

# **PASTORAL CARE IN EDUCATION**

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# Pastoral Care in Education

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## EXECUTIVE SUMMARY

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1. During the past decade, there has been growing recognition the school environment plays a major role in the social and emotional competence and wellbeing of children<sup>1, 2</sup>. As a consequence, increasing national and international commitment has been directed towards the development of Health Promoting Schools<sup>2</sup>, with efforts being made to assess how curriculum and pastoral practice can best contribute to students' social, emotional, physical and moral wellbeing. Within Australia, the *National Safe Schools Framework*<sup>3</sup> has set as a key priority the importance of achieving a shared vision of physical and emotional safety and wellbeing for all students in all Australian schools, as well as identifying guiding principles and standards that can inform practice and assist school communities to build safe and supportive environments.
2. Within this context, the present report investigates current empirical and theoretical literature describing pastoral care standards to inform the development of new guidelines for all Western Australian government schools. The first section of the report begins by reviewing definitions of the concept of pastoral care, and what it implies for the process of implementing successful strategies. The second section examines a number of best practice pastoral care standards developed nationally and internationally, and assesses their implications for Western Australian government schools. In doing this, the report analyses the impact of these policies on: developing supportive processes for children, teachers and schools; shaping teaching and learning; encouraging dialogue with the students; developing partnerships with other services within the community; shaping the school organisation, ethos, and environment; and developing tools for evaluating pastoral care standards. Finally, the last section draws on the findings of both the literature review, as well as an audit of Australian government and non-government education sector pastoral care policies and standards, to compile a series of recommendations to inform future practice of pastoral care standards in schools by the Western Australian Department of Education and Training.
3. In reviewing current literature, four factors continually emerge as core components in pastoral care, namely: the promotion of *health and wellbeing*, *resilience*, *academic care*, and *social capital*. While traditionally, definitions of pastoral care have been associated with the fostering of children's moral welfare and values of mutual respect through extra-curricular activities, today the health and wellbeing of students is increasingly being attributed to school conditions, school relationships, means of fulfilment, and health status<sup>4</sup>. Subsequently, pastoral care has taken on a more inclusive function, being seen as inextricably linked with academic curriculum and the structural organisation of the school, thereby promoting: "*pupils' personal and social development and fostering positive attitudes: through the quality of teaching and learning; through the nature of relationships amongst pupils, teachers and adults other than teachers; through arrangements for*

*monitoring pupils' overall progress, academic, personal and social; through specific pastoral and support systems; and through extra-curricular activities and the school ethos*<sup>6, p.3</sup>. From this perspective, pastoral care can assist adolescents to develop positive self-esteem, healthy risk taking, goal setting and negotiation, enhancing protective factors contributing to their resiliency as well as developing a sense of social cohesion that together can improve their overall health and wellbeing<sup>6-12</sup>.

4. In section two of the report, an overview of best practice models of pastoral care in Australia (the Gatehouse Project, the K-10 Framework, the New Basics Project, MindMatters, the Community Care Project, and the Catholic Sector model), Great Britain, Canada and the United States, draws attention to core principles and standards which form the basis upon which to develop appropriate approaches to improving student health and wellbeing. Notably, past experience points to the need for comprehensive, multi-level interventions which incorporate whole school approaches, group targeted approaches, individual target programs, and casework, focusing on:
  - *Primary prevention* - to promote health and wellbeing and build a sense of belonging;
  - *Early Intervention* - to strengthen coping and reduce risk;
  - *Intervention* - to build networks to access support and treatment; and
  - *Postvention* - to restore positive relationships.
  
5. Nevertheless, an audit of the use of pastoral care policy by different school sectors across Australia indicated that only 4 out of 29 sectors reporting having a pastoral care policy for their schools. Moreover, while sectors recognised the strengths of pastoral care policy, key perceived weaknesses included their fundamental complexity and the burden of overload in meeting these obligations, as well as the lack of professional education and guidance for teachers and parents, student staff relations, and how policy may be operationalised by schools at the local level. Thus much remains to be done with regard to developing and implementing effective regional/national standards for effective practice, and any real change will require long-term commitment from both the government and schools.

# 1. INTRODUCTION

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In 1999, the World Health Organisation (WHO) stated that “Health Promoting Schools are schools that display, in everything they say and do, support for and commitment to enhancing the social, emotional, physical and moral wellbeing of all members of their school community”<sup>2</sup>. Moreover, the promotion of such positive health promoting outcomes and wellbeing is seen to be dependent on three overlapping and interactive components in:

- Curriculum Teaching and Learning;
- Partnerships and Services; and
- School Organisation, Ethos and Environment<sup>2</sup>.

In response to this philosophy, during the past five years there has been growing recognition the school environment plays a major role in the social and emotional competence and wellbeing of children<sup>3, 13-15</sup>. As a consequence, increasing interest in the emotional health and pastoral care of children in schools, has resulted in efforts to look at ways in which curriculum and pastoral practice can contribute to students’ social, emotional and behavioural wellbeing<sup>16-20</sup>.

Yet despite a number of innovative attempts to introduce curriculum developments in some Australian states to reflect these changing approaches including, for example, resources developed by the Office of the Board of Studies of New South Wales<sup>21</sup> to encourage the integration of a student centred focus in the syllabus of the K-10 Framework, currently the outcomes-based syllabus of senior schools in Australia is still largely based on academic achievements<sup>6, 20-22</sup>. Moreover, while there is a general perception that pastoral care is ‘better’ addressed in non-government schools, currently no standards exist within the Western Australian Department of Education and Training for either the delivery or evaluation of pastoral care to ensure the wellbeing and development of students is recognised and promoted among all schools, and it is increasingly being recognised that more needs to be done to take up the challenge of implementing successful strategies in Western Australia.

The purpose of this research has therefore been to investigate current empirical and theoretical literature describing pastoral care standards to inform the development of new guidelines for all Western Australian government schools. The report begins by reviewing definitions of the concept of pastoral care within the context of the healthy social, emotional and personal development of school aged children, and what these imply for the process of implementing successful strategies. The second section examines a number of best practice pastoral care standards developed nationally and internationally, and assesses their implications for Western Australian schools. In doing this, the report analyses the impact of these policies on: developing supportive processes for children, teachers and schools; shaping teaching and learning; encouraging dialogue with the students; developing partnerships with other services within the community; shaping the school organisation, ethos, and environment; and developing tools for evaluating pastoral care standards. Finally, the last section

draws on the findings of the literature review and an audit of Australian government and non-government sector pastoral care policies and standards. This will provide a solid basis for a series of recommendations to inform future practice of pastoral care standards in schools by the Western Australian Department of Education and Training.



## 2. METHODOLOGY

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The first stage of the formative evaluation involved the Child Health Promotion Research Unit (CHPRU) conducting an extensive review of available literature to identify pastoral care standards in education. The information was used to inform the development of pastoral care standards for all children and young people enrolled in Western Australian government schools. Five main areas were identified as central themes with regards to the formative evaluation. These were:

- pastoral care in education;
- best practice standards of pastoral care in education;
- self-evaluation of pastoral care standards;
- health, social, emotional and personal development of school-aged children; and
- social and values education in schools.

Before the commencement of the literature search, a list of keywords was developed. This list was mapped on a matrix designed to guide a thorough search of all combinations of keywords across all relevant health and education scholarly databases (see Appendix 1). Using this matrix, a step-by-step search of each keyword and combination of keywords across each of the scholarly databases was conducted, and all relevant articles retrieved. This process continued until all keywords or combinations of keywords were systematically searched across every appropriate scholarly database. The databases used in this review include: A+ Education, AMED, AMI, APAFT, CINAHL, Ed Research Online, Emerald Library, ERIC, FAMILY, FAMILY-ATISIS, Health and Society, Informit Online, InfoTrac OneFile, Ingenta, ProQuest 5000, PsycINFO, PubMed, Science Direct, Swetswise and Wiley InterScience. Once all the relevant articles were retrieved, key articles were summarised and compiled to form an annotated bibliography (Appendix 2).

The next stage of the evaluation involved conducting an audit with all Education sectors across Australia to determine whether they have a pastoral care policy, framework or guidelines for schools within their Sector. Relevant personnel in Education sectors in each state and territory were telephoned by a trained researcher from the CHPRU and, using scripted interview questions (Appendix 3), were asked whether a pastoral care policy, framework or guidelines existed and if so, were asked to email or fax a copy to the Child Health Promotion Research Unit. Contacts were also asked their thoughts regarding the policy's strengths and weaknesses. Telephone audit interviews were summarised by the researcher conducting the interviews. Copies of the pastoral care policies collected as part of this audit can be found in Appendix 4.

Two independent raters at the CHPRU examined the findings of the audit interviews for common themes. These themes were used, in conjunction with the literature review findings, to make recommendations for the development of pastoral care standards in Western Australian government schools.

### 3. THE HISTORY OF PASTORAL CARE IN AUSTRALIA

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Historically, the concept of pastoral care adopted in Australian education originated from England during the early 19<sup>th</sup> century<sup>23</sup>, when pastoral care was closely related to the Christian religious philosophy which involved the principles of “self-reflection and self-watchfulness, self-discipline, moral indignation at having done wrong, and ethical self-development”<sup>24</sup>. During this time there was a general consensus that teachers should provide students with “general and moral welfare”<sup>23</sup>. However, as Power<sup>25</sup> argues, this form of pastoral care could at best be described as student centred, and organised around a pedagogical commitment to the education of the whole child, including social, psychological, developmental and educational needs. This practice of pastoral care assisted as a colonising function to develop students’ ethical values that would lead them into adulthood<sup>26, 27</sup>.

In more recent times, the question of pastoral influences has “no longer been one of leading people to their salvation in the next world, but rather of ensuring it in this world”<sup>24, 26</sup>. Further, within this context, pastoral care has taken on a different meaning of health and wellbeing, and hence a liberal neutrality approach has become the norm across Australia<sup>24</sup>. This approach does not set explicit values of what is right, leaving the decision as to what constitutes good values up to the individual and school individual – an approach which is arguably more appropriate in a multi-cultural society<sup>28</sup>. Nevertheless, such an approach has meant in the past, school-based pastoral care efforts have been largely ad hoc, and developed in the absence of any shared understanding both of the concept of, or benchmarks for, good practice<sup>29</sup>.

However, the growth of a more solid research base into the needs of pastoral care in education began in 1988, with the biennial conference of the Singapore Educational Administration Society on “The Pupil’s Growth – Our Major Concern”<sup>1</sup>. Among the key presenters at this conference was Dr Norm Hyde of the Western Australian College of Advanced Education (now Edith Cowan University), and it was no accident that two years later, in 1990, Perth hosted the first international conference on pastoral care in education, under the auspices of the International Institute for Policy and Administrative Studies (IIPAS), which attracted keynote speakers from the United Kingdom, Canada, New Zealand, Australia and South East Asia<sup>1</sup>. In 1992, this international conference was followed by another, organised by Bond University in Queensland, which again attracted considerable and growing interest in the role of pastoral care and in the social, personal and emotional development of children<sup>1</sup>.

Since these early leads, the start of the 21<sup>st</sup> century international and school bodies have ushered in a far more positive and proactive approach to the provision and monitoring of social development for the overall wellbeing of students<sup>1, 2</sup>. Drawing on policy guidelines outlined in the *Health Promoting Schools Framework*<sup>30</sup>, the model for effective practice in schools outlined in the national focus paper *Pathways to Health and Well-Being in Schools*<sup>31</sup> as well as the *Adelaide Declaration on National*

*Goals for Schooling in the Twenty-first Century*<sup>13</sup>, in 2003 the Ministerial Council on Education, Employment, Training and Youth Affairs developed the *National Safe Schools Framework*<sup>3</sup>. This Framework recognised the importance of achieving a shared vision of physical and emotional safety and wellbeing for all students in Australian schools, as well as identifying guiding principles and strategies to inform practice and assist school communities to build safe and supportive environments<sup>3</sup>. The framework has been a collaborative effort by the Commonwealth and State and Territory government and non-government school authorities and other key stakeholders, and commitment to its goals and policies have been echoed through other state government plans, including the Western Australian paper on *Investing in Government Schools: Putting Children First*<sup>32</sup>.

Underlying all these frameworks, have been seven core principles which serve as a basis upon which to develop best practice models associated with the emotional and social wellbeing and pastoral care of Australian students<sup>17</sup>:

1. Student behaviour needs to be understood from an inter-connected eco-systemic perspective.
2. Student behaviour management and emotional development programs and practices must embrace a health promoting approach to creating a safe, supportive, and caring environment.
3. Student behaviour management and emotional development programs and practices must embrace inclusiveness that caters for different potentials, needs and resources of all students.
4. Student behaviour management and emotional development programs and practices should incorporate a student-centred philosophy that places students at the centre of the education process and focuses on the whole student (personal, social, and academic).
5. Student behaviour and emotional development is inextricably linked with learning experience.
6. Positive relationships, particularly student and teacher, are critical for maximising appropriate behaviour and achieving learning outcomes.
7. Positive emotional development is enhanced through internally based school support structures, and externally based family, education department, community and inter-agency partnerships.

Complementing these core values, the recently launched *Values Education Program of the Australian Government*<sup>33</sup> also acknowledges the importance of building the social and emotional wellbeing of children. In his letter to school principals introducing the program, Federal Education Minister, Hon. Brendon Nelson noted “The Australian Government, along with the State and Territories Governments, believes that education is as much about building character as it is about transferring skills, knowledge and the thirst for learning”. Yet, while these efforts have been positive, a recent national report on *Mental Health of Young People in Australia* indicates that over 14% of children and adolescents suffer from a diagnosable mental health problem<sup>34</sup>. From this, Zubrick and colleagues<sup>35</sup> conclude in their study of mental health disorders in children and young people in Australia, any successful preventative interventions must entail the promotion of health and wellbeing through effective collaboration at the national state and local levels, between health, welfare and the education sectors. Given this, the time is now ripe to move beyond policy and rhetoric towards the development

of regional and national guidelines and standards for effective practice, at the heart of which lies the need to develop a clear definition of “pastoral care”, based on the theoretical construction of a standard for the articulation and monitoring of best practice models.

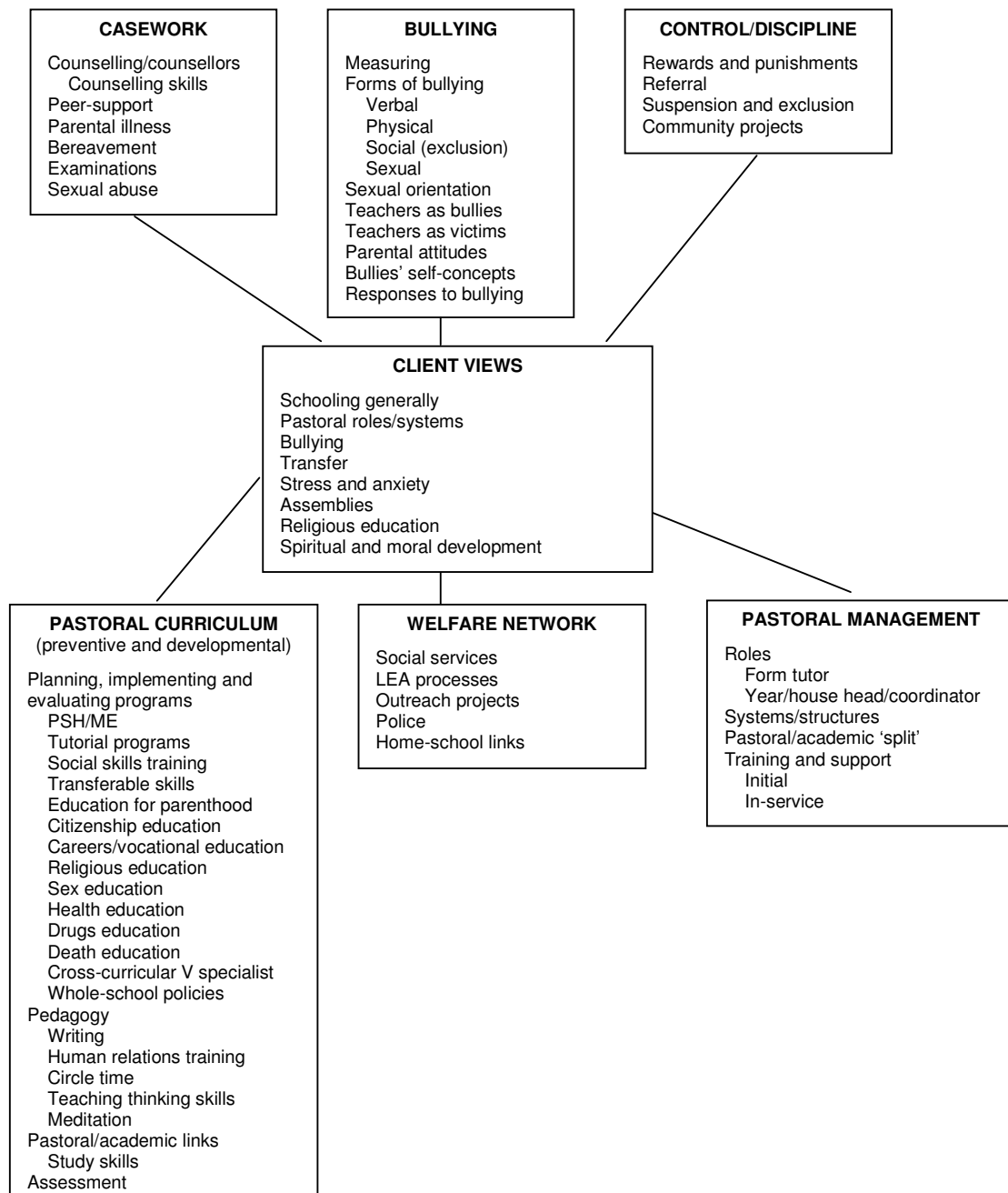
## 4. DEFINING PASTORAL CARE

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### 4.1. General Definitions

Within the Australian literature on pastoral care there is a paucity of concise definitions of pastoral care in schools<sup>36</sup>. This is somewhat understandable due to the complexity and wide scope of areas included under the label of pastoral care<sup>37</sup>. Furthermore, the problem has in part been interchangeable, with the use of labels resulting in confusion. For example, 'guidance' has long been referred to in curriculum programmes in Western Australia, while other parts of Australia have talked of 'career education', 'life path', or 'pastoral curriculum', whereas England and Wales have preferred to refer to it as 'personal and social education' (PSE), or 'personal, social and health education' (PSHE)<sup>1</sup>. Nevertheless, defining pastoral care is important as it helps delineate the boundaries of what pastoral care does and does not involve<sup>36</sup>. Moreover, to avoid any form of definition leaves room for everything and anything to be put under the banner of pastoral care. As such, Best's<sup>37</sup> diagram in Figure 1 clarifies some of the main topics which are common under the banner of pastoral care.

**Figure 1: Scope of Areas involved in Pastoral Care**<sup>37, p.37</sup>



As outlined previously, early definitions of pastoral care in Australia, which were influenced by the Christian philosophy, focused essentially on the personal development of the student and in particular their “general and moral welfare”<sup>23</sup>. From this perspective, pastoral care in education was aimed at fostering “values”, particularly those of “mutual respect, responsibility and service within the community” so as to provide students with “every opportunity to value themselves and to experience well-being”<sup>38, p.3-4</sup>.

Other definitions also focus on the personal development of students, outlining the provision of pastoral care as a process which facilitates students' transition from dependence to independence<sup>39</sup>. As such, pastoral care and academic care have been seen as closely interconnected<sup>6, 39</sup>. Effective pastoral care within the context of learning specific issues requires that students become competent and confident to discuss and make decisions "based on their home life and what is learned at school"<sup>39, p. 9</sup>. Pastoral care therefore involves promoting and supporting "knowledge of self, self-efficacy, healthy risk taking, goal setting, negotiation, reflection and empowerment" to provide optimal learning and development outcomes<sup>6, p.30</sup>.

