Association *of* Heads of Independent Schools of Australia

22 January 2020

Professor Stephen King
Mental Health Inquiry
Productivity Commission
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Melbourne VIC 8003

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Dear Professor King,

Inquiry into Mental Health – Response to draft report

The Association of Heads of Independent Schools of Australia (AHISA) values the opportunity to comment on the Productivity Commission's draft report arising from its Inquiry into Mental Health.

Student health and wellbeing is of deep interest and concern to Heads of independent schools. As identified by the Australian Principal Occupational Health, Safety and Wellbeing Survey[1], mental health issues of students have been an increasing source of stress to principals since the Survey was first conducted in 2011. Since 2015, mental health issues of students have been reported as a major source of stress by Heads of secondary independent schools.

As discussed in a teleconference with Miriam Veisman in December 2019, AHISA invited its members to respond to a short survey to inform our submission. In particular, we aimed to investigate current practice in AHISA members' schools in light of draft recommendation 17.5 of the draft report, that 'All schools should employ a dedicated school wellbeing leader'.

In this submission we present an analysis of AHISA's survey results, including an examination of aspects of schools' staffing commitments to student health and wellbeing through non-academic positions. We also comment on approaches to policy development for schools in relation to student health and wellbeing.

We welcome further inquiry from the Productivity Commission on AHISA's survey results and on our recommendation for further examination of elements of successful provision for student health and wellbeing in Australian schools.

Yours faithfully,

(Ms) **Beth Blackwood**

AHISA Chief Executive Officer

ABOUT AHISA

AHISA Ltd is a professional association for Heads of independent schools.

The primary object of AHISA is to optimise the opportunity for the education and welfare of Australia's young people through the maintenance of collegiality and high standards of professional practice and conduct amongst its members.

AHISA's 440 members lead schools that collectively account for over 443,000 students, representing 11.5 per cent of total Australian school enrolments and 20 per cent of Australia's total Year 12 enrolments. One in every five Australian Year 12 students gains part of their education at an AHISA member's school.

AHISA's members lead a collective workforce of over 40,000 teaching staff and some 27,000 support staff.

The socio-economic profile of AHISA members' schools is diverse. Over 20 per cent of members lead schools serving low- to very low-SES communities. The geographic spread of members' schools is also diverse, with schools located in major city, inner regional, outer regional, remote and very remote areas. School size varies from less than 200 students to over 3,000 students, with the majority of members' schools falling within the range 600 to 1400 students.

AHISA believes that a high quality schooling system in Australia depends on:

- Parents having the freedom to exercise their rights and responsibilities in regard to the education of their children
- Students and their families having the freedom to choose among diverse schooling options
- Schools having the autonomy to exercise educational leadership as they respond to the emerging needs of their communities in a rapidly changing society.

SUMMARY OF RECOMMENDATIONS

The role of Director of Wellbeing

The importance of school autonomy

AHISA is concerned that the Productivity Commission not only recommends mandating the appointment of a Director of Wellbeing role in schools, but appears also to be mandating the functions of the role.

AHISA's survey shows that the way independent schools choose to make their financial commitment to student health and wellbeing depends on a range of factors, including school size and location and the unique needs of their school communities. The autonomy of schools to decide how they are to use available resources – including financial and human resources – to benefit their communities is crucial if schools are to achieve the best outcomes for those communities.

In determining recommendations for actions to improve health and wellbeing outcomes for school students, especially when recommended policies entail regulatory interventions, AHISA suggests that the Productivity Commission adopt a strengths-based approach to policy development for schools which recognises the role of school autonomy in providing relevant health and wellbeing education and support for students.

Approaches to policy development are discussed in Section 6 of this submission (page 19).

Further investigation

AHISA recommends that, before firming its draft recommendation regarding the appointment of a Director of Wellbeing role in schools, the Productivity Commission seeks accurate information on staffing loads of a range of health and wellbeing roles in schools across all sectors.

AHISA also suggests that the Productivity Commission undertake further investigation into the various functions of current school leadership appointments relating to student health and wellbeing across all school sectors.

These suggestions appear in Section 4a (page 13) of this submission.

1. INTRODUCTION

All Australian schools are engaged in promoting the health and wellbeing of their students, not least because delivery of the Australian Curriculum: Health and Physical Education is a regulation of schooling provision. As results of AHISA's member survey indicate, however, schools' interest in and provision of support for their students' health and wellbeing goes well beyond government mandate.

In independent schools, this support has historically been termed 'pastoral care', and the sector has been active in adapting and improving approaches to pastoral care in response to both social and technological change and research in neuroscience and the behavioural sciences.

