com/san-choy-bow-tummy-fat-busting-recipe>



Almond Crusted Chicken Schnitzel

"Almond meal is the perfect flour replacement for those on gluten free, sugar free, low GI and low carb diets"



Serves: 4

Preparation time: 5 minutes

Cooking time: 15 minutes

Ingredients

- 2 chicken breast fillets (sliced in half widthways)
- 1 tablespoon arrowroot
- 1 egg beaten
- 1 cup ground almonds (almond meal)
- 2 lemons
- 2 tablespoons parsley chopped

Method

1. In a bowl, combine almonds, the zest of 1 lemon and parsley.
2. Lightly coat the chicken breast in the arrowroot then dip into the egg mix followed by the almond mix. You should have 4 lovely pieces of lean chicken, coated in a lovely almond crumb
3. Cook over a low to medium heat in a pan using 1 tablespoon olive oil until lightly golden and chicken is cooked through.

Serving Suggestions

Serve alongside steamed green vegetables with a squeeze of lemon and enjoy.

Nutritional Information (per serve):

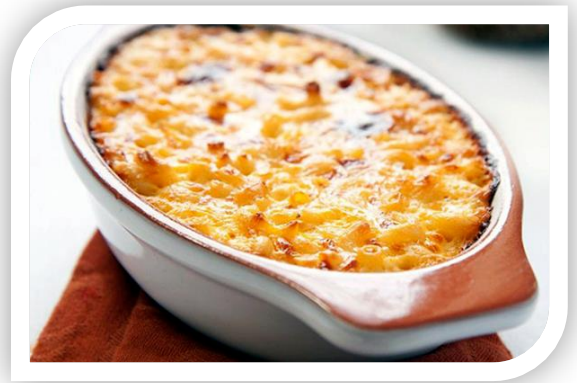
Calories 386, Saturated Fat 4.1 g, Sodium 142mg, Total Sugar 2g

Recipe adapted from:

<http://www.thehealthychef.com/2011/04/almond-crusted-chicken-schnitzel/>

Tuna Bake - Makeover

"Mimics the delicious, creamy taste of tuna casseroles, but this lightened-up version is much healthier and best of all, it is packed with tuna, so you'll enjoy the benefits of omega 3 fats while warming up with this delectable dish"



Serves: 6 (1 cup each)

Preparation time: 25 minutes

Cooking time: 25 minutes

Ingredients

4 cups cooked whole wheat noodles (macaroni was used in this recipe, egg noodles also will work)
2 tablespoon extra virgin olive oil
1 small onion, diced
250g sliced mushrooms, white or button (wipe clean)
1 large can tuna in spring water (add tuna and water)
1 cup frozen green peas
250g package cream cheese, softened, low fat
1 cup low-fat milk
1 ½ cups (reduced-fat) cheddar cheese

Method

1. Preheat oven to 180 degrees.
2. Cook noodles according instructions on the package or al dente.
3. In a medium skillet add oil and sauté onions and mushrooms over medium-low heat until mushrooms begin to release moisture, about 10 minutes. In a large mixing bowl, combine sautéed onions and mushrooms and all remaining ingredients, reserving 1/2 cup cheddar cheese for the top.
4. Add the tuna mixture to a casserole dish or 9" baking pan, top with the 1/2 cup of remaining cheddar cheese. Bake 15 minutes covered and 10 minutes uncovered, or until cheese is hot and bubbly.

Nutritional Information (per serve):

Calories 301, Saturated Fat 3g , Sodium 492 mg , Total Sugar 5g

Recipe adapted from:

<http://skinnymys.com/tuna-casserole/#K48ZdZQwW5EbkDme.9>

Tofu & Vegetable Brown Rice Salad

"Protein packed, meat free option that will keep you satisfied"

Serves: 4

Preparation time: 15 minutes

Cooking time: 30 minutes



Ingredients

500g orange sweet potato, peeled, cut into 2cm pieces
Olive oil cooking spray
1 1/3 cups brown rice
1 corn cob, husks and silks removed
300g broccoli, cut into florets
200g packet Chinese honey-soy tofu, cut into 2cm cubes
1/3 cup chopped fresh flat-leaf parsley leaves

Method

1. Preheat oven to 220°C/200°C fan-forced. Place sweet potato on a baking tray lined with baking paper. Spray with oil. Bake for 30 or until golden and tender.
2. Meanwhile cook rice according to packet directions. Drain. Rinse. Drain.
3. Place corn and broccoli in a shallow, microwave-safe bowl. Add 2 tablespoons cold water. Cover with plastic wrap. Microwave on high (100%) for 4 to 5 minutes or until tender. Refresh under cold water. Drain. Cool for 5 minutes.
4. Using a small sharp knife, cut kernels from cob. Cut broccoli into small pieces.
5. Combine rice, sweet potato, corn, broccoli, tofu and parsley in a bowl. Season with salt and pepper. Serve.

Nutritional Information (per serve):

Calories 440, Saturated Fat 1g, Sodium 57mg, Total Sugar 9g

Recipe adapted from:

<http://www.taste.com.au/recipes/26784/tofu+and+vegetable+brown+rice+salad>

Grilled Turkey Veggie Burger

"Finally: healthy burgers, low in calories but high in taste"

Serves: 6

Preparation time: 15 minutes

Cooking time: 15 minutes

Ingredients

500g lean ground turkey
1 cup grated carrot
1 cup grated zucchini
2 cloves garlic, minced
1/2 teaspoon black pepper
Kosher or sea salt to taste
2 teaspoons olive oil
6 slices whole grain artisan bread
6 Romaine heart lettuce leaves
1 medium tomato, sliced for 6 servings

Method

1. In a large mixing bowl combine the first six ingredients and shape into 6 patties. Patties can be cooked on an outdoor grill, griddle, skillet or oven broiler. Cook patties over medium heat for about 12 minutes or until there is no longer any pink colour.
2. While the burgers are cooking, brush olive oil over one side of bread slices and either broil in the oven, place on a griddle or skillet and cook until golden and crispy. Add favourite condiments to burger and serve immediately.

Nutritional Information (per serve):

Calories 228, Saturated Fat 2g, Sodium 185mg, Total Sugar 4g

Recipe adapted from:

<http://skinnynms.com/turkey-veggie-burger/#AACmDZhowhbeETJ6.99>



Snacks



Bran Muffins

"High in fibre, low in fat and calories"

Serves: 12

Preparation time: 15 minutes

Cooking time: 10-15 minutes

Ingredients

- 2 cups unprocessed wheat bran
- 1 cup sultanas
- 1 cup plain flour
- 1/4 cup sugar (or stevia powder/Smart sugar)
- 1/2 cup golden syrup
- 2 tablespoons of margarine
- 1 egg
- 1 cup low fat milk
- 1 tsp baking soda

Method

1. Preheat oven to 180°C
2. Mix bran, flour, sultanas and sugar.
3. Melt butter with golden syrup. Add to the dry mixture along with the egg and milk. Mix until all ingredients are moistened.
4. Add 1 tbsp boiling water to dissolve the baking soda. Mix into the muffin mix.
5. Spoon into paper patty cases. Bake for 10-15 minutes until browned and a skewer comes out clean

Nutritional Information (per serve - one muffin):

Calories 122, Saturated Fat <1g, Sodium 71mg, Total Sugar 9g (if made with stevia instead of sugar)

Recipe created by:

Natalie Colson



Too Easy Tzatziki

"A yummy low calorie dip that offers a great source of calcium and protein and is fat free"

Ingredients

1 clove of garlic- minced
1/4 cucumber
2 cups no fat Greek yoghurt
1 tablespoon chopped mint
Lime juice & Salt



Method

1. Place all ingredients in a bowl and mix adding lime juice to taste and a pinch of salt

Nutritional Information (per serve – serves 6):

Calories 50, Saturated Fat <1g, Sodium 28mg, Total Sugar <1g

Recipe created by: Sarah Marron

Low Fat Hummus

"A delicious favourite without the unwanted calories"

Ingredients

1 x 400g can chickpeas, rinsed, drained
60ml (1/4 cup) fresh lemon juice
2 tablespoons tahini
2 tablespoons water
1 teaspoon ground cumin
1/2 teaspoon ground coriander
1 small garlic clove, crushed
Salt & freshly ground black pepper



Method

1. Place chickpeas, lemon juice, tahini, water, cumin, coriander and garlic in food processor and process until a smooth paste forms. Taste and season with salt and pepper. (Add a little extra lemon juice or water if the hummus is too thick.)

Serving suggestion: Sprinkle with sweet paprika to & serve with carrot & celery sticks.

Nutritional Information (per serve – serves 6):

Calories 78, Saturated Fat <1g, Sodium 172mg, Total Sugar <1g

Recipe adapted from: <http://www.taste.com.au/recipes/2774/reduced+fat+hummus>

Garlic and Herb Pita Chips

"A healthy way to enjoy chips with this low calories & low fat alternative"

Serves: 8 (8 chips)

Preparation time: 5-10 minutes

Cooking time: 10 minutes



Ingredients

- 4 x 6-inch whole-wheat pitas
- 2 tablespoons extra-virgin olive oil
- 1 teaspoon Italian seasoning
- 1/2 teaspoon garlic powder
- 1/4 teaspoon salt

Method

1. Position oven racks in middle and lower third of oven; preheat to 180°C. Coat 2 large baking sheets with non-stick cooking spray.
2. Cut pitas into 8 wedges each and separate each wedge at the fold. Place the pita wedges, rough-side up, in an even layer on the prepared baking sheets. Brush with oil and sprinkle with Italian seasoning, garlic powder and salt.
3. Bake the pita wedges, switching the baking sheets halfway through, until golden and crispy, 6 to 10 minutes (depending on the thickness).

Tip

Store in an airtight container for up to 4 days.

Nutritional Information (per serve):

Calories 117, Saturated Fat 1g, Sodium 93mg, Total Sugar <1g

Recipe adapted from:

<http://caloriecount.about.com/low-fat-pita-chips-recipe-r12963>

Wheat Free Blueberry Muffins

"This recipe replaces flour with oats, stevia instead of sugar, low fat yoghurt instead of butter/oil resulting in a moist, sweet muffin that is high in fibre and low in fat"



Serves: 12

Preparation time: 15 minutes

Cooking time: 20 minutes

Ingredients

- 2 $\frac{3}{4}$ cups of oats (not instant)
- 1 $\frac{1}{2}$ teaspoon baking powder
- 1/2 teaspoon bicarb soda
- 1/2 cup of stevia powder (or Smart sugar)
- 2 large eggs
- 1 cup low-fat yogurt
- 2 cups fresh or frozen blueberries (thawed and drained)

Method

1. Preheat oven to 180°C
2. Process the oats in a food processor or blender until fine.
3. Add the eggs, yogurt, bicarb soda, baking powder & stevia. Process until well mixed.
4. Place in a bowl and stir in 1 $\frac{1}{2}$ cups of blueberries
5. Spoon mix into a 12 cup muffin tin lined with foil muffin cups. Top each muffin with the remaining blueberries
6. Bake for ~20 minutes until a skewer comes out clean

Serving suggestions

Delicious warm or cold.

Nutritional Information (per serve - one muffin):

Calories 125, Saturated Fat <1g, Sodium 27mg, Total Sugar 7g (if made with sugar)

Recipe created by:

Natalie Colson

Almond & Date Protein Balls

"Healthy delicious snack packed with vitamins, minerals, fibre and protein"

Serves: 20

Preparation time: 15 minutes

Cooking time: 1 hr refrigeration



Ingredients

- 1 cup of raw, whole almonds
- 1 cup of fresh dates (or soak dried dates for 2 hrs prior to using)
- 1 tablespoon natural peanut butter (or any nut butter)
- 3 tablespoon coconut oil
- 3 tablespoons cacao (or good quality cocoa)
- 2 teaspoons cinnamon
- 1 tablespoon honey

Method

1. Process the almonds until they are like crumbs.
2. Add the rest of the ingredients and process until well combined.
3. Using wet hands, roll the mixture into balls and place on a plate.
4. Chill in the fridge for an hour to set (if you can wait that long) and enjoy as a healthy eating snack

Nutritional Information (per serve - one ball):

Calories 100, Saturated Fat <1g, Sodium 5mg, Total Sugar 8g

Recipe adapted from:

<http://www.healthymummy.com/almond-date-protein-balls/#sthash.A3eizMlO.dpuf>

Chewy Fruit & Nut Slice

"This snack is a healthy spin on a store bought muesli bar"

Serves: 8 slices

Preparation time: 15 minutes

Cooking time: 20- 25 minutes



Ingredients

Canola oil spray

1 ½ cups rolled oats

200g packet dried fruit salad, chopped

1/2 cup plain, unsalted hazelnuts, chopped

1/2 cup honey

1 teaspoon vanilla essence

1 tablespoon canola oil

1/4 cup no added salt crunchy peanut butter

Method

1. Preheat oven to 180°C (160°C fan-forced). Lightly grease a 6cm (deep) x 20cm square cake pan with cooking spray. Line with baking paper, allowing a 2cm overhang.
2. Place oats, fruit and nuts in a large bowl. Stir to combine.
3. Heat honey, vanilla, oil and peanut butter in a small saucepan over low heat. Cook for 1 -2 minutes or until melted and smooth. Add honey mixture to oat mixture. Stir well to combine.
4. Press mixture into prepared pan and smooth top. Bake for 20 to 25 minutes or until golden and firm to touch. Allow to cool completely in pan. Using a serrated knife cut into pieces

Nutritional Information (per serve):

Calories 325, Saturated Fat 1g, Sodium 32mg, Total Sugar 35g

Recipe adapted from:

<http://www.heartfoundation.org.au/recipes/Pages/ChewyFruitandNutSlice.aspx>

Bean Brownies

"3 eggs and 200g butter are replaced with a can of white beans, saving fat and calories. You won't believe you are eating beans!"

Serves: 20

Preparation time: 5 minutes

Cooking time: 20-25 minutes



Ingredients

400g can white beans such as butter beans

600g box chocolate brownie mix (I use Coles Fudge Brownie mix)

Method

1. Drain and rinse beans, well. Put beans back in the can and fill can with water. Put beans and water in blender and blend until smooth.
2. Mix blended beans with brownie package mix. DO NOT add eggs or oil/butter. Spray 30x15cm baking tin. Cook brownies according to package directions. Cool and cut into 20 serves.

Nutritional Information (per serve):

Calories: 140, Saturated Fat <1g, Sodium 156mg, Total Sugar 12g

Recipe adapted from:

www.skinnytaste.com

Healthy Recipe Guidelines

Nutritional Information of Recipes

The following table may be used to identify healthy recipes when nutritional information is available. As a guide, a recipe should aim to meet the following recommendations for salt, fat, saturated fat and sugar content per serve. It may not be possible to meet all recommendations for one recipe.

Meal type	Recommended amount per serve			
	Sodium (salt)	Fat (total)	Saturated fat	Sugar
Main Meal	600mg	10g	5g	8g
Salad	240mg	8g	4g	5g
Baked goods	240mg	8	2	15
Dessert	240	5g	2g	8g

Information was sourced from:

The Heart Foundation New Zealand, The Heart and Stroke Foundation, Department of Health & The National Heart Foundation of Australia (2-5)

Tips for Reducing Salt



The Australian Dietary Guidelines recommend limiting intake of foods and drinks containing added salt (sodium). This recommendation is based on scientific evidence showing that decreased sodium intake is associated with decreased blood pressure and risk for stroke. There is also some evidence that reducing sodium intake can reduce the risk of cardiac events.

To limit intake of **salt**, look for recipes that:

- ✓ Use herbs, spices, garlic, vinegar and lemon juice as flavour rather than salt
- ✓ Use no added salt products (e.g. 'no added salt' tinned tomatoes)
- ✓ Use only small amounts of high salt ingredients (e.g. soy/fish sauce, stock cubes, salted meats like salami and bacon)



Tips for Reducing Saturated Fat

The Australian Dietary Guidelines recommend limiting dietary saturated fat to no more than 10% of total energy intake (and replacing it with polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado), to reduce the risk of heart disease. This recommendation is based on a large body of scientific evidence that has accumulated over the past sixty years.



To limit intake of **saturated fat**, look for recipes that:

- ✓ Use low fat cooking methods (e.g. boil, steam, microwave, grill, bake, non-stick fry pan)
- ✓ Use healthy oils (e.g. canola, sunflower, safflower, rice bran, olive, sesame, soybean, peanut, almond, linseed, walnut, macadamia)
- ✓ Use unsaturated margarine instead of butter
- ✓ Use low or reduced fat milk, cheese & yogurt instead of full cream products
- ✓ Use lean meats & skinless chicken rather than sausages, fatty mince & processed meats

*Baking substitutions to limit **oil/butter** and reduce calories or saturated fat:

- ✓ Replace ½ of total quantity with applesauce or Greek yogurt
- ✓ Replace all with mashed avocado or mashed banana
- ✓ To replace the oil/butter content in chocolate-based recipes, try

using: Prune puree (combine 3/4 cup prunes with 1/4 cup boiling water, and puree to combine) OR pureed canned beans (see the Bean Brownie recipe on page 40 of this book)



Tips for Reducing Added Sugar

The Australian Dietary Guidelines recommend limiting intake of foods and drinks containing added sugars. This recommendation is based on scientific evidence showing that foods with added sugars, in particular sugar sweetened drinks, are associated with weight gain.

To limit intake of **added sugar**, look for recipes that:

- ✓ Use fresh/frozen fruit or canned fruit in unsweetened/natural juice rather than sugar
 - ✓ Avoid large amounts of added sugars (e.g. table sugar, honey & golden syrup)
- * Baking substitutions to limit **added sugar** and reduce calories:
- ✓ Reduce by $\frac{1}{2}$ and add 1 teaspoon vanilla essence
 - ✓ Replace with applesauce 1 cup for 1 cup (reduce liquid in recipe by $\frac{1}{4}$ cup per 1 cup)

* Baking substitutions work best when baking muffins, breads, brownies and slices. It is best to try just one or two substitution per recipe and experiment until you are happy with the taste and texture.



Quick Tips for a Healthier Recipe

Swap it over



White for wholemeal



Why?

Fibre
Vitamins & Minerals



Canned vegetables for fresh/ frozen or
choose reduced salt options



Fibre
Salt
Vitamins & Minerals



Sausages, fatty mince & processed meats
for lean meat cuts & skinless chicken



Fat
Salt
Protein



Vegetable Oil for
Unsaturated oils e.g. canola, Olive



Saturated Fat
Good fats



Butter & lard for avocado, ma
nut pastes



Saturated Fat
Protein
Good fats
Fibre
Phytochemicals
Vitamins & Minerals



Added salt for fresh or dried herbs
& spices



Salt
Antioxidants
Phytochemicals



Full fat dairy for low fat dairy

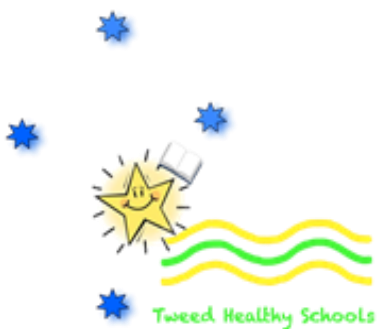


Saturated Fat

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A 'How to' Guide for Healthy Workplace Challenges



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1. Identifying a Goal or Need

You will need to first discover what aspect of health your colleagues would be most interested in. The following are examples of goals the challenge could set out to achieve;

- Encourage eating more fruit and vegetables amongst staff
- Encourage provision of healthy food at social gatherings or lunch.
- Encourage healthy weight loss
- Encourage more physical activity
- Discourage smoking etc.

2. Brainstorm Challenge Ideas

Listed below are a variety of different Workplace Challenge Ideas. Use these ideas, improve upon them, or create your own. The key is to have fun and get creative. It is all about making it work in your workplace and helping people live a happier, healthier, and more energetic life.

As Measurement is often subjective in these challenges, do not worry if people appear to be less than honest. They are only denying themselves the real benefit of the experience. Eventually, they will come to appreciate this.¹

2.1 Example Nutrition Challenges

- **Eat 5 servings per day of vegetables & 2 servings of fruit;** get one point for each serving of vegetables/fruit, then add points for a monthly winner
 - ❖ *1 serving of fruit* = a medium apple, banana, or orange, a ½ cup of cooked or canned fruit (chopped), or ¾ cup of fruit juice.
 - ❖ *1 serving of vegetables* = one cup of raw, leafy vegetables, ½ cup of other vegetables (chopped, cooked or raw), or ¾ cup of vegetable juice.
- **Eat healthy snacks** – get one point each day that you only eat fruits and/or vegetables for snacks. Add points for a monthly winner.
- **Avoid eating junk food** – get one point each day that you do not eat any junk foods and add points for a monthly winner.
- **Keep track of your calorie count** – use a calorie counter to count the calories in everything you eat and drink (Try Easy Diet Diary; MyFitnessPal; Spark People; Calorie King). Try it for a week at a time. Receive one point for each day that you successfully account for everything you eat and drink. Add points for a monthly winner.
- **Prepare healthy meals** – earn one point for each healthy meal that you eat; use guidelines/recipes from the Banora High School Recipe Resource or Heart Foundation Recipe Guide available <http://www.heartfoundation.org.au/recipes/Pages/default.aspx>. Add points for a monthly winner.

- **Share healthy meal recipes;** this can contribute to the Healthy Cook Book Resource Folder now available in the lunch room– receive one point for every healthy recipe contributed, up to an established maximum. As a guide, use Healthy Recipe guidelines from the Banora High School Recipe Resource
- **Healthy Food Challenge** – Prepare healthy dishes for staff functions and vote for the winner. Staff morning teas are a great opportunity for this

2.2 Example Exercise & Fitness Challenges

- **Do the “Lunch Walk”** – walk 2 kms during lunch with co-workers and count the distance. A Monthly Certificate of Achievement (or prize) is awarded each month for Gold (60 km’s), Silver (40 km’s), and Bronze (20km’s) levels of achievement.
- **Exercise for 30 minutes** – every 30 minutes of exercise counts for one point
- **Do resistance or weight training** to strengthen muscles – every 30 minutes counts for one point.
- **Compete in a community event** such as a Walk or a Race – participation and completion wins points/prize/certificate.
- **Stair climbing competition** – count the stairs climbed everyday toward achieving an established goal for total stairs climbed over a given time period
- **Stretching** – earn one point each day when you spend 15 minutes stretching
- **Ride to work day**
- **Gratitude challenge** (see <http://www.kindspring.org/community/>)

2.3 Example Overall Physical Condition Challenges

- **A minimum of 7 hours of sleep** – get one point every day that you sleep for a minimum of 7 hours. Add points for a monthly winner.
- **Physical exam or health screening** to understand your current health condition. If you take the exam you gain points
- **Health and Fitness Age Calculator** – complete the assessment and gain points for being younger than your real age or gain points for age change at the end of the challenge. <http://healthier.qld.gov.au/calculator/#/calculator>
- **Drink 4 glasses of water** during the work day to stay hydrated and avoid fatigue – earn one point each work day that you drink 4 glasses of water on the job

2.4 Health Risk Challenges

- **Lose weight** – the most kilograms, or the highest percentage, lost wins the challenge
- **Lose inches off waist** – the most inches, or the highest percentage, lost wins the challenge
- **Reduce body fat** – the highest percentage of body fat lost wins the Challenge
- **Reduce Body Mass Index (BMI)** – the most BMI points, or the highest percentage of BMI points, lost wins the Challenge

- **Reduce unhealthy pleasures** e.g. smoking or drinking – the goal is to reduce the number of cigarettes smoked, mLs of alcohol drunk, or amount of calories consumed. Pick the unhealthy pleasure that applies to you.
- **Take a physical exam or health screening** – know your risk indicators – a physical exam or health screening during the challenge, or in the previous 11 months, gains points.
- **Participation** in Meat-free Monday, dry July, Mindful in May, ride bike to work day, gratitude challenge

3. Gain Management Support

Evidence shows that management support encourages and motivates staff to join in a workplace challenge. Therefore it is important to include key management staff for increased participants and sustainability²⁻⁹.

4. Consult with Colleagues

It is important to speak with colleagues and listen to their wants, needs and any concerns about workplace health challenges, and their likelihood of participating. They may also have some fresh ideas for challenges.

Evidence shows that engaging your colleagues early on creates a feeling of ownership and can collect information that will allow you to make better decisions about what approach to take. You could consult your colleagues at staff meetings, ask for suggestions by email, or create an anonymous feedback box²⁻⁹.

5. Plan your Challenge

When planning your challenge, you may need to consider the following:

- How long will your challenge run for?
- Will it be a group challenge or an individual challenge?
- How is the winner determined?
- What resources will you need e.g. Personnel, equipment such as pedometers, booklets for recording information?
- What prizes can you provide?
- How can you obtain prizes? Some ideas are Raffles, Entry Fees, and contracting local businesses e.g. Gyms or local bike shops who may like to provide a prize that will benefit the business by showcasing their product

6. Evaluate your Challenge

How will you measure the success of your challenge in relation to your original goal or need? A great way to do this is to provide feedback forms /surveys to

gain insight on peoples thoughts on the challenges. Having this information will also help in shaping and designing future challenges

7. Example of a Healthy Workplace Challenge

7.1 The Liverpool Hospital NSW Australia Healthy Workplace Challenge

This was a 12 week challenge where participants were required to wear a pedometer and record their daily steps for 12 weeks on the '10,000 steps' website.

Participants were also required to record their daily consumption of fruit, vegetables, water and healthy breakfast in the healthy eating log book. Participants' steps and dietary information were added to produce a team score, which was displayed weekly in the staff lunchroom.

Weekly walks were led by Health Promotion staff during the challenge and were available for all staff at Liverpool Hospital.

Participants needed:

1. A pedometer
2. Healthy eating logbook (or somewhere to log food and water)
3. Dietary target information. This can be obtained from the Australian dietary guidelines. <https://www.nhmrc.gov.au/guidelines/publications/n55>
For example, participants should be eating 2 serves of fruit/day; 5-6 serves of vegetables/day

Other motivational and environmental strategies implemented during the challenge included:

- Posters identifying local walking routes and healthy messages;
- Weekly motivational e-mails;
- 'Footprints' directing people to use the stairs
- Healthy messages on pay slips.

After completion of the challenge, prizes were awarded to the teams who took the most steps and ate the healthiest.

Results of the challenge

Participants reported

- Increased physical activity
- Increased fruit and vegetable intake
- Increased water intake (but also increased intake of sugar sweetened sports drinks)
- Reduced feelings of stress
- Reduced feelings of depression
- Enjoyment of group challenge and support

8. References and Resources

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Tweed Healthy Schools Program

6-Week Personal Health Challenge

Name:

Date:

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Overview of 6 Personal Health Challenge

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	Complete Pre-exercise questionnaire		Personal Goal Setting	Fitness Testing	
Week 2	Group fitness sessions	Fitness session led by staff	Group fitness sessions		
Week 3	Group fitness sessions	Fitness session led by staff	Group fitness sessions		
Week 4	Group fitness sessions	Fitness session led by staff	Group fitness sessions		
Week 5	Group fitness sessions	Fitness session led by staff	Group fitness sessions		
Week 6	Group fitness sessions	Fitness session led by staff	Group fitness sessions	Fitness Testing	End of Term 3

Pre-Exercise Screening tool

To ensure exercise is safe for staff, this questionnaire is designed to identify individuals with signs or symptoms of underlying health issues, or who may be at higher risk of an adverse event during exercise

Personal Goal setting

To identify realistic nutrition/physical activity goals that you would like to achieve over the 6 week period

Fitness Testing

To establish your baseline level of fitness during the first week (e.g. flexibility, strength, cardiovascular fitness) and to retest after 6 weeks so you can see whether there have been any changes

Group Fitness sessions

On Mondays and Wednesdays commencing 18th August, our Exercise Science students are available to run group fitness sessions (e.g. fitness circuits, boxing, core strengthening class) in the school gym (in J Block)

Fitness session led by staff

On Tuesdays, a small group of high school staff have been doing fitness sessions together. Staff are welcome to attend these sessions.

Resources

This resource contains information on personal goal setting, nutrition and physical activity resources.

Pre-Exercise Screening Tool

ADULT PRE-EXERCISE SCREENING TOOL

This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise and Sports Science Australia, Fitness Australia or Sports Medicine Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Name: _____

Date of Birth: _____ Male ☐ Female ☐ Date: _____

STAGE 1 (COMPULSORY)

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self administered and self evaluated.

Please circle response

1.	Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Yes	No
2.	Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	Yes	No
3.	Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes	No
4.	Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	Yes	No
5.	If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?	Yes	No
6.	Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?	Yes	No
7.	Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No

IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise

IF YOU ANSWERED 'NO' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct.

Signature _____ Date _____

Personal Goal Setting

Writing down your goals will help keep you on track. You can revise or add to your goals at any time.

Choose SMART goals:

S	• Specific
M	• Measurable
A	• Achievable
R	• Realistic
T	• Timely

My Nutrition Goals

Short Term:

Example:

Goals may include making the following changes to your diet – to reduce intake of energy dense foods, regular eating (including breakfast), to reduce eating unhealthy snacks

‘I will have low fat milk with my cereal (specific, realistic and achievable) every day (measurable) this week (timely)’

Long Term:

My Physical Activity Goals

Short Term:

Example:

Goals may include making changes to increase your physical activity levels, including increasing daily steps taken and increasing the number of days a week of planned physical activity

'I will walk up the stairs (specific, realistic and achievable), once daily (measurable) for the next month (timely)'

'Every day this week I will walk briskly for at least 15 minutes'

Long Term:

Moderate Intensity Physical Activities	Take some effort but you are still able to talk while doing them. Examples: Brisk walk, recreational swimming, dancing, social tennis, golf, household tasks like cleaning windows or raking leaves, or pushing a stroller
Vigorous Intensity Physical Activities	Require more effort and make you breathe harders and faster ('huff and puff') Examples: Jogging, aerobics, fast cycling, many organised sports and tasks that involve lifting, carrying or digging

Personal Health Information (Week 1)

Height _____ cm

Weight _____ kg

Waist Circumference _____ cm

How to measure:

- Measure directly against your skin.
- Breathe out normally.
- Make sure the tape measure is snug, without compressing the skin.
- Measure halfway between your lowest rib and the top of your hipbone, roughly in line with your belly button

Body Mass Index (BMI) _____ kg/m²

How to measure:

$$\text{BMI} = \text{Weight (kg)} / \text{Height (m)}^2$$

Minutes of moderate intensity physical activity performed per week? _____

Minutes of vigorous intensity physical activity performed per week? _____

Number of times you currently engage in strength training per week? _____

Do you think that you currently meet the following **minimum** recommendations? Yes / No

The following recommendations are up to date and supplied by the Australian Government-
Department of health

“ Being physically active and limiting your sedentary behaviour every day is essential for health and wellbeing. These guidelines are for all adults aged 18 – 64 years, irrespective of cultural background, gender or ability

-Doing any physical activity is better than doing none. If you currently do no physical activity, start by doing some, and gradually build up to the recommended amount.

-Be active on most, preferably all, days every week.

-Accumulate 150 to 300 minutes (2 ½ to 5 hours) of moderate intensity physical activity or 75 to 150 minutes (1 ¼ to 2 ½ hours) of vigorous intensity physical activity, or an equivalent combination of both moderate and vigorous activities, each week.

-Do muscle strengthening activities on at least 2 days each week. ”

<http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines#apaadult>

Personal Health Information (Week 6)

Height _____ cm

Weight _____ kg

Waist Circumference _____ cm

How to measure:

- Measure directly against your skin.
- Breathe out normally.
- Make sure the tape measure is snug, without compressing the skin.
- Measure halfway between your lowest rib and the top of your hipbone, roughly in line with your belly button

Body Mass Index (BMI) _____ kg/m²

How to measure:

$$\text{BMI} = \text{Weight (kg)} / \text{Height (m)}^2$$

Minutes of moderate intensity physical activity performed per week? _____

Minutes of vigorous intensity physical activity performed per week? _____

Number of times you currently engage in strength training per week? _____

Do you think that you currently meet the following **minimum** recommendations? Yes / No

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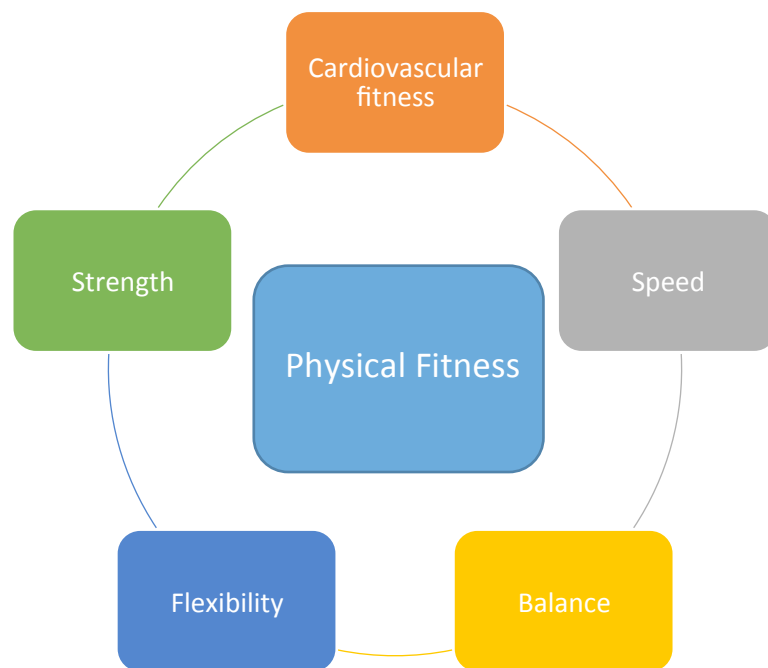
-Do muscle strengthening activities on at least 2 days each week. ”

<http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines#apaadult>

Fitness testing

The following are examples of fitness testing that we can deliver throughout your 6 week personal health challenge.

We encourage you to think about how these fitness components relate back to your everyday life and your chosen physical activity goal.



Fitness component	How it's tested	What we are measuring	Results (Week 1)	Target for week 6	Results (Week 6)
Cardiovascular fitness	Beep test 6 minute walk test No. of step ups in 60 seconds				
Strength	Plank (knees, toes) Push-ups (knees, toes) Wall Squat	Core strength Upper body Lower body			
Flexibility	Sit and reach	Hamstring flexibility			
Balance	8- point Balance test Standing on one leg (eyes open/closed)	Leg Arm			
Speed	20m sprint				

Nutrition and Physical Activity Resources

Over the next 6 weeks, you will receive various resources to help support you in achieving your personal nutrition and physical activity goals.

However, please refer to the following websites to get you started!