In the past two decades however, there has been an overarching focus on ensuring high student academic performance within schools<sup>13, 14, 40</sup>. As a result of this focus on outcomes, it has often been argued that teachers, particularly at the secondary school level, view teaching subject disciplines as their prime function, and that the notion of caring is outside of their teaching domain<sup>39, 41, 42</sup>. Nevertheless, with the increasing move towards the adoption of the integrated "whole school approach" by governments to ensure the wellbeing of all children<sup>43</sup>, pastoral care is progressively being seen not simply as an activity for personal development but rather, involves "developing empathetic relationships so that the people in the school community are nurtured into wholesome maturity"<sup>44</sup>. From this perspective Grove<sup>36, p.8</sup> defines pastoral care as:

*"...all measures to assist an individual person or community reach their full potential, success and happiness coming to a deeper understanding of their own humanness".*

While Grove<sup>36</sup> acknowledges this definition is relatively ambiguous and idealistic, and in reality many issues hinder the achievement of such a concept of pastoral care, he argues the definition should still be one that schools aspire, and further, that schools should attempt to clarify key components that promote its achievement. Based on this perspective, pastoral care is effective:

*"when everyone in the school community knows, and feels secure in the knowledge, that as valued members of that community they can participate in giving and receiving encouragement, guidance and support. Such a climate will be created by the attitudes of staff and students and may be enhanced by a specifically designed pastoral care system. Each school should recognise its responsibility for extending care into all aspects of its work"*<sup>45, p. 16</sup>.

In particular, what this philosophy points to is that pastoral care is not merely a complementary practice developed through extra-curricular activities, that are either character building or aimed at those who are disadvantaged<sup>37, 39</sup>. On the contrary, it is an inclusive function, integrated into the curriculum and structural organisation of the school so that the students' personal, social and academic needs are met<sup>39, 46</sup>. Along these lines, one of the earliest and most comprehensive

definitions of pastoral care was that of the British Department of Education and Science<sup>47</sup>, which state that pastoral care is concerned with:

*“promoting pupils’ personal and social development and fostering positive attitudes: through the quality of teaching and learning; through the nature of relationships amongst pupils, teachers and adults other than teachers; through arrangements for monitoring pupils’ overall progress, academic, personal and social; through specific pastoral and support systems; and through extra-curricular activities and the school ethos. Pastoral care, accordingly, should help a school to articulate its values, involve all teachers and help pupils to achieve success. In such a context it offers support for the learning behaviour and welfare of all pupils, and addresses the particular difficulties some individual pupils may be experiencing. It seeks to help ensure that all pupils, and particularly girls and members of ethnic minorities, are enabled to benefit from the full range of educational opportunities that schools offer”<sup>47, p.3</sup>.*

This definition outlines the commonly expressed view that schools should promote the wellbeing of their students as individuals and as members of the community<sup>1, 31, 36, 43</sup>. Moreover, this definition highlights the expectations that teachers also need to respond to individual cases, such as in times of personal anxiety, domestic tension, social pressure, and emotional crisis<sup>1, 9, 48, 49</sup>. This commitment for care should also be visible through a curriculum that enhances skills for coping<sup>10, 50-54</sup>. Also of key significance, is the way this definition draws attention to the inextricable link between pastoral care and education, a point which has been increasingly supported in recent research<sup>1, 36, 37, 43, 55-60</sup>. Furthermore, the definition emphasises the need for teachers and students to work collaboratively, to understand and develop an informal, less structured school culture to meet the needs of the students<sup>61-64</sup>, and highlights the role of the teacher, curriculum and educational process as central components in the overall health and wellbeing of the child. Moreover, it stresses the importance of ‘transformational’ leadership<sup>65, 66</sup> on the part of school principals to ensure a change in school learning culture and teaching practices<sup>65</sup>.

The Catholic schools also acknowledged the complex nature of pastoral care and the difficulty this creates in forming a definition<sup>38</sup>. In *Pastoral Care for Schools*, Treston<sup>44</sup> defines pastoral care as:

*“...the integration of academic, social and religious dimensions of a school’s energy so as that an atmosphere of care prevails within the school community. Each person of the school community – administrators, parents, students and teachers, cleaners – is invited to become more fully human. Pastoral care is developing empathetic relationships so that the people in the school community are nurtured into wholesome maturity. Pastoral care is an expression of the philosophy and vision of the school.”*



Since then, in its report on *A Road Beyond the Gatehouse*, the Catholic Education Commission of Victoria<sup>38</sup> has supported a more fluid description of pastoral care, describing it as:

*“...a community that provides a strong sense of well-being, belonging and security, students (and staff) are given every opportunity to be affirmed in their dignity and worth, confirmed in their personhood, and assisted to grow to their full potential”<sup>38, p.2</sup>.*

From their perspective, pastoral care is “everyone’s business”<sup>67</sup>, and hence the Catholic Education Office argues Catholic schools can make a positive difference for young people by putting into practice their own philosophical and theoretical beliefs about pastoral care and children’s needs<sup>38</sup>.

Along similar lines, Ainscow<sup>68, p.10</sup> reminds us that “teaching methods are neither devised nor implemented in a vacuum. Design, selection and use of particular teaching approaches and strategies arise from our perceptions about learning and learners.” Consequently, as Best<sup>69</sup> clearly describes, the purpose, organisation and provision of pastoral care differs depending on our conceptual role of teachers’ tasks, and well as the different structures and processes which schools institutionalise to facilitate them. Based on his extensive literature review of pastoral care in education, through searches of the Educational Research Abstracts Online, ERIC, the British Education Index, and the Social Science Citation Index, together with 31 papers from Australia (9), Israel (4), Hong Kong (4), Singapore (2), Canada (2), Netherlands (2), and several other countries, Best<sup>37</sup> has outlined a sketchy chart of five approaches to pastoral care:

- **Reactive pastoral casework:** undertaken on a one-to-one basis in response to children’s problems of a “social, emotional, physical, behavioural or spiritual nature”<sup>37, p.4</sup>. Often such an approach has involved the provision of “open door” guidance and counselling<sup>59, 60</sup> or the use of peer support and mentoring<sup>70</sup>. An important dimension of pastoral casework is the “welfare network” which includes the links between the school, the home and external agencies, such as the social services and educational psychology service<sup>37</sup>. While such reactive support is necessary and can make a vital contribution to a school’s pastoral care program, one of the main criticisms of this approach is that it is seen as something that happens outside the everyday school routine, and hence furthers the belief that pastoral care is outside of the teachers’ domain<sup>37</sup>. Nevertheless, emerging models for transforming school counselling initiatives have increasingly emphasised a preventative rather than reactive approach to such casework<sup>71</sup>.
- **Proactive, preventative pastoral care:** which include forms of activities and educational processes that anticipate ‘critical incidents’ in children’s lives and are aimed at preventing and reducing the need for reactive casework<sup>72</sup>. While drugs education may be seen as ‘preventative’, it is increasingly argued that this approach involves a whole-school approach to developing not only the children’s self-esteem, resilience, and academic capacity to make

appropriate choices<sup>20, 42, 46</sup>, but also creating a broader school and community ethos, organisation and environment that encourages student wellbeing<sup>73</sup>. An example of how this can be developed is the *Friendly Schools and Families Project* for the prevention of bullying, developed by The Child Health Promotion Research Unit.

- ***Developmental pastoral curricula:*** that is developed to promote the personal, social, moral, spiritual and cultural development and wellbeing of children through distinctive programmes, tutorial work and extra-curricular activities<sup>37</sup>. These activities include the development of content knowledge; general pedagogical knowledge; curriculum; knowledge of learners and their characteristics; and knowledge of educational ends, purposes and values<sup>37, 42, 53, 74-76</sup>. In particular, it requires assisting teachers in linking research to their own practice by providing opportunities for them to create new professional knowledge to develop wellbeing through<sup>6, p.31</sup>:
  - Protective process;
  - Dialogue with students;
  - Shaping beliefs about learning;
  - Teaching and learning processes; and
  - Authentic assessment.
- ***The promotion and maintenance of an orderly and supportive environment:*** refers to building a community within the school, through extra-curricular activities, the creation of supportive systems and positive relations between all members, and the promotion of a strong ethos of mutual care and concern<sup>2, 3</sup>. This approach ensures that introduction of pastoral care strategies that are reflective of the individual needs of different communities and student populations<sup>77</sup>.
- ***The management and administration of pastoral care:*** involves the processes of “planning, motivating, resourcing, monitoring, evaluating, encouraging and otherwise facilitating all of the above”<sup>69</sup>.

Based on this outline, it would appear that pastoral care, rather than being based on a curriculum, involves the development of an overall strategy or ‘standard’ to be employed by schools to help them understand and meet the needs of children<sup>39</sup>. Such a standard would require a multi-level<sup>46</sup>, multi-component approach<sup>78, 79</sup>, based on the five tasks outlined by Best<sup>37</sup>. However, to build such a standard it is essential to build on the key inter-related concepts that contribute to pastoral care<sup>80</sup>.

## 4.2. Key Contributing Factors

In reviewing the literature, four factors continually emerged as core components in pastoral care, namely: the promotion of *health and wellbeing*, *resilience*, *academic care*, and *social capital*. This section aims to assess these four concepts and their contributions in terms of a standard for pastoral care.

### 4.2.1. Promoting Health and Wellbeing

The promotion of pupils' health and wellbeing has long been identified as a key challenge in schools, with John Dewey stating almost a hundred years ago that:

*“What the best and wisest parent wants for his own child, that must the community want for all its children. Any other ideal for our schools is narrow and unlovely; acted upon, it destroys our democracy”<sup>81</sup>.*

Similarly, Watkins and Wagner<sup>82</sup> have highlighted the effect which schools as a 'social collectivity' and in particular their overall 'ethos' may have on the successful achievement of children's goals. Yet despite both this and the fact that health has long been seen as incorporating elements of personal, mental, social and emotional wellbeing, rather than merely an absence of physical illness<sup>83</sup>, issues of health and wellbeing have mostly been separated from other aspects of school life, and until recently have rarely been seen as the responsibility of government departments of education<sup>84</sup>.

On the contrary, it was not until the introduction of the *Global School Health Initiative*<sup>2</sup> that we saw a growing move to implement the promotion of students' wellbeing in schools involving:

- Strengthening the ability to advocate improved school health programmes;
- Creating networks and alliances for the development of health promoting schools;
- Strengthening of national capacities; and
- Research to improve school health programmes.

Within Australia, the Federal Government<sup>85</sup> initially targeted six key areas of risk to the mental health of adolescents and children however, more recently, the *National Action Plan for the Promotion, Prevention and Early Intervention of Mental Health*<sup>86</sup> has taken a more 'population' health approach and involves “any action taken to maximise mental health and well-being” that leads to a strengthening of the “capacity of individuals and groups to interact with one another and their environment in ways that promote subjective well-being, optimal development and the use of mental abilities”<sup>86, p.3</sup>. In line with the definition of pastoral care outlined above, it is a “state of emotional and social wellbeing in which the individual realises his or her own abilities, can cope with the normal

stresses of life, can work productively or fruitfully, and is able to make a contribution to his or her community”<sup>2</sup>.

The Australian Department of Education incorporated this health and wellbeing policy to its model of academic care and education in 2001, and since then the school environment has increasingly been seen to have a significant impact on students’ wellbeing<sup>41</sup>. In particular, the Department of Education asserted the maintenance of the health and wellbeing of students, which encompasses their “cognitive, physical, psychological and spiritual wellbeing” is vital for:

- facilitating individual development;
- increasing positive interaction with others;
- easing the pathway to the attainment of goals; and
- enhancing the recovery from adversity<sup>31, p.1</sup>.

Wellbeing, from this perspective, has been defined as a state in which it is possible for a human being to satisfy his/her basic needs<sup>87, 88</sup>, and indicators of its achievement are “the extent to which a person can participate in decisions and activities influencing his/her life, opportunities for leisure time activities (doing) and opportunities for a meaningful working life”<sup>89</sup>. Allardt<sup>89</sup> divides these basic needs into three categories: having; loving; and being.

‘Having’ refers to material conditions and impersonal needs, ‘loving’ relates to other people and social identities, and ‘being’ highlights the need for personal growth<sup>84</sup>. Objective and subjective indicators of these needs are outlined in Table 1, below<sup>84</sup>.

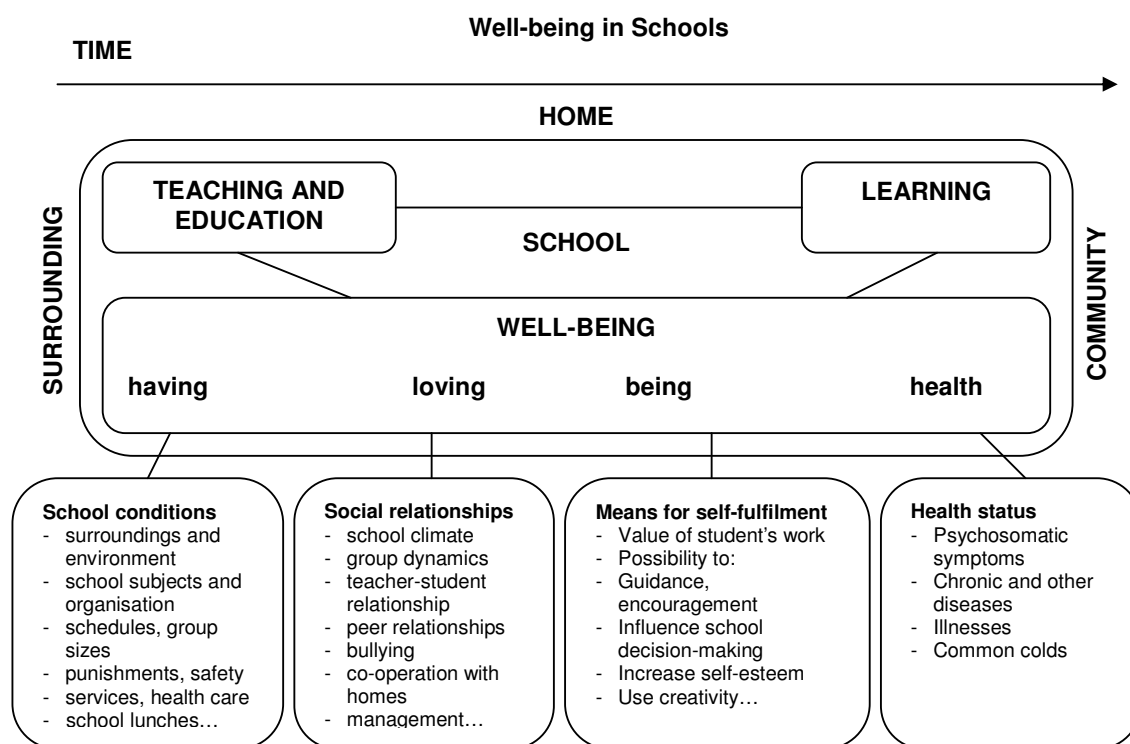
**Table 1: Allardt’s<sup>89</sup> cross-tabulation of ‘having, loving and being’**

<b>Basic needs</b>	<b>Objective indicators</b>	<b>Subjective indicators</b>
Having (material and impersonal needs)	Objective measures of the level of living and environmental conditions	Dissatisfaction-satisfaction ; subjective feeling of dissatisfaction-satisfaction with living conditions
Loving (social needs)	Objective measures of relationships to other people	Unhappiness-happiness; subjective feelings about social relations
Being (needs for personal growth)	Objective measures of people’s relation to (a) society and (b) nature	Subjective feelings of alienation-personal growth

Based on this definition, Konu and Rimpela<sup>84</sup> argue that wellbeing in schools is closely inter-connected with teaching/education and achievements and learning, with the concept being divided into four categories:

- School conditions (having)
- School relationships (loving)
- Means of self-fulfilment (being)
- Health status (health)

**Figure 2: A Conceptual Model of Wellbeing in Schools<sup>84, p.83</sup>.**



The School Wellbeing Model presented in Figure 2 provides a holistic perspective and understanding to build a standard on pastoral care, and generally acknowledges that health and wellbeing go beyond the scope of the school, to include children's homes and communities. Yet despite this widening definition of mental health and wellbeing, with the emphasis moving beyond focus on the individual to incorporate more whole school approaches to pastoral care, school based health promotion literature reveals a growing tension within schools between the need to target specific mental health problems, such as depression, drug abuse, violence, bullying and harassment, and the provision of a health promoting 'whole' school environment<sup>41</sup>. As Whitehead<sup>90</sup> points out, since the effectiveness of health promotion programs has been based principally on conventional experimental designs that attempt to "control" for external factors, there is far more evidence to support the impact of narrow intervention programs focused on specific health issues such as alcohol, drugs and smoking<sup>91-93</sup>. On the contrary, to date there has been little research on the effect of whole school approaches<sup>73, 94</sup>.

#### 4.2.2. Building Resilience

Increasingly, the concepts of coping and resiliency have been discussed within the context of pastoral care's goal to promoting mental health and wellbeing and enabling children to reach their full potential, through concepts of self-knowledge, healthy risk taking and empowerment<sup>6, 8, 11, 95-97</sup>. In the past the term resilience has referred to the concept of coping with and overcoming risk in the face of adversity<sup>11</sup>. Yet, more recently, risk taking behaviours have been viewed as normal part of youth development, and from this perspective, risk has been viewed as having both positive and negative effects on children's health<sup>97</sup>. The implication of this paradigm shift has been the refocusing of resiliency programmes away from merely emphasising risk factors, to incorporating the development of "protective" and "preventative" factors that assist children to become confident individuals with personal strengths and assets to achieve their full potential<sup>10, 97-106</sup>. Hence, Doll and Lyon<sup>9</sup> have stated that resiliency not only encourages individuals and groups of people to successfully cope with or overcome risk, but it also helps them to develop competence and protective factors<sup>9</sup>. From this perspective, Nudge<sup>6, p30</sup> aptly describes the characteristics of resilient children to include:

- A sense of self-esteem and self-efficacy, which allows the child to cope successfully with challenges;
- An active stance towards an obstacle or difficulty;
- The ability to see a difficulty as a problem that can be worked on, overcome, changed, endured or resolved in some way;
- Reasonable persistence; and
- The capacity to develop a range of strategies and skills to bear on the problem, which can be used in a flexible way.

Similarly, Burns' profile of a resilient child (as illustrated in Figure 3) identifies social competence; problem-solving strategies; autonomy; and a sense of purpose and future as protective factors.

**Figure 3: Profile of the Resilient Child<sup>107</sup>**



In terms of building self-esteem in children, Phillips<sup>108</sup> offers a useful model identifying three interconnecting factors, including: a sense of control which children gain through learning skills and capabilities; a sense of bonding which they get through feelings of belonging or connection; and a sense of meaning created when they believe that what they do can make a difference. Similarly, large-scale longitudinal studies in the field of resilience have been fundamental in the identification of internal and external “protective“ factors<sup>9, 109</sup>, and in terms of the role which school can play in enhancing the protective nature of learning environments<sup>9, 95-97, 110, 111</sup>. The individual factors included intellectual ability, language ability, positive temperament, and ability to establish social relationships<sup>9</sup>. The contextual (environmental) factors identified included family characteristics (for example, affectionate relationships, supportive parenting and guidance)<sup>9</sup>. Other contextual factors of particular interest for pastoral care included the school and/or community-related factors. The factors identified that supportive relationships with teachers and staff, links with ‘pro-social’ organisations and access to receptive, ‘high quality’ schools enabled students to become resilient to adversity<sup>7, 9, 11, 99</sup>. This notion is supported by Nadge<sup>6</sup> who emphasises that promoting resiliency in schools is a key protective factor in learning as well as psychosocial development, in and beyond the classroom context. The most important being adult reactions such as empathy, building confidence, assisting with skill development, fostering problem solving and autonomy, and encouraging incremental learning<sup>6</sup>.

Henderson<sup>112</sup> examined the notion of resiliency and found the educators with a ‘resiliency attitude’ towards the students searched, optimised and nurtured the students’ background/situation. This

involved a focus upon the protective factors that can minimise the impact of problems and stressful situations on an individual and an environmental level<sup>112</sup>. Optimal student (academic and social) outcomes can be achieved by a combination of the six resiliency strategies: “increase bonding; set clear and consistent boundaries; teach life skills; provide caring and support; set and communicate high expectations; provide opportunities for meaningful participation”<sup>112, p.16</sup>. Nevertheless Henderson argued that within schools there was generally an “absence of specific resiliency fostering teaching strategies”<sup>113, p.20</sup>, or at best, an *ad hoc* approach to learning experiences that promote resilience. Henderson’s findings are supported by a major study of teachers in the US indicating that barely half of teachers had the appropriate training in the skills and strategies to foster resiliency in children and hence lacked self-efficacy in this field<sup>51</sup>. While similarly, the British and Scottish review indicated the lack of both training, support and supervision for teachers and others within the school community poses a major challenge for the implementation of pastoral care<sup>42, 114</sup>. Therefore, clearly resiliency is a key contributing factor in the promotion of children’s social and emotional development and needs to be added to the School Well-Being Model<sup>84</sup> to successfully promote pastoral care in and beyond the classroom context<sup>6</sup>.