As reported in AHISA's 25 year history[2], Australian independent schools became more purposeful in their approach to and development of pastoral care in the 1980s. For example, the roles of House Master or Year Coordinator were typically expanded at that time to accommodate a deeper pastoral care commitment. Also at this time, independent schools were among the first to appoint school-based psychologists and counsellors.

Growth of schools' interest in and commitment to pastoral care was so strong that by the mid-1990s AHISA was able to establish and sustain a biennial program of pastoral care conferences. For many years this was the only conference in Australia fully dedicated to pastoral care in schools and, to promote and support wider interest in student wellbeing, attendance was opened to staff from non-members' schools in all sectors.

In the first decade of this century, an interest in research-based whole-of-school approaches to pastoral care and student wellbeing began to emerge among AHISA members' schools, such as Yale University's RULER program[3], the Emotional Intelligence (EI) program supported by Swinburne University of Technology in Victoria[4], and positive education programs as developed in conjunction with Professor Martin Seligman at Pennsylvania University and now supported by the University of Melbourne's Graduate School of Education.[5] Such programs have now been in place for some years, with research evidence confirming a positive correlation between their application and student academic achievement.[6]

In terms of promotion and amplification of practice, in the early days of these programs being established schools would typically host visits by staff from other schools, with more formal arrangements made as interest grew. For example, Geelong Grammar School, which instituted its positive education program in 2008, offered workshops to educate staff from other schools (including government schools) in the program. Now, national professional learning groups or associations have formed around positive education for the sharing of research and practice through journals, seminars and conferences.

This brief historical background demonstrates that schools have not been passive in either perceiving or developing responses to the health and wellbeing needs of students. Nor, as suggested by a witness at one of the Productivity Commission's hearings held in November 2019, do schools 'grab the latest shiny ball' in developing their approaches to student health and wellbeing. On the contrary, the evidence of past and current practice – as revealed in the results of our 2019 member survey – points to schools as innovators and leaders in student health and wellbeing, adopting or drawing on research-based programs and committed to ongoing evaluation and adaptation of their programs to ensure the needs of their students and school communities are met.

The history of pastoral care in independent schools also shows that schools' interest in student wellbeing has for some time been multi-dimensional:

- To identify and respond to instances of student ill-health and to identify and respond to students at risk of ill-health
- To educate students on health and wellbeing, including the risks to their wellbeing and responses to those risks (that is, to help students acquire general knowledge on human health and wellbeing and knowledge to support their self care)
- To help develop in students those skills, attributes and capacities that contribute to health and wellbeing.

All of these aspects of student health and wellbeing can be inferred from the broad term 'pastoral care'.

2. AHISA MEMBER SURVEY: Programs & their evaluation

In December 2019, AHISA members were invited to respond to a short survey on approaches to student health and wellbeing in their schools.

Due to the lack of a shared language to describe what may variously be termed student welfare, student health and wellbeing or pastoral care in schools, and the lack of definition of the terms 'mental health' and 'wellbeing' in the Productivity Commission's draft report, AHISA's survey was designed to collect information on broader trends, with a major focus on staffing commitments to health and wellbeing provision for students.

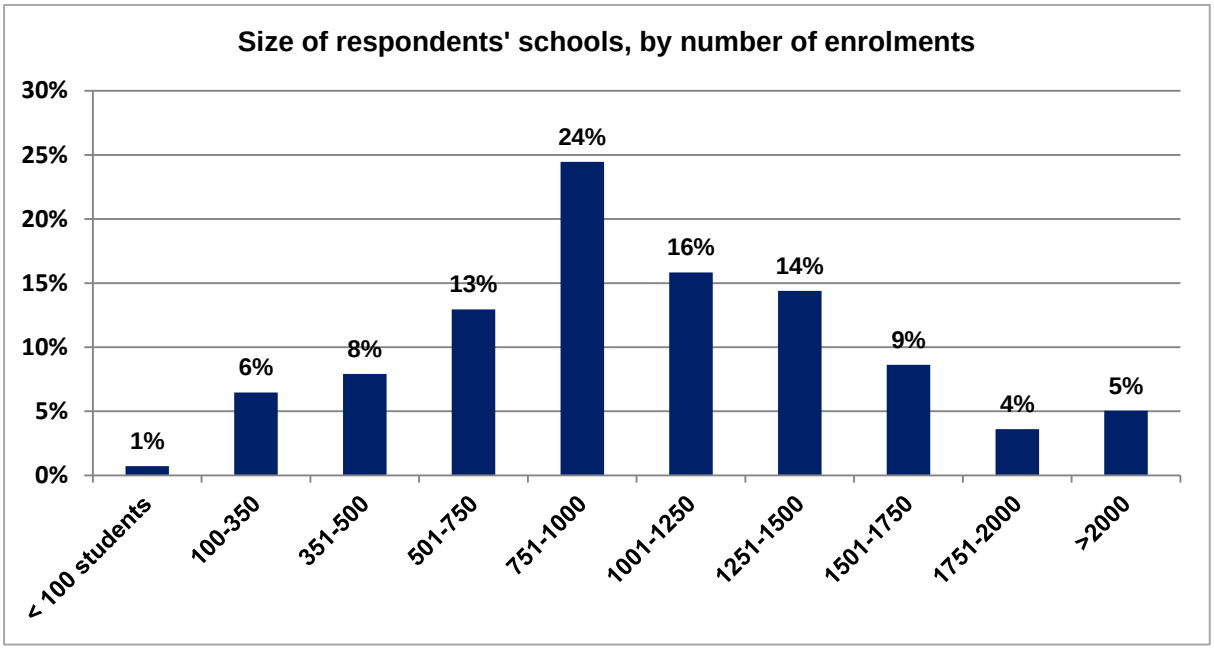
The survey results demonstrate that schools take diverse approaches to staffing arrangements to meet the needs of their school communities. These approaches can reflect differences in student and community profiles, school location and availability of resources.