Nutrition Resources

- The Australian Dietary Guidelines – Eat for Health
www.eatforhealth.gov.au
- Dietitians Association of Australia (DAA) - Smart Eating Tips
<http://daa.asn.au/for-the-public/smart-eating-for-you/smart-eating-tips/>
- Shape Up Australia
www.shapeup.gov.au
- National Heart Foundation of Australia
www.heartfoundation.org.au

Physical Activity Resources

- Australia's Physical Activity and Sedentary Behaviour Guidelines
<http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines>

How to calculate your health and fitness age

<http://healthier.qld.gov.au/about-your-health-fitness-age/>

Tweed Healthy Schools Program 2014

Banora Point High School Staff Referral Form

CONFIDENTIAL**Individual Physiotherapy Assessment**

Date: _____

Student Name: _____ Year/Class: _____

Staff Name: _____ Position: _____

Reason for referral: (Please tick)

1. Physical:

- ☐ A student is experiencing difficulty moving around the classroom and/or school
- ☐ A student is experiencing difficulty with gross motor skills and/or coordination and/or balance (which may impact on their performance in PDHPE class)

2. Health & Fitness:

- ☐ A student may benefit from support and advice on healthy weight maintenance (e.g. by making changes in their health behaviour to help improve physical activity levels)
- ☐ A student is showing a lack of interest in physical activity which may be affecting their participation during practical PDHPE classes

3. Mental Health:

- ☐ A student may benefit from using physical activity and exercise to enhance their mental health and manage/reduce stress

Does the student have a medical condition, developmental concern, or learning difficulties? (e.g. asthma, diabetes, epilepsy, ASD)

Has the student been reviewed by the LaST Team/School Counsellor? (please circle) Yes / No / Unsure

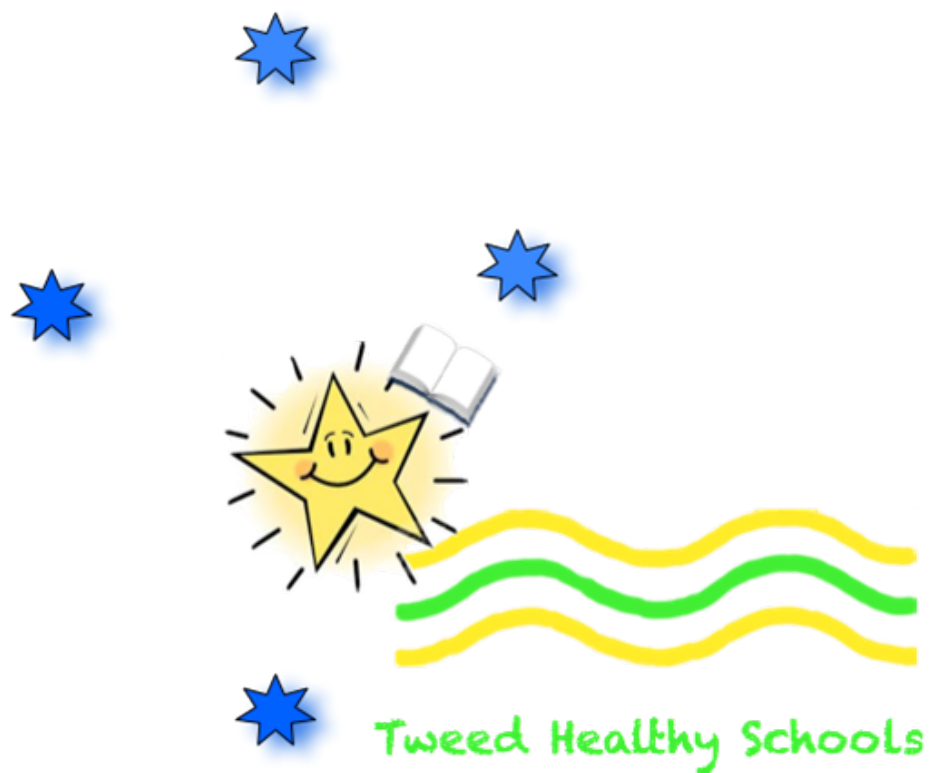
Other information known about this student that is relevant in a recommendation for a health assessment?

Please return this form to:

Kirstin Macdonald
Tweed Healthy Schools Clinical Coordinator/Physiotherapist
{insert email/mobile}

OR Banora Point High School's Tweed Healthy School's Liaison Officer {insert email}

NB. With your permission, a copy of this referral form may be given to, or discussed with parent/carers. The Clinical Coordinator or Secondary Liaison Officer will notify you on the outcome of this referral. Parental permission will be required if the student is to receive a health assessment. BPHS staff (e.g. Year Advisor) will need to contact the parent and an information pack, which includes an information privacy statement and consent form, will be posted to the parent/carer. These forms will need to be signed by the parent/carer prior to conducting a student health assessment.



Information Pack For Families



Hello Parents and Caregivers!

During Terms 2, 3 and 4 there will be a team of health students from Bond, Griffith and Southern Cross Universities on the school grounds at Banora Point High School, participating in a project to bring health care services to your school. These students come from a range of different health professions and aim to support your families and community in helping your children get the best start to life.

Here is a brief overview of the professions involved and what we do.....

Physiotherapy

Physiotherapists aim to improve quality of life in children and young people by promoting independence, and physical activity. They may assess and treat gross motor development; posture and balance, muscle strength and coordination.

Nutrition & Dietetics

Nutritionists and dietitians aim to educate and promote healthy eating to school staff, school students and their families/

Exercise Physiology / Exercise Science

Exercise Physiologists are allied health professionals who specialise in the delivery of exercise programs for the prevention and management of chronic diseases and injuries. They can provide group based activities to help promote physical activity to children.

Public Health

Public health professionals aim to prevent problems from happening or re-occurring. In the school setting, Public Health professionals can assist with planning, implementing and evaluating health promotion programs and developing health policies.

Occupational Therapy

Occupational Therapists work with teachers and parents to recognise students with difficulties that may interfere with schooling. They can assess student performance and develop programs to support their learning and health. Supporting a child's learning (e.g. organisation skills, attention), playing (fine motor skills, socialisation) and living skills (e.g. getting dressed) will help them lead healthy and happy lives.



Speech Pathology

Speech pathologists are trained to assess and treat people of all ages for communication disorders, including difficulties with speech, language, swallowing, fluency and voice.

They work with people who may have difficulties in:

- understanding what they hear and/or read
- expressing themselves orally, in written work or via a communication device
- speaking clearly and fluently (e.g. stuttering)
- using communication to socialise appropriately
- reading and spelling

All interventions will involve your child's teachers and support staff, as well as you!

University students may provide specific one on one health assessments and interventions as appropriate to school pupils who have been identified as requiring support by Parents, Teachers, the school Counsellor, or other health professionals. Your written consent will be required for your child's participation in any individual assessment and treatment sessions. (Please see attached consent form).

Please Note:

Individual health assessments will be conducted by students currently enrolled in a university health degree program (Griffith University, Bond University, or Southern Cross University) and they will be overseen by a qualified allied health professional. The provision of the university student-led health service does not replace your normal source of health care. A report outlining what interaction has taken place and the results of the assessments will be provided to you, and you will be able to share this with your child's teacher and your child's GP if you wish.



REFERRAL FORM FOR INDIVIDUAL HEALTH ASSESSMENT

Child's Name: _____

Date of Birth: _____

Year Level: _____

Reason for referral:

Name of person making referral (please print):

Date: _____

Relationship to child:

Therapy required:

We will need your written permission for your child to be involved, so please read the information privacy statement, and if you agree to your child having a health assessment, please complete and sign the enclosed consent form and return it to the school.

If you have any questions, please contact:

Kirstin Macdonald

Tweed Healthy Schools Clinical Coordinator and Physiotherapist

{insert contact details}



YOUR CHILD'S PERSONAL DETAILS

Mother's Name: _____

Tel No: (H): _____ **(W):** _____ **(Mob):** _____

Email: _____

Father's Name: _____

Tel No: (H): _____ **(W):** _____ **(Mob):** _____

Email: _____

Child's Address:

_____ **Post Code:** _____

Child's GP: _____

Language spoken at home: _____

Country of Birth: _____

Aboriginal or Torres Strait Islander: Yes / No

Does your child have a medical condition, developmental concern, or learning difficulties? *(for example, asthma, diabetes, epilepsy)*

Do you have any other concerns about your child's health?



Is there any other information about your child that you feel would be helpful?
(for example, any major changes or events in your family that may impact on
their health or learning)

Thank you,

The Tweed Healthy Schools Program



PRIVACY STATEMENT FOR PARENTS/CARERS

1. What information will I be asked about in the referral form?

The information you are asked about is:

- Your child's health history.
- Any concerns you have about your child's health and wellbeing.

2. What is this information used for?

This information is used to:

- Identify your child's health needs.
- Determine the need for further intervention for your child by a student physiotherapist, occupational therapist, speech pathologist or any other health professional.
- Give you advice based on these needs.
- Share information with your permission with relevant staff of the school to provide your child with appropriate support (e.g. your child's teacher, principal or student support officer).
- Manage, plan and improve the delivery of the student health service provided to your school.

3. Why should I give this information?

This information is important in providing support for your child. It helps:

- Understand any concerns you may have about your child's health in order to undertake a health assessment of your child.
- The student health team to offer advice and information about your child's health, and make an onward referral if needed.
- The school to understand how your child's health may affect their learning.



4. Do I have to provide this information?

No. You are not required to provide this information, however the information that you do provide will assist to support you and your child. If you chose not to provide this information it would be of assistance if you could explain why.

5. How will this information stay private?

The student health team and your school are committed to protecting the personal information you provide us. Your information will only be used in the way outlined above, and will not be used for any other purpose without consent, unless required by law. Only the students involved in this project and their supervisors will have access to this information, and it will be held securely in accordance with data protection policy.

6. Accessing your information

You may access the information held by the student health team regarding your child at any stage. For more information please contact the Clinical Coordinator on 0424 996 964

Thank you for filling out this form.



PARENT CONSENT

To be completed by parent/carer.

To give consent to the individual health assessment and therapy sessions performed by university health students and their supervisors, please tick the yes box.

I consent to the assessment and treatment of my child and understand that I will be provided with a written report of the findings and management plan.

Yes ☐ No ☐

Please select if you would like your child to be **EXCLUDED** from any of the following tasks

- ☐ Measurement of pulse, height, weight
- ☐ Scoliosis assessment (if button up shirt worn can be put on backwards in private to expose spine only)
- ☐ Waist circumference (only involves lifting shirt above navel)

To give consent for health students to record sessions with your child for assessment purposes, please tick the yes box.

I consent to having my child video/audio recorded during assessment sessions and understand that any such recordings will only be used by the students for personal learning and kept private and confidential.

Yes ☐ No ☐



To give consent to share this information with members of the school, please tick the yes box.

I consent to a report being provided to my child's teacher regarding the outcome of the assessment and any classroom management advice as appropriate

Yes ☐ No ☐

Child's Name: _____ Date of Birth: _____

Year Level: _____ Boy / Girl (please circle)

Signature: _____ Parent/ Legal Guardian / Carer

Name: _____

Date: _____





Year 7 Healthy Schools Program Survey

These questions are about food, nutrition, and physical activity. Your participation is voluntary and answers will remain confidential. Have fun 😊

1. Are you a?

☐ Boy  ☐ Girl  Class: _____

My Daily Life:

2. How many pieces of fruit do you eat each day?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

3. How many servings of vegetables do you eat each day?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

4. How many servings of dairy (milk/cheese/yoghurt) do you eat each day?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

5. How many servings of protein foods (meat/fish/eggs/nuts/seeds/beans/tofu) do you eat each day?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

6. How many servings of grains (breads/cereals/crackers) do you eat each day?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

7. How many servings of sweet or snack foods (lollies/donuts/chocolate/chips/burgers) do you eat each day?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

Nutrition Knowledge:

Please refer to serving sizes on the back page to answer questions 2-13.

8. How many pieces of fruit do you think you should eat each day?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ I don't know

9. How many servings of vegetables do you think you should eat each day?

☐ 1-2 ☐ 3-4 ☐ 5+ ☐ I don't know

10. How many servings of dairy (milk/cheese/yoghurt) do you think you should eat each day?

☐ 1-2 ☐ 3-4 ☐ 5+ ☐ I don't know

Year 7 Healthy Schools Program Survey



11. How many servings of protein foods (meats/fish/eggs/nuts/seeds/beans/tofu) do you think you should eat each day?

☐ 1-2 ☐ 3-4 ☐ 5+ ☐ I don't know

12. How many servings of grains (bread/cereals/crackers) do you think you should eat each day?

☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7-8 ☐ I don't know

13. How many servings of sweet or snack foods (lollies/donuts/chocolate/chips/burger) do you think you should eat each day?

☐ 0 ☐ 1-2 ☐ 3-4 ☐ I don't know

14. What would you like to learn about healthy eating?

Physical Activity:

15. Do you enjoy participating in sport?

At school: ☐ Yes ☐ No Why / Why Not? _____

At home: ☐ Yes ☐ No Why / Why Not? _____

16. List up to three sports you participate in:

_____, _____, _____

17. Physical activity involves any activity which has made you feel tired, sweat or breathe hard like playing soccer, riding your bike or running. How many minutes do you normally do physical activity each day?

Monday:	<input type="checkbox"/> 0-30min	<input type="checkbox"/> 30min-1hr	<input type="checkbox"/> 1-2hr	<input type="checkbox"/> more than 2hrs
Tuesday:	<input type="checkbox"/> 0-30min	<input type="checkbox"/> 30min-1hr	<input type="checkbox"/> 1-2hr	<input type="checkbox"/> more than 2hrs
Wednesday:	<input type="checkbox"/> 0-30min	<input type="checkbox"/> 30min-1hr	<input type="checkbox"/> 1-2hr	<input type="checkbox"/> more than 2hrs
Thursday:	<input type="checkbox"/> 0-30min	<input type="checkbox"/> 30min-1hr	<input type="checkbox"/> 1-2hr	<input type="checkbox"/> more than 2hrs
Friday:	<input type="checkbox"/> 0-30min	<input type="checkbox"/> 30min-1hr	<input type="checkbox"/> 1-2hr	<input type="checkbox"/> more than 2hrs
Saturday:	<input type="checkbox"/> 0-30min	<input type="checkbox"/> 30min-1hr	<input type="checkbox"/> 1-2hr	<input type="checkbox"/> more than 2hrs
Sunday:	<input type="checkbox"/> 0-30min	<input type="checkbox"/> 30min-1hr	<input type="checkbox"/> 1-2hr	<input type="checkbox"/> more than 2hrs

18. How much time per day do you normally spend using your phone, computer, TV or playing video games?

☐ 0-30min ☐ 30min-1hr ☐ 1-2hr ☐ more than 2hrs

Year 7 Healthy Schools Program Survey



19. How do you normally get to school?

☐ By car/bus ☐ Walking ☐ Skateboard/scooter ☐ Bike

20. How long does it take you to get to school? _____

21. How do you normally spend most of your lunch time at school?

☐ Sitting/talking ☐ Playing games/sport ☐ In the library/study

22. Would you be interested in participating in an organised lunch time competition?

☐ No thank you, I'm not interested

☐ Yes (choose 2 preferences below)

☐ Dodge ball

☐ Handball

☐ Soccer

☐ Touch

☐ Kickball

☐ Volleyball

☐ Basketball

23. Are there any new sports you would like to try at school?

24. What would you like to learn most about physical activity?

☐ How it affects the body

☐ Different types of training (eg/sprint, strength)

☐ How do I improve at sport

☐ Why is physical activity important

☐ Other _____

25. I feel fit and healthy when I? _____

26. I feel unfit and unhealthy when I? _____

Thank you ☺

Year 7 Healthy Schools Program Survey



SERVE SIZES



Vegetables and legumes/beans



Fruit



Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties



Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans



Milk, yoghurt, cheese and/or alternatives, mostly reduced fat

Lesson 1 Outline

Lesson Goal: Improve nutrition knowledge and literacy.

Lesson Themes: Impact of nutrition on body, Australian Guide to Healthy Eating (AGHE) serves & healthy food choices.

Time	Activities	Resources
15 min	Run and physical activity	-
5 min	Introduce Question Box for duration of intervention Introduction to activity: Choosing Foods Activity <ul style="list-style-type: none"> One person from each group chooses a food from the front Discuss choices with student/class in relation to AGHE 	Question Box (shoebox) -Pictures of healthy and unhealthy foods from each food group -Blue-tak
10 min	AGHE Activity: <ul style="list-style-type: none"> Reveal AGHE food circle and discuss recommendations Have students seen the AGHE food circle before? Discuss? (Don't do this for class receiving Poster Pie activity) Purpose of recommendations Discuss serving sizes Show the actual size of 2&5 on plate Present 'Food for Thought' sheet for Nutrition Literacy activity and discuss sheet as a class 	-A3 print out of AGHE food circle -Plate of 2 fruits & 5 vegetables -'Food for Thought' sheets
20-25 min	(One class only)- Nutrition Literacy Activity (Ad): <ul style="list-style-type: none"> Show food ads and discuss Discuss food choices and marketing of discretionary foods Introduce Ad activity Model our jingle Give class time to develop their ad Class presents their ad Discuss presentations 	-Projector/screen -Laptop -USB with ads on it -Whiteboard markers -Jingle props
20-25 min	(One class only)- Nutrition Literacy Activity (Poster Pie): <ul style="list-style-type: none"> Introduce activity to class (write instructions on board) Show model of our pie-chart Reveal AGHE food circle and compare to their pie-chart Discuss placing food into groups/any difficulties with activity Discuss food choices and marketing of discretionary foods 	-White board markers -Our pie-chart -Food catalogues (Coles/Woolworths) -Empty pie-chart -Protractors -A3 print out of AGHE food circle -Scissors and glue
1 min	Question Box to be answered in lesson 2	Question Box

Lesson 2 Outline

Lesson Goal: Reinforce nutrition knowledge, practice/model healthy eating, and complete post-survey

Lesson Themes: Healthy food choices, convenient & fun healthy foods, AGHE recommendations

15 min	Run and physical activity	-
15-20 min	Nutrition Game Show Activity: <ul style="list-style-type: none"> • Introduce game show and rules • Play game • Include final questions to even scores for teams who need a boost • Present prizes 	-Game show background and theme song -Game show questions/categories -Game show host clothes -Game show 'buzzers' -Prizes (\$5 canteen vouchers) -Whiteboard markers for target -Sticky ball for throwing at target on board
10min	Post-survey* <ul style="list-style-type: none"> • Give post survey to students • Explain how to fill out the survey then collect responses 	-Printed post-surveys -Food models
10min	Food Tasting Activity: <ul style="list-style-type: none"> • Present food and have students make and eat food (fruit kebabs, veggie sticks and dips) • Discuss foods • Give out snack ideas resource 	-Fruit and vegetables -Kebab skewers -Serviettes -Plastic plates -Plastic spoons -Dips (Hommus/tatziki) -Snack idea resource
5min	Question Box: <ul style="list-style-type: none"> • Answer any questions students have left in the box 	Question Box

* Post-survey time was allocated as this was used as a data collection tool during our intervention. If not recording data from these lessons, you can use the extra 10 minutes for the Food Tasting Activity.



PHYSICAL ACTIVITY AND EXERCISE

TWEED HEALTHY SCHOOLS PROGRAM

CONTENT

- Introduction

Fitness Stations

- Agility
- Balance
- Core Strength
- Coordination
- Endurance
- Flexibility
- Power
- Reaction Time
- Strength
- Speed

- Group Discussion

- Health and Fitness Planner



INTRODUCTION

- **What is Physical Activity?**

- Any bodily movement produced by the skeletal muscles that requires energy expenditure.

- **What is Exercise?**

- Is physical activity that is planned, structured and repetitive for the purpose of conditioning any part of the body.

- **What are some of the benefits to being active?**

- General Health – slows ageing, decrease obesity, reduce heart disease (CVD), reduce diabetes, increase strength, improves psychological health (mood, depression), boosting energy, better sleep.
- Social – confidence, self-esteem, self-efficacy

- **How do we classify “fitness”?**

- The quality of being suitable to fulfill a particular task.

It's never too late to
live a healthy lifestyle.



personal penguin trainer

chibird

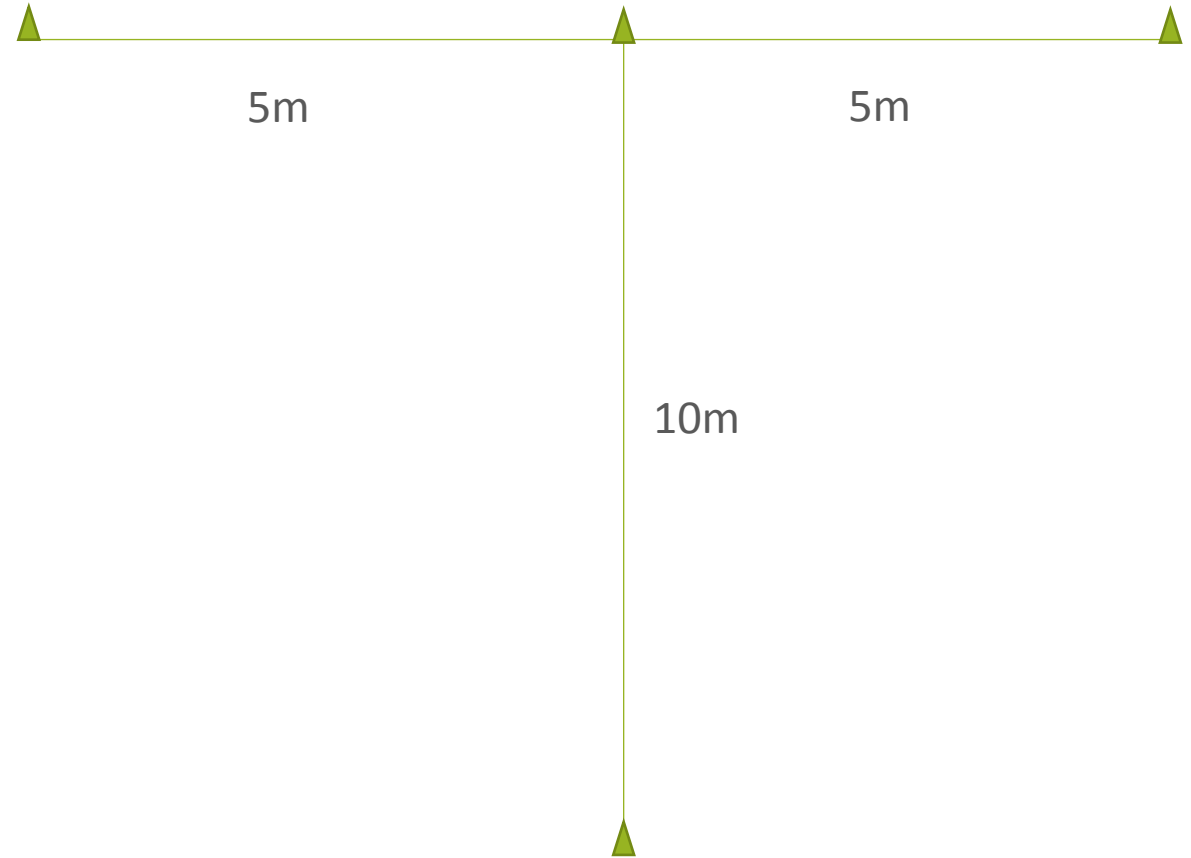
AGILITY

What is agility?

The ability to change the movement direction of the entire body in space, both rapidly and accurately.

Which sports require you to have good agility (eg. Skipping)?

What situation might you use agility in during everyday life?



Agility Test: T-Test

Time: _____min/sec

BALANCE

What is balance?

The maintenance of equilibrium, whether while stationary or moving.

What sports require good balance (eg. Surfing)?

Why is balance important in everyday life?



Balance Test: Stalk Stand

Results

Trial 1 R: _____ Seconds L: _____ Seconds

Trial 2 R: _____ Seconds L: _____ Seconds

CORE STRENGTH

What is core strength?

Ability for dynamic and static stabilisation of a person's torso by the abdominal wall, pelvis, lower back and diaphragm, assisting in posture.

Why is core strength important in everyday life (eg. Posture)?

Why is core strength important in sport?



Plank



Time:

_____min/sec

Side Plank



Time:

R:_____min/sec

L:_____min/sec

COORDINATION

What is coordination?

The ability to perform motor skills smoothly and accurately

What sports require good coordination (eg. Soccer)?

Why is coordination important in everyday life?



Rating	Score (in 30 seconds)
Excellent	> 35
Good	30 - 35
Average	20- 29
Fair	15 - 19
Poor	< 15

Coordination Test: Alternate Hand
Ball Toss in 30s

Catches Complete:

MUSCULAR ENDURANCE

What is muscular endurance?

The ability to perform many repetitions with a sub-maximal resistance over a given period of time.

What are some sports that require muscular endurance (eg. Marathon)?

When might you need muscular endurance in everyday life?



	Men	Women
Excellent	> 56	> 35
Good	47-56	27-35
Above average	35-46	21-27
Average	19-34	11-20
Below average	11-18	6-10
Poor	4-10	2-5
Very Poor	< 4	0-1

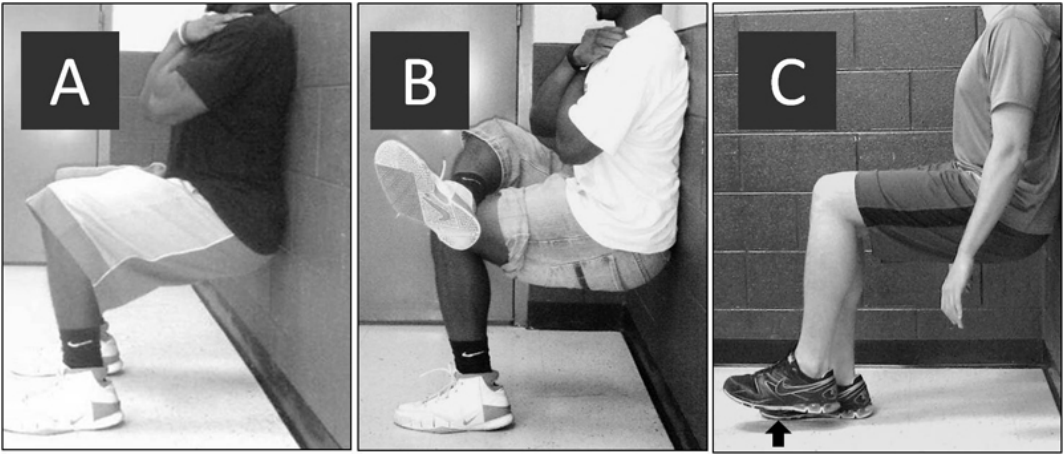
Wall Sit Test

Results:

A _____ Seconds

B _____ Seconds

C _____ Seconds



Push up Test

Results: Number of Push Ups

A _____

B _____

FLEXIBILITY

What is flexibility?

Capacity of a joint or muscle to move through its full range of motion.

What sports is flexibility useful for (eg. Diving)?

Why is flexibility important in everyday life?



Sit and Reach

Results

Right leg: _____ cm

Left leg: _____ cm

Both legs: _____ cm



POWER

What is power?

Ability to transfer energy into force at a fast rate.

What type of sports require lots of power (eg. High jump)?

How could you apply power to everyday situations?



Seated basketball throw

Results

Trial 1 _____ M

Trial 2 _____ M



Standing long jump

Results

Trial 1 _____ M

Trial 2 _____ M



REACTION TIME

What is reaction time?

Time elapse between stimulation and the beginning of a reaction to a stimulation.

What sports require a fast reaction time (eg. Shooting)?

Why would a sport like cricket require a fast reaction time?



Ruler Drop

Results

Trial 1 _____ cm

Trial 2 _____ cm



Alternate Direction Reaction Catching

Results: Out of 10 catches

Trial 1 _____ /10

Trial 2 _____ /10

STRENGTH

What is strength?

Ability for a muscle or muscle group to exert a maximal force against resistance, one time through full range of motion.

In which sports is strength a factor (eg. Power lifting)?

Why is strength important in everyday life?



Dynamometer Test

Results

_____ N



4 Level Abdominal Strength Test

Results



Score	Criteria
0	Cannot perform
1	difficulty performing, jerky motion, feet leave the floor
2	uses a lot of momentum to overcome 45 degrees
3	performs with slight pause in the mid area of the sit-up
4	no difficulty

SPEED

How would you describe speed?

Ability to perform a movement in a short period of time.

What sports is speed useful for (eg. Sprinting)?

Why is speed important in everyday life?

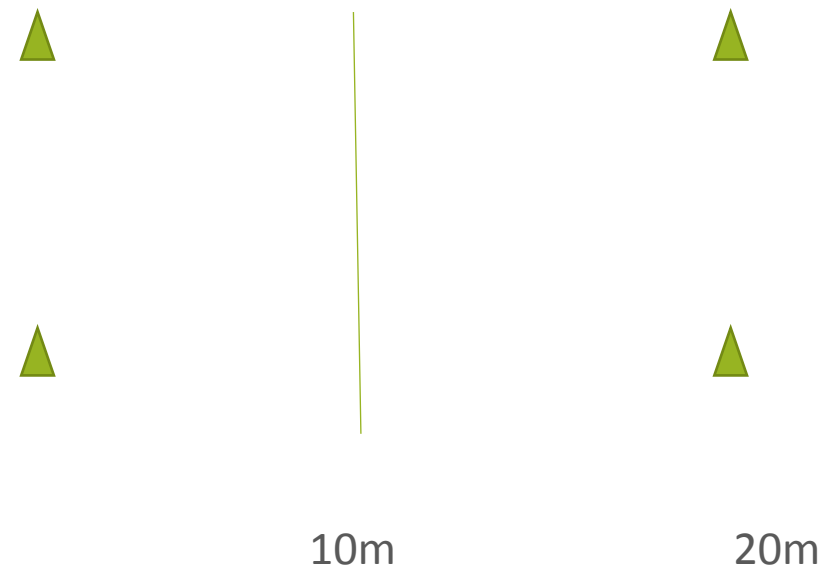


Sprints

Results

10 metre sprint _____ secs

20 metre sprint _____ secs



RECOMMENDATIONS FOR HEALTHY LIVING

- Ages 13-17yrs partake in 60 minutes of moderate to vigorous physical activity per day
- At least 3 times per week, incorporate activities that strengthen bones and muscles
- Limiting electronic media to less than 2hours a day
- Breaking up long periods of sitting – MOVEMENT IS GOOD
- Sleep is important – avoid using electronic media before bed
- For optimal function – 9 hours of sleep is recommended by teenagers

GROUP DISCUSSION

My chosen sport

Three important fitness components for the sport

- | | | | |
|----|-------|-------------|--------------------------|
| 1. | _____ | Score _____ | Goal for next time _____ |
| 2. | _____ | Score _____ | Goal for next time _____ |
| 3. | _____ | Score _____ | Goal for next time _____ |

What are some ways you could get better at these things?

What is the recommended hours of sleep you need each night?
_____Hrs

What is the recommended minutes of physical activity you should get each day?
_____Hrs

How much time in front of a screen, is too much?
_____Hrs

Do you think you meet these guidelines?
Circle Yes or No.

Sleep - Yes/No

Physical activity - Yes/No

Screen Time - Yes/No

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
1am							
2am							
3am							
4am							
5am							
6am							
7am							
8am							
9am							
10am							
11am							
12pm							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							
12am							
Physical Activity (total hrs)	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs
Sleep (total hrs)	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs
Screen time (total hrs)	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs	Hrs

Examples: Sleep, School, Meals, Screen time, Training, Sport, Travel time, Study, Family time, Relax/Free time

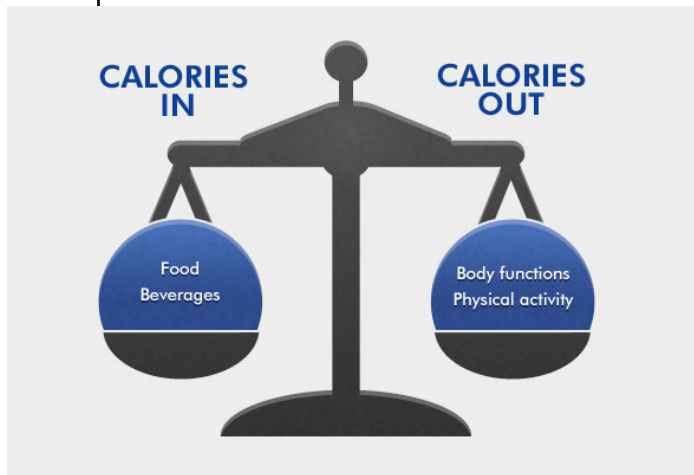


Healthy Living

How much sugar is in different drinks?

Energy In = Energy Out

ENERGY IN	ENERGY OUT
Comes from the food and drink you consume.	The amount of kilojoules or calories burnt up by the body This is done through 'staying alive' EG. heart beating, digestion, breathing and the big one – <u>BEING PHYSICALLY ACTIVE</u>



Rethink Sugary Drinks

<https://www.youtube.com/watch?v=6kglctvwCqw>



So what do you drink?





Experiment Time!

Step 1: Fill in the table using the information on the drink.

Step 2: Calculate how many teaspoons of sugar are in each drink.

1 teaspoon = 5g sugar

Step 3: Measure out how many teaspoons of sugar are in the drink into the cup.

Step 4: Record the amount of sugar in your table, then pour back into bowl and rotate to the r on a new drink.

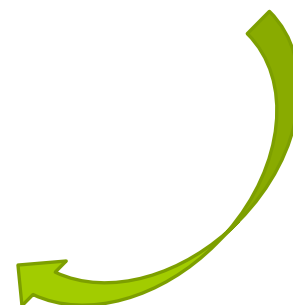


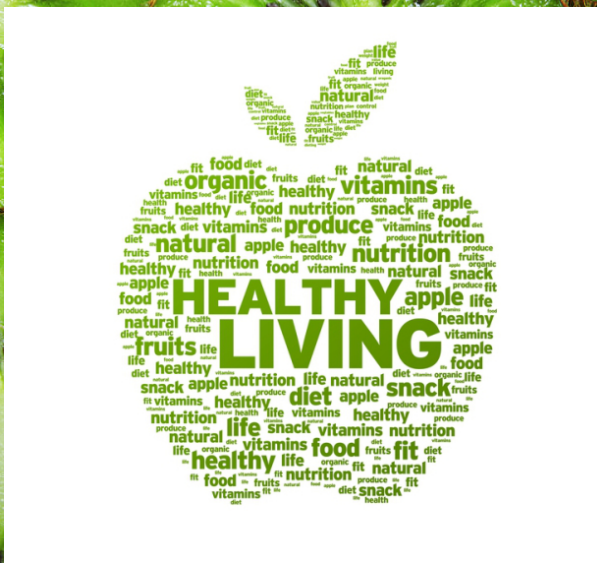
Health problems associated with weight and other health problems

WEIGHT GAIN	OTHER HEALTH PROBLEMS
Coronary Heart Disease	Lack of energy
Type 2 Diabetes	Teeth and gum decay (acid in drink weakens tooth enamel which can lead to tooth decay)
Cancer (Breast, Colon, Endometriosis)	Lack of focus and concentration
High Blood Pressure	Smelly Breath
High Cholesterol	Feeling tired
Stroke	Disturbed sleep
Liver and Gallbladder Disease	Depression
Infertility	
Breathing problems	
Osteoarthritis	



RECOMMENDATIONS





And stay healthy!!

