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# Tipu Ka Rea/to grow, expand and multiply: An Operational Model for Developing Sustainable Health-Promoting Schools in Aotearoa 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.

The health-promoting schools approach to health promotion in a school setting has been applied in many countries since it was first developed in the 1980s. The World Health Organisation defined the essential principles of a health-promoting school as: "one that is characterised by constantly strengthening its capacity as a healthy setting for living, learning and working" (World Health Organisation, 1996). In New Zealand the health-promoting schools movement was initiated by the Ministry of Health in 1997 in the Auckland and Northland regions and by 2000 there were health-promoting schools throughout the country.

### Different approaches

A range of different approaches and philosophies has been adopted in health-promoting schools movements in different countries. In New Zealand the health-promoting schools approach has followed a philosophy rather like that in Queensland, where schools are empowered to decide their own health priorities, rather than using the approach as a way to launch particular programmes or advance particular health priorities as in South Africa (Swart & Reddy, 1999) Nova Scotia (Veugelers & Fitzgerald, 2005) and Brazil (Moyses et al., 2003).

Within these general philosophies there are many variations in the way in which the health-promoting schools approach has been interpreted. But whatever approach or philosophy is followed, developing health-promoting schools as an ongoing, sustainable way of working in schools has been problematic.

### 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. Neither has New Zealand had a national organisation comparable to the Australian National Health-Promoting Schools Framework or 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 schools approach and to encourage their ongoing growth and development. The operational model for developing health-promoting schools described here was developed to provide a consistency of 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 branch of the community health service provided by the Counties Manukau District Health Board to the people of Counties Manukau - a district to the south of Auckland city. The area has 130 primary and intermediate schools, both urban and rural, with ethnically diverse populations, many from lower socioeconomic backgrounds. The need for a new operational model became apparent as a number of the schools, that had previously begun developing as health-promoting schools,

'lost their way' and stalled. A variety of reasons for this were apparent, for example, a reduced commitment when staff, who had been pivotal advocates for the health-promoting schools approach, moved on. Circumstances like this often reflect deeper issues within the school relating to a lack of understanding of the health-promoting schools approach (Deschesnes et al., 2003; Mitchell et al., 2000). In addition, with no national structure in New Zealand to clearly define what constitutes a health-promoting school, it was necessary to develop a model in which the expectations for sustainable development were clearly set out.

### The role of Public Health Nurses

Another reason for the development of the operational model was to enable Public Health Nurses to work more effectively with health-promoting schools. Public Health Nurses have contributed to the development of health-promoting schools in several parts of New Zealand (Grant, 2001; Manchester, 2004). In South Africa school 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 whilst 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 key school staff. These relationships accord Public Health Nurses a level of credibility that has enabled them to play a key role as health promoters and in the development of health-promoting schools.

### Tipu Ka Rea

The operational model developed in Counties Manukau is titled Tipu Ka Rea, a Maori phrase meaning to grow, expand and multiply. The model is based on a metaphor likening the development of a health-promoting school towards sustainability to the growth of a forest, from seedling through three further levels represented by iconic New Zealand native trees: Manuka, Kowhai and Kauri. This metaphor has wide appeal in New Zealand; Tipu Ka Rea strikes a deeply spiritual chord in both Maori and Pakeha<sup>1</sup> 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

Public Health Nurses, with their intimate knowledge of individual schools, are in an ideal position to 'sow the seeds' or in other words, to initiate interest and provide information about health-promoting schools. As all schools are visited regularly by a Public Health Nurse they play a crucial role in germinating curiosity so that schools that show any interest in the possibility of developing as health-promoting schools, are encouraged to progress to the initial 'Seedling' phase of the Tipu Ka Rea model.