The results also demonstrate the deep commitment of members' schools to the wellbeing of students.

Profile of respondents' schools

One hundred and forty-three or nearly a third of members responded to AHISA's survey. (Data from three international members has been excluded from analysis of results for this submission.)

- Members in all states and territories other than the ACT responded to the survey, with the majority of responses coming from members in NSW and Queensland.
- Two thirds of responding members' schools are located in major cities, although responses came from Heads of schools in all other Australian Standard Geographic Classification (ASGC) locations – inner regional, outer regional, remote and very remote.
- Schools range in size from less than 100 student to over 2000 students, with half of respondents' schools (53%) having between 750 and 1250 enrolments.



- 3% of schools have an ICSEA score of less than 600; cumulatively, 12% have an ICSEA score of less than 1000.
- 39% of schools have an ICSEA score of between 1000 and 1099; 41% have an ICSEA score of between 1100 and 1199; 7% of schools have an ICSEA score of 1200 or over.
- 96% of schools offer full secondary provision; 33% have boarding provision; and 41% of schools have an Early Learning Centre.

2a Curriculum

Respondents were asked to indicate agreement to a list of statements:

	% agreed
Our school's curriculum offerings on student health and wellbeing are limited to the requirements of the Australian Curriculum: Health and Physical Education for Years 1-10 and any state/territory curriculum mandates.	10%
Our school has developed its own curriculum relating to student health and wellbeing and physical education, which embraces federal/state/territory mandates but goes significantly beyond them.	78%
We have specific health and wellbeing programs for Years 11 and 12.	59%
We monitor the participation of Year 11 and 12 students in curriculum and co-curricular programs to ensure students are engaged in activities that support their continued social/emotional/physical development and wellbeing.	71%
We make available/recommend for loading one or more wellbeing apps (eg general wellbeing, stress relief, cyber safety) on student tablets, laptops or personal mobile devices.	36%
We offer outdoor education programs as part of our approach to physical/social/emotional education.	87%
Our school's approach to student health and wellbeing is based on or incorporates a specific philosophy or research base.	78%