Implementation of the Year 7 **Food for Thought** Program at Banora Point High School

Written and Compiled by:

Emma Flynn, Lili Sopher and Joe Wright
Student Dietitians
Griffith University, Gold Coast

Placement Site:

Tweed Healthy Schools Project, Banora Point High School

Clinical Supervisor:

Petrina Logan

Program Coordinator:

Kirsten Macdonald

Date Completed:

August 15, 2014



Executive Summary

Obesity is associated with the increased prevalence of chronic conditions such as diabetes, heart disease and depression. In NSW, rates of child overweight and obesity are greatest in areas of lower socio-economic status. Obesity prevention efforts, such as health and nutrition education aimed at students in areas with lower ICSEA scores, are therefore warranted to remedy this situation.

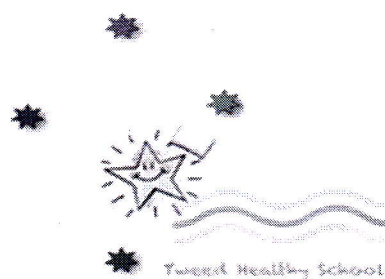
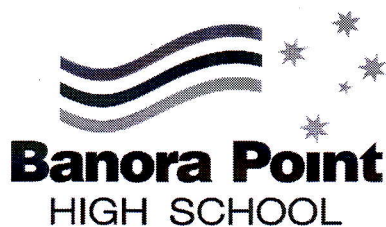
The goal of the Tweed Healthy Schools Program is to improve the health and learning outcomes of students. The Year 7 Food for Thought (FFT) program focuses on improving the health of children as they are transitioning into adolescence. The program, which focuses on a school that has a lower ICSEA score, is supported by the findings of research on the prevalence of obesity in areas of lower socio-economic status.

An initial survey was used to assess the current nutrition and physical activity knowledge and behaviours of students. A healthy lifestyles program, FFT, that included content based on initial survey results was offered to Year 7 classes. Food for Thought occurred as three in-class sessions aimed to improve the knowledge and behaviours of the students: one introduction and two education-based sessions. The program was designed around two theoretical frameworks: New South Wales Health Promotion with Schools and Social Cognitive Theory. After completion of the program, an evaluation survey was completed to determine the program's effectiveness.

After the implementation of the program it was apparent that FFT created no behavioural change in the Year 7 students. However, the program improved nutrition knowledge of the students in relation to the Australian Guide to Healthy Eating (AGHE). After the program approximately 41% of students were able to correctly identify the AGHE fruit recommendations. Improvement was also seen in vegetable knowledge post program. At baseline 32% of students were able to correctly identify fruit and vegetable recommendation, this increased to 37.8%. There was a marked improvement in discretionary food knowledge, 57.1% recognised discretionary items were not included as a food group. Students expressed their opinions about the program, which were identified as three main themes: nutrition education, active nutrition education and a lack of interest in nutrition education.

The FFT program was able to improve the nutrition knowledge of Year 7 students. However, the impact of the program over time is unknown and follow-up will be required. School-based nutrition programs are most effective when they are holistic, sustainable and continuous. As the FFT was unable to create behavioural change, the following recommendations have been made:

1. Creation of a holistic nutrition program taking a focus on the AGHE as a whole
2. Review the new PDHPE curriculum and identify opportunities to increase nutrition content
3. A review of the canteen menu should be conducted against guidelines
4. Nutrition education sessions should be offered which are aimed at parents and carers



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 E banorapnt-h.school@det.nsw.edu.au ★ W www.banorapnt-h.schools.nsw.edu.au

October, 2014

Dear Parent/Carer

This term your child will be participating in the **Year 7 Healthy Lifestyle Program** which is a new curriculum opportunity at our school. The program is delivered over a series of weekly lessons by university students who are studying in the allied health industry: nutrition and dietetics, physiotherapy, exercise and health science, and health promotions. This is a valuable learning program that involves close collaboration between the health and education sectors to improve health and learning outcomes for our students. The classroom teacher will be supervising students in these lessons.

At times, the university students may need to film lessons to assist with feedback from their supervisors.

Please complete the attached form in respect to your child participating in the lessons which are being filmed for the purpose of education.

Yours sincerely

Marelda McLean
 Tweed Heads Healthy Schools
 Secondary Curriculum Liaison Officer

Greg Smith
 Principal

TWEED HEALTHY SCHOOLS
YEAR 7
HEALTHY LIFESTYLE PROGRAM

Certificate of Completion

PRESENTED TO

JOE BLOGGS



TWEED HEALTHY SCHOOLS—CLINICAL CO-ORDINATOR,
KIRSTIN MACDONALD

DATE COMPLETED 19 SEPTEMBER 2014



BANORA POINT HIGH SCHOOL—PRINCIPAL,
GREG SMITH

Monday 4 August 2014

On The Waves

SCHOOL — UNI NEWS

	www.scu.edu.au/uni-bound
<p>Year 9 “Going To Uni” Thursday 7 August 2014</p>  <p>Southern Cross University will host Year 9 students participating in the UNI-BOUND program at Gold Coast campus for a “Going To Uni” experience.</p>	<p>Students will meet with university staff and UNI-BOUND Mentors. They will participate in a range of study skills sessions and explore academic pathways and career contexts for different university courses. Transport to and from the event is provided by the University.</p>

Year 7 Healthy Lifestyle Program by Marelda McLean

During Term 3, our Nutrition and Dietetics, Physiotherapy, Sport and Exercise Science and Public Health university students are working with Year 7 students. The aim of this program is to help support Year 7 students in leading healthy lifestyles as they experience this important transition from Primary to High School. This program will include health topics such as healthy eating and physical activity.

**Tweed Healthy Schools Program university students:**

Back row: Sam Peterson, Jaimon Kelly, Joseph Wright, Daniel Bui

Front row: Laura MacDougall, Elisha Roche, Emma Flynn, Tamara Parker, Laura Phillips, Lili Sopher, Charlie Cocke

SERVE SIZES

Vegetables and legumes/beans

Serves per day

	2-3 years	4-8 years	9-11 years	12-13 years	14-18 years
Boys	2½	4½	5	5½	5½
Girls	2½	4½	5	5	5

A standard serve of vegetables is about 75g (100-350kJ) or:

- ½ cup cooked green or orange vegetables (for example, broccoli, spinach, carrots or pumpkin)
- ½ cup cooked, dried or canned beans, peas or lentils*
- 1 cup green leafy or raw salad vegetables
- ½ cup sweet corn
- ½ medium potato or other starchy vegetables (sweet potato, taro or cassava)
- 1 medium tomato

*preferably with no added salt

Fruit

Serves per day

	2-3 years	4-8 years	9-11 years	12-13 years	14-18 years
Boys	1	1½	2	2	2
Girls	1	1½	2	2	2

A standard serve of fruit is about 150g (350kJ) or:

- 1 medium apple, banana, orange or pear
- 2 small apricots, kiwi fruits or plums
- 1 cup diced or canned fruit (with no added sugar)
- Or only occasionally:
- 125ml (½ cup) fruit juice (with no added sugar)
- 30g dried fruit (for example, 4 dried apricot halves, 1½ tablespoons of sultanas)

Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties

Serves per day

	2-3 years	4-8 years	9-11 years	12-13 years	14-18 years
Boys	4	4	5	6	7
Girls	4	4	4	5	7

A standard serve (500kJ) is:

- 1 slice (40g) bread
- ½ medium (40g) roll or flat bread
- ½ cup (75-120g) cooked rice, pasta, noodles, barley, buckwheat, semolina, polenta, bulgur or quinoa
- ½ cup (120g) cooked porridge
- ½ cup (30g) wheat cereal flakes
- ½ cup (30g) muesli
- 3 (35g) crispbreads
- 1 (60g) crumpet
- 1 small (35g) English muffin or scone

Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans

Serves per day

	2-3 years	4-8 years	9-11 years	12-13 years	14-18 years
Boys	1	1½	2½	2½	2½
Girls	1	1½	2½	2½	2½

A standard serve (500-600kJ) is:

- 65g cooked lean meats such as beef, lamb, veal, pork, goat or kangaroo (about 90-100g raw)
- 80g cooked lean poultry such as chicken or turkey (100g raw)
- 100g cooked fish fillet (about 115g raw weight) or one small can of fish
- 2 large (120g) eggs
- 1 cup (150g) cooked or canned legumes/beans such as lentils, chick peas or split peas (preferably with no added salt)
- 170g tofu
- 30g nuts, seeds, peanut or almond butter or tahini or other nut or seed paste (no added salt)

*weekly limit of 455g

Milk, yoghurt, cheese and/or alternatives, mostly reduced fat

Serves per day

	2-3 years	4-8 years	9-11 years	12-13 years	14-18 years
Boys	1½	2	2½	3½	3½
Girls	1½	1½	3	3½	3½

A standard serve (500-600kJ) is:

- 1 cup (250ml) fresh, UHT long life, reconstituted powdered milk or buttermilk
- ½ cup (120ml) evaporated milk
- 2 slices (40g) or 4 x 3 x 2cm cube (40g) of hard cheese, such as cheddar
- ½ cup (120g) ricotta cheese
- ½ cup (200g) yoghurt
- 1 cup (250ml) soy, rice or other cereal drink with at least 100mg of added calcium per 100ml

The healthy lifestyles program, Food for Thought, was delivered to Year 7 students focusing on the benefits of eating fruits and vegetables. Here are some easy tips for kids to meet their 2&5.

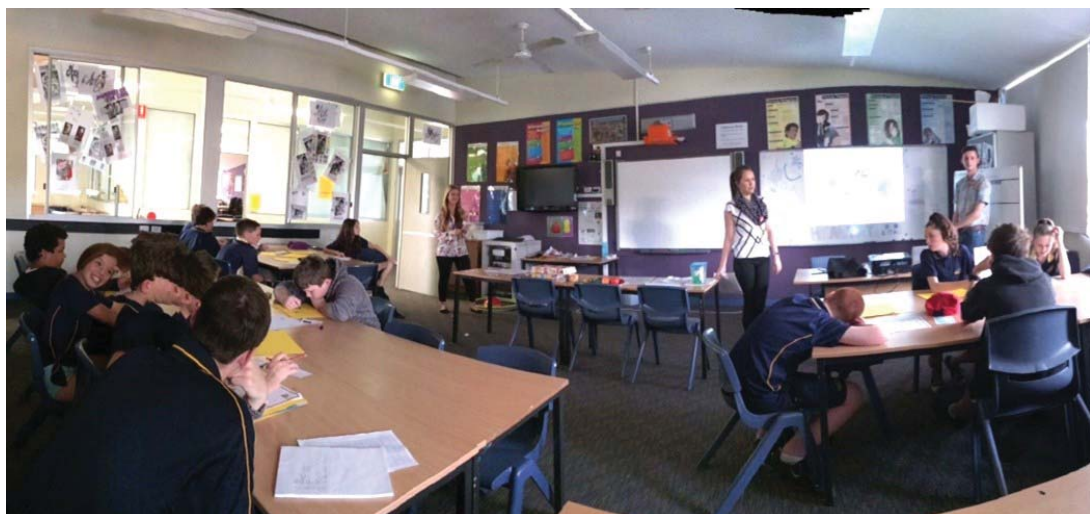
- Include fruit and vegies in every meal (e.g. add chopped, grated or pureed vegies to pasta sauces, meat burgers, frittatas, stir-fries and soups and add fruit to breakfast cereal)
- ◊ If you are short on time, always have a pack of frozen vegetables in the freezer.
- Snack on fruit and vegies (e.g. fruit or vegetable kebabs, corn on the cob, ants on a log, fruit cups, mini muffins with fruit, or veggie sticks with salsa, hummus, cottage cheese, peanut butter)
- ◊ If you are short on time, grab fruit cups or tinned fruit in juice but not syrup/concentrate.
- When making sandwiches, opt for a healthy alternative such as avocado or hommus instead of butter as an easy way of increasing vegetable intake and limiting saturated fat.
- For a quick and easy snack, try corn thins and top with your favourite spread (we suggest avocado) and layer it up with fresh veg (tomato, cucumber, cheese, lettuce).

Acknowledgements: Healthy Kids Factsheets www.healthykids.nsw.gov.au

Year 7 Lifestyle Program (Cont'd)



Discussing '2&5' fruit & vegetables with 7M



Year 7 Lifestyle Program (Cont'd)

Our Nutrition and Dietetics students are currently promoting the Australian Guide to Healthy Eating (AGHE). The AGHE gives us advice on the amounts and kinds of foods we should be eating to stay healthy and well. With children in mind, the AGHE is created to assist and allow children to maintain a healthy weight through eating nutritious foods from the 5 food groups daily and limiting foods containing saturated fats and added salts and sugars. The image below shows the 5 food groups and the proportional amounts children should be eating each day. Their particular focus within school lessons is on encouraging students to eat **2 servings of fruit** and **5 servings of vegetables** per day.



The 5 food groups and their serving sizes for children and adolescents are shown below. For more information about childhood nutrition, please click on the link: http://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55f_children_brochure.pdf

Superfood Cacao Raw Bars

Serves: 15 bars

Preparation time: 10 minutes

Refrigeration time: 1 hour

INGREDIENTS:

- 1 cup walnuts and almonds
- ⅓ cup of sesame seeds
- ⅓ cup linseeds
- ⅓ cup sunflower seeds
- ¾ cup pepitas
- ¼ cup shredded coconut
- ¼ cup cacao powder
- 1 cup dates
- ½ cup raisins
- 1-2 tbsp coconut oil



METHOD:

1. Put most of the nuts, seeds and coconut into a food processor (keep a little of each ingredient for later).
2. Add the cacao, dates and raisins and process until the mixture starts to stick together.
3. If the mixture is too dry add some coconut oil.
4. Add the remaining dry ingredients and mix them in with your hands.
5. Press the mixture into a tin lined with baking paper and set in the fridge for an hour (or more if needed).
6. Cut into bars and enjoy!

Serving suggestions: Bars can be stored in fridge for up to 1 week. Other seeds and nuts may be used. Cocoa powder may be used in place of cacao.

Contains: Nuts.

Healthy Tropical Pizza

Serves: 2

Preparation time: 10 minutes

Cooking time: 10-15 minutes

INGREDIENTS:

Base:

- 1 wholemeal Lebanese bread
- 1 tbsp salt reduced tomato paste

Topping:

- 1 tbsp onion
- 1 tbsp capsicum
- ½ tomato
- 1 mushroom
- 30g ham
- 50g pineapple
- 30g baby spinach
- 1 cup light shredded cheddar cheese
- 1 tsp dried Italian herbs



METHOD:

1. Preheat oven to 180°C.
2. Chop onions, capsicum, tomato, mushroom, ham and pineapple.
3. Spread tomato paste on the Lebanese bread.
4. Evenly spread baby spinach, other vegetables and pineapple onto the base.
5. Sprinkle shredded cheese on top.
6. Place ham on top of cheese.
7. Lightly sprinkle with dried Italian herbs.
8. Place in the middle of the oven and cook for 10-15 minutes, or until cheese is golden.

Serving suggestions: Serve with a side salad.

Contains: Gluten and dairy.

Mango and Banana Smoothie

Serves: 2

Preparation time: 5 minutes

Cooking time: 3-5 minutes

INGREDIENTS:

- 1 banana
- 1 cup frozen mango
- ½ cup low fat natural yoghurt
- ½ cup low fat milk
- ¼ cup rolled oats
- ¼ tsp cinnamon

METHOD:

1. Chop bananas into small pieces.
2. Add all of the ingredients into blender.
3. Blend until smooth.
4. Serve chilled.



Serving suggestions: You can add any type of fruit and berries to your taste. Oats are optional, but are good to add as they contain fibre and make you feel fuller for longer. The natural yoghurt can be swapped with any type of low fat no added sugar yoghurt. If you find your smoothie too thick, add in extra milk, water or ice cubes.

Contains: Gluten and dairy.

Implementation of a Nutrition and Healthy Eating Program within Banora Point High School

Principal's Report Tweed Healthy Schools Project Banora Point High School

November, 2014

Samantha Ashe, Trine Finnerud and Hayley Plint
Griffith University – Nutrition & Dietetic Students



Executive Summary

Background

Globally, the prevalence of childhood overweight and obesity continues to increase. In NSW in 2011-12, 20.4% of adolescents aged 12-17 were reported to be overweight or obese. Overweight/obese adolescents are more likely to stay overweight/obese as they enter their adulthood and therefore, are an important population to benefit from nutrition health promotion programs. Statistics also show inadequate fruit and vegetable intake in many adolescents and excessive intake of discretionary food choices. Moreover, adolescents in socio-economically disadvantaged populations are found to be at higher risk of choosing inappropriate foods. Today, nutrition-related health problems are a growing concern. Furthermore, with excess weight, the risk of developing chronic diseases increases. It is reported that adequate nutrition is associated with many positive health outcomes including improved academic outcomes. Therefore, programs addressing poor dietary habits should be of high priority.

Methods

A needs assessment was undertaken to identify the key nutritional issues at Banora Point High School (BPHS). This involved a literature review, meeting with key school personnel and surveying the students at BPHS. The causes of the key nutritional issues were identified and the Health Promoting Schools Framework and Social Cognitive Theory were reviewed. From the needs assessment findings, a project plan was developed, with a number of strategies incorporating numerous interventions and resources developed for BPHS. These were implemented over 2 weeks at BPHS.

Key results

Results from the needs assessment, including outcomes of meetings with key school personnel and student surveys, found that an information board, brochures, interactive touch screen and cooking demonstration would be useful within the high school setting. Interventions that are peer-led, succinct, visual, interactive and engaging are more likely to be successful. The information board idea was popular. When surveyed, 42% of students had noticed the nutrition information board and of those students, 95% found the board visually appealing. Results on the touch screen's effectiveness was unable to be recorded during this project's timeframe, however, after presenting the final version to key school personnel, the response was very positive and the program was trialled on an alternative touch screen located in the front office. In regards to the cooking demonstration, a survey revealed that students were most interested in seeing smoothies, healthy snack options and pizza being prepared. Approximately 40 students observed the cooking demonstration, and all except one "liked" the food and found it interesting. All would make at least one of the recipes at home. The Year 7 lesson was enjoyed by students and it improved knowledge on fruit and vegetables and their recommended serve sizes.

Conclusions and Recommendations

School nutrition interventions involving adolescents are effective in influencing healthy eating behaviours. This program was able to improve cooking skills, nutrition awareness and knowledge and increase perceived access to nutrition information in the school setting. Several recommendations for future interventions have been made. These include adjusting nutrition resources in response to student feedback, the 'School Health and Wellbeing Team' should consider taking on the responsibility for rotating content on the information board, utilise the resources for BPHS newsletter and website and install an interactive touch screen with the nutrition information program in the library for students to access.

Appendix 25 – Evaluation of the Tweed Healthy Schools Action Based Learning Program

This following summary is part of a research higher degree program, Master of Science (by Research). Data collection for this research study is due for completion mid December 2014 and will be prepared for publication in 2015.

Evaluation of the Tweed Healthy Schools Action Based Learning Program

Background

Action Based Learning (ABL) involves the integration of movement and physical activity into the school curriculum. The intent is for learning to take place while school pupils are being active, rather than sedentary, while they listen to a lecture or watch a demonstration.

The Tweed Healthy Schools ABL program aims to improve the health and learning outcomes of Year 1 primary school pupils. The importance of young Australians developing skills in literacy and numeracy is widely recognised. The Melbourne Declaration on Educational Goals for Young Australians (2008, p. 8) states for young Australians to become successful learners, they will 'have the essential skills in literacy and numeracy'.

The significant health benefits of physical activity are also well established. Regular and adequate levels of physical activity can improve muscular and cardiorespiratory fitness, bone and functional health and are fundamental to energy balance and weight control (WHO, 2014). However, the 2010 NSW Schools Physical Activity and Nutrition Survey (SPANS) revealed that 22.8% of NSW children surveyed were overweight or obese. In addition, less than half of Kindergarten, Year 2 and 4 students in NSW met the Australia's Physical Activity Guidelines for children aged 5-12 years of at least 60 minutes of moderate to vigorous physical activity per day.

Given the importance of children developing skills in numeracy and literacy in addition to being physically active, the classroom provides an ideal setting to combine these two elements. This research study will investigate the effect of integrating physical activity and movement into English and Mathematics lessons on the health and learning outcomes of Year 1 school pupils.

Literature Review

Current literature supports the relationship between physical activity, cognition, and academic performance (Donnelly et al, 2011). A meta-analysis conducted by Sibley and Etnier (2003) found a significant positive relationship between physical activity and cognitive functioning in children. Similarly, studies by Trudeau and Shepherd (2010) and Tomporowski et al. (2008) support the link between physical activity and academic achievement in primary school children.

It has been proposed that the association between physical activity and cognition may be explained by physiological and learning/developmental mechanisms (Sibley and Etnier 2003). Physiological mechanisms are based on physical changes in the body brought about by exercise, with numerous studies reporting changes such as increased cerebral blood flow, alterations in brain neurotransmitters and modified arousal levels (Sibley and Etnier 2003, Blakemore 2013). The learning / developmental mechanisms state that movement and physical activity provide learning experiences that aid, and may even be necessary for proper cognitive development. Furthermore, exercise may enhance the development of specific types of mental processing, such as executive functioning (selecting, organising and properly initiating goal-directed actions) which is known to be important for meeting challenges encountered both in academics and throughout the lifespan (Davis et al 2011).

Research on integrating ABL in the classroom is limited. However, the effectiveness of classroom-based physical activity has been evaluated by Donnelly et al. (2009) concluding that physically active academic lessons are cost effective, do not require additional teacher preparation time, are enjoyable for teacher and student, and result in improved academic achievement scores.

This research study will investigate whether the implementation of an ABL program, integrated into the Year 1 English and Mathematics curriculum, will influence the learning outcomes (numeracy and literacy), motor proficiencies and physical activity levels in Year 1 children. Through this program the following questions will be addressed:

Does the integration of ABL into the Year 1 English and Mathematics curriculum improve;

- academic performance (English and mathematics) in end of term reports as compared to a control class?
- numeracy and literacy (using a standardised test) as compared to a control class?
- motor proficiency (using a standardised test) as compared to a control class?
- physical activity levels as compared to a control class?

Research Methodology

Ethics approval was granted by Bond University Human Research Ethics Committee (BUHREC) and State Education Research Applications Process (SERAP).

- Three Year 1 classes were recruited to participate in this study which included two intervention classes from Centaur Primary School and one control class from Pottsville Public School.
- Explanatory statements and consent forms were sent home to parents/carers of children in both control and intervention classes.
- 1M was chosen to be the intervention class with ABL lessons integrated into the mathematics curriculum
- 1P was chosen to be the intervention class with ABL lessons integrated into the English curriculum
- 1C was chosen to be the control class with children participating in their regular English and mathematics classes delivered by their classroom teacher. Consent will be obtained from parents/guardians of the Year 1 school pupils involved.

Baseline data collection

- Academic reports will be obtained for each Year 1 school pupil participating in the study at the end of Term 2, 2014. These reports will be compared to reports at the end of Term 4, 2014, in order to evaluate whether there have been any learning improvements, specifically in numeracy and literacy, as a result of the Action Based Learning activities.
- During the first four weeks of Term 3, 2014, the reading, writing, mathematics ability and motor proficiency of participating Year 1 school pupils were assessed.

Specifically, the following assessments were conducted

- The Weschler Individual Achievement Test –2nd Edition Australian Standardised Edition (WIAT-II)
- The Bruininks-Oseretsky Test of Motor Proficiency (BOT-2)
- Sensewear armbands for 10 children in each class to capture information about their physical activity levels

12 Week Year 1 ABL Program

The ABL lessons were delivered over a 12-week period by Physiotherapy and Exercise Science students in conjunction with the Tweed Healthy Schools Clinical Coordinator (Interprofessional supervisor) and the classroom teacher.

	Monday	Tuesday	Wednesday	Thursday
1P	Gross motor skills Reading groups	Gross motor skills Reading groups	Gross motor skills Reading groups	Gross motor skills Reading groups
1C	Gross motor skills Whole class maths lesson	Gross motor skills Whole class maths lesson	Gross motor skills	Gross motor skills Whole class maths lesson

Gross motor skills session:

- At 8.30am from Monday to Thursday, 1M and 1P participated in a gross motor skills session.
- Three times a week this session was conducted in the school hall and involved students rotating around 8 different circuits every 1 minute. The circuits included activities that promoted hand/foot-eye coordination, locomotor skills, animal walks to develop strength, balance/proprioception, spatial awareness,
- Once a week this session was held outdoors and involved a combination of locomotor relays, spatial awareness games.

Reading groups:

- Each morning from Monday to Thursday, a 10 minute action based learning activity was planned and delivered to the six different reading groups in 1P
- Lessons were based on the Term 3 and 4 English curriculum and included activities related to spelling, reading and writing

Maths Class:

- Three times a week, a 15 minute action based learning activity was planned and delivered during math class maths to children in 1M
- Lessons were based on the Term 3 and 4 Maths scope and sequence, with the focus of the lessons changing each week.

Post intervention data collection

- During Week 8 of Term 4, 10 students in the control class will wear the Sensewear armband again
- During Weeks 9-11 of Term children in 1M, 1C and 1P will be re-assessed to determine any changes in their baseline measures (literacy/numeracy, motor proficiency, physical activity levels). Additionally, comparisons will be made between the physical activity levels, motor proficiency and learning outcomes for those in the intervention classes versus control class.

Data analysis

Following analysis of descriptive data and assumptions of normality and heterogeneity, paired t-tests will be conducted to determine the impact of the intervention for each outcome measure. Data will be analysed employing Statistical Package for the Social Sciences (Version 20.0) alpha level set at 0.05.

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Development and Implementation of a Staff Healthy Workplace Program at Centaur Primary School School Report

Written and Compiled by:

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Project Dates:

19th May – 27th June 2014



1. Acknowledgements

Kirstin Macdonald - Clinical Coordinator, Tweed Healthy Schools Program

Christina Turner and Marie-Claire O'Shea – Clinical APD Educators, Griffith University

Darren Scott – Centaur Primary School Principal

Greg Smith – Banora Point High School Principal

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3. Background

Centaur Primary School is one of the T5 schools where the Tweed Healthy Schools Project is being implemented and a staged roll out is planned including classroom based curriculum, whole of school activities and individual assessment and treatment (as required). As an initiative of the project, nutrition and dietetics students from Griffith University examined the need for a healthy workplace initiative for staff. The healthy workplace initiative falls within the World Health Organisation framework of Health Promoting Schools. The World Health Organisation (WHO) defines a Health Promoting School (HPS) as one that “constantly strengthens its capacity as a healthy setting for living, learning and working” [1].

HPS programs are more likely to be successful and sustainable when strategies align with school priorities and the school community is actively engaged and have a sense of ownership of the program [1, 3-5]. School staff and teachers play a pivotal role in the success and sustainability of a HPS [5]. One of the recommendations of the WHO Expert Committee on Comprehensive School Health Education and Promotion is that “teachers and school staff must be properly valued and provided with the necessary support to enable them to promote health” [1]. European HPS guidelines recommend a focus on health and wellbeing of school staff as role models for health [4]. Benefits reported by HPS staff include improved morale and job satisfaction, increased health knowledge and skills and healthier lifestyles. Schools have benefited through improved school image and enhanced standing in the local community[5].

The national prevalence of overweight and obesity in Australian adults has continued to rise from 56% in 1995, to 61% in 2007-08 and 63% in 2011-12 [6]. Just 5.5% of Australian adults have an adequate daily intake of fruit and vegetables [6]. Sedentary behaviour occupies 39 hours per week for adults, with up to 22 sedentary hours related to work. Only 43% of adults meet the sufficiently active threshold of 30 minutes of daily exercise [6].

The workplace is a frequently targeted site for addressing obesity and physical inactivity because of the amount of time people spend at work, the opportunity to establish peer support networks, and the potential for employer input [8]. Interventions specifically targeting nutrition and physical activity have been implemented in a range of workplaces and have demonstrated improvements in health behaviours and the potential to reduce the risk of chronic disease [9-13].

4. Project Plan

Overall Goal

The overall goal of the project is to assist with the development and implementation of a healthy workplace program to support the health and wellbeing of staff at Centaur Primary School.

Needs Analysis

In order to develop a healthy workplace program, a needs analysis was conducted involving key stakeholders such as the Principal and staff of Centaur Primary School and the Tweed Healthy Schools Liaison Officer. Important components included in the needs analysis were current knowledge, attitudes and beliefs about healthy eating, physical activity and mental health.

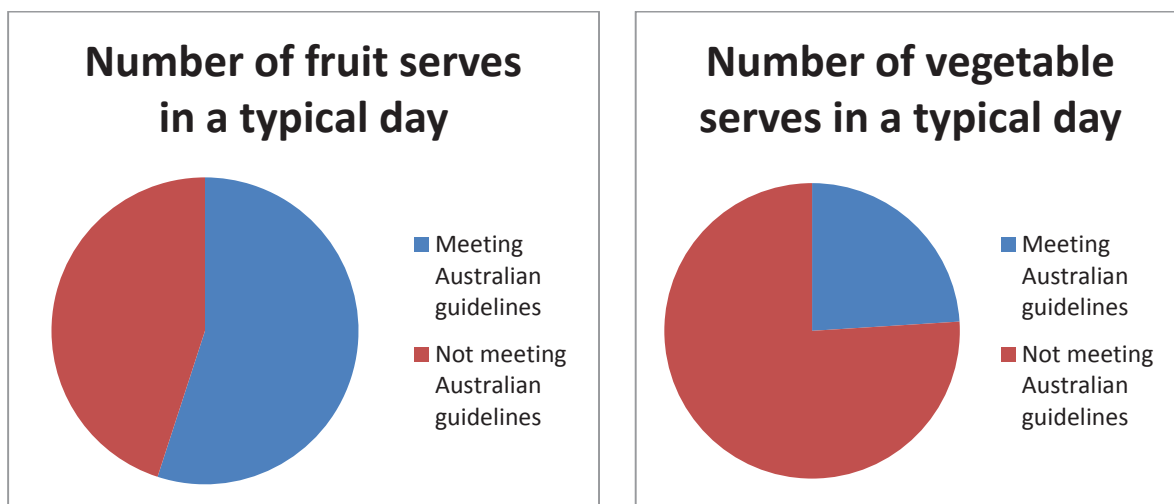
Centaur Primary School Staff Healthy Workplace Initiative Survey

The Centaur Primary School Staff Healthy Workplace Initiative Survey, helped to identify barriers and enablers to healthy eating and physical activity, and asked participants to report their gender, work status, age range, and daily intake of fruit, vegetables, caffeinated beverages, soft drink and water. It also asked participants to report moderate and vigorous physical activity undertaken. Preferences for a range of nutrition and physical activity strategies, topics and participation times were also requested. Twenty nine staff from Centaur Primary School completed the Staff Healthy Workplace Initiative Survey.

Below is a summary of results from the Centaur Primary School Staff Healthy Workplace Initiative Survey. Please see Appendix A for full results.

Nutrition

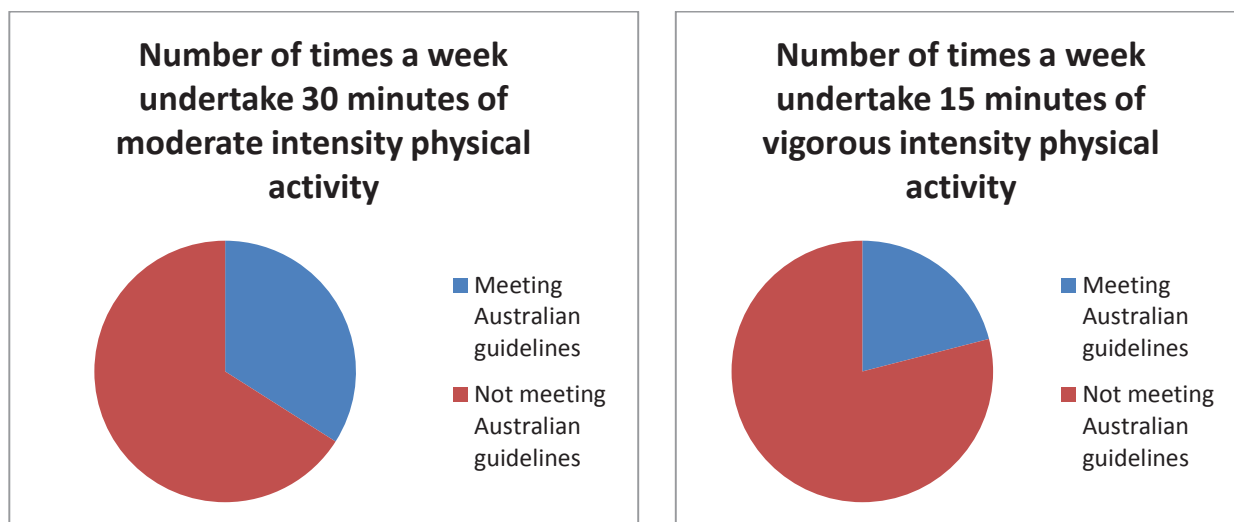
The greatest enablers to healthy eating were reported as nutrition knowledge (62%) and bringing lunch from home (48%), followed by healthy food near work (35%) and cooking ability (35%). The greatest barriers to healthy eating were reported as lack of time (35%) and family commitments (14%). Fifty-five percent of staff at Centaur Primary School met the National Health and Medical Research Council guidelines for number of fruit serves per day according [15] , while only 24% met requirements for the number of vegetable serves.



