BUILDING HEALTHY COMMUNITIES IN MELBOURNE'S WEST

PROJECT REPORT

A WESTERN MELBOURNE RDA REPORT
JULY 2015

Brimbank City Council
medicare local
THE UNIVERSITY OF MELBOURNE
VICTORIA POLICE
Regional Development
Regional Development Australia and Regional Development Victoria
WESTERN MELBOURNE
An Australian Government Initiative
Victoria

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FOREWORD

PUBLIC HEALTH MESSAGE FROM PROFESSOR ROB MOODIE, THE UNIVERSITY OF MELBOURNE AND PROJECT PATRON

The 'Building Healthy Communities in Melbourne's West' project builds on the success and learnings of the "African Australian Health in the West" project undertaken in 2013/2014. Both projects aimed to address the significant health challenges experienced in Melbourne's western region and more broadly across Australia.

The increasing health and wellbeing challenges facing Australia are well documented. Cardiovascular disease, mental health, diabetes and obesity are some of the chronic diseases that have a major cost on society, both in terms of quality of life and demand on the health system. The rise in number of people with diabetes and cardiovascular disease is particularly concerning due to their preventable nature. Risk factors for these diseases include obesity, alcohol and tobacco use, poor nutritional intake and inactivity.

Addressing mental health is critical, with high rates of mental health disorders among young Australians. Mental health disorders are the leading cause of disability among young people aged 15–24 years and account for almost half of the burden of disease in this age group. Anxiety and depression account for 17% of the male disease burden and 32% of the female disease burden. Addressing the risk factors and causes of mental illness is a significant challenge due to their range and complexity. Factors can include family and social problems, school contexts (e.g. bullying), life events, individual attributes, community and cultural factors.

The 'Building Healthy Communities in Melbourne's West' project aimed to improve the health and wellbeing of the children and their families at Deer Park North Primary school, with a focus on mental health. The project addressed preventative strategies and built on the partnership approach of the previous 'African Australian Health in the West' project to tackle population health issues.

The 'Building Healthy Communities in Melbourne's West' project involved collaboration between organisations including federal, state and local governments, primary health, community health, Victoria police and the primary and tertiary education system.

I commend the involvement of the students from the University of Melbourne's Western Clinical School of Medicine and Melbourne Dental School in the project. This helped to spread key health promotion messages and improve the students' understanding of population health issues and prevention strategies.

Collaborative approaches are essential for addressing the significant health and wellbeing issues facing communities across Australia. All sectors of the community must work together to continue implementing early intervention and preventative health programs, which have significant long term benefits for individuals and our society.

Professor Rob Moodie
Professor of Public Health, Melbourne School of Population and Global Health, The University of Melbourne

MESSAGE FROM THE WESTERN MELBOURNE REGIONAL DEVELOPMENT AUSTRALIA COMMITTEE CHAIR

Health and wellbeing is one of the six priority areas that Western Melbourne RDA has identified to guide its work in Melbourne's West. We have paid particular attention to the relationship between health and wellbeing with economic development and employment.

Melbourne's West has higher than average rates of preventative, non-communicable diseases, as was demonstrated in our first health project which conducted health screens of 2,000 people attending Centrelink offices across the region. This led us to undertake the "African Health in the West" project at Sunshine Harvester Primary School in 2013 followed by the "Building Healthy Communities in Melbourne's West" project this year at Deer Park North Primary School.

The importance of health and wellbeing cannot be overestimated. Apart from the obvious benefit to individuals' state of health, from an economic development point of view, a healthy community enables people to fully participate in the workforce, community and family life and also saves on acute health care expenditure.

The RDA has now developed a model of delivering preventative health interventions through primary schools, an effective model that could be replicated across the region and potentially across the country.

We have established a strong working relationship with The University of Melbourne, whose medical students have developed a connection with Melbourne's West, which we anticipate will translate into more of their graduates considering a medical career in the region, addressing the current shortage of medical practitioners.

The "Building Healthy Communities in Melbourne's West" project was successful due to the hard work and collaborative efforts of a group of very effective partners. Special thanks go to the leadership and dedication of the Principal, Liz Balharrie and Deputy Principal, Teresa Woods at Deer Park North Primary School, Macedon Ranges and North Western Melbourne Medicare Local, The University of Melbourne and their medical and dental students, Victoria Police and Brimbank City Council. I would also like to thank Sue La Greca, Executive Officer of Western Melbourne RDA and the project director, Katharine Bentley for their great work and assistance in implementing this project. And special recognition goes to Mr Bill Noonan OAM, Western Melbourne RDA Deputy Chair and Building Healthy Communities in Melbourne's West Steering Committee Chair for his many hours in leading this work.

Bill Jaboor
Chair, Western Melbourne Regional Development Australia Committee.

MESSAGE FROM THE MACEDON RANGES NORTH WESTERN MELBOURNE MEDICARE LOCAL CEO VANDA FORTUNATO

Macedon Ranges North Western Melbourne Medicare Local has been committed to improving the health and wellbeing of communities in Melbourne's west over the past three years. During this time, we have supported a range of innovative programs aimed at addressing the health needs of our communities.

The *Building Healthy Communities in Melbourne's West* project has been highly successful in fostering community engagement and conveying key health promotion messages. The project launch event held in early 2015 attracted over 700 attendees. The event incorporated a range of activities aimed at improving knowledge and understanding of healthy living. This included a display of children's art works centred around health and wellbeing themes, the distribution of free fruit and vegetables, free show bags, free health screenings for parents, health booths from organisations such as Beyond Blue and Diabetes Australia, and engagement with sports players and Victoria Police.

The value of this health promotion event was clearly reflected in the positive feedback received from students, parents and families. Student learnings included increased understanding of health indicators (such as BMI) and improved knowledge around the importance of good oral hygiene. Feedback regarding the free health screenings showed that these were effective in raising awareness around key chronic disease factors such as high blood pressure, obesity and diabetes.

The success of the health promotion event and the project more broadly, was made possible through collaborative efforts between the project partners, community health organisations and the school. In particular, Deer Park North Primary School were highly engaged throughout the project, demonstrating innovation and leadership in their approach to tackling the health needs of their school community. I extend a special thank you to Teresa Woods, deputy principal, who showed tremendous commitment and dedication to the project. I would also like to acknowledge the hard work of the project coordinator, Chiara To, who oversaw day-to-day management of the project and organised the successful project launch event.

The Building Healthy Communities in the West project facilitated new partnerships between the school and external organisations such as Western Health, Brimbank Council and Victoria Police. The impact of this health promotion project is evident in the level of engagement that has been achieved among diverse communities which are often difficult to engage. As communities continue to face increasing health and wellbeing needs, this project highlights the value of investing in early intervention programs and collaborative approaches to tackle the growing health challenges facing Melbourne's west and Australia more broadly.

Vanda Fortunato
CEO, Macedon Ranges North Western Melbourne Medicare Local

EXECUTIVE SUMMARY

The *Building Healthy Communities in Melbourne's West* project has been a highly successful cross government, cross sector preventative health project, aimed at addressing the risks of chronic diseases at Deer Park North Primary School in Melbourne's west.

Melbourne's West is an area experiencing strong population growth and high rates of chronic diseases compared to national averages. The burden of chronic disease is placing increasing strain on the health system. In 2011–12, there were over 635,000 admissions in Australia for preventable conditions, accounting for 7% of all admissions in that year[1]. The economic burden of chronic disease is significant, with avoidable hospital admissions costing the Federal Government $2.3 billion annually[2].

The Building Healthy Communities in Melbourne's West was a 12 month project sponsored by Western Melbourne Regional Development Australia (WMRDA) in conjunction with the Macedon Ranges and North Western Melbourne Medicare Local, Brimbank Council, The University of Melbourne and Victoria Police. The project built on the lessons learnt from the "The African Australian Health in the West" project at Sunshine Harvester Primary School in 2013.

The project focused on identifying the health and wellbeing concerns of the school community and delivered preventative health programs with sustainable interventions. The project was based on a partnership model, with a robust project management structure to support successful outcomes. The project delivered a number of health prevention activities to meet the school's needs. This included a highly successful health promotion launch event which involved over 700 people, health screenings of over 100 school parents and the construction of a mindfulness garden to address mental health and behavioural concerns of children as reported by the school teachers. The health screenings indicated several risk areas for chronic disease in relation to:

- Chronic Lung Disease risk levels (3 times the national average)
- Rates of Obstructive Sleep Apnoea (almost double the national average)
- Inadequate levels of sleep (only 1/3 getting adequate levels of sleep per night)
- Higher than average levels of psychological distress (over 50% had moderate to severe levels of distress)

The success of the project was founded on the excellent leadership shown by the school, including the Principal's and Deputy Principal's commitment to the project, and the commitment from the project partners. The project achieved several outcomes including increasing the school community's knowledge of chronic disease risks and preventative strategies. The whole school community was engaged through the project, including staff, students and their families. The project delivered new infrastructure at the school through the Gratitude Garden, along with new partnerships with health and community organisations. A total of 37 medical and dental students from University of Melbourne were involved in the project, increasing their knowledge of local community and public health issues.

This project highlights the benefits of early intervention programs undertaken through collaborative, cross sector partnerships. As governments and fund holders continue focussing on value and efficiency, greater emphasis should be placed on similar early intervention programs that have immediate and sustainable impacts on health and wellbeing.

1 http://www.nhpa.gov.au/internet/nhpa/publishing.nsf/Content/Report-Download-HC-Selected-potentially-avoidable-hospitalisations-in-2011-12/$FILE/NHPA_HC_Report_PAH_Report_November_2013.pdf

2 http://www.cha.org.au/images/CHA-NATSEM%20Cost%20of%20Inaction.pdf

PROJECT BACKGROUND

Melbourne's west is one of the fastest growing regions in Australia and has one of the highest rates of preventable diseases. Brimbank, situated in the "outer west" catchment along with Melton, Moorabool and Wyndham, is the second largest municipality in Melbourne and is considered an area of relative disadvantage with key statistics including[3] [4]:

- Fourth highest unemployment rates in Victoria at 8.3%
- Highest proportion of people self-reporting poor health in Victoria
- High level of cultural diversity with 34% of the population born overseas
- Ranks second in Victoria for low English proficiency
- Significantly lower proportion of people eating the recommended daily serves of fruit and vegetables (2.2% compared with 5.2% for Victoria).

The *Building Healthy Communities in Melbourne's West* project was funded to address the health and wellbeing of a primary school community in Brimbank, through health promotion activities, resources and/or health based infrastructure. Based on an action learning methodology, the 12-month project aimed to establish sustainable health-based programs at the school in response to the school's needs; and develop partnerships between the school and local community organisations.

The *Building Healthy Communities in Melbourne's West* project built on the learnings of the pilot project titled the "African Australian Health in the West" project. This project was led by Western Melbourne Regional Development Australia (WMRDA) in 2013-2014 and was based at Sunshine Harvester Primary School in Brimbank.

The *Building Healthy Communities in Melbourne's West* project was delivered in 2014-2015 and sponsored by WMRDA in conjunction with the Macedon Ranges and North Western Melbourne Medicare Local, Brimbank Council, The University of Melbourne and Victoria Police. Through an Expressions of Interest process, Deer Park North Primary School (DPNPS) was selected as the successful school to participate in the project.

3 Department of Health. Metropolitan Health Plan Technical Paper. May 2011
4 Brimbank Council. Mapping Brimbank's Diversity. 2015

PROJECT AIM AND OBJECTIVES

PROJECT AIM

To improve the health and wellbeing of children and their families at Deer Park North Primary School in Melbourne's west, through the funding of health promotion activities, health resources and/or health based infrastructure.

PROJECT OBJECTIVES

1. To improve the health and wellbeing of the primary school community by:
    a. Working in partnership with the school to understand the health issues and social determinants of health experienced by the school community
    b. Identifying, funding and implementing effective interventions that promote health and wellbeing (including health promotion programs, resources and/or infrastructure);
2. To engage and increase local medical and dental students' awareness and understanding of health issues in their community; and associated preventative strategies that reduce chronic disease;
3. To increase the school's links to local health and community organisations;
4. To use the project findings to inform ongoing work in this field for communities in Melbourne's West.

PROJECT GOVERNANCE, PARTNERS AND RESOURCES

The project was sponsored by Western Melbourne Regional Development Australia and was developed in partnership with:

1. Macedon Ranges and North Western Melbourne Medicare Local
2. Brimbank City Council
3. University of Melbourne
4. Victoria Police
5. Deer Park North Primary School

Each organisation contributed to the project either financially and through in-kind support. The project was overseen by a Steering Committee that included representation from each organisation. The Steering Committee met monthly for the duration of the project.

PROJECT PARTNER	RESPONSIBILITIES
Western Melbourne Regional Development Australia	• Project sponsor • Chairs the project Steering Committee • Oversees the successful delivery of the project based on previous pilot project-the *African Australian Health in the West project*
Macedon Ranges and North Western Melbourne Medicare Local	• Project funds holder, employed the project co-ordinator • Provides advice and expertise on the successful delivery of the project
Brimbank City Council	• Managed the EOI process • Provides advice and expertise on successful delivery of the project
University of Melbourne • Western Melbourne Clinical School of Medicine and School of Dentistry • Communications Department, Faculty of Medicine, Dentistry and Health Sciences	• Allocates medical and dental students to participate in the project • Provide communication expertise and advice to support the project
Victoria Police	• Participation to facilitate community relationship building • Provides advice and expertise on the successful delivery of the project
Deer Park North Primary School	• Provides the setting for the project • Works with project partners to support the successful delivery of the project

PROJECT RESOURCES

In addition to the Steering Committee membership, the project was delivered through the appointment of three key roles. All roles were funded.

1. **Project Director:** Develops the project brief and budget, provides oversight of the project phases, supervision of the project co-ordinator, manages high level stakeholder issues, ensures delivery of the project per the project brief.
2. **Project Co-ordinator:** Co-ordinates all aspects of the project phases, works in partnership with the school liaison role to develop and implement the identified health needs and programs/interventions in response to these needs.
3. **School Liaison:** Appointed by the school to work with the project co-ordinator and project partners, engages the school community on the project, facilitates access to the school and the necessary health/wellbeing data to deliver the project.

PROJECT SCOPE

The project scope included:

- The children, their families and staff at Deer Park North Primary School
- Any aspect of health and wellbeing determined by the school and the project partners that can be impacted by health promotion activities, health resources and new infrastructure.

While the social determinants of health including unemployment, housing, education, income levels etc. play an important role in the health and well-being of individuals, addressing these were outside the scope of the project.

KEY SUCCESS FACTORS

The Steering Committee members agreed to seven key success factors to guide the development of the project and measure success along the way. These success factors were based on the success factors developed for the African Australian Health in the West pilot project however were further refined based on the learnings and experiences from the pilot project.

1. The school community is engaged and has participated in the project through leadership in health promotion activities.
2. We have enabled the school to sustain the work of the project through new partnerships with external organisations.
3. Medical and dental students have gained invaluable experience and knowledge of issues relating to primary health care, communication and community social issues.
4. The health and wellbeing of the school community has improved and has resulted in changed knowledge, attitudes and behaviours.
5. Our knowledge of the school's health and wellbeing issues allows us to increase community awareness and advocate for funding and resources.
6. We learn lessons along the way.

PROJECT METHODOLOGY

The project used an action learning methodology. The Steering Committee met monthly to discuss progress, issues and developments of the project and feedback was reviewed to inform the ongoing planning and direction of the project.

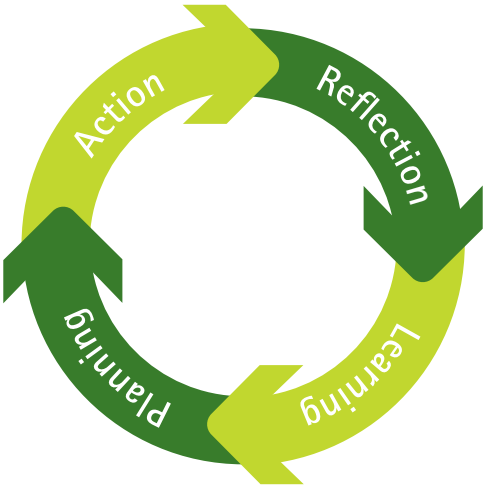


Figure 1: Action learning cycle

PROJECT PHASES

The project was designed with five key phases over a twelve month period. These included:

1. **PROJECT PLANNING.** Bringing together the project partners, establishing the Project Steering Committee, selection of the primary school to participate in the project through an Expressions of Interest (EOI) process.
2. **SCHOOL COMMUNITY ENGAGEMENT.** Working with the school to develop relationships, trust and understanding of the project objectives, understanding of the school culture and environment.
3. **INITIAL NEEDS ASSESSMENT.** Understanding the school's health and wellbeing issues and priorities through interviews, data collection and health screenings.
4. **PROGRAM DEVELOPMENT AND IMPLEMENTATION.** Identification and implementation of health based intervention(s) in response to health and wellbeing needs assessment.
5. **PROJECT EVALUATION AND REFLECTION.** Mechanisms to ensure sustainability of health programs for the school community, evaluation of project achievements.