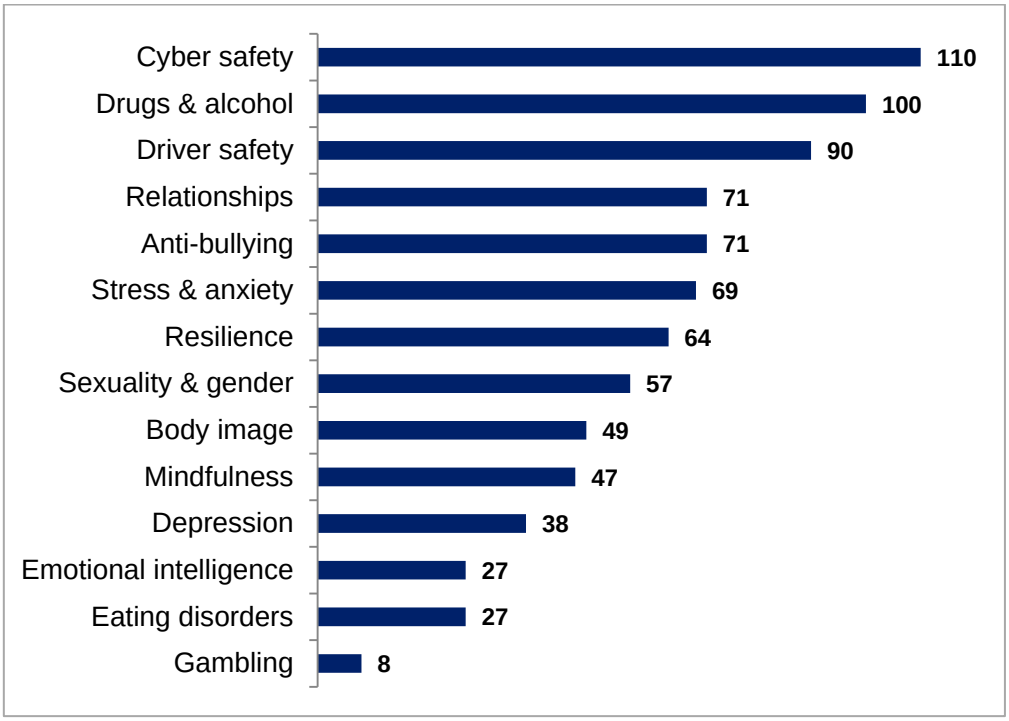
- Almost 80 per cent of respondents reported that their school's approach to student health and wellbeing is based on or incorporates a specific philosophy or research base. A wide range of influences on programs was mentioned, including:
  - The Australian Student Wellbeing Framework
  - Positive psychology/positive education
  - Yale's RULER program
  - Round Square Group
  - Strengths-based education
  - Stephen R. Covey's work
  - Emotional Intelligence
  - CASSE (for remote and marginalised Aboriginal communities)
  - Montessori philosophy
  - Academic care
  - Character education
  - 5 Ways to Wellbeing Framework

- Growth mindset
- Walker Learning pedagogy (play and inquiry-based pedagogy)
- Be You
- Mindfulness
- Yoga and movement
- Social emotional learning, including the work of the US-based Collaborative for Academic, Social, and Emotional Learning (CASEL)
- Healthy Minds program
- Green's Precede/Proceed model of health promotion
- Culturally appropriate knowledges and belief systems
- Faith-based approaches, such as the Lutheran theology of the whole child
- You Can Do It! online programs.

Several respondents commented that they drew on a range of philosophies and/or programs to suit different year levels, the needs of particular groups of students, such as boarding students, or to support parents.

This finding suggests that schools are purposeful and adaptive in their approaches to student health and wellbeing.

- Of note is the high proportion of survey respondents (87%) who report outdoor education is an element in their school's approach to student health and wellbeing. Outdoor education and extensive team sports offerings are typical manifestations of the holistic approach to education common among independent schools, used to develop a range of social-emotional skills such as leadership, team membership and resilience as well as to provide opportunities for physical development.
- Nearly all survey respondents reported that their school uses external providers to deliver within-school or out-of-school health and wellbeing courses or programs for students. In order of number of mentions, topics addressed by external providers include:



- Nearly 10% of respondents noted external providers are used to address other topics at their school, including issues relating to:
  - Sleep
  - Personal safety and consent
  - Technology obsession and misuse, and technology management
  - Social media use
  - Risk taking and leadership
  - Pornography
  - Domestic violence
  - Social justice
  - Gender equity and empowerment.
- External providers are also used to address developmental aspects of health and wellbeing, such as executive functioning.
- One Head commented that 'community engagement and giving to others is also key to wellbeing and so we as a school have our students engage in a range of training and activities that develop these skills'. An example of an external program to support this approach is the Rural Fire Service Cadets program.
- While external providers are typically used to deliver formalised topic-centred programs, other individuals or staff of government and other agencies might be brought in to augment health and wellbeing provision. One Head reported that a number of caseworkers are onsite with the school community each day. Another Head commented that while 'formal western agencies' were not used for program delivery, Indigenous Elders and Authorities who are in kin relationships or custodial relationships with students and their countries are engaged by the school to help build the depth and strength of students' identity: 'Over nine years we have not had one student commit suicide or self harm. I believe it is because we invest authentic and reinforced authority and leadership in our Elders.'
- One Head commented that much of the care of the school's students is provided in-house through a collaborative approach among the school's three psychologists, the school's Health Centre staff (registered nurses with child/adolescent mental health training), the school's Chaplaincy department and pastoral care staff.