### 4.2.3. Enhancing Academic Care

This research into development of resiliency among children, especially through increased attention to the ‘protective’ factors of risk, has highlighted the central role that teachers and the classroom can have on children’s resilience<sup>43</sup>. Similarly, the Pastoral Care Network has identified the need for school staff and teachers to clarify their understanding of their pastoral care role, and how it influences students<sup>43, 115</sup>. From this perspective, the concept of “academic care” has been outlined as:

*“the process of enhancing (student) learning and well-being through attention to developmental, situational and organizational mechanisms in and beyond the classroom. Academic care means assisting adolescents to develop positive self-esteem, and feelings of well-being and self-efficacy through the school’s academic and organizational structures, and through adults’ relationships with students. It involves positive interactions/relationships with students and promoting students’ well-being by ensuring that academic structures and interactions are sympathetic to adolescent needs.”*<sup>43, p.30</sup>

The concepts of pastoral care and academic care have therefore been described as inextricably linked in that they focus on positive learning and developmental outcomes such as self-efficacy, empowerment, healthy risk taking, goal setting and negotiation<sup>43</sup>. “Academic care has the capacity to strengthen the pastoral work of schools by enhancing protective processes, particularly resilience”<sup>43, p. 29</sup>. Enhancing resiliency and wellbeing of students, requires developing an integrated whole school approach to build supportive and protective communities<sup>43</sup>. Benard<sup>116</sup> outlines three characteristics of supportive and protective school communities: the presence of *caring relationships, high expectation*



*messages and opportunities for meaningful participation and contribution.* These characteristics support the development of compassion and understanding; establish safety and basic trust; offer guidance, structure and challenge; and provide opportunities for making decisions, being heard and making a contribution to the community<sup>116</sup>. Moreover, Cheers<sup>117</sup> claims that enhancing resiliency through academic care involves clarifying what students need from the curriculum, their teachers, their learning experiences, and the school community.

Thus, there is an increasing wealth of research pointing to the impact that learning experiences, including the personal qualities of teachers, can have on student wellbeing, resilience and even success<sup>6, 98, 101, 103, 118</sup>. Hence, while not all teachers have formal training in counselling (nor should they be expected to have), they do clearly need a basic understanding of how their own actions, their relationships with students, and the learning environment which they create, can enhance or harm the wellbeing of students, particularly in relation to the development of protective factors<sup>43</sup>.

#### **4.2.4. Assessing Human and Social Capital**

Human and social capital has been highlighted as crucially important in the improvement of the health and wellbeing of children, which in turn optimises their educational outcomes<sup>119, 120</sup>. Defined as “the social cohesion of a community, and a sense of belonging” that individuals feel<sup>121</sup>, social capital represents the degree to which people feel they can request assistance from their neighbours, allow their children to play outside in safety, and participate in community activities<sup>120</sup>. Subsequently, social capital involves the “levels of trust, mutual responsibility and reciprocity within a community”<sup>122</sup>. Moreover, while clear causal pathways are still to be clarified, a systematic review of qualitative evidence suggests that the creation of opportunities for establishing strong community networks, and supportive environments including good school, family, and peer group relations, is empowering and plays a role in improving health, wellbeing, and resiliency of children<sup>123, 124</sup>. Yet, as Zwi and Henry<sup>120</sup> indicate, the marginalisation of certain groups, and in particular Indigenous groups, undermines the social capital of Australian society, and highlights the need for government guidelines and standards to incorporate special approaches for key target population groups.

With the growing awareness of the value of social capital both nationally and internationally, individual states in Australia now have departments and divisions dedicated to community wellbeing, with the Social Inclusion Unit in the Department of Premier and Cabinet in South Australia recently undertaking a comprehensive analysis of the identification and monitoring of social inclusion indicators. More specifically, at the level of school systems, the Centre for Strategic Economic Studies<sup>125</sup> has identified the contribution of Catholic Schools in Victoria to the wellbeing of communities and to the economy. In particular, what this has meant is that increasingly governments are refocusing their assessment of schools and school systems, that to date have been based primarily on the measurement of academic outcomes, to instead incorporate indicators that can assess the impact of education on students’ lives beyond the realm of the purely academic<sup>119</sup>.

Assessing pastoral care requires developing good tools for monitoring and evaluating the development of social capital at a number of levels, incorporating the expectations and needs of different stakeholders at:

- The systems level (state and district directors);
- The school level (principals and administrators);
- The classroom level (teachers);
- The student level (children); and
- The community level (parents, counsellors, service providers).

Only by assisting each of these levels to develop an integrated and complementary level of support for pastoral care can the social, emotional and academic health and wellbeing of children truly be achieved. For example, as Nadge<sup>43</sup> points out, state and district directors may be more interested in the development of overall standards and guidelines for monitoring the impact of the overall school ethos and environment on the whole school approach and specific needs of special target groups, by assessing:

- Links between mental health, maladaptive behaviours and school experiences;
- Cultural readiness;
- Political barriers;
- Classroom teaching practices;
- The bridging of gaps between students and staff perceptions;
- Technical barriers; and
- What helps staff to connect.

Nevertheless, at the other end of the scale, research evidence<sup>6, 109</sup> indicates that children had a different set of criteria regarding what constitutes a safe environment for their health and wellbeing. More specifically, they wanted their teachers to provide them with the following forms of support, and therefore, clearly criteria should also be incorporated as indicators part of any assessment tool<sup>6</sup>:

- An environment where they felt safe and were treated fairly;
- The development of close relationships with others and whether they felt part of, and welcome at the school ;
- Encouragement to do their best;
- The setting of high but realistic standards for achievement;
- The challenging of students to do better;
- Dialogue and negotiation;
- Assistance with risk taking;
- Empowerment; and
- Feedback on how to improve their learning process.

Thus, in line with this research, the development of national standards and guidelines on pastoral care should be accompanied by appropriate monitoring and assessment tools that address the goals and needs of each stakeholder level.

## 5. BEST PRACTICE MODELS OF PASTORAL CARE

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Having thus reviewed the history of pastoral care in Australia, the various definitions of what pastoral care incorporates, as well as some of the key factors contributing to the promotion of effective pastoral care in schools, this next section assesses the literature on best practice models for the implementation of pastoral care in the school systems, drawing both on Australian and international literature. The examples discussed in this section have been chosen to highlight some of the innovative work being developed at the level of primary, middle and secondary schools, as well as strengthening resiliency, preventing bullying, and dealing with children 'at risk'. Key elements of these best practice models, will serve as a basis for providing recommendations to the Western Australian Department of Education and Training, on the compilation of guidelines and standards for the delivery of pastoral care in school, and will assist in highlighting additional components which need to be incorporated into such standard.

### 5.1. Best Practice Models of Pastoral Care in Australia

While not specifically referring to 'pastoral care', a number of national frameworks have been instrumental in laying the foundations for the development of principles, guidelines, and standards for the promotion of children's emotional health and wellbeing, resilience, and academic care through a whole school approach<sup>3, 31</sup>. Underlying all these frameworks have been the Australian Government's guiding principles for a safe and supportive environment<sup>3</sup>, which state Australian schools:

1. Affirm the right of all school community members to feel safe at school.
2. Promote care, respect and cooperation, and value diversity.
3. Implement policies, programmes and processes to nurture a safe and supportive school environment.
4. Recognise that quality leadership is an essential element that underpins the creation of a safe and supportive school environment.
5. Develop and implement policies and programmes through processes that engage the whole school community.
6. Ensures that roles and responsibilities of all members of the school community in promoting a safe and supportive environment are explicit, clearly understood and disseminated.
7. Recognise the critical importance of pre-service and ongoing professional development in creating a safe and supportive school environment.
8. Have a responsibility to provide opportunities for students to learn through the formal curriculum the knowledge, skills and dispositions needed for positive relationships.
9. Focus on policies that are proactive and oriented towards prevention and intervention.
10. Regularly monitor and evaluate their policies and programmes so that evidence-based practice supports decisions and improvements.
11. Take action to protect children from all forms of abuse and neglect.

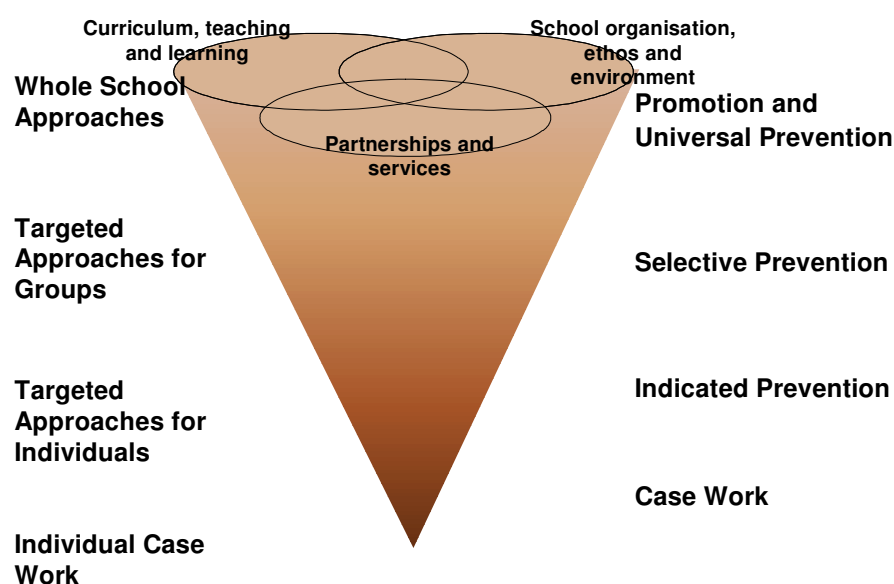
The **Model for Effective Practice in Schools** outlined in the Government Report on *Pathways to Health and Well-being in Schools*<sup>31</sup>, builds on the National Safe Schools Framework and the Gatehouse Project. This model draws attention to the need for pastoral care to be emphasised at the three levels of activities:

- Curriculum, teaching and learning;
- School organisation, ethos and environment; and
- Partnerships and services.

In addition to a general whole school approach, the model acknowledges the need for different levels of support, including the vital importance of targeted approaches for specific needs groups (including Aboriginal and Torres Strait Islanders, ethnic minority groups, socially disadvantaged, physically disabled, social and intellectually challenged, etc.), as well as for individual needs (associated with counselling, etc). Moreover, in line with Best's<sup>37</sup> research which outlines the importance of incorporating the five task areas of: reactive pastoral casework; proactive preventative pastoral care; developmental pastoral curricula; promotion and maintenance of orderly and supportive environment; and the management and administration of pastoral care. Figure 4, below, illustrates the model developed to facilitate effective pastoral care in schools<sup>31</sup>. The model stresses that any comprehensive standard needs to include components of<sup>31</sup>:

- promotion and universal prevention;
- selective prevention;
- indicated prevention, and;
- case work.

**Figure 4: Model for Effective Practice in Schools<sup>31</sup>**



While this framework has outlined very generally the principles underlying best practice models, the project examples outlined in the next section, shed light on key aspects of their implementation in practice<sup>3,31</sup>.

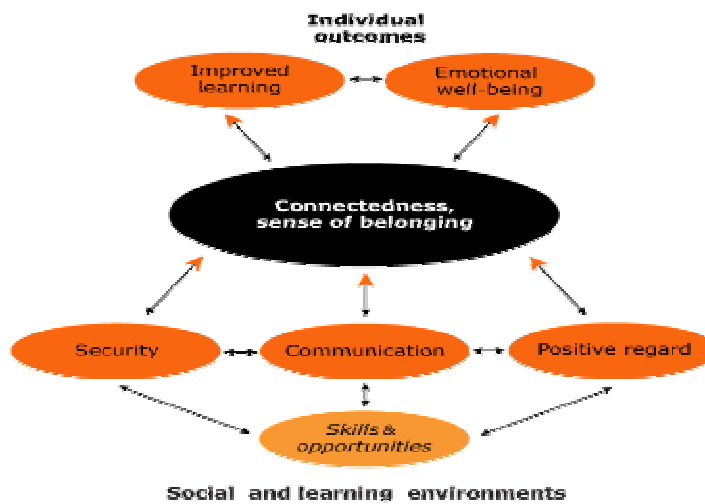
### 5.1.1. The Gatehouse Project – Victoria

One of the most influential frameworks underlying modern thought on pastoral care in Australian schools has come from the Gatehouse Project<sup>126</sup>. Developed initially in 1995, the intervention was designed to make changes to the social learning environment of 26 secondary schools in Victoria, with the aim of<sup>126</sup>:

- Promoting adolescent emotional wellbeing;
- Preventing adverse health outcomes, such as drug and alcohol use, depression, and youth suicide;
- Increasing connectedness of students to schools; and
- Increasing students' skills for dealing with the challenges of everyday life.

In strengthening these protective factors, the project emphasises the importance of a whole school approach, stressing the inter-relationship between a child's sense of connectedness and belonging to the overall school environment, and their individual emotional wellbeing and improved learning outcomes<sup>73, 127</sup>. Hence, the overall goal of the project has been described as that of building the capacity of schools to promote emotional wellbeing of children by facilitating “a greater sense of **security, social connectedness** and **positive regard** and developing skills and opportunities for **communication**” – a process which requires healthy attachments with teachers and peers<sup>126</sup>. Figure 5 illustrates the two-way relationship between the individual factors and the social and learning environment that relate to students' sense of belonging and connectedness.

**Figure 5: Conceptual Framework of the Gatehouse Project<sup>126</sup>**



Drawing on the *Health Promoting Schools Framework*, the Gatehouse Project represents a multi-level approach, stressing the importance of promoting these protective factors (connectedness, security communication and positive regard) at three levels<sup>126</sup>:

- For the individual in the classroom;
- In the whole school community; and
- In links with the wider community.

**Figure 6: Operational Framework of the Gatehouse Project<sup>126</sup>**



More specifically, the Project has looked at elements for developing security, communication, and a positive regard in students at each level, outlined in the Table 2<sup>73</sup>.

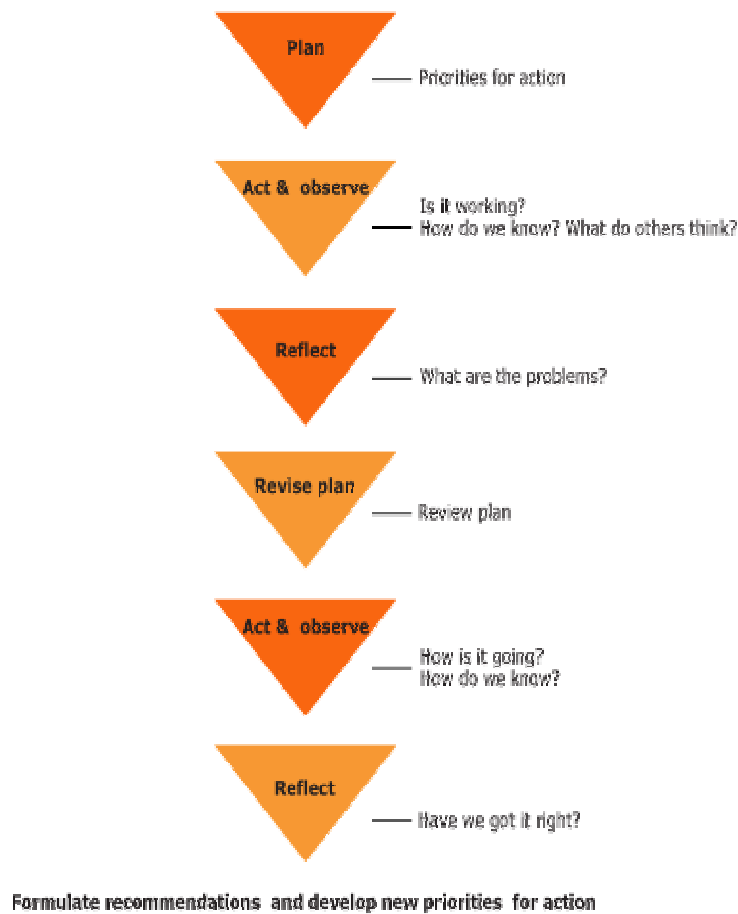
**Table 2: Intervention Strategies used in the Gatehouse Project**

<b>Setting</b>	<b>Prevention of Bullying and Victimisation</b>	<b>Enhancing Communication and Social Connectedness</b>	<b>Promoting Positive Regard Through Valued Participation</b>
Classroom	Classroom agreements or rules (for teachers and students) Adequate seating arrangements and collaborative work arrangements	Attention to pedagogy fostering positive interactions: Discussion groups Collaborative work Speaking and listening Questioning Listening to differing points of view Justifying a position	Assessment of feedback on student work Displays of student work Recognition of contributors in class Creating opportunities for different forms of contribution and success Developing knowledge of decision-making processes and creating leadership opportunities
Whole school	Development of policy and clearly defined procedures for preventing and dealing with bullying behaviours Teacher professional development in dealing with incidents of bullying Peer mediation Reviewing and enhancing transition programs Supervision of risky or unsafe areas during lunch and recess	Development of teacher teams working with student groups Strengthening peer support programs Introduction of teacher-as-mentor programs for students experiencing difficulties engaging in learning Induction packages for teachers focussing on working with young people, including referral procedures for those students experiencing difficulties	Increasing the number of students on decision-making bodies Training student leadership teams Extending the range of activities that receive public acknowledgement Reviewing school assessment and reporting policy Reviewing appropriateness of school discipline policies
School-community partnerships	Involving parents in development of anti-bullying policy Parent information and education on the anti-bullying policies	Creating a welcoming atmosphere for parents and visitors to the school Clear and regular communication with parents Strengthening communication with relevant community agencies via the school-based team	Supporting the contribution of parents to school activities Use of local media to publicise school and student achievements

The main agenda for the Gatehouse Project has been to stimulate the capacity of students, teachers, and principals to assess problems and then go through a process of problem solving<sup>73</sup>. The reasoning for this approach was to build on the current ideas and initiatives already in place<sup>73</sup>. The action research model fitted aptly into this idea, where continual improvement was made using the process of planning, acting, observing, reflecting and revaluation. Figure 7 illustrates the action research stages, which has resulted in the Gatehouse Project developing a number of curricula and training packages<sup>126</sup>.



**Figure 7: An Action Research Model**<sup>126</sup>, adapted from Kemmis & McTaggart, 1988



In an attempt to evaluate the effectiveness of the Gatehouse Project, a school-based cluster randomised control trial of twelve metropolitan schools and eight regional schools (2,678 Year 8 students) was carried out, to assess the impact of the project on adolescent emotional wellbeing and health risk behaviours<sup>78</sup>. Over the three-phase follow up of students the most consistent difference between the intervention and control group were the levels of students' alcohol consumption, regular tobacco use and their friends participating in these behaviours<sup>78, p.997</sup>. The difference between the control and intervention ranged from three to five percent. However, surprisingly the results showed no significant difference between the intervention and control groups with regards reduction in depression, and improved social and school relationships.

Nevertheless, an earlier study of the Gatehouse Project<sup>73</sup> found overall, schools felt the Project provided a useful framework for evaluating the needs and implementing changes to improve the mental health promotion<sup>73</sup>. In particular, the majority of the schools found the students' feedback to be an accurate means of obtaining useful information for the planning and action phase leading to improvements in the care within the school environment<sup>73</sup>. Notably, it highlighted the importance

which students placed on building peer relationships, student-teacher relationships, and general relationships with learning and schooling. Moreover, the project made a connection between the health promotion and student engagement activities in schools, which improved the management of care. More specifically, three elements of the project: collating a school profile from the students; forming adolescent teams; and having a mentor appeared to work well in combination – but not in isolation<sup>73</sup>.