SCHOOL HEALTH AND WELLBEING NEEDS ASSESSMENT

SCHOOL BACKGROUND

Deer Park North Primary School (DPNPS) was first established in 1976 in a growth corridor with over 1000 students. The school population has stabilised over the last 15 years and now fluctuates between 350 and 400 students. DPNPS is steeped in a history of diversity. The children enrolled at DPNPS come from a wide range of backgrounds with over 45 different nationalities represented at any one time. Over the years, Vietnamese has been the dominant culture however this is changing with the high number of recent enrolments coming from New Zealand and Pacific Islander backgrounds. Staff at DPNPS work in partnership with students and their families, to engage each child's curiosity, build on their strengths and preferred learning styles to develop healthy, socially responsible, capable and resourceful life-long learners.

The values underpinning the delivery of all school programs are:

1. Respect
2. Honesty
3. Trust
4. Responsibility
5. Care.

The school works with its students to inculcate these values by developing their knowledge, skills and attitudes and behaviours.

CURRENT PROFILE

Deer Park North Primary School has 29 teaching staff and runs 17 classes from Prep to Grade 6. It has a population of 375 students and is regarded as socio-economically disadvantaged, with the following characteristics:

- High level of cultural diversity
- Low ICSEA value
- High proportion of students developmentally at risk or vulnerable.

HIGH LEVEL OF CULTURAL DIVERSITY

The student population represents over 40 different cultural backgrounds, with 217 students identifying as having English as an Additional Language (EAL). The most prevalent cultural background is Vietnamese, however the school represents many cultures including an increasing number of Pacific Islander families that have moved into the area in recent years.

LOW ICSEA VALUE

The school population's 2013 ICSEA[5] value was 906, compared to the national average of 1000. The following table highlights the relative level of socioeconomic disadvantage experienced by students at the school, with 66% of students in the bottom quarter of relative disadvantage, compared to 25% across schools nationally.

5 Index of Community Socio-Educational Advantage (ICSEA) enables comparison between schools of the level of socio-economic educational advantage/disadvantage that students bring to their academic studies

TABLE 1: ICSEA VALUE OF SCHOOL POPULATION COMPARED TO OTHER SCHOOLS NATIONALLY[6]

	BOTTOM QUARTER	MIDDLE QUARTERS	TOP QUARTER
SCHOOL DISTRIBUTION	66%	21% and 9%	*3%*
AUSTRALIAN DISTRIBUTION	25%	25% and 25%	25%

The school's low socio-economic status is also reflected in the high student Family Occupation (SFO) of 0.76 and the high number of families receiving Education Maintenance Allowance (EMA) in 2014.

HIGH LEVEL OF STUDENTS DEVELOPMENTALLY AT RISK OR VULNERABLE

Australian Early Development Index (AEDI) results indicate an increasing percentage of students who are developmentally at risk or vulnerable[7]:

- 29% of students were deemed vulnerable or at risk in the physical health and wellbeing domain and 20% in all other domains
- This figure represented an increase of 5% over three years between 2009 to 2012.

6 http://www.myschool.edu.au/SchoolProfile/Index/76157/DeerParkNorthPrimarySchool/45008/2013

7 This excludes children previously identified with chronic special needs

HEALTH AND WELLBEING OBSERVATIONS

The school acknowledges the rich diversity of its school community however has observed the following health and wellbeing concerns with some of its students:

Students not having breakfast: a high number of students arrive at school without having had breakfast, which negatively impacts on attention and concentration span. As a result, the school runs a "breakfast club" every morning between 8.30-8.55am, at no cost to children. The program is partially sponsored by local organisations and has between 20-40 children attend each day.

Students with no lunch: a number of children arrive at school without lunch or snacks. To address this, staff make and provide emergency lunches to children without lunch. These are provided for the nominal charge of $1.00 but usually, this is not collected. The bread is donated by Bakers Delight and fillings are donated by staff and supported by school funding.

Students not attending pre-school: a high proportion of students have never attended pre-school before starting school (representing around 30% students enrolled in Prep for 2014).

Students with learning needs: a high proportion of students have learning needs. In 2014, 60% of Prep students were referred for medical assessments by the school nurse.

Financial hardship: every year the school allocates a welfare budget to support students and families who are experiencing financial hardship. This includes support for uniforms, school shoes, and costs for excursions and camps.

Participation in sports: most children do not participate in after school sport due to the associated costs. A number of boys in grades 5 & 6 participate in local football competitions but the number of children participating in other activities is limited.

Bedtime routines: bedtime routines are regularly a topic of discussion at parent teacher meetings. This is evident at the beginning of every school day with the number of students arriving late. Many students report lateness due to:

- They slept in
- Their parents weren't awake to get them up
- They had to make their own way to school
- A sibling wouldn't get out of bed so the whole family was late

Poor oral health: Teachers regularly report incidents of poor oral hygiene and resulting dental decay. Many families are directed to the School Dental Service however this is often not acted upon until the child has a tooth ache or severely rotted teeth. Oral hygiene is built into the school curriculum but it appears that many do not practise appropriate hygiene daily nor do they see a dentist as a proactive measure.

Personal hygiene: Amongst the daily living skills that are explicitly taught each year is a personal grooming program. This program sees an integration aide collect a group of approximately 6 children at a time to teach the skills of cleaning teeth, washing faces and brushing hair. The students identified are often those who have to get themselves up and ready for school without any adult support.

Social health and anger management: Within the school's curriculum teachers are constantly emphasising each child's right to be safe. A constant focus is the development of appropriate social skills and emotional regulation. Calm spaces have been established in all classrooms.

EXISTING HEALTH AND WELLBEING PROGRAMS AT THE SCHOOL

The school runs a range of health and wellbeing programs, including:

Community Hub Program. Commenced in 2014, this is a national program that links families and children to services and support, learning opportunities and the wider community[8]. Activities coordinated through the Hub include Homework Club, Kinder Play group, parenting programs and a range of sports programs.

Changes to school policies and practices around health eating. Implemented in 2014, this included changes to the school canteen menu to offer only healthy choices and modifying the school timetable to set aside supervised eating time after playtime, in addition to "brain breaks" throughout the day to encourage healthy routines.

Life Education. Provides age-specific education sessions in mobile classrooms.

Speech and language development. The school employs a speech pathologist. A high proportion of students are referred to the speech pathologist to address concerns about language development and general learning progress.

Student Welfare. The student welfare team includes the assistant principal, speech pathologists, psychologists and a school based social worker. They work in a coordinated manner to assess and cater for the needs of students across the school.

PROJECT LAUNCH AND COMMUNITY HEALTH EVENT

Building on the success of the previous year's project launch, the school and project partners agreed to hold a project launch and community health event. In addition to free health screenings, the event included a range of activities:

Art show with a theme around health and wellbeing. For the project launch, the school's art curriculum was tailored to prepare art work with themes around healthy lifestyles. Students prepared art works based on different themes including emotions, dental health, fruit and vegetables, sun safety, values and social connection.

Jumping castle for the children to promote healthy exercise

Free BBQ food offering halal sausages and veggie burgers

Free fresh fruit and veg (100kg) from SecondBite, which was very popular with children and their families

Free showbags incorporating a range of goods donated from sponsors including health promotion brochures, magnets, pens and other resources. Goods were donated from:

- Baker IDI
- Beyond Blue
- Diabetes Australia
- Stroke Foundation
- City West Water
- Quit Victoria

8 http://www.communityhubs.org.au/about-community-hubs/what-are-community-hubs/

Raffle draw prizes donated by local organisations

Entertainment, including school dancers and sports demonstration by champion boxer Sam Soliman

Health booths, which promoted healthy messages and allowed the school community to engage with a range of health organisations including:

- Beyond Blue
- Diabetes Australia
- Stroke Foundation

Feedback from the health organisations was very positive, with a large number of families approaching the booths to ask questions and understand more about healthy living.

Dental and medical student engagement. The dental students had a booth where they promoted good oral hygiene and demonstrated proper tooth brushing techniques to children and their families. Their involvement in the project was in response to teachers regularly reporting incidences of poor oral hygiene practices among students resulting in dental decay. Free toothbrushes were also distributed to children and their families.

The medical students provided CPR demonstrations and set up a "Teddy Bear Hospital" for the Prep and younger children at the school. The Teddy Bear Hospital encouraged children to bring their teddies in for a check-up, which included:

- general health assessments (using stethoscopes and other medical tools)
- promoting heathy eating and exercise (including checking Teddy's BMI)
- providing a medical report for Teddy.

The Teddy Bear Hospital was extremely popular with the children and provided a fun way to convey positive health messages and familiarise the children to health care environments.

HEALTH SCREENINGS

A health screening exercise for parents and families was proposed as a way to help identify health and wellbeing priorities of the school community. The exercise was also seen as a useful way to engage parents with the school, while promoting healthy lifestyles.

The health screening exercise was undertaken over two phases:

- **Parents of prep students**: During February 2015 the new prep students undertook education assessments while their parents waited. The school advised that this was a good opportunity for undertaking health screenings of the new prep parents.
- **Project launch**: Invitations to the event were developed and disseminated to every child at the school (refer Appendix D). Teachers promoted the event to their classes, encouraging the children to attend and bring their families. The event was also promoted through flyers around the school, school newsletters, assemblies and via the school council.

The event was highly successful in engaging the school community, with over 700 guests attending.

IMAGES FROM THE PROJECT LAUNCH AND COMMUNITY HEALTH EVENT

HEALTH SCREENING RESULTS

A total of 116 people were screened at Deer Park North Primary School including parents, staff and families. The screening checks were conducted by PreventionXPress[9] and targeted major chronic preventable diseases that result in serious health impairment, impaired performance at work or during driving, and increased absenteeism. The health screens were voluntary, confidential and gender specific. The screens were completed in Arabic, Dinka, English, Somali and Vietnamese with the majority completed in English. At the conclusion of the screen, each participant received a copy of their results as a personal record, with prioritised recommendations for follow-up of the identified health issues.

The health assessments screened for the following chronic preventable diseases:

- Alcohol-related harm
- Blood pressure
- Breast cancer awareness prompt (women only)
- Chronic lung disease
- Depression and Stress screen (Kessler 10 scale)
- Diabetes Type 2
- Overweight and obesity
- Prostate cancer risk and awareness (men only)
- Risk of psychological distress and depression
- Sleep disorders
- Sleepiness and fatigue
- Tobacco-related harm.

RESULTS SUMMARY FOR DPNPS

PreventionXpress has compiled an extensive report of the health screening results for DPNPS and can be contacted for a copy of the report. The following is a summary of this data.

Rates for smoking, suspected Type 2 diabetes, alcohol consumption, blood pressure, and BMI (overweight and obesity) were all below or within the national averages. This is an excellent result for DPNPS.

Areas of concern related to hours of sleep per night among this cohort which was significantly lower than the recommended eight hours per night, with 66.4% of the cohort recording 5 to 7 hours of sleep on average per night. As a consequence daytime sleepiness was reported among 11.4% of this cohort, with an additional 2.9% calculated to have very high levels of daytime sleepiness. This correlated with respondents who reported falling asleep/nodding off while driving (7% at least once every ten trips). This cohort shouldn't be driving or should be trying to find a cause as to why they are having these difficulties. This issue is compounded by 8.9% of the cohort screened to have a high risk of Obstructive Sleep Apnoea, which is higher than expected for a mainly female screening population, and almost double the National rates.

Psychological distress was measured using the Kessler 10 scale, and this cohort demonstrates levels higher than the National average, with 5.8% recorded in the high distress band. Males in this sample and category had higher levels than females, usually the opposite is observed.

9 www.preventionxpress.com

Based on the screened population, PreventionXPress recommends an education program targeted at healthy sleep habits, appropriate physical activity (daily and how to measure it) and healthy diet.

In summary, the concerns were observed in the following categories in the screened population at Deer Park North Primary School:

1. Chronic Lung Disease risk levels (3 times the national average)
2. Rates of Obstructive Sleep Apnoea (almost double the national average)
3. Inadequate levels of sleep (only 1/3 getting adequate levels of sleep per night)
   a. 14% reported high or very high levels of day time sleepiness
   b. 7% are falling asleep/nodding off at least once in every ten car trips
4. Higher than average levels of psychological distress (over 50% had moderate to severe levels of distress)

RESULTS BY DISEASE CATEGORIES

SMOKING RATES

15.7% of respondents reported being current smokers, a lower level than Australian national rates of smoking (18.9%)

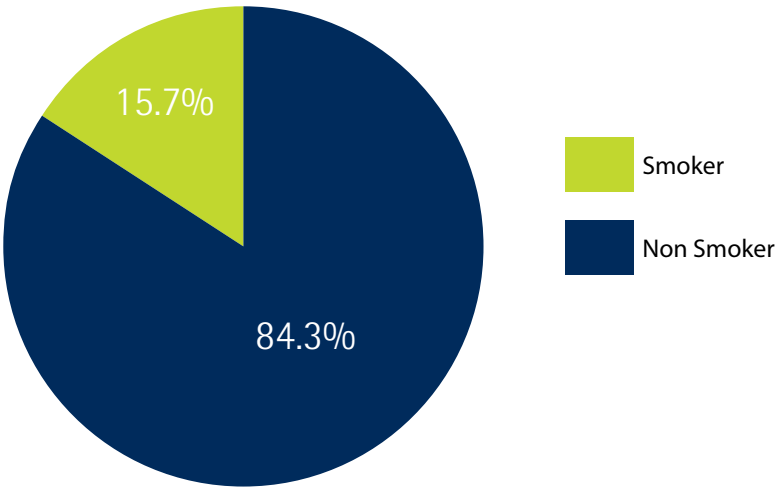


Figure 2: Proportion of smokers

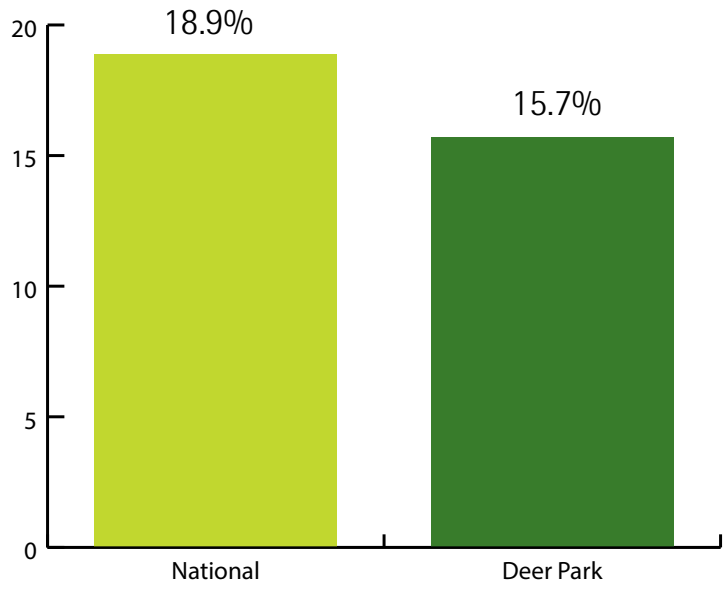


Figure 3: Rates of smoking compared with national average

PREVALENCE OF SUSPECTED TYPE 2 DIABETES

2.6% of respondents were measured as having suspected Type 2 diabetes (T2DM). An estimated 3.5% of adult Australians are diagnosed with Type 2 diabetes with more having undiagnosed diabetes.

