



14 December 2015

Education Act Update
Ministry of Education
PO Box 1666
Wellington 6140
New Zealand
education.update@education.govt.nz

Re: Submission on Education Act 1989 Update – Public Discussion Document

Thank you for the opportunity to provide a written submission on this consultation document.

Regional Public Health serves the greater Wellington region, through its three district health boards (DHBs): Capital and Coast, Hutt Valley and Wairarapa and as a service is part of the Hutt Valley District Health Board.

We work with our community to make it a healthier safer place to live. We promote good health, prevent disease, and improve the quality of life for our population, with a particular focus on children, Māori and working with primary care organisations. Our staff includes a range of occupations such as: medical officers of health, public health advisors, health protection officers, public health nurses, and public health analysts.

Health and wellbeing are prerequisites to achieving success in all areas of our lives; health begins where we live, learn, work and play. Regional Public Health is making this submission on the basis that health and wellbeing is vital for student educational success.

We are happy to provide further advice or clarification on any of the points raised in our written submission. The contact point for this submission is:

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Kind regards

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Submission on Education Act 1989 Update

Regional Public Health (RPH) is pleased to have the opportunity to comment on the update of the *Education Act 1989* given the close relationship between health and education. Education is a key determinant for health and wellbeing as they are pre-requisites for effective learning. RPH believes prioritising health and wellbeing outcomes in the *Education Act 1989* can raise the achievement of learnersⁱ and achieve equity for all. Health is a prerequisite to achieving success in all areas of our lives; health begins where we live, learn, work and play.ⁱⁱ RPH is making this submission on the basis that health and wellbeing is vital for student educational success.

Who we are

RPH delivers a range of services to improve the health of communities throughout the greater Wellington region.ⁱⁱⁱ As a Public Health Unit we aspire to achieve "Health for all."^{iv} RPH has three overall goals that guide our work in keeping our population well and preventing ill health before it happens. These are: working to reduce health inequalities for population groups most at risk, supporting the development of healthy communities and reducing the health impact of chronic illnesses.^v

Much of our work is centered around, and has implications for, educational settings. Our people working in these learning settings include public health advisors, public health nurses, immunisation nurses, health protection officers, communicable disease nurses and vision and hearing technicians, among others.

Using a preventive approach allows us to work within a strengths-based environment, rather than being reactive to problems. We see prevention as a cost-effective and efficient way to resolve issues before they arise. To be effective requires us to work in collaboration across sectors.

The Ottawa Charter (1986) guides our work to create supportive environments for health and wellbeing, develop personal skills, strengthen community action and contribute to public policy that supports wellbeing.^{vi} This submission calls for the education sector to be part of these actions.

We thank you for the opportunity to submit on the *Education Act 1989* update.

Introduction

Regional Public Health would like to support inclusion of the following principles within the update of the *Education Act 1989*. Every individual has the right to achieve identity, autonomy, social justice and equity.^{vii} The UN *Convention on the Rights of the Child* states "Child rights are based on what a child needs to survive, grow, participate and *fulfill their potential*" (author's italics).^{viii} We also believe that the guiding principles of *Te Tiriti o Waitangi* of partnership, participation and protection will reduce the barriers to achieving equity of outcomes. Furthermore, given that the Ministry of Education has expressed a goal that specifies action for vulnerable children, it is important that the update considers relevant parts of the *Vulnerable Children Act 2014* (which includes the goal of "improving the education and training and [vulnerable children's] participation in recreation and cultural activities"^{ix}).

This submission highlights how health and education influence one another. To achieve both

educational and health priorities there is a need for collaboration not just between providers within the same sector, but across sectors, and at a policy and regulatory level. The Ministry of Health and consequently RPH priorities align closely to the Ministry of Education's goal of the *Education Act 1989* update: "raising the achievement of all students, but particularly the most vulnerable."^x

This is an opportunity to take a cross-sectorial approach and align our goals and priorities, to be child-centric, especially for the most vulnerable. To enable us all to achieve the best outcomes for the child, it is important to establish legislation that clearly articulates the goal and objective as stated above, and is able to facilitate innovation within the dynamic environment in which we all operate.

Overarching Themes for Inclusion in the Updated Education Act

1. Health and wellbeing are determinants for educational success. Therefore, health and wellbeing need priority within education to maximise educational success; it is important that an update of the *Education Act* supports this priority being embedded across a child's journey through education.
2. Health is defined as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."^{xi} It is seen as a resource for everyday life, not the objective of living.^{xii} Similarly, health and wellbeing are a resource for education. Wellbeing is a reflection of more than just health. Education is also critical to wellbeing, by providing students with tools for a 'good life', which includes self-care, self-knowledge, and the motivation to stay well. There are several dimensions to wellbeing: physical, social, emotional, cognitive, academic and spiritual.^{xiii} It is important that an update of the *Education Act 1989* supports the codependency of wellbeing and educational achievement.
3. The Code of Ethics for Certified Teachers and the Practising Teacher Criteria states that "Schools have an ethical, professional and legal responsibility to ensure that their practices promote the wellbeing of all students."^{xiv} Clearly, wellbeing has been recognised as being important and inclusion in the update of the *Education Act 1989* will cement this across the education sector. Furthermore, the Education Review Office has stated in a draft report that wellbeing is vital for student success.^{xv}
4. There are a number of individual health priorities that impact a child's learning and inhibit a child from reaching their potential. It is therefore important that the update of the *Education Act 1989* will support and foster collaboration between health and education services. Some specific examples of where public health and education work intersect are as follows:
 - Harm due to alcohol and other drugs
 - o Exclusion from school can be the first step towards isolation from society, impacting negatively on health, and leading to increased substance abuse.^{xvi xvii} Educational indicators of student attendance, suspension and exclusion have implications on an individual's health and social outcomes. A child that regularly attends school will have better health outcomes, lower criminality, higher lifetime income and higher self-rated happiness.^{xviii xix} A commitment to share information between different