2b Evaluation

- Nearly all respondents' schools are already engaged in or are in the process of introducing some form of evaluation of their approach to student health and wellbeing, as evidenced by responses to the following statements:

	% agreed
We have monitored the outcomes of our approach to student health and wellbeing.	63%
We have sought student feedback to our approach to student health and wellbeing.	80%
We have sought parent/carer feedback to our approach to student health and wellbeing.	63%
We have benchmarked the outcomes of our approach to student health and wellbeing to schools with similar populations.	27%
We have adjusted aspects of our student health and wellbeing program as a result of evaluation.	66%
We are in the process of introducing evaluation of our student health and wellbeing approaches.	30%

- Some 67% of respondents reported that an external framework or survey had been used to evaluate the school's student health and wellbeing program or aspects of it. The most frequently mentioned external framework used was the Australian Student Wellbeing Framework, followed by the relevant state or territory document (eg NSW Wellbeing Self-Assessment Tool for Schools, Victorian Framework for Improving Student Outcomes: Health and wellbeing dimension, Queensland Student Learning and Wellbeing Framework, South Australian Wellbeing for Learning and Life Framework). Other evaluation tools mentioned include:
  - ACER's Social-Emotional Wellbeing Survey
  - Mission Australia Youth Survey
  - Flourishing at School Survey
  - Gallup Essential Elements wellbeing survey
  - South Australia's Wellbeing and Engagement Collection.

  Several respondents reported that their school used an internally developed survey to measure aspects of student wellbeing, including student culture, student motivation and engagement, or student relationships with peers and teachers, or that evaluation was linked to a research partnership or provided by community Elders.

3. AHISA MEMBER SURVEY: Parental engagement

All but one responding Head reported that their school provides advice to and/or seeks to engage parents in student health and wellbeing issues.

- To engage parents, schools adopt multiple strategies from a wide range of approaches. Most often mentioned were:
  - Articles or notices in school newsletters or magazines
  - Lectures/seminars by staff and/or visiting experts
  - Material posted on the school's parent portal.
- Almost one-third of respondents reported that their school hosted a parent committee focused on wellbeing issues.
- Wellbeing issues of interest to parents might also be identified via the Parents & Friends Committee or parent surveys.
- Other strategies mentioned include:
  - Parental access to SchoolTV
  - Regular meetings with the principal
  - Coffee mornings for parents with an in-house speaker
  - Year group parent meetings
  - Contact as part of the pastoral care system, through Heads of House, tutors and school counsellors
  - Use of the Stymie app
  - Wellbeing focus days.

4. AHISA MEMBER SURVEY: Staffing arrangements

AHISA members' schools typically have a range of academic, ancillary and boarding staff whose roles incorporate a significant pastoral care dimension, including house leaders and home group leaders. AHISA's survey focused on roles that might not be shared with academic roles or which are of express interest to the Productivity Commission's inquiry.

While the survey results show that schools' staffing choices reflect their size, location and community profile, they also reveal a significant staffing commitment to dedicated student health and wellbeing roles in every school.

4a The Director of Wellbeing role

- Overall, some 90% of respondents reported that their school has a nominated leadership position with oversight of student health and wellbeing, such as Director of Wellbeing/Director of Pastoral Care.
- Of those respondents who reported that their school supports the position of Director of Wellbeing, 69% reported that the position forms part of the executive team.
- For 62% of respondents' schools with such a designated leadership role, the position has been part of staffing arrangements for at least five years.

	School has a Director of Wellbeing or Director of Pastoral Care leadership role	The role has been part of staffing arrangements for 5 or more years	The role is part of the executive team
SIZE			
Up to 350 students	70%	57%	86%
351-750	80%	70%	65%
751-1250	98%	64%	62%
1251-1500	95%	50%	83%
1501-2000	81%	61%	77%
> 2000 students	100%	67%	50%
LOCATION			
Metro and inner regional	90%	58%	62%
Outer regional, remote and very remote	84%	81%	81%

- Among responding Heads, size of school influences creation of such a role and also whether the role sits within the executive team. There are also significant differences according to school location on how long the role has been a designated leadership position and whether the role sits within the executive team. Insufficient information was collected to provide

insight as to the reasons for these differences. It is possible that, for some schools, establishment of a Director of Wellbeing role is an evolving process in their staffing commitment to student health and wellbeing; that is, some schools may start with 'indians' and grow their commitment to include 'chiefs'. Other schools introducing whole of school programs requiring academic integration may invest in a Director of Wellbeing role to oversee program implementation and to service professional learning needs of staff. Other schools may have student communities with complex health and wellbeing needs and a high level management role is required to coordinate responses to those needs.

Given that at present the Director of Wellbeing role is typically filled by a staff member with a teaching background, who may still have a partial teaching lode, AHISA did not survey members on the staffing load for this position. We are aware that the Productivity Commission is seeking information on staffing loads to inform appointment and funding recommendations and suggest this information should be collected in a manner that provides greater accuracy than a broad-based survey.

AHISA also suggests that the Productivity Commission undertake further investigation into the various functions of school leadership appointments relating to student health and wellbeing across all school sectors. AHISA is concerned that the Productivity Commission not only recommends the appointment be mandated but appears to be recommending that the functions of the role also be mandated.