Thus, according to Bond and colleagues<sup>78</sup> the policy implications of the various research studies on the Gatehouse Project indicate the need for:

- *“A broader focus on students’ connectedness and school climate may be equally if not more effective in addressing health and problem behaviours than specific, single issue focused education packages.*
- *A major limitation to the implementation of multilevel interventions is their fundamental complexity. Such interventions require long term commitment by schools and communities, and an understanding that such interventions are not short term, quick fix solutions.*
- *For schools to successfully implement environment change they require appropriate and locally relevant data, support in using these data, and continued support throughout the process of change.*
- *Implementing and assessing change in complex environments is challenging. Further work is needed to determine more fully the mechanisms of change and to explore how interactions between context and intervention affect the success of such complex interventions.”*<sup>78, p. 1002</sup>.

Moreover, as Bond and colleagues<sup>78</sup> note, central to the process of improving emotional wellbeing and improving the school climate, is the need for high quality professional learning.

### 5.1.2. K-6 Framework – New South Wales

While not specifically described as ‘pastoral care’, the syllabus documents developed by the Office of the Board of Studies has provided a strong impetus for school principals and teachers within primary schools in New South Wales to move towards more student-centred, rather than outcomes centred approaches<sup>21</sup>. The K-6 framework for kindergarten and primary school students is based on a process of curriculum integration to encourage the purposeful planning, by teachers, of strategies and learning experiences to facilitate and enhance learning across key learning areas<sup>21</sup>. Under this framework, the primary curriculum is divided into six separate key learning areas, one of which is Personal Development, Health and Physical Education (PDHPE), which is directly concerned with supporting the development of the student as a ‘whole person’<sup>21</sup>. Underlying the syllabus is the broad notion of health and pastoral care as:

*“...encompassing all aspects of an individual’s well-being, inclusive of social, mental, physical and spiritual health. It is concerned with developing in students the knowledge and understanding, skills, values and attitudes that will enable them to lead healthy and fulfilling lives.....School Personal Development, Health and Physical Education (PDHPE) programs should focus on encouraging students to make informed decisions related to health and physical activity and develop positive attitudes towards health lifestyles”<sup>21, p.5</sup>.*

From this perspective, the PDHPE syllabus has developed a series of objectives at the level of values and attitudes, skills, and knowledge (Table 3)<sup>21</sup>.

**Table 3: Personal Development, Health and Physical Education K-6 Objectives**

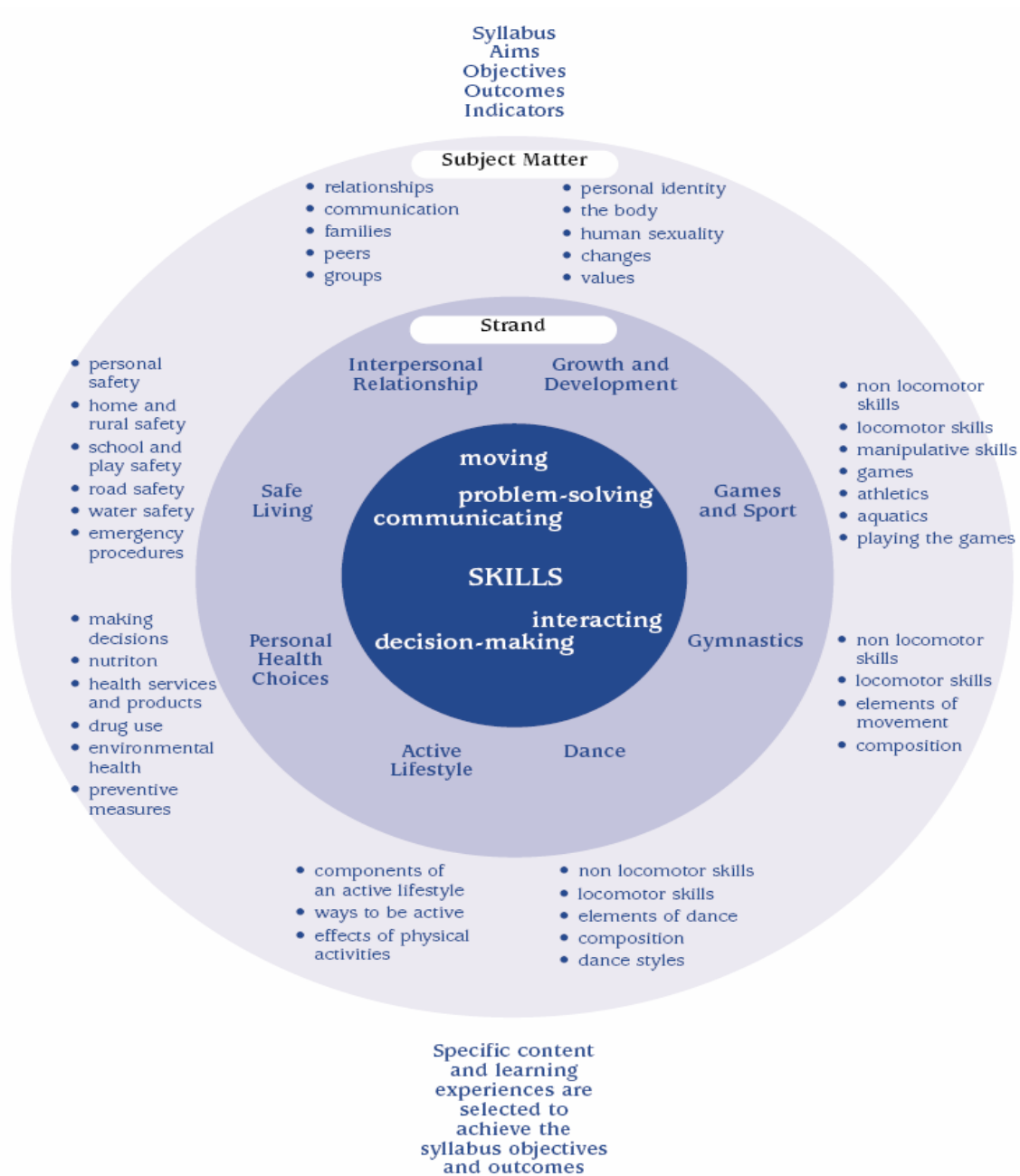
Values and Attitudes	Skills	Knowledge
To develop students’:	To develop students’ skills in:	To develop students’ knowledge and understanding about:
<ul style="list-style-type: none"> <li>Appreciation of and a commitment to healthy and socially just ways of living</li> </ul>	<ul style="list-style-type: none"> <li>Making, communicating and acting upon health decisions;</li> <li>Moving with competence and confidence; and</li> <li>Forming and maintaining positive relationships</li> </ul>	<ul style="list-style-type: none"> <li>Ways to enhance personal and community health and wellbeing, and;</li> <li>The composition, performance and appraisal of movement.</li> </ul>

To achieve these objectives, the PDHPE syllabus encourages an understanding and valuing of self and others, it helps students to make informed decisions leading to effective and responsible action, and promotes student involvement in leisure and physical activities reducing excessive stress and ensuring physical and psychological health<sup>21</sup>. To achieve this, the syllabus incorporates:

- *Physical, social and cognitive and emotional growth and development patterns* through activities that encourage self-confidence and self-acceptance;
- *The development and maintenance of positive interpersonal relations*, through improving family and peer interaction to meet the individual's need for belonging and security;
- *Reflection on factors influencing personal health choices*, so they can deal with the conflicting messages and minimise harm;
- *Living and learning in a safe environment*, by learning to recognise and assess situations where their personal safety may be at risk and what strategies to use to protect themselves; and
- *Skills that enable action for better health and movement outcomes*, as skills of effective communication, interaction, problem solving and moving with efficiency and confidence empower students to take actions leading to better health, improved performance and enhanced self-esteem<sup>21</sup>.

Figure 8, over page, presents a framework for the PDHPE syllabus for Kindergarten to Year 6.

**Figure 8: Framework for the K-6 Personal Development, Health and Physical Education Syllabus**<sup>21, p.8</sup>



The Board of Studies K-6 Framework has since served as the basis for the development of expected learning outcomes, indicators and specific learning content and experiences, and educational materials for each learning stage, all of which have been informed through a detailed process of planning, programming, assessing, reporting and evaluating<sup>128</sup>. As a result a comprehensive program has been developed, incorporating:

- A principal's package;
- The PDHPE syllabus;
- Modules;
- Training Materials, including multi-stage units with introductions to key skills, outcomes, learning sequences, activities, assessment tools, and resources;
- A PDHPE parent and community guide; and
- Support documents for students with special needs<sup>128</sup>.

While Nemeč<sup>20</sup> reports positive outcomes among this age group, it will be interesting to see if the next stage of this model for secondary school children will have equally successful outcomes.

### **5.1.3. The New Basics Project – Queensland**

Following on from the *Adelaide Declaration on National Goals for Schooling in the Twenty-First Century*, which set the scene for dialogue on the appropriateness of education, the Queensland Department of Education and the Arts embarked on a process of consultation with teachers, parents, students and school administrators culminating in a report entitled *Queensland State Education 2010*<sup>129</sup>. During this consultation, concern was raised about whether school curriculum was keeping pace with the rapidly changing world of new technologies, expanding economies and workplaces, and diverse and complex communities and cultures<sup>129</sup>. Thus underlying the *Queensland State Education 2010* report was the need for education to respond to the new globalised, post-industrialised society, through<sup>129</sup>:

- Preparing students to participate flexibly and productively in the Queensland economy; while also;
- Enhancing student's social cohesion and sense of community so they can deal effectively with rapid social and cultural change.

To this end, the New Basics Project was developed as the first educational renewal project based on “reconceptualising” the educational framework to take up the challenge of preparing students for 2010 and beyond<sup>129</sup>. In doing this, the project has comprised two parts<sup>129</sup>:

- The New Basics proper – which focuses on Years 1-9
- The supplementary Pathways Project – which focuses on Years 10-12

Instead of reconceptualising education by trying to describe everything that students need to know (as other state guidelines and outcomes-based models have done), the New Basics Project begins from three key knowledge questions<sup>19</sup>:

- What are the characteristics of students who are ideally prepared for future economies, cultures and societies?
- What are the everyday life worlds that they will have to live in, interact with and transform?
- What are the valuable practices that they will have to ‘do’ in the worlds of work, civic participation, leisure, and mass media?

With these in mind, the Project has as its underlying principles<sup>129</sup>:

- The need for ‘mindful schools’ where the constant focus is on educational relevance and engagement;
- The introduction of new categories of knowledge referred to as ‘*The New Basics*’, oriented towards enhancing students abilities to cope with the changing economic, cultural and social conditions;
- Curriculum planning and student assessment based on ‘*The Rich Tasks*’ which are relevant to the broader community and are oriented towards future needs;
- A focus on ‘*Productive Pedagogies*’ and student work as the core orientation of teachers;
- A focus on teachers’ professional judgement with regards to what are meaningful and credible educational outcomes for their students; and
- The development and implementation of an agenda of moderated teacher assessment.

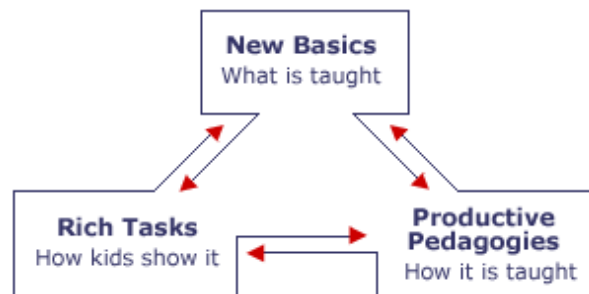
At the heart of the project’s conceptual framework are the “*New Basics*”, which are four clusters of practices<sup>129</sup>. The consultation process identified as essential for success and survival in the new and changing world in which students live. These clusters include<sup>129</sup>:

- Life Pathways and Social Futures: *who am I and where am I going?*
  - Living in and preparing for diverse family relationships
  - Collaborating with peers and others
  - Maintaining health and care of self
  - Learning about and preparing for new worlds of work
  - Developing initiative and enterprise
- Multiliteracies and Communications Media: *how do I make sense of and communicate with the world?*
- Blending traditional and new communications media

- Making creative judgements and engaging in performance
  - Communicating using languages and intercultural understandings
  - Mastering literacy and numeracy
- 
- Active Citizenship: *what are my responsibilities in communities, cultures and economies?*
  - Interacting within local and global communities
  - Operating within shifting cultural identities
  - Understanding local and global economic forces
  - Understanding the historical foundation of social movements and civic institutions
- 
- Environments and Technologies: *How do I describe, analyse and shape the world around me?*
    - Developing a scientific understanding of the world
    - Working with design and engineering technologies
    - Building and sustaining environments

Nevertheless, the New Basics are not viewed as a “package” of bodies of knowledge implemented in isolation, but rather are seen as part of a triad, being based on the adoption of a “Productive Pedagogies”<sup>129</sup>. It incorporates a significant shift in pedagogy, to drive new approaches and “Rich Tasks”<sup>129</sup> and is illustrated in Figure 9 below.

**Figure 9: The New Basics Triad**<sup>130, p.1</sup>



The 20 “Productive Pedagogies” outlined in this project, involve classroom strategies for teachers to use to strengthen their practice, which relate closely to enabling the wellbeing of students<sup>130</sup>.

The productive pedagogies are categorised into four areas including:

- Recognition of difference;
- Connectedness;
- Intellectual quality; and
- Supportive classroom environment.



The “*Rich Tasks*” refer to specific activities and practices that need to be acquired developmentally and looks at New Basics, Key Learning Areas (KLA’s) and other trans-disciplinary fields of knowledge which will have to be introduced to complete the tasks<sup>129, 130</sup>.

The implementation of the New Basics Project began with a trial of 38 schools in Queensland in 2000, with implementation starting in 2001, and the trial being completed in 2003<sup>129</sup>. The Project has been described as a journey of exploration and discovery<sup>19</sup>. This involved an initial year for teachers and schools, in conjunction with the New Basics Unit, to prepare, develop, test and refine tools and approaches, followed by three years for completing Rich Tasks. During this period of intense dialogue, teachers were supported by<sup>129</sup>:

- 1) Principal project officers or “critical friends”, who helped:
  - i) Mentor teachers on pedagogy
  - ii) Facilitate curriculum planning associated with Rich Tasks
  - iii) Liaise with district and central offices
  - iv) Assist in promoting community and stakeholder understanding of the project
  - v) Collect data for school-based research
  - vi) Assist teachers in developing local action research and case study work
  
- 2) Critical partners or professional, educational and community agencies that contributed through:
  - i) Mentoring administrators on pedagogic leadership and school reform
  - ii) Mentoring teachers on pedagogy
  - iii) Promoting networking of community members and teachers
  
- 3) Research partners, who assisted with the collection of qualitative and quantitative data on:
  - i) Student outcomes (Rich Task performance and traditional KLAs)
  - ii) Organisational capacity (changes in school climate and leadership)
  - iii) External support (level of centralised and other support provided)

Associated with the New Basics Trial was a research program to determine whether the Project resulted in desirable changes<sup>129</sup>. In addition, the research endeavoured to evaluate whether those changes were likely to be accepted, and whether the project is feasible on a larger state/national scale<sup>129</sup>. Findings of this study showed that during the last year of the trial (2003) there were some improvements in classroom practice and student outcomes, with teaching strategies improving in three of the four categories of the Productive Pedagogies<sup>129</sup>. Moreover a study of classroom practice through the eyes of students found that students in the trial schools also rated their teachers’ practice as higher than their peers in non-trial schools in three of the four categories of Productive Pedagogies<sup>129</sup>. Furthermore, while the findings indicated no real change in the intellectual quality of students at the New Basics schools, they did hold their own on conventional standardised student performance measures, while at the same time exhibiting a significantly higher incidence of

“coherence” and “connectedness”<sup>129</sup>. Most importantly, teachers had moved to new ways of planning and working together to provide students with access to the best-skilled person for the task, rather than individually delivering each session<sup>129</sup>.

These overall findings were reinforced through an independent evaluation of the data and research carried out in 2004 by the Australian Council for Educational Research (ACER)<sup>131</sup>. While the study found no significant differences in the intellectual quality of rich tasks between students in trial and non-trial schools, observations of classroom teaching and learning practices suggested there was a tendency towards higher scores on intellectual quality, supportive classroom environment and recognition of difference dimensions among trial compared to non-trial schools<sup>131</sup>. Similarly, the results demonstrated increased school satisfaction by students and openness on the part of teachers towards innovation, collective activity and supportive leadership<sup>131</sup>.

Nevertheless, the Department of Education Queensland<sup>129</sup> identified a number of weaknesses:

- *Achievement*: The New Basics Project did not claim it would impact literacy and numeracy skills but it did argue it could promote higher order thinking skills. However, the study sought to assess these higher order skills, by applying the International Schools Assessment tool, but did not show any benefit among New Basics students. Thus, one conclusion that may be drawn is that the project still needs to better articulate the components of higher order thinking, as well as the indicators for assessing them.
- *Congruence with the School System*: Perhaps one of the key issues of acceptability of the model is an understanding by all stakeholders that New Basics is not just one form of curriculum, but rather that it is a completely new way of doing business, and requires that the Queensland education system reinvent itself. In particular what the study found was that schools needed to make changes to their organisation and structure to implement New Basics, including: change to the roles of teachers, teacher release for planning, and the provision of spaces for teachers to work together, all of which requires changes to space utilisation, timetabling, subjects availability, and budgeting.
- *Differential Impact*: Key improvements and achievements seemed to be greatest during upper primary years, and although not necessarily a weakness, in the face of limited resources, governments may be inclined to constrain the project to these years, reducing its overall impact.
- *Equity*: There was no evidence from the results of a difference between achievement and socio-economic status, and in general there was no difference between Indigenous and non-Indigenous groups, highlighting the need for further research in this area.

Like the *Gatehouse Project* and the *K-6 Framework*, in Victoria and NSW respectively, the *New Basics Project* has produced important findings and highlighted the importance of a multi-dimensional approach<sup>78, 128, 131</sup>. Nevertheless, the complexity of implementing these models depends on the level of commitment on the part of government and school administrators, the quality of teacher training, the level of student, parent and community involvement, and the creation of appropriate monitoring and assessment tools<sup>78, 128, 131</sup>.

#### 5.1.4. Pastoral Care in the Catholic School Sector

Perhaps the most comprehensive policy on pastoral care in education within Australia is that of the Catholic School Sector<sup>22, 38, 119, 132-134</sup>. Dating back to 1994, the Catholic Schools Commission of Victoria developed the *Pastoral Care of Students in Catholic Schools Policy*<sup>38</sup>. This has aimed to: provide guidelines for individual Catholic schools with regards to the general pastoral care philosophy, principles, rationale, dimension and features; clarify intentions and processes for taking actions, ensuring consistency in procedures for pastoral care; reflect Commonwealth and State requirements regarding student education and welfare needs; identify requirements for students with special needs; and stimulate processes for forming, implementing and evaluating pastoral care in the school community<sup>38</sup>. In addition, it has provided guidance to independent Catholic schools on how to form, review and implement pastoral care policies<sup>38</sup>.

While acknowledging similarities with the Gatehouse Project, in its report *A Whole School Approach to Pastoral Care: 'A Road Beyond the Gatehouse' Program – Team Guidelines*, the Catholic Education Office<sup>67</sup>, emphasises the need for broader “multi-component” elements in its framework which reflect the *Model for Effective Practice in Schools* outlined in the Government Report on *Pathways to Health and Well-being in Schools*<sup>31</sup>, namely:

- *Primary prevention* - to promote health and well-being and build a sense of belonging;
- *Early Intervention* – to strengthen coping and reduce risk;
- *Intervention* – to build networks to access support and treatment; and
- *Postvention* – to restore positive relationships.

Like the Gatehouse Project, the Catholic Education Office's framework<sup>80</sup> also acknowledges the central role of security, social connectedness, positive regard and communication, however, the model goes one step further drawing attention to the importance of positive relationships at the level of:

- Peer relationships;
- Teacher student relationships;
- Relationships with schooling; and
- Spirituality.