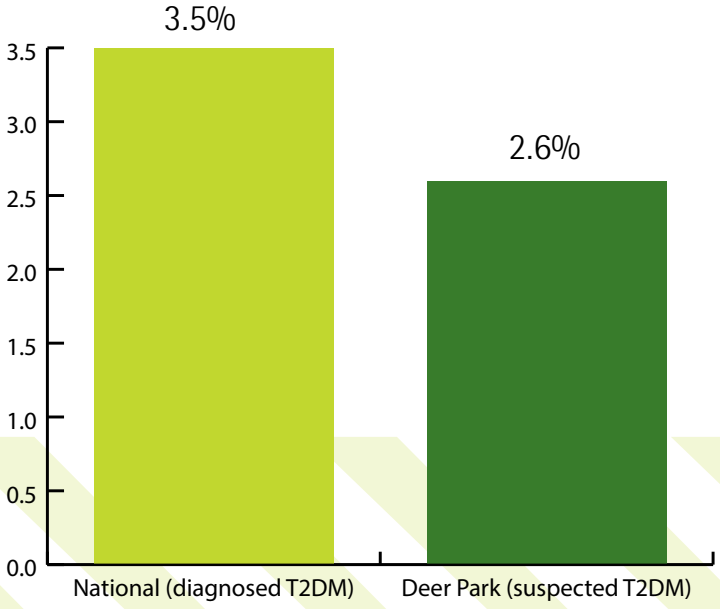


Figure 4: Suspected Type 2 diabetes prevalence compared with national average

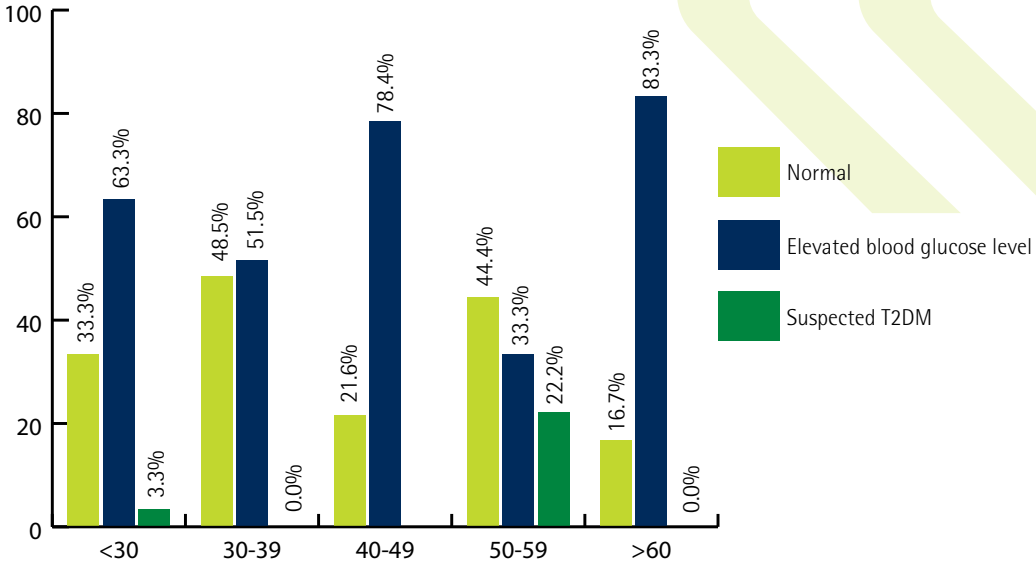


Figure 5: Blood glucose levels and probable risk of Type 2 diabetes (by age group)

PREVALENCE OF OVERWEIGHT AND OBESITY

56% of the Deer Park North Primary School cohort were overweight or obese. This value included 21.6% who were obese and 12.1% who were morbidly obese (BMI≥35). Only a few respondents were significantly underweight. These values of overweight and obesity are lower than national levels, where 61.3% of Australians are overweight or obese, including 24.6% that are obese.

Higher proportions of overweight and obesity were seen in the male (65.4%) than female respondents (53.3%). Proportions of overweight and obesity were similar to those seen nationally (male = 67.7%, female = 54.6%).

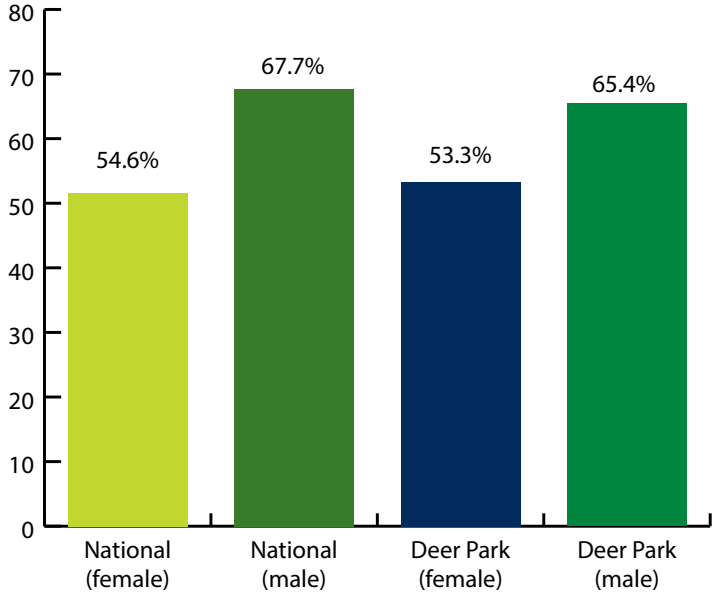


Figure 6: Overweight and obesity prevalence compared with national average

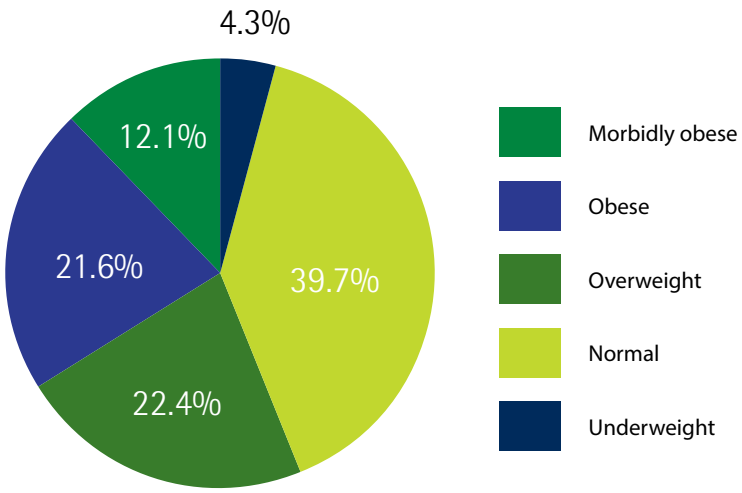


Figure 7: BMI categories, calculated as Kg/m2

RISK OF CHRONIC LUNG DISEASE

9.6% of respondents were calculated to have a high risk of chronic lung disease. This was significantly higher than the national estimated rate of COPD (2.9%). The high rate of potential chronic lung disease was indicated by high rates of respiratory symptoms, this may be due to other causes such as asthma, upper respiratory tract infections or lack of physical fitness resulting in an overestimation of potential COPD. Symptoms indicative of COPD were daily cough with phlegm for at least three months (12.3%), episodes of wheezing lasting more than a week (10.5%), shortness of breath during walking (12.3%), and current smoker over the age of 40 (4.4%).

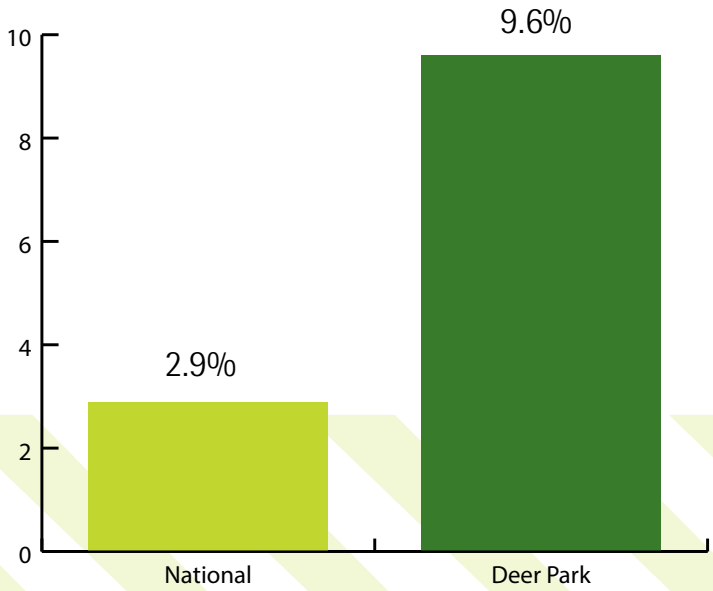


Figure 8: Chronic lung disease risk levels compared with national average

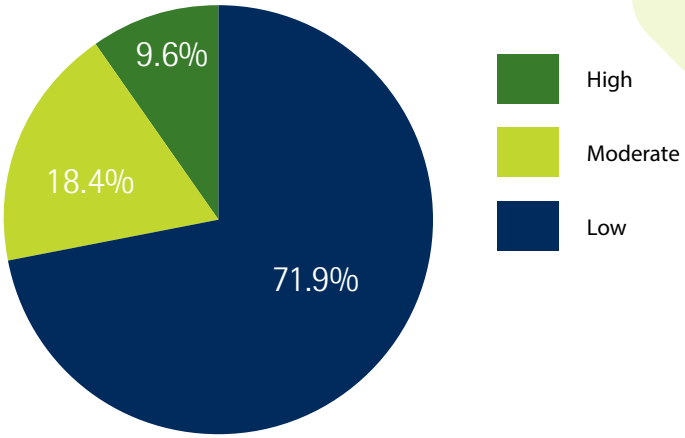


Figure 9: Risk of chronic lung disease within screened population

NUMBER OF DAYS WORKED PER WEEK

The number of respondents working more than five days a week was 9.8%. 45.1% of respondents worked five days a week and 27.4% did not work.

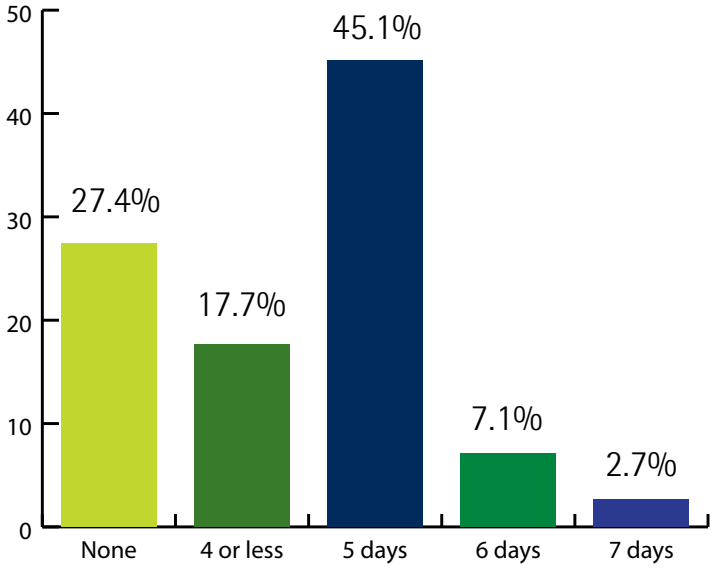


Figure 10: Number of days worked per week

NUMBER OF HOURS WORKED PER WEEK

The majority of respondents worked 40 or less hours per week. A large proportion worked between 40 – 60 hours, with very few respondents working more than 60 hours per week.

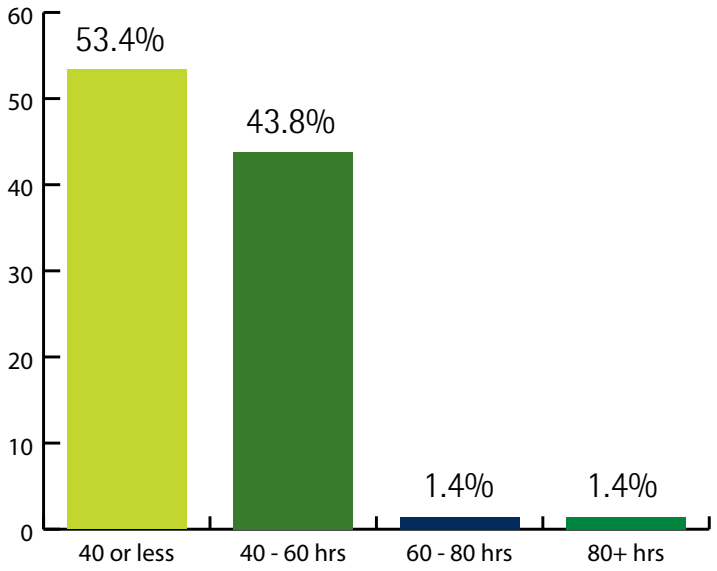


Figure 11: Number of hours worked per week

AVERAGE HOURS OF SLEEP PER NIGHT

An adequate amount of sleep (8 hours) was obtained by 29.0% of respondents.

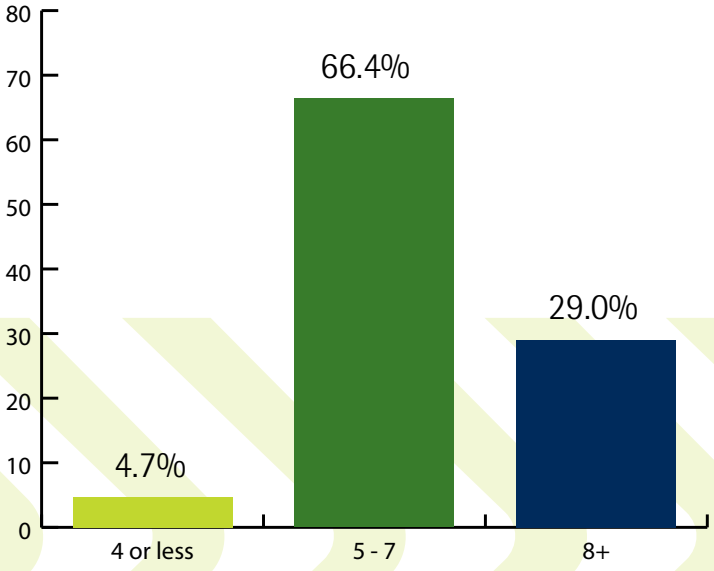


Figure 12: Average hours of sleep per night

RISK OF OBSTRUCTIVE SLEEP APNOEA

8.9% of respondents were calculated to have high risk of obstructive sleep apnoea, a higher rate of predicted obstructive sleep apnoea than the estimated rate of 4.7% for the Australian population.

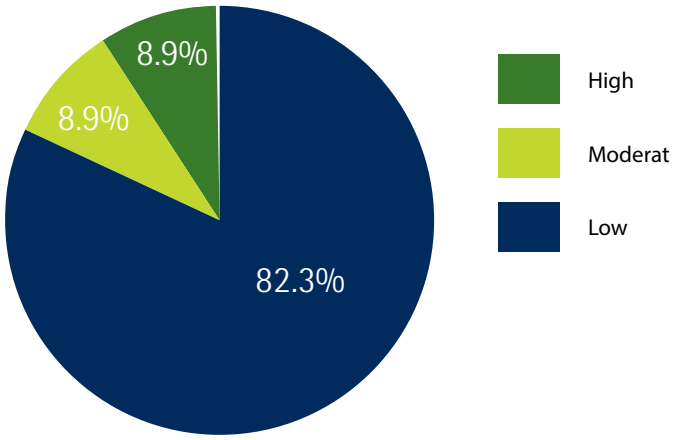


Figure 13: Risk of Obstructive Sleep Apnoea (low, moderate or high)

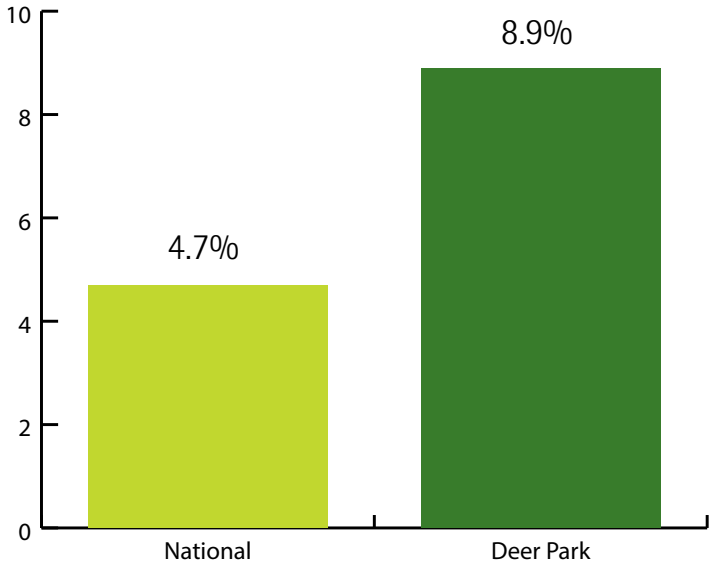


Figure 14: Obstructive sleep apnoea rates compared with national average

LEVELS OF DAYTIME SLEEPINESS

11.4% of respondents were calculated to have high levels of daytime sleepiness and 2.9% were calculated to have very high levels of daytime sleepiness.