Nutrition topics that staff reported interest in were information on quick & easy meals (76%), nutrition to reduce fatigue (55%) and healthy snacks (52%). Nutrition strategies staff were most interested in were having a weekly staff fruit bowl (55%), followed by discounted fruit and vegetables & fast healthy recipe resources (both 41%) and a healthy morning or afternoon tea (31%).

Physical Activity

The greatest enablers to physical activity were seen as enjoyment of exercise (78%), desire to improve health (62%), and high motivation (28%). The greatest barriers to physical activity were reported as being tired (42%), long work hours (35%) and family commitments (28%). Thirty-four percent of staff met moderate physical activity guidelines, as outlined by the Australian Government Department of Health Australia's Physical Activity and Sedentary Behaviour Guidelines [16]. Twenty-one percent of staff met the guidelines for vigorous intensity physical activity. Preferred physical activity strategies were group classes (48%), incentives (38%) and workplace challenges (31%).



Centaur Workplace Nutrition Program Survey

A second anonymous questionnaire was developed to obtain further input from staff. This was to determine the likelihood of staff to participating in the three most popular nutrition strategies identified in the Centaur Primary School Staff Healthy Workplace Initiative Survey:

- A healthy recipe resource
- Access to discounted fruit and vegetables (four options for supply arrangements were provided)
- Consumption of fruit provided in a staffroom fruit bowl.

An Expression of Interest for Healthy Workplace Committee form was circulated to identify staff who were interested in forming a committee to enable the sustainability of implemented nutrition strategies and future healthy workplace initiatives. Survey results from the first questionnaire were also presented to staff at this meeting. Below is a summary of results from the Centaur Workplace Nutrition Program Survey. Please see Appendix B for full results.

Twenty staff from Centaur Primary School completed the Workplace Nutrition Program Survey. Seventeen staff members (85%) indicated that they would regularly consume fruit that was freely available in the staffroom. Fifteen of the staff (75%) indicated that they would utilise a folder of quick, easy recipes and healthy cooking tips, and 13 participants (65%) indicated that they would be interested in contributing their own recipes for other staff members to access.

With regards to the discounted fruit and vegetable initiative, 15 participants (75%) reported interest in accessing discounted fruit and vegetables through Centaur Primary School. When asked to select all options that they

would consider, 10 staff members (50%) selected Option 1 (select own produce in store with discount at counter) and 10 staff members (50%) selected Option 2 (individual orders packed by supplier and delivered to school). Three staff members (15%) selected Option 3 (set box of mixed fruit and vegetables delivered to school) and 2 staff members (10%) selected Option 4 (orders delivered in bulk by supplier and packed at school).

5. Workplace Nutrition Program

Goal

To improve the nutritional health and wellbeing of staff at Centaur Primary School from baseline in 6 months as indicated by

- an increase in fruit & vegetable consumption
- an increase in reported enablers of healthy eating
- a decrease in barriers to healthy eating

Objectives

To develop and implement a sustainable healthy workplace nutrition program at Centaur Primary School by the 27th June 2014 to:

- reduce time constraints to healthy eating through increased access to healthy food
- increase knowledge & skills for preparation of healthy, quick & easy meals & snacks

Strategies

- Provision of a weekly fruit bowl in the Centaur Primary School staffroom
- Development of a healthy recipe & cooking tip resource for quick & easy meals and snacks
- Provision of a healthy afternoon tea to demonstrate recipes from resource
- Negotiation of a discount for fruit and vegetables for Centaur Primary School staff with a local supplier
- Establishment of a Healthy Workplace committee

6. Outcomes of evaluation

The Centaur Primary School Healthy Workplace Nutrition Program was evaluated using a Survey Monkey questionnaire that was distributed to staff via email. Eleven staff (25%) participated in the anonymous Centaur Workplace Nutrition Program Evaluation Survey. Full results are available in Appendix C.

Staff reported that the fruit bowl and recipe book could save time with regard to healthy eating (82% and 64% respectively), which was the main barrier identified by staff, & also increase access to healthy food (90% and 70% respectively). As both the fruit bowl and recipe book had a strong focus on promoting increased fruit and vegetable consumption, there is potential for intake to be increased by these strategies.

Increased access to healthy food also has the potential to improve the nutritional status of staff. This is further supported by over 70% of staff reporting they believe implementation of the Healthy Workplace Nutrition Program will improve their nutritional health and wellbeing. Over 80% of staff reported they intend to utilise the recipe book and 100% of respondents believe it will increase their skills and knowledge in preparing healthy quick and easy meals and snacks. Over 65% believe the recipe book guidelines and healthy afternoon tea will increase their knowledge and skills in this area.

This promising feedback indicates these strategies address the objectives of the program and may contribute to achieving the program goal. Further evaluation is recommended in 6 months to fully assess the outcomes of the Healthy Workplace program. Sustainability has been addressed through the establishment of a Healthy Workplace Committee and recommendations have been made to the committee and future students of the Tweed Healthy Schools Project to continue to work toward achieving the project goals.

7. Recommendations for the Healthy Workplace Program

Healthy Workplace Committee

- The Healthy Workplace Committee should meet early in Term 3 to consider recommendations, maintain current strategies and determine the future priorities of the Healthy Workplace Program.
- Consider options for increasing access to fresh fruit and vegetables for CPS staff including pursuing implementation of the staffroom fruit bowl, approaching the school canteen to provide an at-cost fruit salad for staff and considering options for negotiating fruit and vegetable discounts (consider bargaining power such as offering free advertising in the school newsletter to suppliers)

- Encourage staff members to contribute recipes to the Easy Healthy Recipes cookbook (with reference to the Healthy Recipe Guidelines) to support colleagues in healthy eating and increase the ownership of the cookbook
- Consider sharing a 'recipe of the week' with staff and/or parents through the school newsletters
- Utilise the 'How to' Guide for Healthy Workplace Challenges to generate new strategies for the Healthy Workplace Program including physical activity and general health initiatives.

Physical Activity

- The following physical activity strategies should be considered for implementation by future Physiotherapy and Exercise Physiology students as identified in the Centaur Primary School Staff Healthy Workplace Initiative Survey:
 - Group classes
 - Incentives
 - Workplace challenges/competitions
- In the implementation of these strategies, students should consider the following staff-reported enablers and barriers of physical activity:
 - Barriers: tiredness, long work hours, family commitments
 - Enablers: enjoyment of exercise, desire to improve general health, personal interest/high motivation for exercise
- Staff reported that the best time to implement these physical activity strategies is before or after work

Staff suggestions for future Healthy Workplace Program initiatives

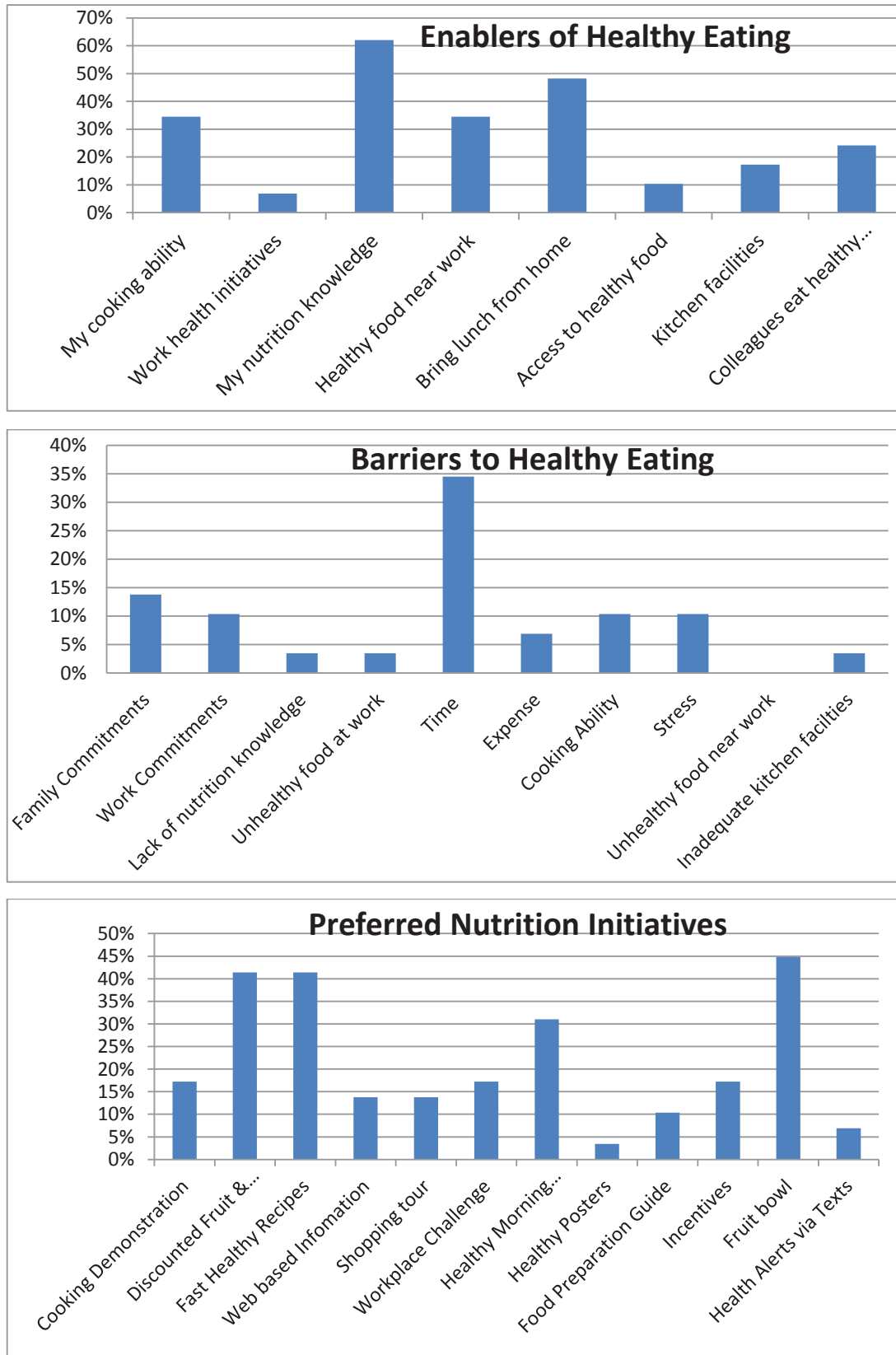
- Provide staff with tips on exercise and frequency
- Provide staff with tips on weight loss

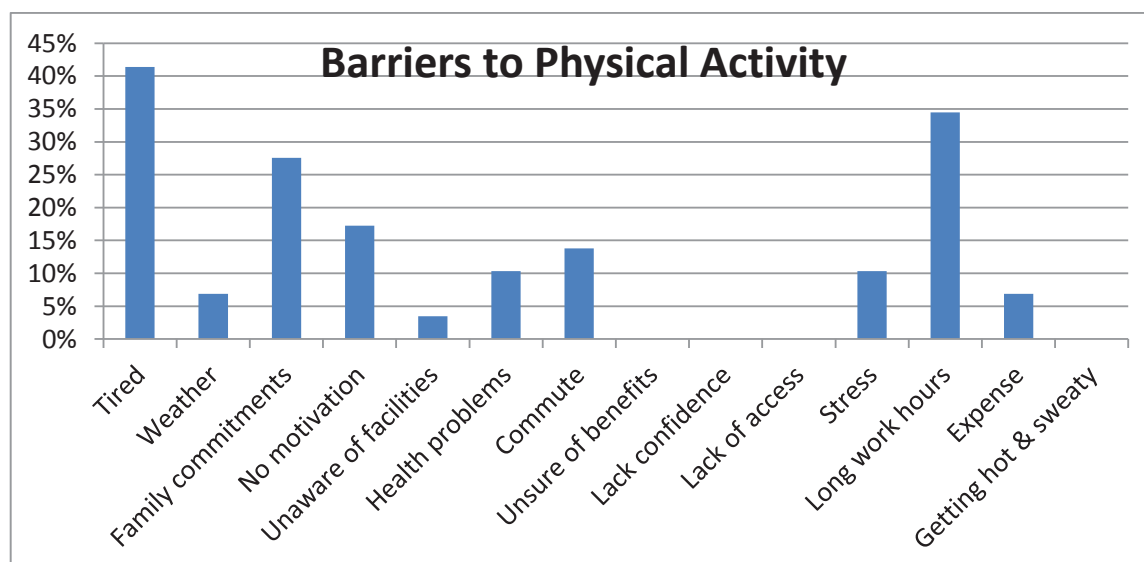
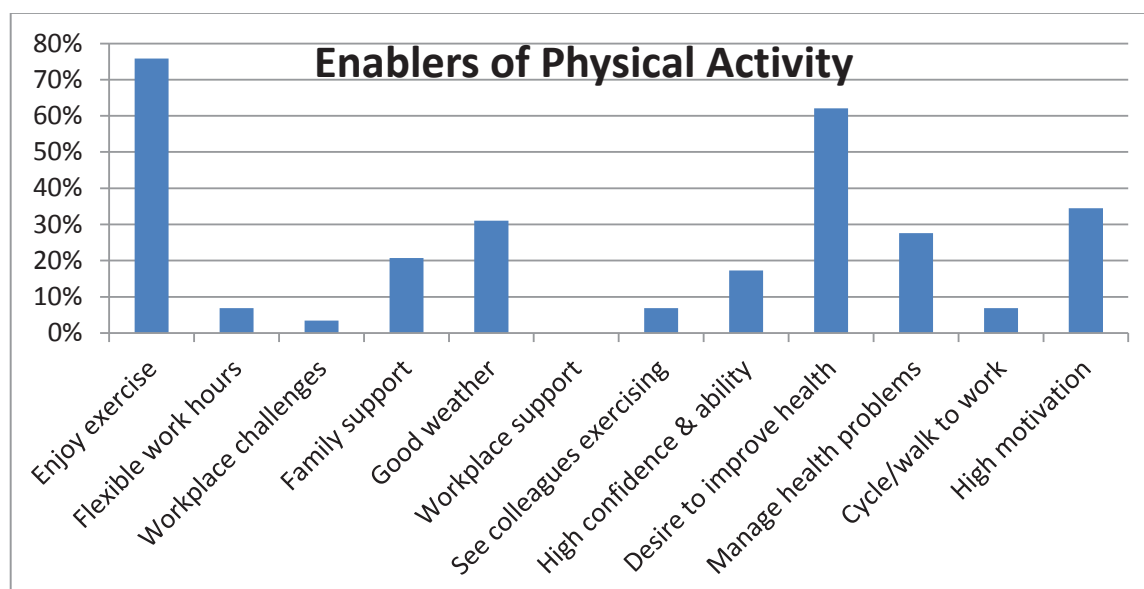
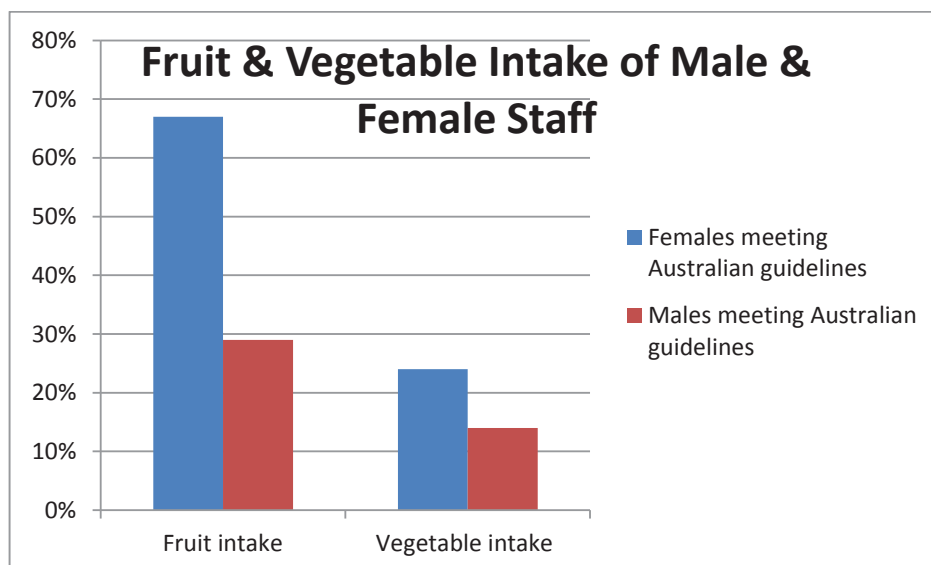
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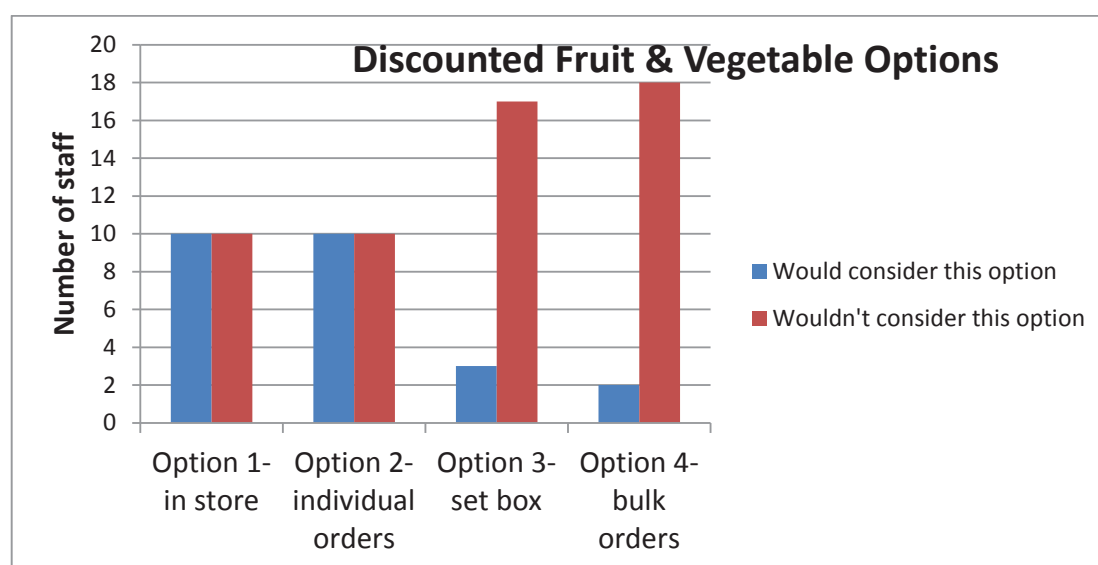
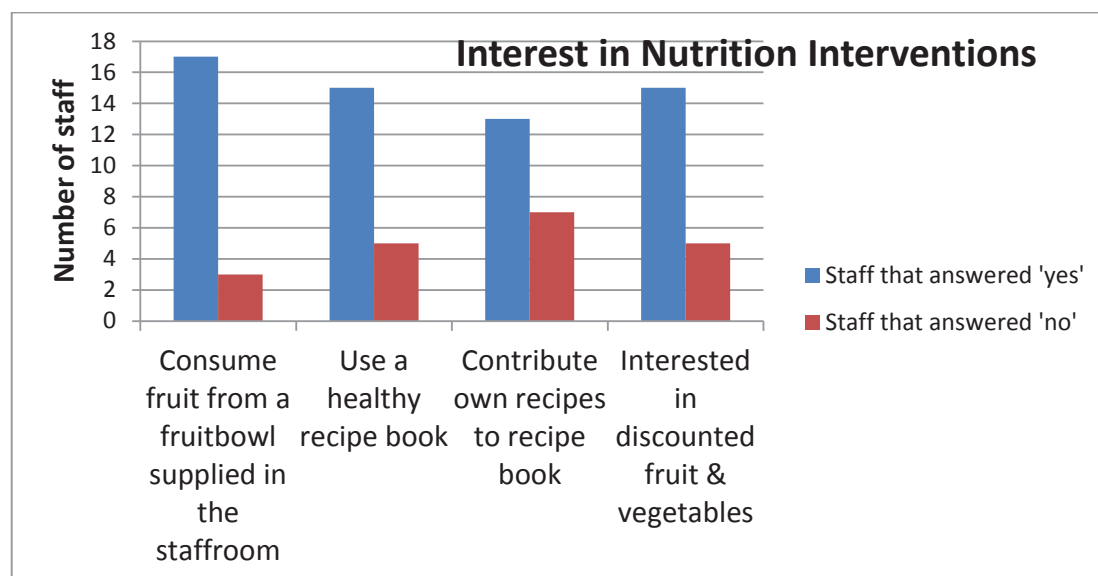
9. Appendices

Appendix.A: Results from Centaur Primary School Staff Healthy Workplace Initiative Survey





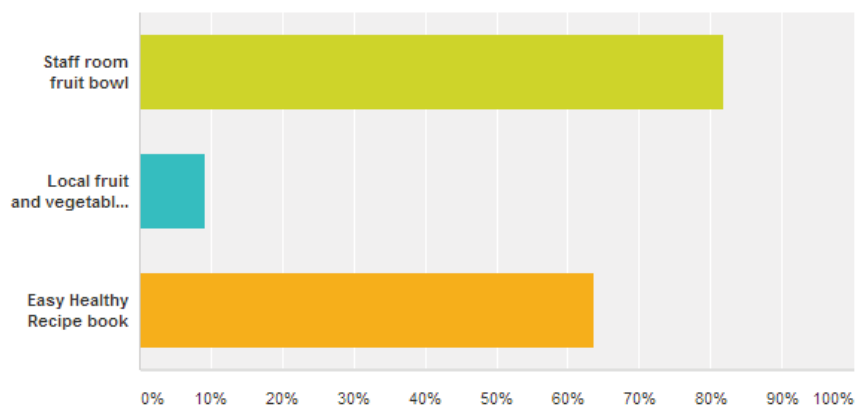
Appendix.B: Results from Centaur Workplace Nutrition Program Survey



Appendix C: Results from Centaur Workplace Nutrition Program Evaluation Survey

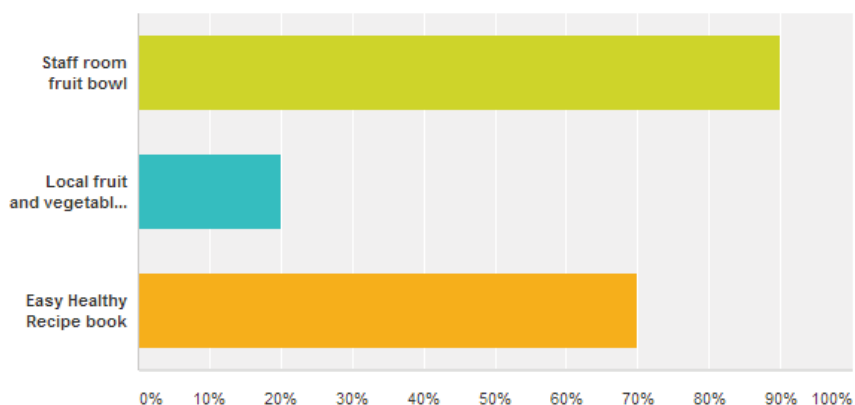
Which of the following strategies do you think could help you save time with regard to healthy eating? Mark all that apply.

Answered: 11 Skipped: 0



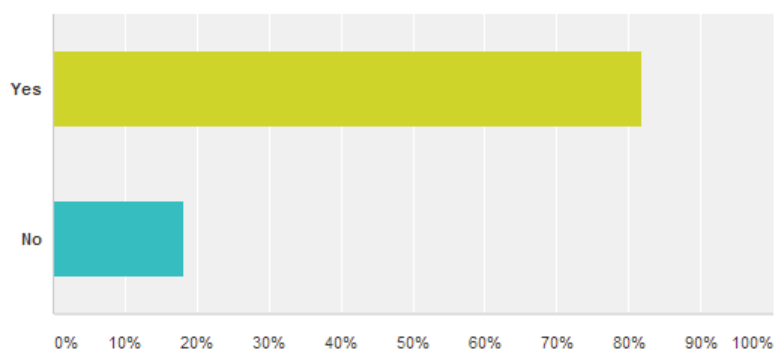
Which of the following strategies do you think could help to increase your access to healthy food? Mark all that apply.

Answered: 10 Skipped: 1



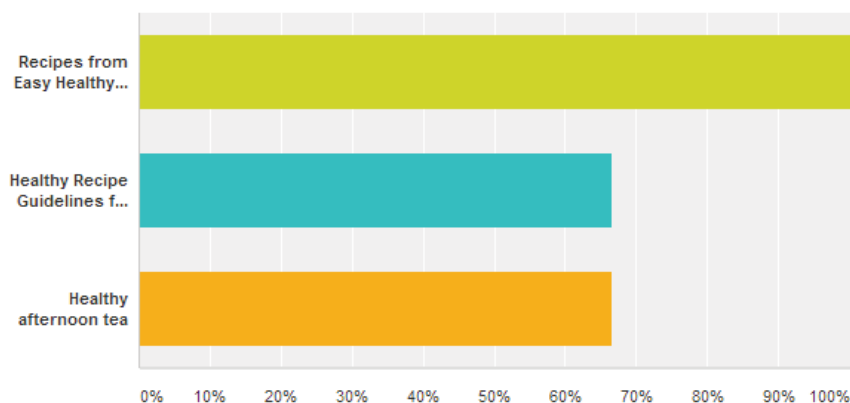
Do you plan to utilise the Easy Healthy Recipe book?

Answered: 11 Skipped: 0



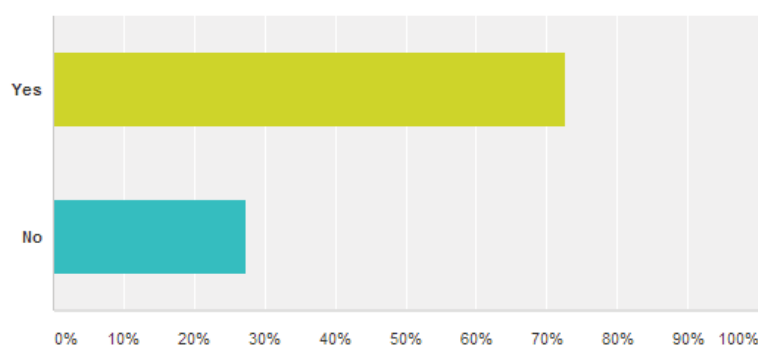
Do you think any of the following strategies could increase your knowledge and skills in preparing healthy, quick and easy meals and snacks? Mark all that apply.

Answered: 9 Skipped: 2



Do you think implementation of the Healthy Workplace Nutrition Program at Centaur Primary School will improve your nutritional health and wellbeing?

Answered: 11 Skipped: 0



Staff recommendations for how the Centaur Workplace Nutrition Program could be improved in the future

"I have a good knowledge of nutrition and exercise so I don't think it will alter anything I already do but think it's a great idea for our school as many people lack education and motivation in this area".

"I feel I am rather healthy already but the things I see in lunch boxes are very concerning, I would love to see parent sessions where they make healthy snacks or are given ideas maybe a recipe book for healthy lunch boxes. Also I would love to see you have a look at the school canteen so hopefully more healthy options are sold there too. Thanks".

"Tips on exercise and frequency etc. & weight loss tips".

Development and Implementation of a Staff Healthy Workplace Program at Centaur Primary School

Written and Compiled by:

Jillian Dray and Wendy Stevens (Student Dietitians)

Supervised by:

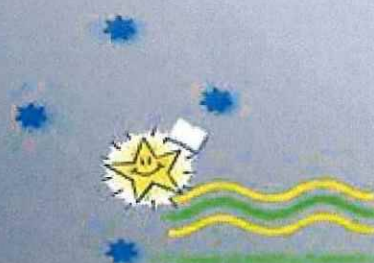
Christina Turner & Marie-Claire O'Shea

Site Supervisor:

Kirstin Macdonald

Project Dates:

19th May – 27th June 2014



3. Executive Summary

This report details the development, implementation and evaluation of a Healthy Workplace Program at Centaur Primary School by Griffith University Nutrition and Dietetics students. The project ran over a six week period as part of the Tweed Healthy Schools Program to support the health and wellbeing of the staff.

A needs analysis was undertaken in the development of an anonymous survey that provided information on barriers and enablers to healthy eating and physical activity, daily serves of fruit and vegetables, and physical activity levels. The survey also gauged interest in a range of activities, provision of information and preferred time and method of delivery for nutrition and physical activity strategies. A subsequent anonymous survey was developed to obtain further input from staff on intent to participate in nutrition strategies prior to implementation.

The results of the needs analysis including literature review, benchmarking and surveys, were utilised to develop the goal for the nutrition aspect of the program which was to improve the nutritional health and wellbeing of staff at Centaur Primary School from baseline in 6 months as indicated by an increase in fruit & vegetable consumption, an increase in reported enablers of healthy eating and a decrease in barriers to healthy eating. The project objective focused on developing and implementing a sustainable healthy workplace nutrition program to meet this goal. Strategies to facilitate meeting the objective were the provision of a weekly fruit bowl in the staffroom, development of a healthy recipe & cooking tip resource for quick & easy meals and snacks, provision of a healthy afternoon tea to demonstrate recipes from the resource, negotiation of a discount for fruit and vegetables with a local supplier and the establishment of a Healthy Workplace committee.

Strategies were implemented, or handed over for future implementation, over the duration of the project. The sustainability of the project was considered and recommendations for the future of the implemented program and future projects were provided. Process and impact evaluation were completed and outcome evaluation was recommended to be conducted in 6 months time. Results of the impact evaluation indicated that over 70% of staff believe implementation of the Healthy Workplace Nutrition Program will improve their nutritional health and wellbeing.

In summary, the impact evaluation of this 6 week program showed some promising results; however, outcome evaluation is required to determine long term change in the health and wellbeing of staff at Centaur Primary School and sustainability of the Healthy Workplace Program.

Centaur Primary School's

Healthy Lunchbox Initiative

as part of the Tweed Healthy Schools Project

August 2014

Project completed and report written by:

Daniel Bui, Jaimon Kelly and Tamara Parker



Executive Summary

Purpose: Overweight and obesity is a concerning issue in Australian individuals, adults and children alike. It has been estimated that 3 in 5 adults and 1 in 4 children are overweight or obese. This issue heavily burdens both health resources and economic debt each year. The main contributor to this rise in obesity rates is the consumption of energy dense, nutrient poor foods in addition to sedentary behaviours. This may result in the development of health problems later in life. Social problems may also occur including bullying from peers and a development of poor self-esteem. This crisis begins within the school environment where children solely depend on their parent's food choices or options provided by the canteen for a nutritionally adequate diet. Evidence has revealed the main determinants which impact parent's food choices include education, socio-economic status and convenience. Past health initiatives set within a school environment targeting education have been successful at promoting healthy eating choices.

Needs Assessment: A needs assessment was first conducted to address the nutrition problem at Centaur Primary School. This involved the analysis of key stakeholders and literature. Following this, parents were discovered as the main target group as they control the food supplied to their children. Before implementing our intervention, we conducted food audits among all grades within the school to observe the children's lunchbox contents. All lunchbox contents were recorded using a food audit tool. This helped establish a project objective, needs, provided baseline data, and informed our intervention.

Objective: To improve the percentage of children meeting the guidelines as per the resource "How to Pack a Healthy Lunchbox" by 10%

Intervention Method: Our main intervention involved the dissemination of an educational resource through the school newsletter. We selected the 'How to Pack a Healthy Lunchbox' resource, developed by NSW Healthy Kids Association. This resource educates readers on the importance of packing a healthy lunchbox for children. The criterion for a healthy lunchbox includes a main meal, a healthy snack, a piece of fruit and water, with an additional snack sometimes or for very active children. We chose this method of delivery due to our limited time, manpower and resources at Centaur Primary School. Post intervention lunchbox audits were then carried out for all year levels to test improvements and outline areas for future development.

Findings: After the data had been analysed, our intervention provided some amazing results. Before the intervention had been introduced, a total of 63% of students had a main meal. This was increased to a total of 84% post intervention. Our biggest achievement was the 23% increase in students meeting the 'How to pack a healthy lunchbox' guidelines; with a total of 43% of the entire school.

Conclusion: The dissemination of our resource through the newsletter has increased the knowledge of parents as observed through the improved amount of children meeting the "How to Pack a Healthy Lunchbox Guidelines". Through ongoing health promotion efforts and potential workshops targeting staff, canteen volunteers and students this number could increase.

Background Information

A healthy body weight is associated with normal growth and development in children, and a reduced risk of short- and long-term morbidity and mortality among people of all ages. The prevalence of overweight and obesity has increased in recent times. In NSW from 1985 to 2004 the rate of overweight and obesity in children rose from 1 in 10 to 1 in 4. Obese children are more likely to become obese adults and obesity is an important determinant of a range of chronic health disorders. Unless the increasing prevalence of overweight and obesity is arrested, the burden of chronic disease in future generations will be pandemic.

The main contributor to the rising obesity crisis is the consumption of energy dense, nutrient poor foods and the conjoint increase in time spent in sedentary activities. In an attempt to improve this, strategies target improving levels of Physical Activity and intake of nutrient dense foods according to the Australian Guide to Healthy Eating (AGHE). Intake of food at school provides around a third of total daily energy intake and the foods contributing to this intake are often energy dense, nutrient poor discretionary choices such as biscuits, crisps, cakes and confectionary. While an improvement has been noted in the amount of children meeting the recommended number of serves for fruit during school hours, the number of children meeting the recommended serves for dairy, vegetables and meats/alternatives remains low and it is often noted that these items have been displaced by discretionary choices.

NSW government department of Education and Communities developed the Nutrition in Schools policy as part of the NSW Government 2021 Plan, which aims to keep people healthy and disease free, through reducing rates of overweight and obesity amongst children and young people aged 5 to 16 years. All schools are encouraged to promote healthy eating and good nutrition at school programs and activities involving food and fluids. School canteens are required to implement 'Fresh Tastes @ School': a NSW Healthy School Canteen Strategy. The 'Crunch and Sip' initiative is another nutritional strategy that schools can align themselves with. The initiative involves a set break during the school day when students can eat fruit and drink water in the classroom.

The school environment is recognized as an important setting where changes can be made to curb the increasing prevalence of overweight and obesity in children. This is through the powerful influence on students eating behaviors achieved through education to a captive audience, provided by the school setting. Given this opportunity within a school environment this project aimed to improve the nutritional content of students' lunchboxes at Centaur Primary School, with the hope of reducing their total daily intake of nutrient poor, energy dense foods. This theoretically will have a flow on affect with rates of overweight and obesity which can transcend into adulthood.

Needs Analysis

A needs analysis to determine the problem and identify capacity for change was completed. The purpose of this needs assessment was to determine the current choices made by parents for their child's lunchbox assessed through a Lunchbox Audit. The needs assessment also included a teacher survey, which aimed to gather information on areas that teachers and staff at Centaur thought, were worth targeting in attempts to improve lunchbox contents.

