Tips Ka Rea to grow, expand and multiply: An Operational Model for Developing Sustainable Health-Promoting Schools in Aoteaora New Zealand

Finding a way to encourage schools to become Health-Promoting Schools and empowering them to continue to develop as healthy settings for living, learning and working.

Little collaboration

In New Zealand there has been little collaboration between the health and education authorities in the development of health-promoting schools and accordingly, there is no mandatory obligation or financial incentive for schools to develop as health-promoting schools. In addition, New Zealand had a national organisation comparable to the Australian National Network to Coordinate and Develop the European Network of Health-Promoting Schools which could influence the ongoing development of health-promoting schools. As a consequence, health promoters have had to find other ways to interest schools in adopting the health-promoting school approach and to encourage their ongoing growth and development. The operational model for developing health-promoting schools described here was developed to provide a consistent approach while at the same time building a strong foundation for health-promoting schools to be sustainable.

Kidz First

The model is the initiative of Kidz First Public Health Nursing, a part of Counties Manukau District Health Board and a number of local health promoters, to work more effectively with health-promoting schools. Kidz First Health Nurses have contributed to the development of health-promoting schools in several parts of New Zealand (Grant, 2001; Manocheer, 2006). In South Africa south health nurses frequently initiate and co-ordinate the development of health-promoting schools (Swart & Reddy, 1999). However, this does not appear to be a role that is commonly adopted by nurses elsewhere. It seems that while nurses working in community settings have traditionally been called on to provide specialist education on specific health topics in schools, it has been regarded as questionable whether they have any utility in health promotion in schools (Wainwright et al., 2000). However, in Counties Manukau, Public Health Nurses have been integral to the development of health-promoting schools. Through their general work in schools addressing the personal health needs of students and their families they develop strong professional relationships with principals and other staff. Such relationships in turn enable Public Health Nurses to develop a level of credibility that has enabled them to play a key role in supporting the implementation and development of health-promoting schools.

Tipu Ka Rea

The operational model developed in Counties Manukau is called Tipu Ka Rea, a Māori phrase meaning to grow, expand and multiply. The model is based on a metaphor linking the development of a health-promoting school towards sustainability to the growth of a forest, from seedling to mature trees represented by iconic New Zealand native trees: Manuka, Kowhai and Kauri. This metaphor highlights the role that Tipu Ka Rea strikes a deeply spiritual chord in both Māori and Pakeha who identify with and value native trees, especially Manuka, Kowhai and Kauri, as part of the history and natural heritage of New Zealand.

The initial phase: germinating the idea

In the first stage of the model, the potential for the development of a health-promoting school is identified at the school level, and the school is seen as having the potential to be a health-promoting school. At this stage, school staff need to be convinced that the benefits of being a health-promoting school are worth the effort. This is done through participation in decision-making that they develop a sense of ownership, belonging and commitment (Swart & Reddy, 1998). In addition, students, in a health-promoting school, by involving pupils the role they play in school by involving themselves in school-community issues, develop skills in advocacy and achieve a sense of empowerment.

The 'Seedling' phase

Schools move to this stage when the initial information provided by the Public Health Nurse about the health-promoting schools approach stimulates interest at the school level. A meeting is arranged with the school's senior management and the facilitators for health-promoting schools to discuss the process of developing a health-promoting school. However, although it is essential to have support from key people such as principals, support from other school staff is also crucially important (Le Legue, 1998). At this phase of the development model the workshop with school staff is offered to assist them in appreciating that becoming a health-promoting school does not mean just adding another programme to add to their load, nor is it necessarily another complexity in their everyday work. The workshop is designed to support teachers which not only recognises but can strengthen and add value to what they already do as educators.

The first level of growth: Manuka Level

In the metaphor of a regenerating forest that goes beyond the initial phase, Tipu Ka Rea, the three trees that represent the ongoing development of a health-promoting school become more prominent and over time they develop a greater level of relevance. Rangimarie Basset, who provided the name, Tipu Ka Rea, recognises the celebration of indigenous flora and fauna, which captures here the essence of the Manuka Level when she describes it thus: Manuka, the carpeol/carpenter世界上最有的一个精力用于开发森林或森林的树种, for forest trees and other plants to be established. So thorough and hardy Manuka has a nurturing role to play. Likewise the Manuka level proposes the environment to support the seedling development of a Health-Promoting School.

The Manuka level is therefore the foundation stage. At this level schools decide on what health priorities they will work on by using a participatory and consultative approach in the school and its community to identify mental health issues. Student participation in the development of a health-promoting school is particularly important in determining the approach and the focus. It is also important at this stage to define what it means for their school to be a health-promoting school but they also wish to ensure that the school is a place where young people can feel safe and supported. Through participation in decision-making they develop a sense of ownership, belonging and commitment (Swart & Reddy, 1998). In addition, students, in a health-promoting school, by involving pupils the role they play in school by involving themselves in school-community issues, develop skills in advocacy and achieve a sense of empowerment.

The second level of growth: Kowhai Level

The Tipu Ka Rea model was designed so that the three levels, Manuka, Kowhai and Kauri, are developed in sequence and each level builds on the previous one. The Kowhai Level is a further development of the Manuka Level. It is based on an increasing awareness and understanding of what it means to be a health-promoting school and to strengthen that unique culture within each school and thus increase the likelihood of sustainability. However, like the trees, each level is of value in itself and has its own particular requirements of the Kowhai tree Rangimarie Basset says: ‘The yellow Kowhai blossom heralds the season of new growth and new beginnings. It is also the year of the 'sweet potato' or the sweet potatoe, after foods, such as taro, are ready for harvesting. The growth and development of such foods would be carefully nurtured until it was considered safe for many people as possible could partake of these dainties and enjoy their goodness. Hence, the Kowhai level of Tipu Ka Rea encourages the harmony and cooperation of the staff to maintain the healthy and well-being of the whole school community’.