stages of the educational system, alongside cross-sectorial agencies, is important to ensure children navigate smoothly through their educational journey.

- Mental wellbeing

- Children flourish in safe, secure and predictable environments. Failing to flourish is a symptom of issues including a lack of parenting skills, feeling disconnected from one's whānau and/or community (including educational institutions), domestic violence, poverty, poor housing, alcohol and drug harm.^{xx}
- Clinical psychologist Andrew Fuller describes resilience as the “ability to rise above and rebound from adversity” and is produced over time from supportive relationships.^{xxi} The Adverse Childhood Experiences (ACEs) study identified a dose-response between exposure to early adversity and health outcomes: affecting brain development¹, coping ability, the immune system, hormonal systems and DNA transcription.^{xxii} Former president of the American Academy of Paediatrics, Dr Robert Block, stated that “Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today.”^{xxiii} In RPH's experience, this rings true for New Zealand. Paediatrician Dr Nadine Burke Harris argues that by instilling the sense of belonging and connectiveness to build resilience, these children will develop the necessary tools to be able to rise above adversity to prevent the development of disease or early death.^{xxiv}
- RPH believes that working with schools and early childhood centres to promote safe and predictable atmospheres is a priority to ensure children can reach their optimal level of mental and emotional wellbeing. This contributes to productivity, resilience, academic success, reduced crime rates and increased income rates.^{xxv} NAG 5 outlines that school boards of trustees have to provide a safe physical and emotional environment for all students.^{xxvi}

- Control of infectious disease

- Educational settings help to spread infectious disease because of the close and intense contacts between children. This leads to outbreaks that result in absence and exclusions that interfere with learning. It also provides a great setting to implement control measures (e.g. vaccination) to prevent the spread of disease. RPH works to limit or prevent spread of disease in schools and other educational settings, which reduces time lost and costs to the educational sector.

- Family/whānau violence

- RPH recognises that all violence is unacceptable. The impact of violence on a child's education pathway is well documented.^{xxvii} As some RPH staff, such as public health

¹ The Brainwave Trust states that “Early life, right from the very start, can help to set up either strong or fragile foundations for later learning, behaviour and health ... Experiences in these early years have a big influence on the way their brain develops and can affect every aspect of their life.” (Brainwave Trust Aotearoa. (2015). *The Early Years Last Forever – Insights into the first wave of brain development and the long term implications*. Auckland: Brainwave Trust Aotearoa.)

nurses, work closely with individual children and family/whānau, there is the potential for involvement in such matters.

Recommendations

Following the topics of focus outlined in this review, these are our specific recommendations:

Topic 1: Making sure everyone knows the goals for education.

- It will be helpful for the overall object of an updated Education Act to be clearly stated. RPH recommends that an appropriate objective is the Ministry of Education's purpose for the update "raising the achievement of all students, but particularly the most vulnerable."^{xxviii} This objective will support the next recommendation to explicitly include a goal around health and wellbeing.
- The *Education Act 1989* needs to include health and wellbeing as key educational outcomes; not just an input to enable learning. Ensuring an explicit goal for health and wellbeing as one of the key purposes of education can help to embed this aspect into an educational setting's culture and way of being. This will drive a cross-sector approach to achieving educational success and the best outcomes for children including those most vulnerable populations i.e. a strong equity focus.
- Educational achievement used to focus on the acquisition of facts. Today, the world's knowledge base is accessible to anybody with a smartphone; but understanding requires an education. We argue that scientific understanding of human biology, society and health living and their practical application for self-care, healthy habits, and health literacy² are all essential elements of education.
- Sir Peter Gluckman has noted that the childhood obesity issue needs a whole of society and whole of government approach.^{xxix} Similarly, achieving optimal health outcomes for children requires inputs from both wider society and the other parts of government. Schools and early childhood centres are clearly an important setting to help prevent and treat childhood obesity, for example, through implementing healthy eating actions and policies.

Topic 2: Supporting school and kura boards to focus on what's important.

- The roles and responsibilities of a school board should include a statement ensuring the health and wellbeing for their population. For example, implementing system wide changes such as 'whole schools'³ approaches to reduce harm from alcohol and other drugs, sexual health and consent, violence, mental health and bullying are recommended. School boards

² Health literacy is defined as "the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions". (Ministry of Health. (2010) *Kōrero Mārama: Health Literacy and Māori Results from the 2006 Adult Literacy and Life Skills Survey*. Wellington: Ministry of Health.)