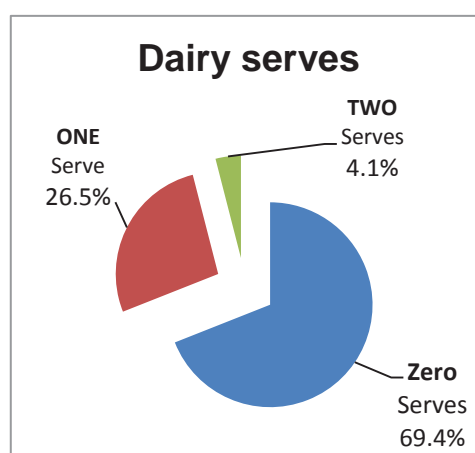
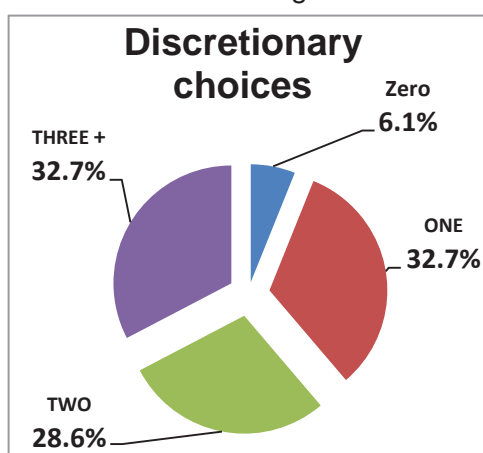
Lunchbox Audit

Aim to answer: What are the current contents of a child's lunchbox?

- The audit tool was based on tools used in previous studies and modified according to available foods in the Tweed region. These foods were identified through a supermarket tour at both Coles and IGA.
- A pilot test was then completed on 1P. Nine children were observed to ensure the tool was relevant and appropriate for use. We made small alterations after the pilot test and liaised with teachers about audit days.
- One class per year level was then audited over the next 5 days to get a representative sample.
- The results were then compared to 2 reference standards: the "How to Pack a Healthy Lunchbox" resource and the "Australian Guide to Healthy Eating".

Results from Lunchbox Audits

Guided by our baseline lunchbox audit that checked lunchbox foods against the 'How to Pack a Healthy Lunchbox' resource showed that a main meal (being a sandwich, rice, pasta, etc.), a healthy snack (from the five food groups), and water was consistently lacking in over 50% of student lunchboxes. Additionally, according to the Australian Dietary Guidelines (2013), only 29 percent of children were consuming at least one serve of dairy per day. Furthermore, the average intake of meats and alternatives was less than half a serve. No children had a full serve of vegetables. From the Lunchbox Audit concerns were identified around the small intake of dairy and high intake of discretionary foods. The intake of these foods are shown in the figures below.



The greatest concern raised by teachers was the high portion of students without a main meal from home or the canteen. This was also evident in the Lunchbox audit results with 37% of children not consuming a main meal during the day.

Project Plan

As a result of the teacher survey the main target for the project was identified as the parents. Parents play a major role in the food choice of their children, and in most cases also provide and pack food in a child's lunchbox. To reach the parents, it was decided that the sending home of a resource would be ideal. To encourage reading of this, a Healthy Lunchbox Day was run, and to encourage student participation a Healthy Lunchbox Challenge accompanied the Healthy Lunchbox Day. To add to the levels of intervention, a stall was also held at Centaur Carnivale to provide further information to interested parents.

Healthy Lunchbox Day

A Healthy Lunchbox Day was run on Monday the 28th July. In preparation for the day, we chose to send home the resource 'How to Pack a Healthy Lunchbox' with suggestions on how to trade the high prevalence of discretionary choices for healthy snack alternatives. It was important to make dairy and vegetable snack ideas a feature in these suggestions to address the lacking quantity in the current lunchbox pattern. On the day it was anecdotally reported by teachers that lunchbox contents were "healthier" and a higher percentage of students were observed to have packed a healthy lunch.

Healthy Lunchbox Challenge

To encourage reading of the resource and participation on Healthy Lunchbox Day, a Healthy Lunchbox Challenge was sent out as a notice home to parents. Children were required to write what they believe makes a healthy lunchbox. Two prizes were awarded for the best answers according to the guide "How to Pack a Healthy Lunchbox".

Stall at Centaur Carnivale

To further support the healthy lunchbox initiative and its likely sustainability, the project team, in collaboration with the CPS staff and parents, designed a stall to be part of the annual CPS Carnivale. The Carnivale took place on the 8th August. Games and activities were informally conducted and information for parents and carers made available.



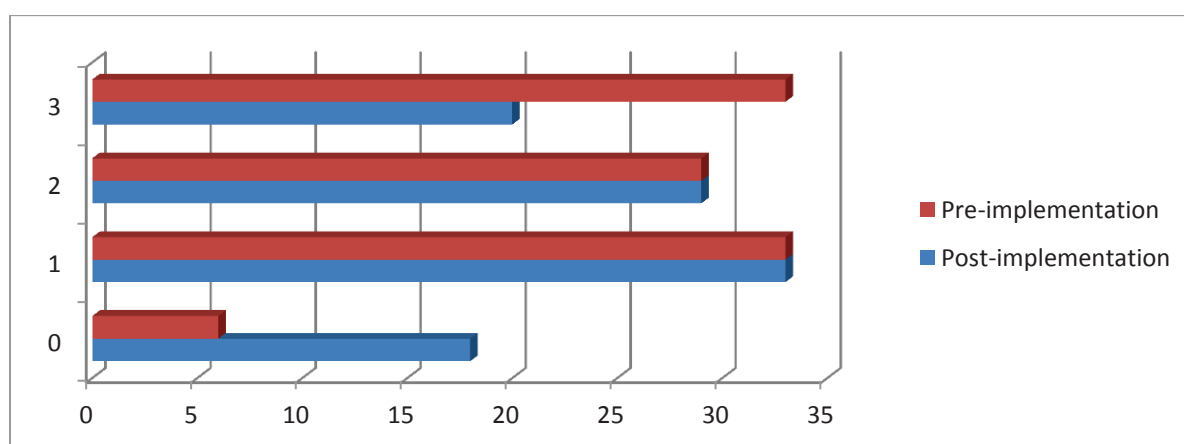
Results

Post project plan implementation, 43% were meeting the guidelines according to the 'How to Pack a Healthy Lunchbox' standards; an increase of 21% compared to the pre-implementation audit. Additionally, the percentage of children bringing a main meal in their lunchbox increased from 63% to 78%. The amount of children that did not bring a main meal in their lunchbox or order one from the canteen decreased from 25% (1 in 4) to 16% (1 in 6).

Fruit and 'healthy snack' items remained relatively unchanged (9% decrease, and 6% increase respectively). This is not a change worth noting, as a larger portion of grade five and six's were audited post-implementation, and these students do not regularly participate in 'Crunch & Sip', a potential justification for this insignificant change.

Amount consumed (number)	Percent of sample	Change from baseline
Main Meal		
No (11)	21.6%	
Yes (40)	78.4%	15.1% increase
Healthy Snack		
No (24)	47.1%	
Yes (27)	52.9%	6% increase
Fruit		
No (12)	23.5%	
Yes (39)	76.5%	9.2% decrease
Water/milk/99% juice		
No (44)	86.3%	
Yes (7)	13.7%	0.6% decrease
Extra Snack		
No (5)	9.8%	
Yes (46)	90.2%	5.7% decrease

The percentage of Discretionary Choices (DC) that students had in their lunchboxes or purchased from the school canteen is available to view below. From pre- to post-implementation, children with no DC in their lunchbox increased from 6% to 18%. Children with 3 or more DC decreased from 33% to 20% from pre-implantation to post-implementation. This is in-line with the findings in DC serves as per the Australian Dietary Guidelines.



Conclusion

In conclusion, the provision of a resource to parents and carers of students at Centaur Primary School resulted in an increase of 21% children bringing a “Healthy Lunchbox” to school. This exceeded the intervention Objective, and shows the impact of targeting parents and carers with regards to Healthy Lunchbox choices. Through our audit it is evident that changes can be made through simple educational strategies targeting knowledge, and may be an appropriate method to communicate the need for increased dairy, vegetable and meats. Suggestions have been made to continue the capacity and improvements made and should be considered for future students as well as for CPS.

Recommendations

The following are recommendations for future work based on capacity we have identified:

- Ongoing Healthy Lunchbox Days
 - Our observations were that intake was improved on this day, and running the Healthy Lunchbox Day once a term or more often will keep it a priority for parents. Centaur already provides new families with resources for Crunch and Sip and Healthy Lunchbox Ideas, however this message requires reinforcing throughout the school year.
- Workshops for canteen volunteers prior to volunteering.
 - These workshops would focus on the promotion of dairy items as we acknowledge that bringing these items from home is a barrier for parents. The canteen is a potential medium for providing and advocating for improved dairy intake, and training of volunteers to take on this role is ideal.
 - Dietetic or Health Promotion student volunteers could be sourced to run this session at the commencement of the school year.
- Crunch and Sip to be run school-wide.
 - The classes that complete Crunch and Sip (or 'Fruito') had a higher intake of fruits and all children at Centaur Primary should be able to meet their fruit requirements at school if completing Crunch and Sip.
 - As a way to increase dairy intake, it could be recommended to allow dairy items during Crunch and Sip. Parents could feel comfortable to provide their children with these items if they knew they would be eaten in a timely manner.
 - A reward system could also be implemented to promote bringing items for Crunch and Sip, with points towards Centaur Cup given by teachers.
- Healthy Promotion strategies in and around the school.
 - This could be through the website, where pages dedicated to Healthy Lunchbox ideas and links could be provided in addition to other health messages and information. Health Promotion students and future Dietetic students could be used to implement this strategy.
 - The use of existing herb and vegetable gardens in classes. This could also include the addition of cooking classes using the food grown.
 - Nutrition classes and messages could take place as part of the curriculum.
 - Finally, we would recommend the appointment of a Nutrition Ambassador to oversee future students and projects. Throughout our time at Centaur we have met many staff members who we would advocate for the role of Nutrition Ambassador.

Consolidation of Nutrition Programs at Centaur Primary School



Belinda Archer and Kate Ninness – Griffith University

Tweed Healthy School Project – Centaur Primary School

September 2014



Acknowledgements

“This report was written by Belinda Archer and Kate Ninness as part requirement for the degree of Bachelor of Nutrition and Dietetics, Griffith University, under the supervision of Kirstin MacDonald (Project Officer) and Petrina Logan (Dietitian Supervisor) at Tweed Healthy Schools Program.”

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The fellow students (Laura, Elisha, Wade and Mel) on the Tweed Healthy Schools Program for their ongoing assistance with planned activities throughout the project as well as providing an insight into a multidisciplinary team.

Executive Summary

Background

Nutrition-related health problems are a growing concern in today's society, whereby 1 in 4 Australian children aged 5-17 years are overweight or obese. Improving nutritional status of school-aged children is essential for educational outcomes, establishing healthy dietary and physical activity patterns along with assisting in normal growth and development. The primary contributors to the rising levels of obesity are due to the high intake of energy-dense micronutrient-poor foods and drinks. In order to tackle this overwhelming trend of increasing childhood overweight and obesity, action needs to be taken at all levels of society. This includes food manufacturing and processing, marketing and advertising, social and town planning, transport methods, food and physical education in school and family environment. Therefore school environment is recommended for nutrition and physical activity interventions, as children are a captive audience and an appropriate health promotion medium.

Methods

A needs assessment was carried out to identify the key nutritional issues within Centaur Primary School (CPS). Baseline data was collected from previous student reports, which formed a basis for this project whilst taking into account their recommendations.

Key results

Encouraging results were achieved throughout this project. Dairy sales increased by 37% due to implementation of promotional strategies along with the incorporation of new dairy items within the canteen. Smoothie day was a great success with 195 smoothies being sold, which greatly increased the dairy consumption of students at CPS. Previous reports identified that Crunch and Sip was not being practiced school-wide, therefore several strategies were put in place to address the issue and provide ongoing support to all staff to encourage fruit and vegetable consumption within CPS. Through consultation with key stakeholders it was identified that Kristi Purvis (support aid/ after school coordinator) was already playing an active role as a nutrition ambassador. Additionally, three newsletter articles were developed and received very positive feedback, whereby the parents appreciated the high profile developed throughout the school and the helpful reminder about healthy eating.

Conclusions and Recommendations

In conclusion, the project was able to effectively consolidate nutrition programs at CPS in an attempt to further improve the health of the school community. Therefore it was successful in addressing all the primary objectives, therefore key strategies will be useful for future interventions.

1. Background Information

1.1. Overweight and obesity in school aged children

Nutrition-related health problems in children are a growing factor contributing to disability and premature death worldwide (WHO, 2014). Improving nutritional status of school-aged children is essential for educational outcomes, establishing healthy dietary patterns and assisting in normal growth and development (WHO, 2014). Focusing on NSW, SPANS was conducted in 2010 indicating that more than 1 in 5 (22.8%) of children aged 5-16 years (2010) are overweight or obese (NSW Heart Foundation: SPANS, 2011). The main contributors to the causative pathway of obesity are based on high intake of energy-dense micronutrient-poor foods and drinks (Hector, D & Shrewsbury, V, 2008). NSW SPANS (2010) identified that many students consume too many 'extra' foods and drinks which are high in energy but lack nutritional value (NSW Heart Foundation, 2014). Research indicates that children in Australia are not getting adequate calcium necessary for healthy growth and development (Hector, D et al, 2009). Studies have shown that dairy/calcium intake is associated with healthy weight gain and is essential in children for normal development and maintenance of teeth and bones (Hector, D et al, 2009). Overall, it is important that discretionary food items are limited on a daily basis whilst dairy products are adequately consumed throughout the day to assist children in healthy growth and development.

1.2. Health Promoting Schools, Government Policies and Strategies

A Health Promoting School (HPS) is defined as 'A school, which is constantly strengthening its capacity to become a healthy setting for living, learning and working,' (WHO, 2007). The HPS framework comprises of various components to encompass a holistic and comprehensive approach to health promotion within schools. These components include curriculum, teaching & learning; school organisation, ethos and environment and partnerships & services. Alinger and Jones highlight that given the captive audience, schools are effective and efficient environments to reach a large proportion of the population. Lifelong nutritional habits are formed during childhood and adolescence; therefore it is crucial to target students throughout these influential stages of their lives (Alinger & Jones, 1998).

1.3 Goals and Objectives

1.3.1 Goal

To develop nutrition programs with Centaur Primary School to strengthen student health and wellbeing, and educational outcomes.

1.3.2 Objectives:

1. Increase the sales of healthy items/ dairy by 10% from baseline by end of Term 3, 2014.
2. Support the implementation of Crunch and Sip program in grades 4-6 by the end of Term 4, 2014.
3. To create a plan for ongoing nutrition promotion strategies and messages in appropriate forums to parents and staff by the end of Term 3, 2014.

2. Methods

A needs assessment was carried out which involved:

- A literature review
- Consulted with key school staff.
- Determinants of the problem were then defined and the Health Promoting Schools Framework reviewed.
- Baseline data was collected from previous student reports, which formed a basis for this project whilst taking into account their recommendations.
- Finally, a project plan was developed to outline the primary goal, objectives, strategies and activities. This was then implemented over 5 weeks in the school.

Results/ Discussion

Objective 1: Increase the sales of healthy items/ dairy by 10% from baseline by end of Term 3 2014

Strategy 1.1: Conduct a workshop and/or produce resource package for canteen staff/volunteers on suggestive selling

Research states that the canteen provides a substantial proportion of a child's daily nutritional intake based on if both lunch and snacks are regularly purchased from the school canteen (NSW Health, 2004). Therefore the canteen is an ideal environment for promoting dairy. Through consultation with the canteen manager, it became evident that delivering a workshop would be difficult due to time constraints of the project. Thus, it was decided to compile existing resources from the Fresh Tastes Canteen Strategy. The Fresh Tastes booklet includes an outline of the strategy and hints and tips on promotional/ suggestive selling. A poster was also developed which covered the '4 P's of Successful Healthy Food Promotion'. An existing poster 'The Fresh Tastes Canteen Menu Planner' which outlines the traffic light system (NSW Health, 2005), was also sourced. These were provided to the canteen manager and discussed with the recommendation that they be displayed in a prominent place in the canteen.

Strategy 1.2: Implement dairy/ healthy food promotion in the newsletter and school message board

Within the timeframe of the project a newsletter article was created based on dairy foods for kids. This was aimed at providing parents, along with students, nutrition information on the importance of dairy, healthy snack ideas and recipes incorporating dairy and finally healthy dairy options available in the canteen.

Table 1: Comparison of Dairy Sales in the Canteen Pre and Post Implementation.

Product	Week 1 (Pre)	Week 2 (Post)
Plain milk	4	4
Chocolate milk	70	70
Strawberry milk	20	20
Banana milk	20	20
Up n Go	30	30

Smoothie Poppers	0	6
Chocolate frozen milk cups	150	150
Strawberry frozen milk cups	75	75
Frozen Yoghurt	2	2
Cheese and crackers	N/A	10
Cheese sticks	N/A	4
Fresh Smoothies	N/A	195
TOTAL	371	586

On average the canteen sells 371 dairy items per week. After implementation of canteen-based strategies including: Smoothie day (promoted through: assembly announcement, push notification, school posters), taste testing, suggestive selling and newsletter/ message board promotion, sales increased to 586 (37%) dairy items sold in the week. It was therefore identified that these strategies are effective in increasing the sales of dairy items in the canteen.

Smoothie poppers were available pre-intervention and were not selling, therefore suggestive selling strategies were applied (ie. taste-testing and advertising posters at the canteen), which resulted in a 600% increase in sales (from zero to six items sold). Our figures however are artificially elevated due to zero sales at baseline. Nevertheless, this strongly supports that suggestive selling has the power to increase the sales of healthy items. Furthermore, the canteen manager also took on suggestions of increasing dairy items in the canteen by purchasing: cheese sticks, cheese and crackers and yoghurt. The cheese and cracker option was a crucial item due the fact that there are no other 10 cent options other than lollies available. The addition of these items increased dairy sales by 14 units (10 cheese and crackers and four cheese sticks).

Smoothie day was held through the canteen to promote dairy consumption and as a trial day to gauge success of 'healthy special' days. The NSW Government 'Promotional Hints and Tips' resource highlights that healthy items can be promoted by advertising on specials board/school newsletter, making sure students can see the food on the counter, getting students actively involved in changes made to the canteen and competitions/incentive (2014). Each of these promotional aspects was incorporated to increase the sales of smoothies, making it a huge success. A total of 195 smoothies were sold, with a profit of \$135 which was donated to the canteen for the purchase of blenders to support future smoothie days. With remaining ingredients an additional smoothie day was held, however this event was not promoted. This made a large impact on the number of sales, with only 25 smoothies being sold; thus it can be concluded that pre-event promotional activities increased sales of smoothies by 170 items.

Objective 2: Support the implementation of Crunch and Sip program in grades 4-6 by the end of Term 4, 2014.

Strategy 2.1: Consult with teachers to support them in incorporating Crunch and Sip into classrooms

Liz Godden (Year 6 teacher/SRC coordinator) was consulted about Crunch and Sip and felt the SRC students could facilitate the uptake of this program to allow them to play an active role in promoting Crunch and Sip in their classrooms.

Strategy 2.2: Work with SRC to support students in promoting Crunch and Sip into classrooms

An interactive demonstration on the preparation of fruit kebabs was delivered to the SRC to provide the students with a 'hands on' experience when preparing snacks for Crunch and Sip and their lunchboxes. Questions regarding participation in Crunch and Sip were asked to determine who was doing the program and if they enjoyed it. If their class wasn't already involved, the demonstration would provide an opportunity to spark their interest to take back and share with their class. In addition, resources were provided in each class folder, which SRC representatives took back to their class. This contained 'Information on Crunch and Sip', Australian Guide to Healthy Eating for Children, Australian Guide to Healthy Eating plate poster, 'Fruit Kebab Recipe' and 'Overview of Food Preparation Presentation' to provide teachers with information delivered in the SRC meeting. The idea of a school recipe book was discussed whereby students were very receptive to the idea. Therefore, information on the recipe book was given to teachers outlining the idea of each class developing a recipe to add to the book and in turn provide Crunch and Sip/ lunchbox ideas for parents, students and teachers.

Involving students in the development and implementation of nutrition programs is consistent with the HPS framework in that all measures are being utilised to engage students to promote health (WHO, 1998). This will in turn ensure nutritional strategies respond to the needs of the students and also build a sense of ownership, resulting in enhanced sustainability and support of health programs within the school (WHO, 1998).

Objective 3: To create a plan for ongoing nutrition promotion strategies and messages in appropriate forums to parents and staff by the end of term 3, 2014.

Strategy 3.1: Appoint a nutrition ambassador

Appointing a nutrition ambassador will assist to engage health and educational officials, teachers, students, parents and community leaders (WHO, 1998). The individual in this role can assist in obtaining resources and funding, building support within the community and distribution of healthy nutrition information and improve the health of the school community (WHO, 1998). Through consultation with the school, it was identified that Kristi Purvis, the Support Teacher/ After School Sport Coordinator in the school was already playing an active role as a nutrition ambassador. Kristi Purvis is already involved in implementation of nutrition and physical activity programs within CPS along with having a wealth of resources on these topics. The existing role involves dissemination of resources to school staff that are vital to the implementation of programs. The implementation of this strategy evolved by providing support for the Live Life Well @ School program to fund provision of further resources for the school. A meeting was held with the NSW Health Promotion Officer (Liz Patterson) to provide additional support for a \$2000 grant.

Strategy 3.2: Form a School Health Team

Originally it was planned to develop a school health team to coordinate and monitor health promotion policies and activities. This would engage students, parents, teachers and school management from the beginning of project planning to build a sense of ownership, enhance sustainability and support (World Health Organisation, 1998). However, It was identified that the nutrition ambassador is Kristi Purvis who is consulting with stakeholders to implement policy through the Live Life Well @ School Program; therefore a formalised health team was not required. For further justification of the nutrition ambassador, refer to strategy 3.1.

Strategy 3.3: Incorporate nutrition information into the school newsletter/ school message board/ school events

Within the timeframe of the project three newsletter articles were created based on 'Dairy for Kids', Crunch and Sip and 'Healthy Recipes from Around the World'. Each week the newsletter articles were displayed in the school message board along with the promotion of smoothie day. Feedback from the P&C meeting was very positive, whereby parents appreciated the high profile created within the school and the helpful reminder of healthy nutritional information. Multicultural day was held during the time of the project, which provided a great opportunity to get involved with the students as well as promote healthy eating. Feedback from the students was extremely positive, with some coming back for second servings. Furthermore, students encouraged their friends to try the dutch pancakes, generating much excitement around the stall.



3. Conclusion

Dairy sales within the canteen increased by 37%, therefore it is concluded that the strategies implemented throughout the project are effective in promoting dairy to students during the school day. Although a workshop was not conducted for the volunteers in the canteen, an existing resource book was provided along with posters on suggestive selling and the traffic light system of The Fresh Tastes Canteen strategy. The food demonstration delivered to the SRC was well received and generated much energy amongst the students involved. Three newsletter articles were developed and included into weekly newsletters. The nutrition ambassador was identified as Kristi Purvis who will continue to be supported by the NSW Health Promotion Officer (Liz Patterson) to assist in obtaining resources and funding, building support within the community and distribution of healthy nutrition information. In conclusion, the project was able to effectively consolidate nutrition programs at CPS in an attempt to further improve the health of the school community. Through ongoing support of health and educational officials, teachers, students, and parents this was achieved in a manner consistent with the HPS framework.

4. Recommendations

SRC

- Development of a recipe book school-wide that is driven by the SRC .
- SRC to announce and promote special days in the canteen at the assembly eg: Smoothie Days. Canteen manager to inform the SRC of dates of special days.
- Ongoing nutrition activities to be delivered through the SRC in the future, such as food demonstrations which the representative can take back to their individual classes.
- SRC representatives could take demonstrations and information back to their respective classes to share with the rest of the students.

Canteen

- To encourage dairy consumption at school, the canteen manager could consider implementing Smoothie day once per week/ fortnight. To maximise success, implement pre-event promotion strategies including: push notification, posters, along with providing SRC with information to promote at assemblies.
- The Canteen could continue to provide new dairy options including crackers and cheese as a 10c option, cheese sticks and yoghurt and use suggestive selling strategies to promote these items.
- Consider showing all canteen volunteers the resource outlining Fresh Tastes
- Canteen strategy and suggestive selling of healthy items (incorporate into first day of training for new volunteers).
- A potential student project in the future could involve providing further support on the display at the front of the canteen to highlight healthy options.

Crunch and Sip

- Continue to support Crunch and Sip school-wide.

PROGRAM OBJECTIVES

By the end of this placement, students will be able to:

- Understand the context in which children learn and develop.
- Demonstrate enhanced communication and interpersonal skills with children and their carers.
- Develop clinical skills as well as skills in reflection and self-evaluation.
- Contribute to team (health, education professionals and client) oriented delivery of care.
- Describe their role identity within the team and reflect upon specific experiences of interprofessional practice in the Tweed Healthy Schools context.
- Gain an understanding of the barriers and facilitators to implementing health professional programs in schools.



WHEN?

For 2014, placements will be available from April 28th to December 5th, 2014. Please contact the Clinical Coordinator to express your interest as placements will be filled on a first come, first served basis.

WHERE?

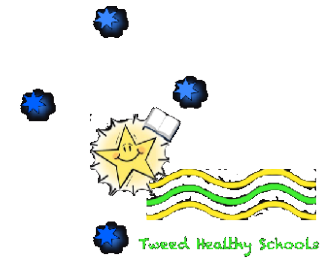
Centaur Primary School and
Banora Point High School
Eucalyptus Drive
Banora Point NSW 2486



If you have questions regarding the Tweed Healthy Schools Program, please contact the Clinical Coordinator and Physiotherapist, Kirstin Macdonald

Mobile: 0424 996 694

Email: kmacdona@bond.edu.au



TWEED HEALTHY SCHOOLS PROGRAM

**An
Interprofessional
Clinical Placement
Program in Schools**



This clinical placement program in schools demonstrates an interprofessional service delivery model. Health science students will learn with and about each other's professions, whilst providing health services to the wider school community under the supervision of an interprofessional supervisor. Should a university wish to provide discipline specific supervision (direct or distant), this may be negotiated.

BENEFITS

- An increase in clinical placement capacity in a non-acute paediatric community based environment (primary and high school).
- To provide a more comprehensive training experience to better prepare health science students for clinical practice. Learning with others leads to an improved appreciation of professional roles and responsibilities, and provides an understanding of the team approach to care.
- To improve the health and learning outcomes of school students.

PROGRAM INCLUDES

- Health promotion including chronic disease prevention and management through whole of school / class programs and campaigns.
- Action based (kinesthetic) learning integrated in school curriculum in classroom / playground environments.
- Communication and engagement with children, teachers and their families.
- Individual assessments of children, if/when appropriate.
- Development of health team intervention plans.
- Engagement in Tweed Healthy Schools research program.

DISCIPLINES INVOLVED

Physiotherapy

Screening, assessment and management of a non-acute paediatric caseload. Promotion of health, physical function and development. Training of gross motor (fundamental movement) and balance skills. Design and implementation of class action-based learning and perceptual-motor/ fitness programs.

Exercise Physiology / Exercise Science

Development and implementation of before, lunchtime and after school physical activity programs. Development and delivery of class fitness and personal training programs.

Occupational Therapy

Assessment of student performance and development of programs to support learning and health. Work with teachers and parents to recognise difficulties that interfere with schooling. Participate in school activities with individuals, groups or the whole school to meet identified goals.



Speech Pathology

Screening, assessment and management of a paediatric caseload including assessment of speech sound production, receptive and expressive language and literacy. Design and implementation of small group activities, including action-based learning integrated into the school English curriculum

Nutrition and Dietetics

Development and implementation of strategies to improve healthy eating (e.g. canteen/lunchbox audits). Provide education and support for a whole of school approach to healthy eating. Ideal for a Community / Public Health nutrition placement.

Public Health (Health Promotion/Nutrition)

Provide assistance with the planning and evaluation of health promotion programs in the school setting and policy development.



TWEED HEALTHY SCHOOLS CLINICAL CALENDAR

THSP 2014	1	2	3	4	5	6	7	8	9			1	2	3	4	5	6	7	8	9	10	11			1	2	3	4	5	6	7	8	9	10	11		Total Students	
Week	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52		
Date	28/4	5/5	12/5	19/5	26/5	2/6	9/6	16/6	23/6	30/6	7/7	14/7	21/7	28/7	4/8	11/8	18/8	25/8	1/9	8/9	15/9	22/9	29/9	6/10	13/10	20/10	27/10	3/11	10/11	17/11	24/11	1/12	8/12	15/12	22/12	29/12		
School Term	School Term 2											School Term 3											School Term 4															
School Term																																						
SCU																																						
Ex Sc																																						
SP																																						
OT																																						
GRIFFITH																																						
Nutrition				4	4	4	4	4	4			6	6	6	6	6	6	2	2	2	2	2	2				3	3	3	3	3	3						15
SP ?1/2 day per week																																						
PT																							2	2	2	2	2										2	
Ex Sc												2	2	2	2	2	2	2	2	2	2	2															2	
Public Health 2 days/wk												2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2										2	
BOND																																						
PT													2	2	2	2	2											2	2	2	2	2	2				4	
ExSc													1	1											1	1	2	2	2	1	2	2	2	1			3	
Nutrition																																						
Total	0	0	0	4	4	4	4	4	4	0	10	10	13	13	12	12	8	6	6	6	6	4	4	5	5	9	7	7	6	7	7	3	0	0	0	28		
Reporting																																						



To be confirmed

Tweed Healthy Schools Project 2014

Overview for Physiotherapy Students

Description of the Tweed Healthy Schools Project

The Tweed Healthy Schools project is a university student placement program in schools that demonstrates an interprofessional service delivery model. It is a non-acute paediatric community-based placement. University students, obtaining their qualification in a health-related occupation, have the opportunity to learn with and about each other's professions, whilst providing health services to the wider school community under the supervision of an interprofessional supervisor (a qualified physiotherapist).

This program aims to improve equity of access to health support services for families from a socioeconomically disadvantaged background. These services include:

- individual health assessments
- classroom activities
- whole-of-school programs relating to improving health outcomes for school students.

Health disciplines involved previously include:

Physiotherapy, Exercise Science / Exercise Physiology, Nutrition & Dietetics, Public Health, Speech Pathology, Occupational Therapy

Project Goals

- To develop programs within the primary and high school setting to strengthen student health and wellbeing, and educational access
- To assist schools in meeting the healthcare requirements of a general school population (through service provision, case management, and education programs)
- To assist schools in policy development and implementation of programs related to a health promoting school environment

Physiotherapy Student learning activities will be organised across four distinct program areas:

1. Individual Assessments

School students who have been highlighted by parents / school staff as potentially benefiting from physiotherapy interventions will be assessed by physiotherapy students. Assessments will follow the ICF framework.

- Physiotherapy students will take on a case management role, and plan an appropriate care package with team.
- Physiotherapy students will prepare a written report to provide to parents and teachers, including any education or home based treatment recommendations.
- Ongoing care to be arranged either with an external provider (following usual referral processes) or the following intake of students.

Individual Assessments may involve:

- Neuromuscular, neurodevelopmental, mobility, gross motor screening assessments
- Use of BOT-2, TGMD-2 assessment tools
- Exposure to paediatric conditions such as Global Developmental Delay, Developmental Coordination Disorder, Arthrogryposis, Talipes, scoliosis, Autism Spectrum Disorders, children with a history of asthma, diabetes, epilepsy
- Paediatric musculoskeletal conditions - Osgood Schlatter / Sever's disease, low back/knee/ankle soft tissue injuries
- Children and adolescents with overweight / obesity – Health and fitness assessments for adolescents (calculating BMI, waist circumference, using multi-stage fitness test, 6 min walk test)
- Liaison with parents and key school staff members to discuss physiotherapy management plans for individual students and provide education about conditions as required.
- Providing manual handling advice for teachers working with individual students requiring additional mobility support

2. Classroom Activities

- **Year 1 Action Based Learning (ABL) program**

Physiotherapy students will be involved in this ABL program, which is part of a research study evaluating the Tweed Healthy Schools Project.

Aim of this research study:

To investigate whether the implementation of an ABL program, integrated into the Year 1 English and Mathematics curriculum, will influence the learning outcomes (numeracy and literacy), motor proficiencies and physical activity levels in Year 1 children

- This program will involve the integration of movement/physical activity into Year 1 English/maths lessons, daily over a 12-14 week period. Each day will commence with a 10-minute fitness session (including fun gross motor skills/fitness activities).
 - Students will be involved initially in the collection of data for the study (e.g baseline/post intervention assessment of motor proficiency using BOT-2; numeracy/literacy using WIAT-II; use of Sensewear armbands to collect information on physical activity levels)
 - Students will then be involved in the planning and delivery of ABL lessons (in conjunction with other health disciplines)
- **Gross motor skills group in the Support Unit at Centaur Primary**
 - Students will have the opportunity to work with a Senior Physiotherapist from Ageing, Disability and Home Care (ADHC) who will be assisting the primary school with the implementation of a gross motor skills group with children in the Support Unit. For further information on support units in regular schools please visit the following link (<http://www.dec.nsw.gov.au/about-us/careers-centre/school-careers/focus-areas/learning-and-support/visit-our-schools>)

- **Specialised classroom activities in the high school**
- Students may offer their support in classrooms if staff are teaching a topic relevant to physiotherapy (e.g. core strengthening program for dance students; gait analysis/biomechanics; body systems; prevention of osteoporosis; prevention of childhood obesity)

3. Whole of School Activities

Physiotherapy students may be involved in the planning, implementation and evaluation of different whole of school activities in collaboration with other health science students:

Whole of school activities may include:

- Injury Prevention Programs
- Physical Activity Needs Assessments
- Lunch time, before and after school physical activity programs
- Stress Management Programs for senior students undertaking HSC
- Disability Access Audits / advice
- Parent/Teacher Information sessions – Health related topics
- Healthy workplace initiative for staff
- Development of health promotion messages to be sent via the school newsletter and website
- Healthy workplace initiative for staff – Physical activity programs

4. Other generic skills and knowledge learned relevant to Student Health Professional Education

- Verbal communication and rapport building with children and their carers in their natural environments
- Written documentation skills relevant to health and education environments
- Ethical, legal and culturally sensitive practice requirements of health professionals
- Understanding school environments as a natural and usual context for child development
- Team skills (within the student led health professional team and with the school staff / teachers)
- Appropriate behaviour for health professionals
- Health promotion skills
- Multidisciplinary approaches to chronic disease prevention and management
- Integrated approach to health assessments and interventions that challenges students' thinking and understanding of interprofessional collaborative care and improved understanding of practising with other health and education professionals.
- Students will be able to describe their role identify within a health care team and reflect upon specific experiences of interprofessional practice in the Tweed Healthy Schools context
- Risk management principles relevant to working with children and in school / community contexts.