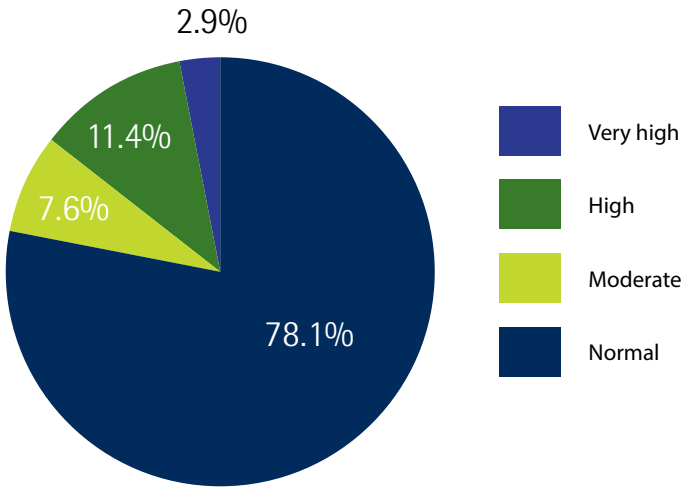


Figure 15: Levels of daytime sleepiness

PREVALENCE OF FALLING ASLEEP OR FEARING FALLING ASLEEP AT LEAST ONCE EVERY TEN TRIPS

10.5% of respondents reported fearing falling asleep at least once every ten car trips. 7.1% of respondents reported falling asleep (or "nodding off") at least once every ten car trips.

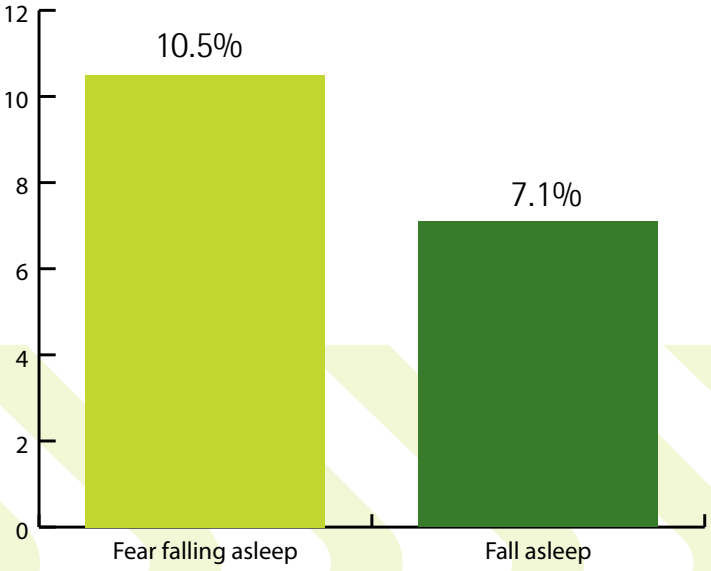


Figure 16: Prevalence of falling asleep or fearing falling asleep at least once every ten trips

NUMBER OF STANDARD ALCOHOLIC DRINKS CONSUMED PER DAY (WORK AND REST DAYS)

The majority of respondents drank alcohol at responsible levels. 4.5% of respondents reported consuming, on average, more than the recommended two standard alcoholic drinks per day on work days. 6.3% reported drinking more than the recommended two standard alcoholic drinks per day on rest days. Individuals are considered at long-term risk if they consume more than 2 standard drinks per day, and considered at short-term risk if they consume more than 4 standard alcoholic drinks on a single occasion. The majority of respondents reported they did not drink alcoholic drinks either on work days (81.3%) or rest days (67.0%).

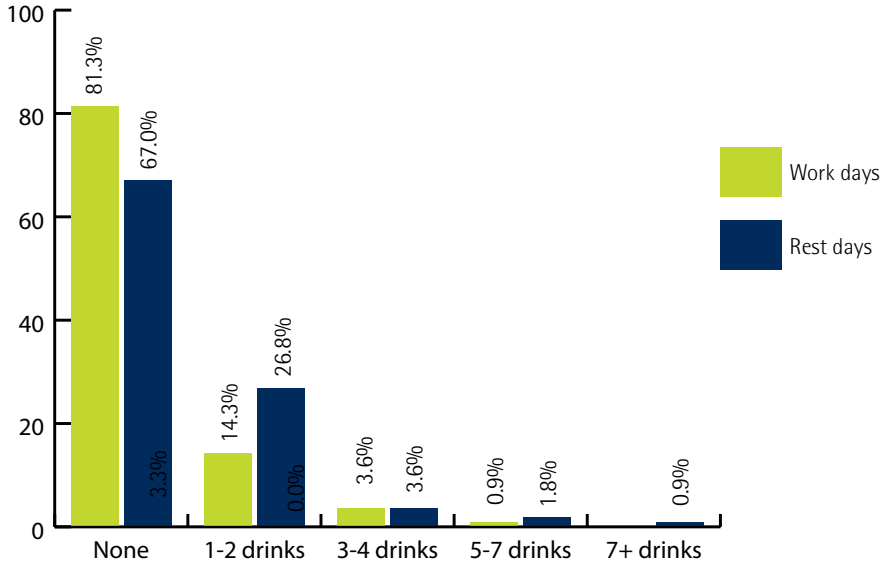


Figure 17: Number of standard alcoholic drinks consumed per day (work and rest days)

BLOOD PRESSURE

8.9% of respondents were measured as having high systolic blood pressure (>140mmHg), lower than the national average of 9.4%. 17.6% of respondents had high diastolic blood pressure (>90mmHg).

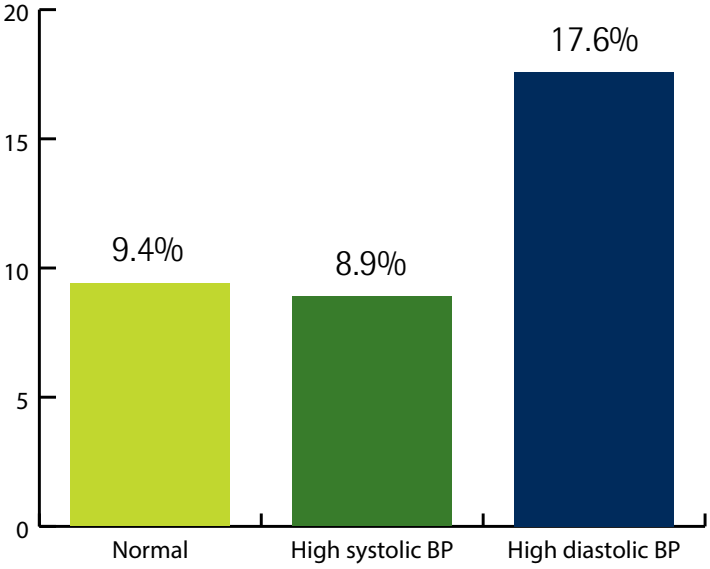


Figure 18: High systolic and diastolic blood pressure

FAMILY HISTORY OF PROSTATE CANCER

12% male respondents reported a family history of prostate cancer, this is below the national level of 20%.

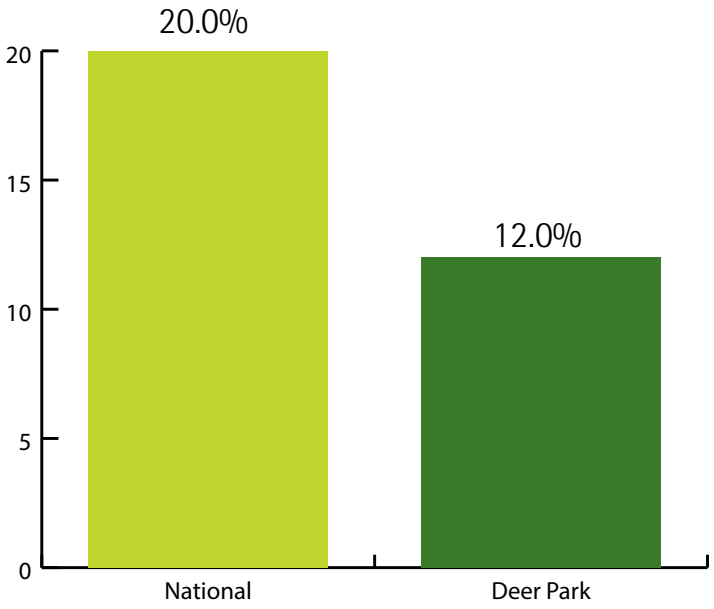


Figure 19: Male respondents with a family history of prostate cancer compared with national average

RISK OF PSYCHOLOGICAL DISTRESS

A higher rate of high psychological stress was found in the Deer Park North Primary School health screening (5.8%) than national levels (3.5%). The majority of respondents were in the moderate category of psychological distress (49.0%), a large proportion were measured to have low psychological distress (45.2%) and a small proportion had a high level of psychological distress (5.8%).

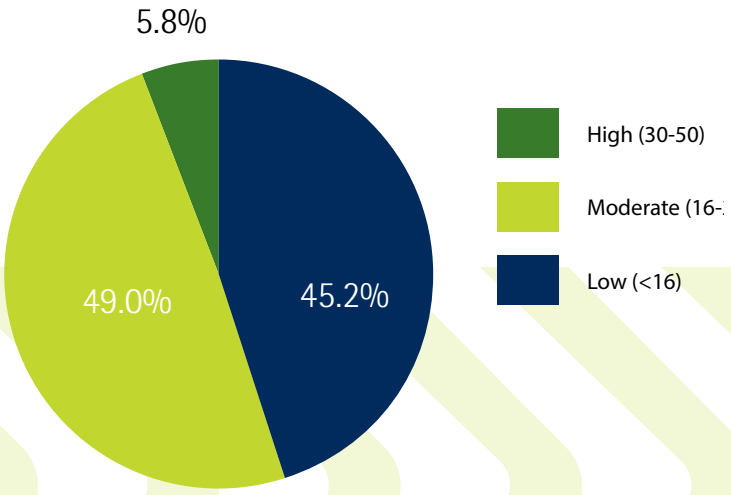


Figure 20: Rates of psychological distress based on Kessler K10 Psychological Distress Scale results

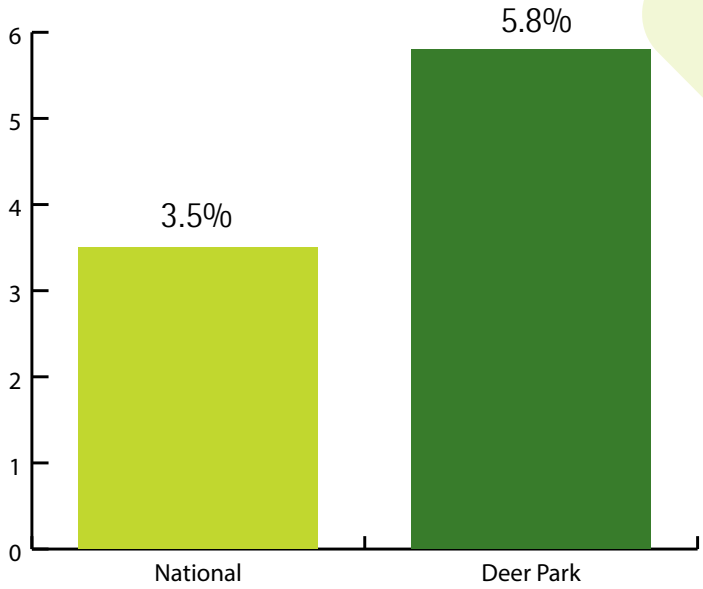


Figure 21: Psychological distress high risk levels compared with national average

RESPONSE TO THE SCHOOL'S HEALTH NEEDS – THE GRATITUDE GARDEN

CONCEPT DEVELOPMENT

Deer Park North Primary School applied to participate in the project anticipating that the funding could be used to refurbish its old school canteen/kitchen. Since the commencement of the project however, the school was selected to participate in a major "School as a Catchment" project, which involved redeveloping a large part of the school grounds into an interactive green learning space. Given this, refurbishment of the kitchen was not possible.

Following careful consideration of the health and wellbeing needs of the school community, the school decided in conjunction with the project steering committee to address the mental health concerns it was observing with the students. Teachers reported a range of concerns and behaviours with their students including:

- Anxiety
- Reduced attention and concentration spans
- Difficulty sleeping at night with children coming to school fatigued
- Antisocial behaviours in the class room and playground including bullying and anger management issues
- Children not being as physically active as they should be.

The concept of developing a beautifully landscaped outdoor green, calm and safe space was explored that could be used for a range of activities such as meditation, mindfulness, calming activities, reading and gentle exercise. Research into similar spaces and the use of these in primary schools was undertaken. It was agreed that this space could complement the other infrastructure developments being undertaken as part of the "School as a Catchment" project and landscape architect Josh Byrne was engaged through a concept brief to design and construct the area.

THE TITLE FOR THE GARDEN

The school teachers are actively researching mindfulness as a concept and strategy to support the students in their health and wellbeing needs. Given the importance and impact of positive thinking and gratitude on one's state of being and behaviour, the school decided to name the garden "The Gratitude Garden". The school hopes that through mindfulness activities within the garden, the children will take notice of the positive things, show gratitude, and in turn demonstrate a more positive mindset.

INCORPORATING THE GARDEN INTO THE SCHOOL CURRICULUM

Members of the school's leadership team have attended a Positive Education Conference and are currently planning for the implementation of strategies to support the mental health of students and their families. The school has begun investigating mindfulness programs to trial, including:

- **MindUp Classroom**, a research based program that helps students to engage mindfully at school, reduce stress and improve overall wellbeing. Anecdotal reports have shown the program to be successful in schools both interstate and overseas (US and Hong Kong).
- **Meditation Capsules** by Janet Etty-Leal - A mindfulness program for children, which involves a range of strategies to help children develop self-awareness and maintain healthy, happy minds. The program also includes training courses for school staff and parents on nurturing awareness and practising mindfulness.

As the garden is in its infancy, teachers and students are currently working together to establish protocols for the use of the area. The area is presently used in the following ways:

During recesses:

- Class teachers allocate "green tokens" to students who they feel might benefit from quiet time in the garden.
- Children can elect to go to the garden for quiet time.
- Education support staff are timetabled to supervise this area and support those children using this area.
- Children have created Gods Eyes and Dream Catchers to hang from the trees to move in the wind.

Class teachers are using the garden with their students to establish protocols for use of the area. They are using the garden for:

- Quiet reading
- Class meetings
- Drawing and passive activities.