### The 'Seedling' phase

Schools progress to this phase if the initial information provided by the Public Health Nurse about the health-promoting schools approach stimulates further interest. A meeting is arranged with the school's senior management and the facilitators for health-promoting schools to discuss the process of developing as 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 (St Leger, 1998). At this phase of the Tipu Ka Rea model a short workshop with school staff is offered to assist them in appreciating that becoming a health-promoting school is not yet another programme to add to their load, nor is it necessarily another complexity in their professional lives, but is in fact a process 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 gives such appeal to Tipu Ka Rea, the three trees that represent the ongoing development of a health-promoting school have particular significance and relevance. Rangimarie Bassett<sup>2</sup>, who provided the name, Tipu Ka Rea, recognises the 'Whakapapa'<sup>3</sup> of each of the three trees. She captures here the essence of the Manuka Level when she describes it thus:

"Manuka carpets open country providing cover for forest trees and other small plants to become established. So though tough and hardy Manuka has a nurturing role to play. Likewise the Manuka level prepares the environment to support the ongoing 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 potential health issues. Student participation in the development of a health-promoting school is particularly important. Not only do students help to define what it means for their school to be a health-promoting school but they also initiate and support healthy changes, and through participation in decision-making they develop a sense of ownership, belonging and commitment to the school (Thomas & Hehir, 1998). In addition, students in a health-promoting school, by influencing policy and practices through their involvement in school-community issues, develop skills in advocacy and achieve a sense of empowerment (St Leger, 2001).

### The second level of growth: Kowhai Level

The Tipu Ka Rea model was designed so that the three levels, through Manuka, Kowhai and Kauri, build on each other to develop 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 Bassett says:

"The yellow Kowhai blossom heralds the season of Spring and is also the sign that much sought after foods, such as kina<sup>4</sup>, are ready for harvesting. The growth and development of such foods would have been carefully nurtured so that as many people as possible could partake of these

delicacies and enjoy their goodness. Hence, the Kowhai level of Tipu Ka Rea encourages the harvesting or gathering of ideas to improve and maintain the hauora/health and well-being of the whole school community".

At Kowhai level then, schools are encouraged to progress further with the health-promoting schools approach to make changes to improve health. For example, a school which decided at the Manuka level that it had sufficient support from within the school community to improve nutrition, is encouraged at the Kowhai level to systematically plan and implement changes by using a 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 increase the likelihood that changes 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 now to demonstrate that a whole school approach is the most effective way of not only improving knowledge about a particular health issue, but more importantly changing attitudes and behaviour (Shi-Chang et al., 2004; Radcliffe 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 essentially self-sustaining. Of the Kauri level, Rangimarie Bassett says:

"Kauri - Standing tall among the other trees the Kauri is the 'King of the Forest.' The epitome of Maori beauty is envisioned in the extensive tattooing or ta moko of a male's face and body. Ta moko usually recorded the history and stories of whanu/family, hapu/sub-tribe and iwi/tribe and was one way of ensuring the ongoing security of precious information. The higher the position of the male in society the more and better tattooed the man. The soot used to embellish tattoo or ta moko, was obtained from burnt Kauri".

At Kauri level the health-promoting schools approach is understood and supported by staff, students and parents as an integral part of a school's culture rather than a short-term initiative or project. There is a confidence that the school's core business of educating students operates in an environment that deliberately supports healthy processes, policies and programmes that together contribute to positive educational

<sup>1</sup> Pakeha is a term used to describe people living in New Zealand who are non-Maori.

<sup>2</sup> Rangimarie Bassett is currently the Regional Co-ordinator for Health-Promoting Schools in Auckland.

<sup>3</sup> Whakapapa is a Maori term used to describe lineage or ancestry.

<sup>4</sup> A type of shellfish regarded by Maori as a delicacy.

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 recognised that to be self-sustaining as a health-promoting school requires ongoing awareness and support from those 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 by the school is fundamental as Public Health Nurses and health promotion facilitators can but encourage, cajole, guide and advise because the process of developing as 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 model. From the schools' perspective it provides them with the opportunity to be recognised publicly as health-promoting schools. For health promoters it makes it possible to categorise schools according to their level of development, which is useful when planning resources to support schools. At each level an accreditation interview is initiated by the school and is based on their plan. It thus provides opportunities for evaluation and reflection on what has been achieved and what might be considered at the next level.

Tangible symbols of success are awarded, such as the appropriate native tree for planting at the school and a framed certificate. These (especially the tree) are valued by schools as milestones along their journey of development as health-promoting schools.