More specifically, in meeting the multi-component elements of primary prevention, early intervention, intervention, and postvention, the framework describes the need for relational and structural/organisational dimensions, including <sup>80</sup>:

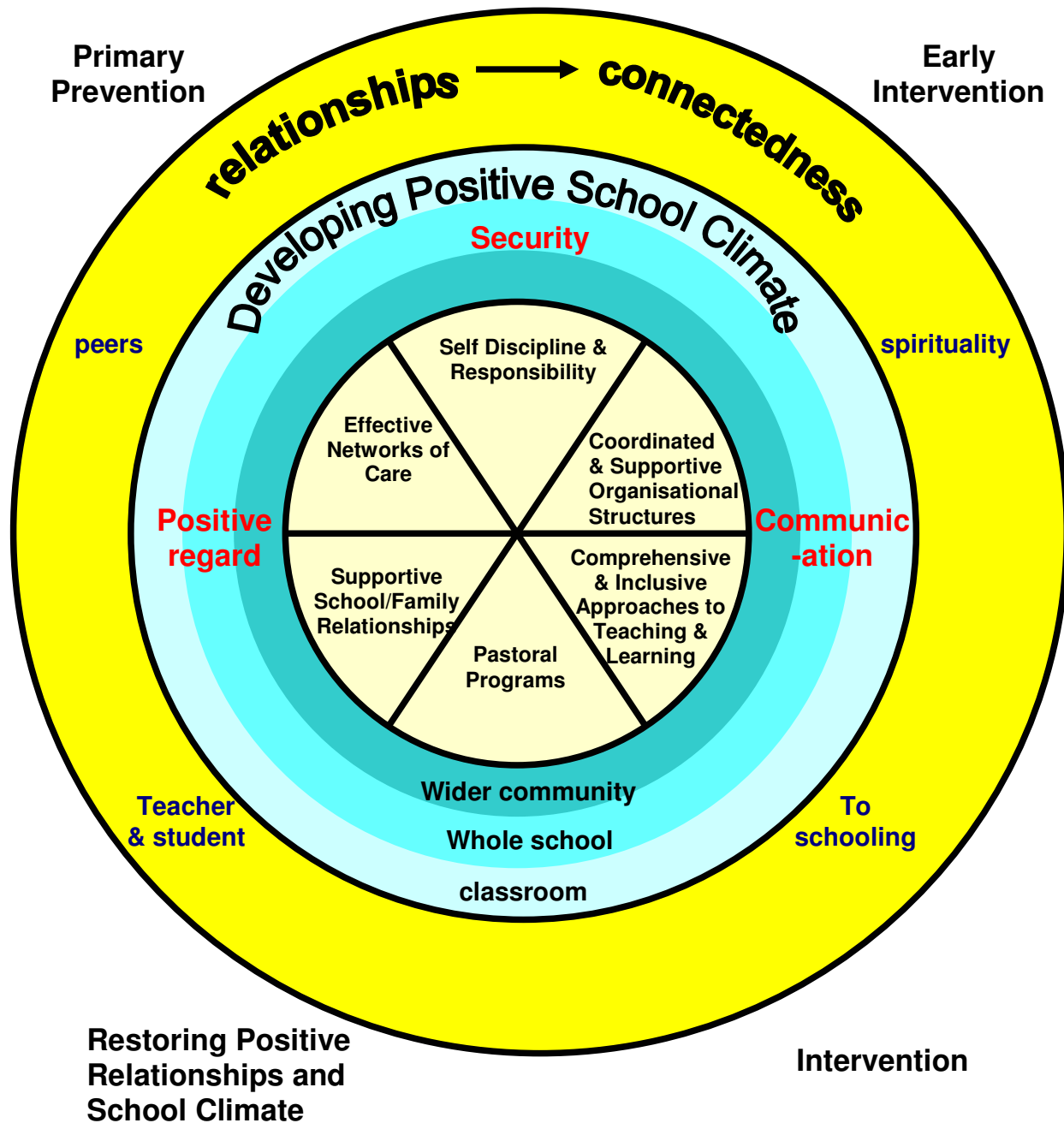
- Quality of relationships;
- Formation of self-discipline and responsibility;
- Pastoral programmes;
- Comprehensive and inclusive approaches to teaching and learning ;
- Supportive school/family relationships;
- Effective networks of care; and
- Coordinated and supportive organisational structures.

Moreover, the Catholic Schools framework acknowledges theories of resiliency<sup>9, 109</sup>, outlining both the key risk factors which the framework aims to reduce, as well as the protective factors which it aims to enhance. Table 4 comprises of the risk and protective factors identified in the studies the Catholic Schools framework has endeavoured to address<sup>9</sup>.

**Table 4: Risk and Protective Factors**<sup>9, p.354</sup>

<b>Risk Factors</b>	<b>Protective Factors</b>
– Violence	– Sense of security
– Victimization	– Opportunities and skills for communication
– Bullying	– Involvement and participation in school and community activities
– Alienation	– Involvement and participation in school decision making groups
– Isolation	– Opportunities and skills for achievement
– Disengagement	– Recognition of contribution and achievements
– Low academic achievement	– Close, confiding relationship with at least one adult
– Absenteeism	

Figure 10: The Catholic Education Office's Framework for a Whole School Approach to Pastoral Care<sup>80</sup>



To assist schools with the process of implementing the Catholic Education Office's *Pastoral Care Policy and Guidelines*<sup>67</sup>, a private counselling firm, Centacare was contracted to provide a range of services through the school, student and family program (SSFP). Collaboratively, the following tasks were undertaken<sup>67</sup>:

- Role statements were developed that identified major accountabilities;
- A Student Welfare Advisory Committee was established to make recommendations to school directors and Centacare;
- Communication structures were established to facilitate collaboration on student welfare and efficient management of resources;
- Joint professional development activities were planned as part of the collaborative approach; and
- Accountability guidelines were developed for both Centacare counsellors and staff in schools with specific pastoral care responsibilities.

In line with the *Pastoral Care Policy and Guidelines*<sup>67</sup>, Catholic schools are expected to have a Pastoral Care Plan, which identifies strategies to meet students' welfare needs. Centacare can provide support through the SSFP or their counsellors by<sup>67</sup>:

- Assisting with planning;
- Assisting with policy and procedural development;
- Facilitating appropriate professional development;
- Working with staff on either an individual or group level;
- Liaising with external agencies and supporting external agendas; and
- Assisting schools with parents' needs.

In a recently released report, commissioned by the Catholic Education Commission of Victoria, Cahill and colleagues<sup>22</sup> reviewed the nature, range and impact of welfare issues in Catholic schools and involved a state-wide school survey and a series of focus group meetings with principals. The report highlights several key problem areas which have high level impact on students, occur frequently, and are under-resourced. Moreover, it acknowledges that "even the most robust, strategic and school-wide efforts to provide for pastoral care of students are not in themselves sufficient in the face of current needs"<sup>22, p.77</sup>, and without further long-term resourcing and support, school pastoral change efforts may simply lead to teacher frustration, burnout and despair<sup>135-137</sup>. Based on the finding of this approach, the Catholic Education Commission of Australia has agreed to review its pastoral care policy and to provide increased support for the professional development of teachers in welfare studies<sup>41</sup>. To date, 700 teachers in over 300 primary and secondary Catholic schools in Victoria have undertaken the *Post Graduate Diploma in Educational Studies (Student Welfare)* at the University of Melbourne, with support from the Catholic Commission of Victoria – a factor which illustrates their commitment to pastoral care issues.

### 5.1.5. MindMatters

*MindMatters* is a mental health promotion resource for secondary schools that resulted from a national pilot program that was developed between 1997 and 1998 and involved 24 secondary schools in Government, Catholic and Independent sectors<sup>75</sup>. The intervention is still being conducted by the Australian Principals Associations Professional Development Council (APAPDC) and the Curriculum Corporation, and is funded by the Australian Department of Health and Ageing<sup>75</sup>. While its overall goal is that of promoting the mental health of students, rather than specifically 'pastoral care', *MindMatters* emphasises the use of a whole school approach to mental health promotion and suicide prevention<sup>75</sup>. Moreover, the program aims to enhance the development of school environments where young people feel safe, valued, engaged and purposeful. Social and emotional wellbeing have been linked to young people's schooling outcomes, their social development, and their capacity to contribute to the workforce and the community and to reduce the rate of youth suicide<sup>75 336</sup>.

The initial pilot phase of the program which was run in 24 schools during 1998-99 revealed the complexity of 'trailing' an education program, in that each school had its own unique background with regard to curriculum innovation, health education and especially with regard to mental health issues<sup>75</sup>. The audit which schools undertook at the outset revealed that in terms of all elements of the Health Promoting Schools model (that is Ethos, Partnerships and Curriculum) each of the 24 schools was at a different stage<sup>75</sup>. Some schools had a well articulated school policy with regard to health, and included goals which enhanced the wellbeing of students and staff at the school, while other schools had few, if any policies, yet the staff and parents had developed their own school ethos that placed a high priority on student welfare and wellbeing. In other examples, isolated spaces within the curriculum were the only areas where mental health and wellbeing were featured<sup>75</sup>.

As a result the pilot study, *MindMatters* has developed a program of free professional development workshops for secondary school teachers/principals in all states of Australia, as well as a 'materials kit' which incorporates<sup>75</sup>:

- School Matters: Mapping and Managing Mental Health in Secondary Schools
- Educating for Life: A Guide to School Based Responses to Preventing Self-Harm and Suicide
- Enhancing Resilience 1: Communication, Changes and Challenges
- Enhancing Resilience 2: Stress and Coping
- A Whole School Approach to Dealing with Bullying and Harassment
- Understanding Mental Illness
- Loss and Grief
- Community Matters: Working with Diversity and Well-Being

The programs have also developed a community kit for schools<sup>75</sup>, which incorporates an audit for staff to assess "What do our schools do now?", a survey to evaluate "What do our students think?"<sup>75</sup>. In

addition, the Hunter Institute provide a review guide of “*Who is our community?*”, a manual of “*Staff activities for professional development*”, as well as an “*Action Inventory*” to strengthen teaching and learning and build a supportive environment<sup>75</sup>.

In 2005, the Hunter Institute of Mental Health completed its *Ninth Interim Report*<sup>57</sup> outlining the finding of its evaluation of *MindMatters*. The study involved a Professional Development Questionnaire that was sent to 534 randomly selected teachers from public, private and Catholic schools in six Australian states and territories. A review of results of this questionnaire indicate that while most states did find the professional development workshops to be useful in terms of increasing understanding of mental health issues (mean=4.08, where 5=“very useful”), improving knowledge of how to implement the program (mean=3.43, where 5=“very useful”), increasing their confidence to explain *MindMatters* to the community (mean=3.59, where 5=“very useful”), and strengthening their school’s culture (mean=3.76, where 5=“very useful”), the results did vary significantly from state to state<sup>57</sup>. Notably, respondents from South Australia rated the workshops significantly higher than other states. Perhaps more significant was the fact that while 85% of respondents indicated they had reported back to schools, only 39% of respondents indicated their schools had reviewed policies as a result, although a further 41% suggested future plans to do so<sup>57</sup>. Furthermore, among those that had implemented components of *MindMatters*, the greatest proportion indicated using the booklet on “*Bullying and Harassment*” (52%), with 26% of participants reporting they used the “*Whole School Audit*”, and less than 11% reporting they used the other audit tools<sup>57</sup>.

In addition to the Personal Development Questionnaire, the evaluation of *MindMatters* involved qualitative interviews with students, staff and communities of fifteen schools<sup>57</sup>. The interviews showed that schools had introduced a diverse range of changes to schools structures and systems, policies and procedures on bullying, behavioural management, drug use, etc. as well as in terms of introducing pastoral issues into the curriculum<sup>57</sup>. While showing positive outcomes in terms of school ethos, culture and professional development and teacher commitment, the interviews did draw attention to a number of key issues, namely:

- Leadership should include participation and support from the school executive, as the less formal involvement of one teacher in the professional development is insufficient to promote the large scale structural and curriculum changes required to introduce a whole school approach, and also leaves the process vulnerable to teacher mobility and burnout;
- In schools where leadership has adopted the underlying principles of the program, there is a need for a more consultative approach to its implementation, particularly in schools with a history of constant changes; and
- Implementation is likely to be more successful in schools which are able to allocate resources for staff release, planning and consultation, and establish mechanisms for accountability. However, often schools most in need of the program, do not have access to these resources, hence the program’s overall success will be dependent on national/state commitment and support<sup>57</sup>.



### 5.1.6. The Community Change Project

In addition to the key 'pastoral care' initiatives outlined previously, a number of smaller programs have been developed across Australia by the Independent Schools' sector to promote the emotional and social health and wellbeing of students. One such program has been the Community Change Project, started in 2001 by a group of independent schools in New South Wales<sup>43</sup>. In taking up the challenge of strengthening protective processes in the academic domain, schools in the Community Change Project have placed particular emphasis on enabling teachers/principals to understand the potential contribution that teaching and learning experiences can have on developing protective factors towards resilience in children<sup>20</sup>, and hence the role and impact they can have in the classroom environment<sup>6</sup>. In particular, their initial review of existing school practice revealed in the case of most schools pastoral and academic issues are seen as separate systems with different agendas, processes and languages<sup>43</sup>. While they acknowledge that programs like the *New Basics Project*, the *K-10 Framework*, and *MindMatters* have encouraged greater complementarity between pastoral and academic curriculum<sup>20</sup>, evidence suggests, that the teaching of subjects, such as drug education through the Personal Development Health and Physical Education (PDHPE) component of the New Basics Project has been seen by many students as a "tick and flick" exercise with little relevance to, or impact on, their lives<sup>138</sup>.

Accordingly, the Community Change Project argues that only by "marrying" pastoral care and academic issues can schools play a significant role in nurturing the emotional and social wellbeing of children<sup>20</sup>. To this end the project has promoted a model based on<sup>43</sup>:

- **Unpacking teachers' own beliefs about teaching and learning, by:**
  - Encouraging staff to reflect on which learning experiences make a difference in terms of developing students' reflective intelligence;
  - Assessing to what extent these approaches are being used in the classroom;
  - Reviewing which learning experiences and aspects of the classroom are conducive to dialogue; and
  - Listening to students opinions on what encourages communication and positive learning environments.
  
- **Promoting the professional development of teachers, particularly with regards to building student connectedness and engagement to promote resilience in students, through:**
  - Protective processes;
  - Dialogue with students;
  - Shaping beliefs about learning;
  - Teaching and learning processes; and
  - Authentic assessment tools.
  
- **Developing strong school-home links where parents are seen as powerful allies and partners in the learning process**<sup>43, p.31</sup>.

As an outcome of the Community Change Project, the independent sector identified a need for Independent schools to further develop the role of the teacher in shaping skills, attitudes and work habits in ways that reflect a deep understanding of learning relationships<sup>20, 43</sup>. This resulted in the Pastoral and Academic Care Conference, held in Sydney in May 2004, that culminated in the drafting of the Academic Care Charter, promoting an understanding of pastoral care in for Independent schools in Australia<sup>43</sup>.

## 5.2. Best Practice International Models of Pastoral Care

### 5.2.1. United Kingdom

Arguably, the most extensive research into pastoral care in schools has been conducted in Britain<sup>139, 140</sup>, with the journal of *Pastoral Care in Education* publishing theoretical, empirical and professional articles on the topic for over 19 years, while other practical journals, such as the *British Journal of Guidance & Counselling*, the *British Educational Research Journal*, and *Health Education*, frequently dealing with the issue. Throughout the British literature, the concept of pastoral care has been interconnected with a series of other terms, namely personal education; guidance teaching; personal, social and health education (PSHE); and most recently, personal, social and health education and citizenship (PSHEC)<sup>37, 56, 58, 114, 140, 141</sup>.

In Britain, the importance of endorsing and providing pastoral care in a school community has been acknowledged at a National level<sup>142</sup>. The Government produced a report titled, *Excellence in Schools* in 1997, which highlighted the intention to commit to improving the health and wellbeing of people within a school environment. This was followed by two further Government documents, *Saving Lives: Our Healthier Nation* in 1999, and a report entitled, *Independent Inquiry into Inequalities in Health*, 1998, that set out a ten year plan with specific strategies to improve the health and the standards of health programmes offered in Britain<sup>143, p.3</sup>. In 1999, the local government implemented the *Local Healthy Schools Programme*, developed from the partnership with the education and health sector, to set clear standards and guidelines for all schools<sup>142</sup>. Schools that met key criteria were given recognition of their initiative and commitment to actively pursuing health, and be authorised to use the national Healthy Schools' logo. The *Local Healthy Schools Programme* advocates that an integrated whole school approach for a collective approach from the education and health sector. This approach is based on the practical experience gathered from coordinating school health programmes and from the independent evaluation of the activities by the National Healthy Schools' Regional Offices<sup>142</sup>.

The standards of practice have been developed to ensure the schools and the supplementary health and wellbeing programmes offered by external agencies maintain quality and evidence based approaches<sup>142</sup>. The *Healthy Schools Programme* also provides support to schools in relation to “guidance on leadership and management; professional development; school culture; policy; pupil, parent/carer and local community involvement; curriculum planning; teaching and learning and working with external agencies in a range of contexts such as Personal, Social and Health Education and citizenship”<sup>142, p.3</sup>. The key areas of “Personal Social Health Education (PSHE) and citizenship” also provide schools with a baseline self-assessment tool to evaluate their current practice<sup>142</sup>. In order for the school to be nationally accredited, the school is required to provide evidence at a local and school level of the methods used to set priorities, targets and highlight the successes achieved. Essentially, the accreditation process of the *Local Healthy Schools Programme* aims to ensure<sup>142, p.3</sup>:

- programmes are based in sustainable education and health partnerships;
- the participation of schools and young people;
- quality management of local healthy schools programmes;
- programmes are responsive to school and local needs, as well as national priorities; and
- evidence is gathered to demonstrate effectiveness.

The accreditation process will involve assessment at both a local and school level<sup>142</sup>. Sources of evidence can include a variety of methods; at a local level it may include the following<sup>142, p.5</sup>:

- Strategic plans such as Health Improvement Programmes;
- Education Development Plans;
- Examples of links made with other national and local priorities;
- Local health profiles and outcomes from needs assessment activities;
- Management plans, for example, targets set at local level;
- Monitoring and evaluation processes;
- Budget;
- Staff job descriptions;
- Staff training needs assessment and induction programme;
- Publicity and guidance materials;
- School recruitment and marketing strategy;
- Terms of reference/membership/minutes of relevant meetings;
- Service level agreements with schools;
- Centrally organised training and consultancy programme for schools;
- School assessment criteria;
- Methods of recognising and celebrating success; and
- Dissemination strategy.

At a school level the sources of evidence for *Local Healthy School Standards* can include the following<sup>142, p.6</sup>:

- School development/management plans;
- Prospectuses and staff and parent handbooks;
- Audit and target-setting tools;
- Baseline data such as take up of healthier food, attendance levels;
- SATs scores and GCSE passes;
- Targets and action plans;
- Self-evaluation tools;
- Examples of school-based consultancy and support;
- Examples of work with external agencies such as codes of practice;
- Outputs of work in schools such as policies, schemes of work;
- Lesson observation notes;
- Pupils' work and assessment records;
- Views of staff, governors, pupils and parents;
- School assessment criteria;
- Methods of recognising and celebrating success; and
- Dissemination strategy.

There are three sections for the national quality standards, which include partnerships; programme management; and working with schools, along with this are the related components<sup>142</sup>. The three standards are presented in the tables to follow<sup>142, p.8-11</sup>. In addition, *The National Healthy School Standards* included a supplementary section, of *Accompanying Guidance*, which provided details of the assessment pertaining to 3.4.2 and the 3.5.2 quality standards<sup>142</sup>.