To support the appropriate use of the garden, teachers are beginning to specifically teach children mindfulness activities including:

- Deep breathing
- Being aware of their bodies
- Quiet meditation activities.

existing electrical cabinet

low height picket fence to enclose quiet space, painted finish. edge of fencing softened behind sensory planting's at ends

circular tipi cubby constructed of re-purposed timber poles with oiled finish.

zen style sand pods created using circular steel tubs and white sand. small rakes and pebbles to be provided for sand play

timber stumps at various heights. max 0.6m high. 2 logs to be carved with 'noughts and crosses' game

soft pine bark mulch

4 log bench seat with flat top on steel supports, oiled finish

4 new shade trees, to be positioned amongst existing vegetation

light coloured granitic sand surface

existing bbq to be re-crafted into new friendship seat with rendered finish. mosaic highlights by school

new ground level garden beds of sensory planting's and create separation of quiet recreation space

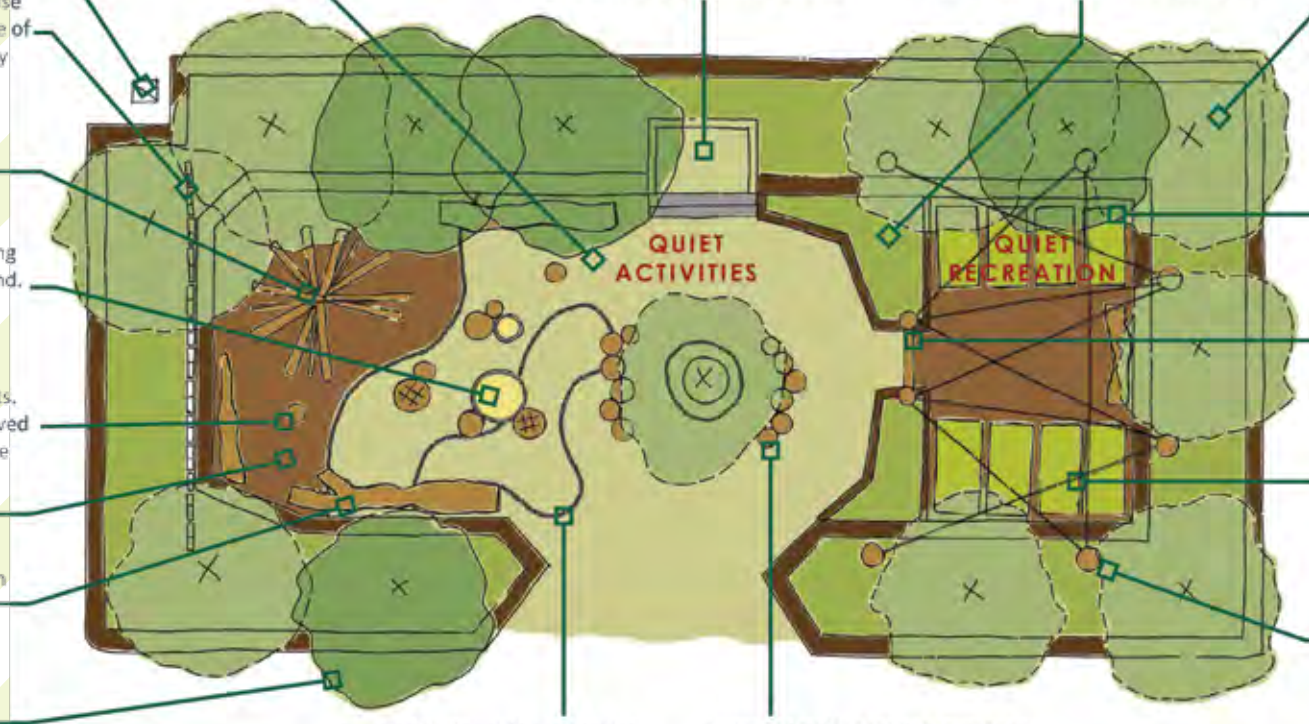
existing raised garden bed with timber retaining. garden bed to be replanted with additional shade trees to infill gaps in canopy. new dense shrubs to planted to enclose space from surrounding play areas. new irrigation throughout

VALUE ADD - yoga/ meditation mats created from astroturf for informal exercise activities. approx 1.5m x 0.6m size

VALUE ADD - arched entrance to quiet recreation space

VALUE ADD - rope pergola to be slung between totem poles, to suspend vines as well as for children to hang handmade creations eg. wind chimes, bird feeders, etc

VALUE ADD - re-purposed timber poles / totems to enclose space. approx 2.5 to 3m tall



curved / contoured lines of local stone set in concrete base

staggered timber seating stumps at various heights positioned around existing tree, max 0.6m high

N

0m 1.5m 3m 4.5m 6m

SCALE 1:75 @ A3

DEER PARK NORTH PRIMARY SCHOOL

QUIET SPACE - CONCEPT PLAN

Project No. 1427 • DWG No. LC-001 • Issue Date 5th February 2015 • Designed/Checked HL/AB/JB

Learning for Life

JOSH BYRNE & ASSOCIATES
Environment • Design • Communication

phone 08 9433 3721
suite 10, fremantle chamber of commerce
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www.joshbyrne.com.au

CALM GARDEN :

A quiet corner at Deer Park North Primary School where children can go during recess breaks for some quiet time. To be alone or to find a friend.

It can be an area where children go to sort out a problem

Teachers can use this area with [illegible]

- Mindfulness activities
- Class Meetings
- Circle Time activities
- Quiet Reading
- Drawing

FRIENDSHIP SEAT

If you are having trouble finding someone to play with come and sit at the Friendship Seat.

- If I see someone sitting at the Friendship Seat I will ask them if they would like to play with me
- Playground Buddies may help children to work through a problem

PLAYGROUND BUDDIES

- Student leaders from Grade 5 & 6 will be trained to be Playground Buddies. They will wear a badge to show they are the Playground Buddies. They will help children to find a friend to play with.

SOUNDS & SMELLS

- Take notice of the breeze as it flows through the Gods Eyes and Dream Catchers

Protocols :

- We will walk when in the calm garden
- We will move around in a quiet manner.
- The seats and benches are for sitting on.
- We will use the sand for gentle drawing .
- We will use quiet voices in the calm garden.
- We will treat other children's art work with respect.
- We will enter and leave the calm garden through the opening and not through the gardens.

LOOKS LIKE :

Smiling faces

Children being friendly

Natural

Deep breathing

SOUNDS LIKE :

Soft "inside" voices

"Do you want to play?"

Quiet

Kind words

Sorting out problems

Wind in the trees

FEELS LIKE:

Safe

Welcoming

Gentle & relaxing

Peaceful

Your own space

Friendly

Sand feels like water running through my hands

THE GRATITUDE GARDEN IN ACTION

PROJECT EVALUATION

1. THE SCHOOL COMMUNITY IS ENGAGED AND HAS PARTICIPATED IN THE PROJECT THROUGH LEADERSHIP IN HEALTH PROMOTION ACTIVITIES.

The project was highly successful in engaging with the whole school community including students, parents, families and teachers. This success was in a large part due to the commitment of the school and the dedicated school liaison representative who was funded through the project and worked as the conduit between the school and the project partners.

The level of engagement was evident in the high number of health screenings undertaken (total of 116) and the number of attendees at the project launch event (over 700). Students and families participated in the range of activities available at the event, including CPR demonstrations, the teddy bear hospital, sporting activities and engaging with the health booths.

The leadership demonstrated by the school is reflected in the development of the Gratitude Garden, which aims to improve mental health and general wellbeing among the school community. The school has begun incorporating mindfulness into its curriculum and has reported early signs of positive outcomes through the use of the garden (e.g. children are actively seeking to use the space for calming activities and gentle drawing). A number of health based programs at the school have also been further built on and enhanced through this project.

2. WE HAVE ENABLED THE SCHOOL TO SUSTAIN THE WORK OF THE PROJECT THROUGH NEW PARTNERSHIPS WITH EXTERNAL ORGANISATIONS.

Participation in the project has helped the formation of new partnerships to support the school community on health and wellbeing initiatives. These include:

- **Western Melbourne Regional Development Australia:** The school is now connected to a State and Commonwealth funded organisation that promotes programs in Melbourne's west across health, economic and community development and other sectors;
- **Western Health:** Art work completed in the school's art room is being turned into placemats for the Children's Ward at the Sunshine Hospital;
- **University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences:** The Teddy Bear Hospital initiative provides opportunities for medical students to develop their skills in relation to their paediatric patients. The program helps the primary school students to develop an understanding of the health care environment, as well as general health and wellbeing, and promotes the relationship between the child and their doctor. The dentistry students were highly engaged with the primary school children in providing oral hygiene and teeth cleaning education;
- **Victoria Police** were able to engage with the school community in a friendly and non-confrontational manner to build trust and confidence around public safety. The police are also supporting DPNPS' "School as a Catchment" project with police officers working alongside community members to plant out the newly established productive garden, the rain garden and other areas of the school grounds.
- **Brimbank Council:** The environmental design unit of the Brimbank Council has become part of the steering committee supporting the development of the "School as a Catchment" project;
- **Geelong Grammar's Institute of Positive Education:** Deer Park North Primary School is now linked to the Institute of Positive Education, which provides training programs, education and research on mindfulness and positive education within the school system;
- **Derrimut YMCA** is supporting the school's Grade 5 /6 Sport Program through the provision of sport leaders during the weekly program.

3. MEDICAL AND DENTAL STUDENTS HAVE GAINED INVALUABLE EXPERIENCE AND KNOWLEDGE OF ISSUES RELATING TO PRIMARY HEALTH CARE, COMMUNICATION AND COMMUNITY SOCIAL ISSUES

Medical and dental students were involved in the project launch event through a range of activities. The students' involvement in the project improved their skills in engaging with diverse communities and allowed them to provide health advice to families in a welcoming, non-clinical environment. The student feedback is located in Appendix J. Selected examples included:

"Comparing with the clinical work we do, it was very different trying to deliver oral hygiene instructions without having a context to put it with. Starting conversation with people about their oral health and giving them advice was definitely a challenge, but having the handouts and models to demonstrate with made it easier to get some sort of a message across" (dental student)

"...It helped me build on my skills talking to people about their health and forced me to think about the best ways I could relay health advice with respect to the health literacy of the person I was talking to" (medical student)

"I gained a better understanding of how to interact with children and their parents. I also discovered more about the health concerns and health knowledge of parents in the western suburbs" (medical student)

"...this program targeted a population that I didn't realise were being missed as much as they were - the busy parent with school-aged children. This project enabled education about CPR, weight, blood pressure and lifestyle in an easy-to-access environment. In my opinion this was more successful than trying to educate patients in a 15 minute GP consultation, when often there are more pressing issues" (medical student)

"It was good to finally be able to apply some of our medical knowledge in a non-clinical setting and seeing how being a doctor does not necessarily mean only taking care of sick people, but also encouraging good health and health education" (medical student)

"Participation in the health program at Deer Park North Primary School was a great way to transition the skills we have learnt in the hospital into the community. We were able to use the teddy bear hospital to consolidate our communication skills with young (healthy) children and (hopefully) provided them with a positive experience with healthcare providers. While the station was aimed at familiarising the children with doctors and medical equipment I believe it was actually more beneficial for us to familiarise ourselves with the appropriate way to approach an interview with a paediatric patient. I also used the CPR station to engage reluctant parents - I found that many parents were too shy/scared to agree to learn CPR but ultimately ended up participating if their child sat down and got involved. I believe this is because they did not want to imagine ever having to use these skills in their home. In the end it was interesting to see how many parents confronted this realisation and many walked away with a far greater knowledge of what to do in an emergency situation. This experience taught me a lot about how to engage reluctant patients and carers and I believe I could translate this into other situations" (medical student).

4. THE HEALTH AND WELLBEING OF THE SCHOOL COMMUNITY HAS IMPROVED AND HAS RESULTED IN CHANGED KNOWLEDGE, ATTITUDES AND BEHAVIOURS.

The project has enabled the school to implement a range of health and wellbeing initiatives, including incorporating mindfulness and Positive Education programs into the school curriculum. Students have been engaged in this process, by providing input into the use of the Gratitude Garden. With the new partnerships established, the school will be able to continue implementing new activities.

The project launch event delivered many health promotion messages. Feedback received following the event indicated early signs of behavioural changes, with comments from primary school students including (refer Appendix I):

"I learnt how to do CPR. I had to blow into the baby's mouth. You never know when you're at the beach you might need to help someone who is drowning". (Grade 6 student)

"I visited the dental stand. I learnt it's important to brush my teeth slowly and go around and around. If I rush I might not be doing a good job." (Grade 5 student)

5. OUR KNOWLEDGE OF THE SCHOOL'S HEALTH AND WELLBEING ISSUES ALLOWS US TO INCREASE COMMUNITY AWARENESS AND ADVOCATE FOR FUNDING AND RESOURCES.

The success of the project stems from the collaborative approach and involvement of a range of project partners. The project builds on the learnings of the previous African Australian Health in the West project, highlighting the impact of early intervention health and wellbeing programs.

Data gathered through the health screenings will add to current databases and help to inform future submissions for funding. The statistics, stories and learnings gathered through the work undertaken will be disseminated via this report and other avenues, to advocate for funding and resources towards new initiatives.

6. WE LEARN LESSONS ALONG THE WAY.

One of the key lessons learnt through this project is that relatively small amounts of funding used effectively can deliver large impacts on local communities; and that collaborations and partnerships are a critical foundation for ensuring the success of early intervention programs. The 'reach' of the project in engaging with the school community is evident in the number of students, parents and teachers who participated in the project launch event and in the development of the Gratitude Garden. The project was supported by a number of sponsors, who donated resources and helped to deliver health promotion messages by providing representatives at the launch event. Engagement with the school community was facilitated through the dedicated school liaison representative on the project, and the skills and experience of this individual created strong links between the school community and the project partners.

WHERE TO FROM HERE?

DPNPS has been highly engaged throughout the project and has demonstrated leadership and innovation in identifying and tackling the health and wellbeing needs of its community. To continue this work, the school is building on the new partnerships established, and developing the Gratitude Garden and positive education within the school curriculum.

1. BUILDING ON THE PARTNERSHIPS

The school has established a number of partnerships through the project including Western Melbourne Regional Development Australia, The University of Melbourne's Clinical School of Medicine and Dentistry, Victoria Police, Brimbank Council and Derrimut YMCA. The school will continue building on these partnerships to support future health and wellbeing initiatives.

2. EXPLORING HOW THE GRATITUDE GARDEN CAN BE USED TO IMPROVE HEALTH AND WELLBEING

The school has already begun incorporating the Gratitude Garden into its curriculum, with the space being regularly used by teachers and students. In addition to the calm, quiet and mindful activities being undertaken in the garden, the school's leadership team has identified two programs which may further support the development of mindfulness within the school. A number of staff are currently trialling the "Meditation Capsules" and the "Mindup" program. The effectiveness and appropriateness of both programs will be evaluated later in 2015 with recommendations being made for future implementation.

The school is also currently investigating opportunities for whole staff professional development. This recognises the need for staff to be supported by research and best practice, to enable them to deliver a program that fits within the curriculum and supports the emotional health and wellbeing of students and their families.

APPENDIX A: EXPRESSIONS OF INTEREST – SCHOOL SELCTION CRITERIA

SELECTION CRITERIA	WEIGHTING	SCORE (1-3)	WEIGHTED SCORE
1. Population health demographic need			
2. Existing health and wellbeing programs that will complement the project			
3. Methods to engage, communicate and introduce the project to the school			
4. Methods to involve the school council			
5. The skills, experience and capabilities of the SLO to work effectively with the project team and support the successful delivery of the project			
6. Concepts to use the $25,000 project funding			
7. Experience in working effectively with external organisations and agencies			
8. Experience in managing and implementing projects at the school			
9. School's expectations of the project's outcomes			

APPENDIX B: LETTER OF OFFER TO SUCCESSFUL SCHOOL

Regional Development

Regional Development Australia and Regional Development Victoria

WESTERN MELBOURNE

Western Melbourne RDA Committee
Central West Plaza
Building E Level 1
67 Ashley Street
Tottenham Vic 3012

t: +613 9334 1302
f: +613 9334 1301
e: sue.lagreca@dhs.vic.gov.au

7 October 2014

Ms Liz Balharrie
Principal
Deer Park North Primary School
18-36 Mawson Avenue
DEER PARK VIC 3023

Dear Ms Balharrie

APPLICATION TO PARTICIPATE IN THE BUILDING HEALTHY COMMUNITIES IN MELBOURNE'S WEST PROJECT

On behalf of the *Building Healthy Communities in Melbourne's West* Steering Committee, I have the pleasure of informing you that Deer Park North Primary School has been selected as the successful school to participate in the Project.

This project builds on the *African Australian Health in the West* project which we conducted at Sunshine Harvester Primary School last year. This pilot delivered many outcomes for the school, and we expect that this next phase will have similarly successful outcomes for the health and wellbeing of the children and families of your school community.

Our project consultant, Katharine Bentley, will contact you shortly to arrange for us to meet. Can I take this opportunity to inform you that the next Project Steering Committee will be held at 10.30am – 12.00pm on 28 October 2014, at Brimbank Council, and we hope that you will be available to attend.

Congratulations on your appointment. We look forward to working with Deer Park North Primary School and to the delivery of a successful project.

Regards

Bill Noonan

Bill Noonan OAM

Chair, Building Healthy Communities in Melbourne's West Steering Committee
Deputy Chair, Western Melbourne Regional Development Australia Committee

An Australian Government Initiative

State Government Victoria

APPENDIX C: PROJECT EVALUATION MEASURES

The following table outlines the key outcome measures developed for the project.