Student Placement Agreement

Insert Name of University (ABN)

AND

Insert Name of School, NSW Department of Education and Communities.

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THIS AGREEMENT is made on the Date of Execution.

between

insert name of University ("the University")

and

[Insert Name of School], of [Address of School] ("the Education Provider")

RECITALS

- A. The University delivers education and training for any or all of the health related occupations within its' suite of programs.
- B. The Education Provider provides Students of the University with placements in the organisation, wherever possible, for the purpose of supervised practical experience for their education and learning.
- C. The Parties enter into this Agreement for the purposes of:
 - (a) Specifying the terms and conditions under which Students of the University may be placed for the purpose of supervised practical experience for their education and learning;
 - (b) Working collaboratively for mutual benefit;
 - (c) Specifying areas of engagement between them;
 - (d) Providing a mechanism for resolving any disputes which may arise concerning the matters dealt with in this Agreement.

1. SCOPE OF THIS AGREEMENT

- 1.1 This Agreement applies to student placements required for entry into a health occupation and includes placements for undergraduate and graduate qualifications leading to entry into a health related occupation.
- 1.2 Notwithstanding 1.1. this Agreement does not apply to:
 - (a) A person who is employed by the Education Provider while continuing training eg teachers;
 - (b) Trainees who are employed by the Education Provider
 - (c) Students undertaking research which is not part of an entry into a health related occupation training course.

2. DEFINITIONS AND INTERPRETATION

- 2.1 For the purpose of this Agreement:

Agreement means this agreement and includes any Schedules annexed to it.

Appointee means the nominated academic staff and administrative staff occupying a position in the discipline listed in item 3 of Schedule 1.

Authorised Officer means, for the:

- (a) Education Provider, the Chief Executive or their delegate
- (b) University, the Vice-Chancellor or their delegate.

Student Education means the delivery of education or training to Students in a Education Provider Facility.

Code of Conduct means the policy concerning the standards of conduct expected of Staff and Students during employment and Student placement.

Confidential Information means information of a Party whether verbal written or in electronic form or some other form that:

- (a) is confidential to either Party by its nature, including Pupil Data;
- (b) is designated by either Party as confidential or
- (c) the recipient of the information knows or ought to know is confidential to either Party, its agents or its advisers.

Course means a course of study leading to a qualification required for a health-related occupation offered by the University of which education in a Student setting or non-Student setting forms a part.

Discipline Representative means the Staff members nominated by the University and the Education Provider to administer each Student Placement for a Course pursuant to Clause 8.5.

Education Provider means the organisation responsible for the operation of a Facility site or service where a Student Placement might occur.

Education Provider Staff means persons employed or contracted by the Education Provider.

Facility means each tertiary site or service of the Education Provider specified in Schedule 1 and any amendments to the Schedule made in accordance with Clause 9.4.

Facility Manager means the manager of a Facility or authorised delegate.

Intellectual Property Rights means all present and future registered and unregistered rights in relation to patents, copyright, designs, trademarks, inventions, trade secrets, confidential information and all other intellectual property.

Liaison Officer means the person nominated as such by a Party pursuant to Clause 8.1.

Orientation means any document or process intended to familiarise the Student with the various aspects of the workplace in which the placement is being undertaken, including work health and safety requirements.

Personal Information means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in material form or not, about a natural person whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

Pupil means a person or persons who receive(s) tuition provided by a Facility.

Pupil Data means personal information about a current or former Pupil of the Education Provider that is information or an opinion about the physical or mental health or a disability (at any time) of an individual or genetic information of an individual.

Position means the positions relating to the disciplines listed in item 3 of Schedule 1 of the Education Provider and the University.

Prohibited Employment Declaration means a declaration that the person is not a 'Prohibited Person'.

Prohibited Person means a person convicted of a serious sex offence, other than where there is an order in force declaring that the Child Protection (Prohibited Employment) Act 1998 does not apply to the person in respect of the offence.

Program means education in a health context forming part of a formal health related occupation education or training Course.

Schedule means the Schedules attached to this Agreement that refer to the relevant joint staff appointments in the disciplines listed in item 3 of Schedule 1.

Student means a person enrolled at the University in a post-secondary school training qualification required for a health-related occupation. See Clause 1.1 'Scope of this Agreement'.

Student Supervisor means a person nominated by the University and approved by the Education Provider pursuant to Clause 5.1 to provide education and supervision to Students on Student Placement in a Facility.

Student Placement means the provision of supervised education in a tertiary setting or non-tertiary setting for Students in training or education courses required for a health-related occupation.

The supervised education must be:

- (a) A requirement of the Student's Course; or
- (b) A requirement for registration into a profession/discipline, or a requirement to be eligible for licensing as a professional association member.

Student Placement Governance Group means the group formed to oversee the organisation and management of student placements operating under this agreement.

Student Year means the academic year at the University in which the Student is enrolled.

Supervision means the organised and approved mentoring or preceptor (on-the-spot) education by a qualified person in a Student setting or non-Student setting for Students in training or education courses required for a health-related occupation.

University means the individual university responsible for the delivery of education or training.

University Staff means a person employed or contracted by the University who fulfils the role of Student Supervisor or who provides support and consultation to Students or the Student Supervisor and whose details have been notified to the Education Provider in accordance with Schedule 1.

2.2 Except where the context otherwise requires:

- (a) clause headings are for convenient reference only and are not intended to affect the interpretation of this Agreement;
- (b) where any word or phrase has a defined meaning, any other form of that word or phrase has a corresponding meaning;
- (c) words in the singular include the plural and vice versa;
- (d) all the provisions in any Schedule to this Agreement are incorporated in and form part of, this Agreement and bind the Parties: and
- (e) the terms of this agreement prevail to the extent of any inconsistency between that term and any Schedule to this Agreement;
- (f) if a period of time is specified and dates from a given day or the day of an act or event, it is to be calculated inclusive of that day.

3. TERM

3.1 This Agreement commences on the date that this Agreement is executed, and will remain in effect unless terminated earlier in accordance with Clause 27.

4. RESPONSIBILITIES OF THE EDUCATION PROVIDER

Access to Pupils, Facilities and Equipment

4.1 It is the responsibility of the Education Provider to provide access to facilities to support Student Placement, wherever practicable.

The Education Provider will make available to Students and University Staff:

- (a) reasonable access to Pupils for the purpose of the completion of the Student Placement subject to the authority of the Student Supervisor and Pupil or guardian consent (in accordance with privacy legislation) and the treatment needs of the Pupil;
- (b) such access to current and archival Pupil Student records as is reasonably necessary for the completion of the Student Placement, provided such access is consistent with the Education Provider's confidentiality guidelines and privacy legislation;

- (c) amenities at each Facility sufficient to enable University Staff to conduct Student Placement discussions, debriefings and conferences with their Students as and when available:
 - (d) access to library and other reference materials, where practicable.
- 4.2 In making available the access, facilities and equipment provided under Clause 4.1, the Education Provider may impose such conditions as it considers reasonably appropriate.

Orientation and Induction

- 4.3 The Education Provider, with the assistance of the Student Supervisor, will provide an Orientation to the workplace where the Student will be undertaking the Student Placement and an induction to the procedures of the Education Provider.

Policies and Procedures

- 4.4 The Education Provider will make available to Students and University Staff access to its own and all relevant policies, guidelines and procedures, including those related to privacy, open disclosure, work health and safety, security, code of conduct, record keeping, immunisation and infection control, and Staff health as supplemented and amended from time to time.

Supervision

- 4.5 Student supervision will be provided by the on-site Education Provider's Student Supervisor, a registered Health Professional, during whole of tertiary activities (health promotion and interprofessional project work) and classroom sessions (in conjunction with classroom teachers). All discipline specific health assessment and intervention will be supervised by a registered health professional from the students chosen profession.

5. RESPONSIBILITIES OF THE UNIVERSITY

Supervision and Teaching

- 5.1 The amount and nature of supervision to be provided to each Student will be co-operatively determined between University Staff and the Education Provider taking into account the individual educational needs of Students and noting the responsibility of the University for oversight of the education of its Students.
- 5.2 Arrangements for supervision are to be agreed between the Parties in Schedule 1 or otherwise in writing in accordance with the timeframes specified in Clause 9.
- 5.3 If the objectives of any Program are altered, or if the level of Student competence varies, the University may review the level of supervision required, and submit any changes for approval to the relevant Liaison Officer, who may refer the matter to the Student Placement Governance Group if required, in accordance with Clause 8.2 (d).

- 5.4 The University will make available to Education Provider Staff who are providing elements of supervision in terms of Clause 5.1. reasonable access to University facilities such as library and Internet access and any other privileges accorded to its own academic Staff which will assist Education Provider Staff in their supervision of Students and contribute to their professional development.
- 5.5 The University will provide access to formal supervision training on a regular basis to all Education Provider Staff who have been appointed to act as Student Supervisors, have an interest in acting as a Student Supervisor, or have been identified as having the potential to act as a Student Supervisor in the near future.
- 5.6 The University will provide written and verbal feedback to Education Provider Staff who have been appointed to act as Student Supervisors upon request to assist them in improving their supervision of Students and in recognition of their knowledge skills and contribution to the supervision of Students.

Student Assessment

- 5.7 The University is responsible for the education of Students on Student Placement, including all learning outcomes and assessments.
- 5.8 (a) Notwithstanding Clause 5.9, Education Provider Staff who have been appointed to act as Student Supervisors may report on a Student's performance, practical skills, learning, knowledge and/or development, as specified in Schedule 1;
(b) Other relevant Education Providers may also provide feedback or input on the Student, where required.

Administration and Conduct of the Course During Student Placement

- 5.9 Subject to any provisions of this Agreement to the contrary, the University will be responsible for the administration and conduct of the Course, including Student guidance, counselling and discipline and, where necessary, the exclusion of Students or University Staff from the Student Placement.
- 5.10 The University is responsible for ensuring that University Staff have appropriate qualifications and experience to fulfil their obligations under this Agreement.
- 5.11 The University acknowledges and agrees that:
- (a) a Student's access to Pupils/Clients and Pupil/Client records is, and remains, subject to the Education Provider's duty of care to its Pupils/Clients;
 - (b) a Student may only participate in the delivery of tuition as instructed by their Student Supervisor at levels commensurate with the stage of preparation and progress in their Course;
 - (c) a Student's practice must be supervised by the Student Supervisor or an appropriately appointed nominee in accordance with this Agreement at the level

- determined by such Student Supervisor or delegate to be necessary to ensure that the care offered to Pupils is safe and at an adequate standard: and
- (d) the management, control and treatment of Pupils in the care of a Facility will at all times take priority over the supervision, education and training of Students. This will include the University ensuring adequate privacy and supervision for all interviews and examinations conducted by a Student as amended from time to time.
 - (e) a Pupil/Client may refuse to have a Student participate in their care, regardless of whether the activity is part of, or additional to, the normal requirement of care. This right of Pupils/Clients must be respected at all times;
 - (f) Pupils/Clients must be treated with respect and should not be placed in situations that may cause them to feel embarrassed, harassed or offended - this includes ensuring adequate persona privacy;
- 5.12 The University will take all reasonable steps to ensure Students and University Staff are aware they must not authorise to represent that they are employed, act or communicate on behalf of the Education Provider. Preconditions for Students Undertaking Student Placements.

Preconditions for Students Undertaking Student Placements

- 5.13 The University represents and warrants that all Students, for whom a Student Placement is sought where a Student is not an Australian citizen, hold and continue to maintain all the required passport and visa documents necessary to undertake the Student Placement.
- 5.14 The University is responsible for arranging registration of Students where required by the Profession's Registration

National Criminal Record Checks (NCRC) and Prohibited Employment Declaration

- 5.15 The University is responsible for:
- (a) ensuring that each Student has completed a Criminal Record Consent form, and a Prohibited Employment Declaration form and received a clearance on enrolment in a course of study;
 - (b) ensuring that when completing these forms each Student has undergone a 100-point check to confirm identity as required by the police: and
 - (c) ensuring that Student data is lodged in a secure manner.
- 5.16 Students who attend a facility without clearance will not be allowed to commence the placement.

Immunisation and Infection Control

- 5.17 The University will advise Students in writing prior to enrolment, about the risks of contracting infectious diseases during the Student Placement, and of their responsibilities to comply with the Work Assessment, Screening and Vaccination Against Specified Infectious Diseases Policy, as amended from time to time, including:

- (a) obtaining, at the cost of the Student, a documented screening and vaccination history; and
- (b) providing this information to the University prior to all Student placements.
- (c) providing this information to the Liaison Officer prior to the Student placement in order to provide the Education Provider with evidence of immunisation.

- 5.18 The Education Provider is under no obligation to accept a Student on Student Placement prior to receipt of written evidence of immunisation and TB status. The Education Provider will not be liable for any consequences of its non-acceptance of a Student for Student Placement until such evidence is provided.
- 5.19 In the event that evidence of immunisation or immunity, provided under Clause 5.17, is incomplete or inadequate the Education Provider will determine in its absolute discretion acceptance or non-acceptance of the Student for Student Placement, and any terms and conditions of such acceptance.
- 5.20 Where Students have not obtained the requisite immunisations or where their immunisation record is incomplete or inadequate and the Education Provider has determined non-acceptance of the Student for Student Placement, the Education Provider will refer the Student to the University for advice.

Policies and Procedures

- 5.21 The University will take reasonable steps to ensure that all Students observe the regulations, policies, guidelines and procedures referred to in Clause 4.4.
- 5.22 The University acknowledges and agrees that all Students are aware of and understand their rights and responsibilities under Education Providers policies as amended from time to time which will be provided to the University by the Education Provider. The University will ensure that each Student signs an agreement to abide by the Code of Conduct.

Student Attire and Identification

- 5.23 The University will advise its Students to be attired in a manner acceptable to the Education Provider.
- 5.24 The University will provide its Students with suitable University identification to be worn when attending Facilities.

Student Illness and Absenteeism

- 5.25 The University will notify the Education Provider of Student illness or absenteeism where attendance is anticipated. Similarly, the Education Provider will notify the University if this occurs.

6. RESPONSIBILITIES OF PERSONS NOT BOUND BY THIS AGREEMENT

- 6.1 The University will ensure that Students are informed of and agree to abide by the terms of this Agreement.
- 6.2 The Education Provider will ensure that Education Provider Staff that participate in Student Placements are informed of and agree to abide by the terms of this Agreement.

7. GOVERNANCE

- 7.1 Governance issues are jointly the responsibility of the School Principal of the Education Provider and the Vice Chancellor or Director of the University or designated liaison. For practical reasons, accountability for establishing the governance processes will rest with the Education Provider. As a matter of course, this will be undertaken in a collaborative and consultative manner.

8. COMMUNICATION BETWEEN PARTIES

- 8.1 Each Party will nominate a Liaison Officer, as set out in Schedule 2.
- 8.2 The role of the Liaison Officer is to:
- (a) oversee and manage the central coordination of Student placements for all health professions/disciplines between the Education Provider and the University, to meet academic year timeframes;
 - (b) liaise with Discipline Representatives to monitor the Student placement process;
 - (c) be a member of any sub-committees of the Student Placement Governance Group;
 - (d) advise their Authorised Officer of any issues requiring attention regarding Student Placements; and
 - (e) report to the Student Placement Governance Group on Student placements across the Education Provider.
- 8.3 Either Party may substitute its Liaison Officer with another person by notifying the other Party in writing.
- 8.4 Unless this Agreement specifies otherwise all communications between the Parties relating to this Agreement or matters that arise out of this Agreement shall be given to or sent by the Liaison Officer.
- 8.5 Each Party will nominate a Discipline Representative for each Course, to administer Student Placements relating to the Course. The Liaison Officer will be notified in writing of each Discipline Representative prior to the commencement of each academic year.
- 8.6 Either Party may substitute its Discipline Representative with another person by notifying the Liaison Officer in writing.
- 8.7 The Education Provider Discipline Representative will, in consultation with the University Discipline Representative and Liaison Officers:
- (a) identify Student placements and appropriately qualified Student Supervisors in terms of Clause 9.2 across the health system
 - (b) coordinate the placement process for their discipline; and
 - (c) maintain details of Student Placements in their discipline as per Schedule 1 to this Agreement.

9. OPERATIONAL SCHEDULE

- 9.1 The Parties will co-operatively develop and complete an Operational Schedule in the form attached at Schedule 1 or similar as negotiated between the Parties but including all areas of detail outlined in the attached Schedule 1, for each Course in accordance with the requirements of this Clause 9.
- 9.2 The components of the operational Schedule will be completed by the Party in accordance with applicable time periods specified in the operational Schedule.
- 9.3 The University will notify the Education Provider in writing as soon as reasonably possible of any changes to the information provided by it in the operational Schedule.
- 9.4 The University will notify the Education Provider in writing when changes are made to the Course that may reasonably affect the Student Placement, or if the level of knowledge or competence of Students who have been placed or will be placed in the future is likely to vary.
- 9.5 The Parties may vary the content of the Schedule from time to time by written agreement.
- 9.6 The Parties will agree to timeframes and have in place appropriate risk management strategies in relation to student placements.

10. NUMBER AND PRIORITY OF STUDENT PLACEMENTS

- 10.1 The number of Students to be placed with each Facility at any given time will be determined at the discretion of the Education Provider and will be based on the policy directions and priorities of the Education Provider. Reasonable notice will be provided to the University where this number varies from that notified in the prior year/semester.

11. DEFERRAL OR CANCELLATION OF STUDENT PLACEMENT

- 11.1 Where unforeseen circumstances or causes beyond the control of the Education Provider cause or threaten major disruption to services or provision of Student Placement, including without limitation, industrial disputes or implementation of disaster plans, the Education Provider may, in its absolute discretion, defer, suspend, vary or cancel agreed Student Placements. The Education Provider's decision is final and may be implemented immediately.
- 11.2 The Education Provider agrees, as far as it is practicable, to notify the University of its intention to defer, suspend, vary or terminate Student Placements under Clause 11.1.
- 11.3 The University agrees to notify the Education Provider of any cancellation or deferral of agreed Student Placements within a timeframe defined between both parties.

12. CONTROL AND DISCIPLINE

- 12.1 Subject to this Clause 12, discipline and control of Students is the responsibility of the University.

- 12.2 The Education Provider retains the right to instruct a Student in connection with Pupil care or treatment or generally acceptable practice/behaviour.
- 12.3 The Education Provider will:
- i. notify the University when in its opinion action is required to be taken in respect of a Student or University Staff member; and
 - ii. the Education Provider shall give to the University in writing
 - (a) the Student's or University Staff member's name;
 - (b) the reasons why action is to be taken: and
 - (c) the recommended or required action to be taken.
- 12.4 Once the Education Provider has notified the University under Clause 12.3 above the matter is the responsibility of the University.
- 12.5 The University shall provide a written report to the Education Provider of action taken by the University with respect to the Student or University Staff member.
- 12.6 The Education Provider retains the right to remove a Student or University Staff Member from its facilities or services at any time. The Parties acknowledges that satisfactory reasons for removal are:
- (a) Unsuitability to undertake or continue with a placement because of unacceptable risk to either the provision of satisfactory Pupil care or Pupil/Staff safety; or
 - (b) Disciplinary matters in terms of the Code of Conduct.
- 12.7 The Education Provider is entitled to satisfy itself that Students are competent to perform their allotted tasks, that they conduct themselves in a safe and professional manner, and that they comply with the Code of Conduct. If the Education Provider is not so satisfied, it may do any or all of the following:
- (a) restrict or limit access by a Student to Pupils;
 - (b) direct a Student to leave the premises of the Facility; or
 - (c) take all reasonable steps necessary to ensure that a Student complies with a direction given under Clauses 16.6 (a) or 12.6 (b).
- 12.8 The Education Provider will use its best endeavours to notify the University of its intention to give a direction under Clause 12.6 and will provide written notification to the University Liaison Officer of the direction and the reasons for the direction within 3 working days of its being given.
- 12.9 If the University notifies the Education Provider within three (3) working days of receiving a notice under Clause 12.8 that it disagrees with the Education Provider's direction, the Education Provider will notify the Student Placement Governance Group who will establish a Sub Committee. The Sub-Committee will submit a report and recommendations to the Education Provider. The Committee's decision will be final.

- 12.10 Notwithstanding the foregoing provisions, the Education Provider retains the right in its absolute discretion to refuse or suspend a Student Placement if it considers on reasonable grounds that such action is necessary to protect the health and safety of Pupils.
- 13. WORK HEALTH AND SAFETY**
- 13.1 All Students on placement will be made aware by the University that they must abide by Work Health and Safety Regulations including guidelines on manual handling and working with hazardous substances and dangerous goods.
- 14. OPEN DISCLOSURE**
- 14.1 All Students on placement will be made aware by the University of Open Disclosure Guidelines as amended from time to time and Incident Management Policy as amended from time to time or any successor policy.
- 15. TRAVEL**
- 15.1 All costs of travel to the Health facility will be met by the Student or by the University (for University Staff).
- 16. USE OF MOTOR VEHICLES**
- 16.1 The University acknowledges and agrees that whilst on Student Placement Students may not use Facility vehicles other than to accompany a Facility staff member who is the driver.
- 16.2 The use of fleet motor vehicles is subject to availability and priority of access will be given to Education Provider Staff.
- 16.3 Students must not use their private vehicles for teaching and educational activities undertaken as a part of their Student Placement.
- 17. DISCLOSURE OF INFORMATION PERTAINING TO STUDENTS**
- 17.1 Provided the University receives a Student's written consent to do so, the University will disclose to the Education Provider through its Liaison Officer any information, concerning the Student which, in its reasonable opinion would assist the Student Supervisor or the Facility to accommodate any special needs of the Student.
- 17.2 The Education Provider will make Student Supervisors aware of their obligation to keep all information disclosed under Clause 17.1 strictly confidential.
- 18. USE AND DISCLOSURE OF PUPIL DATA**
- 18.1 The University acknowledges and agrees that all Pupil Data will remain the property of the Education Provider and be acknowledged as the property of the Education Provider.
- 18.2 Upon request by the Education Provider, the University must immediately deliver or arrange for the delivery to Education Provider all Pupil Data in the possession of the University, University Staff or Students.

- 18.3 The University will ensure that Students are aware of their responsibility to not, directly or indirectly, use any Pupil Data without the prior written consent of the Pupil. The Education Provider will ensure that its Pupil admission process enables Pupils to consent to the Pupil Data being used for the purposes of education and research with ethical approval.
- 18.4 The University will take all reasonable measures to ensure that Pupil Data in the possession of the University, University Staff or Students is protected from unauthorised access from any source and by any means.

19. INTELLECTUAL PROPERTY

- 19.1 The Education Provider may assert rights over Intellectual Property created by Students during their Student Placement where any of the following circumstances are satisfied:
- (a) the Intellectual Property has been created utilising substantial resources of the Education Provider;
 - (b) the Intellectual Property is created as a result of pre-existing intellectual Property owned by the Education Provider;
 - (c) the Intellectual Property has been created by the Education Provider team of which the Student is a member; or
 - (d) the Intellectual Property has been created as a result of funding provided by, or obtained by, the Education Provider.

20. PRIVACY AND CONFIDENTIALITY ISSUES

- 20.1 Subject to Clause 20.2, the University must advise its Students and University Staff that they must not in any circumstances give access to or disclose Confidential Information to any person.
- 20.2 The obligation of confidentiality set out in this Clause 20 does not extend to Confidential Information that is required to be disclosed by the operation of law but only to the extent that such disclosure is necessary by law.
- 20.3 The University acknowledges that Pupil Data is "Personal Information" as defined in the Privacy and Personal Information Protection law and that a breach will constitute a breach of this Agreement.
- 20.4 The Education Provider agrees to:
- (a) use Personal Information of Students or University Staff held or controlled by it in connection with this Agreement only for the purposes of fulfilling its obligations under this Agreement;
 - (b) take all reasonable measures to ensure that Personal Information of Students or University Staff in its possession or control in connection with this Agreement is protected against loss and unauthorised access, use, modification or disclosure;
 - (c) comply with the Information Protection Principles in the Privacy and Personal Information Protection Act and the Health Records and Information Privacy Act to the extent that the content of those principles apply to the types of activities the

Education Provider is undertaking under this Agreement, as if the Education Provider were an agency as defined in that Act: and

- (d) co-operate with any reasonable demands or inquiries made by the University on the basis of the exercise of the functions of the Privacy Commissioner under the Privacy and Personal Information Protection Act including, but not limited to, a request from the University to comply with a guideline concerning the handling of Personal information of Students or University Staff,
- (e) ensure that any person who has an access level which would enable that person to obtain access to any Personal Information of Students or University Staff is made aware of, and undertakes in writing, to observe the Information Protection Principles and other obligations referred to in this Clause.

21. INDEMNITY

- 21.1 (a) The University indemnifies the Education Provider, its employees against liability in respect of all actions, claims, costs and expense and for all loss, damage to property or personal injury (including injury to feelings or humiliation suffered as a result of a breach of confidentiality) or death to persons caused by any unlawful or negligent act or omission of the University, its employees, agents or Students in carrying out activities arising out of or in connection with this Agreement except to the extent that the Education Provider, its employees or agents caused the relevant loss, damage or injury.
- (b) The University's liability to indemnify the Education Provider under Clause 21.1 (a) shall be reduced proportionately to the extent that an act, error or omission of the Education Provider contributed to the loss, liability or expense

21.2 The indemnities in this Clause 21 ceases at the termination of this agreement.

22. INSURANCE

22.1 The University must effect and maintain the following insurance policies for its employees and student's during the term of this agreement:

- (a) professional indemnity insurance in the amount of not less than \$10,000,000 in the aggregate; and
- (b) workers' compensation insurance for an amount required by law for employees.
- (c) Student Placement Insurance Certificates will be provided upon request to the placement facility to cover the following:
 - a. Public Liability;
 - b. Professional Indemnity;
 - c. Medical Malpractice; and
 - d. Student Personal Accident.
- (d) Equipment and products provided by the university to the university student for use during the clinical placement, will be the sole responsibility of the university / student to maintain and keep safe.

22.2 The University must provide evidence of the currency of an insurance policy affected under this Clause 22 to the Education Provider upon request.

23. AMENDMENTS

- 23.1 This Agreement once signed by both Parties may be amended only by a written document signed by the Authorised Officer for each Party, unless that variation is to the Operational Schedule.
- 23.2 Variations to the Operational Schedule may be agreed in writing between the Liaison Officers. on advice from the Discipline Representatives.

24. WAIVERS

- 24.1 A waiver of a provision of this Agreement or a right or remedy arising under this Agreement, including this Clause, must be in writing and signed by the Party granting the waiver.
- 24.2 A waiver is only effective in the specific instance and for the specific purpose for which it is given

25. NOTICES

- 25.1 A notice, consent, approval or other communication (each a notice) under this Agreement must be:
- (a) delivered to the Authorised Officer's address;
 - (b) sent by pre-paid mail to the Authorised Officer's address; or
 - (c) transmitted by facsimile or electronic means to the Authorised Officer's address.
- 25.2 A notice given by a Party in accordance with this Clause is treated as having been given and received:
- (a) if delivered to the Authorised Officer's address, on the day of delivery if a business day, otherwise on the next business day;
 - (b) if sent by pre-paid mail, on the third business day after posting;
 - (c) if transmitted by facsimile or electronic means to the Authorised Officer's address and a correct and complete transmission report is received, on the day of transmission if a business day, otherwise on the next business day.

26. DISPUTE RESOLUTION

- 26.1 If a dispute arises in connection with this Agreement or any matter covered by this Agreement then the Parties agree to the following dispute resolution process:
- (a) the Parties shall attempt to settle any dispute using the dispute resolution and mediation processes provided for in this Agreement before resorting to court proceedings, provided howsoever, nothing in this clause will preclude either Party from seeking urgent interlocutory relief;
 - (b) either Party claiming that a dispute has arisen gives written notice to the other Party stating details of the matter in dispute and requiring that the matter be resolved by a meeting between the Parties;
 - (c) within ten (10) business days of the receipt of such notice the Parties are to establish a joint committee of three (3) representatives of each Party (the 'Joint Committee'). The Joint Committee will within a period of fifteen (15) business days following its

- establishment use its best endeavours to discuss the dispute with the view to achieving a resolution of the dispute;
- (d) if the dispute remains unresolved the Parties must within a period of ten (10) business days following the expiration of the period stipulated in Clause 26.2 (c) refer the dispute respectively to the Chief Executive of the Education Provider and to the Vice Chancellor or Institute Director or nearest equivalent office holder of the University for resolution who will within fifteen (15) business days meet and discuss the dispute with a view to achieving resolution;
 - (e) if the dispute is not resolved after the Parties have followed the process in clause 26.1 (c) and (d), or within such further period as the Parties may agree in writing the dispute shall be referred to the Australian Commercial Disputes Centre ("ACDC") for mediation in accordance with the ACDC's 'Mediation Guidelines for Commercial Mediation' which are operating at the time the matter is referred to the ACDC. The ACDC's mediation guidelines set out the procedures to be adopted, the process of selection of the mediator and the costs involved. The terms of the ACDC's mediation guidelines are hereby deemed incorporated into this Agreement.
 - (f) the Parties shall do all things reasonably required to refer the dispute to mediation by ACDC.
 - (g) in the event that the dispute has not been settled within twenty (20) business days (or such other period as agreed to in writing between the Parties) after the appointment of a mediator, or if no mediator is appointed within twenty (20) business days of the referral of the dispute to mediation, the Parties are free to pursue any other procedures available at law for the resolution of the dispute.

27. TERMINATION

- 27.1 The Education Provider may terminate this Agreement by giving not less than one (1) months' notice in writing to the University, with such termination being effective upon the expiry of this one (1) month period.
- 27.2 Settlement of outstanding monies if the Education Provider terminates this Agreement:
 - (a) the Education Provider may reimburse the University for any unavoidable costs and expenses directly incurred as a result of termination provided that any claim:
 - (i) is supported by satisfactory written evidence of the costs claimed; and
 - (ii) will be in total satisfaction of the liability of the Education Provider to the University in respect of this Agreement and its termination.
 - (b) the University must do everything reasonably possible to prevent or otherwise mitigate any losses resulting to the University from the termination.
- 27.3 In the event of any termination of this Agreement the Parties will use their best endeavours to avoid any adverse consequence of termination on the academic progress or provision for any Student of the University.

28. GOVERNING LAW

- 28.1 The laws in force in the States of Queensland and New South Wales governing this Agreement.

- 28.2 Each Party submits to the exclusive jurisdiction of the courts of the State of Queensland, the State of New South Wales and the courts of appeal from those courts.
- 28.3 If any provision of this Agreement is or becomes illegal, invalid or unenforceable ("Ineffective"), it will be read down to the extent necessary to ensure it is not ineffective. If the offending provision cannot be so read down, it will be severed. In any event, the remainder of this Agreement will be construed so as to ensure it remains effective to the greatest extent possible.
- 29. ENTIRE AGREEMENT**
- 29.1 This Agreement constitutes the entire agreement between the Parties and supersedes all prior representations, agreements, statements and understandings, whether verbal or in writing.
- 30. COUNTERPARTS**
- 30.1 This Agreement may be executed in counterparts and all such counterparts taken together will be deemed to constitute one and the same Agreement.
- 31. ASSIGNMENT**
- 31.1 Except with the prior written consent of the Education Provider the University may not assign the whole or any part of the University's obligations under this Agreement. Consent is not to be unreasonably withheld.

EXECUTED as an Agreement on the _____ day of _____ 20____.

**SIGNED FOR AND ON BEHALF of
The University**

Signature of witness

Signature of authorised person

Name & Title

Name & Title

**SIGNED FOR AND ON BEHALF of
The Education Provider**

Signature of witness

Signature of authorised person

Name & Title

Name & Title

SCHEDULE 1
Operational Schedule

To be completed by the Parties in accordance with Clause 5 of the Agreement

1. Education Provider

2. University

3. Discipline Covered By This Agreement

SCHEDULE 2
Designated Officers

To be completed by the Parties in accordance with Clause 5 of the Agreement.