**Table 5: The National Healthy School Standards. Section1: Partnerships<sup>142</sup>**

**Partnerships: Working in Partnership at a Strategic and Operational Level**

<b>STANDARDS</b>	<b>COMPONENTS</b>
<b>1.1 The local programme must be based in an established education and health partnership</b>	<ul style="list-style-type: none"> <li>a) health and local education authorities working together to develop the programme, nominate lead officers and ensure inclusion</li> <li>b) health authorities and local education authorities to jointly deliver tasks</li> <li>c) job descriptions and roles stated clearly in programmes</li> <li>d) programme must be linked to other relevant initiatives to secure additional sources of funding (eg. Children’s Services Plans, Quality Protects Action Plans, Sure Start and Drug Action Teams)</li> <li>e) work with those providing services to schools such as community health trusts (including school nursing services and mental health teams), primary care groups, police services, social services and other local authority departments including the youth service</li> </ul>
<b>1.2 The local programme must involve school staff in planning</b>	<ul style="list-style-type: none"> <li>a) cross-phase school involvement in programme planning, including representatives from special, religious and independent schools</li> <li>b) programme is responsive to school needs through consultation processes (eg. headteachers’ consultative committees and Diocesan Boards)</li> </ul>
<b>1.3 The local programme must involve young people in planning</b>	<ul style="list-style-type: none"> <li>a) clear strategy for involving young people in programme planning</li> <li>b) programme is responsive to young people’s expressed needs using consultation processes (eg. youth groups and young persons’ forums)</li> </ul>
<b>1.4 The local programme must involve statutory and non-statutory agencies and community groups in the planning, delivery and evaluation of activities</b>	<ul style="list-style-type: none"> <li>a) representatives of statutory and non-statutory agencies (such as specialist drug and sexual health services) and community groups (such as faith groups and residents associations) involved in planning, delivery and evaluation of the programme</li> </ul>

**Table 6: The National Healthy School Standards. Section 2: Management of programme<sup>142</sup>**

<b>Management of Programme: Effective Services to Schools</b>	
<b>STANDARDS</b>	<b>COMPONENTS</b>
<b>2.1 The local programme must consider equalities issues in its planning, delivery, monitoring and evaluation</b>	<ul style="list-style-type: none"> <li>a) equalities issues (such as ethnicity, gender and disadvantage) inform programme development targets</li> <li>b) process to achieve targets includes addressing equalities issues</li> <li>c) progress on equalities issues assessed through programme monitoring and evaluation</li> </ul>
<b>2.2 The local programme must recognise legal requirements, non-statutory guidance and government priorities, including examples of good practice and sources of appropriate support</b>	<ul style="list-style-type: none"> <li>a) programme plans and services to schools reflect relevant national policies and recommendations</li> <li>b) programme demonstrates the creativity and flexibility to respond to emerging policy developments</li> </ul>
<b>2.3 The local programme must have the capacity and capability to deliver agreed services to schools</b>	<ul style="list-style-type: none"> <li>a) a well resourced healthy schools team in place</li> <li>b) team members' roles clearly defined</li> <li>c) induction programme and professional development provided to the team on the basis of regular review of needs</li> <li>d) impact of training on programme success regularly evaluated</li> <li>e) service level agreements negotiated with schools</li> </ul>
<b>2.4 The local programme must have a progressive plan to involve all schools and sustain their involvement</b>	<ul style="list-style-type: none"> <li>a) strategy to recruit and retain all schools, including the independent sector</li> <li>b) strategy for obtaining resources, including joint funding</li> <li>c) clear marketing and publicity strategy involving key partners</li> <li>d) programme development links with other priorities such as literacy, numeracy and ICT</li> <li>e) benefits of school involvement in the programme are promoted</li> </ul>
<b>2.5 The local programme must identify at the outset, monitoring and evaluation processes to show effectiveness</b>	<ul style="list-style-type: none"> <li>a) agreed success criteria drawing on information, for example, from health profiles and EDPs</li> <li>b) clearly defined monitoring and evaluation process, including local and school data collection</li> <li>c) information from monitoring and evaluation informs programme development</li> <li>d) programme contributes to national evaluation programme</li> </ul>
<b>2.6 The local programme must share experiences to inform improvement and development of healthy schools' activities</b>	<ul style="list-style-type: none"> <li>a) a plan for sharing experiences with partners, other schools, local communities and the National Healthy School Standard</li> </ul>

**Table 7: The National Healthy School Standards. Section 3: working with schools<sup>142</sup>**

**The local healthy schools program must work with schools, offer challenge and support, whilst contributing to whole-school education and health improvement**

<b>STANDARDS</b>	<b>COMPONENTS</b>
<b>3.1 The local programme must support schools in considering equalities issues in planning, delivery, monitoring and evaluation</b>	<ul style="list-style-type: none"> <li>a) equalities issues (such as ethnicity, gender and disadvantage) inform healthy school targets</li> <li>b) process to achieve targets includes addressing equalities issues</li> <li>c) progress on equalities issues assessed through school monitoring and evaluation</li> </ul>
<b>3.2 The local programme must support schools to develop a task group to lead activities</b>	<ul style="list-style-type: none"> <li>a) process for identifying school co-ordinator and school task group (representative of whole school community and including local support agencies such as the school nursing and youth services)</li> <li>b) senior management, school co-ordinator and task group have clearly defined roles which include working in partnership with others</li> <li>c) regular review and provision of training and support for coordinator and task group, including use of peer mentor support from other schools</li> <li>d) evaluation of impact of training on progress towards meeting targets</li> </ul>
<b>3.3 The local programme must ensure that schools recognise legal requirements, non-statutory guidance, government priorities, including examples of good practice and sources of appropriate support</b>	<ul style="list-style-type: none"> <li>a) school plans and targets reflect relevant national policies and recommendations</li> <li>b) healthy schools activities must engage with the curriculum, other aspects of school life and reflect school priorities such as improving literacy and reducing truancy</li> </ul>
<b>3.4.1 The local programme must support a whole school approach to education and health improvement</b>	<ul style="list-style-type: none"> <li>a) leadership, management and managing change</li> <li>b) policy development</li> <li>c) curriculum planning and resourcing including working with external agencies</li> <li>d) teaching and learning</li> <li>e) school culture and environment</li> <li>f) giving pupils a voice</li> </ul>
<b>3.4.2 The local programme must have measures (based on the accompanying guidance) for assessing school achievement in relation to the criteria</b>	<ul style="list-style-type: none"> <li>g) provision of pupils' support services</li> <li>h) staff professional development needs, health and welfare</li> <li>i) partnerships with parents/carers and local communities</li> <li>j) assessing, recording and reporting pupils' achievement</li> </ul>
<b>3.5.1 The local programme must ensure that a whole school approach is used in working on the specific themes</b>	<ul style="list-style-type: none"> <li>a) local priorities</li> <li>b) school priorities</li> <li>c) PSHE</li> <li>d) citizenship</li> <li>e) drug education (including alcohol and tobacco)</li> <li>f) emotional health and well-being (including bullying)</li> </ul>
<b>3.5.2 The local programme must have measures (based on the accompanying guidance)</b>	<ul style="list-style-type: none"> <li>g) healthy eating</li> <li>h) physical activity</li> <li>i) safety</li> <li>j) sex and relationships education</li> </ul>
<b>3.6 The local programme must have a process of working with schools to agree targets, which includes addressing equalities issues</b>	<ul style="list-style-type: none"> <li>a) starting points established through use of existing baseline data and evidence of good practice</li> <li>b) audit of strengths and weaknesses to define areas for improvement</li> <li>c) education and health targets set, and action plans developed with realistic time frames</li> <li>d) targets linked with school management/development plan priorities</li> </ul>

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**Table 7 (continued)**

<b>STANDARDS</b>	<b>COMPONENTS</b>
<b>3.7 The local programme must support schools in achieving the targets set, ensuring that equalities issues are addressed throughout</b>	a) level of support available to schools must be communicated to them and a service level agreement negotiated b) service level agreements must identify a programme of training and consultancy as well as school based support tailored to need c) collaboration with external agencies to ensure support offered to schools is appropriate and effective d) facilitate networking between schools to share learning e) impact of training on achievement of targets is regularly evaluated
<b>3.8 The local programme must support schools in assessing the impact of activities</b>	a) a monitoring and evaluation process, with a particular focus on pupils' learning outcomes b) schools assisted to ensure that this learning informs future activities c) outcomes feed into local programme monitoring and evaluation
<b>3.9 The local programme must provide opportunities for schools to celebrate success, promote achievements and maintain motivation to develop further</b>	a) school achievements inform future maintenance and development targets b) process identified for celebrating and sharing these achievements within school, with other schools, local communities, local funding bodies and at regional and national levels

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Since the government's report on *National Healthy School Standards*, a number of British journals have reviewed issues in pastoral care<sup>56, 69, 139, 144-147</sup>. Howieson and Semple<sup>147</sup> supported the need for increased attention to evaluation, emphasising the need to gather information from different groups within the school community, particularly students, to obtain more reliable evidence on areas that the school should improve. It was noted that students present a very accurate depiction of the standard of pastoral care in their school<sup>147</sup>. In 2002, a comprehensive review of pastoral care was undertaken by Best<sup>37</sup> for the British Educational Research Association titled, *Pastoral Care and Personal-Social Education*. In his review, Best found there had been no research-based overviews since the survey conducted by the Her Majesty's Inspectors of Schools in 1987/88 across Britain, and the data collection method was not clearly explained, which may introduce bias in the results<sup>37</sup>.

Since then, there has been renewed concern for increased action in the pastoral care in education. In particular, Watkins<sup>55, p.3</sup> in his article on *Reclaiming Pastoral Care* highlights key issues that have been detrimental to the wellbeing of students, including: "an emphasis on pupil performance in one-off tests; learners who do not perform well in tests thinking less well of themselves; pupils from disadvantaged groups becoming more disadvantaged in tests; more teacher-centred classrooms; narrowing of the curriculum; a mechanistic view of teaching and out of school as organizations [*sic*]"<sup>55, p.3</sup>. Watkins proposes these negative trends can be overcome by focusing on developing quality relationships and by reducing the segmentation of pastoral care and curriculum; limiting the fixation on exerting discipline; increasing the provision of welfare; and reducing the workload in school administration<sup>55</sup>. Finally, Watkins<sup>55</sup> identifies the contribution pastoral care can offer, which include attending to the



students' needs, supporting school engagement, enhancing practical life skills and pastoral care complements the connected school approach.

In response to the need to promote and clarify pastoral care in schools *The Qualifications Curriculum Authority* developed and distributed the *National Curriculum in Action*, PSHE non-statutory guidelines for students up to the age of 16 in England<sup>141</sup>. The guidelines comprise a four stage framework, with the overarching aim to enable students to “develop knowledge, skills and understanding” in the following areas<sup>141</sup>:

- developing confidence and responsibility and making the most of their abilities;
- preparing to play an active role as citizens (key stages 1 and 2 only);
- developing a healthy, safer lifestyle; and
- developing good relationships and respecting the differences between people.

Each stage from 1 to 4 contains the details of the activities objectives, which are presented in the following tables<sup>141</sup>. The first stage helps students to develop self awareness and learn skills that will enable them to remain healthy and safe. From learning and reflecting about their feelings and thoughts, they should be encouraged to think about other people in society. Stage two within the curriculum is taught during adolescence when the students begin to widen their knowledge about the world and become more independent<sup>141</sup>. Stages three and four build from stages one and two where spiritual, moral reasoning, social and cultural issues are further developed upon and discussed.

**Table 8: Key Stage 1: Knowledge, Skills and Understanding<sup>141</sup>**

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**KEY STAGE 1: Knowledge, Skills and Understanding**

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**Developing confidence and responsibility and making the most of their abilities**

- 1) Pupils should be taught:
- to recognise what they like and dislike, what is fair and unfair, and what is right and wrong
  - to share their opinions on things that matter to them and explain their views
  - to recognise, name and deal with their feelings in a positive way
  - to think about themselves, learn from experiences, recognise what they are good at and how to set simple goals
- 

**Preparing to play an active role as citizens**

- 2) Pupils should be taught:
- to take part in discussions with one other person and the whole class
  - to take part in a simple debate about topical issues
  - to recognise choices they can make, and recognise the difference between right and wrong
  - to agree and follow rules for their group and classroom, and understand how rules help them
  - to realise that people and other living things have needs, and that they have responsibilities to meet them
  - that they belong to various groups and communities, such as family and school
  - what improves and harms their local, natural and built environment and about some of the ways people look after them
  - to contribute to the life of the class and school
  - to realise that money comes from different sources and can be used for different purposes.
- 

**Developing a healthy, safer lifestyle**

- 3) Pupils should be taught:
- how to make simple choices that improve their health and well-being
  - to maintain personal hygiene
  - how some diseases spread and can be controlled
  - about the process of growing from young to old and how people's needs change
  - the names of the main parts of the body
  - that all household products, including medicines, can be harmful if not used properly
  - rules for, and ways of keeping safe, including basic road safety, and about people who can help them stay safe
- 

**Developing good relationships and respecting the differences between people**

- 4) Pupils should be taught:
- to recognise how their behaviour affects other people
  - to listen to other people, and play and work cooperatively
  - to identify and respect the differences and similarities between people
  - that family and friends should care for each other
  - there are different types of teasing and bullying, that bullying is wrong, and how to get help to deal with bullying
- 

**Breadth of study**

- 5) During the key stage, pupils should be taught the knowledge, skills and understanding through opportunities to:
- take and share responsibility (eg., for their own behaviour; by helping to make classroom rules and following them; by looking after pets well)
  - feel positive about themselves (eg., by having their achievements recognised and by being given positive feedback about themselves)
  - take part in discussions (eg., talking about topics of school, local, national, international and global concern)
  - make real choices (eg., between healthy options in school meals, what to watch on TV, what games to play)
  - meet and talk with people (eg., with outside visitors such as religious leaders, police officers, school nurse)
  - develop relationships through work and play (eg., by sharing equipment with our students or friends in groups)
  - consider social and moral dilemmas in everyday life (eg., aggressive behaviour, fairness, simple political issues)
  - ask for help ( eg., from family and friends, supervisors, older students, police)
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**Table 9: Key Stage 2: Knowledge, Skills and Understanding<sup>141</sup>**

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**KEY STAGE 2: Knowledge, Skills and Understanding**

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**Developing confidence and responsibility and making the most of their abilities**

- 1) Pupils should be taught:
- to talk and write about their opinions and explain their views on issues affecting themselves and society
  - to recognise their worth as individuals by identifying positive things about themselves and their achievements, seeing their mistakes, making amends and setting personal goals
  - to face new challenges positively by collecting information, looking for help, making responsible choices and taking action
  - to recognise, as they approach puberty, how people's emotions change at that time, and how to deal with their feelings towards themselves, their family and others in a positive way
  - about the range of jobs carried out by people they know and to understand how they can develop skills to make their own contribution in the future
  - to look after their money and realise that future wants and needs may be met through saving
- 

**Preparing to play an active role as citizens**

- 2) Pupils should be taught:
- to research, discuss and debate topical issues, problems and events
  - why and how rules and laws are made and enforced, why different rules are needed in different situations and how to take part in making and changing rules
  - to realise the consequences of anti-social and aggressive behaviours, such as bullying and racism, on individuals and communities
  - there are different kinds of responsibilities, rights and duties at home, at school and in the community, and these can sometimes conflict with each other
  - to reflect on spiritual, moral, social and cultural issues using imagination to understand other peoples' experiences
  - to resolve differences by looking at alternatives, making decisions and explaining choices
  - what democracy is and about the basic institutions that support it locally and nationally
  - to recognise the role of voluntary, community and pressure groups
  - to appreciate the range of national, regional, religious and ethnic identities in the United Kingdom
  - that resources can be allocated in different ways and these economic choices affect individuals, communities and the sustainability of the environment
  - to explore how the media present information
- 

**Developing a healthy, safer lifestyle**

- 3) Pupils should be taught:
- what makes a healthy lifestyle, including the benefits of exercise and healthy eating, what affects mental health and how to make informed choices
  - that bacteria and viruses can affect health and by following simple, safe routines can reduce their spread
  - about how the body changes as they approach puberty
  - which commonly available substances and drugs are legal and illegal, their effects and risks
  - to recognise the different risks in different situations and then decide how to behave responsibly, including sensible road use, and judging what kind of physical contact is acceptable or not
  - that pressure to behave in an unacceptable or risky way can come from a variety of sources, including people they know, and how to ask for help and use basic techniques for resisting pressure to do wrong
  - school rules about safety, basic emergency aid procedures and where to get help
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**Table 9 (continued)**

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**KEY STAGE 2: Knowledge, Skills and Understanding**

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**Developing good relationships and respecting the differences between people**

- 4) Pupils should be taught:
- their actions affect themselves and others, to care about other people's feelings and to try to see things from others' points of view
  - to think about the lives of people from other places and times, and people with different values and customs
  - to be aware of different types of relationships, including marriage and those between friends and families, and to develop the skills to be effective in relationships
  - to realise the nature and consequences of racism, teasing, bullying and aggressive behaviours, and how to respond to them and ask for help
  - to recognise and challenge stereotypes
  - that differences and similarities between people arise from a number of factors, including cultural, ethnic, racial and religious diversity, gender and disability
  - where individuals, families and groups can get help and support
- 

**Breadth of study**

- 5) During the key stage, pupils should be taught the knowledge, skills and understanding through opportunities to:
- take responsibility (eg., for planning and looking after the school environment; for the needs of others, such as by acting as a peer supporter, as a befriender, or as a playground mediator for younger pupils)
  - feel positive about themselves (eg., by producing personal diaries, profiles and portfolios of achievements; by having opportunities to show what they can do and how much responsibility they can take)
  - participate (eg., in the school's decision-making process, relating it to democratic structures and processes such as councils, parliaments, government and voting)
  - make real choices and decisions (eg., about issues affecting their health and well-being such as smoking; on the use of scarce resources; how to spend money, including pocket money and contributions to charities)
  - meet and talk with people (eg., people who contribute to society through environmental pressure groups or international aid organisations; people who work in the school and the neighbourhood, such as religious leaders, community police officers)
  - develop relationships through work and play (eg., taking part in activities with groups that have particular needs, such as children with special needs and the elderly; communicating with children in other countries)
  - consider social and moral dilemmas that they come across in life (eg., encouraging respect and understanding between different races and dealing with harassment)
  - find information and advice (eg., through helplines; by understanding about welfare systems in society)
  - prepare for change (eg., transferring to secondary school)
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**Table 10: Key Stage 3: Knowledge, Skills and Understanding<sup>141</sup>**

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**KEY STAGE 3: Knowledge, Skills and Understanding**

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**Developing confidence and responsibility and making the most of their abilities**

- 1) Pupils should be taught:
- to reflect on and assess their strengths in relation to personally, work and leisure
  - to respect the differences between people as they develop their own sense of identity
  - to recognise how others see them, and be able to give and receive constructive feedback and praise
  - to recognise the stages of emotions associated with loss and change caused by death, divorce, separation and new family members, and how to deal positively with the strength of their feelings in different situations
  - to relate job opportunities to their personal qualifications and skills, and understand how the choices they will make at key stage 4 should be based not only on knowledge of their personal strengths and aptitudes, but also on the changing world of work
  - to plan realistic targets for key stage 4, seeking out information and asking for help with career plans
  - what influences how we spend or save money and how to become competent at managing personal money
- 

**Developing a healthy, safer lifestyle**

- 2) Pupils should be taught:
- to recognise the physical and emotional changes that take place at puberty and how to manage these changes in a positive way
  - how to keep healthy and what influences health, including the media
  - that good relationships and an appropriate balance between work, leisure and exercise can promote physical and mental health
  - basic facts and laws, including school rules, about alcohol and tobacco, illegal substances and the risks of misusing prescribed drugs
  - in a context of the importance of relationships, about human reproduction, contraception, sexually transmitted infections, HIV and high-risk behaviours including early sexual activity
  - to recognise and manage risk and make safer choices about healthy lifestyles, different environments and travel
  - to recognise when pressure from others threatens their personal safety and well-being, and to develop effective ways of resisting pressures, including knowing when and where to get help
  - basic emergency aid procedures and where to get help and support
- 

**Developing good relationships and respecting the differences between people**

- 3) Pupils should be taught:
- about the effects of all types of stereotyping, prejudice, bullying, racism and discrimination and how to challenge them assertively
  - how to empathise with people different from themselves
  - about the nature of friendship and how to make and keep friends
  - to recognise some of the cultural norms in society, including the range of lifestyles and relationships
  - the changing nature of, and pressure on, relationships with friends and family, and when and how to seek help
  - about the role and importance of marriage in family relationships
  - about the role and feelings of parents and carers and the value of family life
  - to recognise that goodwill is essential to positive and constructive relationships
  - to negotiate within relationships, recognising that actions have consequences, and when and how to make compromises
  - to resist pressure to do wrong, to recognise when others need help and how to support them
  - to communicate confidently with their peers and adults
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**Table 10 (continued)**