KEY SUCCESS FACTOR	KEY OUTCOME MEASURES	TOOL
1. The school community is engaged and has participated in the project through leadership in health promotion.	1. Number of participants in program (staff, children and families) 2. Profile and diversity of participants (children, parents, country of origin, language)	Survey
2. We have enabled the school to sustain the work of the project through partnerships with external organisations.	3. What interventions or programs have been implemented? 4. What partnerships have been formed or strengthened with external organisations?	Survey Discussion with school staff and external organisations
3. Medical and dental students have gained invaluable experience and knowledge of issues relating to primary health care, communication and community social issues.	5. Summary of learnings from medical and dental students who participated in the project. Learnings to focus on: • previous assumptions that they held prior to working with the community and • what might they do differently in future consultations, following this project.	Medical and dental students to decide on method to record information. E.g. Written summary, video recording or survey
4. The health and wellbeing of the school community has improved and has resulted in changed knowledge, attitudes and behaviours.	6. What simple changes in knowledge, attitudes and behaviours have occurred as a result of participating in this project? Areas may include: • knowledge of good versus bad foods/drinks • have participants changed what they have for breakfast or lunch? • knowledge of the importance of health screening and healthy lifestyles • awareness around links between healthy lifestyles and education	To be conducted by the teacher/medical students/program staff. Potentially through surveys, interviews or focus groups. Some baseline "data" may need to be collected to assess this. For further discussion.

KEY SUCCESS FACTOR	KEY OUTCOME MEASURES	TOOL
5. Our knowledge of the school's health and wellbeing issues allows us to increase community awareness and advocate for funding and resources.	7. What advocacy or other campaign measures have been undertaken? 8. What has been achieved through these activities (e.g. more awareness of particular issues among political parties)	Discussions with project partners Evidence of increased awareness (e.g. responses from parties acknowledging need for resources)
6. We learn lessons along the way.	9. Not appropriate to measure this factor. There will be many lessons learnt as part of this project and these are being documented each month and will form part of the final report.	Ongoing observations Follow up interview with the school post-delivery of the project. • Was the project valuable? • How has the project impacted the school? • What worked/what didn't? • What improvements could be made? • Would they run the program again?
Total		

APPENDIX D: PROJECT LAUNCH INVITATION

APPENDIX D: PROJECT LAUNCH INVITATION

You're invited to join us at Deer Park North Primary School Project Launch

Wednesday 18th March 3:30—7:00 pm
ALL WELCOME

Art Exhibition

Display of Children's Art Work:
Come & see the children's art work displaying their understanding of healthy living.

Share some food

FREE BBQ:
Join us in a free BBQ provided by Brimbank City Council. Fruit & Vegetables donated by SecondBite.

Health Checks

FREE Health Checks:
Take a few minutes to check your health. Find out a little bit about how to improve your health

Activities

Lots to see and do:
Jumping Castle Skipping Challenges
Clinics : Gymnastics, Bootcamp, Dance
Tug of War
Visit information booths

Entertainment

Local Groups:
Vietnamese Dancers
Samoan Singers
Derrimut YMCA

Prizes & Giveaways

Prizes Include:
Raffle :
Showbags:
YMCA Vouchers:

This event has been planned to launch the "Building Healthy Communities in Melbourne's West" project.

The _____ family intends to come along and join in the activities. We understand that this is a whole school family event and while teachers will be on site they will not be responsible for the supervision of the students.

Signed : _____ Date :

APPENDIX E: PROJECT LAUNCH ACTIVITY PROGRAM

TIME	ACTIVITY	LOCATION
3.00pm	Health screenings, CPR demonstrations and teddy bear hospital Art exhibition opens	Library Gym
3.30pm	YMCA: Commando Kids	Stage area
3.30pm – 4.40pm	Netball and basketball clinics	
4.15pm	Dance performance by the Petal Dancers BBQ	Stage Basketball court
5.00pm	Formal proceedings	Stage
5.15pm	YMCA: Commando Kids Performance by the Ngaue family choir	Stage area Stage
6.00pm	YMCA: exercise class	Gym
7.00pm	Event concludes	

APPENDIX F: PROJECT LAUNCH ARTS DISPLAY

For the project launch, the school's art curriculum was tailored to prepare art work with themes around healthy lifestyles.

THEME	DETAILS
JUNIOR CLASS	
Emotions	Children worked on: • Recognising emotions in others and self • Finding words to describe their emotions • Being able to label their emotions. Prep children then created pictures to show their understanding and ability to recognise and label emotions.
Dental health	Children participated in discussions about what they needed to do to look after their teeth. They then used this information to produce collages representing how they could look after their teeth.
Fruit and vegetables	In developing children's awareness of colour and the rainbow spectrum, children created a mural showing a *Rainbow of Fruit and Vegetables*. While classifying food as either fruit or vegetable, children were also looking closely at the appearance of each item as well as discussing the benefits of including them regularly in their diet.
MIDDLE SCHOOL	
Dental health	Following sessions on how students could have good oral hygiene and healthy smiles, children worked with watercolours to make "Healthy Dental Smiles".
Healthy eating	Students investigated the number of combinations they could make that would give them a healthy sandwich. They then made collages depicting their preferred option (*Healthy Sandwich* collages).
Values and social connection	Students made line drawings of their hands to display the values that children thought were important and to show the five people they would go to if in need – *With my Hand*.
SENIOR SCHOOL	
Emotions	*Emotion Monsters* were created by students after identifying a wide range of emotions beyond happy, sad, and mad. Students brainstormed a vast number of emotions and discussed the differences between them. Collages were then made depicting the attributes of each emotion. Children were subsequently encouraged to use this vocabulary in their everyday language to accurately portray how they feel and how they might respond to someone who is feeling this way.
Sun safety	Students researched the impact of being exposed to the sun for lengthy periods. They then created posters to encourage other students to use sunsmart practices.

APPENDIX G: MEDIA RELEASE UNIVERSITY OF MELBOURNE

BUILDING HEALTHY COMMUNITIES IN MELBOURNE'S WEST

Building on the learnings of a pilot health promotion initiative in Melbourne's west in 2013–14, a new project aiming to improve the health and wellbeing of children and their families at Deer Park North Primary School has been established.

When medical students from the University of Melbourne's Western Clinical School carried out health screenings on over 2,000 people in the local community in 2013, they discovered a high percentage of residents in the west demonstrated poor health behaviors.

A number of chronic disease risk factors were identified to be above the national average in Melbourne's west in areas of probable type-2 diabetes, rates of overweight and obesity and poor sleep behaviours. Cardiovascular disease and diabetes rates were also alarmingly high.

In response to these findings, a pilot health promotion initiative aimed at improving the health and wellbeing of African families was rolled out last year at Sunshine Harvester Primary School in Melbourne's west. The project delivered new facilities at the school to support health and wellbeing including a new school kitchen, community gardens and a refurbished environmental centre.

Building on the learnings of this project, a new health promotion program is being launched at Deer Park North Primary School this week.

Led by Western Melbourne Regional Development Australia (WMRDA), the initiative involves key partners that include the University of Melbourne, Macedon Ranges and North Western Melbourne Medicare Local, Brimbank Council and Victoria Police.

The partners are working with Deer Park North Primary School to understand the health issues of the school community, increase the school's link to local health and community organisations and to provide funding for effective interventions. Key areas identified by the school include the need to promote positive mental health and positive social behaviours with the children.

To mark the commencement of the project, the Macedon Ranges and North Western Melbourne Medicare Local and Brimbank Council have provided funding for the creation of a purpose built 'health and wellbeing garden' at the school. This will provide a safe and quiet space for children to connect with the environment and for teachers to work on strategies for positive mental health and wellbeing.

Principal of Deer Park North Primary School, Ms Liz Balharrie believes the garden is the first positive step to improve health and wellbeing in the school community.

"This project is a great opportunity for the health and wellbeing in our community to flourish," she said.

"We look forward to kicking off works on our new health and wellbeing garden."

To mark the launch of the project, a community health and wellbeing day will be held at the school. The day will include health promotion education, a student art exhibition focusing on healthy eating, live music and performances, and free health checks for attendees.

Medical students from the University of Melbourne will be carrying out health screenings, CPR demonstrations and running a 'teddy bear hospital' for the children on the day.

"The University of Melbourne is delighted to be involved in this project," said Associate Professor Stephen Lew from the Western Clinical School.

"It has been a great opportunity for our medical students to increase their awareness and understanding of the health issues in their community and associated preventative strategies to reduce chronic disease."

What: Building Health Communities in the West Project Launch

When: Wednesday 18 March 2015 from 3.30pm – 7.00pm

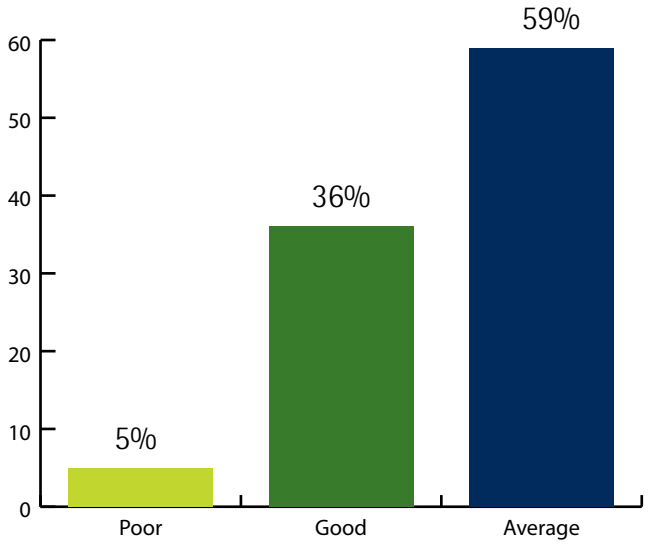
Where: Deer Park North Primary School
18 – 36 Mawson Avenue
Deer Park VIC 3023

For more information, contact **Annie Rahilly** (Media office): **9035 5380** / **0432 758 734** arahilly@unimelb.edu.au

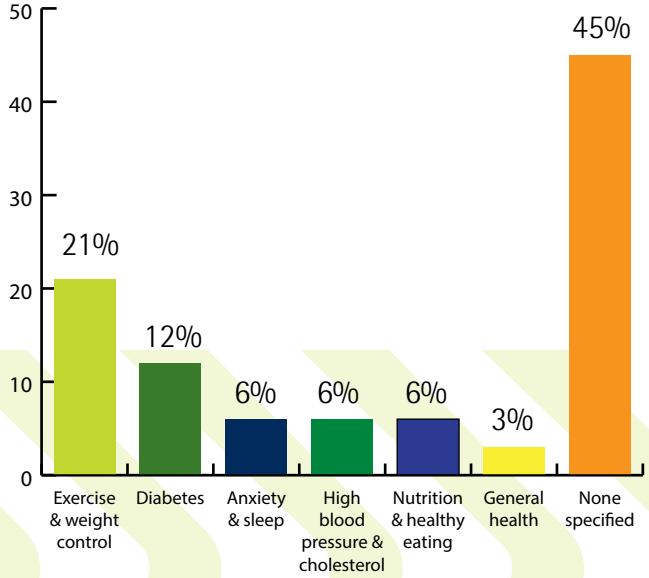
APPENDIX H: PARENT FEEDBACK RESULTS

A total of 41 surveys were undertaken, with results provided below.

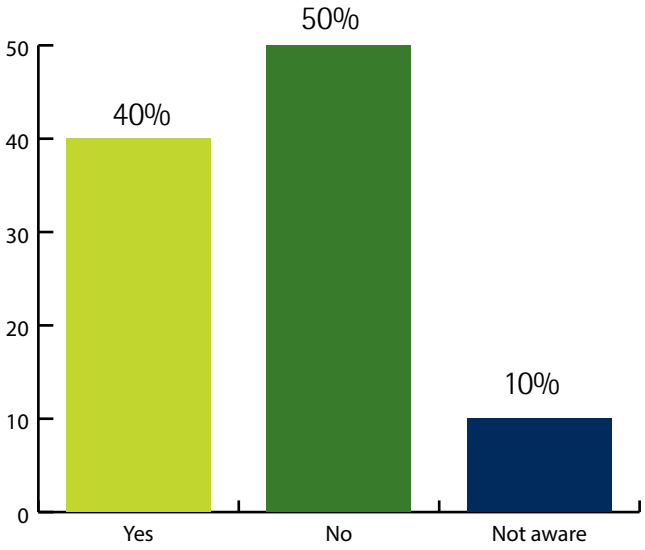
Q1. HOW WOULD YOU RATE YOUR OVERALL HEALTH?



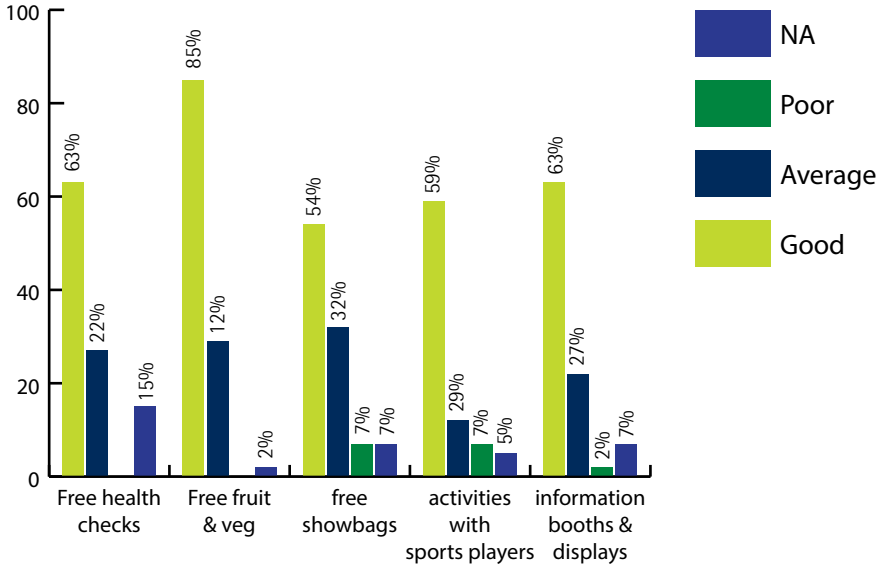
Q2. WHAT ARE YOUR HEALTH AND WELLBEING CONCERNS (IF ANY)?



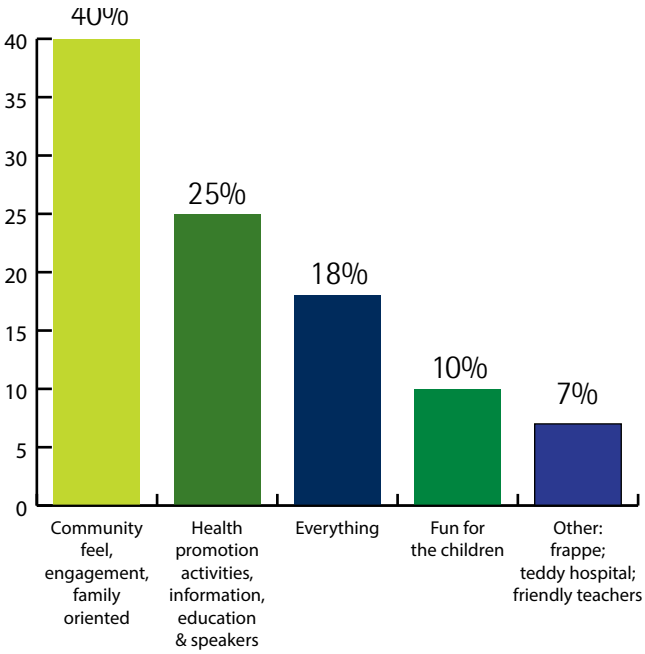
Q3. HAVE YOU COMPLETED A FREE HEALTH CHECK



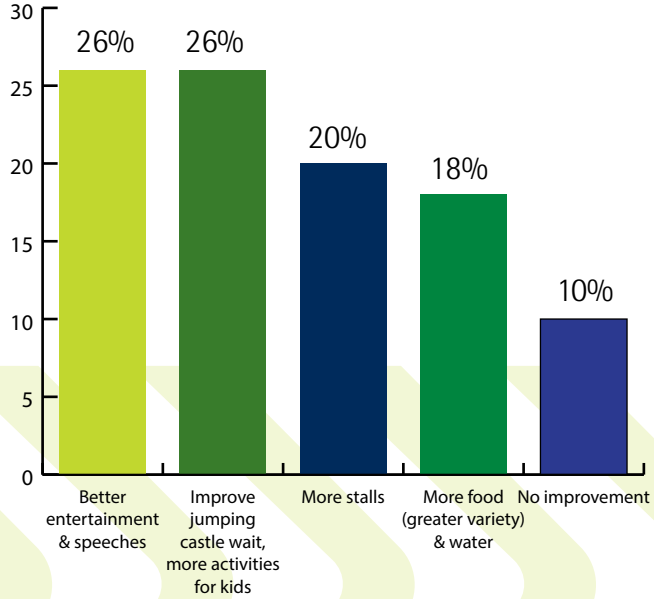
Q4. RATE THE FOLLOWING IN TERMS OF HOW WELL YOU THINK THEY PROMOTE HEALTHY LIVING



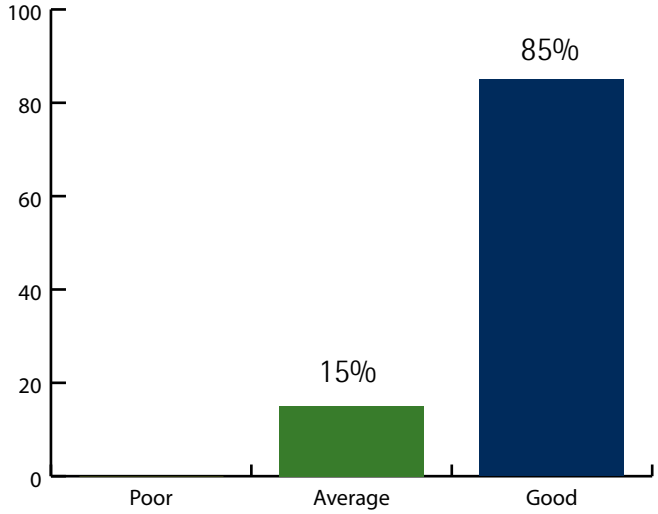
Q5. WHAT DO YOU LIKE ABOUT THE EVENT?