While AHISA's survey results confirm the Productivity Commission's identification of the importance of leadership in delivering successful student health and wellbeing programs, and the value schools place on such a role, the survey results also reveal that schools tailor their staffing commitment to student health and wellbeing according to the needs and circumstances of their unique community.

In Section 6 of this submission, AHISA proposes that the Productivity establish clear parameters to guide its policy development in relation to schools in recognition that schools are best placed to both identify the student health and wellbeing requirements of their communities and how best to respond to them.

4b School psychologists, counsellors and nurses

- The survey reveals significant but not unexpected differences in staffing arrangements for school psychologists, counsellors and nurses depending on school size. For example, schools with 350 or fewer students are less likely to employ a psychologist or counsellor than larger schools. When smaller schools do employ such staff, counsellors are more likely than psychologists to be staffed at least at 1.0 FTE (full-time equivalent) level.
- Also of note is that, while only 30 per cent of small schools report that they employ a nurse, all of those smaller schools with a nurse staff the position at least at 1.0 FTE level.
- Similarly, those schools in outer regional, remote and very remote locations that employ psychologists and counsellors are more likely than major metropolitan and inner regional schools to staff such positions under 1.0 FTE level, possibly reflecting less availability of such specialist staff and greater reliance on community health and welfare resources.

	School employs a psychologist	Staffed at less than 1.0 FTE	School employs a counsellor	Staffed at less than 1.0 FTE	School employs a nurse	Staffed at less than 1.0 FTE
SIZE						
<351 students	40%	75%	40%	25%	30%	n/a*
351-750	60%	53%	65%	38%	44%	9%
751-1250	70%	10%	54%	37%	54%	37%
1251-1500	74%	7%	61%	18%	58%	8%
1501-2000	81%	20%	75%	17%	87%	n/a*
> 2000	83%	n/a*	100%	n/a*	100%	17%
LOCATION						
Metro and inner regional	69%	19%	52%	27%	60%	11%
Outer regional, remote and very remote	58%	36%	63%	50%	53%	n/a*

*n/a represents no responses, indicating the position was staffed at least at 1.0 FTE level

- Some 92% of respondents indicated their school accesses additional health and wellbeing support, such as counsellors, to support students when traumatic events or critical incidents occur. (This additional support is typically offered by other AHISA members' schools through AHISA networks.)

4c School welfare officers, pastoral care support workers, and support workers with a pastoral care role for groups of students with special needs

- The survey reveals that schools with 350 or fewer students are more likely than other schools – except for large schools with over 2000 students – to include welfare officers or pastoral care support workers and support workers with a pastoral care role for groups of students with special needs in their staffing mix.
- Smaller schools are also more likely to employ welfare officers or pastoral care support workers and support workers with a pastoral care role for groups of students with special needs than to employ psychologists, counsellors or nurses.

	Welfare officer/PC support worker	Staffed at less than 1.0 FTE	Support worker with PC role for special groups	Staffed at less than 1.0 FTE
SIZE				
< 351 students	70%	29%	60%	33%
351-750	24%	50%	32%	50%
751-1250	34%	40%	33%	59%
1251-1500	16%	33%	32%	67%
1501-2000	27%	20%	53%	75%
> 2000	50%	30%	80%	n/a*
LOCATION				
Metro and inner regional	33%	30%	40%	55%
Outer regional, remote and very remote	37%	57%	47%	44%

*n/a represents no responses, indicating the position was staffed at least at 1.0 FTE level

4d School chaplains with a wellbeing/pastoral care role

- The survey reveals that chaplains are a significant component of staffing arrangements for students' health and wellbeing in a majority of respondents' schools, irrespective of school size or location, even if the role is filled at less than 1.0 FTE level.

	Chaplain with wellbeing/PC role	Staffed at less than 1.0 FTE
SIZE		
< 351 students	100%	67%
351-750	68%	65%
751-1250	73%	43%
1251-1500	84%	12%
1501-2000	69%	17%
> 2000	100%	n/a*
LOCATION		
Metro and inner regional	79%	34%
Outer regional, remote and very remote	79%	53%

*n/a represents no responses, indicating the position was staffed at least at 1.0 FTE level