³ A 'whole schools approach' is defined by two key components: "It is a way of thinking about schools as a multidimensional and interactive system; and it is a process for change in schools that involves all community members working together".

(Ministry of Education. (2012) *A whole-school approach to change using the Wellbeing@School tools*. Retrieved on 4 December 2015 from:

<http://www.wellbeingatschool.org.nz/sites/default/files/W@S-A-whole-school-approach-research-brief.pdf>)

need to work together with local agencies in a systematic way to address these issues to keep young people in education.

- Additionally, boards could also influence the transition process from early childhood through to secondary school with a streamlined and transparent, collaborative approach. For example, ensuring support services and systems, across sectors, remain in place as a child transitions from one educational setting to another. Additionally, communication between the educational settings needs to be strengthened to ensure the child's health and wellbeing needs are addressed accurately.
- We need to establish indicators for the education sector that specifically monitor health and wellbeing. For example, using the Health Promoting Schools Health and Wellbeing Rubric Tool^{xxx} and HEADSS assessments^{xxxi} as reference tools.

Topic 3: Enabling collaboration, flexibility and innovation.

- Multidisciplinary action is informally present in the educational environment, but to streamline, strengthen and ensure strong collaboration between sectors (in particular, between health and education), led by the governmental sectors is required. Inclusion of cross-sectorial collaboration in this *Education Act 1989* review would ensure all relevant sectors are held accountable, similar to the *Vulnerable Children Act 2014* that “ensures that children’s agencies work together to improve the wellbeing of vulnerable children.”^{xxxii}
- A child’s environment is impacted by a complex interaction of social, cognitive, spiritual and emotional influencers. By promoting overall wellbeing in a safe and supportive environment children have the opportunity to grow and develop into engaged, confident and resilient individuals, being receptive learners and contributing positively to our society. To make this happen, “it is necessary for schools [and early childhood centres] to develop links and take a collaborative community approach to facilitate child development as well as community development by providing opportunities for children and families to achieve better outcomes.”^{xxxiii} The idea of an educational institution being a central hub has influences on a child but has a ripple effect to their whānau and surrounding community networks.
- In today’s society, pastoral care in educational settings demands a lot of resourcing and time. Public health nurses are presented with more children showing behavioural issues but there is little capacity to deal with these problems. RPH believes it is important to ensure support structures are in place for our most vulnerable children, and that education has a potential lead role to support vulnerable children in schools and early childhood centres.
- Regarding introducing cohort or group entry to schools or kura and compulsory attendance before age six, RPH recommends having systematic and supportive processes in place for vulnerable children and families to ensure they have equitable opportunities to move through the education system and achieve wellbeing and educational success.

Topic 4: Making every school and kura a great one.

- Educational settings provide more than just educational achievement; educational achievement is more than academic knowledge. A healthy, happy, and well-adjusted citizen who fully participates in society is as important as the attainment of academic knowledge.
- We recommend that the education sector adopt a holistic ‘whole schools’ approach to health and wellbeing. Children and whānau need to be empowered and equipped with the

tools and knowledge to take charge of their own health and wellbeing. Consistent and appropriate content and recommendations covering hygiene, nutrition, physical activity, sexual health and consent, alcohol and drugs, smokefree etc. should be commonplace in everyday education conversations to enable children to make healthy decisions.

In summary, educational settings are a primary source of opportunity for health and wellbeing alongside educational success. Together with the education sector, RPH wants to see all children “grow up as competent and confident learners and communicators, healthy in mind, body, and spirit, secure in their sense of belonging and in the knowledge that they make a valued contribution to society.”^{xxxiv} Inclusion of health and wellbeing in an updated Education Act will be a fundamental start to making a positive change towards educational success, so that health and wellbeing can raise achievement of learners and educational success can support an equitable increase in health and wellbeing.

ⁱ Education Review Office. (2013) *Wellbeing for Success: Draft Evaluation Indicators for Student Wellbeing (Draft) 2013*. Wellington: Education Review Office.

ⁱⁱ Robert Wood Johnson Foundation. (2010) *Vulnerable Populations Portfolio*. Retrieved on 4 December 2015 from: www.rwif.org/vulnerablepopulations

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^{vii} Ratima, M. (2010) *Māori health promotion – a comprehensive definition and strategic considerations*. Auckland, Health Promotion Forum of New Zealand.

^{viii} UN General Assembly. (1989) *Convention on the Rights of the Child*. Retrieved on 7 December 2015 from: <http://www.refworld.org/docid/3ae6b38f0.html>

^{ix} *Vulnerable Children’s Act*. (2014) Retrieved on 3 December 2015 from <http://www.legislation.govt.nz/act/public/2014/0040/latest/whole.html>

^x Ministry of Education. (2014) *Considering Education Regulation in New Zealand – Report of the Taskforce on Regulations Affecting School Performance*. Wellington: Ministry of Education.

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