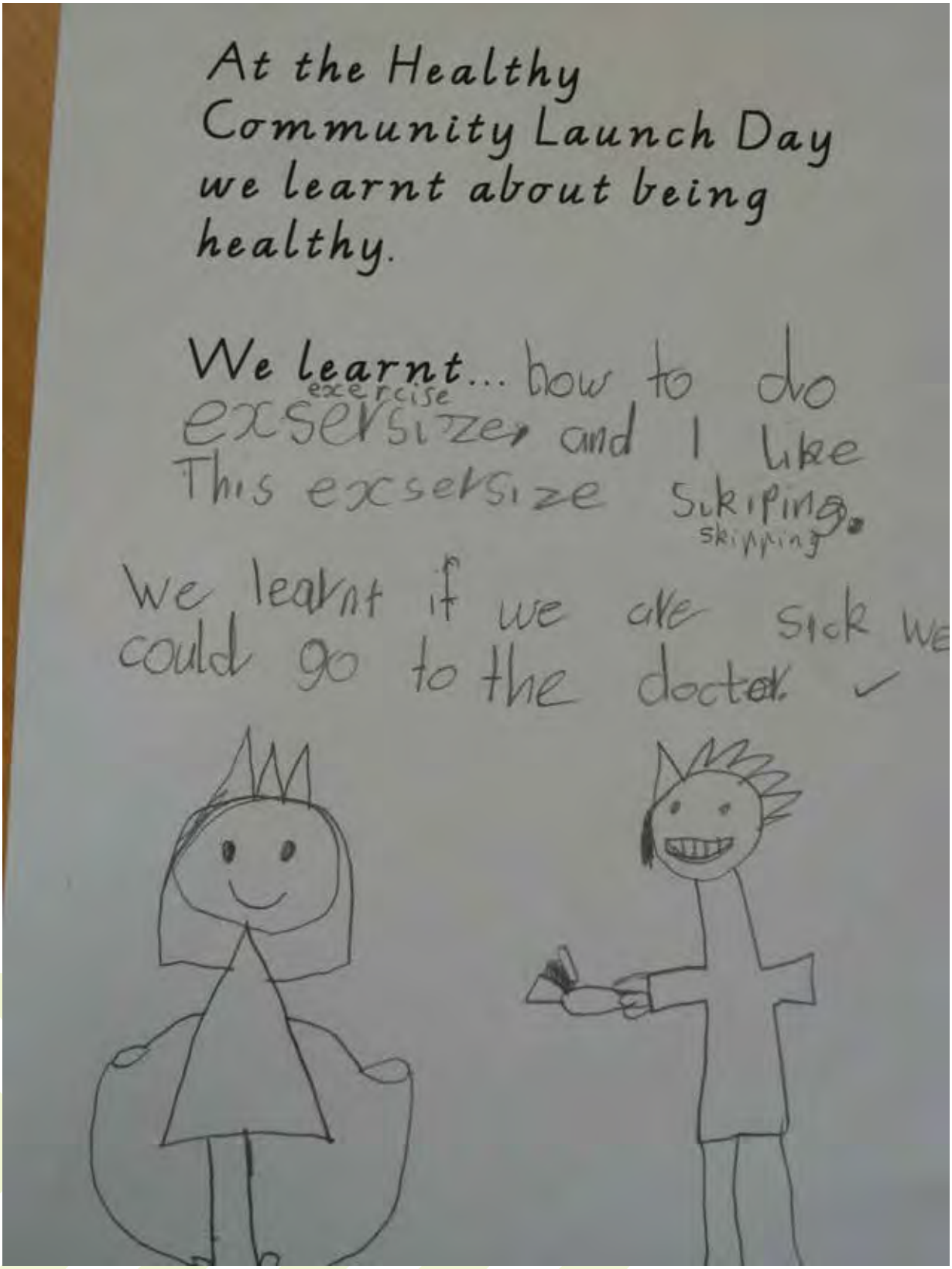
Q6. HOW COULD THE EVENT BE IMPROVED?



Q7. OVERALL, HOW WOULD YOU RATE THE EVENT?



APPENDIX I: STUDENT PROJECT LAUNCH FEEDBACK



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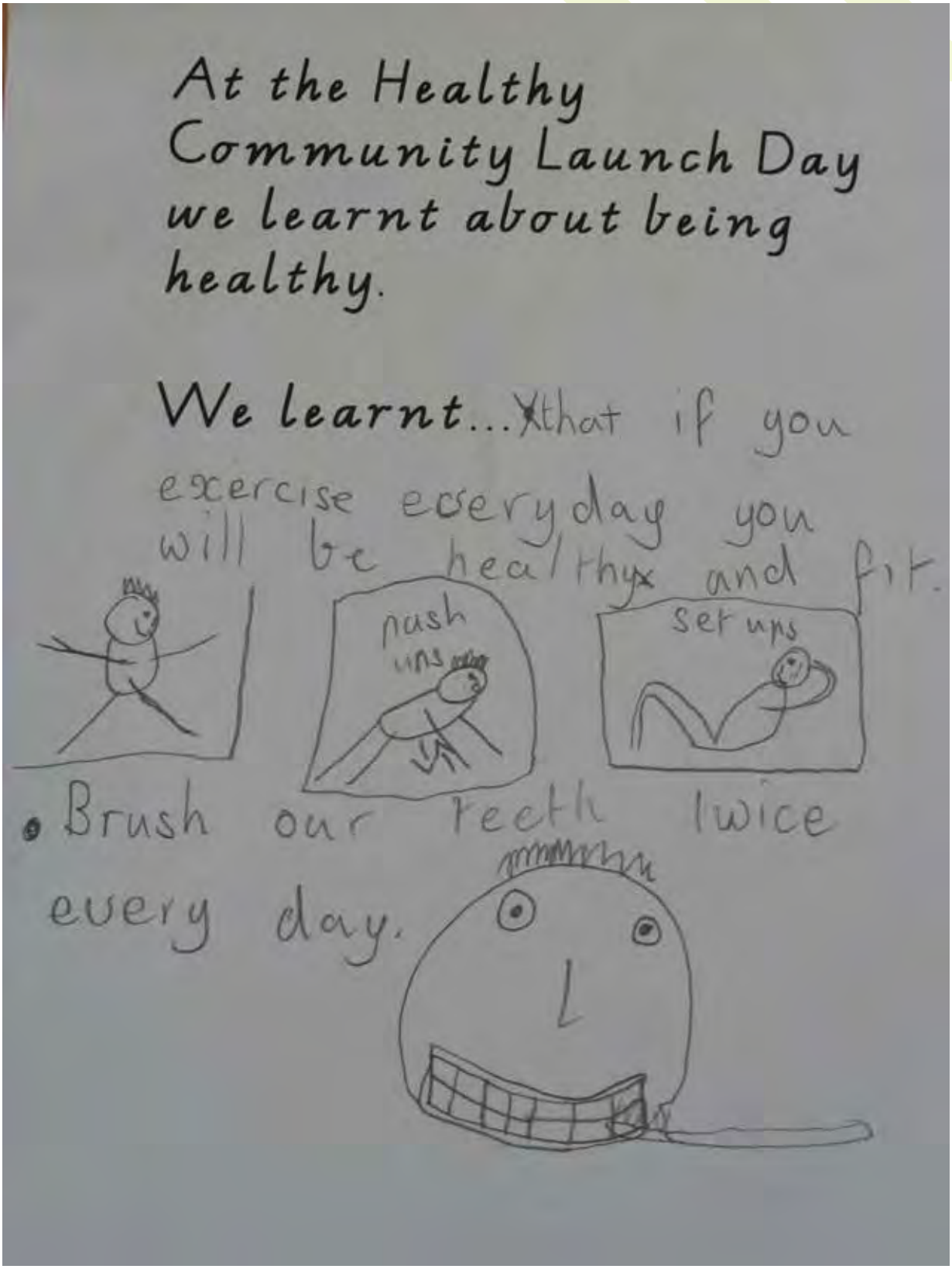

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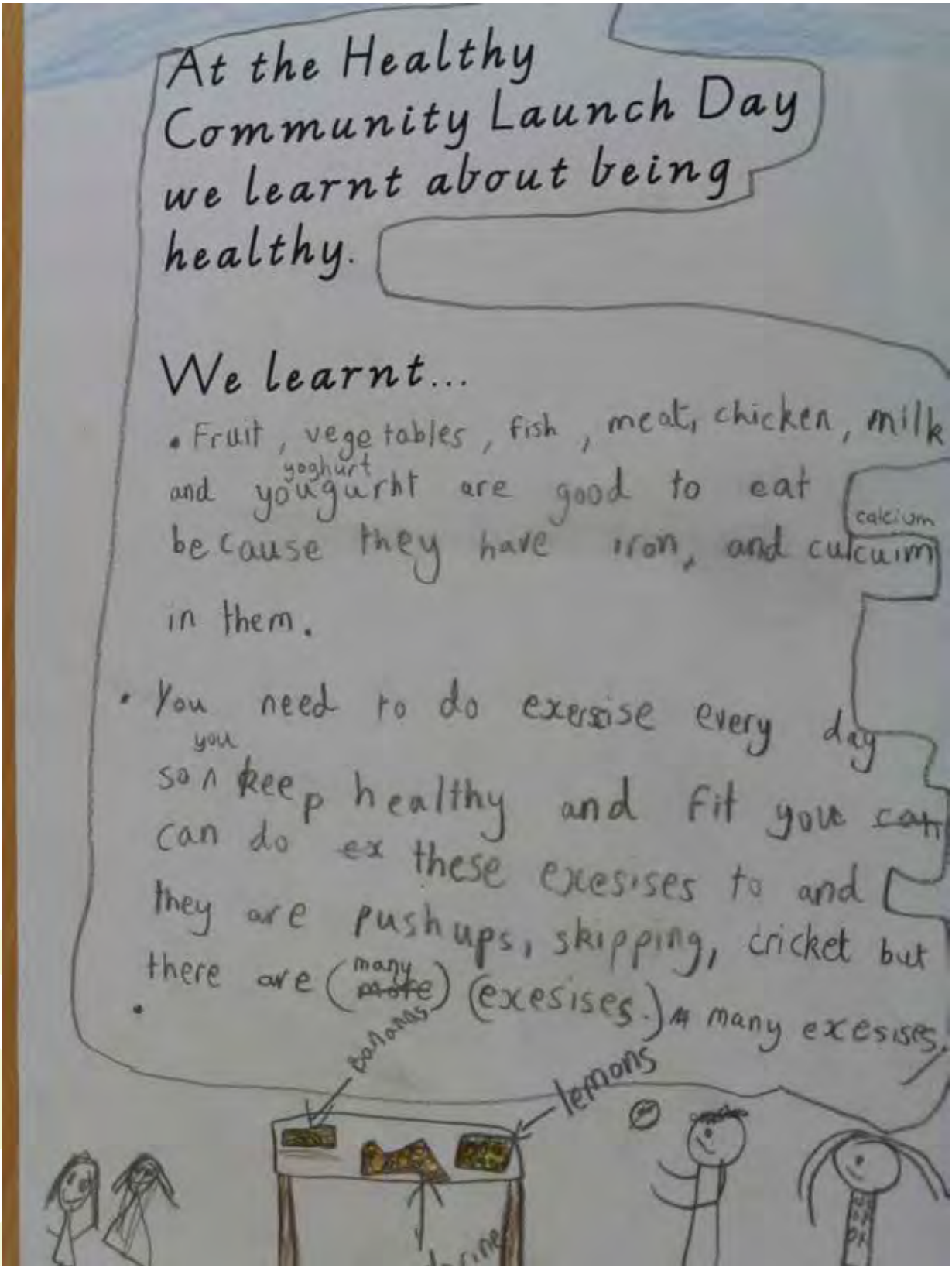

APPENDIX J: FEEDBACK FROM DENTAL AND MEDICAL STUDENTS

DENTAL STUDENTS

"Thanks again for providing us with this opportunity - it was great to get out of the clinical setting and teach prevention to the public."

"Comparing with the clinical work we do, it was very different trying to deliver oral hygiene instructions without having a context to put it with. Starting conversation with people about their oral health and giving them advice was definitely a challenge, but having the handouts and models to demonstrate with made it easier to get some sort of a message across."

"Hopefully we'll get more chances in the future, to practice what real health promotion is."

MEDICAL STUDENTS

Question One: How did your participation with this project enhance your learning as a medical student?

"Participation in the health program at Deer Park North Primary School was a great way to transition the skills we have learnt in the hospital into the community. We were able to use the teddy bear hospital to consolidate our communication skills with young (healthy) children and (hopefully) provided them with a positive experience with healthcare providers. While the station was aimed at familiarising the children with doctors and medical equipment I believe it was actually more beneficial for us to familiarise ourselves with the appropriate way to approach an interview with a paediatric patient. I also used the CPR station to engage reluctant parents - I found that many parents were too shy/scared to agree to learn CPR but ultimately ended up participating if their child sat down and got involved. I believe this is because they did not want to imagine ever having to use these skills in their home. In the end it was interesting to see how many parents confronted this realisation and many walked away with a far greater knowledge of what to do in an emergency situation. This experience taught me a lot about how to engage reluctant patients and carers and I believe I could translate this into other situations".

"My participation with this project allowed me to interact with children directly, something which I don't do on a regular basis. It was useful to reinforce the teaching that "children are not small adults," and as such my speaking and teaching needed to be modified to account for this fact. Also, it reinforced my knowledge about the elements of a "Health Check."

"-interacting and engaging with the 'well child'

-better understanding of the socio-demographic in the Western suburbs, which can lead to enhanced communication with patients".

"It was a great opportunity to engage with a broader range of patients than we usually see in the hospitals. Rarely are students involved in singular 'health check-up' events in hospital, as patients are usually there in the context of a wider health problem. It helped me build on my skills talking to people about their health and forced me to think about the best ways I could relay health advice with respect to the health literacy of the person I was talking to".

"It was good to finally be able to apply some of our medical knowledge in a non-clinical setting and seeing how being a doctor does not necessarily mean only taking care of sick people, but also encouraging good health and health education".

"I gained a better understanding of how to interact with children and their parents. I also discovered more about the health concerns and health knowledge of parents in the western suburbs"

"Community medicine, preventative medicine... in fact medicine in general does not need to be practiced in the 4-walled constraints of a GP clinic or hospital. In fact, sometimes its more effective to engage with the community and enable them to access what your offering. "

"The biggest thing that I saw with this project was the importance of education in preventative medicine. This was

something I was previously aware of, and to be honest thought reached those it needed to. In GP clinics, information is given to pre-diabetics, hypertensive patients, patients with positive family histories, the list goes on. That said, this program targeted a population that I didn't realise were being missed as much as they were - the busy parent with school-aged children. This project enabled education about CPR, weight, blood pressure and lifestyle in an easy-to-access environment. In my opinion this was more successful than trying to educate patients in a 15 minute GP consultation, when often there are more pressing issues".