4e Mental health and staff development

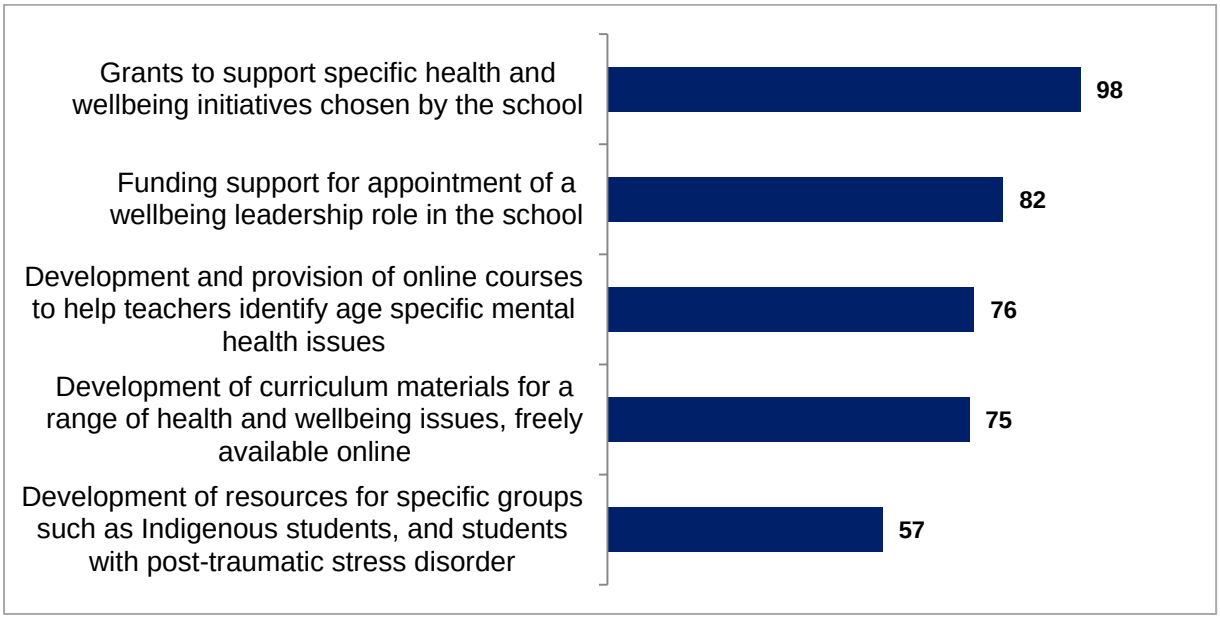
- Some 85% of survey respondents reported that teaching staff in their school receive professional development to help them identify signs of **mental illness** in students. Of these, 75% reported this professional development was offered to teachers of all year levels in the school.

4f Reporting policies and protocols

- Almost all respondents reported that their school has an explicit policy or protocol requiring teachers to refer any pastoral concerns regarding a student to a nominated staff member or school psychologist or counsellor.
- Some 46% of respondents reported their school has an explicit policy or protocol requiring volunteers to refer any pastoral concerns regarding a student to a nominated staff member.

5. AHISA MEMBER SURVEY: Government assistance

- Survey respondents were invited to indicate from a range of government actions those they agreed would be *most useful at this point in time* in supporting their school's effort in promoting student health and wellbeing. In the chart below, responses are ranked by order of number of mentions.



- There is substantial support, especially from small to medium-sized schools, for the Productivity Commission's recommendation of government funding to support the appointment of a wellbeing leadership role in the school. For non-government schools, government contributions toward general recurrent expenditure are beneficial in terms of containing the requirement for parental contributions through fees. Given that many AHISA members' schools already include such a role in the staffing commitment to student health and wellbeing, this response could be interpreted as signaling that schools place value on a leadership role in their student health and wellbeing provision and that additional resourcing of health and wellbeing provision for students is both desired and needed.
- The expressed preference of most Heads, however, is for schools to be able to access government grants to support specific health and wellbeing initiatives relevant to the school community, such as: introduction of a positive education or other program; development of a student-led wellbeing project; subsidies for delivery of courses or programs by external providers, especially for schools in regional and remote locations; or subsidised travel and accommodation costs for students and/or teachers in regional and remote areas to attend wellbeing courses/conferences/professional development. Some Heads commented they would rather see funding for roles such as psychologists and counsellors or sports coaches in schools rather than a Director of Wellbeing position, or funding of a program such as mental health first-aid training for all teachers.
- Some Heads commented that the most useful government assistance would be funding support for external specialists such as psychologists, speech therapists, occupational therapists or counsellors to whom students could be directed, particularly for high-level

mental health issues. Visits by GPs to schools to screen and provide support for students was another suggestion. That is, for many Heads, the gaps that could most usefully be filled and have most impact on students are perceived to be in the health system, not the education system. This is especially the case for schools in regional and remote areas, or schools serving students from these areas.