### Development

Developing a health-promoting school takes time because making the structural changes required at a management level is generally a slow process (Cameron and McBride, 1995). The Tipu Ka Rea model enables schools to work through the health-promoting schools approach at their own pace - communicating with representative groups, deciding on priorities through consultation then planning and making changes across all components of the school to support and improve health, and always seeking ways to define for their school and community what it means for them to be a health-promoting school.

### Conclusion

Tipu Ka Rea is an operational model for helping schools to develop as self-sustaining health-promoting schools, where the school becomes, in the words of St Leger (2004) "...an ongoing setting where health is created, supportive environments are built, partnerships made and many skills are learned". At the moment Tipu Ka Rea is at a relatively early stage of implementation and the health promotion facilitators, Public Health Nurses and schools are still reviewing and refining the practices and resources that support it, but the outcomes so far are very promising - and a forest of health-promoting schools is springing up across Counties Manukau, New Zealand.

### References

- Cameron, I., & McBride, N. (1995). Creating Health-Promoting Schools: Lessons from the Western Australian School Health Project. *Health Promotion Journal of Australia*, 5, (1), 3-10.
- Deschesnes, M., Martin, C. & Hill, A.J. (2003). Comprehensive approaches to health promotion: how to achieve broader implementation? *Health Promotion International*, 18, (4), 387-396.
- Grant, S. (2001). Sowing the Seed: The development of a role for Kidz First Public Health Nurses in health-promoting schools. In: *The puzzle, the seed, the voyage and the guardian: Reflections of the development of health promoting schools in Aotearoa/New Zealand*. Auckland: Enigma Publishing.

Grant, S. (2004). The language of health-promoting schools in Aotearoa New Zealand. *Education and Health*, 22, (4), 56-57.

Manchester, A. (2004). Creating Healthy Schools. *Kaitiaki Nursing New Zealand*, April, 2004, 24-25.

Mitchell, J., Palmer, S., Booth, M. & Davies, G.P. (2000). A randomised trial of an intervention of developing health promoting schools in Australia: the south western Sydney study. *Australian and New Zealand Journal of Public Health*, 24, (3), 242-246.

Moyses, S.T., Moyses S.J., Watt, R.G. & Sheiham, A. (2003). Association between health-promoting schools' policies and indicators of oral health in Brazil. *Health Promotion International*, 18, (3), 209-218.

Radcliffe, B., Ogden, C., Welsh, J., Carroll, S., Coyne, T. & Craig, P. (2005). The Queensland school breakfast project: a health promoting schools approach. *Nutrition & Dietetics: The Journal of the Dieticians Association of Australia*, 62, (1), 33-40.

St Leger, L.H. (1998). Australian teachers' understandings of the health promoting school concept and the implications for school health. *Health Promotion International*, 13,(3), 223-235.

St Leger, L.H. (1999). The opportunities and effectiveness of the health promoting primary school in improving child health - a review of the claims and evidence. *Health Education Research*, 14, (1), 51-69.

St Leger, L.H. (2001). Schools, health literacy and public health: possibilities and challenges. *Health Promotion International*, 16, (2), 197-205.

St Leger, L.H. (2004). What's the place of schools in promoting health? Are we too optimistic? *Health Promotion International*, 19, (4), 405-408.

Swart, R. & Reddy, P. (1999). Establishing networks for health promoting schools in South Africa. *Journal of School Health*, 69, (2), 47-50.

Thomas, A. & Hehir, A. (1998) Health promoting schools in Western Sydney: Students examine health. *Health Promotion Journal of Australia*, 8, (2), 130-135.

Veugelaers, P.J. & Fitzgerald, A.L. (2005). Effectiveness of school programs in preventing childhood obesity: A multilevel comparison. *American Journal of Public Health*, 95, (3), 432-435.

Wainwright, P., Thomas, J. & Jones, M. (2000). Health promotion and the role of the school nurse: a systematic review. *Journal of Advanced Nursing*, 32, (5), 1083-1091.

World Health Organisation. (1996). *Regional guidelines development of health-promoting schools - A framework for action*. Manila: World Health Organisation, Regional Office for the Western Pacific.

Xia, S.C., Zhang, X.W., Xu, S.Y., Tang, S.M., Yu, S.H., Aldinger, C. & Glasauer, P. (2004). Creating health-promoting schools in China with a focus on nutrition. *Health Promotion International*, 19, (4), 409-418.