"I thought it was a really fantastic experience as it gave us experience with normal healthy children outside the hospital! It was a great way to fine tune my interaction with children, learning how to gain their trust and attention quickly, and keep them interested in the health program. I will definitely take these skills further and apply these to my future young patients. "

"improved understanding of community health initiatives and health concerns in the west

- practiced giving information to patients in a community setting

- practiced counselling on general health measures

- improved general skills: BP, blood capillary glucose, anthropomorphic measurements"

"It was a great way to learn what the kids understand about health and what they are afraid of telling the doctor. Their worries should be properly addressed and it was demonstrated by showing your empathy to them when they brought in their teddy bears".

"I helped demonstrate CPR demo's for the children and parents. It was a great way of refreshing my knowledge on general first aid. Also, teaching something that is medical to a lay person is a great skill to have as a future doctor and SotW at Deer Park North gave me the opportunity to practice that skill."

"It is always helpful to engage and get to know the community where you practice medicine. It shed light on not just the medical side of things but also the family dynamic and what the demographics is. It helped strengthen the paediatric communication skills which we have learnt and it gave us a chance to put that into context in a non-clinical setting"

Question Two: How do you think your participation helped the school community?

"Deer Park is a predominantly low socio-economic area and this is reflected in poor health literacy and generally poorer health outcomes. This event was great as it gave the school community easy access to some health services (particularly Western Health and the dental students from UniMelb) at a family friendly, fun event. Hopefully this event alerts members of the community to the health services on offer in their area, and reminds them to make an appointment at their GP/ dentist/etc. Participation at the CPR station may give someone the basic first aid skills necessary for use in an emergency situation and help them to remain calm".

"I think that this project allowed me to impart a sense of fun and excitement about a visit to the doctor. Typically an association exists linking doctors with an inner experience of discomfort (i.e. illness), which is not helped by the often unpleasant examination/procedures which that doctor is required to perform. By distancing the children from this experience and allowing them to observe it, I hope that my participation in this event has helped the children feel more comfortable for any future interaction they may have with medical professionals. For the adults, I hope that my participation will encourage them to take more interest in their health, particularly for those whose blood pressures or blood sugars may have come as a surprise. These things are neither seen nor (often) felt - but by increasing awareness perhaps these parents will be more inclined to pursue better personal health care in future".

"-hopefully the TBH will make a trip to the GP or hospital less intimidating for the children who participated

-the adult health checks helped raised awareness of the initially silent/subtle onset of chronic disease e.g. hypertension, insulin resistance".

"The students were really engaged with the teddy-bear hospital and I think it helped sensitise (or de-sensitise) the younger students to engaging with doctors. It helped put a friendly face on a profession that can understandably seem quite daunting to most people, especially kids. The adults also got to have a gentle reminder regarding their health and activities they could cease/start to help improve their health".

"Particularly for parents receiving health checks, a lot of them seem quite nervous about visiting the doctor because they are concerned about hearing bad news. With the health checks, it was useful since although not official tests, they gave the parents an idea about where their health was and encouraged them to visit health care professionals if there were worrying features".

"I participated in providing health checks which provided parents with a greater insight into their health and was given an opportunity to educate them about their health concerns and promote a good relationship with their primary care doctor".

"I think it brought the school community closer together and gave them a sense of pride in their education, health and community as a whole. Not to mention it was a fun day".

"I think it was great that so many of us banded together to do something special, fun and educational for the community. Sometimes the most basic life things are overlooked, such as keeping up with your health and seeing your GP regularly to ensure your health is at its best. Personally, I never experienced any such programs as a child, and I hope the day made some sort of impact on the children and their families, to encourage them to come see their doctors when they need to and to show them that we care too! And we are just here to help".

"- provided an opportunity for individuals to get general health checks

- provided individuals with an insight into factors that affect their health

- conveyed the importance of self-involvement in personal health

- helped to normalise the idea of taking care of one's health within the community"

"It should lower the guard for the kids when they see a doctor after having a practice run at the teddy bear hospital".

"Knowing CPR and first aid saves lives. Even something as simple as teaching kids to go ask an adult for help when they think their friend is in danger, can make a huge difference. Learning first aid is not easy, there are a lot of steps which can easily be forgotten in an emergency. But because parents and children got an opportunity to learn the steps and ask questions, at least they will have a better idea of what to do if first aid is required.

I did not get an opportunity to be involved with the western 'teddy bear hospital' but Juli walked me through the process. I think it is a great way for children to become familiar with medical procedures so it is not as foreign an scary for them. Especially little things like the child giving the teddy medicine through a syringe and being able to take the syringe home, can make things less daunting when it comes to vaccinations and jabs in general".

"It added another aspect to an already well developed school fete program.

perhaps gave the children an outlet to appreciate that going to the doctors isn't too scary and maybe in the future that they will take a more proactive approach to their lifestyle and health."

Question three: Overall reflection of the event

"I thought the event was well run overall and we managed to engage people from various walks of life. The event did a great job of exposing the attendees to health services in a non-threatening environment and I believe the exposure to the services in this setting will prompt people to present at their healthcare provider for a check-up etc. The layout of the event was good but I think our decision to move the CPR station out into the yard was beneficial. People seemed to find the idea of learning CPR to be very intimidating, but would often stop to watch a presentation and ask questions if they walked past. The teddy bear hospital was non-threatening and therefore people would go inside to attend that".

"I really enjoyed the event! I also think that it was a great way to inform a community about the importance of health care, and to lessen the anxiety they might feel about it. One person said to me "I never go to the doctor - if I don't go then they can't tell me I'm sick" to which replied that it was certainly a valid point, however oftentimes a visit to the doctor is a proactive measure to ensure future health, and doesn't necessarily always portent bad news".

"The event was very well put together, I believe all that participated would have learnt something new and perhaps been encouraged to make a healthy change. I enjoyed the consistency e.g. available tap water (no soft drink) and healthy food options".

"Definitely a worthwhile event. Both from a medical student's perspective, and from what I saw the community get out of it. Engaging both kids and their parents is a great way to effect health outcomes in families".

"I thought overall that the event was very well organised and planned. Both parents and children who were there also seemed to enjoy themselves, so it would have been nice to see more people present".

"Overall, I found the event a positive experience. However, I think providing random blood glucose tests at an event with a lot of free food created a lot of unnecessary concern among the parents! Also, the survey was quite extensive and I felt some parents found it difficult to fill out within the limits of their child's attention span!"

"Really beneficial. The community spirit was indescribable. I was astounded at the number of different organisations involved and it was great to see ideas like free fruit, skipping competitions etc. to encourage a healthy lifestyle to a lower socio-economic group. I manned the CPR station and it was great to see some of the parents get hands on and really want to know what to do in a critical situation. I think the second time round many of the more self-conscious parents might have a go."

I thought it was a great event, and I definitely wish I could be part of it again. I would definitely participate in events like these monthly, so that we can help educate more communities if possible! I think this is something that everyone needs, especially the West side! We heard lots of incredible feedback from the families, and I think the West side is definitely yearning for some more of these amazing programs"

"- very well organised

- positively received by the community, good involvement

- a positive collaboration of people from different areas of the health industry"

"It was a great worthwhile event to participate in. People in the community needs to be empowered about how they are responsible for their own health and their health behaviours are mimicked by their children which will in turn decide whether they lead a healthy lifestyle when they grow up."

"I am a strong believer in promoting preventative health instead of just fixing problems when they happen. I think Sons of the West is a fantastic program that taught the community that they need to be mindful of their health and wellbeing. SotW has done well to advertise this program and getting schools involved as well is a great step forward to a healthier community. Western suburbs like Deer Park have a very diverse population in terms of culture and economy, therefore everyone's health and view on health is vastly different. Having a program that promotes preventative health and educating the community on good health practices is highly beneficial and is much needed in the western suburbs.

I hope that this event at deer park north primary school helped promote sotW further so that there will be an even bigger turn out for future events."

"It was a pleasing and rewarding experience, made feel like a part as well as being appreciated by the community.

the CPR station was very popular with adults/parents who were keen to test their skills or to just wanted to know more before they feel like they needed the knowledge in case something happens to them or their family - I recommend doing this again

Maybe next year we could have a better location - the library was in the lonely forgotten corner that most people overlooked".

Question 4: Do you have a better understanding of the Western Community health concerns?

"Yes. It was clear from my experience that the adults in attendance were uncomfortable talking about health issues and the event enabled a conversation to be had under the pretext of being 'for the kids'".

"I'm not entirely certain I have a better understanding of the Western Community's health concerns as a result of this event, but it did further reveal to me the incredible diversity of people in this area (something I was already aware of having done my clinical placements at Western), and an under appreciation (though not intentional or malicious) of the importance of health care and healthcare provision".

"In fairness, the problems that seemed prevalent in this community, I had already had good exposure to within the Western Health network over the past 3 years. Although it did help solidify my knowledge on common presenting problems".

"Yep! Talking to parents and other allied health professionals made that possible".

"Yes and I also have a better understanding about their general health knowledge"

"I certainly see the need and importance of education in the west. In part I knew the health literacy was low but it was incredible to see firsthand just how low. I think with more and more programs like this though it will quickly improve. Parents seemed eager to learn which was terrific."

"Yes. I never realised what aspects of health some families in the Western community have never even been exposed to. Even small things, such as why we check for blood pressure. Or why we encourage healthy eating, or even regular GP visits. Before this, I always thought these things were common sense. But now having talked to more families, I've learned that the families are more than happy and willing to learn and find out more, but they just never get the opportunity to!"

"I do. Non-communicable diseases are really prevalent in the western community and it is of paramount that preventative health measures are aimed at school children before they develop health compromising behaviours".

" Absolutely"

"Yes, but this understanding came more from doing men's health checks with sotw during the weekends leading up to the Deer park event. I was surprised at how many men had high blood pressure or didn't have a GP. I had some sense of this during my clinical placement at Footscray and Sunshine hospital but this program really put things into perspective. I also became more aware of the diversity amongst the participants. Some men actively stayed fit, went to the GP and knew a lot about staying healthy but a majority of them did not. This can be due to the differences in financial status and differences in education. Even though these life circumstances produced this gap, I realized you don't have to be exceptionally wealthy or educated to be healthy. A few tips such as eating healthy, moving more and seeing your GP regularly can go a long way. These tips need to get to the wider community and SotW is a great start to bridging this gap in health knowledge."

APPENDIX K:
RESEARCH INTO MINDFULNESS IN SCHOOLS

INTRODUCTION

The school environment is increasingly recognised as an important place for nurturing children's social, emotional, mental and spiritual wellbeing in addition to academic learning (Albrecht et al, 2012). There is a growing interest in mindfulness interventions in schools both in Australia and internationally, with research showing benefits on both physical and mental wellbeing (Back et al., 2009)(Napoli et al., 2005).

One of the catalysts for the increase in health and wellbeing programs is stress, anxiety, lack of engagement and other mental health issues experienced by students, as well as teachers within schools (Napoli et al, 2005). Left untreated, depression and anxiety can become risk factors for alcohol and drug problems, as well as suicidal thoughts and actions (McGorry et al., 2007).

The concept of mindfulness revolves around awareness and acceptance of life's current moments, achieved through meditation practice and contemplation (McGorry et al, 2007). The purpose of mindfulness is to help the individual perceive reality more clearly; enabling students to understand themselves and others better and enjoy a more fulfilling and joyful life (Weiss, 2004, as cited in Gause & Coholic, 2010).

BENEFITS OF MINDFULNESS

Research has shown that mindfulness practice can have benefits for children as well as adults. In adults, it has been shown to improve immune functioning and stress regulation as well as enhance relationships and social connectedness. (Hassed, 2008)(Tang et al., 2007) (Hutcherson et al., 2008) (Carson et al., 2004) (Davidson et al., 2003)

Mindfulness research in children is in the early stages but initial results are promising (Burke, 2010). Mindfulness practice in children has been shown to improve:

- Physical health, e.g. cardiovascular functioning (Back et al., 2009)
- Mental health including decrease in anxiety, aggressive and non-compliant behaviours, and symptoms of ADHD (Semple et al., 2005) (Singh et al., 2007A) (Zylowksa, 2008) (Black et al., 2009)
- Academic performance and behavioural outcomes including social relationships, attention, problems, and problematic school behaviours (Napoli et al., 2005) (Black et al., 2009) (Rosaen & Benn, 2006).

SCHOOL LANDSCAPING – MINDFULNESS GARDEN

The school landscape is critical for supporting health and wellbeing of students and adults, as well as creating a place of 'belonging' for the school community. Design of the school landscape and learning environments should cater for a range of learning styles including outdoor learning, student breakout, and 'place to think' space (Fisher, K. 2005).

Schools have limited space and outdoor areas should cater to a wide range of learning and play activities. The Queensland Government's 'Landscape Design Requirements for Education Queensland School Grounds' provides a list of guidelines aimed at empowering the Landscape Architect 'to create a conducive environment for learning and appreciation of the outdoors and to ensure consistent and high performance outcomes' (Conrad Gargett Landscape Architect). The document refers to quiet/study zones which comprise the following elements:

Function and Use

- Passive play
- Eating
- Study
- Outdoor learning
- Socialising
- Relaxation, contemplation and retreat
- Meeting place for small and large groups

Character

- Comfortable, protected, shady and green
- Interactive
- Sense of enclosure and remoteness
- Calming
- Quiet play
- Inspiring and creative
- Well maintained

Learning opportunities for Students

- Studying in groups
- Improving social competency
- Nature observation
- Contemplation and thinking
- Participation
- Sense of ownership and pride

Elements

- Outdoor learning and performance areas
- Display of students' work
- Spaces and seating for individuals, small and large groups
- Variety of open and enclosed spaces
- Roofed shelter and a variety of creative seating
- Water harvesting
- Shade tree and sensory planting
- Sufficiently wide pathways and adjacent paved areas
- Drinking fountains
- Artwork

The Deer Park North Primary School Gratitude Garden incorporates the principles of mindfulness, while considering landscape design and functionality of the garden to maximise health and education outcomes. The concept plan for the garden outlines the design of the space, which will be used to support mindfulness programs being trialled and implemented at the school.

APPENDIX L: PEOPLE INVOLVED IN THE PROJECT

NAME	POSITION	ORGANISATION
Bill Noonan	Chair, Building Healthy Communities in the West Steering Committee	Western Melbourne Regional Development Australia Committee
Bill Jaboor	Deputy Chair, Building Healthy Communities in the West Steering Committee	Western Melbourne Regional Development Australia Committee
Sue La Greca	Executive Officer	Western Melbourne Regional Development Australia Committee
Katharine Bentley	Project Director, Building Healthy Communities in the West	Katharine Bentley and Associates Consulting Pty. Ltd.
Liz Balharrie	Principal	Deer Park North Primary School
Teresa Woods	Deputy principal and Project Liaison Co-ordinator	Deer Park North Primary School
Dr Vanda Fortunato	CEO	Macedon Ranges and North Western Melbourne Medicare Local
Chiara To	Project co-ordinator, Building Healthy Communities in the West	Macedon Ranges and North Western Melbourne Medicare Local
Neil Whiteside	Director, Community Wellbeing	Brimbank City Council
Kath Bracket	Manager, Community Planning and Development	Brimbank City Council
Raewyn Afu	Team Leader, Community Planning & Engagement	Brimbank City Council
Simon Stevens	Inspector – T+C Manager North West Metro Region – Division 3	Victorian Police
Janice Thomas	Director, Director of Advancement, Faculty of Medicine, Dentistry and Health Sciences	University of Melbourne
Juli Toussaint	Medical Procedural Skills Educator	University of Melbourne
Kate Dukes	Communications Officer, Advancement and Communications	University of Melbourne

NAME	POSITION	ORGANISATION
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Amy Gratton	Medical Student	University of Melbourne
Mark Huang	Medical Student	University of Melbourne
Sue Lynn Lim	Medical Student	University of Melbourne
Steve Tsimos	Medical Student	University of Melbourne
Miranda Sollychin	Medical Student	University of Melbourne
Ben Dixon	Medical Student	University of Melbourne
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Clare Powell-Gray	Clinical nurse educator	University of Melbourne
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Shayna Oyberman	Dental Student	University of Melbourne
Bao-Chi Tran	Dental Student	University of Melbourne
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Melissa Hua	Dental Student	University of Melbourne

APPENDIX M: PROJECT SPONSORS

Brand Developers

Krome Cutz

Sam Soliman

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