- One Head pointed to significant issues for boarding schools catering to students from remote areas with scant community resources: 'We are a small school but large boarding including 12% Indigenous. The best thing for us would be to increase services in the bush so the students and parents can access professionals when things of a major nature occur. We can't keep them in boarding if they present with major issues like suicide ideation but then we have to send them home hours away from help or rely on telehealth.'
- Other Heads pointed to the need for family and parental support, especially in early childhood, either to avoid problem factors entirely or to help minimise their escalation. One Head commented: 'Parent education is a key in many cases as emotional and social behaviours are often entrenched by the time students are in early Primary.' Other Heads noted the importance of a focus on families as not all families are safe places for children and young people.
- Some Heads commented that they preferred a focus on building student capacity, not just a focus on addressing problems. One commented: 'If we can focus on proactive wellbeing not just reactive, and for families not just students, that would help.'
- Several Heads expressed concerns with government policy making itself. Some Heads noted the 'chop and change' nature of government interventions in schooling and suggested that health and wellbeing programs were less likely to be vulnerable to changes of government if developed and delivered via health and medical service streams rather than being linked to education policy.
- Several respondents were concerned by narrowly prescriptive approaches to supporting student wellbeing in schools. One Head commented, 'The more prescriptive the funding is, the less helpful it is'.
- One Head offered a suggestion to policy makers: 'Before making recommendations, it would be wise to listen, not only to what is happening in schools already – but why we have already put these things in place.'

6. POLICY DEVELOPMENT

AHISA appreciates that in its inquiry into mental health the Productivity Commission has legitimately sought to identify gaps, or deficits, in service provision. As AHISA's survey shows, schools – especially those in regional and remote areas – are well aware of gaps in the availability of community-based services. They would also welcome additional funding for student health and wellbeing provision either delivered by outside agencies within schools or delivered by schools themselves.

The survey also shows that the way independent schools choose to make their financial commitment to student wellbeing depends on a range of factors, including school size and location and the unique needs of their school communities. The autonomy of schools to decide how they are to use available resources – including financial and human resources – to benefit their communities is crucial if schools are to achieve the best outcomes for those communities.

AHISA therefore advocates that, while deficit-model thinking may be helpful in identifying problems, a strengths-based approach to policy deliberations is most helpful in discovering solutions that work for communities.

A strengths-based approach to policy development for schooling recognises that:

- Schools are typically engaged in continuous cycles of improvement and renewal
- There is no 'one size fits all' solution to schooling provision
- Trusts educators as a profession to pursue the best forms of provision for their students
- Trusts school leaders to uphold the best interests of their unique school communities.

A strengths-based approach to developing policy to support schools in student health and wellbeing provision would therefore seek to:

- Enable rather than restrict diversity in provision
- Promote the autonomy of school leaders in shaping approaches to student health and wellbeing as they respond to the needs of their unique school communities.

Before the Productivity Commissions formalises its draft recommendation to mandate the appointment and role of a Director of Wellbeing in schools, we hope the Commission will first consider whether a regulatory intervention of this nature will benefit *all* schools.

While responses of most Heads to AHISA's survey attest to the value of a dedicated leadership position for student health and wellbeing, the responses of some indicate that mandating such a position and its associated responsibilities would simply serve to increase the compliance burden of schools least able to bear it and divert resources from forms of provision better suited to that school's community. Applying strengths-based principles to policy deliberations may help give rise to programs that help schools make the most difference to their students and communities.■

NOTES

[1] The Survey has been conducted since 2011. Survey reports are posted at https://www.principalhealth.org/au/reports.php.

[2] AHISA (2010), *AHISA 25 Years, 1985-2010*; available at https://www.ahisa.edu.au/AHISA/About_AHISA/AHISA/About_AHISA/About_AHISA.aspx?hkey=75413672-edfe-43a4-95cf-594b62c83109.

[3] Evans L & McWater R (2012) EI for teachers. *Independence* 37:1, May 2012, pp 50-51. Available at https://independence.partica.online/independence/independence-vol-37-no-1-may-2012/flipbook/50/.

[4] Welham D, Wheaton A & Simmons N (2010) Exploring EI in the classroom. *Independence* 35:2, October 2010, pp 56-59. Available at https://independence.partica.online/independence/independence-vol-35-no-2-oct-2010/flipbook/56/.

[5] Scudamore C (2009) Positive education. *Independence* 34:2, October 2009, pp 20-22. Available at https://independence.partica.online/independence/independence-vol-34-no-2-oct-2009/flipbook/20/.

[6] See for example Welham et al, op cit, and White M & Kern P (2017) Wellbeing: If you treasure it you will measure it. *Independence*, 42:2, October 2017, pp 50-54. Available at https://independence.partica.online/independence/independence-vol-42-no-2-october-2017/flipbook/54/.