At Kowhai level then, schools are encouraged to progress further with the development of the school community to improve health. For example, a school which decided at the Manuka level that the school community to improve health, is encouraged at the Kowhai level to systematically plan and implement changes using the whole school approach. The health-promoting schools framework is a useful planning tool to ensure that change is coordinated through the curriculum, the physical and social environments of the school, the involvement of parents and agencies, and through the development of a policy to provide procedural guidelines and incentives that will be sustained (Grant, 2004). A co-ordinated effort like this, which involves students, staff and parents in planning and implementing changes, constitutes a whole school approach. There is considerable evidence to suggest that a whole school approach is the most effective way of not only improving knowledge about a particular health problem, but also in developing more important life skills such as changing attitudes and behaviour (Slo-Chang et al., 2004; Radloff et al., 2005).

The third level of growth: Kauri Level

At this third and final level of the Tipu Ka Rea model, the health-promoting school is seen as the community of practice. Of the Kauri level, Rangimarie Basset says: ‘Kauri - Standing tall among all the others trees. The Kauri is the 'King of the Forest.' The epiphany of Kauri beauty is 'envisaged in the extensive tontokos area of the body. It is making use of the story and it is sometimes the best of the man. The soil used to be important for the Kauri, but it was taken from Kauri’.

At Kauri level the health-promoting education is developing and well understood by all who are involved. It is reported by staff, students and parents as an integral part of a school's culture rather than just an add on programme. This confidence that the school's core business of educating students operates in an environment that deliberately supports health-promoting education is a powerful tool, but it is wise to break down the difference between school and home.
outcomes for all students. At Kauri level there is an expectation that reviewing and evaluating what is happening across all components of the school will inevitably highlight areas in which improvements can be made. With regard to this there is an appreciation that involvement by as much of the school community as possible in deciding what should be changed and how this could be done, will deliver more effective and sustainable outcomes. It is also recognized that this is an exciting process of self-sustaining as a health-promoting school requires ongoing awareness and support from the within the school and its wider community. Being a health-promoting school is therefore an integral part of the school's particular culture, and strategic measures are in place to ensure that it is understood and appreciated by new members to the school community.

Processes to support the Tipu Ka Rea model
The development of simple tools and effective processes to support the Tipu Ka Rea model has been ongoing and illustrates the successful partnership that exists between the schools, their Public Health Nurses, health promotion facilitators and other agencies. With their help schools develop their own plans to further their development at each level of the Tipu Ka Rea model. Ownership of the plans for the school is fundamental as Public Health Nurses and health promotion facilitators can both encourage, advise, guide and observe the process of developing a health-promoting school is one that schools themselves must own and lead.

Accreditation as a Tipu Ka Rea Health-Promoting School
An accreditation process has been developed as part of the Tipu Ka Rea Health-Promoting School model. The purpose of the accreditation process is to provide a professional structure for the schools’ work and to enable them to apply for accreditation. This process includes the assessment of schools against a set of criteria that have been developed through consultation with schools and health professionals. The criteria include areas such as health education, health promotion, and health-related policies and practices. Schools that meet the criteria are awarded a level of accreditation and are recognized for their work in promoting health and well-being.

Conclusion
Tipu Ka Rea is an operational model for helping schools to develop as self-sustaining health-promoting schools, where the health-promoting work is developed to suit the needs and strengths of the school. The model demonstrates that schools can be very successful, and a forest of health-promoting schools is sprouting up across regions in New Zealand.

References


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Getting the evidence into practice and policy to improve young people’s health: Some barriers and facilitators
Rather than just focusing on the viewpoint of researchers, this article illustrates that there are challenges for policy-makers and practitioners too including adopting a more multi-stakeholder approach that involves recognising different interests, greater collaboration and becoming better skilled communicators.

There has been increasing awareness of the role play research in informing policy development and practice. However, January 2005 saw the first edition of the Journal of Evidence and Policy, devoted to the relationship between research and decision making. Recent years have also seen the establishment of academic units dedicated to this relationship such as the Unit for Evidence Based Practice and Policy at UCL and the Research Unit for Research Utilisation at St Andrews’ University. Similarly, at the level of decision making, an increasing requirement for accountability, performance management issues and greater scrutiny of public interventions has led to more demand for evidence to inform action.

What have been seen as a result is a number of key government documents emphasizing the contribution evidence can and should make in decision making (see for example Strategic Policy Making Team, 2000). All of this appears to be very favourable with regard to the acknowledgement of the importance of evidence. However, the way in which this actually happens is a complex and challenging process.

Some Challenges
A recent report by the Kings Fund has stressed the gap between the “hierarchy of evidence-based policy” and what actually happens in communities where policies are implemented (Coote, Allen and Woodhead, 2004). The report also asserts that practitioners working at local level often find that the formal evidence base does not address their needs and their own knowledge is not taken into account.

Time can be a challenge...
Time can be a challenge in getting the evidence into policy and practice. Gathering evidence of effectiveness can be resource intensive and time consuming and hence there can be a need to continue with a strategy or programme or roll it out even if eventual results prove disappointing.

Policy makers may also be less receptive to alternatives especially if a great deal of funding has been invested to make a particular initiative work. Policy makers can be observed to require evidence which is consistent with their current strategy or programme or roll it out even if eventual results prove disappointing.

One answer is to target a linear model of policy and research that neglects their interactivity. Evidence can be empirically elusive and difficult to pin down and/or