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**KEY STAGE 3: Knowledge, Skills and Understanding**

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**Breadth of study**

- 4) During the key stage, pupils should be taught the knowledge, skills and understanding through opportunities to:
- take responsibility (eg., for carrying out tasks and meeting deadlines such as taking assembly, running the school newspaper)
  - feel positive about themselves (eg., by taking part in a public performance)
  - participate (eg., in developing and putting into practice school policies about anti-bullying; in an action research project designed to reduce crime and improve personal safety in their neighbourhood)
  - make real choices and decisions (eg., about options for their future, based on their own research and career portfolios)
  - meet and work with people (eg., people who can give them reliable information about health and safety issues, such as school nurses, community drug awareness workers)
  - develop relationships (eg., by working together in a range of groups and social settings with their peers and others; by being responsible for a mini-enterprise scheme as part of a small group)
  - consider social and moral dilemmas (eg., how the choices they make as consumers affect other people's economies and environments)
  - find information and advice (eg., about the risks of early sexual activity, drug misuse, self-defence for keeping safe)
  - prepare for change (eg., by anticipating problems caused by changing family relationships and friendships, and by preparing for new styles of learning at key stage 4)
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**Table 11: Key Stage 4: Personal, Social and Health Education (PSHE)<sup>141</sup>**

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**KEY STAGE 4: Knowledge, Skills and Understanding**

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**Developing confidence and responsibility and making the most of their abilities**

- 1) Students should be taught:
- to be aware of and assess their personal qualities, skills, achievements and potential, so that they can set personal goals
  - to have a sense of their own identity and present themselves confidently in a range of situations
  - to be aware of how others see them, manage praise and criticism, and success and failure in a positive way and learn from the experience
  - to recognise influences, pressures and sources of help and respond to them appropriately
  - to use a range of financial tools and services, including budgeting and saving, in managing personal money
  - about the options open to them post-16, including employment and continuing education and training, and about their financial implications
  - to use the careers service to help them choose their next steps, negotiate and plan their post-16 choices with parents and others, develop career management skills, and prepare and put into practice personal action plans
- 

**Developing a healthy, safer lifestyle**

- 2) Students should be taught:
- to think about the alternatives and long- and short-term consequences when making decisions about personal health
  - to use assertiveness skills to resist unhelpful pressure
  - the causes, symptoms and treatments for stress and depression, and to identify strategies for prevention and management
  - about the link between eating patterns and self-image, including eating disorders
  - about the health risks of alcohol, tobacco and other drug use, early sexual activity and pregnancy, different food choices and sunbathing, and about safer choices they can make
  - in the context of the importance of relationships, how different forms of contraception work, and where to get advice, in order to inform future choices
  - to seek professional advice confidently and find information about health
  - to recognise and follow health and safety requirements and develop the skills to cope with emergency situations that require basic aid procedures, including resuscitation techniques
- 

**Developing good relationships and respecting the differences between people**

- 3) Students should be taught:
- about the diversity of different ethnic groups and the power of prejudice
  - to be aware of exploitation in relationships
  - to challenge offending behaviour, prejudice, bullying, racism and discrimination assertively and take the initiative in giving and receiving support
  - to work cooperatively with a range of people who are different from themselves
  - to be able to talk about relationships and feelings
  - to deal with changing relationships in a positive way, showing goodwill to others and using strategies to resolve disagreements peacefully
  - about the nature and importance of marriage for family life and bringing up children
  - about the role and responsibilities of a parent, and the qualities of good parenting and its value to family life
  - about the impact of separation, divorce and bereavement on families and how to adapt to changing circumstances
  - to know about the statutory and voluntary organisations that support relationships in crisis
  - to develop working relationships with a range of adults, including people they meet during work experience, personal guidance and community activities
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**Table 11 (continued)**

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**KEY STAGE 4: Knowledge, Skills and Understanding**

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**Breadth of study**

- 4) During the key stage, students should be taught the knowledge, skills and understanding through opportunities to:
- take responsibility (eg., by representing the school to visitors and at outside events)
  - feel positive about themselves (eg., by gaining recognition for the role they play in school life, such as organising activities for younger students or working in a resource centre)
  - participate (eg., in an initiative to improve their local community; in challenging activities involving physical performance, public performance or organised events outside the school)
  - make real choices and decisions (eg., about their priorities, plans and use of time; about their choices post-16, with regular review and support)
  - meet and work with people (eg., through activities such as work experience and industry days; through having an employer as a mentor)
  - develop relationships (eg., by discussing relationships in single and mixed sex groups)
  - consider social and moral dilemmas (eg., young parenthood, genetic engineering, attitudes to the law)
  - find information and provide advice (eg., by providing peer support services to other students)
  - prepare for change (eg., in relation to progression to further education and training)
-



### 5.2.2. Scotland

Within the context of Britain, public schools in Scotland have taken a leading role in the field of pastoral care, with 'guidance and pupil support' dating back to the 1950's<sup>42, 148</sup>. Guidance and pupil support in Scottish schools was first formally established in secondary school in Scotland in 1971, and this was followed by the founding of a Scottish Central Committee on Guidance in schools during 1986, that presented the report titled, *More than Feelings of Concern*<sup>42, p.ix</sup>. Traditionally, guidance and pupil support in Scotland has generally been streamlined into three main areas of curricular, vocational and personal guidance<sup>42</sup>. The report by McCrone in 2000, *A Teaching Profession for the 21<sup>st</sup> Century*<sup>42</sup>, instigated the dismissal of specialist guidance positions in schools. This was followed by a large scale study on the provision of 'guidance and pupil support' in Scottish schools, conducted in 2004 by Wilson and colleagues<sup>42</sup>. The study involved collating information from "26 local authorities, 8 case study schools (3 primary, 4 secondary and 1 special school) and two higher Education Institutions"<sup>42, p.vii</sup>. It provided an overview of the approaches and categories of pastoral care, and the issues that have prevented effective pastoral care.

Based on this study, the Scottish government has initiated a national commitment to improving the health of students through the school institutions<sup>42, 148</sup>. The aim is for all Scottish schools to be health promoting schools by 2007, with the key areas of intervention being: school ethos and environment; an inclusive curriculum; and the establishment of partnerships among the wider community<sup>149</sup>. This focus on promoting equality and social justice has been further signified by the National Review of Guidance Scottish Education report titled, *Happy, safe and achieving their potential: A standard of support for children and young people in Scotland, 2005*<sup>148</sup>. The standards have set clear expectations of what schools should provide in relation to personal support and pastoral care, at the level of primary, secondary and special schools. It is expected to be endorsed and independent approaches will be developed to achieve the *10 Standards of Personal Support* in schools to cater for the different needs and circumstances.

The standards are underpinned by the principle that 'teachers make a difference' to the development of students' "learning, personal and social development"<sup>148</sup>, and are categorised into three main sections of: learning for life (standards 1-3); review of individual progress (standards 4-6); and access to support (standards 7-10). Learning for life essentially focuses upon the requirement for supportive and quality of relationships. The review of individual progress refers to the obligation for students to be monitored closely to identify issues early and also this category refers to the need for re-evaluation of personal support. The third category of access to support relates to the essential requirement for personal support to be clearly explained and made available to students and parents. Table 12 presents the *10 Standards of Personal Support in School*<sup>148</sup>.

**Table 12: Ten Standards of Personal Support in School<sup>148</sup>**

<p><b>Learning for Life: To enhance learning for life, effective Personal Support:</b></p>	<p><b>1. Makes opportunities for developing the knowledge, skills and attitudes children need to enable them to seek information and support throughout life</b>                  High quality programmes of education for personal and social development and health education should equip children and young people to be pro-active in seeking information and help to support their life choices. Children and young people will have knowledge of local sources of information and help, in and out of school</p>	<p><b>2. Provides access to information to help children and young people make informed decisions and choices</b>                   Children and young people should make personal choices based on relevant and up to date information that communicates effectively and is appropriate to the age of the child. Schools should offer access to information in ways that allow discreet access to it</p>	<p><b>3. Makes opportunities for children's citizenship and participation, through involvement in their school community, their neighbourhoods and in democratic society</b>                   Challenging and enjoyable learning takes place through a wide range of in-school and out-of-school activities that engage children and young people in exploring individual interests and contributing to their community</p>
<p><b>Review of Individual Progress: To enable review of individual progress, effective Personal Support:</b></p>	<p><b>4. Provides regular review of progress in learning, and personal and social development</b>                   Children and young people should be involved in regularly reviewing their personal goals with a member of staff that knows the child well, and can discuss the child's or young person's progress with parents on a regular basis</p>	<p><b>5. Helps with transitions between stages in education and between different providers of education and personal development opportunities</b>                  Close liaison between schools and other service providers at transition points helps children and young people to feel personally prepared and helps children, young people and parents understand the support arrangements between providers</p>	<p><b>6. Helps to plan for the future</b>                   Young people's future beyond school education is something the school and the young person proactively consider and plan for</p>
<p><b>Access to Support: To ensure all children and young people, and their parents, feel confident that the school will support them, effective Personal Support:</b></p>	<p><b>7. Provides access to staff by children and parents who want support</b>                  Schools actively communicate to pupils and parents the role of all school staff in supporting them, and the roles of specialist staff and other agencies in providing specific support. Children, young people and parents should know who designated staff are and how to contact them</p> <p><b>8. Co-ordinates support between agencies and schools, wherever learning takes place</b>                  Schools will make clear statements of support arrangements for children and parents where other services contribute to the child's or young person's learning programme outside school</p>	<p><b>9. Respects confidentiality</b>                   School staff, children, young people and parents are clear that the majority of concerns can be discussed in confidence with any member of staff, and the school will involve children and young people in giving informed consent to share information with other services where this will help them. The school is also clear what staff will do where there are concerns about risk of harm, while communicating a commitment to support and involve the child or young person when information must be shared</p>	<p><b>10. Ensures time and space to seek help</b>                   The school involves children and young people in deciding the most appropriate opportunities and locations to access information and staff who will support them. Schools provide space in the school week to allow children and young people to build relationships with staff, reflect on their personal, social and emotional wellbeing and develop their knowledge of information and support available to them</p>

### 5.2.3. Canada

In Canada the term of “pastoral care” provision in an educational context is not widely recognised or used, yet as a nation Canada has led other countries in regards to health care provision and health promotion<sup>150</sup>, and this is reflected in their framework on *Comprehensive School Health (CHS)*, which provides guidelines for health and wellbeing of students aged seven to eighteen years<sup>150</sup>. Promoted through the Division of Childhood and Adolescence, part of the Public Health Agency of Canada, the *Comprehensive School Health* is based on the view that health and wellbeing of students is dependent on multitude of factors, from home life, the school community, economic and social conditions, and lastly, the quality of health services and health prevention undertakings<sup>150</sup>. Hence, the focus is on working towards a collaborative approach to wellbeing in a school community, which includes students, their peers, parents, teachers, health professionals and the community. The approach involves “health within and beyond the classroom, encouraging values, skills, and actions that foster the healthy development of students”<sup>150, p.1</sup>. The *Comprehensive School Health* framework consists of four main aspects: “instruction; support services; social support; and a healthy environment”<sup>150, p.1</sup>. These four fundamental aspects to framework for the provision of care for student wellbeing in schools incorporate the following elements:

#### 1. *Instruction*

Instruction refers to the means students are provided information and given the opportunity to discuss health and wellbeing, the risks to health and the related issues in this area. The CHS endorses the promotion of health and wellbeing “through comprehensive curriculum, varied materials, lifestyle-focused physical education, and varied learning strategies”<sup>150</sup>. Through positive instruction of personal and social life skills, students can develop health and wellbeing.

#### 2. *Support Services*

Ensuring that support services are accessible and available provides an opportunity for health issues to be identified earlier, thus minimising long-term problems<sup>150</sup>. The school can play an important role in the provision and referral of students’ required services.

#### 3. *Psycho-social Environment*

The psycho-social environment refers to the psychological and social support provided to students in schools<sup>150</sup>. This encompasses informal support from peers, friends and teachers, and formal support networks. The formal support includes clubs, rules, support groups, school policies, and the nature of approaches pertaining to the policies in the school. Other aspects contributing to the psycho-social environment of students, range from “positive health models, peer support, a positive school climate, family support, and appropriate public policy”<sup>150, p.2</sup>.

#### 4. *A Healthy Physical Environment*

The framework recognises the importance of preventing disease and injury by ensuring schools provide a physically clean and safe environment<sup>150</sup>.

In support of the *Comprehensive School Health* framework, and from empirical research in the area, the National Association of State Boards of Education (NASBE) formulated health policies for “states, districts, and schools” across Canada to examine, and adopt<sup>151</sup>. These address specific priority health issues, the most applicable for pastoral care being the *General School Health Policies*, which contain five criteria, including: the vision for health in schools; the coordination of school health programs; the administration and evaluation of health programs; health education; staff qualifications and professional development. An outline of these can be found below<sup>151</sup>:

**Table 13: Canadian Sample General School Health Policies<sup>151</sup>**

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## 1. A VISION FOR SCHOOL HEALTH

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INTENT. Families are the primary teachers and caregivers for their children. The present and future health, safety, and well-being of students are also the concern of state/district/school. Schools have a duty to help prevent unnecessary injury, disease, and chronic health conditions that can lead to disability or early death. For students to learn to take responsibility for their own health and to adopt health-enhancing attitudes and behaviours *[sic]*:

- every school shall be a safe and healthy place for children and employees to learn and work, with a climate that nurtures learning, achievement, and growth of character;
- all students shall be taught the essential knowledge and skills they need to become "health literate" - that is, to make health-enhancing choices and avoid behaviors that can damage their health and well-being;
- each school shall be organized to reinforce students' adoption of health-enhancing behaviors, and school staff shall be encouraged to model healthy lifestyles; and
- school leaders shall ensure that the nutrition, health services, and social services children need in order to learn are provided either at the school site or in cooperation with other community agencies.

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## 2. THE COORDINATED SCHOOL HEALTH PROGRAM

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Every school district and school shall develop, adopt, and implement a comprehensive plan for a thorough, well-coordinated school health program that shall:

- be designed in response to demonstrated needs in the community;
- be based on models that demonstrate evidence of effectiveness;
- emphasize a positive youth development approach;
- make efficient use of school and community resources; and
- respond to families' needs and preferences.

The coordinated school health program plan shall incorporate the following eight components within a single framework:

- a school environment that is safe; that is physically, socially, and psychologically healthful; and that promotes health-enhancing behaviours *[sic]*;
  - a sequential health education curriculum taught daily in every grade, pre-kindergarten through twelfth, that is designed to motivate and help students maintain and improve their health, prevent disease, and avoid health-related risk behaviors and that is taught by well-prepared and well-supported teachers;
  - a sequential physical education curriculum taught daily in every grade, pre-kindergarten through twelfth, that involves moderate to vigorous physical activity; that teaches knowledge, motor skills, and positive attitudes; that promotes activities and sports that all students enjoy and can pursue throughout their lives; that is taught by well-prepared and well-supported staff; and that is coordinated with the comprehensive school health education curriculum;
  - a nutrition services program that includes a food service program that employs well-prepared staff who efficiently serve appealing choices of nutritious foods; a sequential program of nutrition instruction that is integrated within the comprehensive school health education curriculum and coordinated with the food service program; and a school environment that encourages students to make healthy food choices;
  - a school health services program that is designed to ensure access or referral to primary health care services; foster appropriate use of health care services; prevent and control communicable disease and other health problems; provide emergency care for illness or injury; and is provided by well-qualified and well-supported health professionals;
  - a counselling, psychological, and social services program that is designed to ensure access or referral to assessments, interventions, and other services for students?
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**Table 13 (continued)**

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## **2. THE COORDINATED SCHOOL HEALTH PROGRAM (continued)**

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- integrated family and community involvement activities that are designed to engage families as active participants in their children's education; that support the ability of families to support children's school achievement; and that encourage collaboration with community resources and services to respond more effectively to the health-related needs of students; and
- a staff health promotion program that provides opportunities for school staff to improve their health status through activities such as health assessments, health education, and health-related fitness activities.

EFFECTIVE DATE. All districts/schools shall present a plan for a coordinated school health program to whom by date. The program shall be operational by date.

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## **3. ADMINISTRATION AND EVALUATION**

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The superintendent/school principal/other or his/her designee shall be responsible for:

- preparing a comprehensive plan for eight elements of a coordinated school health program, with input from students and their families;
- ensuring that the various components of the school health program are integrated within the basic operations of the district/school, are efficiently managed, reinforce one another, and present consistent messages for student learning;
- developing procedures to ensure compliance with school health policies;
- supervising implementation of school health policies and procedures;
- negotiating provisions for mutually beneficial collaborative arrangements with other agencies, organizations, and businesses in the community; and
- reporting on program implementation, results, and means for improvement to whom and how regularly.

Each school/district shall appoint a school health coordinator to assist in the implementation and coordination of school health policies and programs by:

- ensuring that the instruction and services provided through various components of the school health program are mutually reinforcing and present consistent messages;
- facilitating collaboration among school health program personnel and between them and other school staff;
- assisting the superintendent/school principal and other administrative staff with the integration, management, and supervision of the school health program;
- providing or arranging for necessary technical assistance;
- identifying necessary resources;
- facilitating collaboration between the district/school and other agencies and organizations in the community who have an interest in the health and well-being of children and their families; and
- conducting evaluation activities that assess the implementation and results of the school health program, as well as assisting with reporting evaluation results.

### **RESPONSIBILITIES OF THE SCHOOL HEALTH COUNCIL.**

A school health council shall be established that is composed of diverse members of the school community representing the eight components of the coordinated school health program, plus members of the community, family members, and students as appropriate. The council shall meet regularly to assess the progress of all aspects of the school health program and assist district/school leaders with general oversight, planning, evaluation, and periodic revisions of all aspects of the school health program.

To minimize inefficiency and duplication, the scope of duties, reporting procedures, and means of coordination shall be established in writing for this council and for all other planning committees and advisory councils.

### **RESPONSIBILITIES OF OTHER ADMINISTRATIVE STAFF.**

The food service program and its personnel shall be under the general supervision and authority of a food service director who reports to determined by district or school. State and district officials retain legal oversight responsibility to ensure compliance with state and federal laws, regulations, and guidelines.

Each middle school and high school shall appoint an athletic and/or student activities director to be primarily responsible for development, implementation, and ongoing administration of the school's intramural and interscholastic athletic programs.

The school health coordinator, food service director, athletic director, and student activities director shall be included as members of site-based management teams, district/school improvement councils, and other governance or advisory bodies as appropriate.

### **EVALUATION.**

Multiple indicators shall be used to assess the implementation and results of each component of the school health program. Health-related behaviors of students shall be anonymously surveyed every two years. The evaluation plan shall also include assessments of students' and families' satisfaction with the school health program.

### **POLICY REVIEW.**

The school board/other decision making body shall review school health policies to assess their effectiveness and make appropriate adjustments at least every three years.

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**Table 13 (continued)**

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#### **4. HEALTH EDUCATION**

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A comprehensive program of health education that is designed to promote healthful living and discourage health-risk behaviours shall be taught at every grade level, pre-kindergarten through twelfth grade. Health-literate graduates of the school system shall be able to:

- comprehend concepts related to health promotion and disease prevention;
- access valid health information and health-promoting products and services;
- practice health-enhancing behaviours and reduce health risks;
- analyze the influence of culture, media, technology, and other factors on health;
- use interpersonal communication skills to enhance health;
- use goal-setting, decision-making, and self-management skills to enhance health; and
- advocate for personal, family, and community health.

##### *INSTRUCTIONAL PROGRAM DESIGN.*

The health education program shall be an integral part of a coordinated school health program, be consistent with the state's standards/guidelines/frameworks, and be reviewed by the school health council. The health education program shall:

- utilize educational theories and methods that have credible evidence of effectiveness;
- emphasize learning and practicing the skills students need for healthful living;
- functional knowledge and skills from year to year (i.e., be sequential in design);
- include accurate and up-to-date information;
- use active, participatory instructional strategies and techniques;
- be appropriate to students' developmental levels, personal behaviours, and cultural backgrounds;
- be consistent with community standards;
- focus on the behaviours that have the greatest effect on individuals health and emphasize the short-term and long-term consequences of personal health behaviours;
- encourage students to assess their personal behaviours and habits, set goals for improvement, and resist peer and wider social pressures to make unhealthy choices;
- stress the appealing aspects of living a healthy lifestyle;
- address students' health-related concerns;
- utilize curriculum materials that are gender-neutral and non- stereotyping;
- assess students' achievement of health knowledge and skills with assessment instruments in the curriculum;
- be appropriately adapted to the special needs of students with disabling conditions, students with limited English proficiency, and students in alternative education settings;
- be taught by well-prepared instructors with adequate support;
- be allocated enough instructional time to achieve the program's goals;
- be taught in classes that are the same average size as classes in other subject areas;
- include means for program evaluation; and
- involve parents and families as active partners in their children's learning.