University

Authorised Officer _____

Authorised Officer Details _____

Liaison Officer _____

Liaison Officer Details -----

Education Provider

Authorised Officer _____

Authorised Officer Details _____

Liaison Officer _____

Liaison Officer Details _____

Allied Health Team:	Equipment	Purchase Price
Physiotherapy	Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2) Kit	\$1595.00
	Plastering Saw	\$2000.00
	Reflex hammer	\$12.00
	Scoliometer	\$12.00
	Wobble Board	\$63.00
	Athletic tape	\$55.00
	Children's climbing ladder	\$69.00
	Goniometer	\$10.00
	Triangular bandages x 3 (\$3.00 each)	\$9.00
	Compression Bandages x 5 (\$10.00 each)	\$50.00
	Hot & Cold Packs x3 each (\$5.00 each)	\$30.00
Occupational Therapy	McMaster Hand Writing Assessment	Free from <i>CanChild</i>
	The Perceived Efficacy and Goal Setting System (PEGS)	\$304.00
	Developmental Indicators for the Assessment of Learning 4 th Edition (DIAL-4)	\$647.00
	School Function Assessment	\$518.00
	Preferences for Activities for Children (PAC)/ Children's Assessment of Participation and Enjoyment (CAPE)	\$280.00
Speech Pathology	iPod and Apps	\$900.00
	Clinical Evaluation of Language Fundamentals (CELF-4)	\$1500
	Renfrew Action Picture Test (RAPT)	\$80.00
	Bus Story Assessment	\$80.00
	Pop-up pirate game therapy	\$20.00
	3D Counters: cars/bears	\$100.00
	Play-based toys (cash register, farm animals, blocks)	\$100.00
	Neale Analysis of Reading Ability	\$114.00
	Diagnosis Evaluation of Articulation and Phonology (DEAP)	\$281.00
	Mighty mouth hand puppet	\$70.00
	Board maker CD	\$600.00
	Pod template CD	\$550.00
	Test of Narrative Language (TNL)	\$192.00
	Sutherland Phonological Awareness Test (SPAT-R) (\$187.00) with test copies (\$44.00)	\$231.00
	Comprehensive Test of Phonological Processing (CTOPP): (\$330) with test copies (\$140.00)	\$470.00
	Tongue depressor	\$20.00
Dietician/Nutritionist	Scales (Tanita)	\$57.00
	Height measure	\$10.00
	Growth Charts (CDC, WHO)	\$12.00
	BMI Charts	\$12.00
	Australian Guide to Healthy Eating (AGHE)	\$20.00
Exercise Physiologist	VO2 Max Kit	\$475.00 (vacuumed.com)
	Heart rate monitor	\$50.00
	Portable ECG Unit with software	\$450.00
Nursing	Over the counter medications	-----
	First Aid Kit	\$32.00
	Vision Testing Kit (Eye chart)	\$20.00
	EpiPen	\$35.00
	Band Aids (pack of 50)	\$5.00
	Cotton balls (pack of 60)	\$5.00

Equipment	Purchase price	Equipment	Purchase price
Stationary	\$200.00	Open reel measuring tape	\$15.00
Office Desks	\$1000.00	Measuring tape x 3 (\$3.00 each)	\$10.00
Office Chairs x 12 (\$24.00 each)	\$288.00	Stop watch x2 (\$15.00 each)	\$30.00
Reception furniture	\$500.00	Calliper	\$42.00
Filing Cabinets	\$200.00	Blood glucose meter	\$45.00
Foam mat x 3 (\$12.00 each)	\$36.00	Medical scale	\$100.00
Balls	\$50.00	Blood pressure cuff x 2 (\$25.00 each)	\$50.00
Dome markers	\$20.00	Stethoscope x 2 (\$25.00 each)	\$50.00
Hoops x 3 (\$6.00 each)	\$18.00	Towels	\$100.00
Mini tramp	\$69.00	Pillows	\$150.00
Skipping rope x3 (\$6.00 each)	\$18.00	Pillow Cases	\$60.00
Bean bag set	\$30.00	Sheets	\$100.00
Gym Mirrors	\$300	Massage cream x 3 (\$20.00 each)	\$60.00
Weights: Dumbbell kit with rack	\$500.00	Hand Sanitiser	\$11.00
Foam roller	\$20.00	Gloves (pack of 100 gloves)	\$18.00
Swiss ball	\$20.00	Alcohol wipes	\$11.00
Swiss ball pump	\$6.00	Isowipes	\$18.00
Thera-band set	\$85.00	MYOB program	\$65.00
Treadmill	\$398.00		
Exercise bike	\$298.00		
Plinth/treatment tables x 3 (\$330 each)	\$1000.00		

Inventory item	Unit price	Quantity in stock	Total cost
Model SX3008 3-Section Electric Plinth Elevation	\$970.00	2	\$1940.00
Dell 570 Dual Core Desktop PC with 23" monitor	\$500.00	4	\$2000.00
Landline phones	\$40.00	4	\$160.00
Printer/photocopier/fax	\$6000.00	1	\$6000.00



EOI – Tweed Healthy Schools Secondary Curriculum Liaison Officer



Position Vacant Policy

18/03/2014

The position will be for approximately 14 days during 2014, with the more intensive planning occurring in Term 1.

The role will involve:

- Initial planning of KLA and whole school opportunities for allied health university clinical placements at Banora Point High School
- Liaison with the Tweed Healthy Schools Clinical Co-ordinator, Kirstin Macdonald
- Facilitating the implementation of projects and plans that better meet the needs of the Tweed Healthy Schools Project, including activities outside the classroom setting (e.g. whole school health promotion), and subject based activities
- Documentation of all planning so that an evaluation can be carried out at the end of 2014 (November, 2014) with a view of putting a sustainable program in place.

Anticipated outcomes of the role:

- Increased opportunities for allied health university clinical placements to be working in High School programs
- Development of a document that outlines Healthy Schools programs that could be sustainably embedded into the High School setting.
- An increase in liaison between co-ordinators of high school based programs and the Tweed Healthy Schools Clinical Co-ordinator.

An Expression of Interest (EOI) is to be no longer than one page and needs to address the following criteria:

- Past experiences that demonstrate your ability to fulfil the role and responsibilities of this position.
- The skills and abilities that you bring to the position.
- What are the benefits of relieving in this role?
- Two priorities (related to the school plan or Tweed Healthy Schools plan) that you feel you would focus on while holding this position.

Expression of Interest Now Open

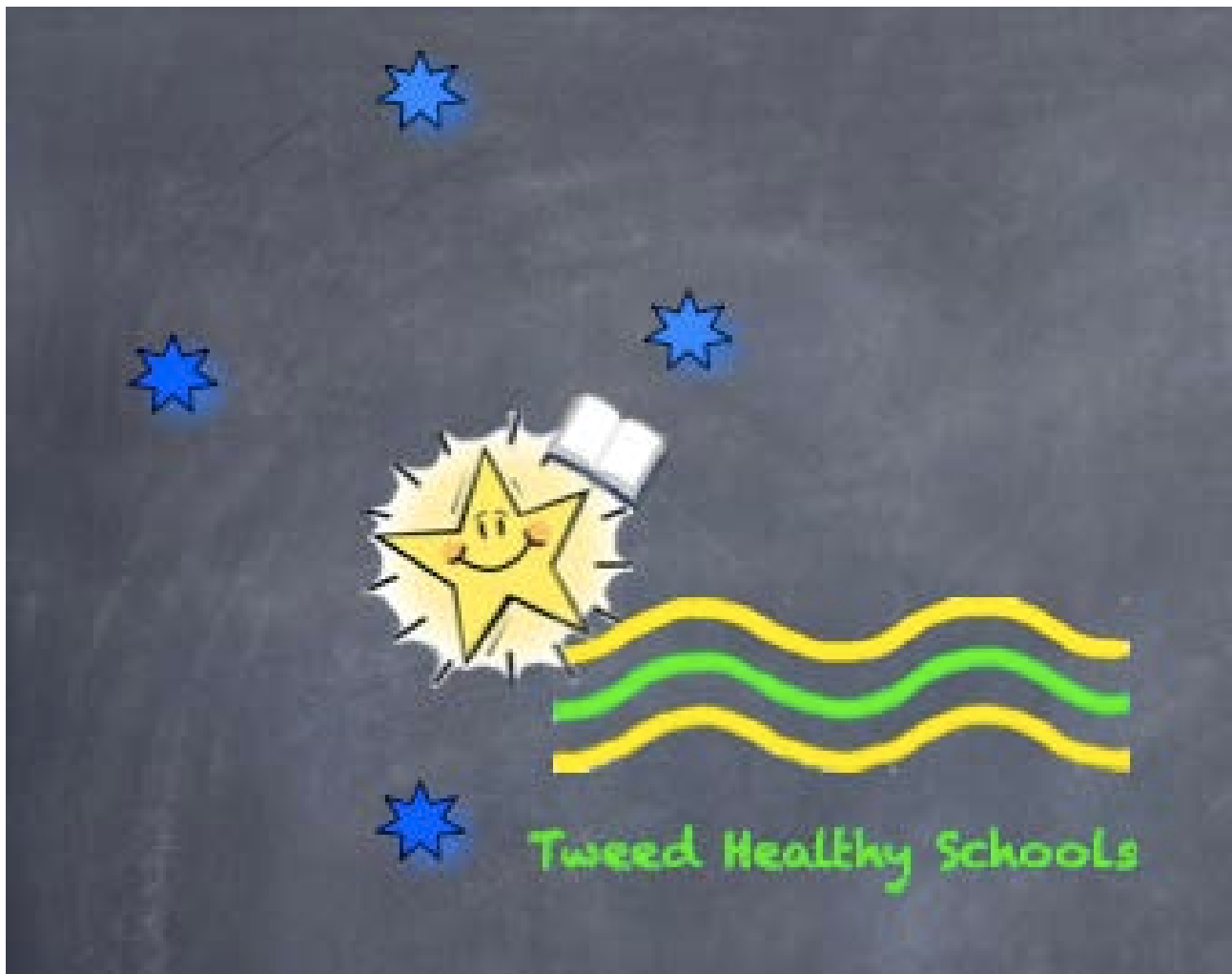
Position: Tweed Healthy Schools Secondary Liaison Officer

- This position will start as soon as possible after the close of the EOI. It will involve approximately 14 days during 2014.
- An EOI is to be no longer than one page addressing the criteria listed above.
- Applicants should determine whether they have the support of their supervisor, re being released for 14 days, before applying.
- Please submit EOI to Greg Smith.

Closing Date: 4pm Monday 24th March 2014

Copies 18/03/2014:

- Emailed to all Teachers.
- One on staff Noticeboard.



Tweed Healthy Schools Project

The Tweed Healthy Schools Project is a collaborative project between the T5 Tweed Group of Schools, Southern Cross, Bond and Griffith Universities.

Students from Occupational Therapy, Physiotherapy, Exercise physiology, Nursing, Nutrition and Speech Pathology will work together in an interprofessional model to provide health care and education to school pupils and the wider school community.

This placement will be run across 2 sites - Centaur Primary School, and Banora Point High School, which are located together in Banora Point.

These schools have been chosen due to the increased needs for health care services that they are unable to access through usual means. These delays in accessing health services impact on the educational and health outcomes, and can have detrimental effects on their future prospects.

The intended short term outcomes of this project are to:

- Develop programs with schools to strengthen student health and wellbeing, and educational access
- Increase clinical placement capacity for university health students
- Increase diversity of experiences for university health students whilst on placement
- Assist schools in meeting the healthcare requirements of general school population (through service provision, case management, and education programs)
- Assist schools in policy development and implementation related to a health promoting school environment

With long term goals:

- Improve health outcomes for school students
- Improve learning outcomes for school students

Benefits to University health students

This placement will provide health students with a rich community based training experience to better prepare them for clinical practice upon graduation. They also have an opportunity to provide a much needed community service, in the provision of health care to this group of schools, who otherwise may not have the same level of access to much needed care as their counterparts from a different background.

- Learning with others leads to an improved appreciating of professional roles and responsibilities, and provides an understanding of the team approach to care.
- The development of effective teamwork leads to the recognition of the relevance of this skill to future clinical practice.
- Working together to understand problems from different perspectives promotes improved clinical outcomes.

Benefits to schools / community

University health students will:

- Assist the development of health policies across the school once key areas are identified through consultation with the wider school community.

- Provide education sessions to pupils in classroom settings and families on health topics that are relevant to them, and will link these topics to curriculum when possible.
- Collaborate with classroom teachers to provide group activities to address any learning needs that are impacted on by existing health issues.

Most interaction will take place within the classroom, however, if a student has been identified as requiring therapeutic intervention or assessment (via parents, guidance councillor or teacher request, or existing referral to community health by GP or paediatrician) then an interprofessional health assessment will be performed and the findings will be reported back to the families and relevant health providers.

School pupils will also benefit by having the opportunity to gain an understanding of the scope of employment opportunities that exist within health, outside of the traditional roles of doctors and nurses.

A three tiered approach to an interprofessional student health team within these schools will consist of:

- Classroom based initiatives
- Whole of school community programs
- Individual client clinics

Classroom based initiatives

These initiatives would be directed at the whole classroom population aiming to improve their involvement and interaction with the learning environment and each other, as well as providing the school students with education about targeted health issues, and different professions within health. Examples of these initiatives are as follows:

- Collaboration between students, teachers and Classroom assistants to implement Action Based Learning classrooms.
- Education sessions - presentations by health students to teachers and students about their chosen professions and their role within schools / wider community and primary care facilities.

Whole of School Community Programs

These programs would be aimed at providing education to the school community as a whole, including the families and carers. A number of areas could be targeted using this approach:

- Healthy Schools initiatives to be implemented and reviewed by students, with recommendations for improvement and areas of further development identified.
- After School Activity Programs.
- Educational pamphlets to be developed for students / teachers and families.
- Presentations to parents / attendance at weekly playgroup at Centaur Primary School.
- Health screening.

Individual Client assessment and interventions

Students who have been highlighted by parents / teachers or guidance councillors as potentially benefiting from therapeutic interventions will be assessed by students working in interprofessional teams.

- Assessment following ICF framework.
- Health students to take on case management role, and plan appropriate care package with team.
- Discipline specific assessments and treatments provided within classroom setting.
- Students to prepare report to provide to parents and teachers, including any education or home based treatment recommendations.
- Continued care to be arranged either with external provider following usual referral processes or the following intake of students.

Students will attend this placement according to their clinical rotation set out by their university, and will overlap with other students throughout.

Please see below for calendar of attendance.

Please see below for calendar of attendance:																						Total Students	
Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Date	15/7	22/7	29/7	5/8	12/8	19/8	26/8	2/9	9/9	16/9	23/9	30/9	7/10	14/10	21/10	26/10	4/11	11/11	16/11	25/11	2/12		
School Term																							
SCU																							
OT	2	2	2	2	2	2																	
EP																	2	2	2	2	2		
Nursing												2	2	2	2	2	2	2	2				
																						38	
GRIFFITH																							
Nursing	2	2	2	2	2	2	2	2															
Nurtrition	2	2	2										2	2	2	2	2	2					
SP 2days/wk			4	4	4	4	4	4	4	4	4	4	4	4	4	4							
PT												2	2	2	2	2							
EP				2	2	2	2	2															
																						98	
BOND																							
PT		2	2	2	2	2											2	2	2	2	2		
EP												2	2	2	2	2							
																						30	
Total	6	8	12	12	12	12	8	8	4	4	4	10	12	12	12	12	8	8	6	4	4	166	
	Evaluation Period								No capacity				Continue Service delivery										
	2 = 2 students per week, per subject																						

All discipline specific interventions will be supervised by a qualified health profession of the students own discipline, with other students having the opportunity to shadow these interactions, to learn about the role that every profession has in this environment.

Classroom and whole of school activities will be generally be supervised and assessed within an interprofessional framework (provided by clinic coordinator, non-discipline specific supervisors and teachers), that will count towards their overall discipline specific placement assessment as set out by their university. All clinic documentation will be held online to allow remote access by all students and educators involved. Students will be responsible for completion of weekly clinic diary, and maintenance of documents and databases.

TWEED HEALTHY SCHOOLS PROJECT 2014

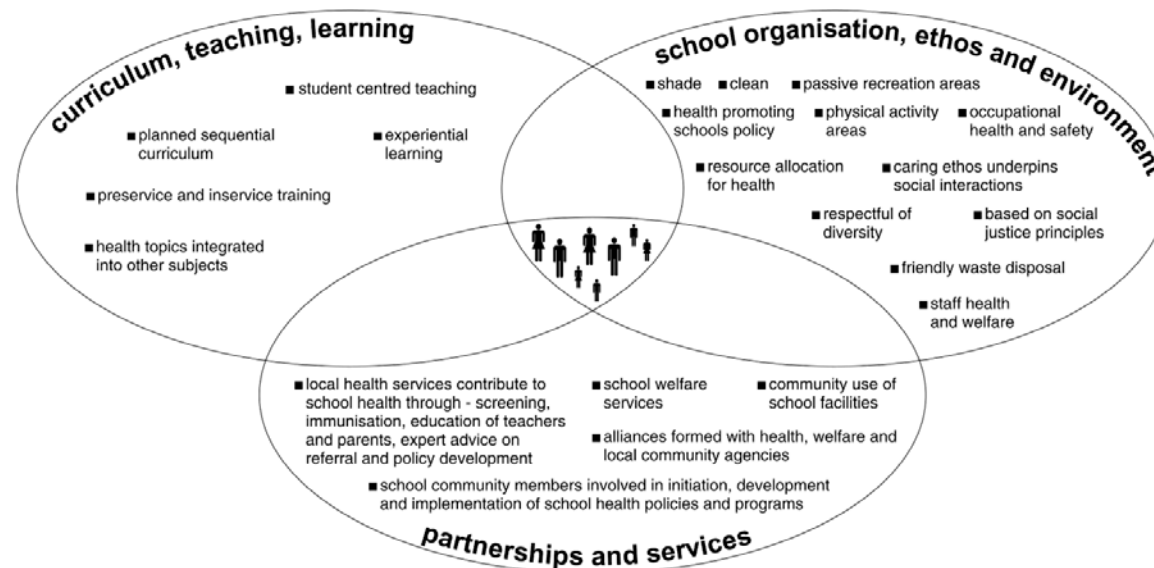
CENTAUR PRIMARY SCHOOL

A collaborative approach between health and education professionals

Centaur Primary School/NSW DEC POLICIES underpinning Health & Wellbeing

- Core values of State Education (Care – Integrity, excellence, respect, responsibility, cooperation, participation, fairness, democracy)
- Student Health in NSW Public Schools (2013) – including Nutrition in Schools Policy
- Work Health Safety (WHS) Policy
- Student Welfare Policy

HEALTH PROMOTING SCHOOLS FRAMEWORK





A Health-Promoting School

*'A school which is constantly strengthening its capacity to become a healthy setting for living, learning and working'
(World Health Organization, 2007)*

A Health-Promoting School (WHO, 2007):

- Fosters health and learning with all the measures at its disposal
- Engages health and education officials, teachers, students, parents and community leaders in efforts to promote health
- Strives to provide a healthy environment, school health education and school health services along with school/community projects and outreach, health promotion programs for staff, nutrition and food safety programs, opportunities for physical education and recreation, and programs for counselling, social support and mental health promotion
- Implements policies, practices and other measures that respect an individual's well-being and dignity, provides multiple opportunities for success, and acknowledges good efforts and intentions as well as personal achievements
- Strives to improve the health of students, school personnel, families and community members



TWEED HEALTHY SCHOOLS PROJECT 2014

Centaur Primary School

**Healthy
Workplace
Initiative for Staff**

**Year 1 Action Based
Learning Program**

**Healthy
Lunchbox
Initiative**

**Health
Promotion**

Health Expo



Activity	Description	Who will be involved	Key Dates
Healthy Workplace Initiative for Staff	<p><i>Aim: To develop a healthy workplace program that supports the health and wellbeing of staff in a primary education setting</i></p> <ul style="list-style-type: none"> - Conduct a needs assessment and obtain feedback from staff via a staff survey - Develop a tailored program (e.g. support with nutrition / physical activity) based on the outcomes of the staff survey - Develop a Staff Healthy Workplace Committee to ensure ongoing sustainability 	<p>Clinical Coordinator</p> <p>School Principal</p> <p>Physiotherapy / Exercise Physiology / Public Health / Nutrition & Dietetics students</p> <p>Interested staff members</p>	<p>Term 2, Week 4: 19/05/14 Announce at Staff Meeting</p> <p>Term 2, Week 5: Conduct needs assessment with staff</p> <p>Term 2, Week 8: Present tailored workplace nutrition program to staff</p> <p>Term 3, Week 3: 29/07/14 Input from Physiotherapy students</p>
Year 1 Action Based Learning Program (NB. This program will be evaluated through a research study which has been approved by Bond University Human Research Ethics Committee and NSW DEC Ethics Committee, SERAP)	<p><i>Aim: To enhance numeracy/literacy, motor proficiency and physical activity levels in Year 1 children through the integration of movement and physical activity into the English and Mathematics curriculum</i></p> <ul style="list-style-type: none"> - Over a 16 week period, health science students (in collaboration with Clinical Coordinator and classroom teachers) will develop and deliver pre-planned lessons that include kinaesthetic/movement activities in Maths and English lessons - Parents of Year 1 students involved will be able to attend an information session outlining the program and asking their permission to obtain pre-and post-intervention measures from their child as part of the evaluation process - Pre/Post-Test measures include: WIAT-II (academic achievement), BOT-2 (motor proficiency), physical activity levels (via Sensewear armband), Term 2/4 academic reports - Year 1 classroom teachers will be debriefed about the collective findings of their class' results of the BOT-2 and WIAT-II assessments which may be useful for teachers to deepen their understanding of the capabilities of the students in the class and make decisions about whether additional support is required and to build on students' strengths. Parents will be provided with the details of someone they can contact should they wish to be informed of the collective findings for the whole class 	<p>Clinical Coordinator</p> <p>School Principal</p> <p>Year 1 Classroom Teachers</p> <p>Physiotherapy / Exercise Science / Speech Pathology / Public Health students</p> <p>Parents of Year 1 children</p>	<p>Term 2, Week 8: Hold a parent information session and distribute information sheets and consent forms</p> <p>Term 2, Week 9: Commence collection of baseline measures</p> <p>Term 3: Week 3 Commence 16 week intervention</p>



Activity	Description	Who will be involved	Key Dates
Healthy Lunchbox Initiative	<p><i>Aim: To promote healthy food and drink choices in school lunchboxes at Centaur Primary</i></p> <ul style="list-style-type: none"> - Conduct a survey (e.g. audit tool, tally) to determine the nutritional value of food and drink contents in school lunchboxes - Based on results, identify opportunities to promote/ improve the nutritional value of food and drink contents in school lunchboxes - Develop and implement a program that will help promote/improve the nutritional value of food and drink contents in school lunchboxes (e.g. development of healthy lunchbox resources, information sessions for parents/interested staff members) - The effectiveness of the strategies implemented in this program will be evaluated and recommendations will be made that may help to build a school policy around the promotion of healthy school lunches 	<p>Clinical Coordinator</p> <p>School Principal</p> <p>Nutrition & Dietetics Students</p> <p>Classroom teachers</p>	<p>Term 2, Week 8 Discuss with Classroom teachers who will be involved</p> <p>Term 3, Week 1 Students to conduct survey</p>
Health Promotion	<p><i>Aim: To circulate relevant health information and to present information on health topics to students, staff and parents/carers through a variety of media outlets</i></p> <ul style="list-style-type: none"> - Health promotion messages to be included in school newsletter and on the school website - Opportunity for students to deliver lessons to students, staff and parents/carers on nominated health topics 	<p>Clinical Coordinator</p> <p>Public Health, Nutrition & Dietetics, Physiotherapy, Speech pathology, Exercise science students</p> <p>Admin Support staff</p> <p>IT staff</p>	<p>Commence circulation towards end of Term 2</p>



Activity	Description	Who will be involved	Key Dates
Health Expo	<p><i>Aim: To showcase careers in health science and to promote local leisure activities and health services in the Tweed region</i></p> <ul style="list-style-type: none"> - Invite local health service providers, community health organisations, local sporting/leisure representatives - Students will have the opportunity to showcase projects on health-related topics <p>For example: "Tweed Health Heroes"</p> <ul style="list-style-type: none"> - This project could encourage Stage 3 students to make contact with health professionals and profile what they do. This could take the form of a competition with a Tweed Health Hero Award where the Schools recognise the contributions of local health champions and award them a certificate. This could be a really nice way of engaging school students with health professionals as it would give the clinicians a feeling that they were valued, and would help encourage students to think about whether they would like to work in health. - This could very easily become an annual event. 	<p>Clinical Coordinator</p> <p>School Principal</p> <p>Universities</p> <p>Local health service providers, community health organisations, local sporting/leisure representatives</p> <p>Stage 3 students</p>	<p>Student project could be completed Term 4 by Stage 3 students</p> <p>Expo held Term 1 or 2 2015</p>

TWEED HEALTHY SCHOOLS PROJECT 2014

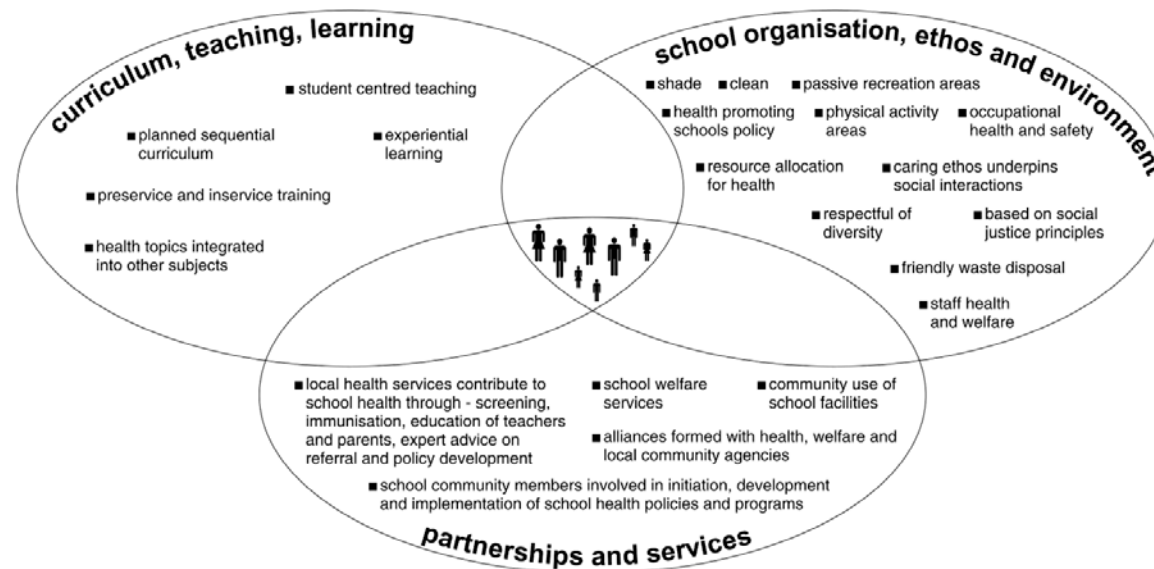
BANORA POINT HIGH SCHOOL

A collaborative approach between health and education professionals

BPHS/NSW DEC POLICIES underpinning Health & Wellbeing

- Core values of State Education (Care – Integrity, excellence, respect, responsibility, cooperation, participation, fairness, democracy)
- Student Health in NSW Public Schools (2013) – including Nutrition in Schools Policy
- Work Health Safety (WHS) Policy
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HEALTH PROMOTING SCHOOLS FRAMEWORK





A Health-Promoting School

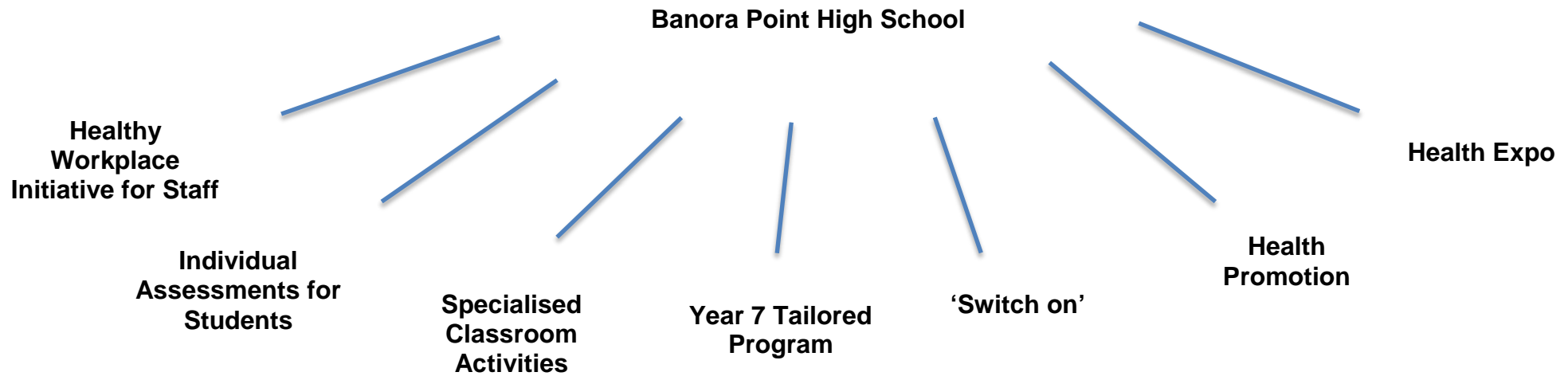
*'A school which is constantly strengthening its capacity to become a healthy setting for living, learning and working'
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- Strives to provide a healthy environment, school health education and school health services along with school/community projects and outreach, health promotion programs for staff, nutrition and food safety programs, opportunities for physical education and recreation, and programs for counselling, social support and mental health promotion
- Implements policies, practices and other measures that respect an individual's well-being and dignity, provides multiple opportunities for success, and acknowledges good efforts and intentions as well as personal achievements
- Strives to improve the health of students, school personnel, families and community members



TWEED HEALTHY SCHOOLS PROJECT 2014





Activity	Description	Who will be involved	Key Dates
Individual Assessment for Students	<p><i>Aim: To promote student health and wellbeing</i></p> <ul style="list-style-type: none"> - Staff will be informed on how to identify school students that could benefit from an individual assessment by allied health students - Identification process will involve consultation with the Welfare (Year Advisors) and LaST Teams. Pathways for referral will be established. - Year Advisors and members of the LaST Team to contact parent/carer for consent via phone call and letter. Staff will be provided with a transcript for the phone conversation and template for the letter. - Allied health students will conduct individual assessments with identified schools students (E.g. Physiotherapy students may conduct health & fitness assessments). - Each school student will receive a management plan depending on their individual needs identified in the assessment and parents will receive a report. - Potential for delivery of a 6 week program for school students after school once a week by allied health students. This program may include physical activity and other education sessions on relevant health topics. 	<p>Clinical Coordinator</p> <p>Secondary Liaison Officer</p> <p>Physiotherapy / Exercise Physiology / Public Health / Nutrition & Dietetics students</p> <p>Welfare team (Year advisor) / Learning Support (LaST) team</p>	<p>Term 2, Week 1: 01/05/14 Attend Executive meeting</p> <p>Term 2, Week 2: 07/05/14: Attend Welfare meeting</p> <p>Term 2, Week 6:14/05/14 LaST meeting</p> <p>Term 2, Week 6-10: 04/06/14 Identify students and obtain parental consent</p> <p>Term 3, Week 2: 06/06/14 Commence individual assessments</p> <p>Term 3, Week 3: 31/07/14 Aim for after school program to commence</p>
Healthy Workplace Initiative for Staff	<p><i>Aim: To develop a healthy workplace program that supports the health and wellbeing of staff in a secondary education setting</i></p> <ul style="list-style-type: none"> - Conduct a needs assessment and obtain feedback from staff via a staff survey - Develop a tailored program (e.g. support with nutrition / physical activity) based on the outcomes of the staff survey - Potential for delivery of an after school program over a 6 week period during Term 3 once a week for interested staff 	<p>Clinical Coordinator</p> <p>Secondary Liaison Officer</p> <p>Physiotherapy / Exercise Physiology / Public Health / Nutrition & Dietetics students</p> <p>Interested staff members</p>	<p>Term 2, Week 4: 19/05/14 Announce at Staff Meeting</p> <p>Term 2, Week 5: Conduct needs assessment with staff</p> <p>Term 3, Week 3: 29/07/14 Aim to commence after school physical activity program</p>



Activity	Description	Who will be involved	Key Dates
Specialised classroom activities (available to all KLAs)	<p><i>Aim: To assist with updating staff on current health-related information that may be integrated into the curriculum.</i></p> <ul style="list-style-type: none"> - University students are able to in-service interested faculties - University health students are able to offer support in the classroom when teaching a topic relevant to their health discipline (For example, physiotherapy students may assist with developing an exercise program to improve core strength in dance students) - Head teachers to confer with Clinical Coordinator on relevance and availability 	<p>Clinical Coordinator</p> <p>Secondary Liaison Officer</p> <p>University students</p> <p>Interested faculties</p>	<p>Term 2, Week 1: 01/05/14 Executive meeting</p> <p>Term 2, Week 3: 12/05/14 Faculty meeting</p> <p>Term 2, Week 4: Follow up with head teachers</p>
Year 7 Tailored Program	<p><i>Aim: To develop a tailored program educating Stage 4 students towards developing a healthy lifestyle.</i></p> <ul style="list-style-type: none"> - Nutrition & Dietetics / Public Health students to conduct a needs assessment to determine Year 7's current knowledge on health (e.g via a health survey/focus group). Survey results will be collated and health science students will develop suitable lessons. - Program will be delivered once a week to Classes 7C and 7M by health science students over 6-8 weeks - Program will be evaluated to determine feasibility of continuing into Term 4 	<p>Clinical Coordinator</p> <p>Secondary Liaison Officer</p> <p>Physiotherapy / Exercise Physiology / Public Health / Nutrition & Dietetics students</p> <p>Year 7 Advisor</p> <p>Year 7 Staff from selected KLAs</p>	<p>Announce in executive and staff meetings Term 2.</p> <p>Term 2, Week 8: 18/06/14 Year 7 assembly</p> <p>Term 3, Week 2: 24/07/14 Aim to commence program: (7M/7C)</p>
Health Promotion	<p><i>Aim: To circulate relevant health information to students, staff and parents/carers through a variety of media outlets</i></p> <ul style="list-style-type: none"> - Health promotion messages to be included in school newsletter and on the school website 	<p>Clinical Coordinator</p> <p>Public Health, Nutrition & Dietetics, Physiotherapy, Speech pathology, Exercise science students</p> <p>Admin Support staff</p> <p>IT staff</p>	<p>Commence circulation after Staff Meeting in Term 2, Week 4</p>



Activity	Description	Who will be involved	Key Dates
'Switch On'	<p><i>Aim: To include short bursts of physical activity in the classroom in order to switch on the mind and improve student learning</i></p> <p><u>Benefits of integrating physical activity into the classroom:</u> Current literature has found that a positive relationship exists between physical activity, cognition and academic performance in children. Research studies report numerous benefits to physical activity within the school environment, including increased blood flow and oxygen to the brain which results in increased learning ability. Several studies have found that breaks in classroom work, consisting of physical activity only, resulted in positive changes in classroom behaviour, concentration, and academic performance.</p> <ul style="list-style-type: none"> - This will involve incorporating 5-10 minutes of physical activity at the beginning or during the class - To be delivered by interested teachers to one class of their choice throughout the Term - Teachers to be trained by Clinical Coordinator and Exercise Science/physiotherapy students 	Clinical Coordinator Physiotherapy, Exercise Science students Volunteered staff members	Term 2, Week 4: 19/05/14 Announce at Staff Meeting Term 3/4: Implement in classroom
Health Expo	<p><i>Aim: To showcase careers in health science and to promote local leisure activities and health services in the Tweed region</i></p> <ul style="list-style-type: none"> - Invite local health service providers, community health organisations, local sporting/leisure representatives - Students will have the opportunity to showcase projects on health-related topics (e.g. "Tweed Health Heroes" could encourage Stage 3 students to get in touch with health professionals and profile what they do. This could take the form of a competition with a Tweed Health Hero Award where the Schools recognise the contributions of local health champions and award them a certificate. This could be a really nice way of engaging school students with health professionals as it would give the clinicians a feeling that they were valued, and would help to get the students thinking about whether they would like to work in health. This could very easily become an annual event.) 	Clinical Coordinator Secondary Liaison Officer School Principal Careers advisor Universities Local health service providers Stage 3 students	Student project could be completed Term 4 by Stage 3 students Expo held Term 1 or 2 2015

Milestones	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Contact schools to assess needs															
Contact local health providers															
Identify partnering universities															
Identify clinical educators to be involved															
Develop clinical placement agreement															
Identify space in school															
Identify school liaison															
Develop healthy schools plan (scope/sequence)															
Pitch healthy schools plan to stakeholders															
Develop evaluation plan															
Advertise placement to universities															
Finalise clinical placement calendar															
Send out student packages															
Student orientation															



Tweed Healthy Schools Project Interim Pilot Evaluation Report October 2013

Development of an Interprofessional Clinical Placement Program Pilot in Schools



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Project Collaborations

Higher Education Providers – Queensland and New South Wales

- Bond University, Robina, Gold Coast, QLD
- Griffith University, Southport, Gold Coast, QLD
- Southern Cross University, (Tweed Heads, Lismore and Coffs Harbour), NSW

NSW Department of Education – T5 Group of Schools – South Tweed Heads, Northern NSW

- Centaur Primary School, Eucalyptus Drive, Banora Point, NSW (pilot)
- Banora Point High School, Eucalyptus Drive, Banora Point, NSW (pilot)
- Tweed River High School
- Tweed South Public School
- Terranora Public School

North Coast Interdisciplinary Clinical Training Network

Administering local project funding

Prepared by

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Summary

This report presents the findings of the evaluation of the Tweed Healthy Schools program, which is a collaborative project between Bond, Griffith and Southern Cross Universities, and the T5 group of schools in the Tweed Region of Northern New South Wales.