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#### **5. WELL PREPARED STAFF**

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##### **QUALIFICATIONS.**

All personnel involved in the school health program shall possess the necessary qualifications and training essential to their duties. Professional staff shall be currently licensed, certified, and/or recertified according the requirements established by state board or other agency for the positions in which they are employed and are expected to follow the performance and ethical standards established by their professional organizations.

Health and physical education teachers shall be required to periodically demonstrate their abilities to apply the content knowledge and instructional skills that are critical to the successful teaching of health and physical education.

**PROFESSIONAL DEVELOPMENT.** All personnel involved in the school health program shall participate in ongoing professional development activities that are directly related to their responsibilities. In particular, instructional staff who teach health topics shall satisfactorily complete professional development activities that provide basic knowledge about health and health education, including practice with teaching strategies designed to influence students' health-related behaviours and attitudes.

**Table 13 (continued)**

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**5. WELL PREPARED STAFF (continued)**

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Professional development programs shall:

- respond to the professional improvement needs of staff and schools;
  - be designed to transfer knowledge and skills based on theories and methods proven effective by published research;
  - encourage reflection and professional discourse among peers about classroom practice;
  - be made available to staff at their place of work to the greatest feasible extent;
  - involve staff unions and professional associations in planning and implementation;
  - provide necessary information about school health-related standards, and
  - guidelines, frameworks, regulations, policies, and recommendations of state/district/school and federal agencies; and provide relevant information about other disciplines to foster efficient collaboration among professionals.
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**5.2.4. United States**

In the United States the most prominent articles relating to pastoral care in schools have been those relating to resiliency emerging from *The Search Institute*<sup>104</sup>. Their research has resulted in the identification of *40 Developmental Assets* that are essentially protective factors to enable youth to develop resiliency and competency into adulthood. Research has shown the more Developmental Assets an individual experiences (which involve both internal and external factors), the more likely an individual will be able to develop and strive in their life<sup>104</sup>. Similarly, the uptake of harmful and risky behaviours (violence, unsafe sex and drug use) is also decreased when individuals experience or have these Developmental Assets. Hence, efforts have been direct towards asset building, so these protective factors are embraced and adopted by school communities throughout the United States and Canada<sup>104</sup>.

Resources, asset-building tools, publications, conferences and skilled trainers support the implementation of this movement<sup>104</sup>. Furthermore, six principles liberate the process towards action, and have resulted in further research into “positive youth development and the nature of social change” and the establishment of partnerships, networking resulting in sharing of ideas<sup>104, p.1</sup>. The principles presented in Table 14 below capture the spirit of the approach, which involves action at the multiple levels of society involving families, schools, communities, and the media<sup>104</sup>.

**Table 14: Six Search Institute Principles<sup>104</sup>**

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**SEARCH PRINCIPLES**

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1. **Everyone can build assets.** Building assets isn't just about great families or schools or neighbourhoods. It's about each person playing a role in the raising of our children.
  2. **All young people need assets.** While it is crucial to pay special attention to youth who struggle—economically, emotionally, or otherwise—nearly all young people need more assets than they have.
  3. **Relationships are key.** Strong relationships between adults and young people, young people and their peers, and teenagers and children are central to asset building.
  4. **Asset building is an ongoing process.** Building assets starts when a child is born and continues through high school and beyond.
  5. **Consistent messages are important.** It is critical for families, schools, communities, the media, and others to all give young people consistent and similar messages about what is important and what is expected of them.
  6. **Intentional redundancy is important.** Assets must be continually reinforced across the years and in all areas of a young person's life.
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Of the 40 Developmental Assets, the first 20 refer to external assets which are categorised into four main themes<sup>104</sup>, including:

- Support – Young people need to experience support, care, and love from their families, neighbours, [sic] and many others. They need organisations and institutions that provide positive, supportive environments.
- Empowerment – Young people need to be valued by their community and have opportunities to contribute to others. For this to occur, they must be safe and feel secure.
- Boundaries and expectations – Young people need to know what is expected of them and whether activities and behaviours [sic] are “in bounds” and “out of bounds.”
- Constructive use of time – Young people need constructive, enriching opportunities for growth through creative activities, youth programs

The latter 20 of the 40 Developmental Assets refer to internal assets, linked to the inner qualities or traits that young people can adopt, or learn, to foster resiliency<sup>104</sup>. Moreover, the adults in the youth's life need to nurture these qualities, to assist in the positive development of the child. These internal assets include<sup>104</sup>:

- Commitment to learning – Young people need to develop a lifelong commitment to education and learning.
- Positive values – Young people need to develop strong values that guide their choices.
- Social competencies – Young people need skills and competencies that equip them to make positive choices, to build relationships, and to succeed in life.
- Positive identity – Young people need a strong sense of their own power, purpose, worth, and promise.



In addition to the work of the Search Institute, other developments related to pastoral care in the US setting have included the development of best practice standards for school leaders with public schools sector. The Interstate School Leaders Licensure Consortium (ISLLC) standards is a set of education guidelines for school leaders to adapt, implement and/or use for state schools across America<sup>152</sup>. The development of these standards have been based on a large body of research on indicators of factor used by leaders in the promotion of effective schools<sup>153</sup>. This research also found that integration and unification of the systems within a school opposed to a disparate collection of systems provides better student outcomes<sup>153</sup>. These key indicators of effective schools support the research and evidence within Australia, which necessitate that schools embark on a collective approach with imbedded prevention strategies. Moreover, preventative strategies should involve providing a safe and organised learning environment, student-staff relationships that are based on care and support; and that through the curriculum connections are made with the students' home environment. The ISLLC *Standards for School Leaders* outline the best practice principles and standards identified that school leaders need to provide for a school environment that is conducive to health and wellbeing<sup>153</sup>. Table 15 outlines these guidelines.

**Table 15: School Leaders Guidelines for Standards<sup>153</sup>**

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## PRINCIPLES

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- Standards should reflect the centrality of student learning.
- Standards should acknowledge the changing role of the school leader.
- Standards should recognize the collaborative nature of school leadership.
- Standards should be high, upgrading the quality of the profession.
- Standards should inform performance-based systems of assessment and evaluation for school leaders.
- Standards should be integrated and coherent.
- Standards should be predicated on the concepts of access, opportunity, and empowerment for all members of the school community.

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## STANDARDS

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- A school administrator is an educational leader who promotes the success of all students by facilitating the development, articulation, implementation, and stewardship of a vision of learning that is shared and supported by the school community.
  - A school administrator is an educational leader who promotes the success of all students by advocating, nurturing, and sustaining a school culture and instructional program conducive to student learning and staff professional growth.
  - A school administrator is an educational leader who promotes the success of all students by ensuring management of the organization, operations, and resources for a safe, efficient, and effective learning environment.
  - A school administrator is an educational leader who promotes the success of all students by collaborating with families and community members, responding to diverse community interests and needs, and mobilizing community resources.
  - A school administrator is an educational leader who promotes the success of all students by acting with integrity, with fairness, and in an ethical manner.
  - A school administrator is an educational leader who promotes the success of all students by understanding, responding to, and influencing the larger political, social, economic, legal, and cultural contexts.
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## **6. FINDINGS OF AN AUDIT OF THE USE OF PASTORAL CARE POLICIES ACROSS EDUCATION SECTORS IN AUSTRALIA**

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The audit process involved contacting key personnel from all Government, Catholic, Christian, Lutheran and Independent education sectors across Australia to establish whether a pastoral care policy or standard existed in each sector and if so, to determine the perceived strengths and weaknesses.

A total of 29 sectors across Australia were identified and contacted, as shown in Table 16. As this research was commissioned by Western Australia's Department of Education, this sector was not contacted. The Northern Territory does not have a Christian Schools sector, while Lutheran Education Australia is made up of three sub-sectors across Australia: Lutheran Schools Association comprising Western Australia, South Australia and the Northern Territory; Lutheran Schools South East Region comprising Victoria, Tasmania and New South Wales; and Lutheran Education Queensland.

A Child Health Promotion Research Unit staff member conducted brief telephone interviews with key personnel education sectors nationally. A copy of the instrument used for the telephone interviews is provided in Appendix 3.

**Table 16: Results of Audit with Australian Education Sectors**

<b>Sector</b>	<b>State</b>	<b>Policy</b>	<b>Guidelines / Framework</b>
<b>Catholic</b>	ACT		
	NSW		✓
	NT		
	QLD – Brisbane		
	QLD – Rockhampton	✓	
	QLD – Townsville		✓
	QLD – Toowoomba		✓
	QLD – Cairns		
	SA		
	Vic	✓	
WA		✓	
<b>Christian</b>	ACT		
	SA		
	Tas		
	Vic		
	WA		
<b>Independent</b>	ACT		
	NSW		
	NT		
	QLD		
	SA		
	Tas		
	Vic		
	WA		✓

**Table 16 (continued)**

<b>Sector</b>	<b>State</b>	<b>Policy</b>	<b>Guidelines / Framework</b>
<b>Lutheran</b>	NSW/Tas/Vic		
	NT/SA/WA	✓	
	QLD		
<b>Government</b>	ACT		
	NSW	✓	
	SA		
	Tas		
	Vic		

Among the five Government education sectors who participated in a telephone audit interview, only one reported having a specific pastoral care policy. The remaining four sectors indicated schools within their sector develop their own pastoral care policies, while others reported some aspects of pastoral care are covered in other policies such as student management and welfare policies.

Both Independent and Christian school education sectors who participated in the audit reported having no pastoral care policies for schools. Schools within these sectors receive minimal interference from the state level and are left to develop such policies themselves, should they wish. One state's Independent Schools Association publishes a framework for developing pastoral care policies in schools.

The majority of National Catholic Education sectors who were interviewed as part of the audit process indicated having either specific pastoral care policies, or frameworks or guidelines for schools to develop their own policies. Only one of the three Lutheran Education sectors reported having a specific pastoral care policy.

Perceived strengths of pastoral care policies reported in the audit interviews include having links to classroom curriculum and strong links with parents and the wider school community. A policy that addresses the needs of students, as well as building their resilience were also considered strengths. Further, including a rationale for the pastoral care policy, outlining the values that underpin the policy and keeping the policy simple were reported as strengths.

Perceived weakness of the pastoral care policies included: the policy getting dated; emerging issues not addressed adequately in the policy; the policy not being adequately 'inclusive', that is, catering for students from specialist education settings; not having a thorough process when developing the

policy; the policy not offering enough guidance for teachers and parents; and how the policy may be operationalised by schools at the local level.

No problems were reported with the use of the policy in rural schools as the sectors who responded to this question either did not have any rural schools within their sector, or, in the case of one states' Catholic Education sector, were Diocesan sectors where all schools within their sectors were either solely urban, or solely rural.

Respondents felt their pastoral care policies should be regularly updated and kept 'in line' with other school policies, and the National Safe Schools Framework.

## 7. TOWARDS A STANDARD OF PASTORAL CARE IN EDUCATION

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Thus perhaps some of the key findings emerging from the review of best practice models<sup>17</sup>, is the need for:

- A clearly articulated and comprehensive pastoral care policy;
- A health culture that promotes student connectedness;
- A relevant, engaging and stimulating curriculum which is linked with the broader community and global context;
- An effective and productive pedagogies;
- A democratic, empowering and positive classroom management approach;
- Well establish internal and external support structures and networks; and
- An alternative flexible learning environment.

Table 17 on the following pages pulls together the key components of these various best practice models of pastoral care in education described. In particular, it attempts to clarify the different aims, expected outcomes, and indicators for the successful implementation this comprehensive model at the level of:

- The whole school: to promote universal and primary prevention;
- Targeted groups: to provide early intervention for at-risk groups, and intervention for special needs groups; and
- Individual casework: to resolve existing problems and encourage re-integration through the development of a supportive school environment.

Appendix 5 also compiles a list of self-assessment tools that may be useful in the development of a pastoral care specific self-assessment tool for schools.

**Table 17: Towards a Comprehensive Standard on Pastoral Care in Education**

KEY FOCUS	AIMS	OUTCOMES	INDICATORS
<p><b>Whole School</b></p> <p>Promotion, universal and primary prevention</p>	<ul style="list-style-type: none"> <li>▪ Promoting of a sense of belonging to the school;</li> <li>▪ Contributing to positive social behaviours and problem solving skills</li> <li>▪ Ensuring that young people a relationship with at least one competent and caring adult</li> <li>▪ Strengthening family and social relationships and reducing social and emotional stress</li> <li>▪ Fostering a sense of communal belonging and interconnectedness</li> </ul>	<ul style="list-style-type: none"> <li>▪ Development of a supportive school environment, with a clear ethos, structure and organisation to ensure the students' health and well-being;</li> <li>▪ Development of teaching and learning curriculum that supports and promotes 'academic care' through the building of protective and preventative 'resiliency' in children, enhancing positive self-efficacy, healthy risk taking and goal setting, negotiation, reflection and empowerment, so as to enable children to reach their full potential;</li> <li>▪ Development of clear guidelines on the roles, responsibilities, training requirements, and organisational, administrative and managerial procedures for the promotion of supportive partnerships and networks, with students, parents, staff, professional bodies, counselling and social services, and extra curricular activities, based on a common understanding of pastoral care.</li> </ul>	<p><i>At the School Level:</i></p> <ul style="list-style-type: none"> <li>▪ Clear policies, programs and procedures on the school ethos, culture, structures and student welfare have be developed in collaboration with staff, students and parents, and include a statement on processes for preventing and dealing with incidents such as violence, victimisation, bullying, alienation, etc.;</li> <li>▪ Leadership is committed to the shared vision on a positive and inclusive school and reinforces this regularly through democratic decision-making bodies/Boards, meetings, newsletters, school based and extra-curricular activities;</li> <li>▪ Development and implementation of appropriate pre-service and in-service teacher training/development in pastoral care and academic care to encourage the adoption of new teaching practices that promote protective factor, reduce harm, encourage dialogue, and provide; opportunities for students to reach their full potential;</li> <li>▪ Development of programs/strategies to empower students to participate in a positive school culture, eg. peer support systems, programs to encourage student participation on decision making bodies, peer mediation, and the promotion of teacher teams working with student groups;</li> <li>▪ Extension of the range of activities which receive public acknowledgement beyond the academic level;</li> <li>▪ Adoption of new school assessment and reporting policy to incorporate elements of health, well-being, connectedness, resiliency and academic care;</li> <li>▪ Restructure of school discipline policy to encourage with emphasis on harm minimisation and healthy risk taking behaviour;</li> </ul>

			<p><i>At the Teacher Level:</i></p> <ul style="list-style-type: none"> <li>▪ Attention to fostering positive interactions through: fair and equal treatment towards all individuals, discussion groups, collaborative work, speaking and listening, questioning, acknowledging different points of view, justifying positions;</li> <li>▪ Assessment and feedback on student work;</li> <li>▪ Creating opportunities for different forms of contribution and success;</li> <li>▪ Developing knowledge of decision-making processes and creating leadership opportunities;</li> <li>▪ Agreement on classroom rules for teachers and students</li> <li>▪ Adequate seating arrangements and collaborative work arrangements</li> </ul> <p><i>At student level:</i></p> <ul style="list-style-type: none"> <li>▪ Promotion of different forms of leadership opportunities for students and provision of training for leadership teams;</li> <li>▪ Increased opportunities for student recognition;</li> <li>▪ Provision of a more engaging curriculum for students;</li> <li>▪ Realistic goal setting and student reflection on learning;</li> <li>▪ Setting of high but achievable standards</li> <li>▪ Promotion of student and staff connectedness;</li> <li>▪ Encouragement of student participation in school activities, including boards and committees, for example establishing a student representative council;</li> </ul> <p><i>At the School-Community Level:</i></p> <ul style="list-style-type: none"> <li>▪ Creation of a welcoming atmosphere for parents and visitors to the school and the encouragement of their participation in school programs and activities;</li> <li>▪ Development of clear/regular communications with parents;</li> <li>▪ Support for the contribution of parents to school activities;</li> <li>▪ The strengthening of networks with social services and other resources in the wider community to provide activities to promote the overall health and well-being of the children;</li> </ul>
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**Table 17 (continued)**

KEY FOCUS	AIMS	OUTCOMES	INDICATORS
<p><b>Targeted Groups</b></p> <p>Early intervention, intervention</p>	<ul style="list-style-type: none"> <li>▪ Developing programs targeting children at risk of social, emotional and/or physical harm to reduce the intensity, severity and duration of risk behaviour;</li> <li>▪ Minimising harm by strengthening the ability of children at risk to identify, assess, and management issues;</li> <li>▪ Providing immediate support, including facilitating access to appropriate forms of care, treatment or counselling services for those students who are already in need;</li> <li>▪ Providing appropriate training and support for teachers, staff and other adults dealing with children at risk</li> </ul>	<ul style="list-style-type: none"> <li>▪ A bridging of the gaps between students and teachers perceptions, resulting in increased connectedness;</li> <li>▪ Greater cultural readiness on the part of teacher to accept the notion of caring as part of their teaching/learning domain;</li> <li>▪ Reduced conservatism about classroom teaching and language/semantic barriers;</li> <li>▪ Clearer understanding of self, improved self-esteem, and healthier risk taking on the part of students;</li> <li>▪ Incidents are managed openly and effectively, and are clearly reported in order to facilitate the evaluation process;</li> <li>▪ Appropriate in-service training is conducted with staff to develop empathetic listening and improve their understanding/knowledge of how to prevent and address key risks;</li> <li>▪ Improved communication and on-going monitoring enable early detection of problems &amp; reduce harm;</li> </ul>	<ul style="list-style-type: none"> <li>▪ Training for teachers in how to provide mentorship to students experiencing difficulties engaging in learning;</li> <li>▪ Professional development programs and induction packages for teachers focusing on working with young children at risk, and those with special needs, including referral procedures for those students experiencing difficulties;</li> <li>▪ Appropriate pre-service and in-service training for staff in: recognising, responding and reporting abuse, neglect, bullying etc; understanding what is happening in the school through the use of appropriate information gathering; knowledge and skills in positive group management;</li> <li>▪ Development of comprehensive programs for students allowing the identification and reporting of abuse, understanding power relations, developing protective strategies, and creating positive healthy relationships;</li> <li>▪ Improved Pastoral care and student support teams and processes are established;</li> <li>▪ Steps to manage incidents are clearly documented, and roles and responsibilities are well understood;</li> <li>▪ Staff actively demonstrate skills relating to dealing with children at risk and those with special needs;</li> <li>▪ Students demonstrative assertive behaviour and conflict resolution skills;</li> </ul>

**Table 17 (continued)**

KEY FOCUS	AIMS	OUTCOMES	INDICATORS
<p><b>Targeted Individuals</b> Postvention</p>	<ul style="list-style-type: none"> <li>▪ Restoring positive relationships and a whole school environment that encourages re-integration through supportive relational, organisational and structural approaches</li> </ul>	<ul style="list-style-type: none"> <li>▪ The restoration of the well-being of students who have already been affected by abuse, victimisation, etc. through the provision of access to appropriate forms of social support and counselling;</li> <li>▪ The building up of social connectedness and communication with positive peer groups, including supportive school networks and links with other community groups and facilities;</li> <li>▪ The development of individual skills and abilities to enhance protective and coping factors and reduce harmful behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Opportunities are created for students to share concerns, and students are encouraged to seek help and support others;</li> <li>▪ Case management of at risk students is implemented, both for victims and perpetrators;</li> <li>▪ Immediate and long-term links to support services are established and maintained;</li> <li>▪ Students are able to identify an individual at school they would be able to approach in case of need;</li> </ul>

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## 9. APPENDICES

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