The main focus of this evaluation was on the quality of the clinical education experience as perceived by the university students, educators and families involved. The interprofessional component of the program was also identified as an area of examination. Although students from occupational therapy, speech therapy, nutrition, physiotherapy, exercise physiology and nursing were included in the overall program, only occupational therapy, speech therapy and physiotherapy students were involved in the evaluation due to time constraints.

The main findings of the evaluation were:

- Students felt that the clinical education opportunities within the school setting were worthwhile and provided experiences that would not be available in alternative environments.
- Exposure to alternative career prospects within their chosen profession was extremely rewarding for the university students.
- Students and educators felt the interprofessional opportunities were worthwhile - however quite difficult to implement due to logistical constraints.
- Everyone involved felt that the planned activities were worthwhile, however the time allocated to complete was inadequate.

Background

The T5 group of schools have a high proportion of pupils from low socioeconomic status, who also have high demand for community services such as speech pathology, physiotherapy and occupational therapy, which have long waiting times in the public sector.

The collaborating universities indicate that it is becoming increasingly difficult to secure diverse and quality clinical placement opportunities in non-acute community based settings, especially in a paediatric environment.

The Tweed Healthy Schools Project (THSP) was developed to increase clinical placement capacity in a non-acute community based environment through the development of an interprofessional clinical training and supervision model. This program aims to provide an alternative and innovative clinical placement model that can have wider application.

Summary of program

THSP is an interprofessional, school based student led health team, with involvement of students from physiotherapy, occupational therapy, nutrition and dietetics, exercise science and speech pathology. It was planned that there would be involvement by students from nursing, however due to accreditation constraints from ANMAC and delays in agreements being signed by the department of education in NSW, these students were unable to participate.

Students were involved in delivering a service to this school community, which was split into 3 distinct areas:

- Classroom based activities,
- Whole of school activities and
- Individual assessment and treatment as required.

The main focus of all activities within this clinical education program was on chronic disease management, and health prevention and promotion activities aimed at a paediatric population.

It was envisaged that the majority of activities would be performed following an interprofessional model of care, with supervision to be split between discipline specific supervisors overseeing all clinical activities, and a clinical coordinator providing overall supervision and guidance on interprofessional activities.

Literature review

Health Workforce Australia has recommended that all health graduates undertake interdisciplinary education as part of their undergraduate training to better prepare for future working conditions. It is recognised that with an increasingly sedentary lifestyle an increase in chronic disease is to be expected and requires the skills and knowledge of many health and education professions to appropriately deal with this problem. Providing client-centred care is an acquired skill that requires understanding and development. Interprofessional collaboration is deemed the key to quality client care and the future for healthcare delivery models, and such a complex competency needs to be learned ⁽⁴⁾. The World Health Organisation (WHO) is credited with initiating the IPE movement in 1973, claiming that IPE would improve job satisfaction and encourage a more comprehensive and integrated approach to patients' needs ⁽⁵⁾.

Team-based primary care offers the potential to dramatically improve the quality and efficiency of care, but its broader adoption is hindered by an education system that trains health professions in silos. Collaborative models that educate multiple practitioners together are needed to create a new generation of health professionals able to work in efficiently functioning teams ⁽⁶⁾.

Gum et al ⁽²⁾ found that interprofessional opportunities challenge students' thinking and understanding of interprofessional collaborative care and improved understanding of the wider impact of practising with other professionals. Interprofessional knowledge cannot always be taught, but rather is learnt as a result of student interaction with health professionals in different clinical contexts and community settings. Gum et al found that the students began to transform their thinking about relationships and collegiality, and raised their awareness about new ways of working, as a result of Interprofessional learning ⁽²⁾.

It has also been shown by Morrison et al ⁽³⁾ that being involved in Interprofessional learning provides an opportunity for personal and professional growth, which contributes to being able to learn and work together with health providers from different professional backgrounds ⁽³⁾.

Student led health clinics are common in North America and are usually aligned with a medical school. They provide access to real clinical situations where the students manage their workload and develop leadership and communication skills whilst also providing a service to the community that does not already exist. A number of universities in Australia have developed 'on campus health clinics' to provide a further opportunity for clinical learning for health students, and they include both unidisciplinary and interprofessional models.

What did the University students complete during their time at the Tweed Healthy Schools Program 2013

Bond University – Physiotherapy students

Banora Point High School

Individual assessments:

5 referrals were received and processed for individual assessments. These were for primarily musculoskeletal problems. These will be actioned in Term 4 if still required.

Whole School Activities:

A Physical Activity Needs Assessment was performed - looking at lunch time and after school sport programs. A questionnaire was developed and given to pupils in years 7-10. A response was achieved from a total of 139 pupils, which account for 25% of pupil body.

A breakdown by year is given below:

Year 7 = 58

Year 8 = 41

Year 9 = 18

Year 10 = 22

A presentation was given to Year 12 pupils on 'physiotherapy tips for studying for HSC' at their support evening.

Centaur Primary School

Individual assessments:

Seven referrals were obtained. 2 screening and 4 full assessments were performed, but 1 parent was unable to be contacted to gain consent therefore the assessment was unable to be performed at the time.

Classroom Activities:

Two Year 1 fitness classes were delivered.

Three Year 1 Action Based Learning plans were prepared and delivered based on maths curriculum.

Griffith University – Speech Pathology Students

Banora Point High School

Individual assessments:

8 referrals were received from the support unit, as no speech pathology service provided by the Aging, Disability and Home Care (ADHC) team presently. 3 assessments and treatments were completed.

4 referrals for pupils from years 7-10 were received. 1 assessment was completed due to time constraints. The additional pupils will be assessed during the upcoming term.

Centaur Primary School

A screening program was developed for all K/1 pupils. 35 have been completed (45%). From these screening assessments, 27 pupils have been identified as requiring further therapeutic input.

Griffith University – Nutrition and Dietetics

Banora Point High School

Whole of school activities:

A needs analysis and report was completed on the development of a healthy schools canteen.

Centaur Primary School

Classroom Activities:

Delivered a lesson 'Introducing the 5 food groups and healthy eating' to K/1 pupils.

Southern Cross University – Occupational Therapy students

Centaur Primary School

Individual assessments:

The focus for clinical education activities for these students was on group activities, therefore only 2 individual assessments and interventions were completed for pupils that were identified as high priority.

Classroom activities:

A theme of 'healthy hands for life' was chosen for the occupational therapy interventions in this population. 3 lessons were delivered covering 'Hello hands', 'keeping our hands healthy' and 'active hands'.

A resource folder was developed for the Year 1 teachers on strategies they can use in the classroom.

Whole of school activities:

A school playground audit was completed, looking at equipment use and interactions. This report was provided to the school to assist in any future developments and modification of this area.

Aims of the evaluation

The aim of this report is to evaluate the satisfaction of staff and students with this pilot clinical education program. This was performed by a mixed method approach using a combination of qualitative and quantitative methods of data collection for quality improvement and reporting processes only.

Description of the evaluation methods

Self-administered questionnaires were developed to assess interprofessional learning and quality of clinical learning environment by students.

The University of Western England (UWE) Interprofessional Questionnaire was developed by Pollack et al (2005), and was used in its entirety.

The Tweed Healthy Schools Questionnaire was adapted from Roberts and McDaniels (1995) to reflect the conditions within the Tweed Healthy Schools Program.

A survey tool was developed to gather qualitative feedback from teachers and families on the program.

A questionnaire was also developed to gather feedback from the educators who were providing supervision of the university students within the Tweed Healthy Schools Project. 6 students from occupational therapy (SCU), physiotherapy (Bond) and nutrition (GU), completed the student questionnaires, 3 surveys were returned from the teachers and families only, although a survey was sent to each family and teacher of the school pupils in year 1 (over 70), and 4 questionnaires were returned from the 5 requested by the clinical educators.

These methods of evaluation were chosen due to their ease of implementation and quick to complete for participants, however it would have been beneficial to have pre and post placement questionnaires completed by the students involved.

Key findings

The results detailed in this document show a successful pilot of this program for the clinical education of the university students. However due to the short time frame that data was collected (across the initial 8 weeks of piloting only), further funding will be sought to support a larger scale program to evaluate the long term sustainability of this clinical education model.

Results of University student questionnaires

The overall feedback about the THSP was extremely positive with all students responding with either 'agree' or 'strongly agree' for all items on the questionnaire, apart from questions surrounding increased discussion of management issues, where 2 students felt that the current discussions were sufficient. Of note, items 15-28 only had 4 responses instead of 6, as 2 respondents failed to complete both sides of the questionnaires.

This feedback suggests that all the students felt the diversity of the clinical education experience was valuable, as was the interprofessional nature of the placement.

The qualitative feedback suggested that the opportunity to work directly with children implementing novel activities within the classroom environment was very rewarding and useful for future career planning.

Time seems to be the major negative aspect of the program, specifically, that there was not enough time to implement all activities and see them through to completion. Once again, due to the evolving nature of the program, there was a requirement to plan and prepare activities that have never been performed before, which took time away from actual service delivery. The other negative response was surrounding limited resources. Students found the limited access to computers and internet challenging when trying to perform research and complete reports. This meant that they were completing a large portion of these activities at home, after school hours, which then also limited the interaction with other students. The space that had been allocated to the students to complete group work was small. On days where all students were on site, the space was not large enough to accommodate everyone, so alternative space would need to be sought, which would take time away from educational activities.

These challenging aspects of the program in the initial weeks helped to develop the creative thinking processes and communication skills of all involved, to resolve these issues in a timely manner and have contributed to positive and innovative ideas and processes.

The results from the UWE interprofessional questionnaire were very interesting. The students reported that they felt confident with all aspects of their communication skills, and that they did not prefer learning with their own professional peers. They also reported that interprofessional learning opportunities were something that were beneficial for their future career paths; in terms of fostering a deeper understanding of other professions and improving their teamwork and communication skills.

Pollard et al (2008) noted that student health professionals at the beginning of their studies were confident with their own communication skills and the benefits of interprofessional education, but were more reserved about the interactions of other professions. Their confidence in their own communication reduced as their course progressed, and became further critical of other professions interactions. By the time these students had qualified, they had regained all of their original confidence in communication and interprofessional education, but remained highly critical of the interactions between professions.

The results that were gained from the students participating in the Tweed Healthy Schools Program are positive in their perceptions on the interactions between health professions. The university students reported they felt the channels of communication were open and professionals have respect for one another. Of the 4 responses that were obtained the most divergence surrounded the hierarchy that affected relationships in social care. There was an even split across all responses, which showed the most disagreement amongst the students. This suggests that even though they felt the communication between all members of the healthcare team are open, there remains a perception of a level of status hierarchy that affects these professional interactions.

The students that participated in the Tweed Healthy Schools Program were at the end of their studies, and for the majority, this was the first interprofessional education opportunity they had experienced. To this end we may have obtained different results if this questionnaire was administered prior to the commencement, and at completion of the placement. These results would potentially also be different if students were involved at different stages of their academic careers.

Results of Parents and Staff Survey

The parents and staff that provided feedback on the Tweed Healthy Schools program were extremely positive about the experience.

Initially all involved thought they had a good understanding of the aims of the program, however, it is evident that their understanding deepened as the program was delivered.

On reflection all staff and parents that responded were every happy with the level of professionalism and communication from all members of the Tweed Healthy Schools Team, and felt that the interaction was of the most benefit to their pupils. Overall the desire for the program to be continued and expanded to become an integral part of the children school experience was expressed.

The surveys that were completed came only from the Year one classes, and the feedback provided from high school teachers and families may not be a reflection of those already provided. Information from this population was not available as there was not the level of involvement in the high school during the initial evaluation phase to gather feedback on.

This would be an area for further investigation following continuation of the program

Clinical Educators Feedback

The feedback provided by the clinical educators reflected that they felt the placement was extremely rewarding for their students. The range of experiences was worthwhile, especially the ability to observe typical development and interaction of school pupils, as well as the opportunity to provide therapy interventions in the school environment.

The limitations that they report are surrounding lack of available resources and timetabling of interprofessional learning opportunities.

Overall they were happy with the level of preparation they themselves had for their responsibilities, but this may reflect that they were involved in the preparation of the program. If they were not involved as closely in the initial stages their feelings of preparation may have been different.

Clinical Coordinator Feedback

The clinical coordinator was recruited and inducted very shortly prior to the commencement of the implementation phase of the pilot program, which meant there was a steep learning curve to process the philosophy and objectives of the project.

Due to time constraints and competing demands from all stakeholders involved, the incumbent coordinator reports that finding time to dedicate to addressing all aspects of the project was challenging, and prioritising these demands would ensure a smoother performance in future.

The main feedback provided in terms of their preparation was that a deeper understanding of the interprofessional model of education and Problem Based Learning strategies would have been advantageous, however they felt very well supported by university and school staff to ensure that any issues that arose were addressed and resolved in a timely manner.

The clinical coordinator reflected that all disciplines developed and implemented appropriate individual subjective and objective assessment templates for assessment of the school pupils, and the reports that were generated for dissemination to teachers and families were of a high standard.

The clinical coordinator felt that the students were liaising with staff and parents appropriately to identify pupils in need of individual assessment and treatment, and communicating management plans effectively.

The classroom and whole of school activities were developed and delivered by the university students in an appropriate fashion in line with the needs of the classroom teachers and requirements identified by the students through observations and needs assessments.

The issues that the coordinator felt were the main limiting factors to the project surrounded infrastructure, in particular information technology.

Issues with delivery of pilot program

There were a number of issues that were identified associated with implementing a new and innovative program. These are outlined below.

Interprofessional Education

One of the key focus areas of this pilot program was the development of interprofessional education opportunities for all students. This proved to be the most difficult element to implement effectively. An interprofessional team meeting was held on a Wednesday morning to discuss interprofessional interventions on an individual client basis, and also whole of school and classroom activities. Each profession developed a fact sheet covering their role in a school setting to facilitate this process in the initial stages.

Although the number of truly interprofessional interventions were limited, the feedback from students surrounding these activities was extremely positive. Students were able to

perform combined assessments and prepare reports and intervention strategies on a number of occasions. They were also able to sit in on the classroom presentations of the other professions to gain an understanding of their involvement in this setting, and meetings were held with staff from the schools to gain a cohesive understanding of the future activities performed.

Problem Based Learning

A comprehensive package of Problem Based Learning (PBL) scenarios and tutor guides were developed by the working group, but these activities were never implemented. This was because there was never an opportunity where students from more than 2 disciplines were onsite together at any one time, and not on more than 2 occasions during the week to work through these activities together.

Information Technology

One of the main challenges was Information Technology. Although it was understood that all students would be able to access the Moodle site on their laptops and the steps taken to get non-DET guest access were followed, it eventuated that none of the students were able to gain access on their laptops due to incompatibility with the schools IT system. A single computer was provided by the school for use within the students room, however it took a further 3 weeks for software to be installed before it was functional. Banora Point High were able to loan 5 laptops for students use, however this was limited to school day (which ended at 2.30). To accommodate this, students then had to complete most of their planning and research at home after hours or in the school library.

School pupil availability

Although initial planning meetings indicated that access to the year 1 classes would be relatively unimpeded, it eventuated that there were a significant number of engagements that precluded the health students involvement with this population (e.g. school concert, excursions and sports carnivals) These issues highlighted the need for clear and regular communication, ensuring the teachers were aware of all planned activities well in advance. Consideration could be given to working within the parameters of some of these school activities also.

Lack of Resources

When there was a full complement of students the space provided for the group was too small to accommodate the numbers, so alternative space was needed to be sourced. As there was no clinical interventions previously in this setting, all resources and materials needed to be provided by the students / universities with a very limited budget.

Communication with families

It was extremely difficult for students to contact families regarding consent and feedback for interventions with pupils, and providing an avenue for the parents to contact students if they had any questions or concerns was a continual challenge. A protocol has now been established where the schools administration team will act as a conduit for this communication.

Implementation of activities

All parties felt that there was not enough time available for the development and implementation of activities. This was largely due to the requirement to develop these strategies completely. Additionally, future student activity planning may need to be further constrained to allow more thorough implementation of the tasks.

Clinical Coordinator Preparation

Due to the short timeframe between recruitment and commencement of the position, there was a vast amount of information to be processed and retained in a limited period. An in depth understanding of the specific learning objectives and requirements of the individual disciplines took time to develop, which impacted on the development of resources and activities. However the learning experiences for the Clinical Coordinator that have occurred over the first 8 weeks of piloting, has greatly enhanced the future implementation of the project.

Limitations of the evaluation

Although the responses provided overall positive feedback, the sample size is small. It is recommended that further evaluation data is collected to strengthen the value of any findings. Information was only gathered from 3 professions, so the findings may have differed if other professions were represented.

The student questionnaires were administered post mid unit feedback. This may have affected their responses and it would be useful to administer future questionnaires after end of unit feedback and results.

Due to the evolving nature of this pilot program, the experiences available to the students changed as time lapsed, so the initial students had a different experience in terms of organisation.

The clinical educator feedback was only gathered from 3 educators, in 2 professions, who were all involved in the planning stages of the project. The other educators who were not so closely involved in the program could have provided a vastly different perspective of the value and issues surrounding the program had they had the opportunity.

The volume of response from the families involved was extremely poor, despite the best efforts of the coordinator to gather more survey results. Those that were returned were positive, but once again the sample size is small.

Recommendations

Following a successful initial pilot phase of the Tweed Healthy Schools Program a number of recommendations have been identified to ensure continued success and growth of the program.

Closer program management using a collaborative approach from all partner universities would be advantageous to ensure all stakeholder needs are identified and addressed, and the learning objectives of students are met with as wide a scope of experiences as possible.

To ensure that students get the maximum benefit from this placement an improved interprofessional mix of activities should be sought. This was currently limited due to the complexities of timetabling issues and stakeholder expectations.

Closer partnerships with local health care providers should be developed to improve communication and case management, especially if further treatment needs for school pupils are identified.

One of the key focus areas from the high schools perspective was that it builds a greater understanding of potential health careers for their pupils. The Quality School Life survey should be performed again to allow comparisons of the attitudes and understanding of health careers of high school students following the implementation of this program.

The biggest challenge for successful continuation and further development of the THSP program is access to funding resources. This pilot phase of the Tweed Healthy Schools Program was made possible by the commitment of the partner universities providing funding to secure a clinical coordinator, and in kind support through supplying clinical educators, resources and support staff. This is not a viable long term solution, and alternative funding opportunities are required to be identified in the development and medium term implementation phases. If a sustainable model of funding can be secured, dedicated infrastructure (facilities, information technology, consumables) will also be required.

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Appendices

Appendix A – Tweed Healthy Schools Student Questionnaire

For each of the following statements please choose one number that best reflects how you would feel or behave.

4 = strongly agree, 3 = agree, 2 = disagree, 1 = strongly disagree

Question	4	3	2	1
I felt that the orientation process was helpful	1 (16%)	5 (83%)		
The THSP helped me understand the Interprofessional approach to patient care.	2 (33%)	4 (66%)		
I think that Interprofessional education would be beneficial in lectures and tutorials.	1 (16%)	5 (83%)		
I appreciated the opportunity to work with other professions on specific client issues.	3 (50%)	2 (33%)		1 (16%) N/A
I gained an appreciation for the clinical reasoning skills of colleagues from different disciplines.	3 (50%)	3 (50%)		
I gained an appreciation of the knowledge base of colleagues from different disciplines.	3 (50%)	3 (50%)		
The THSP should be continued.	4 (66%)	2 (33%)		
The THSP should be expanded to other schools.	4 (66%)	2 (33%)		
The THSP developed my confidence in communicating with other members of the interprofessional health care team.	2 (33%)	4 (66%)		
The coordinator was helpful and approachable.	4 (66%)	2 (33%)		
Feedback provided was constructive and timely.	4 (66%)	2 (33%)		
I felt comfortable with assessment processes.	1 (16%)	5 (83%)		
I felt part of a supportive learning environment.	4 (66%)	2 (33%)		
The self evaluation process was supported.	2 (33%)	4 (66%)		
The self evaluation process was useful.	2 (33%)	3 (50%)	1 (16%)	
More patient discussions should be included in the THSP.	1 (16%)	3 (50%)	2 (33%)	
More discussion of managerial issues should be included in the THSP.	1 (16%)	3 (50%)	2 (33%)	
Because of this project I feel better equipped to work collaboratively in future.	4 (66%)	2 (33%)		
The THSP was beneficial to my professional development and future career choices.	4 (66%)	2 (33%)		

Please describe what you liked about this project

*"It was a great way to interact and learn about other disciplines
I learnt a lot about conducting assessments for grade 1's and working in a school environment"*

*"Working directly in the school environment
Working with other health professionals
Having the opportunity to implement new activities (action based learning)"*

"I enjoyed working in a school setting and I feel that working within a multidisciplinary team really opened my eyes to the endless opportunities in a school setting"

*"Working with other students in a interprofessional health care team
Continuous support from all members of THSP
Working with mainstream schools"*

"Learning from (and with) other disciplines was a wonderful experience. I have been given career direction through the completion of this placement and have developed a passion for early intervention with low socioeconomic populations."

"Working with other teams and disciplines"

Please describe what you disliked about this project

*"It was hard to begin Physiotherapy interventions prior to the last week as a lot of planning and creating templates was required. Therefore I feel that I did not get sufficient treatment time.
There was not enough time to assess and treat the high school, therefore only exposed to grade 1's.
There were minimal opportunities to perform treatment and assessment so it felt like we were evaluated on the diagnosis and only treatment and assessment we were assigned to. Not much chance to show improvement."*

*"Being evaluated on assessment and treatment that have only been performed once - no time for improvement
APP evaluation not being directly related to projects/ activities/ tasks in which have been assigned
Challenging organizing assessments, treatments (coordinating with teachers and parents) within the school setting."*

*"Poor internet facilities
Our limited timeframe in the school"*

"Not having a budget - although creativity was required which was a postive aspect"

*"Lack of resources (photocopying, printing, internet, phone) and confined work spaces at times when all students are present.
Limited time to follow through on interventions."*

"At the beginning a little unorganized."

Adapted from: Roberts and McDaniels. Interdisciplinary Professional Education: A Collaborative Clinical Teaching Project

Appendix B - UWE Interprofessional Questionnaire

For each of the following statements please choose one number that best reflects how you would feel or behave.

4 = strongly agree, 3 = agree, 2 = disagree, 1 = strongly disagree

		4	3	2	1
1	I feel comfortable justifying recommendations/advice face to face with more senior people	2 (33%)	4 (66%)		
2	I feel comfortable explaining an issue to people who are unfamiliar with the topic.	1 (16%)	5 (83%)		
3	I have difficulty in adapting my communication style (oral and written) to particular situations and audiences.			4 (66%)	2 (33%)
4	I prefer to stay quiet when other people in a group express opinions that I don't agree with.	2 (33%)	1 (16%)	3 (50%)	
5	I feel comfortable working in a group.	3 (50%)	3 (50%)		
6	I feel uncomfortable putting forward my personal opinions in a group.		2 (33%)	4 (66%)	
7	I feel uncomfortable taking the lead in a group		2 (33%)	4 (66%)	
8	I am able to become quickly involved in new teams and groups.		5 (83%)	1 (16%)	
9	I am comfortable expressing my own opinions in a group, even when I know that other people don't agree with them.		4 (66%)	2 (33%)	
10	My skills in communicating with patients/clients may be improved through learning with students from other health and social care professions.	2 (33%)	4 (66%)		

		4	3	2	1
11	My skills in communicating with other health and social care professions may be improved through learning with students from other health and social care professions.	3 (50%)	3 (50%)		
12	I would prefer to learn only with peers from my own profession.			3 (50%)	3 (50%)
13	Learning with students from other health and social care professions is likely to facilitate subsequent working professional relationships.	3 (50%)	3 (50%)		
14	Learning with students from other health and social care professions may be more beneficial to improving my teamwork skills than learning only with my peers.	3 (50%)	3 (50%)		
15	Collaborative learning would be a positive learning experience for all health and social care students.	3 (50%)	1 (16%)		
16	Learning with students from other health and social care professions is likely to help overcome stereotypes that are held about the different professions.	3 (50%)	1 (16%)		
17	I enjoy the opportunity to learn with students from other health and social care professions.	3 (50%)	1 (16%)		
18	Learning with students from other health and social care professions is likely to improve the service for patients/clients.	3 (50%)	1 (16%)		
19	Different health and social care professional have stereotyped views of each other.		1 (16%)	2 (33%)	1 (16%)
20	The line of communication between all members of the health and social care professions is open.	3 (50%)	1 (16%)		
21	There is a status hierarchy in health and social care that affect relationships between professionals.	1 (16%)	1 (16%)	1 (16%)	1 (16%)
22	Different health and social care professionals are biased in their views of each other.		2 (33%)	2 (33%)	
23	All members of health and social care professions have equal respect for each discipline.	1 (16%)	2 (33%)	1 (16%)	
24	It is easy to communicate openly with people from other health and social care disciplines.	1 (16%)	3 (50%)		
25	Not all relationships between health and social care professionals is equal.		2 (33%)	1 (16%)	1 (16%)
26	Health and social care professionals do not always communicate openly with one another.		1 (16%)	2 (33%)	1 (16%)
27	Different health and social care professionals are not always cooperative with one another.		1 (16%)	2 (33%)	1 (16%)
28	I have an equal relationship with people from other health and social care disciplines.	1 (16%)	2 (33%)	1 (16%)	

Appendix C - Tweed Healthy Schools Parents and Staff survey

1. Did students introduce themselves and explain their role? Yes / No

"Yes"

"Yes"

"Yes"

"Yes"

"Yes"

2. Did they interact appropriately with yourself/class? Yes / No

"Yes"

"Yes"

"Yes"

"Yes"

"Yes"

3. What capacity was your interaction (classroom, in playground etc?)

"On the phone and in the classroom"

"I supervised activities, offered assistance, helped children complete tasks"

"The students activity was in the classroom"

"Classroom and playground"

"Supervise the students and assist where needed"

4. Did you find their presence positive or negative?

"Very positive"

"Very positive and influential on the children"

"Their presence was very positive"

"Positive"

"Very positive as their input has been so helpful with all they have done"

5. Did you feel that you understood the aims of the project prior to it starting? Yes / No

"Yes"

"Yes"

"Yes"

"Yes"

"Yes, but not as much as now by observing it I now have a good understanding of the aim of the project"

6. Has your understanding changed since then? Yes / No

"No"

"Yes"

...

"Yes"

"Yes"

7. Did the health team meet the needs of your child/students? Yes / No

"Yes"

"Yes"

"Yes"

"Yes"

"Yes, most definitely - the students have been able to help as our students would not have received treatment to this extent for a variety of reasons"

8. How could this service be improved upon?

"The students and coordinator were very friendly, thorough and competent"

"More interaction through increased sessions in future years"

"I feel the service was very beneficial to the year 1 students. I believe it could form an integral part in their development. The focus skills showed a huge improvement in every child."

"Continue for the whole year/longer time frame? Therapists working in the classroom supporting students e.g.: with correct pencil grip, letter formation, cutting skills, and speech and phonic skills - working with ability groups"

"Keep it going all year round"

9. What areas would you like more involvement?

N/A

"Involvement was adequate"

" was extremely impressed with the standard of the program."

"I spoke to all the visiting therapists and supervisors - I am happy with my involvement"

"Cannot choose as any assistance is so great"

10. Did you feel that you were part of the decision making process? Yes / No

"Yes"

"The health students were professional and confident enough to make all decisions about lesson delivery all by themselves. WELL DONE!"

"Yes"

"Yes. As I spoke to the individual supervising lecturers and the therapist students ie: I took a proactive role as I wanted to maximize the outcomes for my students."

"Yes, I have been involved in discussions with all therapists but the decision has been theirs as they have the expertise."

Thank you for participating in this survey, it will help to improve the program in the future.

Appendix D - Clinical Educator Feedback

Thank you for agreeing to provide supervision for students on their clinical placement in the Tweed Healthy Schools Project.

We would greatly appreciate you providing us some brief feedback on how you believe the process could be improved.

1. Do you think that your understanding of the project changed once the placement had commenced?

"NO. I had the advantage of learning about the scope of the project prior to my employment as a clinical supervisor. I also had the opportunity to attend some planning meetings and have an orientation to the high school prior to starting as a clinical supervisor at the schools. This assisted my understanding of the project."

"Yes. I was under the impression there was going to be more inter-professional learning."

"Yes. My understanding deepened throughout the placement specifically in regards to the possibilities not only for students learning and skill development but also servicing the children within Banora High School and Centaur Primary."

2. Were you orientated to the placement appropriately on the first day?

"Yes"

"??"

"???"

3. What suggestions would you make to improve this orientation?

"The orientation I attended focused on the student's needs. Perhaps if I had not had the opportunity to gain additional information beforehand it may have been useful to have an orientation that also focused on the clinical supervisor's role."

"..."

"My orientation was a little limited and I think spending a little time prior to the students getting to the placement would have been beneficial, even just in organizing log on information, accessing phones and printer etc. Basic process items were covered such as sign in process and room set up, however as this was the first group through the program, many things needed to be created within the service. In the future I think the orientation process will improve as the service evolves. I was only present a few days per week (as per my employment contract) and I think this limited the ability for me to be involved in the entire orientation process. In the future, educators need to be there full time I believe."

4. Was the structure of the placement clear in terms of supervision responsibilities and interprofessional involvement?

"I was involved in the initial stages of the project when many of the processes were still developing. Supervision responsibilities were outlined by the university and interprofessional involvement evolved as the placement progressed. I was also fortunate that my employer asked me to complete a literature search on interprofessional education and role-emerging placements and this assisted my understanding of the factors contributing to a successful placement."

"There was interprofessional involvement to the extent of joint treatment and assessment. It would be good if there was more interprofessional integration."

"Yes"

5. Was there enough education opportunities available for your students?

"Yes. They provided feedback to indicate that they were satisfied with their learning opportunities. The students also had 4 weeks of preparation prior to the placement when they were able to research appropriate literature, resources and potential roles in school based practice. This supported their learning experience."

"Yes plenty, classroom, whole of school and individual."

"Yes, definitely and in fact there were many other educational opportunities that the students did not have time to be involved in."

6. Do you feel that this was a valuable learning experience for your students?

"Yes"

"Yes"

"Yes"

7. What were the strengths of the placement?

"The schools were welcoming and there were many avenues available for occupational therapy service delivery. It was a great opportunity for the students to experience the school context, appreciate the role of teachers and to observe childhood development in a natural environment."

"Working in primary care setting – schools, great supervisor, enthusiastic school teachers and principal."

"Opportunity to observe children learning and participating in their natural everyday environment."

Multidisciplinary team environment all based out of the same office meant that there was natural cross-over of ideas and learning amongst different allied health disciplines.

Students gained experience in working in a close team environment whilst still having independent tasks to work on. The opportunity to observe physical, social, cognitive and emotional development in the paediatric population. Opportunity to be involved in resource development for a new service."

8. What were the weaknesses of the placement?

"The lack of resources such as funding for assessment tools and programming materials was a challenge. The office space was also crowded when all students and supervisors were present. The staged student placements (students starting and finishing at different times etc.) made interdisciplinary work challenging at times."

"Interprofessional learning."

"Due to difficulties with other service providers, students were unable to enter special education units to observe and provide a service to these students."

We required much more space and resources...the students needed to bring in their own computers and many times I supplied internet connection through my wireless modem from home as there was very limited access to the internet (only one computer for all

students present). The physical office space was much too small for all the students attending the placement, there were not enough desks and no phone was readily available in the office to make phone call to parents. Personal mobile phones had to be used at times. Students were required to go to a separate building to make these phone calls. The filing system process was in development and therefore clear information on this process was limited to students initially. I think this made things confusing to them. I think family centered practice opportunities are limited working within this context as many parents are unable to attend appointments in school hours as they work. Also for those children that require support not only at school but also at home and in other environments, this service model is not supportive of this."

9. Did you feel that you had a clear avenue to raise concerns if they arose?

"The project coordinator was very conscientious and approachable. She was very willing to hear any concerns and follow them up. I felt that it would have been helpful for her to have better access to the governance committee so that she could raise her concerns and receive feedback and support."

"Yes, facilitator"

"Yes"

10. If you had any concerns, did you raise them?

"Yes"

"..."

"Yes"

11. Were these concerns addressed in a satisfactory manner?

"As outlined above all concerns were acknowledged and followed up. Some issues e.g. difficulties with technology were not easily resolved however the host school was very supportive within their own budgetary/resource constraints. Bond University staff were also very helpful providing resources such as a refrigerator."

"..."

"Yes"

12. Please make any further comments that you think will help improve the quality of the placement and supervision.

"I think that success of the placement and supervision was very dependent on the people involved and their expertise. Therefore careful consideration of the personnel involved is crucial to the ongoing success of the Project. Provision of appropriate resources to support service delivery would also improve the quality of the placement."

"..."

"I think the idea of this type of placement is great, with unique experiences given to students. The ability to work within the school environment gives students a great idea of what children do on a daily basis and gives therapists opportunity to intervene within the classroom developing rapport with teaching staff and personnel. I think in the future this model of service needs to be set up with professionals first before introducing students. This way allied health staff can trouble shoot any difficulties and finalise policy and procedures prior to adding students into the mix."

Thank you